Transcript of Full Meeting

Date: June 4, 2019
Case: State of Illinois 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
Pages: 1 - 280
Reported by: Melanie L. Humphrey-Sonntag,
CSR, RDR, CRR, CRC, FAPR
EX OFFICIO MEMBERS PRESENT:

DAN JENKINS, Department of Healthcare and Family Services
DULCE QUINTERO, Department of Human Services

ALSO PRESENT:

COURTNEY AVERY, Administrator
JEANNIE MITCHELL, General Counsel
MICHAEL CONSTANTINO, IDPH Staff
ANN GUILD, Compliance Manager
GEORGE ROATE, IDPH Staff
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## ADJOURNMENT

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PROCEDINGS

CHAIRMAN SEWELL: We're going to call the meeting to order. Good morning.
Let's start with a -- oh, no. I better wait because George is not at his seat.

MR. ROATE: I'm on my way.

CHAIRMAN SEWELL: In the meantime, I want to introduce two liaisons to the Board.
Mr. Dan Jenkins is here from the Illinois Department of Healthcare and Family Services, and Ms. Dulce Quintero is here from the Department of Human Services.

So that was perfect timing to get George back in his seat. Let's do a roll call.

MR. ROATE: Thank you, Chairman.

Senator Demuzio.

MEMBER DEMUZIO: Present.

MR. ROATE: Ms. Hemme.

MEMBER HEMME: Present.

MR. ROATE: Mr. McGlasson is still absent.

Dr. McNeil.

MEMBER MC NEIL: Present.

MR. ROATE: Ms. Murphy.

MEMBER MURPHY: Here.
MR. ROATE: Chairman Sewell.

CHAIRMAN SEWELL: Here.

MR. ROATE: That's five in attendance.

CHAIRMAN SEWELL: Thank you.

I want to thank Dr. Goyal for his service as the liaison from Healthcare and Family Services. We're sure that Mr. Jenkins will follow in his footsteps.

All right. Okay. We are now going to go into executive session, and we would respectfully ask that all nonmembers and nonstaff could clear the room, and we'll call you back in shortly.

I need a motion to go into closed session.

MEMBER DEMUZIO: Motion.

MEMBER MC NEIL: Second.

CHAIRMAN SEWELL: Moved and seconded.

All in favor, aye.

(Ayes heard.)

CHAIRMAN SEWELL: Opposed?

(No response.)

CHAIRMAN SEWELL: All right.
(Member McGlasson joined the proceedings.

At 9:09 a.m. the Board adjourned into executive session. Open session proceedings resumed at 9:17 a.m. as follows:)

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

There are no compliance issues, settlement arrangement, or final orders; right?

MS. MITCHELL: Correct.

MS. AVERY: George, are the mics on?

MR. ROATE: Yes, ma'am.

CHAIRMAN SEWELL: May I have a motion to approve today's meeting agenda.

MEMBER MC NEIL: So moved.

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: Is there any discussion?

(No response.)

CHAIRMAN SEWELL: All in favor say aye.

(Ayes heard.)

CHAIRMAN SEWELL: Opposed?

(No response.)

CHAIRMAN SEWELL: May I have a motion to approve the April 30, 2019, meeting transcript.

MEMBER DEMUZIO: Motion.
MEMBER MC NEIL: Second.

CHAIRMAN SEWELL: Any discussion?

(No response.)

CHAIRMAN SEWELL: All in favor, aye.

(Ayes heard.)

CHAIRMAN SEWELL: Opposed?

(No response.)
CHAIRMAN SEWELL: Public participation.

MS. MITCHELL: Yes. You're going to be called --

MS. AVERY: Jeannie, use your microphone.

MS. MITCHELL: You will be called up in groups. When your name is called, please approach this table. You'll be limited to two minutes when speaking. At the beginning of your remarks, please state and spell your name for the court reporter.

And because these groups are not necessarily by project number, if you can indicate which project you're providing comments on, that will be great.

First group, for OAK Ambulatory Surgical Center, Project No. 19-001, Chris Shride and Matthew M. Olszewski.

For Project 18-002, Retina Surgery Center, Jackie Benacka and Shelly Roinas.

Please come up.

MR. SHRIDE: It's Chris Shride, C-h-r-i-s S-h-r-i-d-e.

Good morning. My name is Chris Shride.

I'm the president of AMITA Health St. Mary's
Hospital, Kankakee. I'm here today to speak in support of Project 19-001, OAK Ambulatory Surgery Center.

This project proposes the replacement of a surgery center in Bradley with a newer facility in Bourbonnais, about 10 minutes away.

OAK Orthopedics is a pillar of both our medical community and the Kankakee County community and was the sole provider of orthopedic services in the area for decades.

I know the members of the group to be caring providers of high-quality contemporary orthopedic services and members of our medical community who have held numerous positions of leadership. Their proposed project will enhance their ability to provide those contemporary services in a cost-effective manner to our community.

The members of OAK Orthopedics take call in our emergency department and routinely provide needed care to area residents without insurance.

I am proud to have the members of OAK Orthopedic on the AMITA St. Mary's Hospital medical staff, and I encourage you to support
their commitment to our community by approving
their project today.

MS. BENACKA: I'm Jackie Benacka. B-e-n-a-c-k-a. I'm with the Retina Surgery Center.

We have many patients -- we have many examples of everyday insurance issues that arise with our patients. We do everything we can for the patient to get the surgeries done in a timely manner, all the while facing vigorous situations and roadblocks that can occur. It is not just about us doing the surgeries; it is about the patients and what is best for them.

A lot of the patients are geriatric. They are on fixed incomes with Medicaid insurances. It is not always possible financially for us to take the patients to surgery at a hospital that is out of network. Finding a hospital with the correct equipment that is insurance approved while being close to the patient's home can be challenging.

One example of such a situation is a patient who had a retinal detachment and was seen July 11th, 2018, in our office. He needed to get medically cleared and get surgery scheduled as
soon as possible.

   It took until July 13th at 3:00 p.m., more than 48 hours after the patient was seen, for an approval for standard treatment of care surgery. It took numerous phone calls on our behalf and an exception letter and medical records sent to the insurance company, to show the patient needed this surgery emergently.

When calling to check in on the status of the authorization of the surgery, I expressed my concern for the patient and the circumstances. I told the insurance -- I told the insurance company the patient has a retinal detachment and waiting for surgery could result in an irreversible vision loss.

   I was told and I quote, "You need to stop being so dramatic. They will give the approval or denial after reviewing the information."

   At that time I knew I needed to speak to a manager. Mind you, this was a nurse I was speaking to, someone in the medical field. She knows or should know the importance of a retinal detachment.

   I knew at that time if they were not going
to be advocates for the patient I needed to be. This patient would have lost all vision if we did not take the extreme steps on the patient's behalf.

This was a story with a happy ending. Unfortunately, it doesn't always end up that way. It is not just the insurance companies dictating where the patients can go but the hospitals not taking the insurances. Patients are forced to travel great lengths to be scheduled at surgeries in network.

MR. ROATE: Two minutes.

MS. BENACKA: Thank you.

CHAIRMAN SEWELL: Could you tell us what project you were speaking to?

MS. BENACKA: The Retina Surgery Center.

CHAIRMAN SEWELL: Okay.

MS. ROINAS: I'm Shelly Roinas. Last name's R-o-i-n-a-s. I'm with the Retina Surgery Center, too.

I have known since I began wearing glasses at age 3 that there may be problems because of the severe nearsightedness I inherited from my mom. My vision never stopped me until February 2018.
My greatest fear came true when in a moment my vision was greatly impaired. I was referred to Dr. Michael because of my presenting condition and my insurance.

Dr. Michael and his staff were incredible from the very first moment we met. With each of the four surgeries, I witnessed how Dr. Michael and his staff worked long hours to schedule procedures. There were times when I would get phone calls late at night or early the next morning outside of regular working hours.

My surgery to repair a macular hole and retinal tear stands out because the time-sensitive procedure just couldn't get scheduled. Between my health insurance and the OR unavailability at multiple hospitals, the time and energy spent was unbelievable.

My family was on hold for three days, and I didn't eat or drink each day until I was told the procedure wouldn't occur.

Ultimately, Dr. Michael made special calls and pleaded for an operating room on Saturday, May 5th. It was an unsettling experience going through the emergency room instead of a day
surgery. It was clear we were doing something out of the norm given how every person we encountered was confused why I was there.

The hospital had a skeletal staff, given the special circumstances, and the nurses and anesthesiologist were quick and often to comment how they had to come in on a Saturday. Imagine how that made me feel. If it weren't for Dr. Michael's reassurances, connections, and expertise, I'm not sure what would have happened.

Furthermore, not being able to schedule this procedure until a Saturday meant Dr. Michael needed to interrupt his Sunday, along with my family member, to have the necessary follow-up appointment the next day after surgery.

This was not the first time Dr. Michael had gone out of his way for me. At the hospital bedside, just minutes before my first surgery, he was still helping my sister procure facedown medical equipment. So much happens when --

MR. ROATE: Two minutes.

MS. ROINAS: Thank you for supporting Dr. Michael's efforts.

THE COURT REPORTER: Please leave your
comments on the table.

    MS. MITCHELL: Did you speak, sir?

    MR. OLSZEWSKI: I have not.

Good morning, members of the Board. My name is Matthew Olszewski. I am a vice president and chief credit officer with Peoples Bank of Kankakee County.

I'm here today both in support of OAK Orthopedics' plans to develop a surgery center in Bourbonnais and to explain the letter that's been provided by the bank relating to our desire to provide the financing for this project.

Last month our bank provided a letter that included the statement, quote, "This letter confirms the commitment of Peoples Bank of Kankakee County, that, should the Illinois Health Facilities and Services Review Board approve Project No. 19-001, it will loan OAK ASC, LLC, $6.707 million in accordance with the terms and conditions documented in the application for permit."

The letter goes on to say, "Said commitment is subject to customary lender due diligence on the proposed property and is
conditioned on there being no material change to
the financial condition of the borrower or
guarantors," end quote. That second sentence, as
I understand it, caused concern and a negative
finding by your staff.

I'm here to assure you that, one,
OAK Orthopedics is a long-standing and cherished
client of the bank and the members of OAK are
highly respected members of our community.

Two, the wording in the letter is standard
wording included in all such letters issued by our
bank.

Three, given that the loan will not be
needed for approximately another six months, any
bank would be remiss in not providing similar
language.

Four, we fully intend to live up to the
commitment we set forth in our letter.

And, five, our bank is interested in
supporting endeavors that benefit our community,
and OAK's proposed surgery center certainly fits
that description.

Should you have any questions relating to
the position of our bank on this project, let me
assure you that this is a project that we look
forward to funding.

Thank you.

CHAIRMAN SEWELL: Thank you.

MS. MITCHELL: Next up for Jackson Park,
Exemption No. E-016-19, Dan Bailey, Yulonda Clark,
Myrna Dennis, and Harriet Moore.

You may begin.

MR. BAILEY: Okay. I'm Dan Bailey. I'm a
member of National Nurses Organizing Committee/
National Nurses United. My union represents more
than 155,000 registered nurses across the country
and over 6,000 in Illinois.

In congruence with our right and duty of
patient advocacy, we are compelled to strongly
oppose the closure of the labor and delivery
services of Jackson Park Hospital, JPH.

After careful review of the petition
submitted by JPH, its own community health needs
assessment, as well as other publicly available
data related to the health and safety of mothers
and infants in the region that is served by JPH,
it is clear that the health needs of the community
demand expansion of perinatal services rather than
elimination of vital safety net care.

Through this careful evaluation, National Nurses Organizing Committee/NNU has concluded that elimination of obstetric services at Jackson Park Hospital does not serve the health, welfare, and safety interests of the public and patients in this vulnerable community.

There are many issues of concern. The elimination of obstetric services will endanger an already vulnerable population, and that's what the community needs assessment performed by Jackson Park Hospital said.

The community served by Jackson Park Hospital has high poverty rates, household poverty rates. Elimination of services will further exacerbate racial health care disparities. The JPH community service area has low rates of mothers that receive early and adequate prenatal care. Infant mortality is high, higher than average. The disruption of the Illinois Department of Public Health perinatal care network will occur. Taxpayers spent over $10 million improving women's health services spaces at that hospital.
So given that, we have three demands: The application for elimination of obstetric services submitted by JPH must be denied; an independent audit of JPH finances must be conducted; an impact analysis of the State of Illinois perinatal care network must be conducted before any services are eliminated at JPH.

MR. ROATE: Two minutes.

MR. BAILEY: We have submitted something already -- this -- and we have a white paper that will be given to you by the end of the week.

MR. ROATE: Two minutes.

MR. BAILEY: Thank you.

MS. CLARK: Good morning.

My name is Yulonda Clark, Y-u-l-o-n-d-a C-l-a-r-k. C-l-a-r-k.

Good morning, ladies and gentlemen of the Illinois health care facilities Board. After a rather long, nearly 60-minute difficult commute from my Chicago South Side safety net hospital, Jackson Park, where the majority of my patients look like me and where the majority of the families coming to my hospital struggle under high rates of unemployment and poverty, to this country
club setting surrounded by green grass and
affluence, please give me a moment to reorientate
myself with the hope that those sitting on this
Board can see, feel, and hear what I, as a
registered nurse for over 28 years, must see and
experience delivering much-needed care as a
bedside nurse at Jackson Park Hospital.

I have made this difficult journey because
I am alarmed that my hospital, Jackson Park, has
made an extremely wrong calculation about their
decision to close maternal child services for the
community I just described. With higher rates of
infant mortality, mothers accessing prenatal care
and the poverty that drives some of this, I felt
that I would be derelict as a nurse not to make
this journey.

I find that I am confused about JPH
administration's decision to close these services
knowing that every administration --
administrator -- is given a bonus of $25,000
quarterly regardless of how the hospital is
performing financially. I'm deeply concerned
about the decisions when administration earns
salaries that are comparable to salaries of
administrators in hospitals that are much better financially situated than JPH.

I'm confused because the very outreach and improvement recommendations that hospital administrators pledged to make to expand the maternal-child services at JPH have all been ignored.

I have to question why JPH received nearly $11 million to upgrade and improve ob-gyn facilities --

MR. ROATE: Two minutes.

MS. CLARK: -- only to close those services a year later.

What -- I am saying that we have to keep this facility open.

MR. ROATE: Two minutes.

CHAIRMAN SEWELL: Please, Ms. Clark.

Thank you.

MS. DENNIS. Good morning. My name is Myrna Dennis, M-y-r-n-a D-e-n-n-i-s.

I'm a registered nurse at Jackson Park Hospital for six years. I've worked -- I've been a registered nurse for 20 years, worked at Jackson Park for 6 years.
I've -- I am today -- I'm here today because I cannot be silent about Jackson Park's application to end ob-gyn service.

I am also proud -- I'm also a proud member of the National Nursing Association community. As a member of this union, I know and I have certain protection and right, not necessarily affordable to nurses who do not belong to a union.

As such, I want this committee to clearly understand that nurses working in the ob-gyn department here have to advocate for the community, women and children who have -- who have and should continue to benefit from these important critical services.

Indeed, because we are union nurses, we know there are processes in place to protect us, and so our concern is not for the job but for the -- but our concern is there is -- again -- for the -- that -- sorry -- for the impacted community. I don't have my glasses on.

We believe that the infant mortality rate and maternal -- and maternal health must be -- must be the only consideration when looking at this issue. It is shameful that in 2019 we still
have preventable infant mortality and maternal
deaths in the community of color, like the
community surrounding Jackson Park Hospital.

    We became nurses in order to provide
the best care possible so that our patients are
able to achieve the best health outcome possible.

For us --

    MR. ROATE: Two minutes.

    MS. DENNIS: We realize that the goal of
safety of the hospital in Jackson Park must be our
mission.

    Thank you.

    CHAIRMAN SEWELL: Thank you.

    MS. MOORE: Good morning, ladies and
gentlemen of the health care facility.

    My name is Harriet Moore, H-a-r-r-i-e-t
M-o-o-r-e. I've been an OB technician for
35 years. I have worked at Jackson Park Hospital
for seven.

    I am here to speak in opposition of the
application of JPH to close their ob-gyn service.
I, along with the other nursing colleagues, spent
time knocking on doors of the community
surrounding Jackson Park Hospital.
We went to get -- we wanted to get to know our neighbors, but, more importantly, we wanted to hear directly from them the impact of the outreach JPH claimed they conducted as a part of the million dollars of monies to improve the maternal-child health care.

We did a sampling of about a hundred-plus families and discovered that not one door that we knocked on knew about the newly remodeled state-of-the-art ob-gyn department.

Not only that, not only one family we spoke with said that they received or heard any information or been invited to the facility to tour the newly -- or any other engagement of the hospital, their mission of improving the maternal-child health care.

We were -- our canvassing is decidedly informal. We believed we should have run into at least one small percentage of these families that were familiar with the maternal-child program JPH is part of. We wanted to share with you the signatures of getting out to canvass, indicating that they are opposed to the closing of these services.
Again, we urge this body to, therefore, investigate the impact of the closing of the service before allowing them to close.

Thank you very much.

CHAIRMAN SEWELL: Thank you.

MS. MITCHELL: Was there anyone else who signed up to speak whose name was not called and who wishes to speak?

(No response.)

MS. MITCHELL: All right. That concludes public participation.

If you have written comments, if you'd please leave them on the table, at the edge of the table -- at the end of the table.

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CHAIRMAN SEWELL: There are no items approved by the Chair, and we need to take about a half-a-minute break right here. Nobody leave. That wasn't even half a minute. We're back in order.

---
CHAIRMAN SEWELL: Now we're dealing with items for the State Board action, permit renewal requests.

First project is A-01, Project No. 16-048, Ferrell Hospital in Eldorado.

May I have a motion to approve a 24-month permit renewal for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: All right.

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

(Two witnesses sworn.)

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

CHAIRMAN SEWELL: Okay.

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

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, Mr. Sewell.

In March of 2017 Ferrell Hospital in Eldorado was approved for a large modernization of the hospital at a cost of approximately $37.4 million. The hospital is requesting a
24-month permit renewal, from the original March 31st, 2019, completion date until March 31st, 2021.

At the March 2019 State Board meeting, the State Board asked the permit holder to submit additional information to address some concerns of the State Board with the permit renewal request. That information has been provided to the Board members.

The reason for this renewal is -- was the delay in securing the financing commitment from the USDA. The hospital does not -- does have that commitment now.

There were no letters of opposition received by the Board.

Thank you.

CHAIRMAN SEWELL: All right. Do you have any comments for the Board?

MS. COLEMAN: Good morning. I'm Alisa Coleman. I'm the chief executive officer of Ferrell Hospital. On behalf of all of our community, we want to thank you for your consideration this morning.

With me here today is Ed Parkhurst, our
CON consultant, and behind me is our regulatory legal counsel, Dan Lawler.

We are here with respect to the Review Board deferred permit renewal, which was originally on the March agenda. The State Board staff report indicates that we have submitted all the information required for the permit renewal.

As you are aware, there was a question raised regarding our proposed financing structure which we were requested to address. Related documentation has been submitted and is included in the staff report.

Before specifically responding to the Board request regarding our financing, let me first review the approved project status.

Our USDA permanent long-term loan was approved and funds obligated in letters dated August 28th, 2018, and February 7, 2019. The USDA does not typically fund construction, hence our requirement for phased financing including construction and permanent financing. More on this in just a moment.

The initial construction began in late 2018, as indicated in our formal filing with the
Illinois Department of Public Health.

Our first annual progress report was filed on March 1st, 2019, indicating approximately 5.3 percent of the approved CON capitalized project cost was expended.

The approved CON project was financially committed and obligated in our notification to the Illinois financing -- Illinois Facilities Services Review Board, in a letter dated March 13, 2019. At this point approximately 60 percent of the CON approved capitalized project cost was legally obligated.

At the Review Board's March request, additional information pertaining to our financial structure was submitted in documentation dated April 2nd, 2019.

To the best of my knowledge, we have submitted all the information required by or requested by the State agency.

More specifically, in response to the Board's request to clarify our financing strategy, let me summarize the information included in the State Board staff report.

The USDA does not generally finance
construction but provides community development
loans for permanent financing, hence our need to
provide construction financing, which will be
repaid by the USDA loan when construction and
occupancy is completed.

The financing plan has two major
components: Construction or interim financing and
permanent financing.

The construction financing has two
components, initial and construction with an
average interest rate over its duration of
3.91 percent. The permanent USDA financing has an
average interest rate of 3.875 percent.

The calculated combined average interest
rate for both construction and permanent financing
over the approved project's duration is
3.876 percent. Comparative hospital project
interest rates as submitted in our additional
information ranged from 5.98 percent to
3.88 percent.

Again, to the best of my knowledge, the
financing structure and related interest rates are
comparable to other hospital financing as well as
being the most appropriate and least costly. We
trust this information complies with the Review Board's March request.

Let me also add that Ferrell Hospital is one of the largest employers in a county of 24,000; therefore, the prospect of continued existence as an employer, the continued existence as a health care provider in southern Illinois provides stability to the local communities we serve.

I must also underscore the enthusiasm. Because of this project, we now have recruited enough primary care providers as a foundation to support this project, in addition to support specialties -- such as general surgery, colorectal surgery, cardiology, urology, podiatry -- and we're currently recruiting ENT and orthopedic specialties. These primary care and specialty providers, coupled with a modernized facility, will provide an excellent opportunity to meet the health care needs of the community now and well into the future.

We are prepared to answer your questions, and we respectfully ask our permit renewal be approved.
Thank you.

CHAIRMAN SEWELL: Thank you.

Are there questions of this Applicant?

MEMBER MC GLASSON: I have some.

