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HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

217-782-3516

OPEN SESSION (DAY 1)

(March 26, 2013)

Open session (Day 1) of the meeting of the State of Illinois Health Facilities and Services Review Board was held on March 26, 2013, at the Marriott Bloomington-Normal Hotel & Conference Center, 201 Broadway Street, Normal, Illinois.

1 PRESENT:

2 Dale Galassie - Chairman

John Hayes

3 Kathy Olson

Richard Sewell

4 Philip Bradley

Deanna Demuzio

5 David Penn

James Burden

6

7 Courtney Avery - Administrator

Catherine Clark - Board Staff

8 Frank Urso - General Counsel

Alexis Kendrick - Board Staff

9 Michael Constantino - IDPH Staff

George Roate - IDPH Staff

10 Bill Dart - IDPH

David Carvalho - IDPH

11 Michael C. Jones - DHFS

Matt Hammoudeh - DHS

12 Claire Burman - Board Staff

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Reported by:

22 Karen K. Keim

CRR, RPR, CSR-IL, CRR-MO

23 Midwest Litigation Services

115 S. LaSalle Street, Suite 2600

24 Chicago, IL 60611

1 START TIME: 10:11 a.m.

2

3 CHAIRMAN GALASSIE: I would like to call our
4 meeting to order.

5 Good morning, everyone. We've been having
6 some technical difficulties, so we'll speak loudly.

7 Welcome to Mr. Hammoudeh, Matt, IDHS, a new
8 face for the table, but certainly not to us. Pleased to
9 have you here. Welcome.

10 MR. HAMMOUDEH: Thank you, Mr. Chairman. It
11 is an honor.

12 CHAIRMAN GALASSIE: Okay. I would like to
13 call the meeting to order. George is somewhere -- if we
14 can do a roll call -- multi-tasking.

15 Roll call for us, Mr. Constantino?

16 MR. CONSTANTINO: Yes, I'd be happy to.

17 MR. ROATE: Chairman Galassie?

18 CHAIRMAN GALASSIE: Here.

19 MR. ROATE: John Hayes?

20 MR. HAYES: Here.

21 MR. ROATE: Phillip Bradley?

22 MR. BRADLEY: Here.

23 MR. ROATE: Dr. Burden?

24 MS. DEMUZIO: He's here, but he went for

1 coffee.

2 MR. ROATE: Senator Deanna Demuzio?

3 MS. DEMUZIO: Here.

4 MR. ROATE: Justice Alan Greiman?

5 MR. GALASSIE: Absent.

6 MR. ROATE: Kathy Olson?

7 MS. OLSON: Present.

8 MR. ROATE: David Penn?

9 MR. PENN: Here.

10 MR. ROATE: Richard Sewell?

11 MR. SEWELL: Here.

12 MR. ROATE: Eight in attendance.

13 CHAIRMAN GALASSIE: Thank you very much.

14 Can I have an approval of the agenda?

15 MS. DEMUZIO: So move.

16 CHAIRMAN GALASSIE: Motion to approve.

17 Second?

18 MS. OLSON: Second.

19 CHAIRMAN GALASSIE: Motion and second. All in
20 favor -- question. I'm sorry. Member Penn, I apologize.

21 MR. PENN: Under "Agenda", you have the
22 meeting schedules for the rest of the year, 2013. I want
23 to clarify that we're not approving the location of all of
24 these.

1 CHAIRMAN GALASSIE: Let the record show that
2 we have an agenda for our schedule of meetings, but it is
3 not confirmed that they will all be in Bolingbrook, as of
4 yet. Thank you.

5 That having been said, moved, motion and vote.
6 Aye?

7 ("Ayes" heard)

8 CHAIRMAN GALASSIE: Thank you, Mr. Penn.
9 And approval of the minutes?

10 MS. DEMUZIO: Motion.

11 CHAIRMAN GALASSIE: Motion.

12 MR. SEWELL: Second.

13 CHAIRMAN GALASSIE: All in favor?

14 ("Ayes" heard)

15 CHAIRMAN GALASSIE: Opposed?

16 (No response)

17 CHAIRMAN GALASSIE: Hearing none, motion
18 approved. Thank you.

19 We are moving into Post Permit Items Approved
20 by the Chair. Mr. Constantino has four items that he will
21 discuss with the Board -- I'm sorry. Excuse me. Do we
22 have public participation?

23 We have public participation. Again, I
24 apologize. I believe we have five people signed up.

1 MS. KENDRICK: We have six.

2 CHAIRMAN GALASSIE: Do you want to
3 announce -- call three or four folks up to the table.

4 We'll announce your names. Those of you who
5 have signed up for public participation, you recall our
6 rules are two minutes. We will ask you to come to the
7 front table, introduce yourself for our recorder. You do
8 not have to be sworn in. Based upon our mic difficulties,
9 we would just ask you to speak clearly and perhaps a little
10 more slowly.

11 MS. KENDRICK: We'll begin with Project No.
12 12-095, Fresenius Medical Care, Waterloo, Joseph Vanleer on
13 behalf of Meher Mallick.

14 I'm going to call everybody to the table
15 regardless of the project.

16 Project No. 12-099, Northwestern Medical
17 Faculty Foundation Dialysis, Kelly Ladd.

18 Project No. 12-100, Saint Francis Hospital,
19 Nicolette Curth.

20 Project No. 12-101, Trinity Rock Island Heart
21 Center, Nancy Odacre.

22 Project No. 12-105, Metroeast Endoscopic
23 Surgery Center, Joseph Vanleer on behalf of Maryann Reese
24 and Mark Freeland.

1 Before you begin, state your name for the
2 record, whether you're an opponent or proponent, and what
3 project you're speaking on behalf of.

4 CHAIRMAN GALASSIE: Thank you, Alexis.

5 MR. VANLEER: Joseph Vanleer on behalf of
6 Dr. Meher Mallick, and I'm testifying in opposition to FMC
7 Waterloo.

8 CHAIRMAN GALASSIE: Can you spell your name,
9 Mr. Vanleer?

10 MR. VANLEER: Joseph V-a-n-l-e-e-r.

11 All three of the parties that I'm testifying
12 on behalf of today were stuck in St. Louis, due to snow.

13 Good morning. My name is Dr. Meher Mallick.
14 I'm a nephrologist practicing in the St. Louis region, and
15 my practice includes patients living in Waterloo and
16 surrounding areas.

17 I oppose Fresenius' proposal to establish a
18 dialysis facility in Waterloo. A facility in Waterloo is
19 not well placed to meet the needs of dialysis patients in
20 the Metroeast St. Louis area. For those of you not
21 familiar with the geography of our state, in that region in
22 particular, when I refer to the Metroeast area, I'm
23 referring to the suburban and outlying areas in Illinois
24 that are essentially part of the greater St. Louis

1 community.

2 Let me explain my objections to the placement
3 of this proposed facility. I reviewed the CKD patient
4 origin data which was submitted with the CON application.
5 Not surprisingly, based upon my knowledge of the dispersion
6 of the population in this area, the vast majority of the
7 CKD patients referenced in this letter do not live in rural
8 Waterloo. Rather, they live in the more urban Belleville-
9 Freeport area. In that community, there are four
10 facilities which can accommodate these patients. Also,
11 recognize that the recently-approved Red Bud dialysis
12 facility is located within 30 minutes of Waterloo and could
13 adequately serve the patients living in that community.

14 I don't understand why Fresenius would build a
15 facility for Dr. Koch's patients in Waterloo based on the
16 data he provided. Only ten of his patients live in actual
17 Waterloo, and only about three-quarters of those are
18 projected to progress to renal failure and require
19 dialysis. So, that means only seven of those patients will
20 actually require dialysis. A support letter for this
21 project suggested that Waterloo patients are forced to go
22 to St. Louis for care. That is not a credible statement,
23 given that there are several existing facilities in
24 Belleville, within 20 minutes, that can serve those

1 patients. And, also, once the Red Bud facility is opened,
2 this will offer yet another option for these patients
3 within 30 minutes of their home.

4 MS. KENDRICK: Thirty seconds.

5 MR. VANLEER: Notably, Fresenius has
6 identified nine patients who live in Red Bud who they would
7 expect to travel to Waterloo for services. I question why
8 FMC believes that it is improper for the 10 Waterloo
9 patients to travel to other facilities in the area if they
10 believe the Waterloo facility would be a good option for
11 these Red Bud patients.

12 Lastly, I would like to note that there are a
13 limited number of nephrologists in this community, and
14 facilities should be appropriately dispersed for efficient
15 physician coverage. Given sufficient capacity exists to
16 serve the residents of Waterloo and Red Bud, the applicants
17 should not pursue an expansion project that will not
18 properly serve the majority of patients identified in the
19 application.

20 Thank you for your time and attention. I
21 respectfully request that the Board deny the establishment
22 of FMC Waterloo.

23 CHAIRMAN GALASSIE: Thank you very much.

24 MR. VANLEER: Moving on to the next one, this

1 is -- I'm testifying on behalf of Maryann Reese. Again, my
2 name is Joseph Vanleer. This is in support of Metroeast
3 Endoscopic Surgery Center.

4 I am writing in support of Dr. Shakeel Ahmed
5 and Metroeast Endoscopic Surgery Center in their efforts to
6 convert their existing physician-based -- physician-office
7 based endoscopy practice to a limited-specialty --

8 CHAIRMAN GALASSIE: I'm sorry. This is item
9 12-105 on our agenda.

10 MR. VANLEER: A number of factors, including
11 reimbursement, have produced a demand for endoscopy to be
12 performed in an office-based setting. Educational and
13 advocacy societies, such as the American Society for
14 Gastrointestinal Endoscopy, agree that many GI endoscopy
15 procedures can be performed safely in the office setting.
16 To ensure that patients having endoscopy procedures in an
17 office setting have the appropriate level of safety and
18 quality, standards of care need to be set and met.
19 Accrediting organizations, such as the Joint Commission and
20 the American Association for Accreditation of Ambulatory
21 Surgery Facilities, help ensure that these standards are
22 similar, if not the same as standards set for an
23 institutional setting.

24 It is not surprising to see that endoscopy

1 programs within a medical practice office are a prevalent
2 model in Illinois. In fact, next to the State of New
3 York -- which, by law, requires accreditation of an
4 office-based surgery center -- Illinois has the highest
5 number of office-based endoscopy centers accredited by the
6 Joint Commission. These procedures need not be shifted to
7 the hospital setting, as some suggest. They are integral
8 to the medical practice and are performed safely by
9 highly-credentialed physicians.

10 The decision of a site for an endoscopic
11 procedure should always be the decision of the patient and
12 his or her physician, based on the criteria of what is best
13 for that patient. By offering services in an office-based
14 setting, lower expenses associated with these procedures
15 might entice patients to pursue screening earlier.

16 An extensive body of research shows that
17 individuals -- including the insured -- are less likely to
18 seek healthcare services when they have to pay
19 out-of-pocket costs.

20 MS. KENDRICK: Thirty seconds.

21 MR. VANLEER: Colonoscopy is one of the more
22 expensive preventative services covered under the
23 Affordable Care Act. Charges range from \$1,000 to \$2,000
24 or more. Without offering a less expensive alternative to

1 screening, adults concerned with their responsibility for
2 charges could be discouraged from seeking such screening.
3 From a Public Health perspective, out-of-pocket costs
4 should not be a factor in colon cancer mortality rates.

5 And, again, I'm testifying on behalf of
6 Maryann Reese.

7 CHAIRMAN GALASSIE: Thank you very much.

8 MR. VANLEER: This is my last one. It's on
9 the same project, Metroeast Endoscopic Surgery Center, on
10 behalf of Dr. Mark Freeland of Southern Illinois Regional
11 Wellness Center.

12 We support Metroeast Endoscopic Surgery
13 Center's CON application. Founded in 1994, Southern
14 Illinois Regional Wellness Center is a Federally Qualified
15 Health Center look-alike, and we operate clinics in East
16 St. Louis and Washington Park. We are committed to
17 improving the quality of life for uninsured and
18 underinsured individuals in the Metroeast area.

19 Since Illinois implemented the SMART Act on
20 July 1, 2012, which reduced eligibility for adults to a 133
21 percent of the federal poverty level, the number of
22 self-pay, uninsured patients we treat in our clinic has
23 increased to over 10 percent. Based on our scope, we do
24 not employ specialist physicians nor provide a significant

1 number of ancillary healthcare services, and we rely on
2 specialists like Dr. Ahmed to fill those gaps. Very few of
3 the other physician-driven surgery providers in the area
4 accept charity care or even serve Medicaid patients. I
5 understand that your board is taking steps to change that.

6 We support the proposed surgery center, as it
7 will improve access to endoscopic services to low-income,
8 underinsured residents in the Metroeast area. Colorectal
9 cancer is very common and is often lethal, but it is highly
10 preventable and treatable in its early stages. Early
11 detection with colonoscopy is the key to treating
12 colorectal cancer. The five-year survival rate for early
13 stage colorectal cancer is 74 percent. Stage 4 five-year
14 survival rate is only 6 percent. Due to increased
15 awareness and the importance of colorectal cancer screening
16 and early detection, cancers are being stopped before they
17 can develop, and more colorectal cancers are found earlier
18 when the disease is easier to cure.

19 Colonoscopy for prevention of colon cancer
20 provides enormous cost savings in avoiding surgery,
21 hospitalization, chemo and radiation and colostomy care.
22 With increased screening rates, there is a potential for
23 even higher cost savings.

24 As I am sure you are aware, beginning at age

1 50, men and women at average risk for developing colorectal
2 cancer should be screened every 10 years.

3 MS. KENDRICK: Thirty seconds.

4 MR. VANLEER: However, the average cost of a
5 colonoscopy at one of the area hospitals is over \$2,600.
6 While Medicare covers a significant portion of such
7 colonoscopies, hospital charges still involve higher
8 co-pays. For uninsured patients, there are, again, even
9 more limited resources, because an elected procedure, like
10 screening colonoscopy, does not allow the patient to apply
11 for charity care before the procedure is scheduled.
12 Without a payment source, many providers won't even
13 schedule the procedure, let alone perform it.

14 As Dr. Ahmed has done in his private practice
15 before, Metroeast Endoscopic Surgery Center has agreed to
16 provide free endoscopy services to uninsured patients
17 referred to by our organization. This will be a lifesaving
18 resource to our uninsured patients who would not otherwise
19 receive colorectal cancer screening. We fully support the
20 establishment of Metroeast Endoscopic Surgery Center and
21 respectfully request the Board to approve this project.

22 Thank you.

23 CHAIRMAN GALASSIE: Thank you very much.

24 MS. KENDRICK: Kelly Ladd, Project No. 12-099.

1 MS. LADD: Good morning. I am Kelly Ladd, and
2 I am one of the Regional Operations Directors in Chicago
3 for DaVita. We are opposing Northwestern Medical Faculty
4 Foundation's CON application to establish a 36-station
5 facility in the city of Chicago, Streeterville
6 neighborhood. There is not sufficient need for another
7 large dialysis facility in Streeterville. The need is
8 elsewhere in Chicago, and the proposed facility will result
9 in unnecessary duplication of services.

10 Streeterville is a very exclusive area in
11 Chicago. As many of you know, it includes the Magnificent
12 Mile shopping district and is one of the most congested,
13 expensive areas in the city. While congested, it does not
14 have a high population, as the area is a mix of tourism,
15 shopping, hospital, and other businesses.

16 The establishment of a 36-station ESRD
17 facility in Streeterville would place 80 stations within a
18 half mile of each other. Eighty stations would serve an
19 area with a prevalence of less than 500 ESRD patients, and
20 this assumes the Board will not approve the FMC
21 Streeterville application that is pending for a 12-station
22 unit, which is two blocks from this proposed site. In
23 fact, if both projects are approved, 18 percent of the
24 stations in the City of Chicago will be within eight

1 minutes of Streeterville, one of the richest neighborhoods
2 in the area. This will adversely affect the need for
3 stations on the west side of the City of Chicago, where
4 there is a prevalence and excess of 1,700 ESRD patients and
5 not enough stations to serve those patients.