CHAIRMAN SEWELL: Yes.

THE COURT REPORTER: Use your mic, please.

MEMBER MC GLASSON: You may be familiar with Streator, Illinois. Streator is a community of about 13,000 people, actually more than four times the size of your community. It exists in a county of 110,000; again, more than four times the size of your county.

Streator's hospital was sold and then closed, and this Board facilitated the addition of a freestanding emergency room and a medical office building, and that project was completed -- or nearly complete at this point -- at a cost of about a third of your project.

In Streator's case the nearest hospitals were 20 and 26 miles from Streator. In your case you have a hospital 7 miles away and another hospital barely 30 miles away.

Did you consider an alternative such as this as a better expenditure of the taxpayer
dollar than the project you're currently
undertaking?

MS. COLEMAN: I believe we presented that
information, Mr. McGlasson, when we first applied
for the CON permit initially, so all of those
items were clearly addressed in our initial
application. So, yes, we did.

MEMBER MC GLASSON: That's all I have.

CHAIRMAN SEWELL: Other questions of this
Applicant?

Yes, Doctor.

MEMBER MC NEIL: Just some technical
questions.

How many bed hospital are you?

MS. COLEMAN: We're a critical-access
hospital, 25 beds.

MEMBER MC NEIL: 25 beds. And you have an
ER, emergency room?

MS. COLEMAN: Yes. We have a 24-hour
emergency department, 25-bed facility, yes.

MEMBER MC NEIL: And your gross revenues
approximately?

MS. COLEMAN: Around 34 million.

MEMBER MC NEIL: And you're borrowing
almost that much, paid back over time?

MS. COLEMAN: Right.

The critical-access hospital reimbursement model does allow for facilities in this category to accelerate depreciation. And so the reimbursement model allows for the cost-based reimbursement, which depreciation is one of those allowable costs, and so that accelerated depreciation does insert cash into the project, especially in the early years.

MEMBER MC NEIL: Now, the hospitals close by, they have ERs, all kinds of things?

MS. COLEMAN: Yes, they do.

MEMBER MC NEIL: And what do you do that they don't do?

MS. COLEMAN: We're an acute care hospital. There are other acute care hospitals surrounding us. Some of those hospitals have specialty services; some do not.

We are prepared to add orthopedic services, a full-time orthopedic service. That's not currently being provided in a hospital in our near location. There are the hospitals within an hour that are providing those types of
services, but it's difficult when you're in a rural community to make those long distances to travel for care, so having that care close to home is ideal.

CHAIRMAN SEWELL: Are there other questions of this Applicant?

(No response.)

CHAIRMAN SEWELL: If not, roll call.

MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Demuzio.

Senator Demuzio.

MEMBER DEMUZIO: I vote yes, based upon the staff findings and also the verbal communication and explanation today.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on staff reports and based on testimony here today.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: No, based on my concerns for the financing issues.

MR. ROATE: Thank you.
Dr. McNeil.

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

MR. ROATE: Ms. Murphy.

MEMBER MURPHY: Yes, based on the State Board staff report and today's testimony.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes, based on the State agency report.

MR. ROATE: Thank you.

That's 5 votes in the affirmative; 1 vote in the negative.

CHAIRMAN SEWELL: The permit renewal is approved. Thank you.

MS. COLEMAN: Thank you very much.

MR. PARKHURST: Thank you.

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CHAIRMAN SEWELL: Next on the agenda is A-02, Project No. 17-020, AMITA Health Bartlett, MOD.

MS. AVERY: "Medical office building."


May I have a motion to approve a four-month permit renewal for this project?

MEMBER DEMUZIO: Motion.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Please identify yourselves and be sworn in.

MR. AXEL: Good morning, Mr. Sewell.

I'm Jack Axel with Axel & Associates.

Seated with me is Joe Stark, representing AMITA Health this morning.

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

(Two witnesses sworn.)

THE COURT REPORTER: Thank you. And print your names, as well, if you wouldn't mind.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, Mr. Sewell.
In July of 2017 the permit holders were approved to establish a medical clinics building in Bartlett, Illinois, at a cost of $26.5 million. The permit holders are requesting a four-month permit renewal, from January 31st to May 31st, 2019.

The reason for the renewal request is to complete the necessary paperwork to file the final cost report for the State Board.

No opposition was received.

Thank you.

CHAIRMAN SEWELL: Thank you.

Do you have a statement for the Board?

MR. AXEL: Yes, very briefly.

As Mike mentioned, we requested an extension to complete the final cost report. We have received all of the invoices from the various contractors now, and, in fact, we intend to file this, our final cost report, by the end of this week. The project is coming in approximately 8 percent below budget.

Thank you. We'd be happy to answer any questions you have.

CHAIRMAN SEWELL: Board members have
questions of this Applicant?

(No response.)

CHAIRMAN SEWELL: If not, roll call.

MR. ROATE: Thank you, sir.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based on the staff report.

MR. ROATE: Ms. Hemme.

MEMBER HEMME: Yes, based upon the staff report.

MR. ROATE: Mr. McGlasson.

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

MR. ROATE: Dr. McNeil.

MEMBER MC NEIL: Yes, based on the testimony of May 31st, the report due in the next week or so to complete this. So yes.

MR. ROATE: 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 renewal is approved.

MR. AXEL: Thank you.

CHAIRMAN SEWELL: Thank you.

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CHAIRMAN SEWELL: Next on the agenda is A-03, Project No. 17-051, St. Anthony Cancer Treatment Center in Alton.

May I have a motion to approve a six-month permit renewal for this project.

MEMBER MC NEIL: So moved.

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: Is there anyone here to represent the Applicant?

MR. CONSTANTINO: No.

MS. MITCHELL: No.

CHAIRMAN SEWELL: No. All right.

State agency report.

MR. CONSTANTINO: Thank you, Mr. Sewell.

In January of 2018 the permit holders were approved to construct a cancer treatment center on the campus of St. Anthony Health Center in Alton, Illinois. The cost of the project was approximately $14.1 million.

The permit holders are requesting a six-month permit renewal, from June 30th, 2019, to December 31st, 2019. The reason for the renewal
request is the extreme weather of 2018 and early 2019 that delayed construction.

No letters of opposition were received.

Thank you.

CHAIRMAN SEWELL: All right.

Any questions of staff on this one?

(No response.)

CHAIRMAN SEWELL: If not, the roll call.

MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Demuzio.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based upon the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: Yes, based upon the staff report.

MR. ROATE: Thank you.

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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CHAIRMAN SEWELL: Next is A-04, Project No. 17-3017, Provident Hospital of Cook County in Chicago. It's the second request.

May I have a motion to approve a 12-month permit renewal for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Would you please identify yourself and be joined in.

MS. PATEL: Sure.

My name is Amee Patel, spelled A-m-e-e P-a-t-e-l. I'm CON counsel to Cook County Hospital and Health Services.

MR. WILLIAMS: Good morning. My name is John Williams.

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

(Two witnesses sworn.)

THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: All right. State agency report.

MR. CONSTANTINO: In November of 2017 the permit holders were approved to establish a
12-station ESRD facility at a cost of approximately $2.23 million at Provident Hospital.

The permit holders are requesting a 12-month permit renewal, from December 31st, 2019, to December 31st, 2020. This is the second permit renewal request for this project.

The reasons for the permit renewal are the hospital had higher priority construction projects to complete. It's our understanding the permit holders have let the RFP for this project.

And there has been no opposition received.

Thank you.

CHAIRMAN SEWELL: Thank you.

Do you have a presentation for the Board?

MS. PATEL: We do not. We have just a few brief comments.

We'd like to concur with the State agency report. I want to turn it to Mr. Williams to give a statement about the status of the project.

MR. WILLIAMS: Good morning again. So thank you for hearing us for this extension.

We basically asked for the extension because initially we had a problem getting our RFP, getting qualified candidates in. I wanted to
get people that knew how to do a dialysis center
and do it well. My initial responses for the RFP
did not have those type of contractors that
responded, so we went back out for bid.

We recently had a meeting with six
different vendors, and two of those vendors I'm
assured have -- based on their references -- have
that experience.

So, subsequently, we can build a dialysis
center that's going to be built the right way.
I'm kind of a stickler about those type of things.
I don't want to build anything that's not going to
be profitable, so that's what has taken us so
long.

And now we have a qualified candidate --
at least two candidates in -- and I believe that
we will probably have the construction completed
by the end of 2020 without a doubt.

CHAIRMAN SEWELL: All right. Just for
clarification, this is a permit renewal, not an
exemption?

MR. WILLIAMS: Yes, a permit renewal.
I'm sorry.

CHAIRMAN SEWELL: Questions of this
Applicant?

    Yes, sir.

MEMBER MC NEIL: And what size dialysis center is it? How many patients do you intend to have at any given time?

MR. WILLIAMS: I believe we had put in for 12 seats, a 12-seat dialysis unit.

MEMBER MC NEIL: Yes. And that's multiplied over -- probably a hundred patients or so?

MR. WILLIAMS: You mean how many patients?

MEMBER MC NEIL: At any given time.

MS. PATEL: We wouldn't -- I don't have that information in front of me. We did put that as part of the application, but I don't have it at this time.

MEMBER MC NEIL: Okay.

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

MS. AVERY: Do you want to comment about it being --

MR. CONSTANTINO: It would be between 50 and 60 patients at any one given time.

MS. AVERY: Because of the ratio?

CHAIRMAN SEWELL: Did you all hear that?
MEMBER HEMME: No.

MR. CONSTANTINO: It would be approximately 50 to 60 patients at any one given time for a 12-station facility.

MS. AVERY: And as inpatients. Just for patients?

CHAIRMAN SEWELL: Just for inpatients?

MR. CONSTANTINO: For inpatients, yes.

CHAIRMAN SEWELL: Okay. Other questions of the Applicant?

(No response.)

CHAIRMAN SEWELL: Okay. If not, roll call.

MR. ROATE: Thank you.

Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

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

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and testimony here.

MR. ROATE: Mr. McGlasson.

MEMBER MC GLASSON: Yes, based on the staff report.
MR. ROATE: Dr. McNeil.

MEMBER McNeil: Yes, based upon the staff report and additional information.

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER Murphy: Yes, based on the staff report and today's testimony.

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: Your permit renewal is approved.

Thank you.

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CHAIRMAN SEWELL: Next is A-05, Project 17-058, Premier Cardiac Surgery Center in Merrionette Park.

May I have a motion to approve a five-month permit renewal for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: Seconded.

You got that? Okay.

All right. Could you identify yourself and be sworn in?

MR. BERLIN: Yes. I'm Mark Berlin. I'm the chief operating officer for Heart Care Centers of Illinois, who is the owner of the Premier Cardiac Surgery Center.

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

(One witness sworn.)

THE COURT REPORTER: Thank you. And print your name, please.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you.

In February of 2018 the permit holders...
were approved to establish a single-specialty ASTC at a cost of approximately $1.3 million. The permit holders are requesting a five-month permit renewal, from January 31st to December 31st, 2019. The reason for the permit renewal is the delay in receiving the emergency generator that is required by the Illinois Department of Health. This is the second permit renewal request for this project. No opposition was received. Thank you, sir.

CHAIRMAN SEWELL: Do you have comments for the Board?

MR. BERLIN: Yes, if I could just give you some background.

At the location there was a generator, an emergency generator that was on-site. We learned that there is a standard, NFPA 99 -- it's actually 4.4.1.1.17 -- that requires that your emergency generator be hard-wired to an annunciator. Basically, it's a panel that says that they're on emergency power.

The generator that was there worked wireless and there was no capacity to have it be hard-wired, so we had to go out and purchase a
generator. And the generator -- the request was made. Expedited delivery takes 16 weeks, so it gives you an idea how fast things turn around. It's scheduled to ship the week of June 19th.

In between that time construction's basically been completed. Applications have been sent for the initial review as well as the certification requirements of the physical plant.

In that time, as well, I've spoken to the Illinois Department of Public Health, and they allowed us to accept the certifications knowing that we did not have the generator because of the fact that our original permit end date was the end of July.

So we're asking for this extension to the end of the year because who knows if the generator will actually ship on the week of June 19th.

So -- and I'll take any questions.

CHAIRMAN SEWELL: Are there questions for this Applicant?

(No response.)

CHAIRMAN SEWELL: If not, we'll have the roll call.

MR. ROATE: Thank you, sir.
Motion made by McNeil; seconded by Demuzio.

Senator Demuzio.

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

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and testimony today.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

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

And if anything happens with tornadoes and all, emergency generators go -- wherever.

MR. BERLIN: Yes.

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: Yes, based on the staff report and testimony.
MR. ROATE: Chairman Sewell.

CHAIRMAN SEWELL: Yes, based on the State agency report.

MR. ROATE: Thank you.

That's 6 votes in the affirmative.

CHAIRMAN SEWELL: The permit renewal is approved.

MR. BERLIN: Thank you.

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CHAIRMAN SEWELL: Next is A-06, Project No. 17-014, DaVita Rutgers Park Dialysis in Woodridge.

May I have a motion to approve a 15-month permit renewal for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

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

(One witness sworn.)

THE COURT REPORTER: Thank you. And please print your name.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.

In June of 2018 the permit holders were approved to establish a 12-seat-station ESRD facility at a cost of approximately $4.1 million in Woodridge, Illinois.

The permit holders are requesting a 15-month renewal, from June 30th, 2019, to December -- September 30th, 2020.

The renewal is needed because the landlord is working on site issues in preparation of
construction modernization, and additional time is being requested for IDPH inspection and Medicare certification.

No letters of opposition were received.

Thank you, sir.

CHAIRMAN SEWELL: Thank you.

Any comments for the Board?

MS. FRIEDMAN: Hi. I'm Kara Friedman, Polsinelli, counsel for the permit holder.

This is our first renewal for this project. I forgot my glasses but I'll do my best to answer any questions.

CHAIRMAN SEWELL: Are there questions of the Applicant?

(No response.)

CHAIRMAN SEWELL: If not, we have a roll call.

MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Senator Demuzio.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report.

MR. ROATE: Thank you.
Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: 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: The permit renewal is approved.

MS. FRIEDMAN: Thank you.

-- --
CHAIRMAN SEWELL: Next is A-07, Project No. 17-016, DaVita Salt Creek Dialysis in Villa Park.

May I have a motion to approve a six-month permit renewal for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

THE COURT REPORTER: She's already been sworn.

CHAIRMAN SEWELL: She's already been sworn in.

State agency report.

MR. CONSTANTINO: Thank you, sir.

In June of 2018 the permit holders were approved to establish a 12-seat station ESRD facility in Villa Park at a cost of approximately $3.8 million.

The permit holders are asking for a permit renewal, from June 30th, 2019, to December 31st, 2019. The renewal is needed because of the necessity for completing IDPH inspection and Medicare certification.

No letters of opposition were received.
Thank you.

CHAIRMAN SEWELL: Do you have a presentation?

MS. FRIEDMAN: Hi, I'm Kara Friedman, counsel for DaVita, the permit holder.

This is also their first renewal request. They're waiting for the State to inspect at this point, and I'm happy to answer any questions.

CHAIRMAN SEWELL: Are there questions of the Applicant?

(No response.)

CHAIRMAN SEWELL: If not, we'll have the roll call.

MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based on the staff report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based upon the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.
MEMBER MC GLASSON: Yes, based on the staff report.

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the staff report and how bureaucracies work slowly.

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: The permit renewal is approved.

MS. FRIEDMAN: Thank you.

CHAIRMAN SEWELL: Thank you.
CHAIRMAN SEWELL: Next is A-08, Project No. 16-002, Transitional Care of Fox Valley in Aurora.

May I have a motion to approve a 26-month permit renewal for this project.

MEMBER DEMUZIO: Motion.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

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

(One witness sworn.)

THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: Do you have a presentation for the Board?

MR. MORADO: This is our first -- good morning, members of the Board. My name is Juan Morado. I'm counsel for the permit holders. This is our first permit renewal request.

We had some bumps in the road, but we are well on our way now. We expect to be breaking ground relatively soon on this project, and I'm happy to answer any questions that you may have.

CHAIRMAN SEWELL: Are there questions of the Applicant?
MEMBER MC NEIL: Yes.

Would you explain "bumps in the road,"

please.

MR. MORADO: Absolutely.

So the first bump in the road came from

the Aurora Planning and Zoning Commission. Near

the 11th hour when we were getting ready to begin

construction -- this is a 6-acre parcel -- the

Planning Commission decided that they did not want

the long-term care facility to take up the entire

6-acre parcel, which necessitated a zoning change.

And speaking of bureaucracy, Member

McNeil, that took quite awhile to get through, so

that was the first bump.

The second, which is a -- not really a

bump as much as it is an ongoing issue -- again,

with bureaucracy -- is with funding from the

Department of Housing and Urban Development, which

still underway.

And we expect to be closing on that loan

relatively soon and breaking ground in November of

this year.

CHAIRMAN SEWELL: Other questions?

Comments?
CHAIRMAN SEWELL: All right. Roll call.

MR. ROATE: Thank you, sir.

Motion made by Demuzio; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report and then the testimony.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and testimony.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Dr. McNeil.

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

MR. ROATE: Thank you.

Ms. Murphy.

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

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.

MR. MORADO: Thank you.

CHAIRMAN SEWELL: The permit renewal is approved.

Thank you.
CHAIRMAN SEWELL: Next is A-09, Project No. 16-012, Transitional Care of Lake County in Mundelein.

May I have a motion to approve an 18-month permit renewal for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: All right. The Applicant was already sworn in.

MR. MORADO: Good morning. It's still me.

So this project is also continuing on its way. This was an exciting project because it brought together the County of Lake, their discontinuation of Winchester House, which was a 224-bed facility. This is going to be a replacement facility of 185 beds.

We are currently about 10 to 15 percent through the project at this point. It's been financially committed. We've signed our construction agreement. And so at this point, we're just looking for additional time to continue working on the project and bringing it online.

I'd be happy to answer any more questions
that you have.

CHAIRMAN SEWELL: The State agency report on this.

MR. CONSTANTINO: Thank you, Mr. Sewell.

In June of 2016 the permit holders were approved for the establishment of a 185-bed facility in Mundelein, Illinois, at a cost of approximately $29.2 million.

The permit holders are requesting an 18-month permit renewal, from June 30th to December 31st, 2021.

The reason for the renewal is delays in the HUD financing and the delays in the zoning of the property. The cost and the scope of the project are not changing. The project has been obligated, and there has been a change of ownership of the facility.

Thank you.

CHAIRMAN SEWELL: Any questions of this Applicant?

MEMBER MC GLASSON: Yes, I have --

CHAIRMAN SEWELL: Yes. Go ahead.

MEMBER MC GLASSON: -- more for the State staff.
At the time this was originally presented and approved, was there opposition in regard to saturation in the area?

MR. CONSTANTINO: To the establishment?

Yes, there was opposition.

MEMBER MC GLASSON: Yes. I -- this concerns me a little bit, that this is going on for quite some time and -- not to imply that this is the case but -- the ability of an applicant to tie up an area for quite some time seems inappropriate to me.

CHAIRMAN SEWELL: When you say "saturation," Mr. McGlasson, you mean too much capacity?

MEMBER MC GLASSON: Exactly.

CHAIRMAN SEWELL: Okay. I -- I'm just -- I just didn't want it to refer to water or something like that. All right.

Any other questions or comments?

MEMBER MC NEIL: Let me ask the Applicant -- what do you see as saturation right now with the closing of one 225-bed and the opening of a new one? There is this huge gap.

MR. MORADO: Well, Mr. McGlasson raises
some very interesting points, and something that I think we've talked before at this Board, this idea of oversaturation or this idea of a phenomenon called ghost beds.

And so we, as a Board, know that over the years there has been a significant overbedding in nursing beds throughout the state, long-term care beds.

Part of the reason that we've discovered this through the work of your long-term care subcommittee is that facilities in the -- they're a little bit older, maybe came online with, let's say, 300 beds. Now, as time has gone on, those 300 beds were used in ways where you would have doubles, triples -- in some cases, quads -- we've come to find out.

That's not what we are seeing in health care. People want single-occupancy rooms; at most, they'll accept a double bed. And so you have a facility that's approved for 300 beds but maybe, in practice, they're only really using a hundred. That affects your inventory, and it -- your ability to add an accurate count of beds. So while it may seem as though there's this
oversaturation, those beds actually aren't being used.

And one of the problems is we found out that financing -- through organizations like HUD and some more traditional financing through banks, they tie their financing to the number of beds utilized in the facility.

So if I come to you and I get approval for 300 beds 25 years ago, I'm still paying off my loan. I can't give up the beds that I'm not using because they're tied to that loan. And so it's a problem that we've -- we've kind of wrestled with back and forth. We've had different opinions on it, as well.

But that is probably the best explanation I can give on why we see overbedding throughout the state in the long-term arena.

MEMBER MC NEIL: Are you saying there, in reality, is not overbedding in the sense that ghosts -- we don't deal with them at all in ghost beds but numerically we do because of this?

MR. MORADO: I think it really depends on the area, too. In an area like Lake County where you're seeing a higher population of older adults
who are in need of this type of service, there
probably is not overbedding. Maybe somewhere
throughout the state, where there may not be as
high a population of older adults, there's
probably capacity.

So it's very difficult to just give a very
general answer on that particular issue, especially
when we have an inventory that might not accurately
reflect what's actually going on on the ground.

CHAIRMAN SEWELL: Staff comments on this?
Do you have any?

MR. CONSTANTINO: Yeah. I'd just comment
the Board is required to look at authorized beds,
which are the licensed beds.

Unfortunately, so many beds are out of
service and aren't reported to us or they use the
space for office space. But the Board looks at
authorized beds. So when we do their need
calculation in most of the areas of the state,
there is an excess of beds.

The other thing that's happening -- what
we're seeing anyway -- is there's short-term stay
in these nursing homes. And so when you have that
situation, they're not going to be using a lot of
these beds when they're short-term stays and constant turnover. So, yeah, there was opposition to this project.

One last comment on that mortgage issue and the beds: It's hard for me to understand -- and I still don't -- how an asset, this bed asset, is unused. And generally speaking, when you have an unused asset, it is worth nothing, and you're supposed to take that out of service, not use it. That's the general practice in any business.

Why these do these nursing homes -- why the Federal government has tied these mortgages to the beds that are not generating any revenue does not make any sense to me. It never has and it still doesn't.

MR. MORADO: I'm not in a position to defend the Federal government at this time.

MR. CONSTANTINO: Well, that's the argument that your agency -- your folks make to us every time we discuss this with them --

MR. MORADO: You're absolutely right.

MR. CONSTANTINO: -- that they've got this mortgage that the Federal government ties to the beds.
MR. MORADO: You're right.

MR. CONSTANTINO: It doesn't make any sense when you're not generating any revenue from that asset.

MR. MORADO: Yes.

CHAIRMAN SEWELL: Any other questions or comments from the Board?

(No response.)

CHAIRMAN SEWELL: The roll call.

MR. ROATE: Motion made by McNeil; seconded by Demuzio.

Senator Demuzio.

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

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and testimony.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: No, based on the -- my feeling that they should have to reapply rather than just continue it.

MR. ROATE: Thank you.
Dr. McNeil.

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

MR. ROATE: Thank you.

Ms. Murphy.

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

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes, based on the State agency report.

MR. ROATE: Thank you.

That's 5 votes in the affirmative; 1 in the negative.

CHAIRMAN SEWELL: The permit renewal is approved.

MR. MORADO: Thank you.

CHAIRMAN SEWELL: We're going to take a five-minute break.

MS. MITCHELL: Five minutes.

(A recess was taken from 10:18 a.m. to 10:28 a.m.)
CHAIRMAN SEWELL: Coming back to order, we have -- I don't see them -- public participation -- oh, there they are.

We have one additional --

MS. MITCHELL: Three.

CHAIRMAN SEWELL: -- well -- three additional public participation presentations, so we're going back into that phase of our meeting.

And this is for the Jackson Park Hospital -- which one is this?

MS. MITCHELL: E, dash -- Exemption --

CHAIRMAN SEWELL: It's an exemption.


CHAIRMAN SEWELL: Good. Thanks. Do you have their names?

MS. MITCHELL: I do not have -- if you could please come up to this table, the three speakers. Just come up to the table.

You'll be given two minutes to speak. At the beginning of your remarks, please state and spell your name for the court reporter. And if you have written remarks, if you could leave them at the end of the table, that would be helpful.

Were there two other individuals who were
MS. MITCHELL: Okay. You may begin.

MS. WALKER: Thank you so much for allowing us to be entered into the meeting and our minutes added to the session.

MS. AVERY: Bring the mic closer.

MS. WALKER: I'm sorry. I'm way over 45 and I just ran so -- I can't breathe.

I'm a physician in Jackson Park Hospital. I have been on staff for two years and they need us. We and the community desperately needs care for their maternal and young girls.

We have under -- five young ladies under 25 with HIV; we have mothers as young as 11. We have morbidity and mortality of preeclampsia. We have twins -- the social issues go on and on.

We've made a commitment to the community, to the young ladies of that community, to be there for them. I literally drive back and forth from Detroit, Michigan, every other weekend to give my services to Jackson Park. I can work at any
hospital on earth, but the need is there.

I usually give my young ladies my personal
cell phone number and text message throughout the
night and show support throughout any situation,
and they are so appreciative.

Two of our young ladies have applied for
college, and we have took -- we have trained many
physicians here that are behind me who now are
sympathetic to the urban community.

There are many patients nowadays, as if
you look at Representative Kelly, who has an
initiative for maternity mortality. We have done
leaps and bounds at our hospital in such a short
time in that regard and in that area. We wanted
to continue to do our successful work at our
hospital.

We understand the financial burden that
ob-gyn has on hospitals and the community; but if
there was anything that we could do, we are
willing to do it to save that community.

I'm sorry. Breathing. Running.

MR. ROATE: Two minutes.

MS. WALKER: I'm going to give it to my
chairman. Thank you for the opportunity.
THE COURT REPORTER: Excuse me. State your name and spell it, please.


THE COURT REPORTER: Thank you.

DR. PALMER: Dr. Mary Palmer, chairman of ob-gyn at Jackson Park Hospital.

I've been at Jackson Park for about four years now, and prior to that, except for perhaps five years of my total time as an obstetrician-gynecologist, has been serving underserved populations and communities of black and brown people. That short period of time was when I was initially out of training and when I was in Texas, but that population was still very black and brown.

The population that we serve in the Jackson Park/South Shore area is a critical one. We do have patients that walk to see us. We do have patients that walk into that hospital not just for obstetric care, for other care, and that is a very fertile population. Where are these women going to go?
If they were going to go to the University of Chicago, they would have went. Anybody in South Shore that's going to go to the University of Chicago is already there.

They're not coming to us. We have patients that walk to see us, that get on a bus to see us, and they're so grateful that we're there providing the services.

And they're extremely ecstatic there are two women of color who are providing service because it is a community of color, and that's something that many of them have craved because we understand their social circumstances. We can buy into what's going on in their lives, and we can begin a system in addressing a myriad of other services or issues that they have. That we continue to provide this service to that community is critical.

Like I said before, if these people are going -- if these patients were going to go to the University of Chicago or Advocate Trinity Hospital -- Advocate Trinity Hospital is 2300 East 93rd Street, and University of Chicago is 5700 South Cottage Grove -- they'd already be
there. They would already be there because the
patients who opt to go to those institutions go
off the top. They don't come to us.

As a matter of fact, we had a patient
who --

MR. ROATE: Two minutes.

DR. PALMER: Sorry.

MR. KOSKI: All right. Good morning.

My name is Amjed Koski [phonetic],
A-m-j-e-d. I'm a medical student at JPH.

I just wanted to say JPH provides one of
the only -- is one of the only few hospitals that
allows international medical graduates to do all
their core rotations in one place. And ob-gyn is
one of the core rotations for us. So losing the
ob-gyn at JPH will make the entire hospital
basically suffer, as medical schools will start
looking into other places to send their students at.

My experience at JPH and at the Women's
Health Center right now has been amazing. We get
to see a number of different cases. Like the
doctors just mentioned, we have HIV cases; we see
teenagers; we see elderly patients. We see
pregnant women, all different ages and different
problems, and we get to interact with them and
learn from them a lot.

At the Women's Health Center -- the whole
clinic at JPH allows us to form relationships not
only with the physicians that are teaching us
every day but also with the patients. We rotate
every six weeks -- so at one point we could be in
ob-gyn -- you can see the mom -- and then the next
day you can go to pediatrics and meet the child.

It's a community over there, and losing
the Women's Health Center would devastate,
I think -- in my opinion -- the South Side
community over there because people come in with
teenagers who are -- just want to learn about
their health, and then you have an older patient
who is trying to maintain her health, and we're
able to provide that service for them.

Thank you.

CHAIRMAN SEWELL: Thank you.

And that is that.

MS. MITCHELL: All right. Thank you.

MS. WALKER: Thank you so much for
listening to us. I'm sorry that it was
discombobulated but -- they need us. The
community needs us.

    Thank you.

    - - -
CHAIRMAN SEWELL: Okay. We're back on the agenda with extension requests. The first one is B-01, Project No. 17-017, Provident Hospital of Cook County in Chicago. May I have a motion to approve a 12-month extension of financial commitment for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Okay.

THE COURT REPORTER: They've been sworn.

CHAIRMAN SEWELL: Already sworn in.

State agency report.

MS. AVERY: Have them state their names for the record.

MR. CONSTANTINO: Thank you, sir.

In November of 2017 Provident Hospital was approved to establish a 12-station ESRD facility at a cost of $2.23 million. The permit holders are requesting a one-year extension of the financial commitment period from December 31st, 2018, to December 31st, 2019. As you well know, this permit was just
approved for a 12-month permit renewal, from December 31st, 2019, to December 31st, 2020. There was no opposition. Thank you, sir.

CHAIRMAN SEWELL: Will you all restate your names for the record.

MS. PATEL: Amee Patel, A-m-e-e P-a-t-e-l, CON counsel to Cook County Health and Hospital Systems.

MR. WILLIAMS: Samuel Williams, W-i-l-l-i-a-m-s.

CHAIRMAN SEWELL: Do you have a presentation on this project?

MS. PATEL: No presentation but just wanted to reiterate that this permit -- this is part and parcel of the permit renewal request for the 12-station ESRD that was just approved by the Board.

And we'll take any questions you might have.

CHAIRMAN SEWELL: Any questions for this Applicant?

(No response.)

CHAIRMAN SEWELL: Roll call.
MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

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
MR. ROATE: Thank you.

That's 6 votes in the affirmative.

MS. PATEL: Thank you.

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CHAIRMAN SEWELL: Next is B-02, Project No. 17-001, Mercy Health Hospital in Grayslake. May I have a motion to approve a 12-month extension of financial commitment for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: All right.

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

(Three witnesses sworn.)

THE COURT REPORTER: And please print your name on that sheet.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, Mr. Sewell. I would like to make one correction to the agenda.

"Grayslake" should be "Crystal Lake."

CHAIRMAN SEWELL: Oh.

MR. CONSTANTINO: Juan and Mark kindly reported that to me during the break.

CHAIRMAN SEWELL: Okay.

MR. CONSTANTINO: In June of 2017 the
State Board approved the construction of a
two-story medical office building at a cost of
approximately $18.8 million in Crystal Lake,
Illinois.

The permit holder is requesting a one-year extension of the financial commitment period, from June 20th, 2019, to June 20th, 2020. The medical office building construction has not begun because of the court challenge of the Board's approval.

Thank you, sir.

CHAIRMAN SEWELL: All right.

Do you have a presentation for the Board?

MR. SILBERMAN: Yes. I'll provide a brief update.

My name is Mark Silberman, CON counsel for the Applicant. I have with me Paul Van Den Heuvel, general counsel for Mercy Health; and Ralph Weber, our CON specialist.

We want to thank the members of the Board for the opportunity to appear and Board staff for the positive staff report.

As you all know, the Board previously approved the hospital project with a 6-to-1 vote in favor of the project as well as unanimously
approved the medical office building.

As you also know, these -- a legal challenge has been filed to both of these projects by competitors, which we are going through the process of. We thought it would be of some value to just provide you a quick status report of the legal challenge.

Both the Illinois Attorney General's office, representing this Board, and then we, on behalf of Mercy, have filed briefs with the Second District Appellate Court supporting this Board's decision, and we are confident and fully expect to have this Board's decision upheld.

The residents of Crystal Lake and the surrounding community deserve to have Mercy Health have this facility. Mercy Health remains committed to providing them the appropriate access to care and to see this Board's decision upheld.

So as a final matter, we just wanted to also assure you the funds remain available for this project. This is a cash-financed project. Mercy Health still is committed, both financially and from a health care delivery perspective, to completing this project.
And with that, we'd be happy to answer any questions that the Board members may have.

CHAIRMAN SEWELL: Are there questions for the Applicant?

(No response.)

CHAIRMAN SEWELL: If not, roll call.

MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based upon the staff report and updates.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

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

MR. ROATE: Thank you.
Ms. Murphy.

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

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: The financial commitment extension is approved.

MR. SILBERMAN: Thank you.

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CHAIRMAN SEWELL: Next is B-03, Project No. 17-002, Mercy Health Hospital, Crystal Lake.

May I have a motion to approve a 12-month extension of the financial commitment for this project.

MEMBER DEMUZIO: Motion.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: All right. Already sworn in.

MR. SILBERMAN: I don't know that I've done this but -- no comments.

CHAIRMAN SEWELL: Okay.

(Laughter.)

CHAIRMAN SEWELL: Hard to believe, isn't it? State agency report.

MR. CONSTANTINO: Thank you, sir.

In June of 2017 the State Board approved the construction of a 13-bed acute care hospital at a cost of approximately $79.5 million in Crystal Lake, Illinois.

Again, the permit holders are requesting a one-year extension of the financial commitment period, from June 20th, 2019, to June 20th, 2020.
The hospital construction has not begun because of the court challenge to the Board's approval.

Thank you, sir.

CHAIRMAN SEWELL: All right.

Any questions of the Applicant?

(No response.)

CHAIRMAN SEWELL: If not, roll call.

MR. ROATE: Thank you, sir.

Motion made by Demuzio; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based upon the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

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: The financial commitment extension is approved.

MR. SILBERMAN: Thank you.
CHAIRMAN SEWELL: Okay. The next set of projects are exemption requests. And I think that before we go into this, I'd like for counsel to give an overview of exemptions.

MS. MITCHELL: I'm going to read from the statute.

This is Section 6(b) of the Illinois Health Facilities Planning Act. "An exemption shall be approved when information required by the Board by rule is submitted. Projects eligible for an exemption, rather than a permit, include, but are not limited to, change of ownership of a health care facility, discontinuation of a category of service, and discontinuation of a health care facility other than a health care facility maintained by the State or any agency or department thereof or a nursing home maintained by a County."

So pursuant to this, for the next set of projects, the exemptions, the Board cannot deny it -- the project -- as long as all requirements are met. So if they meet all our requirements pursuant to the rule, the Board must approve the project.
CHAIRMAN SEWELL: All right. The first one is C-01, Project No. E-012-19, HSHS St. John's Hospital in Springfield.

May I have a motion to approve exemption -- this exemption.

MEMBER DEMUZIO: Motion.

MS. AVERY: I think they're here.

MS. MITCHELL: They're here?

CHAIRMAN SEWELL: Is there anyone here to represent the Applicant?

MS. AVERY: We need a second.

MS. MITCHELL: We need a second.

CHAIRMAN SEWELL: Did I hear a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Hold on. I'm sorry. Could you identify yourselves and be sworn in?


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

(One witness sworn.)

THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: State agency report.
MR. CONSTANTINO: Thank you, sir.

St. John's Hospital proposes to modernize their 40-bed NICU unit and add 16 NICU beds for a total of 56 beds at a cost of approximately $16.4 million. The expected completion date is February 27th, 2021.

There was no public hearing, and no opposition letters were submitted to the State Board.

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

Thank you, sir.

CHAIRMAN SEWELL: Do you have a presentation?

MS. GOEBEL: Sure. I just have a few comments.

Good morning. My name is Julie Goebel. I'm the vice president of strategy for Hospital Sisters Health System, Central Illinois region.

With me today is Ed Parkhurst, our CON consultant. Thank you for having us today.

I'd like to make a few concise remarks pertaining to our neonatal intensive care unit certificate of exemption.
Our current NICU is outdated functionally and physically. It is not responsive to contemporary care due to its open and ward-like design. The proposed contemporary redesign and modernization project will provide more patient privacy and family and patient support.

Our current 40-bed NICU unit utilization justifies 52 beds or a 30 percent bed complement increase based on State agency criteria. 56 beds are proposed based on expected utilization growth, contemporary program development, and available space to be modernized.

In summary, the proposed NICU modernization and expansion project proposes to provide an adequate bed complement for our current utilization in a contemporary, well-designed NICU patient care unit.

I'd be happy to answer any questions.

CHAIRMAN SEWELL: Are there questions of the Applicant?

(No response.)

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you, sir.

Motion made by Demuzio; seconded by
Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report and the testimony from St. John's.

Thank you.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: Yes, because it's apparent I have no choice.

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the staff report and the testimony about the oldness of the facilities of St. John's and the need to update.

MR. ROATE: Thank you.

Ms. Murphy.

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

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes based on the
State agency report.

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

CHAIRMAN SEWELL: Approval. Thank you.

MS. GOEBEL: Thank you very much.

MS. MITCHELL: One second. One second.

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

MS. MITCHELL: Can we get a motion to reconsider? Can somebody make the motion and then -- to reconsider?

MEMBER MC NEIL: Motion to reconsider.

MS. MITCHELL: Was there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Don't we really just need another roll call?

MS. AVERY: Yeah. That's what we're --

MS. MITCHELL: Okay.

CHAIRMAN SEWELL: Another roll call on this motion.

MR. ROATE: Same motion? Original motion --

MS. AVERY: Same motion.

MR. ROATE: Original motion made by Demuzio; seconded by Murphy.
Senator Demuzio.

MEMBER DEMUZIO: I would take this opportunity to recuse myself.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: Yes.

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes.

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: Yes.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: Yes.

MR. ROATE: Thank you.

That's 5 votes in the affirmative; 1 recusal.

CHAIRMAN SEWELL: Sorry about that.

MS. MITCHELL: Sorry.
MS. GOEBEL: Thank you very much.

MS. AVERY: It scares us.

MR. PARKHURST: Two swearing-ins and two approvals. It's got to be a good project.

MS. AVERY: Every meeting, Ed. Sorry to pick on you.

MEMBER DEMUZIO: It's all good.

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CHAIRMAN SEWELL: The next exemption request is C-02, Project No. E-016-19, Jackson Park Hospital in Chicago.

May I have a motion to approve Exemption dash -- E-016-19 to discontinue a 17-bed obstetrics category of service.

MEMBER MURPHY: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: All right. Would you identify yourself and be sworn in.

MR. SMITH: Yes. I'm Randall Smith, S-m-i-t-h, and Jack Axel from Axel & Associates.

THE COURT REPORTER: Would you raise your hand, Mr. Smith.

Jack, you're fine.

(One witness sworn.)

THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: All right. State agency report.

MR. CONSTANTINO: Thank you, sir.

Jackson Park Hospital and Medical Center proposes to discontinue a 17-bed OB unit. There is no cost to this project, and the expected
completion date is August 4th, 2019.

This service was temporarily suspended on April 11th, 2019. There is a calculated excess of 87 OB beds in this OB planning area. The reason for the discontinuation is the low utilization of this 17-bed unit.

No public hearing was requested, and no opposition or support letters were received.

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

Thank you, sir.

CHAIRMAN SEWELL: Do you have a presentation for the Board?

MR. SMITH: Yes, I do. Thank you.

Good morning. My name is Randall Smith. I'm the executive vice president of Jackson Park Hospital and Medical Center. We're a not-for-profit hospital in Chicago.

As I earlier said, Jack Axel of Axel & Associates is with me. I'll keep my comments very brief.

We are proposing the discontinuation of the hospital's obstetric services as a result of low utilization and the availability of other,
easily accessible and larger programs in the area.

Last year our OB average daily census was
1.18 patients per day, and on many days we had no
patients.

We treat a disadvantaged patient
population on the South Side of Chicago with over
half of our population being Medicaid recipients.
That said, we are confident that the proposed
discontinuation will not be detrimental to our
community.

Thank you for your attention, and we'd be
happy to answer any questions.

CHAIRMAN SEWELL: I have a couple of
questions.

While it's not -- well, first of all, did
you -- is this a policy issue for Jackson Park,
where you processed it through your board of
directors and they support the administration in
doing this? Or is this just something that was
done through executive action?

MR. SMITH: Sir, we had to go through our
board of directors. I want everyone -- thank you.

CHAIRMAN SEWELL: What happened?

MS. AVERY: Jack told him to be quiet.
MR. SMITH: I just wanted you to know it was a very difficult decision, not only for management but for our board of directors. Thank you.

CHAIRMAN SEWELL: The other question I have is, what's the nature of the hospital's relationship with the surrounding community that it's located in? Do you have any either formal or informal mechanisms for hearing community input on policies and practices at the hospital?

MR. SMITH: Yes. This product line has been very near and dear to our hearts. We actually engaged an advertising group to come in and not only work with us but they did focused reviews and they went out to our community.

CHAIRMAN SEWELL: So how would you characterize sort of the center of the view of some of the community residents about this discontinuation?

MR. SMITH: We went ahead and tried to get the community to understand that we actually renovated our areas, and it was supposed to be a new and improved area.

A lot of the patients that we talked to or
groups we talked to, the ones that had traditional insurance, that -- they all said that even though that was the case, they would prefer to go to a larger facility.

CHAIRMAN SEWELL: Uh-huh. Okay.

Other questions of this Applicant?

Yes, sir.

MEMBER MC NEIL: So how many bed hospital are you?

MR. SMITH: 250-plus.

MEMBER MC NEIL: Okay. And you're in a very disadvantaged area, high Medicaid.

MR. SMITH: Extremely.

MEMBER MC NEIL: And we've had a lot of input in terms of the critical need. Are there other sources of funds for even lesser beds or a smaller unit?

MR. SMITH: If you look at what we've looked at, is in our service area, within 15 miles, that there is 17 hospitals. Of those, eight are safety net hospitals.

We're of the opinion that there's an excess capacity, you know, in handling the ever-growing demand.
MEMBER MC NEIL: What do you plan to do --

MR. SMITH: Excuse me.

Not only that but we've actually -- when
we went through the application process -- we've
actually had three hospitals come to us, that they
would like to take a very aggressive stance in
trying to help us refer what patients we have in
our prenatal group.

MEMBER MC NEIL: Now, the space freed
up -- you're going to free up 17 beds. What are
you going to use that for?

MR. SMITH: We have an older facility, so
we have three other medical floors. We would take
some of the medical patients off those floors and
put them in this area, which -- these are a little
more state of the art. The other floors, they
don't have any original private bathrooms; it's a
community shower. So it would be an upgrade for
the rest of our patients.

CHAIRMAN SEWELL: Yes.

MEMBER MURPHY: What are the three
hospitals that you just mentioned came to you and
you're going to work to refer your patients to?