6 I recognize that this proposal is being
7 undertaken by a group of doctors that recently severed ties
8 with the existing FMC Northwestern Memorial Streeterville
9 dialysis facility. What we see happening here is not a
10 plan to create capacity for patients in the pipeline, but
11 rather a plan to cannibalize the existing unit.

12 MS. KENDRICK: Thirty seconds.

13 MS. LADD: This board does appreciate
14 competition, I know, but it should not be at the expense of
15 its core guiding principle to ensure the non-duplication of
16 services. This proposal is one of the clearest examples of
17 a plan to duplicate the existing services that this board
18 has seen.

19 Why does DaVita care? Because the residents
20 of the City of Chicago do suffer. 84 percent of the ESRD
21 patients in Chicago are either black or Latino, and 20
22 percent on Medicaid. However, at the current unit in
23 Streeterville, only 50 percent are minorities and 11
24 percent receive Medicaid. Further, the applicant's

1 referral letters document insufficient patient data to
2 support the number of proposed stations. Even if we were
3 to assume that all 166 pre-ESRD patients listed by the
4 faculty foundation would initiate dialysis within 24 months
5 of the completion -- which is absurd -- this would not be
6 enough patients to support the 36 stations.

7 MS. KENDRICK: Please conclude your comments.

8 MS. LADD: While DaVita fully supports
9 increased access to dialysis care, providers need to
10 undertake a responsible approach to this and allocate
11 stations where a true need exists. As such, we ask the
12 Board to deny this project.

13 Thank you.

14 CHAIRMAN GALASSIE: Thank you very much.

15 MS. KENDRICK: Nicolette Curth.

16 CHAIRMAN GALASSIE: Good morning.

17 MS. CURTH: Good morning, Mr. Galassie,
18 members of the Board and Staff. My name is Nicolette
19 Curth, from Presence Health. I'm here this morning to read
20 into the record a letter from the Lurie Children's Hospital
21 in Chicago, in response to our request for the impact of
22 closing the Pediatric Department at Saint Francis Hospital.
23 It's addressed to our CON consultant, Jack Axel, and it
24 reads as follows.

1 CHAIRMAN GALASSIE: Project H-01 on our
2 agenda.

3 MS. CURTH: Dear Mr. Axle: In response to
4 your letter regarding the discontinuation of the pediatrics
5 category of service at Saint Francis Hospital, Evanston, we
6 do not anticipate an adverse impact on our facility as a
7 result of this action. The Ann and Robert H. Lurie
8 Children's Hospital in Chicago received over 100 transfers
9 for pediatric patients from Saint Francis Hospital during
10 our most recent fiscal year, attesting to our tertiary role
11 in the Saint Francis service area, and will remain
12 available to Saint Francis Hospital or other area providers
13 in that capacity as needed.

14 Sincerely, Patrick M. Magoon, President and
15 Chief Executive Officer.

16 Thank you.

17 CHAIRMAN GALASSIE: Thank you.

18 Next.

19 MS. ODACRE: Good morning, Chair Galassie and
20 Members of the Board. My name is Nancy Odacre, and I'm
21 here on behalf of Trinity Rock Island, Project No. 12-101,
22 and I would like to withdraw public comment.

23 CHAIRMAN GALASSIE: Thank you very much.

24 Is there anyone else that signed up for public

1 comment that we've not called?

2 (Pause)

3 CHAIRMAN GALASSIE: Hearing none, I would
4 move forward to Item No. 6 on our agenda, Post Permit Items
5 approved by the Chair. Mr. Constantino will go over these
6 four items. If Board members have any questions, you can
7 advise Mike of your questions and, otherwise, we will do
8 these in a single vote.

9 Michael?

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

11 Project No. 11-065, Manor Court of Princeton;
12 approved for a permit renewal from March 31st, 2013 to June
13 30th, 2013.

14 Number two, Project No. 12-020, Skokie
15 Hospital, Skokie, Illinois; Permit Alteration Request
16 approved; increase the gross square footage and increase
17 costs.

18 Project No. 11-113, Pavilion Foundation
19 Hospital in Champaign, Illinois; permit renewal from April
20 1st, 2013 to August 1st, 2013.

21 And last, Project No. 12-034, DaVita Red Bud
22 Dialysis; permit alteration request; decrease gross square
23 footage by 510 gross square foot and decrease costs by a
24 \$115,674.

1 Thank you, Mr. Chairman.

2 CHAIRMAN GALASSIE: Thank you, Michael.

3 Hearing no questions, I will propose a motion
4 to approve Project 11-065, Manor Court of Princeton.

5 MR. BRADLEY: So moved.

6 CHAIRMAN GALASSIE: I'm going to do all four.
7 Sorry.

8 Project 12-020, Skokie Hospital; Project
9 11-113, Pavilion Foundation Hospital; and Project 12-034,
10 DaVita Red Bud Dialysis, for approval. Now I'm going to
11 take a motion.

12 MR. BRADLEY: So moved.

13 CHAIRMAN GALASSIE: Moved. And seconded?

14 MS. DEMUZIO: Second.

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

17 MR. ROATE: Motion made by Mr. Bradley,
18 seconded by Senator Demuzio.

19 Mr. Bradley?

20 MR. BRADLEY: Yes.

21 MR. ROATE: Dr. Burden.

22 DR. BURDEN: Yes.

23 MR. ROATE: Senator Demuzio?

24 MS. DEMUZIO: Yes.

1 MR. ROATE: Mr. Hayes?

2 MR. HAYES: Yes.

3 MR. ROATE: Ms. Olson?

4 MS. OLSON: Yes.

5 MR. ROATE: Mr. Penn?

6 MR. PENN: Yes.

7 MR. ROATE: Mr. Sewell?

8 MR. SEWELL: Yes.

9 MR. ROATE: That's eight votes in the
10 affirmative.

11 CHAIRMAN GALASSIE: Yes. Motion passes.

12 Thank you very much.

13 Now on the agenda, I'm going to ask our
14 counsel, Mr. Urso, to spend a couple minutes just reminding
15 Board members of our voting, the voting process itself and
16 the options that are available to you as individual members
17 when voting.

18 MR. URSO: Thank you, Mr. Chairman.

19 Board members, I just wanted to talk for a few
20 minutes to remind you about various voting options that you
21 have. It's a fundamental right of the Board that requires
22 that all questions be thoroughly discussed before action is
23 taken, and the general rule requires there be five
24 affirmative votes for an action to be approved, and that is

1 usually done with a vote of "yes" or "no." But there are
2 other options available, and that's what I really wanted to
3 talk about for a minute.

4 The other options is, you can abstain from
5 your vote, or you can vote "present". These types of votes
6 both mean that you are refraining from voting. Therefore,
7 these types of votes actually verbalize a neutral position.

8 You can also pass on a vote, and that means
9 that you are not ready to vote, but that you wish to be
10 called on again after the roll has been completely called.

11 Another option is you can change your vote up
12 until the time when the final vote is announced and the
13 motion has been decided.

14 And the final thing I want to talk about is,
15 just generally, that if there is any type of conflict of
16 interest and there's a direct personal or pecuniary
17 interest between what's being discussed and an interest in
18 a Board member, they should so disclose that conflict of
19 interest and refrain from voting on that particular item.

20 So, it's just on the basis of a reminder that
21 I just wanted to talk about these various voting options.

22 Are there any questions?

23 (Pause)

24 MR. URSO: Thank you.

1 CHAIRMAN GALASSIE: Thank you.

2 Moving forward on our agenda, Item No. 7A,
3 Permit Renewal Requests; we have none.

4 Item 7B, Extension Requests; we have none.

5 Item 7C, Exemption Requests; 002-13, Lake
6 Forest Endoscopy, is on the agenda.

7 While these folks are coming to the table, I
8 just wanted to comment to the Board, we have -- unusual
9 today, we have about nine or ten agenda items that have no
10 issues from Staff and no public opposition. It was going
11 to be -- it is my suggestion that while we will call these
12 folks to the table, I'll read the agenda item, and if there
13 are no questions on the part of Board members, there's not
14 a need for a presentation or a swearing in. Is that -- is
15 the Board comfortable with that?

16 (Pause)

17 CHAIRMAN GALASSIE: I see a shaking of heads.

18 MS. OLSON: So if we have a question, can we
19 just ask the question without the presentation?

20 CHAIRMAN GALASSIE: Yes. But if you have a
21 question -- and I encourage you, but if you have a
22 question, we'll need to swear them in. So, if there is no
23 public opposition and there's -- Staff is in full
24 agreement, I felt why have a presentation?

1 MS. OLSON: I agree.

2 CHAIRMAN GALASSIE: With no disrespect to
3 presentations. Okay. So yes, if there is a question,
4 we'll need to swear them in.

5 That having been said, these folks would like
6 to introduce themselves.

7 MS. ORTH: Good morning. My name is Bridgett
8 Orth. I'm with Regulatory Planning for Northwestern
9 Memorial Healthcare. To my left is Earl Barnes, Interim
10 General Counsel, Northwestern Memorial Healthcare, and Dr.
11 Frank Martini, Lake Forest Endoscopy Physician Group.

12 CHAIRMAN GALASSIE: I apologize. What was
13 your role again?

14 MS. ORTH: Regulatory Planner.

15 CHAIRMAN GALASSIE: Thank you very much.

16 Any questions from Board members regarding the
17 Lake Forest Endoscopy of Grayslake?

18 (Pause)

19 CHAIRMAN GALASSIE: Hearing none, I'll
20 entertain a motion to approve.

21 MR. BRADLEY: So moved.

22 MS. OLSON: Second.

23 CHAIRMAN GALASSIE: Moved and seconded. Roll
24 call, please.

1 MR. ROATE: Motion made by Mr. Bradley,
2 seconded by Ms. Olson.

3 Mr. Bradley?

4 MR. BRADLEY: Yes.

5 MR. ROATE: Dr. Burden?

6 MR. BURDEN: Yes.

7 MR. ROATE: Senator Demuzio?

8 MS. DEMUZIO: Yes.

9 MR. ROATE: Mr. Hayes?

10 MR. HAYES: Yes.

11 MR. ROATE: Ms. Olson?

12 MS. OLSON: Yes.

13 MR. ROATE: Mr. Penn?

14 MR. PENN: Yes.

15 MR. ROATE: Mr. Sewell?

16 MR. SEWELL: Yes.

17 MR. ROATE: Chairman Galassie?

18 CHAIRMAN GALASSIE: Yes.

19 MR. ROATE: That's eight votes in the
20 affirmative.

21 CHAIRMAN GALASSIE: Motion passes. I hope you
22 enjoy your drive home. Have a good day. Thank you very
23 much.

24 Moving forward, Item 7D, Alteration Requests;

1 we have none.

2 7E, Declaratory Rulings or Other Business; to
3 my knowledge, we have none.

4 7F, Healthcare Workers Self-Referral Act; we
5 have none.

6 And 7G, Status Report on Conditional or
7 Contingent Permits; we have none.

8 Moving on to Item 7H, Applications Subsequent
9 to Initial Review. Here again, the next four agenda items,
10 there is no public opposition and Staff has no issue.

11 I would like to call Item H-01, Saint Francis
12 Hospital, Evanston, to the table, please. There was public
13 opposition. I'll ask that you introduce yourselves to the
14 recorder.

15 My name is Angelique Richard. I'm the
16 Vice-President of Patient Care Services and Chief Nursing
17 Officer at Presence Saint Francis Hospital.

18 MR. AXEL: Jack Axel, Axel & Associates. And,
19 Chairman Galassie, I believe there was no opposition to
20 this project.

21 CHAIRMAN GALASSIE: Correct.

22 MS. RANALLI: Clare Ranalli, legal counsel for
23 the applicant.

24 CHAIRMAN GALASSIE: Thank you very much.

1 (Oath given)

2 CHAIRMAN GALASSIE: Michael, would you give
3 your presentation, please?

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

5 The applicants are proposing to discontinue 12
6 pediatric bed Category of Service. There are no findings,
7 no opposition, and no public hearing was held. However,
8 the State Board Staff is concerned because, under our
9 current rules, you cannot discontinue a Category of Service
10 within two years after a change of ownership, and in Saint
11 Francis' case, they did a change of ownership in October of
12 2011. They attested to the Board at that time that there
13 would be no changes in Categories of Services or beds for
14 two years. In this case, they have come to you before that
15 two-year time frame, and I wanted to make you aware of that
16 fact.

17 Thank you, Mr. Chairman.

18 CHAIRMAN GALASSIE: October of '11 they
19 committed to no changes?

20 MR. CONSTANTINO: That's correct.

21 CHAIRMAN GALASSIE: And they're now coming
22 before you, asking to discontinue 12 beds?

23 MR. CONSTANTINO: That's correct.

24 CHAIRMAN GALASSIE: Thank you very much.

1 Comments for the Board? Feel free to give
2 your presentation. I'm sorry.

3 MS. RICHARD: So, my comments will be brief.
4 Like many other community hospitals, we've experienced a
5 decline in pediatric patient days in recent years, and it's
6 not longer reasonable for Saint Francis to continue to
7 operate that pediatric unit. Our average daily census has
8 dropped; six patients a day in 2005 to 1.5 patients a day
9 in 2012. 25 percent of the time last year, we were without
10 any patients on the unit.

11 This trend appears primarily due to be caused
12 by three factors in our marketplace: A greater ability to
13 treat patients, including children, on an outpatient basis;
14 a diminishing average length of stay; and a greater
15 reliance on the larger children's hospitals.

16 We will continue to see pediatric patients in
17 the Emergency Department as needed and admit those patients
18 15 years of age and older to a Medical/Surgical Unit.
19 Younger patients requiring admission will be transferred to
20 the hospital of their parents' and physicians' choosing.
21 Among the hospitals providing pediatric services that are
22 easily accessible by residents of Saint Francis' service
23 area are Evanston Hospital and Lurie Children's Hospital.

24 CHAIRMAN GALASSIE: Thank you very much.

1 MS. RICHARD: Thank you for your attention,
2 and we'd be happy to answer any questions.

3 CHAIRMAN GALASSIE: Again, thank you very
4 much.

5 I believe Counsel Urso has some comments he
6 would like to make for the Board.

7 MR. URSO: Thank you, Mr. Chair.

8 I just want to draw the Board's attention to a
9 couple of additional factors, just to highlight the
10 situation that we're dealing with right now in terms of
11 this Board considering discontinuation of pediatric
12 Category of Service prior to when the Board Staff feels
13 it's appropriate.

14 There was an Impact Statement that was
15 submitted by Saint Francis Hospital in July of 2011, and in
16 that Impact Statement, they say, very specifically, that
17 they will not change any services, scope of services
18 provided at Saint Francis Hospital. In addition, there was
19 a public hearing on Saint Francis Hospital that was
20 conducted in August of 2011, and there was a Mr. Jeffrey
21 Murphy who spoke at that public hearing, who is the
22 Executive Vice-President and Chief Executive Officer of
23 Saint Francis Hospital in Evanston, and what Mr. Murphy
24 said -- and I quote from the public hearing transcript --

1 "We will continue to operate as a general acute care
2 hospital. We do not expect any hospital programs, service
3 or staffing changes to occur as a result of this merger."

4 And in addition, I just want to point out to
5 the Board that in the Permit Letter that was -- excuse me.
6 The permit was issued in October of 2011, and in a report
7 of final realized project costs that was submitted by
8 Provena Health and Resurrection on November 29, 2011 --
9 this was a document that was signed by a Sandra Bruce, who
10 is the President and CEO of the Provena Resurrection
11 Health, and in that document, the final realized cost,
12 says, "I do here certify that this project complies with
13 all of the terms of the CON permit, including project
14 costs, square footage, and services."

15 And in closing, I just want to mention and
16 reiterate what Mr. Constantino said, is that there was a
17 commitment here to not change any services for two years,
18 and that two-year clock does not terminate until October of
19 this year, 2013. So, we just want to bring those various
20 factors up to the Board's attention.

21 Thank you.

22 CHAIRMAN GALASSIE: Thank you. And would the
23 record show that Mr. Carvalho from IDPH is present.

24 Good morning, David.

1 MR. CARVALHO: Good morning.

2 CHAIRMAN GALASSIE: Member Olson, question?

3 MS. OLSON: I guess this is a question
4 probably to Jack and Clare. It makes perfect sense to
5 discontinue this service, based on all of the financial
6 information and everything. My question is, why, when you
7 came to us last October, did you not say to us, "We don't
8 believe that -- we don't -- we think we're going to have to
9 close the Pediatric Unit," because you all knew that Lurie
10 Hospital was being built. And is it because your concern
11 was that the Board would not approve the application
12 because you wouldn't agree to that? Because I guess I'm
13 just going to say -- and I don't want to speak for the
14 Board, but, personally, with that information, knowing that
15 they were building this brand new, state-of-the-art
16 hospital right there, if you had come back in October 2011
17 and said, "We understand the rules say we're not supposed
18 to change any of our services for two years. However,
19 based on A, B, C, D, we are going to say to you that it's
20 very likely that we will come back within those two
21 years" -- I guess the situation is, it puts the Board in a
22 situation now, while it makes perfect sense to close, that
23 it's in opposition to our rules.

24 So, I guess I'm just asking for a comment from

1 you for my own information as to why -- you guys are smart.
2 You saw this train wreck. Why didn't you just say that in
3 October? Just curious.

4 MS. RANALLI: Thank you for that question. We
5 also -- and I'm going to let Mr. Axel answer the difficult
6 part of that question, but I did want to specifically state
7 that, first of all, we appreciate Mr. Urso's concern. We
8 appreciate Mr. Constantino's concern. We appreciate the
9 fact that they dialogued with us about this concern and, as
10 a system, Presence took it very seriously and discussed it
11 at length. We do want to make it clear that there was not
12 a condition on the permit that we not discontinue services.
13 It was a commitment made -- which is a typical commitment
14 when a change of ownership occurs -- that services will not
15 change for two years. We believe the Board requires the
16 commitment, because there are many services, significant in
17 nature, that could be changed that do not require Board
18 approval. A perfect example is coming from a tertiary ED
19 to a standby ED, a very drastic change of level of service
20 to the community that this Board doesn't have to approve.
21 However, something like this does require your approval.

22 We have not discontinued that service. The
23 unit is still admitting patients, and we are only here
24 seeking your approval early because of the drastic

1 situation regarding utilization in that unit. It's used 25
2 percent of the time. It's not even full. Staff are
3 required to take --

4 MR. AXEL: 25 percent of the time there's no
5 one in it.

6 CHAIRMAN GALASSIE: So, why didn't we hear
7 that in October of '11?

8 MS. RANALLI: And that's the hard question I
9 am going to give to Mr. Axel.

10 CHAIRMAN GALASSIE: Thank you very much.

11 MR. AXEL: Thank you. When the mergers were
12 brought before you, it was a merger that involved 13
13 hospitals, a surgery center and an ESRD facility, a total
14 of 71 Categories of Service. At that time, the applicant
15 indicated that they did not anticipate any changes in
16 Categories of Service over the two-year period. They also
17 indicated that they would be doing an evaluation, as one
18 would expect, of all of their services.

19 Of the 71 services, this is the only service
20 that they are bringing before you for an early closure, if
21 you will. Angelique mentioned that the average daily
22 census last year was 1.5. This year to date, it is 1.2,
23 and the first period of the year, obviously, is the highest
24 census period of the year.

1 We are requiring staff to take PTO days. We
2 are moving staff to other units, just to keep them busy, to
3 keep them employed. Two to three days a week there are no
4 patients on this unit. So, we would ask your consideration
5 of those items, and, as I said before, of the 71 Categories
6 of Service, this is the only one that we feel we need to
7 close immediately.

8 CHAIRMAN GALASSIE: Thank you very much.

9 Dr. Burden?

10 MR. BURDEN: Just briefly. And I support
11 Member Olson's observation. As an, admittedly, aging
12 former Chief of Service of children's neurology service --
13 I'll be 80 next month. My reference is I'm surprised more
14 community hospitals maintain pediatric services. I take a
15 different tack as a practitioner. It's very inefficient.
16 I see no reason to belabor the discussion, because I'm
17 surprised; and I expect, with my contact with the
18 Children's Hospital that's currently downtown, with the
19 members in my service, they're going to see more and more
20 of this, and thank God for Children's Hospital downtown,
21 because pediatric services in general, with Medicaid and
22 Medicare reimbursement being what it is, it's a big loss
23 for community hospitals, just like other services will
24 continue to be, as we see whatever happens with the

1 forthcoming Obama Care regulations, which I'm sure no one
2 really understands totally. But I'm just commenting.

3 I don't believe we should -- as a Board member
4 and former practitioner, former head of service at a
5 children's hospital, I couldn't agree with this application
6 presentation more. I understand why you're here for sure.
7 To me, this is why I was never a hospital administrator.
8 This is beyond me why it was even kept going, period. I
9 think at the time that I was practicing -- that was 13
10 years ago. I can name 10 hospitals that currently -- 5 of
11 which still have pediatric services, and at no time did
12 they have 10 to 15 percent census levels.

13 CHAIRMAN GALASSIE: Member Penn?

14 MR. PENN: Just real quick. Is this a
15 not-for-profit facility?

16 MR. AXEL: Yes, sir.

17 CHAIRMAN GALASSIE: Member Bradley?

18 MR. BRADLEY: Talk to us about the effect on
19 staff if this unit is closed, the effect on staff.

20 MS. RICHARD: We've been working with the
21 staff, and they will have comparable positions offered to
22 them throughout the organization.

23 MR. BRADLEY: So they are on the payroll now,
24 and they will remain on the payroll?

1 MS. RICHARD: Correct.

2 MR. BRADLEY: What advantage do you get if you
3 close this unit?

4 MS. RICHARD: Well, the inefficiencies that we
5 have from it. We have no sub-specialists keeping the
6 competencies. With the census of 1.5, it is very
7 challenging, as you can imagine, and, you know, we just
8 don't feel from a quality perspective that we are serving
9 that population effectively.

10 MR. BRADLEY: But you do admit that you made a
11 commitment to this Board?

12 MS. RICHARD: Yes, I do.

13 CHAIRMAN GALASSIE: Any other questions?
14 Member Hayes?

15 MR. HAYES: Yes. If you were to close this
16 unit at the 11-1 of 2013, which would be the two-year
17 period, would you have to come before the Board again, or
18 what kind of process would be associated with that?

19 MS. RANALLI: Yes, we would have to come
20 before you again.

21 MR. HAYES: Now, if -- would you be -- what
22 about an amendment basically saying that this unit would be
23 closed as of 11-1 of 2013? And I think that would, you
24 know how our concerns about the process of the Board here

1 and, thus, you'd be able to close that without having to
2 come back to the Board.

3 MS. RANALLI: Believe me --

4 CHAIRMAN GALASSIE: Well, actually -- I
5 apologize for interrupting. John, I think that's actually
6 a question you need to pose to the Board, rather than them.
7 So, if you want to put that in a motion and you've got a
8 second, we could vote on it.

9 MR. HAYES: Well, yes, I'd like to put that
10 into a motion.

11 CHAIRMAN GALASSIE: So we would consider a
12 motion to approve Project 12-100, Saint Francis Hospital,
13 to discontinue its pediatric services at the hospital in
14 Evanston, Illinois, effective 11-1-2013. That's the motion
15 on the table. Is there a second?

16 MR. BRADLEY: Second.

17 CHAIRMAN GALASSIE: Motion and second.

18 MS. OLSON: Question. So what we're saying is
19 they have to keep this unit open until October 1st --

20 CHAIRMAN GALASSIE: What we're saying is they
21 can't close it until 11-1-13.

22 MS. OLSON: So they can not staff it and not
23 have anybody in it?

24 CHAIRMAN GALASSIE: That's not the spirit of

1 the motion.

2 MS. OLSON: So we're going to ask them to lose
3 money until then?

4 CHAIRMAN GALASSIE: That's the motion. We
5 have a motion and second.

6 MR. ROATE: Motion made by Mr. Hayes, seconded
7 by Mr. Bradley.

8 Mr. Bradley?

9 MR. BRADLEY: Yes.

10 MR. ROATE: Dr. Burden?

11 MR. BURDEN: I'll say no.

12 MR. ROATE: Senator Demuzio?

13 MS. DEMUZIO: I'm going to say no.

14 MR. ROATE: Mr. Hayes?

15 MR. HAYES: Yes.

16 MR. ROATE: Ms. Olson?

17 MS. OLSON: No.

18 MR. ROATE: Mr. Penn?

19 MR. PENN: Yes.

20 MR. ROATE: Mr. Sewell?

21 MR. SEWELL: No.

22 MR. ROATE: Chairman Galassie?

23 CHAIRMAN GALASSIE: No.

24 MR. ROATE: Four votes in the affirmative,

1 four votes in the negative.

2 CHAIRMAN GALASSIE: Motion does not pass.

3 Moving forward, any other questions from Board
4 members?

5 (Pause)

6 CHAIRMAN GALASSIE: Hearing none, I need to
7 ask what date you're asking for this closure to be
8 effective.

9 MS. RICHARD: May 31st.

10 CHAIRMAN GALASSIE: I have a motion to
11 approve Project 12-100, Saint Francis Hospital, to
12 discontinue it's pediatric services at its hospital in
13 Evanston, Illinois, effective May 31st, 2013.

14 MR. SEWELL: So moved.

15 MS. OLSON: Second.

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

18 MR. ROATE: Motion made by Mr. Sewell,
19 seconded by Ms. Olson.

20 Mr. Bradley?

21 CHAIRMAN GALASSIE: I'm sorry.

22 MR. BRADLEY: If this motion passes, they must
23 keep this unit open, and they have to come back and ask for
24 permission --

1 CHAIRMAN GALASSIE: Correct -- well, if this
2 motion fails, they have to keep their program open.

3 MR. BRADLEY: Right.

4 CHAIRMAN GALASSIE: Correct. And the second
5 part of your question was, do they have to come back --

6 MR. BRADLEY: -- if they want to close it?

7 CHAIRMAN GALASSIE: Staff is saying they
8 would get an Intent to Deny.

9 So, give us that in English.

10 So, to answer Mr. Bradley's question, they
11 would have to come back. Yes? Is that a question?

12 MS. AVERY: Yes.

13 MS. KENDRICK: They would be given an Intent
14 to Deny, but they would be able to come back prior to
15 October, before they have a final denial.

16 CHAIRMAN GALASSIE: Member Penn had a
17 question and then Dr. Burden.

18 MR. PENN: No. I was just acknowledging that.

19 DR. BURDEN: (Inaudible).

20 CHAIRMAN GALASSIE: The motion is that they
21 will be closing their program effective May 31st, 2013.

22 MR. BURDEN: Thank you.

23 CHAIRMAN GALASSIE: You're welcome.

24 MR. ROATE: Motion made by Mr. Sewell,

1 seconded by Ms. Olson.

2 Mr. Bradley?

3 MR. BRADLEY: I think, in running government,
4 one of the most important things is keeping your word after
5 you give it. So, I vote no on this motion.

6 MR. ROATE: Thank you.

7 Dr. Burden?

8 MR. BURDEN: Yes.

9 MR. ROATE: Senator Demuzio?

10 MS. DEMUZIO: Yes.

11 MR. ROATE: Mr. Hayes?

12 MR. HAYES: Yes.

13 MR. ROATE: Ms. Olson?

14 MS. OLSON: Yes.

15 MR. ROATE: Mr. Penn?

16 MR. PENN: I'm voting no. It's a
17 not-for-profit facility, and it will set a precedent for
18 others to come back and earmark this.

19 MR. ROATE: Thank you, sir.

20 Chairman Galassie?

21 CHAIRMAN GALASSIE: I believe Member Sewell
22 needs to vote.

23 MR. ROATE: I'm sorry. Mr. Sewell?

24 MR. SEWELL: I'm voting yes. I was distracted

1 by what's going on.

2 MR. ROATE: Chairman Galassie?

3 CHAIRMAN GALASSIE: Knowing how Member Sewell
4 voted, yes.

5 Motion passes. Thank you very much.

6 Now we're moving on to our next item that has
7 no issues.

8 (Laughter)

9 CHAIRMAN GALASSIE: Advocate BroMenn Medical
10 Center from Normal. If these people will come to the
11 table. If there are no questions, we'll defer your being
12 sworn in and presentation.

13 Good morning, folks.

14 Are there any questions from Board members
15 regarding Advocate BroMenn Medical Center?

16 (Pause)

17 CHAIRMAN GALASSIE: Staff is in support.
18 There's no public opposition. Thus, I will recommend a
19 motion to approve Project 12-104, Advocate BroMenn Medical
20 Center, to relocate laboratory services at its hospital in
21 Normal, Illinois.

22 MS. OLSON: So moved.

23 MS. DEMUZIO: Second.

24 CHAIRMAN GALASSIE: Moved and seconded.

1 Roll call.

2 MR. ROATE: Motion made by Ms. Olson, seconded
3 by Senator Demuzio.

4 MR. Bradley.

5 MR. BRADLEY: Yes.

6 MR. ROATE: Dr. Burden?

7 MR. BURDEN: Yes.

8 MR. ROATE: Senator Demuzio?

9 MS. DEMUZIO: Yes.

10 MR. ROATE: Mr. Hayes?

11 MR. HAYES: Yes.

12 MR. ROATE: Ms. Olson?

13 MS. OLSON: Yes.

14 MR. ROATE: Mr. Penn?

15 MR. PENN: Yes.

16 MR. ROATE: Mr. Sewell?

17 MR. SEWELL: Yes.

18 MR. ROATE: Chairman Galassie?

19 CHAIRMAN GALASSIE: Yes.

20 Motion passes. Congratulations. Have a good
21 day.

22 It's home court advantage.

23 (Laughter)

24 CHAIRMAN GALASSIE: Moving on to Item H-03,

1 13-001, Effingham Ambulatory Surgery Treatment Center of
2 Effingham. Same scenario.

3 Good morning, folks.

4 I will propose questions to Board members. If
5 there are any, we'll swear you in. If there are none, I'll
6 ask for a motion.

7 Ladies and gentlemen, any questions for
8 Effingham Ambulatory?

9 (Pause)

10 CHAIRMAN GALASSIE: Hearing none, may I have
11 a motion to approve Project 13-001, Effingham Ambulatory
12 Surgery Treatment Center, for a change of ownership at its
13 facility in Effingham, Illinois?

14 MS. DEMUZIO: Motion.

15 MR. SEWELL: Second.

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

18 MR. ROATE: Motion made by Senator Demuzio,
19 seconded by Mr. Sewell.

20 Mr. Bradley?

21 MR. BRADLEY: Yes.

22 MR. ROATE: Dr. Burden?

23 MR. BURDEN: Yes.

24 MR. ROATE: Senator Demuzio?

1 MS. DEMUZIO: Yes.

2 MR. ROATE: Mr. Hayes?

3 MR. HAYES: Yes.

4 MR. ROATE: Ms. Olson?

5 MS. OLSON: Yes.

6 MR. ROATE: Mr. Penn?

7 MR. PENN: Yes.

8 MR. ROATE: Mr. Sewell?

9 MR. SEWELL: Yes.

10 MR. ROATE: Chairman Galassie?

11 CHAIRMAN GALASSIE: Yes.

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

13 affirmative. Motion passes. Congratulations. Thank you

14 very much.

15 Moving on to 13-002, Skokie Hospital of

16 Skokie. Again, I will welcome these folks and wish you a

17 well good morning. If there are no questions on the part

18 of Board members -- if there are questions on the part of

19 Board members, I'll have you sworn in. If there are none,

20 we will not need to do that.