MR. SMITH: University of Chicago,
Trinity -- Advocate Trinity -- and Roseland Hospital.

MEMBER MURPHY: Thank you.

MR. SMITH: You're welcome.

CHAIRMAN SEWELL: Other questions?

(No response.)

CHAIRMAN SEWELL: Let's have the roll call vote.

MR. ROATE: Thank you, sir.

Motion made by Murphy; seconded by Demuzio.

Senator Demuzio.

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

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and the testimony.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.
MEMBER MC NEIL: A very hesitant yes based on the need.

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: Yes, based on the successful implementation of the required application as stated in the State Board staff report.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: Another very hesitant yes, because there's no basis for a no vote, given the statute that counsel referred to.

There's excess capacity in the area. It sounds like the board of directors has supported this, so it's not solely executive action, and it sounds like there was some process with respect to community interest, and there appear to be other institutions that are interested in the patients.

So another reluctant yes.

MR. ROATE: Thank you, sir.

That's 6 votes in the affirmative.

CHAIRMAN SEWELL: Okay. The exemption is approved.
MR. SMITH: Thank you very much.

THE COURT REPORTER: Please leave your remarks.

- - -
CHAIRMAN SEWELL: Next is C-03, Project No. E-017-19, Galesburg Cottage Hospital in Galesburg.

May I have a motion to approve this exemption to discontinue a 10-bed obstetric service.

MEMBER DEMUZIO: Motion.

CHAIRMAN SEWELL: Is there a second?

MEMBER MC NEIL: Second.

CHAIRMAN SEWELL: All right. Would you identify yourselves and be sworn in.

MR. WALSH: Good morning.

My name is John Walsh. I'm project CEO with Quorum Health Care, who owns and operates Galesburg Cottage Hospital, and I have Jack Axel with me from Axel & Associates.

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

(One witness sworn.)

THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.

Galesburg Cottage Hospital proposes to discontinue their 10-bed obstetric category of
service because of low utilization. Their expected completion date is July 5th, 2019.

There is one other hospital in Galesburg, OSF St. Mary Medical Center, that is in the process of modernizing their OB unit and reconsidering the need to add OB beds because of the proposed discontinuation.

No public hearing was held, and no opposition letters were received by the State Board.

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

Thank you, sir.

CHAIRMAN SEWELL: All right.

Do you have a presentation for the Board?

MR. WALSH: Just a few brief comments.

Good morning, ladies and gentlemen. As I'd indicated, Galesburg Cottage Hospital has had a very low utilization of the OB services. Over the past year, there's been an average daily census of less than 2.6 and less than 400 deliveries.

We have reached out to other providers in the community, which is less than 10 minutes away...
from St. Mary's, and they are very open to the idea of taking on those services, and so we believe it is in the best interests of the community to consolidate services to one location and to discontinue services at Galesburg.

Thank you. I'm happy to answer any questions.

CHAIRMAN SEWELL: Questions of this Applicant?

(No response.)

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you, sir.

Motion made by Demuzio; seconded by Murphy.

Senator Demuzio.

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

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based upon the staff report and testimony.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

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: The exemption is approved.

MR. WALSH: Thank you.
CHAIRMAN SEWELL: Next is C-04, Project No. E-018-19, Presence Saint Joseph Hospital in Chicago.

May I have a motion to approve this exemption request to discontinue a 23-bed rehabilitation category of service.

MEMBER DEMUZIO: Motion.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

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

(One witness sworn.)

THE COURT REPORTER: Thank you. Please introduce yourself and print your name, as well.

MR. JUDD: My name is Martin Judd.

Good morning. I'm the president and CEO of Saints Mary and Elizabeth Medical Center representing AMITA Health, Chicago region, today. I have with me Jack Axel, our system's CON consultant.

CHAIRMAN SEWELL: Thank you.

State agency report.

MR. CONSTANTINO: Thank you, sir.

Presence Saint Joseph Hospital in Chicago
proposes a discontinuation of their 23-bed comprehensive physical rehabilitation category of service because of low utilization of the beds. The expected completion date is July 5th, 2019.

There are 12 hospitals in the HSF 6 comprehensive physical rehabilitation planning area that provide this service as of May 2019. There is a calculated excess of 189 physical rehab beds in this planning area.

No public hearing was requested and no opposition letters were received.

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

Thank you, sir.

CHAIRMAN SEWELL: Do you have a presentation?

MR. JUDD: Just some brief comments.

We believe that discontinuing the 23-bed unit at Saint Joseph Hospital will have no adverse impact on patients. As the State report indicated, there's an excess of beds in the community.

We've been experiencing extremely low volumes, declining volumes over five years in
patient rehab census, averaging 2.9 patients.
Moving these patients from a low-volume program to a higher-volume program within the community would both serve the patients well and save costs to the health care system.

CHAIRMAN SEWELL: Any questions of the Applicant?

(No response.)
CHAIRMAN SEWELL: Roll call.
MR. ROATE: Thank you, sir.
Motion made by Demuzio; seconded by Murphy.

Senator Demuzio.
MEMBER DEMUZIO: Yes, based upon the staff report and the comments from the -- from the public.

MR. ROATE: Thank you.
Ms. Hemme.
MEMBER HEMME: Yes, based on staff report and testimony today.

MR. ROATE: Thank you.
Mr. McGlasson.
MEMBER MC GLASSON: Yes, based on the staff report.
MR. ROATE: Thank you.

Dr. McNeil.

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

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: The exemption is approved.

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CHAIRMAN SEWELL: Next on the agenda is C-05, Project No. E-019-19, Presence Saint Francis Hospital in Evanston.

May I have a motion to approve this exemption to discontinue an open-heart surgery service.

MEMBER MURPHY: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

MEMBER HEMME: Second.

CHAIRMAN SEWELL: All right. Already sworn in.

State agency report.

MR. CONSTANTINO: Thank you, sir.

Presence Saint Francis Hospital in Evanston proposes a discontinuation of the open-heart surgery category of service because of the low utilization at the hospital. The operating room dedicated for open-heart surgery will be used for general surgery, and the equipment will be utilized by other AMITA facilities. The expected completion date is July 5th, 2019, for the discontinuation.

There was no request for a public hearing,
and no letters of opposition were received by the State Board.

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

Thank you.

CHAIRMAN SEWELL: Presentation?

MR. JUDD: Comments are similar to the previous statements.

The program has been experiencing declining volumes for the last five years and is no longer meeting the minimum State standard for the open-heart category of service. And we believe that consolidating the program with another facility where there are more cases and creating a center of excellence will be -- will better serve the patients from a quality and an outcome perspective.

CHAIRMAN SEWELL: Are there questions of the Applicant?

(No response.)

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you, sir.

Motion made by Murphy; seconded by Hemme.

Senator Demuzio.
MEMBER DEMUZIO: Yes, based upon the staff report and testimony.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MCGLASSON: Yes, based on the staff report.

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the staff report and the testimony that leads to the market deciding or impacting what the hospital does to adjust to the marketplace and services it provides.

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: Exemption is approved.

MR. AXEL: Thank you.

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CHAIRMAN SEWELL: Next is C-06, Project No. E-020-19, Presence Saint Mary of Nazareth Hospital in Chicago.

May I have a motion to approve this exemption to discontinue an open-heart surgery service.

MEMBER DEMUZIO: Motion.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: All right. Already sworn in.

Is there a State agency report?

MR. CONSTANTINO: Thank you, sir.

Presence Saint Mary's of Nazareth Hospital in Chicago proposes discontinuation of the open-heart surgery category of service because of low utilization of the service at the hospital.

The operating room dedicated for open-heart surgery would be used for general surgery, and the equipment will be utilized by other AMITA facilities. The expected completion date is July 5th, 2019.

There was no request for a public hearing, and no letters of opposition were received by the
The Applicants have met the requirements of the State Board.

Thank you, sir.

CHAIRMAN SEWELL: Thank you.

Presentation?

MR. JUDD: Comments are exactly the same as the previous statements, so I'll save the Board some time.

CHAIRMAN SEWELL: Are there questions of the Applicant?

MEMBER MC NEIL: So you're dealing with a very expensive set of procedures and a decline in the number of patients; correct?

MR. JUDD: That's correct.

MEMBER MC NEIL: And you will reuse those facilities for something else because the marketplace is pushing you for health care?

MR. JUDD: That's exactly right.

CHAIRMAN SEWELL: Other questions?

(No response.)

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you, sir.

Motion made by Demuzio; seconded by
Murphy.

    Senator Demuzio.

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

    MR. ROATE: Thank you.

    Ms. Hemme.

    MEMBER HEMME: Yes, based upon the staff report.

    MR. ROATE: Thank you.

    Mr. McGlasson.

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

    MR. ROATE: Thank you.

    Dr. McNeil.

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

    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: Exemption is approved.
Thank you.
MR. AXEL: Thank you.
MR. JUDD: Thank you.
(An off-the-record discussion was held.)
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Transcript of Full Meeting
Conducted on June 4, 2019

Mr. Roate: Thank you.
That's 6 votes in the affirmative.
Chairman Sewell: Exemption is approved.
Thank you.
Mr. Axel: Thank you.
Mr. Judd: Thank you.
(An off-the-record discussion was held.)
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CHAIRMAN SEWELL: Next on the agenda is C-07, Project No. 18-028, Village at Mercy Creek in Normal.

May I have a motion to relinquish the permit for this project at Mercy Creek in Normal.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: All right. Would you identify yourself and be sworn in.

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

(One witness sworn.)

THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.

The Village of Mercy Creek is relinquishing Permit No. 18-028, which established a 40-bed skilled care facility in Normal, Illinois, at a cost of $19.2 million.

This permit has a little history. In December of 2018 the Board approved this permit to establish this facility, and subsequently the 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.
Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

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: Exemption is approved.
Thank you.

MR. SHEETS: Thank you.

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CHAIRMAN SEWELL: There are no alteration requests.

Next are declaratory rulings.

E-01, HSHS St. John's Hospital, Springfield.

May I have a motion to approve the extension of suspended AMI services at St. John's Hospital.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: I think you all have been sworn in.

State agency report.

MR. CONSTANTINO: Thank you, sir.

On June 25th, 2018, St. John's Hospital notified the State Board that they were temporarily suspending AMI -- their 40-bed AMI service -- and since then have submitted 30-day updates as required.

Subsequently they've requested to extend this temporary suspension beyond the one-year time frame.

The reason for the need for the extension,
according to the hospital, is due to the number of renovation and construction projects ongoing at the hospital.

As mentioned in your report, you have a few options regarding this temporary -- this declaratory ruling: Approve a onetime extension, require the resumption of service, or submit the application to discontinue the service now.

Thank you, sir.

MS. MITCHELL: I'd like to make a brief statement.

So pursuant to our rules, someone could temporarily -- a facility could temporarily suspend services for unforeseen circumstances up to a year. Every 30 days during that year time frame they're supposed to provide a progress report to us.

So anything after that year must come before the Board, so that is why this is before you today. They've been temporarily suspended for at least a year, and they're requesting additional time -- time in addition to that.

CHAIRMAN SEWELL: Do you have a presentation?
MS. GOEBEL: Thank you. Good morning again. Thank you for having us here today.

We're here today with respect to the declaratory ruling request before you to extend the temporary suspension of the AMI category of service at HSHS St. John's Hospital in Springfield.

This service was temporarily suspended on June 6th, 2018, with the last patient discharged on June 25th, 2018, so that we could analyze its continuation.

At this point the analysis is not complete due to several major projects we have underway, including the recent opening of the new Women's and Children's Clinic, design work and planning of the NICU renovation, working on a discernment process regarding the renovation of our ICU, and we are internally reviewing and updating our master facility plan. Hence, our request to extend the temporary AMI service suspension until March 25th, 2020, to complete our analysis of this unit. As you're aware, there are very dynamic, complex, and interrelated changes occurring within the healthcare industry. HSHS and St. John's are
not immune to these very external influences.

Additionally, St. John's is evolving to best respond to anticipated delivery system changes of which acute mental health and behavioral services is a major component.

We are continually evaluating St. John's best response to its patients, families, physicians, and markets.

Other key programs under consideration are our response to increased NICU services, adult ICU services, and an increased demand to implement more complex technology.

Given the time necessary to evaluate these complex issues and their impact on programs, operations, professional and related support staff, let alone our mission commitment, we respectfully request our AMI suspension extension request be approved by the Board.

The staff report suggested these three courses of action: Resume the service by June 25th, 2019, only three weeks from this meeting. This option is not practical. It would take at least 90 days to staff and reopen the AMI service.
Formally discontinue the AMI bed category of service. This option, too, is not practical for two reasons. St. John's is still evaluating reopening the suspended AMI service, and it would be several weeks before a discontinuation COE could be developed and filed. Thus, the Review Board would not act on such a submission until its October 22nd, 2019, meeting at the earliest.

Grant our onetime request to extend the temporary AMI suspension until March 25th, 2020, to allow St. John's to complete its analysis to reestablish the AMI category of service or file a COE for discontinuation. Incidentally, this would need to occur probably by later this year to meet the extended suspension request.

To the best of my knowledge, we have complied with all Board requirements, and, in summary, given all the related facts and options, we respectfully request the Review Board grant our determination of reviewability request.

What questions can we answer?

CHAIRMAN SEWELL: Questions?

Yes.

MEMBER MC NEIL: Who's providing the
service in the Springfield region right now for acute mentally ill patients?

MS. GOEBEL: So there's -- Memorial Medical Center provides service. St. Mary's Hospital in Decatur, which is also a part of the HSHS system, provides services. And Lincoln Prairie in Springfield provides, I believe, child and adolescent services.

MEMBER MC NEIL: So the services are being provided that you're not providing right now?

MS. GOEBEL: Correct.

MEMBER MC GLASSON: I have a question -- CHAIRMAN SEWELL: Yes. Go ahead.

MEMBER MC GLASSON: -- for staff, if I may.

If somebody in the area wished to open a similar facility, would the fact that these beds are still assigned to HSHS have an effect on their approval?

MR. CONSTANTINO: Yes, they would.

MEMBER MC GLASSON: Thank you.

MS. AVERY: Melanie, do you have her name on the record for this application?

THE COURT REPORTER: Yes.
CHAIRMAN SEWELL: All right. Other questions of the Applicant?

(No response.)

CHAIRMAN SEWELL: If not, the roll call.

MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: I would take this opportunity to recuse myself.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: No, based on the testimony.

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the report, the testimony, and patients are being served now.

MR. ROATE: Thank you.

Ms. Murphy.

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

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: Yes, based on the staff report.

MR. ROATE: Thank you.

That's 4 votes in the affirmative, 1 vote in the negative, and 1 recusal.

MS. MITCHELL: The motion did not pass.

It needs 5 affirmative votes for the motion to pass.

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

MS. MITCHELL: So you are required to resume services or file a discontinuation application.

MR. PARKHURST: Excuse me. Jeannie, can you please clarify that?

MS. MITCHELL: So because the extension request was not approved, services either should be resumed or a discontinuation application should be forthcoming.

MR. PARKHURST: Thank you.
CHAIRMAN SEWELL: Next on the agenda is E-02, Provident Hospital of Cook County in Chicago.

May I have a motion to approve a correction to charity care and outpatient visit data for the years 2014, '15, '16, and '17 for Provident Hospital of Cook County in Chicago.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Could you be sworn in and identify yourself, please?

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

(One witness sworn.)

THE COURT REPORTER: Thank you. And would you state your name as well as print it on that sheet, please.

CHAIRMAN SEWELL: State agency report.

MR. AKPAN: Good morning, Board. My name is Ekerete Akpan. I'm the chief financial officer of the health system.

Last name is spelled A-k-p-a-n, and I will write it out.
THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: Go ahead.

MR. CONSTANTINO: Thank you, sir.

Cook County Health and Hospital Services is asking the Board to approve corrections to the John Stroger and Provident Hospital profile data for calendar year 2014 through calendar year 2017.

These changes, if approved, will change the number of patients by payer source of revenue -- by payer source -- for both hospitals and reclassify Provident Hospital's outpatient office campus visits to hospital visits for calendar years '15, '16, and '17.

The reason for the change is the financial data was submitted before the yearly audit was finalized, and the reason for the Provident Hospital change for the outpatient visits was Provident Hospital has a health center inside the hospital, and those visits were misclassified as off campus.

Thank you, sir.

CHAIRMAN SEWELL: Do you have a presentation for the Board?

MS. PATEL: No presentation today.
I just wanted to reiterate that the adjustments that are being requested do not affect the additional -- or the bed-need assessment for hospitals or any planning area hospital facilities.

And we'll take any questions you might have.

CHAIRMAN SEWELL: The question I have is -- the misclassification, was that because you all didn't know or you misinterpreted the rules?

I mean, what -- what -- say a little more about your misclassification. I think it was the outpatient services.

MR. CONSTANTINO: That's correct, at Provident.

CHAIRMAN SEWELL: At Provident.

MS. PATEL: Sure. We wrestled with this one, also.

Many of our staff members who put the reports together were not -- are not here today; but we can only guess that there might have been a discrepancy with the way they were reporting that, maybe based on Medicare.

But the John Sengstacke Health Clinic is
within Provident Hospital, and, therefore, we believe they should be reported on the on-site campus visits.

CHAIRMAN SEWELL: And is that the correct way to report it?

MR. CONSTANTINO: (No verbal response.)

CHAIRMAN SEWELL: Is it?

MS. MITCHELL: You have to say it out loud.

MR. CONSTANTINO: Yes. As an on-campus visit, yes.

CHAIRMAN SEWELL: I see.

Now for the ones where the numbers were just wrong and you found it out as a result of the audit, what happened there?

MR. AKPAN: Chair, the numbers -- the numbers were not wrong. I just want to clarify. So what happened is our financial reporting calendar is June, and that doesn't line up with that period of submission of our profile.

So what we've gone back is to line them up each -- our fiscal year ends in November, so we've moved them back each year and properly aligned our
calendar year to our fiscal year. And we've gone
back to correct that.

CHAIRMAN SEWELL: So the profile has a
calendar year approach?

MR. CONSTANTINO: Yes.

CHAIRMAN SEWELL: And the hospital has
what?

MR. AKPAN: Our fiscal year ends
November 30th.

CHAIRMAN SEWELL: Well, what happened
before 2014? I mean, that's always been the case,
hasn't it?

So I still don't understand how you got
those two things confused.

What happened in 2013?

MR. AKPAN: I would --

MS. PATEL: Yeah. At this time -- I mean,
this current CFO was not there, so we -- we are
unaware.

CHAIRMAN SEWELL: Yeah.

MS. PATEL: We did discuss this with
staff. And, actually, we had initially requested
'16 and '17 because that's what we had initially
identified as needing adjustment, and then counsel
had requested that we go back all the way to 2014 because that is what the public views to date. So we have not looked further back.

CHAIRMAN SEWELL: Please communicate to top management that the reason we're making such a big deal out of this is because it throws off all of our calculations for other institutions. So if -- it's a very serious matter. You shouldn't need an audit to fix something this basic. This was not that complicated.

MR. AKPAN: Sure. Chair, let me just clarify. It is -- it was not wrong.

So the financial year ends in November --

CHAIRMAN SEWELL: But that was wrong, that you were using your fiscal year instead of the year for the profile. So it was wrong.

MR. AKPAN: So -- yes, Chair. In the current calendar year we were using the audited report for the prior year because that's what was available and audited.

CHAIRMAN SEWELL: All right.

MR. AKPAN: So we're now saying -- after the fact we can then look back and say we've corrected -- we have the audited report that we're
then lining up.

I just wanted to make that point, that it's not that it's wrong. They're lining them up properly.

CHAIRMAN SEWELL: Other questions?

Yes, Doctor.

MEMBER MC NEIL: Not so much a question, but this is an awkward reporting with balance sheet/income statements when you start comparing across any facility, because November 30th is an odd -- a different date than a calendar or a fiscal year.

And I realize the State of Illinois -- other states end on September 30th. But because of that, we spend a lot of time wrestling with this.

And if anybody looks at your financial statement, they're going to have the same questions or be as perplexed as we are, and I would suggest you need to take a look at that.

MR. AKPAN: Thank you, Chair. We are tied to the County of Cook's financial dates and that's how our dates are so --

CHAIRMAN SEWELL: Your system is too big
for this. It's a huge system.

Okay. Any other questions?

(No response.)

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: I'm going to go ahead and vote yes in light of -- I think the testimony from yourself and, also, the staff report indicates that there probably needs to be a little bit more work done.

I'm going to go ahead and vote yes.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and the testimony today.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the staff
report but, more importantly, your statement that you're under bureaucracies that demand you have the November 30th date rather than a fiscal year. That needs to be put out in front in reports.

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: Yes, based on the staff report and today's testimony that things are going to change in the future.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes so that we can have correct numbers.

MR. ROATE: Thank you.

That's 6 votes in the affirmative.

MS. PATEL: Thank you.

MR. AKPAN: Thank you.
CHAIRMAN SEWELL: Next is E-03, NorthShore Health Systems, Evanston, Glenview, Highland Park, and Skokie.

May I have a motion to approve a correction to utilization data for surgery services within that health system for the years 2015, '16, and '17.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Would you identify yourselves and be sworn in.

MS. CUMMINGS: Good morning, Board. My name is Gabrielle Cummings, G-a-b-r-i-e-l-l-e; Cummings, C-u-m-m-i-n-g-s. I'm the president of Highland Park Hospital.

MR. AXEL: Jack Axel, Axel & Associates.

MR. BELANGER: Matthew Belanger. I'm the director of clinical services for NorthShore University Health System.

Matthew is M-a-t-t-h-e-w; Belanger, B-e-l-a-n-g-e-r.