21 Any questions for Skokie Hospital of Skokie?

22 (Pause)

23 CHAIRMAN GALASSIE: Hearing none, may I have a

24 motion to approve Project 13-002, Skokie Hospital, to

1 discontinue its open heart surgery service at its hospital
2 in Skokie, Illinois?

3 MS. OLSON: So moved.

4 MR. PENN: Second.

5 CHAIRMAN GALASSIE: Moved and seconded.

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

8 Mr. Bradley?

9 MR. BRADLEY: Yes.

10 MR. ROATE: Dr. Burden?

11 MR. BURDEN: Yes.

12 MR. ROATE: Senator Demuzio?

13 MS. DEMUZIO: Yes.

14 MR. ROATE: Mr. Hayes?

15 MR. HAYES: Yes.

16 MR. ROATE: Ms. Olson?

17 MS. OLSON: Yes.

18 MR. ROATE: Mr. Penn?

19 MR. PENN: Yes.

20 MR. ROATE: Mr. Sewell?

21 MR. SEWELL: Yes.

22 MR. ROATE: Chairman Galassie?

23 CHAIRMAN GALASSIE: Yes.

24 MR. ROATE: Eight votes in the affirmative.

1 CHAIRMAN GALASSIE: Motion passes.

2 Congratulations. Thank you very much.

3 Moving on to H-05, 12-101, Rock Island. We
4 will welcome these folks to the table, and we will be
5 swearing you in. If you would use the microphones when you
6 speak, please, and introduce yourself and spell your last
7 name for our recorder.

8 MR. SEIDLER: Rick Seidler, President and CEO
9 for Trinity Medical Center.

10 MR. PURI: Sanjeev Puri. I am physician,
11 cardiologist, as a -- I'm in charge of programs for the
12 hospital.

13 MR. DUKE: Dennis Duke, Director of Outpatient
14 Behavioral Health.

15 MR. KURTH: Kevin Kurth. I'm the Emergency
16 Department Medical Director.

17 CHAIRMAN GALASSIE: Thank you. Good morning.

18 (Oath given)

19 CHAIRMAN GALASSIE: Staff report,
20 Mr. Constantino?

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

22 The applicants are proposing a new Heart
23 Center and a relocated and enlarged Emergency Department in
24 Rock Island, Illinois. The cost of the project is

1 approximately \$63 million. The anticipated project
2 completion date is July 31st, 2016.

3 One letter of opposition was received by the
4 State Board Staff. Letters of support were included in the
5 Application for Permit. There was no public hearing
6 requested.

7 Thank you, Mr. Chairman.

8 CHAIRMAN GALASSIE: Thank you,
9 Mr. Constantino.

10 Comments for the Board?

11 MR. SEIDLER: Good morning. Mr. Galassie,
12 members of the Board, I'm Rick Seidler, President and CEO
13 for Trinity Medical Center in Rock Island, Moline and the
14 Illinois quad cities.

15 This project proposes to consolidate, relocate
16 and expand cardiovascular services into our Heart Center on
17 our Rock Island campus. We would also relocate and expand
18 our Emergency Department and expand mental health emergency
19 services with the formation of a Crisis Stabilization Unit
20 and additional group therapy locations.

21 Trinity currently provides all services for
22 cardiovascular care, including non-evasive diagnostics,
23 diagnostic and interventional cardiac care, emergency heart
24 care, inpatient intensive care, open heart surgery, cardiac

1 rehabilitation, education and screening. These services
2 are not currently all located on the Rock Island campus
3 and, again, we would consolidate those services.

4 Our cardiac cath labs in Rock Island are
5 staffed 11.3 hours a day and most weekends and holidays.
6 Even with extended hours, we have low capacity. Physicians
7 and staff are working under stressful conditions, and we
8 had a significant increase in electrophysiology procedures,
9 which have a much longer procedure time, and our project
10 requests the addition of a fourth cath lab. When there is
11 an emergency, routine cases are often delayed, and this can
12 lengthen the stay for patients, which can cause a shift for
13 outpatient care to inpatient, if the length of stay
14 increases too much for individual patients. This is also
15 counter to health reform goals and what we're doing with
16 population health and care development, to move patients to
17 the least acute setting appropriate for them and to move
18 them through the whole continuum of care while we
19 coordinate that care for them.

20 Trinity is also a Level 2 trauma center with
21 high cardiovascular volumes through our Emergency
22 Department; certified primary stroke center; we're approved
23 for emergency pediatric care. Most notable is the
24 percentage of our patients who present with behavioral

1 health crises is 12 percent, a rate roughly four times the
2 national average for Emergency Departments. Volumes
3 increased nearly 13 percent over the last three years.
4 While our population in the quad cities is aging more
5 rapidly than the state in general, the shortage of primary
6 care physicians is becoming more acute. These volumes
7 support the increase in Emergency Department stations when
8 projected out into the future.

9 As you know, the Illinois Department of Mental
10 Health is implementing a plan to rebalance how the state
11 cares for mental health patients. This project includes
12 the addition of a crisis stabilization unit for evaluation,
13 treatment, and admission decisions. There is a shortage of
14 appropriate in-patient behavioral beds in the region, in
15 addition to Trinity's own in-patient beds. With this
16 crisis stabilization unit, patients can actually begin
17 treatment until appropriate placement is made.

18 If we don't have capacity in our Emergency
19 Department and cath labs, we will worsen the existing
20 operational challenges in both areas. We can't just
21 duplicate, in size and capacity, currently inadequate
22 facilities. Much of what is driving this is, the mix of
23 cardiovascular patients is changing. Interventional
24 cardiology is static, diagnostic cardiac caths are

1 decreasing, but electrophysiology mapping interventions,
2 device implementation, ablations are all increasing and
3 greatly adding to the average length of time for
4 procedures.

5 While additional people -- as this makeup of
6 cardiovascular patients continue to change, while
7 additional people we think are going to have insurance in
8 the future due to healthcare reform, the shortage of
9 primary care physicians will be worse; so, driving, we
10 think, more patients to the ER. Our trend so far has been
11 inconsistent with some of what we read.

12 While the finding in the Staff report is based
13 solely on historical utilization, and was negative on the
14 addition of a cath lab and some of the emergency stations,
15 page 3 of the report also states, about our proposed
16 capacities, quote, "leads us to believe they are reasonable
17 and attainable," end quote.

18 The bottom line for us is wanting to build for
19 the future, not the past. We need to develop services that
20 serve the community and support our initiatives to improve
21 population health. We really have invested significantly
22 in population health and care strategies, and this
23 necessary infrastructure for us in emergency capability and
24 cardiac capability is just critical. This also allows us

1 to bring clinical areas together to coordinate care and
2 place patients at the correct level on the continuum. We
3 are committed to achieving the best outcomes for every
4 patient every time.

5 Thank you, and we welcome your questions.

6 CHAIRMAN GALASSIE: Thank you very much.

7 Questions from Board members.

8 Dr. Burden?

9 MR. BURDEN: Thank you very much. I
10 appreciate your lengthy and clear presentation. As an old,
11 retired plumber, I like to witness how administration is
12 adjusting to the Affordable Care Act, and I've heard this
13 from more than a few of my colleagues in the Chicago area
14 that are involved with large institutions, how they are
15 balancing their programs to handle what they perceive is
16 coming. I'm not being negative when I say I think it's a
17 little like the Case-Shiller Index for the real estate
18 thing going on, which I heard all the way driving down
19 here. It's a hard balance.

20 The crisis center that I heard you describe,
21 is that cardiac crisis center, or are we combining with
22 some form of acute illness?

23 MR. SEIDLER: No. It's strictly for
24 behavioral crisis patients.

1 MR. BURDEN: And what are they talking about?

2 MR. SEIDLER: Let me ask Mr. Duke to answer
3 that.

4 MR. DUKE: That would be any individual that
5 is presenting to the emergency room in psychiatric crisis.
6 That could be psychotic individuals or dangerous
7 individuals.

8 MR. BURDEN: It's my first time on this
9 Board -- for five years or so, something like that -- that
10 I've ever heard a presentation that is basically looking at
11 cardiac improvements and consolidation and including in it,
12 almost like an amendment in Washington, on the tail end of
13 a large bill. I mean, I can't really put it together. As
14 a separate entity I could divine and understand it better,
15 but you're putting it together for a reason. Does the
16 facility need to be built at the same time or adjacent to
17 your cardiac consolidation effort? My question is, really,
18 I have trouble separating those two things. They look
19 like, geographically, maybe it makes some sense for the
20 institution, but I couldn't put it together. Are we saying
21 that acute cardiac patients have a tendency to be -- and
22 maybe so -- unruly?

23 MR. SEIDLER: Not necessarily unruly, Doctor.
24 Trinity is unique. We had one of the first community

1 mental health centers in the state and, I think, one of the
2 first in the country integrated with a hospital health
3 system. Robert Young Center for Mental Health has
4 in-patient capabilities with outpatient clinics throughout
5 the community. We also have seven or eight clinic
6 locations where we have mental health counselors that we
7 place, and certainly Dr. Puri would agree that patients --
8 after cardiac intervention or cardiac surgery, there is a
9 high degree of depression. We're working on that in
10 concert with the cardiologist offices as well. That's not
11 what the crisis stabilization unit is for. That's -- as
12 the State has started to fund less in terms of in-patient
13 mental health capacity, we're seeing an increase in those
14 patients coming to our Emergency Department. We need a way
15 to separate those patients from the general emergency
16 population, and that would be more of the specific
17 utilization.

18 CHAIRMAN GALASSIE: Member Olson?

19 MS. OLSON: I'm just trying to do the math
20 here. So you're asking to add three cath labs?

21 MR. SEIDLER: No. We're going to replace
22 three cath labs, which we would need to do over the next
23 two or three years anyway, due to their age and usage.
24 We're asking to add a fourth cath lab.

1 MS. OLSON: So the end result is cath labs
2 will be the same as they are now?

3 MR. SEIDLER: No. We're adding one.

4 MS. OLSON: So, eventually you'll want four?

5 MR. SEIDLER: Yes, and that will be focused on
6 electrophysiology because of the length of those
7 procedures.

8 MS. OLSON: And then you're asking for 23 ED
9 suites?

10 MR. SEIDLER: Correct.

11 MS. OLSON: Are nine of those -- if I can do
12 the math, nine behavioral health, is that in addition --

13 MR. SEIDLER: No. There's 6 behavioral health
14 rooms, but not part of the 23.

15 MS. OLSON: So it's 23 plus 6?

16 MR. SEIDLER: Right, but they're situated in a
17 unit continuous to mental health, not necessarily --

18 MS. OLSON: Oh, I see. And then one other
19 question. On page 19 of the Staff report, it says -- this
20 is in reference to the cath labs. "One is to be delivered
21 in 2013 and be in the new Heart Health Center. The others
22 are not scheduled until 2015 and will be installed in the
23 Heart Center." Can you explain that to me? I'm not really
24 following what that --

1 MR. SEIDLER: Well, we'd like to use the
2 existing cath labs as long as possible. It's expensive to
3 buy and replace them, install them, and then have to
4 relocate them. In particular, with our existing cardiac
5 cath lab area, that not only is three cath labs not enough
6 for our growing population, but the way the logistics of
7 how they're situated makes it nearly impossible these days
8 to get through the volumes. Ideally we would install them
9 in a new department and only do it once. So we're going
10 to -- right now we know we have to replace one this year,
11 and then we'll see how we can extend the life of the
12 others; and if we have to replace the other two and move
13 them, we will.

14 MS. OLSON: Thank you. Because the negative
15 findings in the Staff report are that the size of your
16 project is too large, but you --

17 MR. SEIDLER: Well, there's a negative finding
18 that the -- the historical volume of the Emergency
19 Department, the historical volume for the cardiac cath lab
20 don't support the addition. We are basing our application,
21 our request, on the projected volume, using a lot of
22 empirically defended techniques and projected volume in
23 both. We will meet the volume requirements that -- for the
24 capacity we're requesting.

1 MS. OLSON: Okay. Thank you.

2 CHAIRMAN GALASSIE: Senator Demuzio and then
3 Member Sewell.

4 MS. DEMUZIO: I may have missed this, but how
5 many cardiologists do you have? In your testimony you
6 talked about perhaps tripping over one another and running
7 out of space. How many cardiologists do you have on staff?

8 MR. PURI: We have close to ten to twelve
9 cardiologists working at different times. I am one of the
10 cardiologists, having worked in this physical facility for
11 the last 10 years, and the nature of our procedures is
12 changing. We are dealing with a population that's getting
13 older. We are dealing with a population that requires more
14 complex procedures that take more time. We are also
15 dealing with new procedures which are less invasive, to
16 help our senior population much more, and we are on the
17 angle of starting procedures like replacing heart valves
18 subcutaneously, which requires totally new equipment,
19 bigger facilities, because these are much more complex
20 procedures, which used to be done after splitting open
21 someone's chest in the surgery. But now we can do it
22 through the groin, through a small incision.

23 We are dealing with procedures like atrial
24 fibrillation. This is irregular heart rhythm, very much

1 common in elderly population. These procedures require
2 five to six hours. They require a lot of equipment. We
3 work under general anesthesia during these procedures. And
4 the facilities were built more than twenty years back. We
5 have times where nurses trip over, because these are small
6 facilities, and, bless their heart, they've been doing a
7 great job and we have some of the best results in the
8 country. But I think time has come.

9 Many a time, several hundred patients come
10 from the ER directly to the cath lab, because we do acute
11 procedures. And time is muscle, so we need to get to them
12 quickly, and many of a time, we have all three rooms
13 occupied and we have to rush through. Sometimes we have
14 had patients draped and we take them off the table, and
15 it's a very sad thing that if I am lying, or my father or
16 mother lying, on the table, ready for surgery, and because
17 of an emergency, that person has to be taken off. So, I
18 think there is a great need, and when a new facility is
19 being really set up, that we need to be prepared, as
20 Mr. Seidler said, for the future, and those numbers are
21 real numbers. But the number of hours we spend has also
22 increased.

23 MS. DEMUZIO: What's the general age of your
24 population that comes through the door?

1 MR. PURI: The trend -- I do not know exactly,
2 but if you look at the historical data of the Moline, quad
3 cities population, especially on the Illinois side, we deal
4 with a much higher senior population as compared to the
5 Iowa side, which is Bettendorf. And every year we get data
6 from the National Registry. It's increasing every year,
7 and a significant portion of our population is about 75.

8 CHAIRMAN GALASSIE: Member Sewell?

9 MR. SEWELL: Yeah. Is it correct that the
10 basic difference here between our rules and the Sg2
11 analytics has to do with Sg2 giving you something that
12 projects out in the future? Our rules just speak to what,
13 historical utilization. But isn't that projected also? It
14 takes the historical utilization and then projects it into
15 the future, doesn't it?

16 MR. CONSTANTINO: For bed services it does,
17 but not --

18 MR. SEWELL: But not for this?

19 MR. CONSTANTINO: Yes, sir.

20 MR. SEWELL: I'm looking at you (indicating),
21 but I guess I should be talking to him.

22 So, I guess, why in the Staff report you say
23 that those analytics by Sg2 are reasonable and are likely
24 to be met? So, our rules just -- our rules don't project

1 anything, they don't -- they wouldn't take into
2 consideration, say, a trend in increased utilization,
3 except a snapshot of where things are right now?

4 MR. CONSTANTINO: For bed services we do, but
5 not for the services being proposed to be modernized by
6 these applicants, no; and they did provide us with that
7 information from Sg2.

8 MR. SEWELL: And I asked this before the
9 meeting of Mr. Constantino. I just want to make sure. Do
10 you have Certificate of Need in Iowa?