THE COURT REPORTER: Would the two of you raise your right hands, please.
(Two witnesses sworn.)

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

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.

The health system is requesting the Board
approve changes to the hospital annual profiles
for operating procedure rooms in cases and hours
for all four hospitals for calendar years '15,
'16, and '17.

The reason for the change is the hospitals
had counted staffed operating procedure rooms and
not actual operating procedure rooms.

Thank you, sir.

CHAIRMAN SEWELL: All right.

Is there a presentation for the Board?

MR. AXEL: Thank you, Mr. Sewell.

I think Mr. Constantino has done a good
job of summarizing the misinterpretations that led
to incorrect data being provided for the
three years.

We've corrected the data --

CHAIRMAN SEWELL: Can you speak up just a
little bit?
MR. AXEL: We've corrected that data consistent with your requirements, and we are confident that future data will be provided in an accurate fashion.

Thank you.

CHAIRMAN SEWELL: Okay. I have to know what happened.

MR. AXEL: Well, we identified the number of staffed operating rooms at the hospitals on December 31st, rather than the number of operating rooms physically at the hospital, first.

Second, when we calculated surgical hours, we did not include room setup and room cleanup. We've now added those numbers together. And actually, Mr. Sewell, there's about a 19 percent difference in terms of hours.

Thank you.

CHAIRMAN SEWELL: So what was the practice of the system before 2015 on this matter?

MR. AXEL: We reported staffed ORs rather than physically available ORs, and we reported actual hours of surgery rather than hours of surgery plus setup and cleanup.

CHAIRMAN SEWELL: So you didn't change
what you were doing, which created a need for the correction? You've always been doing it this way?

MR. AXEL: We're not doing any more cases, if that's what you're asking, nor do we have more operating rooms.

CHAIRMAN SEWELL: No -- this distinction between staffed and what your capacity is has just -- has been your practice all along? Is what I'm trying to get at.

MR. AXEL: We had been reporting it incorrectly. We are reporting it correctly as of 2018, yes.

CHAIRMAN SEWELL: Okay. So did we know about this before this period? So we just caught this in the '15, '16, and '17 years?

MR. CONSTANTINO: No, staff didn't -- Board staff did not catch it. We were notified of this.

CHAIRMAN SEWELL: All right. By the Applicant?

MR. CONSTANTINO: Yes. Yeah. Yes, it -- like I said at the last meeting, these profiles are the responsibilities of the hospital management and not IDPH or the Board.
CHAIRMAN SEWELL: Right.

MR. CONSTANTINO: That's the way we've always conducted these reviews or surveys.

CHAIRMAN SEWELL: Okay.

Other questions?

Yes.

MEMBER MC NEIL: You were actually underreporting hours the way you were doing it; is that correct? Because you weren't getting on either side --

MR. AXEL: By approximately 19 percent;

that is correct.

MEMBER MC NEIL: By 19 -- which is considerable.

MR. AXEL: Yes.

MEMBER MC NEIL: So this was underreporting from a profile with their profile actually lower than it should have been if they fully reported as they're doing now?

MR. CONSTANTINO: That's correct.

CHAIRMAN SEWELL: You're also too big to be doing it this way as a system.

Are there other questions?

(No response.)
CHAIRMAN SEWELL: All right. Roll call.

MR. ROATE: Thank you.

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

Senator Demuzio.

MEMBER DEMUZIO: Yes, based on the staff report and then the testimony.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on staff report and the testimony.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: Yes, based on the testimony.

MR. ROATE: Thank you.

Dr. McNeil.

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

MR. ROATE: Thank you.

Ms. Murphy.

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

MR. ROATE: Thank you.
Chairman Sewell.

CHAIRMAN SEWELL: I vote yes so that we might have correct utilization data.

MR. ROATE: Thank you.

That's 6 votes in the affirmative.

CHAIRMAN SEWELL: Thank you.

MR. AXEL: Thank you.

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CHAIRMAN SEWELL: Next is Health Care Worker Self-Referral Act.

Next on the agenda is F-01, request for an advisory opinion, Dr. Hester, Herrin, SR-001-19.

May I have a motion to approve the advisory opinion of Dr. Hester.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: All right. Would you identify yourself and be sworn in.

DR. HESTER: Yes. Good morning.

My name is Brian Hester. I'm the president of Integrated Health of Southern Illinois. I appreciate the ability to be here at the decision-making process. I want to thank your staff for the interim report.

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

(One witness sworn.)

THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, Mr. Sewell.

The State Board has been requested to
provide an advisory opinion under the Illinois Health Care Worker Self-Referral Act.

The advisory opinion is to determine whether Integrated Health of Southern Illinois is in violation of Section 20 of the Illinois Health Care Worker Self-Referral Act through its independent contractor relationship with a network that provides access to discounted laboratory tests to be performed by a third party.

MS. MITCHELL: So just to give a brief overview, the Board -- the Health Care Self-Referral Act is the State's version of the Federal Stark Law. It deals with referrals that a health care provider would make and any investment they may have in where they're referring that patient to.

So there are certain prohibitions. You can't necessarily refer a patient to a facility that you are invested in if you do not have any type of oversight over that patient at that point. And the Health Care Self-Referral Act, rather, provides that a provider can request an advisory opinion asking whether their arrangement that they have violates the Act, and so that's what happened
We received a request asking whether the arrangement violated the Act, and this report is what you have before you.

CHAIRMAN SEWELL: I'm sorry. Do you have a presentation?

DR. HESTER: Not other than just saying that the reason we want to do this service is to increase accessibility and affordability to a small segment of patients that do not have private health insurance or Medicare/Medicaid.

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

CHAIRMAN SEWELL: Any questions by Board members?

(No response.)

CHAIRMAN SEWELL: I'm hesitating here because in my package I can't find this project. So I haven't read this -- well, I'm going to read it now.

MS. AVERY: Okay.

CHAIRMAN SEWELL: If other Board members understand this and have read this, then please ask any questions that you see fit.

MS. AVERY: George, where is it on the --
MS. MITCHELL: It was on -- I think we deleted it.

CHAIRMAN SEWELL: I think I deleted it accidentally.

MR. CONSTANTINO: I have some hard copies here.

MS. AVERY: We have a hard copy.

CHAIRMAN SEWELL: I have a hard copy. I just need to look at this.

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

MEMBER MC GLASSON: Well, if I may ask a question.

CHAIRMAN SEWELL: Go ahead.

MEMBER MC GLASSON: What happens now?

MS. MITCHELL: Me? What do you mean?

MEMBER MC GLASSON: What are we actually being asked to vote on or ultimately would be asked to vote on?

MS. MITCHELL: This is -- is this the advisory opinion itself?

This is the advisory opinion. So just the advisory opinion saying that the arrangement does not violate the Health Care Worker Self-Referral Act based on what's in the report.
And we have 90 days to issue that decision, and this was received in March.

MEMBER MC NEIL: Can I ask a question?
MS. MITCHELL: Sure.
MEMBER MC NEIL: So your relationship -- Integrated Health patients -- with Quest, you pay them a hundred dollars -- or there's a hundred-dollar payment? And that allows direct billing to those without insurance?

DR. HESTER: Yes. That hundred dollars is paid to Howell Network. It's a discount network that's affiliated with Quest.
MEMBER MC NEIL: So those without insurance get a discount?

DR. HESTER: The way -- the reason it sounds that way is we -- when we are in network with private pay or Medicare as preferred providers, we accept their fee schedule. But if someone is not in those networks, then the market can set that fee.

And this is just a way that allows the market -- found a way to allow the market to set that a little bit lower by a discount network that Quest is affiliated with and allows to act as a
MEMBER MC NEIL: So those without insurance pay more or less than those with insurance on the average? Because you're going to get different rates, Medicare, Medicaid, insurance, whatever.

DR. HESTER: Yeah. It's both; it's a little bit of both. We're not talking about big amounts of money, but some people, depending on percentages and insurances and their fee schedules, it may be a little more.

The cash prices could be a little bit more. I would say it's usually a little bit less, if I'm understanding the question right.

MR. CONSTANTINO: I'd just like to make a couple comments.

CHAIRMAN SEWELL: Sure.

MR. CONSTANTINO: Dr. Hester, you don't have any ownership interest in Quest Diagnostics; is that correct?

DR. HESTER: No.

MR. CONSTANTINO: You don't have any ownership interest in Howell Diagnostic Network?

DR. HESTER: No.
MS. MITCHELL: And you'll have to forgive us; we don't really see many of these. And for many of the Board members, this is probably the first time an advisory opinion under that Act that they've seen one so --

DR. HESTER: Can I comment on this?

MS. MITCHELL: Sure.

DR. HESTER: And the reason I'm here and want a higher level of assurance -- although I've had health care attorneys both say under the Stark and antikickback statutes this is fine, it's not a violation in their interpretation of the self-referral act in Illinois, Illinois attorneys say they do not see a conflict, and I think the staff report said it seems to not apply, you know, be applicable. I read through it and I don't see that.

But the reason I want that higher level of assurance -- it's partly my personality and it's partly -- our community is very aggressive on assuming, and that's all I'm saying, that I just am a person that wants the highest level of assurance that I'm not -- that I'm being compliant.
CHAIRMAN SEWELL: Uh-huh. I don't understand what the staff advice is on the advisory opinion. Or is there one?

MR. CONSTANTINO: We didn't -- staff didn't reach an opinion, no. What we provided you on page 4 of the report is the actions the Board can take.

It can issue an advisory opinion. It can ask for additional information, which Jeannie has done. We've asked for additional information, and it's been included in your packet of material.

If -- and I -- we mentioned here if the State Board does not render an opinion within 90 days from the date of declaring a request complete -- and as Jeannie says, you're coming up on that 90-day time frame -- it shall create a rebuttable presumption that a referral described in the request is not or will not be a violation of the Act.

And the final thing: An advisory opinion does not constitute a final administrative decision within the meaning of the Administrative Review Law.

MS. MITCHELL: So it's not appealable or
reviewable by a Court.

MEMBER MC NEIL: So you mean if we do nothing, there is no conflict of interest?

MS. MITCHELL: Correct.

MR. CONSTANTINO: Correct.

MEMBER MC NEIL: So we're actually to do nothing if we agree with that? And if we do something, it counteracts that?

MS. MITCHELL: Well, it depends on what that something is.

So if you -- you know, if you approve the advisory opinion request, then it's essentially the same thing.

CHAIRMAN SEWELL: And the reason you want the -- as you call it -- the higher level of assurance, you don't want to proceed with there being uncertainty about this approach?

DR. HESTER: Yes. Yes, that's correct.

CHAIRMAN SEWELL: I'm having trouble figuring out what the consequence is -- not for you but for the system -- actually would be with our just accepting the advisory opinion. I can't figure that out. Maybe no one can.

MS. AVERY: I don't think you can.
CHAIRMAN SEWELL: But it sounds like it doesn't have those kinds of implications in any serious way.

MS. MITCHELL: Correct.

CHAIRMAN SEWELL: Okay. Any other questions?

MEMBER MC NEIL: Do we need a proposal? Or what do we -- I think you're driving at that. We can do nothing or we can make a proposal, advisory, that we see no conflict of interest or we don't want to vote, whatever.


MEMBER MC GLASSON: Do we have a motion?

MS. MITCHELL: Yes.

CHAIRMAN SEWELL: Yes.

MS. MITCHELL: Do we or can we?

MEMBER MC GLASSON: Do we?

MS. MITCHELL: I thought we had a motion.

CHAIRMAN SEWELL: We do what?

MR. ROATE: We have a motion made by McNeil; seconded by Murphy.

CHAIRMAN SEWELL: What does it say?

MR. ROATE: Motion to approve a request
for advisory opinion.

    DR. HESTER: Sorry for that.

    CHAIRMAN SEWELL: All right. That's not helpful.

    MEMBER MC GLASSON: Sure, it is.

    CHAIRMAN SEWELL: It is?

    MEMBER MC GLASSON: Yeah. I think counsel just said that if we approve it, Dr. Hester can proceed as he desires.

    CHAIRMAN SEWELL: Yes. That's right.

    MS. MITCHELL: Yes. That's what I said.

    CHAIRMAN SEWELL: Yes.

    Are we ready to vote?

    MS. AVERY: Yes.

    MEMBER MC NEIL: Yes.

    CHAIRMAN SEWELL: All right. Roll call.

    MR. ROATE: Motion made by Dr. McNeil; seconded by Ms. Murphy.

    Senator Demuzio.

    MEMBER DEMUZIO: Okay. I guess I'll -- I'll vote yes.

    MR. ROATE: Thank you.

    Ms. Hemme.

    MEMBER HEMME: Yes.
MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: Yes, based on the testimony.

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the discussion, the report, and information given.

MR. ROATE: Thank you.

Ms. Murphy.

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

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes, based on the testimony.

MS. MITCHELL: And just to clarify, this is a vote that the arrangement does not violate the Health Care Worker Self-Referral Act.

CHAIRMAN SEWELL: That's right. That's right.

MR. ROATE: 6 votes in the affirmative.

DR. HESTER: All right. Thank you. I do want to thank you for taking the vote, also.
I appreciate that.

    MS. MITCHELL: All right.

    MR. CONSTANTINO: Dr. Hester, you'll be receiving something from us.
CHAIRMAN SEWELL: We're now dealing with status report on conditional and contingent permits.

So next on the agenda is G-01, Project No. 17-012, Meadowbrook Manor of Geneva in Geneva.

May I have a motion to approve the status report for this project.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.

Meadowbrook Manor of Geneva was approved to establish a 150-bed long-term care facility in Geneva, Illinois, at a cost of approximately $30.1 million.

At the time of approval, the Board required the permit holders to have a -- to have financing in place by March 31st, 2019. This has not occurred.

The Board staff needs direction on what the Board would like to do. We have given you some options: The Board may accept the financing as is and remove the condition; require the permit...
holder to secure conventional financing and begin
construction; refer to legal counsel as a
compliance issue; or have the permit holders
relinquish the permit.

Thank you, sir.

CHAIRMAN SEWELL: Do you have a
presentation?

MR. SHEETS: Just briefly.

Chuck Sheets on behalf of the Applicant --
or the permit holder, I should say -- in this
case.

And to be frank with you, this has been a
long, long-coming project that has just met too
many obstacles, and the Applicant -- or the permit
holder's board -- has decided, if the Board would
agree, to relinquish the permit.

So that's what we're here asking you to
do, No. 5 on your State Board possible actions.
We would ask you to vote to allow us to relinquish
the permit.

CHAIRMAN SEWELL: Okay.

Are there any questions by Board members?

MR. CONSTANTINO: Mr. Sewell?

CHAIRMAN SEWELL: Yes.
MR. CONSTANTINO: Yeah. I believe they still would have to submit a relinquishment request to us --

MS. AVERY: Yes.

MR. CONSTANTINO: -- with the appropriate fee.

MS. MITCHELL: That's correct.

MR. SHEETS: I think the Board rules allow the Board to act on this now but --

MS. MITCHELL: Well, there's a relinquishment process, so you would have to follow the relinquishment process. The Board can allow you to go through that process, but you would have to follow the relinquishment process.

MR. SHEETS: Okay. I'll agree to disagree on that. But, obviously, you're the Board's attorneys.

CHAIRMAN SEWELL: So the action, then, that we would take is -- is this the referral to the Board's general counsel as a compliance issue? Or is this going ahead and agreeing to -- in this case it's sort of an Option 6, isn't it? Where we would allow the Applicant to go through the permit relinquishment process.
MEMBER MC GLASSON: Mr. Chairman --

CHAIRMAN SEWELL: That's not No. 5. No. 5 says "Agree to allow the Applicant to relinquish the permit."

MS. AVERY: Oh, you're right.

CHAIRMAN SEWELL: Yeah.

MEMBER MC GLASSON: Mr. Chairman --

CHAIRMAN SEWELL: I'm sorry. Yes.

MEMBER MC GLASSON: Are there negatives, to the company or to anybody else, if we allow the revocation?

MS. MITCHELL: Revocation of the permit?

MEMBER MC GLASSON: Yes.

MS. MITCHELL: There would be a process for that so it's not --

MEMBER MC GLASSON: Process for that, too?

MS. MITCHELL: There's a process for that. They would have rights.

CHAIRMAN SEWELL: But that enters into the review process on relinquishment of the permit; doesn't it?

MR. CONSTANTINO: Yes. We'll be back if they --

CHAIRMAN SEWELL: Yeah. There will be a
State agency report that would look at --

MS. MITCHELL: It would be a State Board action -- it would be an administrative action pursuant to a compliance action.

CHAIRMAN SEWELL: Will there be a staff report that lets us see what Mr. McGlasson is asking about, what the impact would be? Okay.

MR. CONSTANTINO: We would write a small report similar to what we did with 18-28.

MS. MITCHELL: Yeah. For the relinquishment or the revocation?

I think we're talking about the revocation.

MR. CONSTANTINO: Yeah. When Chuck submits the thousand dollars and the permit -- and the relinquishment letter, we'll write a small report --

MS. MITCHELL: Right.

MR. CONSTANTINO: -- to the Board for the Board's approval, final approval.

MS. MITCHELL: Right.

MS. AVERY: Right.

CHAIRMAN SEWELL: So we need a motion which says that we want the Applicant to go
through the permit relinquishment process? Is that what we want?

    MS. MITCHELL: Yes.
    MS. AVERY: Yes.
    MR. CONSTANTINO: Yes.
    CHAIRMAN SEWELL: So what is that?

    MS. MITCHELL: We need to amend the motion.

    CHAIRMAN SEWELL: That's an amendment to the motion we've made?

    MS. MITCHELL: Right.

    MEMBER MC NEIL: I would like to offer an amendment to the motion we've made, that we go through the process required --

    MS. MITCHELL: For relinquishment.
    MS. AVERY: For relinquishment.
    MEMBER MC NEIL: -- for relinquishment of a permit.

    MS. MITCHELL: Do we have a second?

    CHAIRMAN SEWELL: Is there a second?
    MEMBER DEMUZIO: Second.
    MEMBER MURPHY: I have a question.
    CHAIRMAN SEWELL: Yes.
    MEMBER MURPHY: So Mike just mentioned
that the relinquishment process costs a thousand
dollars. If we revoke the permit, do they also
have to pay a thousand dollars?

MS. MITCHELL: No. But it would take
longer.

The relinquishment would probably be
faster.

MEMBER MURPHY: So it's faster but it
costs them more?

MS. MITCHELL: Right. It's whatever --
you know, whatever option.

MEMBER MURPHY: Which would the Applicant
rather do?

MR. SHEETS: Well, we'd much rather
relinquish, to be honest. So we appreciate that.

CHAIRMAN SEWELL: Okay. You've heard the
motion and the amendment to the motion, which also
has a second.

I think we're ready to vote. Aren't we?

MS. MITCHELL: Yes.

MR. ROATE: Yes, sir.

CHAIRMAN SEWELL: Unless someone has other
questions.

MR. ROATE: Amended motion made by McNeil;
seconded by Demuzio.

CHAIRMAN SEWELL: Yes.

MR. ROATE: Senator Demuzio.

MEMBER DEMUZIO: I vote yes to support the amendment as the motion was made.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: I vote yes.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: I vote yes, based on our discussions.

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: I vote yes to the proposal and the amendment.

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: I vote yes.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes, based on the discussion.

MR. ROATE: Thank you.
That's 6 votes in the affirmative.

CHAIRMAN SEWELL: All right.

MR. SHEETS: Thank you. I think.

CHAIRMAN SEWELL: Okay.

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CHAIRMAN SEWELL: I think we're going to break for lunch now for 45 minutes before we go into applications subsequent to initial review. And the room will be closed --

MS. MITCHELL: So please exit the room.

CHAIRMAN SEWELL: -- and locked. Take all your valuables with you.

(A recess was taken from 11:56 a.m. to 12:48 p.m.)

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

We are at the point on the agenda where we are dealing with applications subsequent to initial review.

So the first one is H-02, Project No. 19-001, OAK Ambulatory Surgery Center in Bourbonnais.

And may I have a motion to approve this project to establish a multispecialty ASTC in Bourbonnais.

MEMBER MURPHY: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER HEMME: Second.

CHAIRMAN SEWELL: All right.
Will you identify yourselves and be sworn in.

DR. CORCORAN: I'm Dr. Michael Corcoran. I'm an orthopedic surgeon and president of OAK Orthopedics.

With me today is Paige Cripe, our CEO; Dr. Tom Antkowiak; Jack Axel, who assisted with this project; as is Elias Matsakis, who is our counsel.

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

(Four witnesses sworn.)

THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.

The Applicants propose to establish a three-room multispecialty ASTC performing orthopedic, podiatry, and pain management surgical service in Bourbonnais, Illinois, at a cost of approximately $13.2 million.

The Applicants are proposing to move all of the OAK Surgical Institute workload, or approximately 4800 hours, to the proposed Bourbonnais facility.
OAK Surgical Institute is a licensed ASTC with two rooms, which is owned by Orthopedic Associates of Kankakee, SC, 55 percent, and Riverside Medical Center, 45 percent. OAK Surgical Institute is not being discontinued as part of this proposal.

No opposition letters were received; there was no request for a public hearing. We did receive support letters regarding this project, and we did have Board staff findings.

Thank you, sir.

CHAIRMAN SEWELL: Is there a presentation?

DR. CORCORAN: Yes.

First, I'd like to thank Chris Shride, CEO of St. Mary's, for his support, as well as Jeff Petersen, COO of Iroquois Memorial, for his support, as well.

As a bit of background, OAK Orthopedics was formed in 1945, and until 2018 OAK was the only orthopedic group serving Kankakee County. That's been in existence for 75 years.