11 MR. SEIDLER: Yes, there is.

12 MR. SEWELL: Did they require a review of
13 this?

14 MR. SEIDLER: No, sir. We are not affecting
15 our capacity in Iowa. We have one cardiac cath lab --

16 MR. SEWELL: So it's not seen as a
17 discontinuation?

18 MR. SEIDLER: No, sir, not at all.

19 CHAIRMAN GALASSIE: Any other questions from
20 Board members?

21 (Pause)

22 CHAIRMAN GALASSIE: Hearing none, may I have a
23 motion to approve Project 12-101, Trinity Medical Center,
24 for a major modernization and expansion project in Rock

1 Island, Illinois?

2 MR. HAYES: So moved.

3 MR. BURDEN: Second.

4 CHAIRMAN GALASSIE: Moved and seconded. Roll
5 call.

6 MR. ROATE: Motion made by Mr. Hayes, seconded
7 by Dr. Burden.

8 Mr. Bradley?

9 MR. BRADLEY: Yes.

10 MR. ROATE: Dr. Burden?

11 MR. BURDEN: Yes, and I highly endorse it,
12 since I have numerous relatives in Bettendorf, Moline,
13 working for John Deere. Good insurance, I'm told.

14 MR. ROATE: Senator Demuzio?

15 MS. DEMUZIO: Yes.

16 MR. ROATE: Mr. Hayes?

17 MR. HAYES: Yes.

18 MR. ROATE: Ms. Olson?

19 MS. OLSON: Yes.

20 MR. ROATE: Mr. Penn?

21 MR. PENN: Yes. And I don't believe I have
22 any relatives there.

23 MR. ROATE: Mr. Sewell?

24 MR. SEWELL: Yes.

1 MR. ROATE: Chairman Galassie?

2 CHAIRMAN GALASSIE: Yes.

3 MR. ROATE: That's eight votes in the
4 affirmative.

5 CHAIRMAN GALASSIE: Motion passes.
6 Congratulations.

7 I have 11:20 on my watch. I'm going to
8 recommend a 10-minute break; bring it back here at 11:30.
9 I'm told we'll be breaking for lunch at 12:30.

10 (Recess)

11 CHAIRMAN GALASSIE: Call us back to order.
12 Thank you for being timely.

13 I believe we will be moving on to item No.
14 H-06, 12-105, Metroeast Endoscopy Surgery Center, Fairview
15 Heights.

16 Good morning, folks. If you would utilize the
17 microphone in introducing yourself and spelling your last
18 name, we would appreciate that, and then we will get you
19 sworn in.

20 MS. COOPER: Anne Cooper.

21 MR. AHMED: Shakeel Ahmed.

22 MS. LIPPERT: Tina Lippert.

23 MR. SHEETS: Chuck Sheets.

24 CHAIRMAN GALASSIE: Thank you, folks.

1 (Oath given)

2 CHAIRMAN GALASSIE: Thank you.

3 Mike, can we have a Staff report, please?

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

5 The applicant is proposing to establish a
6 limited specialty ambulatory surgical treatment center in
7 Fairview Heights, Illinois. The anticipated cost of the
8 project is \$1.1 million. The expected project completion
9 date is December 31st, 2014. No public hearing was
10 requested. However, we did receive letters of opposition
11 and support for this project.

12 Thank you, Mr. Chairman.

13 CHAIRMAN GALASSIE: Thank you.

14 Comments for the Board.

15 MR. AHMED: Good morning, Mr. Chairman and
16 respected Board members. My name is Dr. Shakeel Ahmed and
17 with me are Tina Lippert, our nurse manager, and Anne
18 Cooper, our attorney. Thank you for providing me with the
19 opportunity to appear before the Board regarding our CON
20 application.

21 I am a gastroenterologist in practice in
22 Fairview Heights, Illinois. As part of my practice, I
23 perform my outpatient endoscopies in my office-based
24 endoscopy center. We are here today to request for an ASC

1 license for our existing endoscopy facility. This project
2 is before the Board because of Illinois Department of
3 Public Health requirements. Specifically, before we filed
4 this application, Public Health made an inquiry with us and
5 asked us to document our practice's volume of endoscopy
6 procedures.

7 For your reference, endoscopy refers to any
8 procedure that involves visualization of esophagus,
9 stomach, small intestines or colon. While endoscopy is not
10 surgical in the conventional sense of the term, it does
11 require the patient to be sedated in order to spare them
12 the discomfort these procedures involve. Sometimes in
13 circumstances such as a polyp removal, there is a surgical
14 removal of tissue as well.

15 With regard to the IDPH survey, after IDPH
16 completed an analysis, we agreed with Staff in the IDPH
17 Division of Licensure and Certification that we should
18 pursue a license, based on the high volumes of endoscopy
19 procedures we perform in our office. My gastroenterology
20 practice is very busy, and endoscopic procedures are an
21 increasingly significant part of my practice. This
22 increase over the past several years is due in part to
23 increased awareness of the importance of colonoscopies for
24 the prevention and early detention of colorectal cancer.

1 Colorectal cancer is the third most common
2 cancer and the third leading cause of cancer-related deaths
3 in the United States. The lifetime risk of developing
4 colorectal cancer is about five percent. The American
5 Cancer Society projects that in 2013, there will be roughly
6 150,000 new cases of colorectal cancer, and approximately
7 60,000 colorectal deaths. There are many initiatives to
8 encourage colorectal cancer screening, and better access to
9 colonoscopies is an important element of this. It's a
10 screening test that older adults are supposed to receive
11 every 10 years, and we are still working to improve the
12 screening rates in our state and the country in general.

13 Another reason for increased utilization of
14 endoscopy is for evaluation of acid damage to the esophagus
15 because of increased prevalence of gastroesophageal reflux
16 disease, more commonly known as heartburn. Chronic acid
17 reflux is not just uncomfortable; it's often a precursor to
18 esophageal cancer and needs to be monitored closely as it
19 advances. In the United States, acid reflux disease is the
20 commonest cause of esophageal cancer.

21 Due to the growing need for GI services in our
22 community, I have been trying to recruit another
23 gastroenterologist. However, there is a shortage of GI
24 doctors in the country, and Illinois is one of the least

1 physician-friendly states in the whole country. Worse
2 still, the location of my practice in St. Clair County is
3 particularly problematic for recruiting. Both St. Clair
4 County and adjacent Madison County are on the judicial hell
5 holes list and known as the plaintiffs' lawyers' paradise.
6 To date, I have not yet been successful in my attempts to
7 recruit a gastroenterologist to this area.

8 As an alternative, I hired two physician
9 assistants who are what we call "physician extenders", and
10 they specialize in gastroenterology. I found this to be a
11 very successful and efficient model for delivering care to
12 my patients. In the office, the physician assistants
13 primarily manage patient consultations and follow-up exams,
14 while I perform the endoscopy next door. Between endoscopy
15 procedures, the physician assistants consult with me, and I
16 step in for more complex cases. By being physically
17 present in the office, there's a greater amount of
18 collaboration amongst the two physician assistants and
19 myself. Communicating with them when I'm off site is
20 always much slower and complicates our collaboration.

21 The only substantive negative finding in the
22 State Agency Report concerned under-utilization of the
23 existing providers in the area. If I had to perform
24 endoscopy procedures at other facilities in the area, it

1 will be extremely disruptive to my practice and the
2 physician extender care model we have developed. I need to
3 be at the office location to collaborate with my physician
4 assistants and to most effectively and efficiently deliver
5 care to my patients. In order to continue this model where
6 I perform my simple endoscopy procedures in my office,
7 we're here today to request a CON permit so we can pursue a
8 license, as required by the IDPH.

9 A final note on where my project fits into
10 what is referred to as a safety net. I'm committed to
11 enhancing the development of services for patients
12 regardless of their ability to pay. I am enrolled in
13 Medicaid. My current practice base approximately eight
14 percent Medicaid. This will continue, going forward, and
15 the endoscopy center will enroll in Medicaid and similarly
16 serve these patients. Additionally, the endoscopy center
17 will operate under a financial assistance policy, which
18 will provide free or discounted care to individuals who
19 meet certain financial eligibility requirements.

20 Finally, I have agreed to provide free
21 colorectal cancer screenings to uninsured patients who are
22 referred to me from the Southern Illinois Healthcare
23 Foundation, which is one of the local federally qualified
24 healthcare centers in the area.

1 Thank you for your time and attention.

2 CHAIRMAN GALASSIE: Thank you.

3 MR. AHMED: I would also like to thank Maryann
4 Reese, the CEO of St. Elizabeth Hospital, and Mark
5 Freeland, the President of Southern Illinois Healthcare
6 Foundation, for their support.

7 CHAIRMAN GALASSIE: Thank you.

8 Questions or comments from the Board members.
9 Member Sewell?

10 MR. SEWELL: Yes. So, to make sure I
11 understand this correctly, the reason for -- the reason we
12 should approve this is because it's focused on
13 gastrointestinal health.

14 MR. AHMED: Yes, sir.

15 MR. SEWELL: So that puts it into sort of a
16 specialty care category?

17 MR. AHMED: Yes, sir.

18 MR. SEWELL: And we don't have rules for that,
19 so you have to come in as an ambulatory treatment center.
20 Now, are you going to do ambulatory surgery in this
21 facility that's not related to gastrointestinal health?

22 MR. AHMED: No, sir. Just my practice.

23 MR. SEWELL: I see. Okay.

24 MR. PENN: I have a concern about the length

1 of time to build, and also the letter from U S Bank. It
2 appears that there might not be sufficient funds to start
3 and complete this project, and is that why you're wanting
4 to take 18 months to do this project?

5 MS. COOPER: Actually, the project cost, it's
6 11 -- a \$1.1 million project. Most of that is actually
7 related to the lease for the space, and then there's going
8 to be the existing equipment that Dr. Ahmed currently uses
9 in his office-based practice that will actually be
10 transferred to the surgery center. And then about \$47,000
11 of cash and securities will be required, and that's
12 predominantly for the CON consultant fees, which would be
13 my fees, as well as Kara Friedman, who is also working on
14 this matter, and those fees would be paid actually after
15 CON approval. So, it's essentially a very small cash-based
16 project.

17 MR. PENN: The State Board Staff did not
18 determine if sufficient funds are available to fund the
19 cash --

20 MR. CONSTANTINO: Mr. Penn, the reason I
21 stated that was because from a letter that states there's
22 \$47,000 in an account does not tell me anything. I don't
23 know what's outstanding, what needs to be paid. So I would
24 not accept that letter as sufficient documentation of the

1 cash on hand. This has been an issue with other projects
2 that have come before the Board, these letters from banks.
3 That's why that negative finding on the availability of
4 funds.

5 MR. PENN: Okay.

6 CHAIRMAN GALASSIE: What would you prefer to
7 see, Michael?

8 MR. CONSTANTINO: I would prefer audited
9 financials.

10 MS. COOPER: I mean, one of the issues, this
11 is a newly-formed entity. It has no historicals, so we had
12 no financials to provide. So the best thing we could
13 provide is the bank statement. The entity has been
14 capitalized, and we're going to pay for the cost of the
15 project.

16 CHAIRMAN GALASSIE: Any other questions.

17 Dr. Burden?

18 MR. BURDEN: Welcome, Doctor, as you proceed
19 to hopefully convince us of the need of your services in
20 the community where there already is -- and is
21 significant -- a number of institutions that are not at
22 target occupancy. I sympathetically hear you talk about
23 your role working in the St. Clair, Madison County, which
24 probably has nothing to do with this application, except I

1 was on the Board of the Illinois ISMIE, and I regularly
2 recognized what a problem that you would have regarding the
3 (inaudible) for Plaintiff's lawyers. In your attempt to
4 gain our approval, I think you recognize -- if you don't, I
5 will spell out -- you have someone on your team who is an
6 expert in taking number-one located, extended care
7 facilities and making them look like a number five. So
8 perhaps he will help you in your endeavor. I'm sort of
9 joking a little bit there. He understands what I'm saying.

10 But I guess what I have to say realistically,
11 I note that you are able to do 1,200 endoscopic procedures
12 a year which is 100 a month, 25 a week. You're very busy.

13 MR. AHMED: We are.

14 MR. BURDEN: Are we talking about
15 colonoscopies, gastroscopies, proctoscopies?

16 MR. AHMED: All three of those.

17 MR. BURDEN: So, at one time you're examining
18 the alimentary tract, which is considered three separate
19 procedures for billing purposes?

20 MR. AHMED: Two, sir. Proctoscopy is a
21 shortened version of colonoscopy.

22 MR. BURDEN: I was a urologist. I did a fair
23 amount of peaking in the urinary tract, so I understand
24 what you're up to. But when we looked up directly in the

1 ureter, we also had an opportunity, a swift chance to
2 (inaudible) procedure. But I'm just trying to put
3 together -- that's a lot of work for one man.

4 MR. AHMED: Yes, sir. It gets busy, and
5 that's why I was trying to recruit another physician to
6 join me and haven't been successful so far.

7 MR. BURDEN: I appreciate the reasons why you
8 are getting someone in the area where you are.

9 This has nothing to do with the application.
10 As a practicing physician, I recognize where you work. You
11 tread lightly. If you might, your approval would depend,
12 in my judgment, to some degree on your expected care for
13 the uninsured, which is a big thing for us here. We have
14 to be concerned about that. I can't say enough about the
15 fact that the competing institutions don't appear to be
16 excited about your presence. They're looking at, probably,
17 their volume being affected. Is that a fact or conjecture
18 on my part?

19 MR. AHMED: With respect to these facilities,
20 one of the opposition letter comes from a hospital-based
21 center that is about 45 to 50 minutes from my office. And
22 as far as the local hospitals go, again, I thanked the CEO
23 of St. Elizabeth's Hospital for her support for the
24 endoscopy center. As far as the other hospital in the area

1 goes -- a good portion of my practice -- I have one of the
2 largest pancreatic practices in southern Illinois. Those
3 procedures are performed at a hospital, and all of those
4 procedures will continue to be performed at a hospital.
5 You need general anesthesia. You need surgery back-up. So
6 that portion of my practice continues to stay with the
7 local facilities. No one gets affected with a CON, in my
8 opinion.

9 CHAIRMAN GALASSIE: Senator Demuzio?

10 MS. DEMUZIO: Yes, just a quick question.

11 Madison and St. Clair Counties -- has Public
12 Health indicated that you are a Cluster County for cancer
13 colorectal cancer?

14 MR. AHMED: I apologize, ma'am. I don't know.
15 Is it more prevalent in our area?

16 MS. DEMUZIO: You may want to check with
17 Public Health and see if, in fact, you're qualified as one
18 of the 16 counties under the Vince Demuzio Colorectal
19 Screening Program, and that's for uninsured and non-insured
20 patients. That may be helpful for you in your practice.

21 MR. AHMED: Thank you.

22 CHAIRMAN GALASSIE: Member Olson, did you
23 have a question?

24 MS. OLSON: No.

1 CHAIRMAN GALASSIE: Any other questions?

2 (Pause)

3 CHAIRMAN GALASSIE: Hearing none, may I have
4 a motion to approve Project 12-105, Metroeast Endoscopy
5 Surgery Center, for the establishment of a limited
6 specialty ambulatory surgery treatment center in Fairview
7 Heights, Illinois?

8 MS. DEMUZIO: Motion.

9 MS. OLSON: Second.

10 MR. ROATE: Motion made by Senator Demuzio,
11 seconded by Ms. Olson.

12 Mr. Bradley?

13 MR. BRADLEY: In view of the Board's standards
14 which are not met and which are explained in the report, I
15 vote no.

16 MR. ROATE: Dr. Burden?

17 MR. BURDEN: I vote yes.

18 MR. ROATE: Senator Demuzio?

19 MS. DEMUZIO: Yes.

20 MR. ROATE: Mr. Hayes?

21 MR. HAYES: Yes.

22 MR. ROATE: Ms. Olson?

23 MS. OLSON: Yes.

24 MR. ROATE: Mr. Penn?

1 MR. PENN: No. Duplication of services.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: Yes.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: Yes.

6 MR. ROATE: Six votes in the affirmative, two
7 votes in the negative.

8 CHAIRMAN GALASSIE: Motion passes.

9 Congratulations.

10 Moving on to Item 13-003, St. Paul's Home for
11 the Aged, in Belleville. Again, there is no opposition and
12 no public comments to this item. I'll ask folks to come to
13 the table. Unless Board members have any questions, we,
14 respectfully, will not need a presentation, though we
15 appreciate your presence.

16 That having been said, any questions regarding
17 St. Paul's Home for the Aged, in Belleville?

18 (Pause)

19 CHAIRMAN GALASSIE: If you folks would please
20 introduce yourselves, using the microphone, we will have
21 you sworn in.

22 MR. SILBERMAN: Mark Silberman, Legal Counsel.

23 MS. FRANKLIN: Susan Franklin, Operations
24 Director.

1 MR. WILTSE: Chris Wiltse, Development Program
2 Manager.

3 MR. SUESS: Steven Suess. I'm on the Board of
4 Directors of the St. Paul's Home.

5 CHAIRMAN GALASSIE: Thank you.
6 Staff report, please?

7 MR. CONSTANTINO: Thank you, Mr. Chairman.
8 The applicants are proposing the modernization
9 of an existing skilled care nursing facility in Belleville,
10 Illinois. The anticipated cost of the project is
11 approximately \$31.6 million, and the estimated completion
12 date is January 1st, 2015. There was no opposition and no
13 public hearing for this project.

14 Thank you, Mr. Chairman.

15 CHAIRMAN GALASSIE: Thank you.
16 Comments for the Board?

17 MR. SILBERMAN: We want to thank the Board and
18 Staff for all of their time. We're more than happy to move
19 directly to questions.

20 CHAIRMAN GALASSIE: Thank you, very much.
21 Member Olson?

22 MS. OLSON: Mike cleared up one question for
23 me, which I think is sort of interesting. While this is
24 called a modernization, you are, in fact, building a whole

1 new facility?

2 MR. SILBERMAN: That is correct. Based on the
3 Board's rules, since we are on the same site and
4 maintaining the same address, this is a modernization. If
5 we were moving to a new address, it would be classified as
6 a new facility.

7 MS. OLSON: I would just like you to speak to
8 your one-star rating. It said it's based on substandard
9 patient care and it's apparently not related to the age of
10 the facility. Could you please speak to that?

11 MR. SILBERMAN: I'd be more than happy to.
12 With regards to the one-star rating, the biggest
13 challenge -- it's worth noting that all of the facilities
14 within five miles of this facility are deemed one-star
15 facilities, and on behalf of our facility -- but also on
16 behalf of all facilities in the area -- we want to clarify,
17 that is not reflective of the quality of care provided in
18 this community, and if you do look at the quality of this
19 facility, we have actually a four-star quality measure of
20 this facility, and some of the specific issues that the
21 Board hears on a regular basis are worth noting, that in
22 the star rating, this facility has zero percent (inaudible)
23 depressive symptoms. This facility has less than a
24 fraction, half of a percent, of its residents with UTI's,

1 with pressure sores. The quality indicators of this
2 facility and the quality of care being provided are high.

3 The biggest challenge is the issue with regard
4 to maintaining the staffing levels that CMS maintains, and
5 that's a regional issue in southern Illinois; but I think
6 one of the things that is evidenced by the letters of
7 support is that, despite having issues with regards to the
8 physical facility, the staff is amazingly dedicated to
9 ensure the highest quality of care is provided, and that's
10 reflected in the four-star designation.

11 MS. OLSON: So, your one-star rating is based
12 on your inability to keep staffing at the level that the
13 State requires?

14 MR. SILBERMAN: No. We meet the State
15 requirement for staff. The issue is that the CMS star
16 rating has certain staff levels that the federal government
17 wants, in comparison to all of the facilities, and the
18 staffing levels in certain parts of the state are higher
19 than other parts of the state, and then there is a double
20 hit, because if you are considered amongst the low portion
21 of staffing, they prefer to reduce your star rating because
22 of that.

23 MS. OLSON: Thank you.

24 CHAIRMAN GALASSIE: Other questions or

1 comments?

2 Member Penn?

3 MR. PENN: The non-compliance on the financial
4 side; can you speak to that, please?

5 MS. FRANKLIN: We just wanted to assure the
6 Board that we do have strong financial support. Stifel
7 Bank and Stifel Nicolaus are both working with us. We also
8 have experience with the HUD program. We actually -- as
9 the management company, Saint Andrews, we operate 1,400
10 facilities currently. We actually -- because we partner
11 with St. Paul's Home in the management aspect, we bring
12 additional points into the HUD program, so we will be
13 reviewed more positively by HUD.

14 MR. PENN: And you also have an excess in
15 gross square footage above our standard, \$30 per square
16 foot.

17 MR. WILTSE: Yeah, I think we're 28.40 above
18 the gross standard. I think it's important to point out
19 that St. Paul's is proposing, if the Board approves the
20 project, to build a cutting edge, state-of-the-art facility
21 with proven outcomes. We're using a culture-centered model
22 of care. The proven outcomes are higher resident family
23 satisfaction, higher census, reduced staffing turnover,
24 more cost efficiency as far as operating costs and improved

1 survey outcomes, and, again, these outcomes are founded
2 through the Greenhouse models of care and the Pioneer
3 Network. We're building a community that really has six
4 individual households within the St. Paul's Home. Rather
5 than a traditional model nursing home that has got a shared
6 dining space and shared living space, we're building six
7 distinct households within this community. Each household
8 has its own living area, its own kitchen, its own dining
9 area, its own patio to be able to incorporate the outdoors,
10 its own spa, its own residential laundry for the residents
11 to use. We've done a great deal of research in the
12 community before we ever came before the Board with
13 introducing the project, seeking input from the consumer in
14 the community, what it is that they want in a project.
15 And, again, we're going to be -- one of those households
16 will be a memory care household. There is no other memory
17 care household within a 25-mile radius of us. We'll be
18 doing a short-term rehab household within the community as
19 well. Again, these are things that the community has asked
20 for.

21 To answer the question about the gross square
22 foot cost -- this design is a little bit larger than your
23 traditional nursing home, and the costs are a little bit
24 higher. I can tell you that in December of 2012, Saint

1 Andrews, the management company, opened a similar project
2 to this in Bridgeton, Missouri part of the St. Louis
3 metropolitan area. A couple of things that I wanted to
4 point out about that. First of all, St. Paul's is not a
5 cookie cutter. It's not a cookie cutter design, but it's a
6 very similar design. That project in Bridgeton, Missouri
7 has got 20 people on the waiting list already. St. Paul's
8 Home, which is still in the design standpoint, we've got
9 178 people who have signed up to be on our waiting list for
10 this project.

11 CHAIRMAN GALASSIE: And what's the capacity?

12 MR. WILTSE: 108. In addition to that, this
13 design that St. Paul's is utilizing that is similar to the
14 one that was opened in Bridgeton, Missouri, was recently
15 recognized by a national publication for its innovation and
16 design in nursing facilities.

17 MR. SILBERMAN: And if I might just add one
18 point, I think it's important for the Board to note, as I
19 know the Board is looking into maintaining accurate bed
20 need throughout the State, we are actually reducing the bed
21 capacity at this facility. The overall bed capacity is
22 being reduced by 41 beds, the skilled capacity down by five
23 and, as reflected in the Staff report, we're lowering the
24 bed capacity to reflect the highest level of peak used beds

1 by the facility.

2 With regards to, also, the HUD process, one of
3 the unique aspects of this project that we're considering
4 is that, with other HUD projects that may have come before
5 you, there has to be an assessment of whether or not there
6 will eventually be a resident population to fill the
7 facility. Based on the unique nature of this
8 modernization, there will be a resident population to
9 occupy the facility day one, which substantially reduces
10 the risk that HUD would see in looking at a project like
11 this and makes it all the more a positive project. We will
12 have existing population to fill the facility from day one,
13 not to mention, as Chris mentioned, the substantial waiting
14 list already identified.

15 MR. PENN: What impressed me was, the previous
16 application had a project valued at \$1.1 million. Yours is
17 \$31 million, and you need one more day to complete your
18 project than they do, and I'm always curious about that.
19 Did they ask for too much time or are you asking for not
20 enough time?

21 MR. SILBERMAN: To answer that question, we
22 are confident in the time frame. We do believe we will be
23 able to complete the project in that time. We are,
24 obviously, aware of any requirements, were we not able to

1 complete in that time frame, but I'll tell you that our
2 project allows us to complete it in less time than that,
3 and we will make sure that this is done right.

4 MR. PENN: I think the comment was directed
5 more toward the previous applicant.

6 CHAIRMAN GALASSIE: Member Sewell?

7 MR. SEWELL: Yes. Could you speak to the
8 unfavorable State Agency Report finding on the financial
9 issues that don't fall within State Board standards? Is
10 that all related to this HUD letter, or are there other
11 things related to debt that you can speak to?

12 MR. WILTSE: The financial ratios really do
13 not have anything to do with the HUD financing. And I do
14 want to back up -- and I apologize. But with the HUD
15 financing, as well as -- I hate to use the term -- it's
16 really kind of the chicken and the egg discussion. We have
17 to have a Certificate of Need approval to even be able to
18 submit our application for HUD to consider it. So, we're
19 kind of in that Catch-22. So, that's why we're here before
20 the Board first. And, again, we do have the letters from
21 Stifel Bank, saying they're in favor of entertaining the
22 loan.

23 As far as the ratios go, I think one of the
24 most important things that I can point out is if you

1 look -- refer back to the State Board Report, as reflected,
2 all of our ratios for 2012 were positive ratios, and we
3 knew going forward that with the commitments, the financial
4 commitments we need to make to get this building built,
5 that that would skew our results, that would skew our
6 ratios. We're a not-for-profit, faith-based provider that
7 has been in the belt of the community for over 85 years,
8 and we felt that it was appropriate to choose the path
9 that's most appropriate for those we serve, our residents,
10 and explain why we don't meet the ratios, rather than not
11 serve our residents.

12 MR. SILBERMAN: A conscious discussion was had
13 of whether, do you pare down the aspects of the facility
14 that really reflect this patient-centered model of care, so
15 that each household has access to all of the qualities of
16 living that long-term residents want today and moving
17 forward, and we determined it was better to provide to the
18 residents what they need, rather than cut costs to try to
19 simply meet the financial ratios of the Board, and we could
20 explain why we made the decisions we did, but, also, as I
21 believe Chris pointed out, all of the historical ratios
22 that were out of skew are -- were in place and correct, and
23 we met the Board's ratios in 2012, when this application
24 was submitted, and the only financial ratios moving forward

1 that fall out of way relate to the day's cash on hand, and,
2 therefore, the cushion ratio is there.

3 MR. SUESS: I just want to mention one thing.
4 As we talk about this faith-based neighborhood home
5 setting, our original home was a home. It was a house that
6 was built in 1896, and 30 years later, it was given -- it
7 was gifted to begin St. Paul's Home. So the original
8 St. Paul's Home was a home. You walk in, a living room, a
9 dining room, a kitchen and some bedrooms, and now, 86 years
10 later, we are returning to that model, because everything
11 that we have read, everything that we have seen about that
12 particular style, is what is being attractive and what is
13 working the best for residents. So, we have come full
14 circle, which is something we're very excited about and the
15 belt of the community is very excited about in supporting
16 it.

17 CHAIRMAN GALASSIE: Member Bradley and then
18 Mr. Carvalho.

19 MR. BRADLEY: Go back to your example of the
20 chicken and the egg. How does that apply here?

21 MR. WILTSE: One of the negative findings
22 related to that we did not have financing secured, a
23 hundred percent secured for this project, and so we are
24 seeking HUD 232 financing for this project. In order for

1 HUD to accept an application for that financing, you have
2 to have Certificate of Need approval. That's one of the
3 things that we have to give to HUD as part of the
4 application process.

5 MR. BRADLEY: If that's true, Mike, why did
6 you mention that they don't have the letter?

7 MR. CONSTANTINO: They don't have -- well, our
8 job is to tell you whether or not they have financing, and
9 they do not have financing as of this date.

10 MR. BRADLEY: But wouldn't that be true of
11 every application, that they have --

12 MR. CONSTANTINO: If they're going for HUD
13 financing, it is, and for these long-term care projects,
14 that is what we've been telling you, that there is not
15 financing. These projects are not financed at the time you
16 approve them.

17 MR. BRADLEY: So that's not necessarily a
18 negative finding; that's just stating the process.

19 MR. CONSTANTINO: Under your rules it is.
20 Under the rules we're operating under it is.

21 MR. PENN: Haven't we looked into changing or
22 addressing that rule?

23 CHAIRMAN GALASSIE: Yeah, that's on the table.

24 Mr. Carvalho?

1 MR. CARVALHO: I actually had a different
2 question, but I can follow up on member Bradley's comment.

3 Two things. First, for many types of
4 financing other than HUD out there in the real world,
5 lenders will make a commitment subject to a condition,
6 rather than saying "Wait until the condition is met and
7 then come to us about approving the financing." And so I
8 have spoken with folks at HUD -- I meet with them regularly
9 now on behalf of the Department -- about, would it be
10 possible for them to change their procedures so that they
11 are like other lenders that make our CON a condition to
12 closing the financing, but not a condition to processing
13 the application in the first place. I'll keep the Board
14 apprised of that, because Michael's point is, not everybody
15 comes in with HUD financing. So, your rule that says you
16 have to show that you have financing is a valid thing for
17 you to ask for. The problem comes up when you've got a
18 very large player in the financing market who says,
19 "Instead of making it a condition of the financing, we're
20 going to make it a condition of giving you the same sort of
21 letters that other lenders might give them in the first
22 place." So we'll keep you posted on that.

23 My question actually was for Mr. Silberman.
24 I've gone to the Medicare Compare website for St. Paul's,

1 and it does indicate a one-star overall rating and a four
2 out of five on the quality component. But the staffing, it
3 shows, as three of five. It's the health inspections where
4 you are 1, much below average, and I believe the health
5 inspections means to us, the Department of Public Health.
6 So could you recast your story about the reason why you
7 have a 1 as a staffing, as opposed to some other problems?
8 At least on this website, it appears to be the health
9 inspections are the problems.

10 MR. SILBERMAN: I didn't intend to give that
11 impression. I'll defer to Chris to address these recent
12 inspections, because I believe we just had another. The
13 issue was, having a three-to-one staffing ratio can lower
14 it, because when they compare to other staffing ratios --
15 and, again, the overall rating as determined purely
16 reflects a response to where, in comparison to all of the
17 other facilities in the state of Illinois, you rate, when
18 all of the different mathematical computations have come in
19 place.

20 To address Member Olson's question with regard
21 to whether or not it reflects a concern that we're not
22 providing quality care, that's why I pointed to the quality
23 measures. To make it clear that some of the key quality
24 indicators that are looked at as one compares the quality

1 of care we're providing, we're identified as a
2 four-out-of-five facility. But, also, some of the most
3 important quality measures, we have data that shows we are
4 far exceeding the State standards and far exceeding the
5 State averages. So, that was my intention in providing
6 that response.

7 MR. WILTSE: There's approximately a three to
8 six month lag time between when a survey is conducted and
9 when the five-star rating is actually updated. The
10 St. Paul's Home recently underwent a survey in February,
11 and it's not been posted on the web. But average number of
12 citations in Illinois is 6.7. St. Paul's had 8, so just
13 slightly above that state average.

14 CMS uses a rating type of system for the
15 deficiencies found in facilities, and the most serious is
16 an "immediate jeopardy" citation. Below that is a citation
17 where there's actual harm to residents. Below that is a
18 category where there is -- I'm paraphrasing here. It's
19 potential for consequences to residents. And I can tell
20 you that of all of those eight citations that we had in the
21 February 14th citation, none of those citations were
22 categorized as "actual harm to residents". So we
23 anticipate that when the five-star rating is updated after
24 this survey is posted our star rating will improve.