Our group has grown to 14 physicians. Our primary office is in Bradley, Illinois. We also have satellite offices in Watseka, Frankfort, and
New Lenox. We take emergency room call at both Kankakee hospitals as well as support the ER at Iroquois Memorial Hospital in Watseka.

We are active in serving the communities through various foundations and organizations, and we provide acting coverage for 13 area high schools and junior high school teams, 2 local colleges, and provide on-site coverage for orthopedics for the Chicago Bears during training camp.

In addition, on an annual basis we perform in the neighborhood of 450 athletic physicals for area students with all the proceeds of those physicals going back to the schools.

Our primary surgical sites are Presence St. Mary's Hospital and Riverside Medical Center, both of which are located in Kankakee, Illinois, as well as OAK Surgical Institute, which is located in Bradley.

The project that we're bringing before you this morning is essentially the replacement of OAK Surgical Institute or OSI. OSI is the only ambulatory surgery center approved to provide orthopedic surgery in Kankakee and Iroquois.
OSI, as mentioned, is a joint venture between our group as well as Riverside Medical Center and with our group holding 55 percent interest, and we are the only orthopedic surgeons that operate at that center.

The center is located in a converted grocery store. It's over 50 years old, and the surgery center will be almost 20 years old by the time we open our proposed replacement center. The building also houses our primary offices and, again, is owned by Riverside Medical Center.

The surgery center simply has outlived its usefulness, and it's hindering the care we can provide to our patients. Among the issues that have arisen in recent years are the following: We are operating far in excess of the functional capacity of the two ORs and are unable to add additional operating rooms; our pain management procedures are now being done in a more costly hospital setting because we just don't have the capacity at the surgery center. The ORs are undersized by contemporary orthopedic surgery standards and cannot be enlarged.
As our practice has evolved, the support space, particularly with equipment -- our storage space has become inadequate and cannot be increased. The physical plant that we are in at the current time has multiple system breakdowns, infrastructure issues, resulting in multiple case cancellations.

For example, earlier this year we were without running water at the surgery center for over a week, resulting in the cancellation or last-minute rescheduling of 120 cases. That's not acceptable and there's no reason to believe that the facility-related issues associated with a 50-year old building are going to improve.

Every one of these issues will be corrected through the project that we are bringing before you today. Our proposal is to develop a three-OR ambulatory surgery center to be located in a new office building that we are constructing. We currently have only two operating rooms. We will essentially transition our OSI cases to the new ambulatory surgery center without any intent to alter our hospital surgical practices. We intend to invite all our current
OSI employees to come with us without losing any of their employee benefits; in fact, we will need to expand our staff to support the third operating room.

At the end of the day, with opening our replacement center, we will have a third OR, which is consistent with our surgical volume. Our efficiency will be improved. We'll be able to accommodate our pain management cases in the lower-cost ambulatory surgery center. We will have sufficient support space.

We'd be eliminating the facility-related issues that have caused last-minute cancellation of so many cases. We're responding to the market growth in outpatient surgical procedures and the resulting cost efficiencies.

With those introductory comments and before I let Jack discuss the staff report, let me state the obvious: The way we, as orthopedic surgeons, practice is changing. With advances in clinical techniques and increasing pressure from third-party payers, more surgery is moving to the outpatient setting, and a broader array of procedures are being safely performed in the
surgery center than ever before, and we believe this trend will continue.

Thank you for your time.

MR. AXEL: As noted in the State Board staff report, this project addressed 22 review criteria, 3 of which were found to be out of compliance, and I will address those criteria individually.

First, Criterion 1110.235(c)(6) addresses service accessibility. As I've noted to this Board in the past, I don't believe that there's a square foot of dirt in the state of Illinois where a positive finding could be found on -- could be made on this criteria.

In the case of this project, all three ASTCs in the geographic service area were found to be operating at the target utilization rate -- that's highly unusual -- and only the two hospitals were operating below that rate. As a result, there's nothing that can be done by the Applicant to reach compliance with this criterion.

Second, Criterion 1110.235(c)(7) addresses unnecessary duplication and the impact of a project on existing providers. As noted in the
staff report, the only existing provider that's
going to be impacted is the OAK Surgical
Institute, which this project is replacing.

We understand the technicality of the
finding because OSI will remain in existence until
the ASTC is opened, but from a practical
perspective no one will be negatively impacted.

Third, two letters from Peoples Bank of
Kankakee County, addressing all of the components
needed in such a letter, were provided. In
addition, Mr. Olszewski from the bank provided
testimony to you during this morning's public
comments session reiterating the bank's intent to
provide the funding.

The letter, however, contained a standard
reasonable condition, that being that the loan is
subject to due diligence on the property and that
there is no material change to the Applicant's
financial position.

That boilerplate statement alone triggered
the negative finding. The wording is standard
language that the bank puts in all similar
letters, and Mr. Olszewski has agreed to stay here
for this hearing should you have any questions
for him.

In closing, the project was found to be in compliance with all 19 other of the applicable criteria.

With that, we would be happy to answer your questions.

CHAIRMAN SEWELL: Could you say something about 1110.120(a), the size of the project?

How do you -- I didn't hear you address that in your comments on the State agency report.

MR. AXEL: The project is consistent with the criterion for size of project.

CHAIRMAN SEWELL: I think the staff -- I think the staff disagrees with that.

Don't you?

MR. AXEL: I don't believe so.

MR. ROATE: You mean 220?

MR. CONSTANTINO: 120(a), size of the project?

CHAIRMAN SEWELL: Yeah.

MR. CONSTANTINO: 1110.120(a) or 1120?

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

CHAIRMAN SEWELL: That could be the reason.
There it is.

MR. AXEL: We'll give you a nevermind on that one.

CHAIRMAN SEWELL: I was on the wrong project. Sorry about that.

DR. CORCORAN: That's okay.

CHAIRMAN SEWELL: You weren't in compliance.

(Laughter.)

CHAIRMAN SEWELL: Okay. Hold on.

Okay. I remember this one.

All right. ANY other questions that are relevant to this project?

(No response.)

CHAIRMAN SEWELL: No questions?

(No response.)

CHAIRMAN SEWELL: Well, I guess I could say that when I'm voting, but it sounds like Mr. Axel's testimony essentially explains these criteria that are not met.

In one case, you know, the hospital-based service is a part of the formulation. In another case there's this -- the financial arrangements, and we did remember the testimony from earlier
today, and it sounds like those were adequately addressed.

MR. AXEL: Thank you.

CHAIRMAN SEWELL: Do other Board members have any questions or comments?

(No response.)

CHAIRMAN SEWELL: I guess you all already figured this out.

Roll call.

MR. ROATE: Thank you, sir.

Motion made by Murphy; seconded by Hemme.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the testimony and, also, the State report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and the testimony today.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

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

MR. ROATE: Thank you.

Ms. Murphy.

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

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I'm going to vote yes because the -- all three of the findings were adequately addressed in the presentation.

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

CHAIRMAN SEWELL: Oh. The application's approved.

MR. AXEL: Thank you very much.

DR. CORCORAN: Thank you.
CHAIRMAN SEWELL: Okay. Next on the agenda is H-03, Project No. 19-006, Massac County Surgery Center in Metropolis.

May I have a motion to approve this project to add pain management to an existing limited-specialty ambulatory surgery treatment center in Metropolis.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

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

(One witness sworn.)

THE COURT REPORTER: Thank you. Please print your name there and tell me your name.

MR. THOMPSON: My name is Greg Thompson. I am CEO for Southern Orthopedic Associates, which is a 24-physician specialty practice with offices in Herrin, Carbondale, Metropolis, and Harrisburg, Illinois, as well as Paducah, Kentucky.

MS. AVERY: One second.

CHAIRMAN SEWELL: Hang on one second. We're coming back to you.

State agency report.
MR. CONSTANTINO: Thank you, sir.

The Applicants propose to add pain management surgery services to an ASTC providing orthopedic and podiatry surgical services. There is no cost to this project.

The findings the Board staff had centered around the referral letters. We could not accept the two physician referrals because historical referrals were performed in an office-based setting, and the third referral letter was for a recently hired physician. Additionally, the Applicants provided historical zip code information for the ASTC and not the physicians.

We did not receive any opposition letters, and there was no request for a public hearing. We did not receive any support letters.

Thank you, sir.

CHAIRMAN SEWELL: Yeah. Now continue.

Now continue, before you were interrupted.

MR. AXEL: Did you give the staff report for Herrin or Massac?

MR. CONSTANTINO: Massac. 19-06.

MR. THOMPSON: Okay. Sorry. I'll start again.
CHAIRMAN SEWELL: That's all right.

MR. THOMPSON: My name is Greg Thompson, and I'm the CEO for Southern Orthopedic Associates.

We are a 24-physician specialty practice in Herrin, Carbondale, Metropolis, and Harrisburg -- so way, way down near the bottom -- and Paducah, Kentucky.

Massac County Surgery Center is a joint venture between Massac Memorial Hospital and an LLC whose members are physician members of Southern Orthopedic Associates and myself. The ASTC has been in operation for three years. Massac Memorial is a county-owned hospital in Metropolis, Illinois, located just across the Ohio River from Paducah. The ASTC serves a broad area in far southern Illinois, extending into Kentucky.

Approximately 36 percent of the surgery center's patients reside in Kentucky. Our 2018 payer mix included 19.3 percent Medicare and 10.3 percent Medicaid recipients.

As this Board is well aware, the abuse of opiates is rampant in rural areas, and we believe
that the services that we will be introducing to
the Metropolis area will, in part, diminish the
extent of this crisis. Our organization, in
effect, created pain management within our
organizations to meet this problem and do so in a
holistic manner which was not being provided in
southern Illinois or western Kentucky, so this is
in addition to -- an attempt for us to work very
hard to eliminate, on our part, the use of opiates
and the overuse of opiates, and this surgery
center change will be -- will greatly help us do
that.

Our project is limited to the addition of
pain management as an approved service at our
center. Ours is the only surgery center in the
geographic service area. Massac Memorial Hospital
is the only hospital in the GSA, in the service
area, as well. Pain management services of the
types to be provided at our surgery center are not
provided anywhere in the service area, including
at the hospital.

Before I turn the presentation over to
Jack so that he can address the negative findings,
I'd like to point out that this project has
received no opposition.

MR. AXEL: Thank you.

This project was found to be out of compliance with three of the applicable review criteria, all relating to the same issue, that being the physician referral letters.

The findings of noncompliance were made for two reasons: First, the letters from Drs. Ruxer and Lindenberg contained patient origin information for the group's Paducah division rather than from the individual physicians, both of which are members of that division.

Division patient origin data was used because the group consolidates their patient origin data; the Applicant, however, believes the historical patient origin of the individual physicians' patients to be virtually identical to that of the group.

Second, as is the case with many pain management specialists -- and this Board has seen this over the past year or two -- a very high percentage of pain management physicians' procedures are provided in the office setting, and that's the case with Drs. Ruxer and Lindenberg.
Those cases, not being performed in the hospital or ASTC setting, were not acceptable when compared to the criterion.

In the case of this project, the Illinois patients crossing the river to Drs. Ruxer and Lindenberg's office in Kentucky will now be treated on the Illinois side of the river. From a financial perspective, that will actually be keeping Illinois dollars in Illinois.

All other applicable review criteria were found to be in compliance.

Thank you for your attention, and we'll be happy to answer any questions.

CHAIRMAN SEWELL: Does the Commonwealth of Kentucky have certificate of need?

MR. AXEL: Yes.

CHAIRMAN SEWELL: Do they require contiguous reviews in a situation like this? Or do you know?

MR. AXEL: I do not.

CHAIRMAN SEWELL: Can --

MR. AXEL: What do you mean by care --

CHAIRMAN SEWELL: Well, when your --

MS. AVERY: Use your mic.
CHAIRMAN SEWELL: Well, when your area is bordering another planning area, especially since you get significant patients from that area, some contiguous states will require review by both states.

I just --

MR. AXEL: No. And, in fact, we came before this Board about 4 1/2 years ago with the project to establish this surgery center, and there was no interplay with the State of Kentucky.

CHAIRMAN SEWELL: Okay.

Questions from the Board?

Yes, ma'am.

MEMBER HEMME: Mike, I have a question for you.

THE COURT REPORTER: Use your mic, please.

MEMBER HEMME: Sorry.

I have a question for you, Mike. It looks like the next case that we're going to hear is in the same area as this one.

How are these two projects -- how could they potentially be interrelated for the GSA?

MR. CONSTANTINO: Well, they're both owned by the same entity, Southern --
MR. THOMPSON: Orthopedic Associates.

MR. CONSTANTINO: I'm sorry.

-- Southern Illinois Orthopedics.

They're both part of the -- they're both surgery centers -- have an interest in both surgery centers.

They have an interest in Southern Illinois Orthopedic Center and Massac County Surgery Center.

MEMBER HEMME: How does that impact services that you will be offering?

MR. THOMPSON: It's two different hospital systems. And, basically, we're both the -- we're the only orthopedic service for both those areas.

And so if you look at our geographic -- by zip code, patients served -- this is kind of the circle of what we serve -- there's very little overlap between our Massac/Paducah area patients served and our Herrin/Carbondale patients served, so we're really not in much competition.

And on a good-weather day, it's about an hour's drive. If you look at the economics of the average individual who lives in the Metropolis area, travel sometimes can be a challenge.
MS. MITCHELL: And I think they might --
I think they might be in different HSAs, according
to the --
MR. CONSTANTINO: If you go to page --
MS. AVERY: They are but --
MR. CONSTANTINO: If you go to page 11,
you will see there's one ASTC and one hospital in
Metropolis in the 21-mile GSA, so there is no
overlap in that respect, but they are owned by the
same -- they -- Southern Illinois Orthopedics does
have an interest in both surgery centers, yes.
CHAIRMAN SEWELL: Mike, is this one of
those applications where the perspective on pain
management is that of a specialty ambulatory
surgery treatment service and we only have
criteria for a general ASTC?
MR. CONSTANTINO: That's correct. Yes,
you're correct.
CHAIRMAN SEWELL: Ms. Hemme, are you done?
MEMBER HEMME: I am. Thank you.
CHAIRMAN SEWELL: Okay. Anyone else?
(No response.)
CHAIRMAN SEWELL: Okay. Roll call.
MR. ROATE: Thank you, sir.
Motion made by McNeil; seconded by Demuzio.

Senator Demuzio.

MEMBER DEMUZIO: I vote yes, based upon the testimony I've heard and, also, the State report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: I vote yes, based on the staff report and the testimony.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the testimony, the report, and specifically in pain management, managing what has become with opioids a real problem.

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: I vote yes, based on the staff report and today's testimony.
MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes, based on the reasons that Dr. McNeil mentioned.

MR. ROATE: Thank you.

That's 6 votes in the affirmative.

CHAIRMAN SEWELL: The project's approved.

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CHAIRMAN SEWELL: Next on the agenda is H-04, Project No. 19-007, Southern Illinois Orthopedic Center in Herrin. May I have a motion to approve this project to add surgical specialties to an existing single-specialty ASTC in Herrin.

MEMBER DEMUZIO: Motion.

CHAIRMAN SEWELL: Second?

MEMBER MC NEIL: Second.

CHAIRMAN SEWELL: All right. Already sworn in.

State agency report.

MR. CONSTANTINO: Thank you, Mr. Sewell.

The Applicants propose to add pain management, neurosurgery, and podiatry surgical services to an ASTC. There is no cost to the project.

This ASTC is a joint venture with Southern Orthopedic Associates, LLC, and Southern Illinois Hospital Services.

Again, we've had issues with the referral letters submitted. Two of the physicians did not provide their historical patients by zip code of residence, and the third physician, the Applicant
stated the individual patient origin will mirror that of the surgery center.

There was no opposition or request for a public hearing. We did not receive any support letters.

CHAIRMAN SEWELL: Do you have a presentation?

MR. CONSTANTINO: To get to Ms. Hemme's question regarding this one, at page 14 of the report, the facility is within a 21-mile GSA. Massac County Surgery Center is not part of that 21-mile GSA.

CHAIRMAN SEWELL: Okay.

MR. CONSTANTINO: Thank you.

CHAIRMAN SEWELL: Yeah.

Presentation?

MR. THOMPSON: Yes, sir.

Again, my name is Greg Thompson. Our surgery center is a joint venture, as the gentleman said, between Southern Illinois Health Care Services, who operates hospitals in Herrin as well as hospitals in Carbondale and Murphysboro, and Southern Orthopedic Associates, LLC.

The surgery center addressed through this
application was opened in 2000, and last year approximately performed -- 2600 cases were performed, all orthopedic surgery.

We're before you today to seek your permission to begin performing pain management, podiatry, and neurosurgical services. Your approval will allow the transfer of pain management and podiatry and lower acuity neurosurgical spine procedures from the hospital setting to the lower-cost surgery center setting.

We currently have an orthopedic spine surgeon who is performing cases at our surgery center. We have a neurosurgeon who is also on our staff who would like to be able to perform cases there, too, in order to take advantage of the increasing value to the patient by doing cases in the surgery center instead of inpatient.

With those introductory comments, I'll let Jack address your staff's findings.

MR. AXEL: On this project findings were made on 10 review criteria, 8 of which were determined to be in compliance. The other two criteria, those being 1110.235(c)(2)(b) and
(c)(3), were found to be in noncompliance for the
same issue.

The letters from physicians documenting
prospective referrals are to include two-year
patient origin analysis for the physician with, in
this case, those years being 2016 and 2017. The
purpose of the patient origin analysis is to
determine whether 50 percent or more of the
patients reside in the geographic service area.

Those analyses were provided for the
neurosurgeon and for the podiatrist. The pain
management specialist, however, Dr. Tennyson Lee,
is new to the community and did not join the group
until February of this year. As such, a 2016-2017
patient origin analysis could not be provided for
Dr. Lee.

As an alternative and because virtually
all of Dr. Lee's patients are and will continue to
be referrals from the orthopedic surgeons in the
group, Mr. Thompson provided a letter documenting
such and providing the orthopedic surgeons'
patient origin analysis for 2016-2017, showing
that 68 percent of the group's patients were
residents of the GSA. Clearly, a majority of the
surgery center's future caseload will continue to be residents of the GSA.

We understand that Dr. Lee's newness to the community wouldn't allow him to meet the letter of the criteria, but we believe that the spirit and the purpose of the criteria is met through the letter provided by Mr. Thompson.

Thank you for your attention, and we'll be happy to answer your questions.

CHAIRMAN SEWELL: Are there questions from the Board?

(No response.)

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you.

Motion made by Demuzio; seconded by McNeil.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the testimony that I've heard and, also, the staff report.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and testimony today.
MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

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

The only issue I have is if we take too much away from hospitals, ERs will not exist. And that's a balancing act that has nothing to do with this, but it is and can become -- in not densely populated areas -- a real problem for the hospitals and ERs so --

MR. ROATE: Thank you.

Ms. Murphy.

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

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: Yes, based on the testimony.

MR. ROATE: That's 6 votes in the affirmative.
MR. AXEL: Thank you.

MR. THOMPSON: Thank you.

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CHAIRMAN SEWELL: Next is H-05, Project No. 19-009, Riverside Ambulatory Surgery Center in Bourbonnais.

May I have a motion to approve this project to add surgical specialties to an existing multispecialty ambulatory surgery treatment center in Bourbonnais.

MEMBER MURPHY: So moved.

CHAIRMAN SEWELL: Second?

MEMBER MC NEIL: Second.

CHAIRMAN SEWELL: All right. Would you all identify yourselves and then be sworn in.

MS. JACOBI: I'm Paula Jacobi, senior vice president and general counsel for Riverside Medical Center. I'm a board member for the Riverside Ambulatory Surgery Center.

And I have with me today Kyle Benoit, who is vice president of operations and also a board member at the surgery center. Also, our CON counsel, Joe Ourth.

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

(Three witnesses sworn.)

THE COURT REPORTER: Thank you. Please
print your names on the sheet, as well.

CHAIRMAN SEWELL: Mr. Constantino.

MR. CONSTANTINO: Thank you, sir.

The Applicants propose to add an orthopedic surgical specialty to its two-room multispecialty ASTC. Riverside ASTC is located in Bourbonnais and is owned in part by Riverside Medical Center, 72 percent, and a number of physicians which own 28 percent.

The cost of the project is approximately $185,000. All ASTCs are at target occupancy in the 17-mile GSA. Those two include OAK Surgical Institute and Riverside ASTC, and the third surgery center, the Center for Digestive Health, only provides gastro services. The two hospitals are not at target occupancy. The addition of the surgical specialty would not result in a duplication or a maldistribution of service.

The referring physicians for this specialty are a new orthopedic group and do not have historic referral information. Subsequently, as a comment to the report, the physicians provided their historical referrals from February of 2019. They all referred approximately
320 cases to Riverside Medical Center.

CHAIRMAN SEWELL: Thank you.

Is there a presentation?

MS. JACOBI: I would like to make a few brief remarks. We thank the Board for the opportunity to address you today and for Mr. Constantino and Mr. Roate for your work on the State Board report.

As has been indicated, Riverside Medical Center has, with area physicians, owned this multispecialty surgery center since 2003, and our project seeks today to add orthopedic surgery to that list of permitted services.

The project was positive on all criteria with the exception of the referral letters, which, as Mr. Constantino mentioned, has now been addressed with our ability to provide information from our newly recruited group of orthopedic surgeons.

We've seen very, very positive growth, and they have already performed procedures in excess of that which we have projected in our application to be performed at the center. We feel that this will provide excellent patient access and quality
since the orthopedic surgeons' offices are located adjacent to the rest of the facility.

And we would ask for the Board's support of our project and are happy to answer any questions you may have.

CHAIRMAN SEWELL: Are there questions of this application?

Doctor.