1 CHAIRMAN GALASSIE: Any other questions from
2 Board members?

3 (Pause)

4 CHAIRMAN GALASSIE: Hearing none, may I have a
5 motion to approve project No. 13-003, St. Paul's Home for
6 the Aged, to authorize a major modernization project at its
7 skilled nursing facility in Belleville, Illinois?

8 MS. OLSON: So moved.

9 MR. PENN: Second.

10 CHAIRMAN GALASSIE: Moved and second. Roll
11 call, please?

12 MR. ROATE: Motion made by Ms. Olson, seconded
13 by Mr. Penn.

14 Mr. Bradley?

15 MR. BRADLEY: Yes.

16 MR. ROATE: Dr. Burden?

17 MR. BURDEN: Yes. I have to admit this
18 lengthy discussion about the CME rating impressed me a
19 little, but I'm hopeful that the new building will help
20 also in regard to that process. I vote yes.

21 MR. ROATE: Senator Demuzio?

22 MS. DEMUZIO: Yes.

23 MR. ROATE: Mr. Hayes?

24 MR. HAYES: Yes.

1 MR. ROATE: Ms. Olson?

2 MS. OLSON: I am voting yes -- however, I had
3 intended to vote no, I will tell you -- because I like your
4 model and because you apparently have people waiting to get
5 in the facility, and I'm hoping that you improve that star
6 rating. I don't like that. But yes.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: Yes.

9 MR. ROATE: Mr. Sewell?

10 MR. SEWELL: No, due to financial ratios. Not
11 satisfied with that.

12 MR. ROATE: Chairman Galassie?

13 CHAIRMAN GALASSIE: Yes.

14 MR. ROATE: That's seven votes in the
15 affirmative, one vote in the negative.

16 CHAIRMAN GALASSIE: Motion passes.
17 Congratulations and good luck to you.

18 Moving on to Item H-08, 12-093, Fresenius
19 Medical Care, Streeterville. Good morning, folks. I guess
20 it's afternoon now. If you would, please, use the
21 microphone, introducing yourselves and spelling your last
22 name, and then we'll have you sworn in.

23 MS. RANALLI: Thank you. Good afternoon. My
24 name is Clare Ranalli, legal counsel. To my right is Lori

1 Wright with Fresenius Medical Care, and to her right is
2 Rick Stotz, also with Fresenius. Thank you.

3 (Oath given)

4 CHAIRMAN GALASSIE: Thank you.

5 Staff report, please?

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

7 The applicants are proposing the establishment
8 of a 12-station ESRD facility in approximately 7,950 gross
9 square feet of leased space in Chicago, Illinois. The cost
10 of the project is approximately \$4.5 million. No public
11 hearing was requested. However, letters of opposition were
12 received by the State Board Staff.

13 Thank you, Mr. Chairman.

14 CHAIRMAN GALASSIE: Thank you.

15 Comments for the Board.

16 MR. STOTZ: Yes, sir. Good afternoon. Again,
17 my name is Rick Stotz, Regional Vice-President of Fresenius
18 Medical Care. I appreciate the time here today and the
19 Staff's review of our project. I'll make my comments
20 brief.

21 The Streeterville clinic will be located right
22 on North Michigan Avenue in the City of Chicago. According
23 to your need criteria, Chicago requires a number of
24 additional dialysis stations to treat its residents. The

1 need for stations in Chicago far exceeds the 12 stations we
2 are asking for in this application. However, despite this
3 need, while many Chicago clinics have very high
4 utilization, others don't meet your 80 percent target
5 utilization rate. Based on the Fresenius Clinics in
6 Chicago, we know this has to do with how patients get to
7 the clinic, the availability of parking, and how safe the
8 area is. More than any other geographic area in Illinois,
9 Chicago residents rely on public transportation or cabs to
10 get dialysis. If they do drive, it's difficult to find
11 available and cheap parking.

12 The Streeterville clinic will provide access
13 to residents who use primarily public transportation, cabs.
14 There are a number of buses and "L" stations close by.
15 Cabs are plentiful, too, in this area as well. In
16 addition, the highrises in the area along Lake Shore Drive
17 and close to the adjacent areas are in bus lines that go to
18 within blocks of the Streeterville location. Many elderly
19 residents live in these highrises, in part because of the
20 availability of public transportation and cabs.

21 I respect your concern about excess capacity.
22 However, I am not sure how to address the issue in Chicago
23 where there definitely a need of stations, but also
24 existing clinics' low utilization. I can only urge you to

1 take into consideration the nature of the Service Area. It
2 is the third largest state (sic) in the United States and
3 has unique access issues. Our Streeterville clinic is
4 designed to address access issues for patients who rely
5 primarily on transportation or cab service to get dialysis.

6 Thank you.

7 CHAIRMAN GALASSIE: Thank you.

8 I'll open it up to the Board members for any
9 questions.

10 Dr. Burden?

11 MR. BURDEN: I'm concerned about the State
12 Board's standard not met, to some degree, but a little more
13 concerned -- I'd like to have a response to a written
14 criticism directed to your development from Sharon Post,
15 who, generally speaking, SEIU is not my favorite union
16 backer, but that's not on the agenda here. I'm impressed
17 with the sentences here. I really don't understand them,
18 because they're pretty damning.

19 "Fresenius Medical Care has a thoroughly
20 documented pattern of fraudulent, deadly practices, which
21 have led to strong punitive actions taken against them by
22 various federal agencies. Fresenius' poor quality of care
23 recently led to a formal notice of expulsion from Medicare
24 and Medicaid." I am stunned with that. I don't know how

1 accurate that is, but please respond.

2 MS. RANALLI: Thank you, Dr. Burden. We did
3 file a fairly detailed response to the letter from SEIU
4 that was in the record. We too were surprised by the
5 letter. It was from the Indiana chapter, and the issue
6 you're referring to related to a facility in Tennessee. It
7 was not expelled from the Medicare program. That is
8 absolutely inaccurate. We attached to our response a copy
9 of the letter from CMS, proving that it was not expelled.
10 The clinic had deficiencies. When IDPH conducts surveys of
11 dialysis clinics and hospitals and other care providers,
12 frequently there are deficiencies noted. The provider is
13 given an opportunity to file a plan of correction, which we
14 did, and it was fully accepted by Medicare. That was some
15 time ago. Also, this wasn't recent, and that clinic is
16 Medicare-certified and going strong. We also noted that in
17 Illinois, we have 102 clinics. Almost all of them meet the
18 two primary criteria for CMS quality. Eighteen exceed
19 them. Our Illinois quality is excellent.

20 You asked specifically about that issue. I
21 don't know if you have other questions about that SEIU
22 letter.

23 MR. BURDEN: Well, my only -- as I mentioned
24 earlier the length of time I've been on the Board, I've

1 certainly seen your company and another company take a
2 significant aggressive posture in this disease entity, and
3 I don't think it's all related on noble feelings about
4 caring for renal -- this is my personal opinion. There's a
5 great return. However, this comment is sort of hard for me
6 to understand, because it's rare to see such a statement
7 made from anybody who has that opposition opinion regarding
8 any application we have here. I see certain -- some of the
9 comments made by people opposed or institutions opposed to
10 an applicant are presented in theory, but presenting them
11 as being adverse to good care, when actually economics are
12 a big part of it, and I recognize this, and everybody on
13 this Board recognizes that, but this is beyond that. I
14 heard what you said, but I can't help but say there's a
15 significant stain here that, I would have to say, in time
16 maybe we'll see it lessen in my view. Maybe the other
17 Board members don't feel that way, but I'm really sort of
18 taken aback, frankly. I understand your response. To a
19 large degree, there's spin on both sides that we hear daily
20 here. So I'm happy to hear what you have to say.
21 Personally, I still have some concerns.

22 MS. RANALLI: We appreciate those concerns,
23 but, honestly, on our side I don't think there is any spin.
24 Again, there's a letter from CMS -- not from us, from

1 CMS -- in the record that said that clinic was not
2 decertified, and the data from CMS reflects very good
3 quality at our clinics here in Illinois.

4 CHAIRMAN GALASSIE: Other questions from
5 Board members?

6 MR. PENN: I notice charity care continues to
7 go down. The chart on Table Four: '09, 1 percent; 2011 is
8 .02 percent. Why does it go down?

9 MS. RANALLI: For the same reasons that we've
10 said in the past. The Medicaid numbers, as you can also
11 see, are going significantly up. So, more and more
12 patients are eligible for Medicaid, and that's the reason
13 the charity numbers are going down.

14 MR. PENN: So you're saying, Medicaid goes up,
15 and your charity care is going to go down always?

16 MS. RANALLI: Yes. If a patient receives
17 Medicaid, under your rules, that patient would not factor
18 in to charity care whatsoever. So, as those Medicaid
19 numbers go up, charity care would go down.

20 CHAIRMAN GALASSIE: Member Sewell, if
21 Mr. Penn is done.

22 MR. PENN: I guess.

23 MR. SEWELL: What I'm hearing from your
24 presentation, it sounds like you decided to locate in that

1 area, despite the low utilization of existing facilities,
2 because you assess that some significant portion of your
3 patients would arrive at the facility using either public
4 transportation or taxi. I mean, that seems to be the
5 essence of your, I guess, counter-argument, to the fact
6 that it's a Planning Area that doesn't need any more
7 facilities at this time. I mean, help me. Is that wrong?

8 MS. RANALLI: No, no, you're not wrong. As
9 Mr. Stotz commented on, Chicago is truly a unique Service
10 Area. I think we can all appreciate that, given the nature
11 of the city and the manner in which people travel and
12 access dialysis clinics. The various neighborhoods in
13 Chicago are extremely unique and isolated, and many people
14 don't navigate out of their neighborhoods frequently for
15 any number of things, including healthcare, and this
16 particular clinic is designed to serve that particular
17 population off of the Northwestern campus. And so, it's
18 sort of a truly free-standing clinic, located in the
19 Streeterville area, specifically for the reason that you're
20 describing.

21 Many clinics -- as an example, one of our
22 clinics in The Loop is under utilized. If you're taking
23 the 151 bus from Belmont and Sheridan and you go to that
24 clinic, you're going to travel a good 10 to 15 minutes

1 longer, at least, and that's not during rush hour. During
2 rush hour, it's going to be much longer just to get to The
3 Loop as opposed to hopping on the bus and -- so, yes. I
4 mean, you're absolutely right. It's just the unique
5 Service Area with respect to transportation for some
6 patients.

7 CHAIRMAN GALASSIE: Other questions from
8 Board members?

9 MR. HAYES: Yes. For your section on page 21
10 of the State Agency Report, in the Service Demand, you
11 mention that a doctor, Dr. Nic Hrista, M.D., from
12 Associates in Nephrology stated that it was 102 pre-ESRD
13 patients residing in the Service Area and 71 of these
14 patients will be provided service at the proposed FMC
15 Streeterville facility. Where is Dr. Hrista's practice
16 located?

17 MR. STOTZ: Desplaines Avenue downtown.

18 MR. HAYES: That is where in downtown? In the
19 West Loop; isn't that correct?

20 MR. STOTZ: Yes.

21 MR. HAYES: I see. Now, are these patients
22 expected to -- are they in Streeterville? Do they live in
23 Streeterville, or why -- what hospital does he practice at?

24 MR. STOTZ: The Masonic.

1 MR. HAYES: He practices at Illinois Masonic.
2 Okay. Would these people -- do they live in Streeterville?

3 MS. WRIGHT: They do live in Streeterville, at
4 the surrounding zip codes immediately around Streeterville.

5 MR. HAYES: But it is interesting that you
6 have a referring physician that is in the West Loop and,
7 obviously, closer to many of these other facilities there,
8 and he's practicing out of his referring hospital or his --
9 Illinois Masonic. It is kind of interesting that that
10 is -- that he's going to, all of a sudden -- these patients
11 are then going into Streeterville, which is what, about two
12 or three miles away, in some of the most -- during the work
13 day at least, is one of the more concentrated areas to be
14 able to get to.

15 MS. RANALLI: Do you want us to address that
16 as a question? The patients, the zip codes are along
17 Lincoln Park to the east and then up north and south on
18 Michigan Avenue. So that's where the patients are coming
19 from, and that's the reason why the Streeterville clinic is
20 unique for public transportation access, because you have
21 access -- I can, off the top of my head, think about four
22 bus lines, not to mention the Red Line, that goes right
23 there. So it's not as much, really, the physician's
24 practices and then the hospital that he goes to. It's

1 where those patients live who are going to dialysis three
2 times a week.

3 CHAIRMAN GALASSIE: Any other questions from
4 Board members?

5 MR. HAYES: Yes, I have another one.

6 CHAIRMAN GALASSIE: Member Hayes?

7 MR. HAYES: In the table on page 6, Table One,
8 we have FMC Northwestern University, and could you explain
9 what that -- that is one of your facilities, and what is
10 that facility, and how will this new section -- how will
11 that affect this facility there?

12 MS. RANALLI: The Streeterville clinic will
13 probably not have any impact on that clinic at all. We're
14 a Northwestern facility. It is a facility that is on
15 Northwestern campus. The Northwestern Medical Faculty
16 Foundation physicians admit their patients to it, and it
17 does not have the capacity. It's currently at 74 percent
18 utilization. So, if we were to say to these other patients
19 who are not seen by NMFF doctors -- they're seen by a
20 totally different practice group. You mentioned a
21 physician. But if they were referred to that Northwestern
22 clinic, it has too many patients, because it just doesn't
23 have enough stations at this point in time. It's a very
24 different clinic, given its location on the Northwestern

1 campus, and it's a 44-station clinic. This is a 12-station
2 stand-alone clinic, truly easier to access than the
3 patients served by the Northwestern Medical Faculty
4 Foundation group at the FMC Northwestern clinic.

5 MR. HAYES: Now, do you expect this clinic to
6 continue when you open this new one?

7 MS. RANALLI: The Northwestern clinic?

8 MR. HAYES: Yes.

9 MS. RANALLI: Yes. We don't see that one
10 would have any impact on the other.

11 MR. HAYES: And do you have a lease associated
12 with that clinic at the FMC Northwestern University?

13 MS. RANALLI: Yes.

14 MR. HAYES: And when does that lease expire?

15 MS. RANALLI: Two years, and we have options
16 to renew. I think two -- the lease -- it expires, and then
17 it has two options to renew, I think, for five years, but
18 I'm not one hundred percent sure. I know there are options
19 to renew. I don't know the terms.

20 MR. HAYES: But you know it has options to
21 renew?

22 MS. RANALLI: Right. At Fresenius' election,
23 the lease can renew for an additional number of years.

24 Typically Fresenius' leases are five years. I'm not sure

1 if that's what the option is.

2 MR. HAYES: But is the lessee, which is a very
3 prominent organization, FMC Northwestern University -- this
4 is in their -- where exactly is this? Isn't this in their
5 medical campus there, or right next to it?

6 MS. RANALLI: Yes, it is in the Northwestern
7 medical campus and attached to -- the building that the
8 Northwestern Fresenius Clinic is in is attached to the
9 Feinberg Pavilion. Northwestern Memorial Hospital, I
10 believe, is the lessor.

11 MR. HAYES: Right. Okay. And they may need
12 that space for something else. They're doing quite a bit
13 of renovation in their campus there, and they may need that
14 space for something else. Is that -- have they talked to
15 you about that at all, the lessor?

16 MS. RANALLI: I don't know that. I know that
17 we have the option to remain there, pursuant to the lease,
18 but I don't know -- no, they have not.