MEMBER MC NEIL: I was wondering -- your ownership is by health care -- is that a hospital or what?

MS. JACOBI: The ownership in the surgery center is Riverside Medical Center, which is a general acute care hospital.

MEMBER MC NEIL: Okay. So that's 72 percent. So this is like an outpatient care center -- well, I'm not saying that.

Adding those kind of facilities outside the hospital, the kinds of things that you are doing --

MS. JACOBI: Right. Yes.

MEMBER MC NEIL: -- and propose in this specific -- specific -- I don't want to read the numbers --
MS. JACOBI: Yes.

MEMBER MC NEIL: But it's owned by the hospital? So it is a cooperative kind of thing, 72 percent owned by the hospital?

Like I said earlier, that works with the hospital where we don't in these remote areas, looking at a map. And they're not remote per se if you're in a jet aircraft, but they are less populated, so the ER is not -- it's really a mutual benefit to both organizations.

MS. JACOBI: We believe so, sure.

CHAIRMAN SEWELL: Other questions?

(No response.)

CHAIRMAN SEWELL: Roll call vote.

MR. ROATE: Yes, sir.

Motion made by Murphy; seconded by McNeil.

Senator Demuzio.

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

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report and testimony.

MR. ROATE: Thank you.
Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

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

MR. ROATE: Thank you.

Ms. Murphy.

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

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes. Doctors not having patient origin information is not sufficient reason to turn a project down.

MR. ROATE: 6 votes in the affirmative.

MR. OURTH: Thank you.

MR. CONSTANTINO: Thank you so much.

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CHAIRMAN SEWELL: Okay. Next on the agenda is H-06, Project No. 19-010, Metroeast Endoscopic Surgery Center in Fairview Heights. May I have a motion to approve this project to add surgical specialties to an existing single-specialty ASTC in Fairview Heights.

MEMBER DEMUZIO: Motion.

CHAIRMAN SEWELL: Is there a second?

MEMBER MC NEIL: Second.

CHAIRMAN SEWELL: All right. Could you identify yourselves and be sworn in.

MR. OURTH: I am Joe Ourth, Saul, Ewing, Arnstein & Lehr, CON counsel to Metroeast. And I have with me --

MS. CRAIG: -- Laurie Craig, administrator at Metroeast Endoscopic Surgery Center.

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

You're already sworn.

(One witness sworn.)

THE COURT REPORTER: Thank you. And if you'd print your name.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: The Applicant proposes
to add general surgery, plastic surgery, and
gynecology surgical services in Fairview Heights,
Illinois. The cost of the project is
approximately 180,000.

Five letters of report -- five support
letters were received by the State Board. No
letters of opposition were received, and no public
hearing was requested.

The Applicant has met all the requirements
of the State Board.

Thank you, sir.

CHAIRMAN SEWELL: Is there a presentation?

MR. OURTH: A very brief one given the
positive staff report and no opposition.

Metroeast Surgery Center is a licensed
surgery center operating in Fairview Heights,
which is in the Metro East area. As Mike
explained, the project proposes to add three
additional specialties to the area. None of those
specialties are currently available at any other
surgical center within a 30-minute travel time in
that area.

And with that, we are pleased to answer
any questions that you may have.
CHAIRMAN SEWELL: Any questions of this Applicant?

Yes, sir.

MEMBER MC NEIL: I have one.

Do you lose a lot of patients from that general area back into St. Louis?

MR. OURTH: Absolutely. And, in fact, where the patients are coming from -- as Laurie can explain -- is from physicians who are currently performing these procedures on Illinois residents in Missouri who would be coming back into Illinois.

Laurie, what is it -- it's probably about 5 miles from the Missouri line?

MS. CRAIG: 10 or more, maybe.

MEMBER MC NEIL: You're out by the Belleville airport?

MS. CRAIG: Right.

CHAIRMAN SEWELL: Other questions?

(No response.)

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you, sir.

Motion made by Demuzio; seconded by Hemme.

Senator Demuzio.
MEMBER DEMUZIO: Yes, based upon the State report and the testimony.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the positive State staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the State report and the information given.

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: Yes, based on the positive State Board staff report.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: Yes, based on the staff report.

MR. ROATE: Thank you.

6 votes in the affirmative.
CHAIRMAN SEWELL: The application is approved.

MR. OURTH: Thank you.

MS. JACOBI: Thank you.

CHAIRMAN SEWELL: Thank you.
CHAIRMAN SEWELL: Next is H-07, Project No. 19-011, Northwest Community Hospital medical office building in Buffalo Grove.

May I have a motion to approve this project to establish a medical office building in Buffalo Grove.

MEMBER MURPHY: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MC NEIL: Second.

CHAIRMAN SEWELL: All right. Would you identify yourselves and then be sworn in.

MR. HARTKE: Yes. I'm Michael Hartke, the executive vice president and chief operating officer with Northwest Community Hospital.

With me today is Brad Buxton, our vice president of strategy and business development; and Ralph Weber, our CON consultant.

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

(Two witnesses sworn.)

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

CHAIRMAN SEWELL: Yes.

State agency report.
MR. CONSTANTINO: Thank you, sir.

The Applicants propose to establish an outpatient medical office building in approximately 71,000 gross square feet of space at a cost of approximately $57.3 million in Buffalo Grove, Illinois.

There was no public hearing requested, and no letters of support or opposition were received by the State Board.

All the requirements of the State Board have been met.

Thank you, sir.

CHAIRMAN SEWELL: Is there a presentation?

MR. HARTKE: Very brief.

We are pleased to be with you before today -- be with you today for -- in consideration of our proposed project.

We thank the staff for their technical assistance as we planned and developed our permit application, and we were pleased to receive all positive findings.

We will forgo any formal presentation and are prepared to answer any questions.

CHAIRMAN SEWELL: Any questions of this
Applicant?

Yes, sir.

MEMBER MC NEIL: I have one.

So where are these -- the offices now that -- you're building a new building with offices for medical services; correct?

MR. HARTKE: Correct.

MEMBER MC NEIL: Where are they now?


MR. HARTKE: One -- two of the offices are on the same premise, so those would be demolished and replaced, and one facility is about 2 miles away.

MEMBER MC NEIL: And they're older buildings or you wouldn't demolish them?

MR. HARTKE: That's correct.

CHAIRMAN SEWELL: All right.

Roll call vote.

MR. ROATE: Thank you, sir.

Motion made by Murphy; seconded by McNeil.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based upon the staff report and testimony.
MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the staff report.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

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

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: Yes, based on the staff report.

And may I say I'm thrilled you're doing this. I live in that area so I totally understand the need. This is going to be so nice for the community. So thank you.

MR. HARTKE: Thank you.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: Yes, based on the staff report.
report.

    MR. ROATE:  Thank you.

    That's 6 votes in the affirmative.

    MR. HARTKE:  Thank you.

    CHAIRMAN SEWELL:  Okay.

    - - -
CHAIRMAN SEWELL: Next is H-08, Project No. 19-012, Lurie Children’s Primary Care medical office building in Skokie.

May I have a motion to approve this project to establish a medical office building in Skokie.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Second?

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: All right. Will you identify yourselves and be sworn in.

MS. ATWOOD: Good afternoon.

My name is Reagen Atwood. I'm associate general counsel for Ann & Robert H. Lurie Children's Hospital of Chicago.

With me today are Patrick Knightly, director, real estate and construction services, facility services; and Any Van Aalst, project manager of facility services; and Ralph Weber, our CON consultant.

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

(Three witnesses sworn.)

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

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.

The Applicants propose to establish an outpatient care center/medical office building in approximately 32,000 gross square feet of space at a cost of approximately $28 million in Skokie, Illinois.

There was no public hearing requested, and no letters of support or opposition were received by the State Board.

All the requirements of the State Board have been met.

Thank you, sir.

CHAIRMAN SEWELL: Is there a presentation?

MS. ATWOOD: Just a few brief remarks.

We are pleased to be before you today for consideration of our proposed outpatient center in Skokie. We thank the staff for their technical assistance during the preparation of our permit application.

We're pleased to report that the project received all positive findings. So in lieu of a formal presentation, we'd invite your questions on
CHAIRMAN SEWELL: Thank you.

Are there questions of the Applicant?

Yes.

MEMBER MC NEIL: Yeah.

I would assume you're doing the same thing that we heard before. All of these offices, physicians' services, are being offered someplace right now?

This gives you more capacity and bringing things together? Is that a valid statement?

MS. ATWOOD: Yes, it is.

MEMBER MC NEIL: You can explain the "valid" part of it.

MR. WEBER: The project is a bit of a consolidation of the Town & Country Physicians practice, which has been a private practice of pediatricians and some of the faculty physicians at Lurie Children's Hospital.

This relieves some of the pressures at the Clark/Deming facility downtown near the old campus of the former Children's Memorial Hospital, which has been bursting at the seams, and I think some other -- it's kind of a transition between
downtown and the Northbrook office facility. So it fits.

MEMBER MC NEIL: Thank you.

CHAIRMAN SEWELL: If there are no other questions, the roll call.

MR. ROATE: Thank you, sir.

Motion made by McNeil; seconded by Demuzio.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based on the State report and the testimony.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: Yes, based on the positive findings on the State report.

MR. ROATE: Thank you.

Mr. McGlasson.

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

MR. ROATE: Thank you.

Dr. McNeil.

MEMBER MC NEIL: Yes, based on the State report and the information given in the testimony.

MR. ROATE: Thank you.
Ms. Murphy.

MEMBER MURPHY: Yes, based on the positive State Board staff report.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: Yes, based on the State agency report.

MR. ROATE: Thank you.

That's 6 votes in the affirmative.

MS. ATWOOD: Thank you.

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CHAIRMAN SEWELL: Next on the agenda is H-09, Project No. 19-013, University of Chicago Medical Center medical office building in Orland Park.

May I have a motion to approve this project to establish a medical office building in Orland Park.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER DEMUZIO: Second.

CHAIRMAN SEWELL: All right. Could you all identify yourselves and be sworn in.

MS. O'KEEFE: Good afternoon, Mr. Sewell, members of the Board. I'm Sharon O'Keefe and I serve as president, University of Chicago Medical Center.

And I'm pleased to have with me here Dr. Alexander Sardiña, who is the chief medical officer for Solis Mammography; John Beberman, who is our director of capital budgets; and Joe Ourth, our CON counsel.

THE COURT REPORTER: Would the three of you raise your right hands, please.

(Three witnesses sworn.)
THE COURT REPORTER: Thank you.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you.

The Applicants propose to establish a mammography suite in approximately 7500 gross square feet of shell space originally approved as part of Permit No. 14-023 that established a four-story medical office building. The cost of this project is approximately $5.6 million.

No public hearing was requested, and no letters of support or opposition were received.

Thank you, sir.

CHAIRMAN SEWELL: All right. Is there a presentation?

MS. O'KEEFE: Just -- we'll have a couple of brief, brief comments here and address our one negative finding.

We're pleased -- and I would like to thank Mr. Constantino for their work on the State report. We are pleased that the State Board report has made positive findings with the one exception of a space requirement, which I will speak to.

As was noted five years ago, the Board
approved University of Chicago Medical Center to
construct the medical office building in Orland
Park, and we completed that ambulatory care
facility and opened just about a year and a half
ago; and I will say that the volumes of patients
served has been climbing and very robust.

When we appeared before you the last time
for approval of that building, we anticipated that
we would be serving quite a large number of
patients, and, therefore, in that project we
included some shell space on the fourth floor for
expansion of future services. And we're back here
today because we committed at that time to come
back and update you on any expansion plans.

Our original project did include
mammography services, and we offer those presently
at that location but somewhat in a more limited
basis.

So this project before you here today is
to construct a mammography suite within the
existing medical office building on the fourth
floor that will offer 3D imaging technology,
advanced technology, and where we will expand to
offer both screening as well as diagnostic
mammographies.

On the space issue, which was our one negative finding, we exceeded the space standards by 177 square feet. We consider the design that we put together to be quite efficient, but because it is designed as a self-contained unit, limited exclusively to women's imaging, it does not afford the same opportunities to have shared support space for things such as reception, registration, waiting room, staff locker rooms, et cetera.

So we designed the suite with the needs of women in mind but have to forgo some of the efficiencies, I would say, in terms of space utilization by sharing space that you would normally find in a general imaging space.

The project is also a bit unique for the University of Chicago Medical Center because we're doing this in partnership with Solis Mammography.

I think as everyone knows, we have an outstanding cancer program that serves literally the region and the nation. We have some of the best oncologists in the nation, but we can only provide services, cancer services, to patients once they are diagnosed, and undetected cancers
cannot receive the care that we provide.

    Nationwide there are still 30 percent of
all women who do not receive timely screenings,
and the rate is far lower in disadvantaged areas.

    So to provide the excellent care that we
really take pride in at the medical center, we
knew we had to find ways to assist women in
obtaining regular screenings and to better
understand the impediments that prevent women from
seeking regular screenings.

    So we were introduced to Solis Mammography,
who is a company that has extensively researched
the barriers for regular screening and has
developed, actually, a model for effective
patient-centered care, and that has an incredibly
high -- 96 percent -- customer approval rating and
provides ease of access.

    And as we thought about designing a new
facility for mammography here, we really thought
that the partnership with Solis, with their
service model, was a great marriage with our
excellent care we provide for cancer patients and
diagnostic and screening mammography and the
science that we can offer.
So I'd like to ask Dr. Sardiña, our chief medical officer of Solis, to just make a couple of brief comments about the model that Solis has developed over the years.

DR. SARDIÑA: Thank you, Sharon.

Thank you, members of the Board.

As Sharon had alluded to, we at Solis are extremely fortunate and excited about this collaborative project with one of the nation's most reputable and recognized academic institutions in breast cancer delivery centers.

Obviously, the focus of our project and the focus of our company is in the detection of early breast cancer.

As many of you know, breast cancer is extremely relevant and prevalent in our communities. About one in eight women, unfortunately, will have this disease in their lifetime. Just to put it in context, when I first started clinical practice about 30 years ago, that prevalence rate was 1 in 12.

So as I like to lecture and -- to my colleagues -- and tell a lot of my patients, unfortunately breast cancer is not preventable.
There's nothing that a woman can do to prevent breast cancer. But, fortunately, if caught early enough, breast cancer is extremely treatable if not curable, and the gold standard for detecting early breast cancer and treatable breast cancer is screening mammography.

And as Sharon alluded to, unfortunately, we have a compliance issue. And the remarks that Sharon alluded to as far as 30 percent of patients being noncompliant, that is noncompliant even at the two- to three-year time frame. When you go on an annual basis, the noncompliance rate is almost 50 percent.

So the question is: Why are women noncompliant? And I think the issue is multifactorial. I think there's been a lot of confusion around the guidelines surrounding screening mammography. I think that has created a noncompliance component.

And let's face it; the exam itself is anxiety provoking, especially in the current environment where women are having to go into general diagnostic imaging facilities. And you can imagine having a patient there for a screening
mammogram sitting next to someone with a severe
cough waiting for a CT scan. And the exam itself
is very uncomfortable.

So I think those are primary issues.

I think probably the two most important concerns
of mine, as far as compliance, is lack of
geographic accessibility in underserved
communities and, also, the time constraint on
working women.

So what we have done at Solis, like Sharon
mentioned, is we've focused on that and figured
out ways to hopefully mitigate against some of
those barriers, beginning with a very robust,
female-staffed contact center that's available to
our patients six days a week.

We have facilitated an online scheduling
process; we have simplified that scheduling
process. We also promote patients to adhere to
the Federal mandate that a screening mammogram
does not require a physician's order. As long as
you have a physician of record, you should be able
to walk into any one of our centers and get a
screening mammogram at any time.

Once patients enter our centers, we kind
of have focused on creating a spa-like environment
and, therefore, the slightly larger need for space
because it's self-contained.

    We have a dedicated reception area. We
have a lobby; we have a subwaiting room; we have a
consultation room in order to deliver the services
that women would want in the environment that they
would want.

    We also actually have helped address the
painful component of the mammogram. We were
market leaders in researching and developing the
SmartCurve, which is actually a curved mammography
paddle that requires less compression to yield an
ideal mammogram, and we have received very, very
positive feedback as far as the comfort level is
concerned.

    And I think the final component of the
triad of the peace-of-mind mammogram is the
clinical expertise, and that's something that we
at Solis don't offer, but that's where the
partnership with such a reputable institution like
the University of Chicago kind of finalizes that
continuum of care.

    So with that, we would hope that this
Board would endorse our project, and we are here
to answer any questions or concerns that you might
have.

CHAIRMAN SEWELL: Questions for this
Applicant?

(No response.)
CHAIRMAN SEWELL: I don't think there
are any. So roll call.

MR. ROATE: Thank you.
Motion made by McNeil; seconded by

Demuzio.

Senator Demuzio.
MEMBER DEMUZIO: Yes, based on the staff
report and the testimony.

MR. ROATE: Thank you.
Ms. Hemme.
MEMBER HEMME: Yes, based on testimony and
the State report.

MR. ROATE: Thank you.
Mr. McGlasson.
MEMBER MC GLASSON: Yes, based on the
staff report and the testimony.

MR. ROATE: Thank you.

Dr. McNeil.
MEMBER MC NEIL: Yes, based on the staff report and the testimony, particularly combining the diagnostic phase with the ability of immediate kinds of services after -- if you find negative results.

MR. ROATE: Ms. Murphy.
MEMBER MURPHY: Yes, based on the State Board staff report and the testimony.
MR. ROATE: Thank you.
Chairman Sewell.
CHAIRMAN SEWELL: Yes, based on the State agency report.
Thank you.
MR. ROATE: Thank you.
That's 6 votes in the affirmative.
MS. O'KEEFE: Thank you.

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CHAIRMAN SEWELL: Next are applications subsequent to intent -- oh, that's right. They wanted a break.

We'll take a 10-minute break, and then we will continue.

(A recess was taken from 1:45 p.m. to 1:59 p.m.)

CHAIRMAN SEWELL: Okay. We'll come to order.

We're now at applications subsequent to intent to deny.

The first one is I-01, Project No. 18-002, Retina Surgery Center in Niles.

May I have a motion to approve this project to establish a limited-specialty ambulatory surgery treatment center in Niles.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Would you introduce yourselves.

MR. NIEHAUS: Yeah. Brian Niehaus, N-i-e-h-a-u-s. I am with Dr. John Michael, as well.
THE COURT REPORTER: Would you raise your right hands, please.

(Two witnesses sworn.)

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

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.

The Applicant proposes to establish a surgery center performing ophthalmology procedures in approximately 4900 gross square feet of leased space at a cost of approximately $2.7 million.

The Applicant received an intent to deny at the October 2018 State Board meeting.

There was no public hearing requested, and no letters of opposition were received. Letters of support have been received by the State Board staff. The State Board staff had findings regarding this project.

I would like to point out one thing. On pages 20 of 21 of the staff report, I'd like to point out to the Board what these folks are able to do with their bank.

They were able to get a letter that says that they will -- the bank will loan them -- or
provide credit exposure of $2.2 million with no conditions. So those letters are available and can be gotten.

So that's -- thank you.

CHAIRMAN SEWELL: Okay. At least they can be gotten by this Applicant.

MR. CONSTANTINO: What's that?

CHAIRMAN SEWELL: At least they can be obtained by this Applicant.

MR. CONSTANTINO: Yes. I know we have this finding quite a bit, but these folks are --

CHAIRMAN SEWELL: Okay.

Is there a presentation?

MR. NIEHAUS: Yes. We'd like to make a few remarks.

So when we were last before you in October of 2018, we did receive a vote of 4 to 1 with one lone dissenter, but we were encouraged to come back before the Board, so we're happy to be back before you today.

Then, as now, there's only two findings -- both of which we agree with under the Board's rules -- are technical findings regarding service accessibility and maldistribution and duplication
of services; however, we do firmly believe that we substantively comply with the intent behind both of those provisions.

First, I'd like to point out that this practice is supporting ASC referrals and the ASC itself, in terms of its surgical volume, will be serving a very high proportion of Medicaid patients. I know this Board is very familiar with the difficulty Medicaid patients have accessing services, especially surgical services.

Secondly, there's no opposition to this project, and there is not going to be any harm to any of the area hospitals or ASCs, which is evidenced by this lack of opposition as well as the fact that the surgical services provided by the Applicant today are spread throughout multiple different hospitals within the area and no ASCs, so any loss of volume is extremely minimal to any facility.

Finally, this is a limited-specialty ASC that is particularly singly focused on retina surgical services.

I'm going to turn it over to Dr. Michael, who can provide a little bit more context about
the origination of this project.

DR. MICHAEL: Thank you.

I'm here today for the second time to ask this Board to support my patients and my goal to create a center of excellence for microsurgery.

As Brian covered our brief history before the Board, I want to say again why we are here before you today.

I founded my physician practice in 2000, in the year 2000, to focus on specialized services of the retina and the ophthalmology field. This project is born out of my intervening years of experience and what I believe is best for my patients. Today I do not have a reliable, sensible option for providing outpatient surgical care in an ASC for my patients.

Over the years I have tried using area surgery centers, and their priorities and staffing, equipment, and insurance coverages do not consistently align with my patients and practice. Frankly, I have felt like my patients and I were a second-class priority at these facilities.

As a result, my practice must use
several -- multiple area hospitals for our complex retina surgery patients. These procedures and patients are not prioritized by the hospitals. This is not hyperbole to convince you to approve my center; it is a daily reality for me and my patients.

You've heard from patients and my practice manager both in October and this morning. We consistently experience insurance coverage, scheduling, equipment, and facility -- staffing difficulties for our surgical patients.

Many of our problematic patients to schedule at area facilities are the most vulnerable patients with Medicaid or out-of-network coverage. Just two weeks ago I had a patient travel from Rockford to one of my offices because I was the closest retina specialist on his insurance plan. Right now, as I speak, my office manager is struggling to find a time to schedule another of my patients that needs a retina surgery at a hospital that will accept her restricted insurance plan.

I know the system is complex, but these patients are not a priority for other facilities.
By locating the dedicated surgery center in my existing practice building, I can ensure emergent access to care for trauma patients, reduce their costs, negotiate for insurance coverage, control quality, and decrease travel time.

Other area providers do not oppose this project because they understand the center will be focused on our practice. They do not see the value in committing more staff and new equipment to their ASC operations for our complex retina patients.

I hope I was able to convey the significance of the community need. I can speak more on these issues and topics at your request.

The last Board meeting, we were turned down by a 4-to-1 vote, as Brian mentioned, with the only negative Board finding being the rigid State formula for need.

I know this Board has been willing to approve providers who demonstrated need regardless of the State formula. I believe this single-specialty center opening up access to improved care for the community, including our Medicaid and indigent patients, is a clear choice to approve.
I believe the community, my patients, require a specialized retina surgery center.

I respectfully request the Board approve this project, and I ask that you please provide us a chance to address any doubts you may have before you vote.

Thank you.

CHAIRMAN SEWELL: What are some -- you said a little bit of this, but what are some of the examples of what happens when you try to provide this service at existing ASTCs in the area, the eye-related services?

DR. MICHAEL: So this is a subspecialty of eyes. It's retina. I'll give you one example.

One of my associates -- and we previously used a certain surgical center -- had scheduled four patients. And the day before they called to cancel those patients because of staffing issues.

Imagine, as a patient, preparing yourself for surgery and, the day before, being canceled. Imagine the doctor preparing his schedule, his day, and they call the day before and cancel.

And then there are times where the timing is not right.
And then sometimes the insurance coverage -- especially the more you get into the public aid and managed care options that we now have -- that there are less and less hospitals willing to accept it.

MR. NIEHAUS: I just want to add to his point that if you look at Table 8 on page 23 of the Board's application, there are -- area ASTCs within this vicinity offer almost nothing to a very low percentage of Medicaid services. So the insurance coverage, especially for Medicaid managed care in Illinois, is very sparse.

CHAIRMAN SEWELL: Yeah, I see that.

Questions?

MEMBER MC NEIL: I have one.

CHAIRMAN SEWELL: Yeah.

MEMBER MC NEIL: So we talk about Medicaid, whatever. What percentage of your patients are disadvantaged, Medicaid, no insurance-type thing?

MR. NIEHAUS: I'm going to speak to it because I saw the data more recently than him.

But it's about 25 percent of the nonsurgical patients and about 22 percent of their
surgical patients are on Medicaid fee-for-service or Medicaid managed care.

MEMBER MC NEIL: So about a fourth?

MR. NIEHAUS: Correct. Which aligns pretty closely with the percentage of individuals in Illinois on Medicaid.

CHAIRMAN SEWELL: Are there other questions?

(No response.)

CHAIRMAN SEWELL: I suppose we're ready to vote. Roll call.

MR. ROATE: Thank you.

Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: I vote yes on the project due to the State report and, also, the testimony.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: I vote yes, based on the staff report and the testimony today.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: May I hear the motion again, please.
MR. ROATE: Motion to approve the Retina Surgery Center in Niles.

MEMBER MC GLASSON: I vote yes, based on the State report.

MR. ROATE: Thank you.

Dr. McNeil.

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

MR. ROATE: Thank you.

Ms. Murphy.

MEMBER MURPHY: I vote yes based on the State report and today's testimony.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes because I can't figure out the alternative.

MR. ROATE: Thank you.

That's 6 votes in the affirmative.

DR. MICHAEL: Thank you very much.

CHAIRMAN SEWELL: Thank you.
CHAIRMAN SEWELL: Next is I-02, Project No. 18-007, Dialysis Care Center in Hickory Hills.

May I have a motion to approve this project for establishing a 12-station end stage renal disease facility in Hickory Hills.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

(No response.)

CHAIRMAN SEWELL: Second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: All right. Could you identify yourselves and then be sworn in.

DR. SALAKO: Babajide Salako, MD, CEO of Dialysis Care Centers, LLC.

MR. SHAZZAD: Alex Shazzad, chief operating officer at Dialysis Care Center. And to my left I have Matt Moreno, our project manager.

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

(Three witnesses sworn.)

THE COURT REPORTER: Thank you. And please print your name on one of those sheets.

CHAIRMAN SEWELL: State agency report.

MR. CONSTANTINO: Thank you, sir.
The Applicants propose to establish a 12-station ESRD facility in approximately 4500 gross square feet of leased space at a cost of approximately $1.5 million in Hickory Hills, Illinois. The Applicants received an intent to deny at the December 2018 State Board meeting.

There was no public hearing requested, and a letter of opposition was received. No letters of support were received by the State Board staff. The staff had findings related to this project.

Thank you, sir.

CHAIRMAN SEWELL: All right.

Do you have a presentation for this?

DR. SALAKO: Well, I have a few comments I'd like to make, sir.

If you do recall, my company, Dialysis Care Center, we applied for the CON in December 2019. The State agency findings showed an excess of 54, I believe, chairs in the HSA.

And if you also do recall from that hearing, Mr. Constantino -- one of the objections he raised was that we had a pending facility, DCC Beverly, that we had approval for that hadn't been opened.
And I can say that that clinic -- we got certified the 1st of March of 2019. Today is the 4th of June -- and the clinic that has a capacity, maximum capacity, for 84 patients. As of today we have 41 patients in that clinic.

So in order to get back to 50 percent capacity in about three months -- just about four months -- our argument to the Board has always been that an integral data -- that the data that the Board does not capture in calculating -- that the State agency does not capture is calculating the needs of our home dialysis patients.

We primarily are a home dialysis company. We have hundreds of patients on home dialysis. Several of our patients do eventually -- typically at the 30-month mark -- fail home therapies. And after they fail home therapies, they will look at going to an in-center. To go into an in-center to stay, we would like them to stay in our network.

And that's why, inasmuch as there always seems to be an excess of capacity within the HSA, having our clinics at a significant utilization rate and being able to give our patients the chair
allocations that they want and to dialyze typically within 30 minutes of their domicile is something we are able to achieve and we're very proud of.

At the moment, we have -- in the last 18 months in that particular HSA we've now opened two clinics. We have one clinic that, you know, we -- that has a fourth shift, so, essentially, we are over a hundred percent capacity. We have another clinic that's at 50 percent capacity.

And so knowing this project is going to take 18 months for completion, you know -- it may take up to 18 months for completion -- we feel very comfortable that as of when the project does get commissioned, gets certified, there will be a present need for patients within our network.

We do not want to be -- to be behind the eight ball here. We'd rather like to be proactive, and that's why we would like the Board to kindly favorably look at our request because our story and our narrative is unique. And, therefore, we fill a need for our own patient network and, therefore, that's why we want the clinic.
Thank you.

CHAIRMAN SEWELL: Are there any questions?

Yes, sir.

MEMBER MC NEIL: Okay. You mentioned at home.

How many percent of your patients really have the ports to self-administer?

DR. SALAKO: As of today, 45 percent of all our patients -- nationwide. Nationwide. In Illinois it's over 50 percent. But nationwide -- and we are well above the national average. The national average is about 10 percent.

45 percent of our patients do dialyze at home, either peritoneal dialysis -- about 80 percent of them are peritoneal dialysis; 20 percent are on home hemodialysis.

We do have a very narrow group of patients that are staff-assisted home dialysis patients where we actually send technicians to the patients' homes to dialyze them at home.

Several of these patients, for whatever reason, they don't also want to do home dialysis anymore for various reasons, and they want to come into the in-center network; they come into our
network of clinics.

These patients are not captured --
I will -- let me emphasize again -- are not
captured by the State agency report, and,
therefore, the data is always -- "Oh, well, you
know, there are so many dialysis patients out
there."

There's a whole section of patients out
there that are not being captured, and these
patients eventually will end up in an in-center.
We want them to stay in our network. They want to
stay in our network.

We have absolutely no issues whatsoever in
utilization of our dialysis clinics that are not
supported.

MEMBER MC NEIL: How many of your
in-home -- how many times a week do they do
dialysis versus at the center?

DR. SALAKO: Well, the patients on the
home dialysis, usually is four to five times a
week on hemodialysis. On peritoneal dialysis it's
daily.

If I -- God forbid, if I became a dialysis
patient today, I'd rather be a home dialysis
patient because you -- it's easier on your body. It's -- you get more frequent dialysis. And, clinically, patients on home dialysis do a lot better. The morbidity is better; the mortality rates are better.

But over time, due to all sorts of physiological reasons, they will eventually fail home dialysis. So you want -- we push home but we understand the reality of -- it's a time game.

MEMBER MC NEIL: Yeah. The average life span is -- once you go on dialysis -- is five years. That's average.

Now, the only solution is, really, a kidney transplant. That takes 3.1 years or thereabouts.

How many do you recommend and when do you start for -- for kidney transplant?

DR. SALAKO: We recommend all our patients before they get onto dialysis as part of their options communication.

We have a nephrology practice, which is the second largest in Illinois. We have a huge nephrology practice, RCK. We have a robust predialysis education program for most of our
patients. We really, really push transplants.

We're in the Loyola network; we're in the Advocate network. So we -- we are in quite -- all the big hospital networks for transplant.

Unfortunately -- and this is not for us; it's the United States. The transplant rates in this country have not increased in the last 10 years.

Now, I'll tell you that -- if I had a crystal ball -- I believe we're doing the right thing because the average organic growth of dialysis patients in the United States is about 4.5 percent every year. There are about 400,000 dialysis patients. There are about 70,000 dialysis clinics.

We'll need to build about 500 clinics a year in this country. The reality is that we can't sustain it. Fresenius can't do it; DaVita can't do it; we can't do it. But where there's a need for us to do it, we want to be able to do it.

That's why we are big at home. But when our patients do fail on home, we want them to stay in our network, stay with our caregivers, and that's why we've always come to the Board.

The Board has listened to our narrative,
and the numbers show that utilization of our
dialysis clinics by our patients is -- goes
contrary to the availability of chairs in the HSA,
and our data supports that.

MEMBER MC NEIL: What hours do you
operate? That's the other thing from a patient
standpoint on three times a week coming in. It's
a four-hour process or thereabouts, plus they're
sort of wiped out when they get there and
afterwards for a while.

So in regards to that -- let's talk about
the patients and the process. What hours --
because it will be 6:00 in the morning or 8:00 at
night -- do you operate?

DR. SALAKO: Unfortunately, once again,
not -- not what I would like. You know, we open
at 5:30 in the morning, and we finish about
eight o'clock.

We do have two clinics that are beyond
full. We have a fourth shift that's open until
10:00 p.m. at night, 10:30 at night. We don't
like it. We wish we had more clinics so we could
move patients in there.

But that -- those particular clinics also
work for -- those late shifts also work for
working patients who come back from work and want
to dialyze late. It's okay in the summer months.
In the winter months it's a bit of a stress for
patients, for staff members, and security.
So we would rather have clinics be 60, 70,
75 percent capacity but have flexibility to bring
more patients in at times that are convenient for
the patients.

From a business perspective, if the clinic
is 80, 90, 100 percent full is good. But from a
patient's perspective, it's not fair to the
patients, and, therefore, we really shouldn't be
bean counters in terms of availability of chairs.
There has to be some flexibility there for the
patients.

MEMBER MC NEIL: Yeah. No patients; no
clinic.

But you have plenty of patients is what
you're saying?

MR. SHAZZAD: Yes.

DR. SALAKO: Yes.

CHAIRMAN SEWELL: Other questions?

(No response.)
CHAIRMAN SEWELL: All right. Roll call.

MEMBER MC GLASSON: Once again --

CHAIRMAN SEWELL: Oh, yeah. Go ahead.

MEMBER MC GLASSON: Once again, repeat the motion.

MR. ROATE: The motion is to approve Project 18-007, Dialysis Care Center, Hickory Hills, to establish a 12-station ESRD facility.

MEMBER MC GLASSON: Thank you.

MR. ROATE: Thank you.

Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes, based on the State report and also the testimony.

MR. ROATE: Thank you.

Ms. Hemme.

MEMBER HEMME: I'm going to vote no, based on the State report.

MR. ROATE: Thank you.

Mr. McGlasson.

MEMBER MC GLASSON: Yes, based on the testimony.

MR. ROATE: Thank you.

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.

---
CHAIRMAN SEWELL: There is no rules development; there's no unfinished business.

Other business, we have a legislative update. I think there's been a handout.

MS. GUILD: Yeah. Board members have a handout on this. I just wanted to mention Senate Bill 1739, which was an HFSRB initiative, did pass on May 30th.

Most important for the Board and the underlying initiative is that, once the Governor signs this -- which could be late August -- it will allow the Board to elect a Vice Chair who can act in place of the Board when there's no Chair available, and so that should help streamline our agendas.

The second part of the bill is the amendment, and the amendment was negotiated with the sponsor, who introduced it as part of a different bill to address her concerns about the Westlake Hospital closure. Most important for the Board to know is that, once the Governor signs the bill, all discontinuations of entire facilities will require a full permit, not an exemption.

But an applicant who chooses to
discontinue a category of service can do that
through the exemption process once every
six months; otherwise, a permit would be required.

So there are increased notice requirements
for changes of ownership and discontinuations, and
there's some language to clarify that the Board
may, not shall, defer consideration of
applications up to six months if there's a pending
lawsuit that challenges an application that names
the Board as a party or alleges fraud in the
filing of the application, so that's to address a
recent situation.

And that -- as I said, the second part of
this bill was negotiated with the sponsor and
interested parties, and everyone was in agreement.

And so we expect to see this signed by the
end of August --

MS. AVERY: Hopefully.

MS. GUILD: -- hopefully.

CHAIRMAN SEWELL: Any questions of Ann?

(No response.)

CHAIRMAN SEWELL: Okay. What is bed
changes?

MS. MITCHELL: Do we have any?
MR. CONSTANTINO: No bed changes.

CHAIRMAN SEWELL: Okay. I'm sorry.

MEMBER MURPHY: Actually, I have one question about the report.

CHAIRMAN SEWELL: That's okay.

MEMBER MURPHY: The part that allows the Vice Chair to act in the place of the Chair when there is not a Chair, does that only apply when we have a Chair?

MS. MITCHELL: No.

MS. GUILD: No. When there's no Chair or the Chair is not available.

MEMBER MURPHY: Awesome. Thank you.

CHAIRMAN SEWELL: We don't have a Vice Chair, do we?

MEMBER MURPHY: We don't have a Chair.

CHAIRMAN SEWELL: We don't have one now?

MS. MITCHELL: Not officially.

MS. AVERY: No.

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

CHAIRMAN SEWELL: Bed changes.

MS. MITCHELL: There are none.

CHAIRMAN SEWELL: None?

MS. AVERY: None.
CHAIRMAN SEWELL: Interagency agreement, anything to say about that?

MS. MITCHELL: Yes.

You received a copy of the changes that were approved between IDPH and us.

Every year we enter into an interagency agreement with IDPH because they provide support to the Board, which includes staffing, me and Mike and George, accounting functions, human resources functions, just to name a few.

So you have the changes in front of you. So if there's any discussion or any questions, I can answer them but, otherwise, I need a vote to approve it.

And the current IGA lapses June 30th, so this would be effective July 1st.

CHAIRMAN SEWELL: So we need a motion?

MS. MITCHELL: Yes.

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER MURPHY: Second.

CHAIRMAN SEWELL: Any discussion?

(No response.)

CHAIRMAN SEWELL: All -- we don't need a
roll call, do we?

   MS. MITCHELL:  No.
   MS. AVERY:  You can say "aye."
   CHAIRMAN SEWELL:  All in favor say aye.
   (Ayes heard.)
   CHAIRMAN SEWELL:  Opposed?
   (No response.)
   CHAIRMAN SEWELL:  Okay.
   2020 meeting dates.  Nothing?  Right?
   MS. MITCHELL:  You have them.  You have a
copy of the 2020 meeting dates in your Board
packet.
   CHAIRMAN SEWELL:  Really?
   MS. MITCHELL:  It was like the first
page -- oh, you had the -- it should be on your
flash drive.
   CHAIRMAN SEWELL:  Okay.
   Now, what is this written decision of
deferral -- oh, those are those written decisions?
   MS. MITCHELL:  Yeah.
   CHAIRMAN SEWELL:  Okay.
   MS. AVERY:  Let me go over the meeting
dates.
   CHAIRMAN SEWELL:  I'm sorry.  We're going
back to the meeting dates.

MS. AVERY: In regards to the meeting dates, can you please check them as soon as possible so that I can start reserving space? If something does not work, then let me know. And if it looks like we have a situation where we won't have a quorum for that meeting, then I'll come back with you for additional dates.

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

---

back to the meeting dates.
CHAIRMAN SEWELL:  All right.  Could you
talk about these written decisions?

MS. MITCHELL:  Written decisions.  Okay.

The statute allows a process for aggrieved
parties to request a written decision, so,
pursuant to the statute, staff prepares a written
decision, and the Board has to vote on it and
approve it.

So you received copies of three written
decisions.  We received three requests for -- we
received requests for three written decisions this
time around.  You received written decisions in
your Board packet.

We'll have to consider and vote on them
individually, but I'd like a motion to approve
them and then a vote on each one of them
individually.

MEMBER MC NEIL:  I move that we approve
them.

MS. MITCHELL:  Let's take them one by one.

So, first, can we get a motion to --

CHAIRMAN SEWELL:  The first one is Quincy
Medical Group in Quincy.

That's correct, isn't it?
MS. MITCHELL:  Sure.  The first one on the agenda is deferral of the Exemption E-- --

MS. AVERY:  Right.

MS. MITCHELL:  -- E-00 -- so the first one is the written decision of the deferral of Exemption E-004-19.

Can I get a motion to approve that?

MEMBER MC NEIL:  So moved.

MS. MITCHELL:  Can I get a second?

MEMBER MURPHY:  Second.

MS. MITCHELL:  Okay.  And then let's take a vote.

CHAIRMAN SEWELL:  Okay.  Is it roll call?

MS. MITCHELL:  I'd prefer roll call, yes.

MR. ROATE:  Roll call vote?

MS. MITCHELL:  Yes.

CHAIRMAN SEWELL:  Yes.

MR. ROATE:  Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO:  Yes.

MR. ROATE:  Thank you.

Ms. Hemme.

MEMBER HEMME:  Yes.
MR. ROATE: Thank you.
Mr. McGlasson.
MEMBER MC GLASSON: Yes.
MR. ROATE: Thank you.
Dr. McNeil.
MEMBER MC NEIL: Yes.
MR. ROATE: Thank you.
Ms. Murphy.
MEMBER MURPHY: Yes.
MR. ROATE: Thank you.
Chairman Sewell.
CHAIRMAN SEWELL: Yes.
MR. ROATE: Thank you.
That's 6 votes in the affirmative.
MS. MITCHELL: And then the next one is the written decision for Exemption No. E-004-19. This is the exemption application itself. So can I get a motion to approve the written decision for this one?
MEMBER MC NEIL: So moved.
MS. MITCHELL: Second?
MEMBER MURPHY: Second.
MS. MITCHELL: Roll call.
I'm doing Mr. Sewell's job.
CHAIRMAN SEWELL: I'm distracted by what's in front of me here.

MR. ROATE: Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO: Yes.

MR. ROATE: Ms. Hemme.

MEMBER HEMME: Yes.

MR. ROATE: Mr. McGlasson.

MEMBER MC GLASSON: Yes.

MR. ROATE: Dr. McNeil.

MEMBER MC NEIL: Yes.

MR. ROATE: Ms. Murphy.

MEMBER MURPHY: Yes.

MR. ROATE: Chairman Sewell.

CHAIRMAN SEWELL: Yes.

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

MS. MITCHELL: And the last one is the written decision for Permit No. 18-042.

Can I get a motion to approve the written decision for 18-042?

MEMBER MC NEIL: So moved.

MS. MITCHELL: Second?
MEMBER MURPHY:  Second.

MS. MITCHELL:  Roll call.

MR. ROATE:  Motion made by McNeil; seconded by Murphy.

Senator Demuzio.

MEMBER DEMUZIO:  Yes.

MR. ROATE:  Thank you.

Ms. Hemme.

MEMBER HEMME:  Yes.

MR. ROATE:  Thank you.

MS. MITCHELL:  I think we're being kicked out -- let's continue with the roll call.

MR. ROATE:  Mr. McGlasson.

MEMBER MC GLASSON:  Yes.

MR. ROATE:  Dr. McNeil.

MS. MITCHELL:  Why couldn't this have happened at our last meeting?

MR. ROATE:  Dr. McNeil.

MEMBER MC NEIL:  It almost did about midnight.

Yes.

MR. ROATE:  Thank you.

Ms. Murphy.

MEMBER MURPHY:  Yes.
MR. ROATE: Thank you.
Chairman Sewell.

CHAIRMAN SEWELL: Yes.

MR. ROATE: Thank you.
That's 6 votes in the affirmative.

MS. MITCHELL: Okay. That's all the written decisions.

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MS. MITCHELL: And then adjournment.

CHAIRMAN SEWELL: Is there a motion to adjourn?

MEMBER MC NEIL: So moved.

CHAIRMAN SEWELL: All in favor?

(Ayes heard.)

CHAIRMAN SEWELL: Opposed?

(No response.)

CHAIRMAN SEWELL: The ayes have it. We're adjourned.

MS. MITCHELL: Thank you.

(Off the record at 2:31 p.m.)
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.


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