19 MR. HAYES: And I just want to understand
20 that. I don't know if I've ever had a clinic or an ESRD
21 facility that basically is depending, because of the public
22 transportation aspects to -- you know, this is some of
23 the -- it's depending on a physician that is on the other
24 side of The Loop and his practice is -- you're depending on

1 the -- you're saying that public transportation -- and when
2 you live in the city and especially in one of the
3 richest -- maybe the richest zip code in the entire state
4 of Illinois, and those areas that you're describing are
5 probably amongst the richest, if you're looking at those
6 zip codes, that they can't find any other way of -- by
7 private car or family members or, you know, cabs, to be
8 able to go to a facility, that they have probably the most
9 options of anyone in the entire city. Caregivers can even
10 drive them.

11 MS. RANALLI: The areas to be served, 60614,
12 60611, contain -- and I can speak to this personally,
13 having lived in those areas for many, many years -- a
14 number of very wealthy people and a number of not wealthy
15 people at all, a number of elderly people who are on fixed
16 incomes who live in highrises in that area because it's an
17 easy lifestyle for them. So, you're right. There are a
18 number of affluent individuals who could take, for example,
19 cabs. Cabs are not cheap in the City of Chicago for sure,
20 and they do rely on cabs. But there are -- it's not
21 necessarily safe to assume that people who live in those
22 zip codes are all wealthy, because of the diverse
23 populations within the city.

24 MR. HAYES: Could they even walk to this

1 facility or -- could they walk?

2 MS. RANALLI: I suppose some of them, but if
3 you live in the 60614 zip code, no, which a number of
4 patients do.

5 CHAIRMAN GALASSIE: Are there any other
6 questions?

7 (Pause)

8 CHAIRMAN GALASSIE: Hearing none, may I have a
9 motion to approve Project 12-093, Fresenius Medical Care of
10 Streeterville, to establish a 12-station end stage renal
11 dialysis facility in Chicago, Illinois?

12 MS. OLSON: So moved.

13 CHAIRMAN GALASSIE: Moved.

14 MR. BURDEN: Second.

15 CHAIRMAN GALASSIE: Roll call?

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

18 Mr. Bradley.

19 MR. BRADLEY: Because of unnecessary
20 duplication, I vote no.

21 MR. ROATE: Dr. Burden?

22 MR. BURDEN: I'm going to pass on this.

23 MR. ROATE: Senator Demuzio?

24 MS. DEMUZIO: No. Duplication of services.

1 MR. ROATE: Mr. Hayes?

2 MR. HAYES: No, based on Planning Area need
3 and duplication, maldistribution of services.

4 MR. ROATE: Ms. Olson?

5 MS. OLSON: No, based on no proof of improved
6 access.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: No, based on maldistribution and
9 unnecessary duplication of services.

10 MR. ROATE: Mr. Sewell?

11 MR. SEWELL: No, for reasons stated.

12 MR. ROATE: Chairman Galassie?

13 CHAIRMAN GALASSIE: No, for reasons stated.

14 MR. ROATE: Dr. Burden voted pass?

15 CHAIRMAN GALASSIE: Dr. Burden abstained.

16 Motion does not pass.

17 Did you want to vote?

18 MR. BURDEN: The opportunity has been
19 returned?

20 CHAIRMAN GALASSIE: Yes.

21 MR. BURDEN: No.

22 MS. RANALLI: Thank you for your time.

23 CHAIRMAN GALASSIE: Let the record show
24 Dr. Burden voted no.

1 MR. URSO: You're going to be receiving an
2 Intent to Deny. You have another opportunity to come
3 before the Board.

4 CHAIRMAN GALASSIE: It is now 12:40. We're
5 going to break for 45 minutes for lunch. That should put
6 us back here at 1:30. And lunch is right here in the
7 hallway.

8 (Lunch recess)

9 CHAIRMAN GALASSIE: Can I call us back
10 together? Thank you for being timely. It's a few minutes
11 after 1:30.

12 We will be moving into the next four items.
13 There are, again, no issues from Staff or public opinion
14 that I'm aware of. But we will start out with Item 12-094,
15 Fresenius Medical Care, Prairie Meadows.

16 Good afternoon. Welcome back. We need an
17 introduction from yourself.

18 MS. RANALLI: Hi. My name is Clare Ranalli,
19 counsel to the applicant. With me is Brian Brandenburg and
20 Lori Wright, both of Fresenius Medical Care.

21 CHAIRMAN GALASSIE: Brian needs to be sworn
22 in.

23 (Oath given)

24 CHAIRMAN GALASSIE: Thank you very much.

1 Michael, Staff report?

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

3 The applicants are proposing the establishment
4 of a 12-station ESRD facility in approximately 7,200 gross
5 square feet of leased space in Libertyville, Illinois. The
6 anticipated cost of the project is approximately \$3.3
7 million. There was no public hearing and no opposition
8 letters received on this project.

9 Thank you, Mr. Chairman.

10 CHAIRMAN GALASSIE: Thank you very much.

11 I'm going to open it up to Board members. Are
12 there any questions?

13 (Pause)

14 CHAIRMAN GALASSIE: Hearing none, may I have
15 a motion to approve Project 12-094, Fresenius Medical Care
16 Prairie Meadows, to establish a 12-station end stage renal
17 dialysis facility in Libertyville, Illinois.

18 MR. PENN: So moved.

19 MR. BRADLEY: Second.

20 CHAIRMAN GALASSIE: Moved and seconded.

21 Roll, please?

22 MR. ROATE: Motion made by Mr. Penn, seconded
23 by Mr. Bradley.

24 Mr. Bradley?

1 MR. BRADLEY: Yes.

2 MR. ROATE: Dr. Burden?

3 MR. BURDEN: No, based on the Planning Area
4 need.

5 MR. ROATE: Senator Demuzio?

6 MS. DEMUZIO: No, based on the need.

7 MR. ROATE: Thank you.

8 Mr. Hayes?

9 MR. HAYES: No, based on the Planning Area
10 need and the duplication and maldistribution of services.

11 MR. ROATE: Thank you.

12 Ms. Olson?

13 MS. OLSON: No, for the same reason.

14 MR. ROATE: Thank you.

15 Mr. Penn?

16 MR. PENN: No, duplication of services.

17 MR. ROATE: Mr. Sewell?

18 MR. SEWELL: No, for reasons stated.

19 MR. ROATE: Thank you.

20 Mr. Galassie?

21 CHAIRMAN GALASSIE: No, for reasons stated.

22 MR. ROATE: That's seven votes in the
23 negative, one vote in the affirmative.

24 CHAIRMAN GALASSIE: Motion does not pass.

1 MR. URSO: You'll be receiving an Intent to
2 Deny. As I said previously, you'll have another
3 opportunity to come before the Board, as well as submit
4 additional information, if you choose.

5 CHAIRMAN GALASSIE: Thank you folks. I think
6 you're staying for the next agenda item, Agenda Item
7 12-095, Fresenius Medical Care, Waterloo. Good afternoon,
8 sir. If you would introduce yourself, spell your last
9 name, and we'll have you sworn in.

10 MR. ALDERSON: Richard Alderson, Regional
11 Vice-President of Fresenius Medical Care.

12 (Oath given)

13 CHAIRMAN GALASSIE: Thank you very much.
14 Staff report?

15 MR. CONSTANTINO: Thank you, Mr. Chairman.
16 The applicants are proposing the establishment
17 of a 6-station ESRD facility in approximately 6,900 gross
18 square feet of leased space in Waterloo, Illinois. The
19 anticipated cost of the project is approximately \$3
20 million. The anticipated completion date is February 28th,
21 2015. We have not received any opposition letters, and 10
22 letters of support were included in the Application for
23 Permit. There was no public hearing requested.

24 Thank you, Mr. Chairman.

1 CHAIRMAN GALASSIE: Thank you, sir.

2 Any comments for the Board?

3 MS. RANALLI: Yes. Thank you. We do
4 appreciate the opportunity to comment, just to address the
5 negatives in the State Board report, as well as -- although
6 there was no opposition filed and numerous letters of
7 support, there was testimony in opposition to the project,
8 and we'd like to clarify some of the points made.

9 There was a statement by the physician who
10 does not practice in Monroe County, where this facility
11 will be located, that the patients -- there were only ten
12 patients in Waterloo. That is true. There's only ten
13 patients who reside in Waterloo. By the way, the gentleman
14 is in the audience, here from Waterloo, who just came of
15 his own accord. Mr. Repholtz is here. But there's 25
16 patients who reside in Monroe County. Monroe County does
17 not have a dialysis clinic within its four walls it
18 borders. The patients who live in Monroe County currently
19 travel to St. Louis, Missouri, which is where the doctor
20 who testified in opposition today sees his patients, and
21 the -- there are only two clinics within thirty minutes.
22 One is over your target capacity. The other is a new
23 clinic. It is not yet operating and seeing patients. But
24 the patients who live in Monroe County will continue, as

1 they do now, to travel out to St. Louis, Missouri. It's
2 closer. St. Louis has amenities that patients' family
3 members can go there, have dinner, shop while their family
4 members are dialyzing. Those patients will not travel to
5 Red Bud. The services also at that clinic did not
6 duplicate the Monroe County patients. So that clinic will
7 become full with other area patients.

8 In Waterloo, there's also a home program that
9 Fresenius offers. Fresenius currently is the only dialysis
10 provider with a presence in Monroe County. So it made
11 perfect sense to offer outpatient dialysis to complement
12 the home dialysis community program that is in Waterloo and
13 Monroe County currently.

14 And Mr. Alderson may have some statements as
15 well.

16 CHAIRMAN GALASSIE: Thank you.

17 MR. ALDERSON: The patients who are presently
18 using the dialysis services in Waterloo, they came to us
19 for this facility. There's a big need there. This will
20 bring jobs into that area. It's a brand new facility.
21 There's nothing in Monroe County. Again, not traveling out
22 of state. Keeps those patients there. They're not going
23 to go to Red Bud. It's easier for them to go to St. Louis.
24 There's more amenities for their caregivers, if they have

1 to take them. Those patients aren't going to the other
2 facilities.

3 The community has asked for this. We want to
4 put a program there to help them with that home program
5 that's been there for multiple years. So, we're here today
6 to ask you for this support in this new project.

7 Thank you.

8 CHAIRMAN GALASSIE: Thank you.

9 Any questions from Board members?

10 MR. BURDEN: I have one. How many
11 nephrologists are actually available in your overall
12 community? We heard some testimony earlier. It didn't
13 seem like very many.

14 MR. ALDERSON: Actually, Dr. Cook is a
15 nephrologist, and he serves Monroe County. There are
16 support letters in your packets from some of the physicians
17 in St. Louis County who see these patients, who support
18 Dr. Cook. They're very firmly supportive of him there. He
19 has a practice there. He has had a practice there for some
20 period of time. He is the only nephrologist that's
21 actually in Monroe County.

22 MR. BURDEN: What's the population of Monroe
23 County.

24 MR. ALDERSON: 10,000 people, maybe -- 30,000

1 plus.

2 MR. BURDEN: You're not over-populated with
3 nephrologists, that's for sure.

4 MR. ALDERSON: No, sir. We're trying to work
5 to bring another nephrologist in.

6 CHAIRMAN GALASSIE: Any other questions?

7 Member Olson and then Mr. Sewell.

8 MS. OLSON: Are you moving into an existing
9 space or building a new?

10 MR. ALDERSON: Building a new space.

11 MS. OLSON: Two years?

12 MR. ALDERSON: Yes, ma'am. We have -- with
13 our applications, we build that into the survey process,
14 since this is a new facility. So we build that time in the
15 survey process, to keep from coming back to you.

16 MS. OLSON: Thank you.

17 CHAIRMAN GALASSIE: Member Sewell?

18 MR. SEWELL: So, we really have you guys in a
19 bind, don't we? Your proposal is too big for the Planning
20 Area need and too small for the minimum number of stations.
21 I hate regulations. So, this is in a metropolitan
22 statistical area? I just want to confirm that.

23 MS. RANALLI: Yes.

24 MR. SEWELL: The St. Louis MSA.

1 MR. ALDERSON: Yes. And the facility we will
2 building, we will be able to expand.

3 MR. SEWELL: I would assume that if you get
4 approval, you'll be back pretty soon for at least two more
5 stations, and you'll argue that you need that to meet the
6 minimum number of stations. Yeah, this was really right on
7 the edge and it's fascinating how, you know, you're right
8 between two different rules like that.

9 CHAIRMAN GALASSIE: Other questions or
10 comments?

11 MR. PENN: When is Red Bud scheduled to open?

12 MS. OLSON: December of '14.

13 MR. URSO: You asked about Red Bud?

14 CHAIRMAN GALASSIE: Was that the response?
15 Red Bud is opening December of '14?

16 MS. OLSON: That's what I read.

17 CHAIRMAN GALASSIE: Thank you very much.

18 Any other questions?

19 (Pause)

20 CHAIRMAN GALASSIE: Seeing no other questions,
21 may I have a motion to approve Project 12-095, Fresenius
22 Medical Care, Waterloo, to establish a 12-station end stage
23 renal dialysis facility in Waterloo, Illinois?

24 MS. OLSON: So moved.

1 MR. BURDEN: Second.

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

4 MR. ROATE: Motion made by Ms. Olson, seconded
5 by Dr. Burden.

6 Mr. Bradley?

7 MR. BRADLEY: Yes.

8 MR. ROATE: Dr. Burden?

9 MR. BURDEN: Just so the Fresenius people know
10 I am an equal opportunity offender, I'm voting yes.

11 MR. ROATE: Senator Demuzio?

12 MS. DEMUZIO: Yes.

13 MR. ROATE: Mr. Hayes?

14 MR. HAYES: Yes.

15 MR. ROATE: Ms. Olson?

16 MS. OLSON: Yes.

17 MR. ROATE: Mr. Penn?

18 MR. PENN: Yes.

19 MR. ROATE: Mr. Sewell?

20 MR. SEWELL: Yes.

21 MR. ROATE: Chairman Galassie?

22 CHAIRMAN GALASSIE: Yes.

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

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

3 Moving on to Item 12-097, Markham Renal
4 Center, Country Club Hills. Good afternoon, folks.

5 (Pause)

6 CHAIRMAN GALASSIE: If you would utilize that
7 microphone, introducing yourselves and spelling your last
8 name, we will get you sworn in.

9 MR. SHEETS: Chuck Sheets.

10 MS. DAVIS: Penny Davis.

11 MR. VANLEER: Joe Vanleer.

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

14 MR. CONSTANTINO: Mr. Galassie, can I ask a
15 favor? Could you scold Dr. Burden and make sure he uses
16 his microphone? We're having a lot --

17 MS. OLSON: You're using it, but it's not on.

18 CHAIRMAN GALASSIE: Any opportunity to scold
19 Dr. Burden --

20 MS. DEMUZIO: I need to watch that a little
21 bit better.

22 CHAIRMAN GALASSIE: Thank you very much for
23 that.

24 MR. CONSTANTINO: He doesn't listen to me.

1 Thank you, Mr. Chairman.

2 The applicants are proposing to discontinue an
3 existing 24-station ESRD facility in Markham, Illinois and
4 reestablish a 24-station ESRD facility approximately three
5 and a half miles away in Country Club Hills. The cost of
6 the project is approximately \$4 million. The anticipated
7 completion date is June 30th, 2015. There was no
8 opposition comments and no public hearing requested. Thank
9 you, Mr. Chairman.

10 CHAIRMAN GALASSIE: Thank you, sir.

11 Comments for the Board? Ms. Davis.

12 MS. DAVIS: Yes, thank you. Good afternoon.
13 My name is Penny Davis, and I'm the Division Vice-President
14 for DaVita in Chicago.

15 As Mr. Constantino has indicated, this is a
16 relocation project for an existing unit DaVita acquired as
17 part of our acquisition of DSI in 2011. Given the size of
18 that transaction, we are unable to vet each site to ensure
19 that each would meet DaVita's specifications and quality
20 standards. So, because of this, we had to replace some of
21 those facilities.

22 The existing facility is located in a large
23 shopping center, which is over 50 years old, in Markham.
24 It's aging and is in need of repair. Besides being

1 outdated, one of the biggest problems with this facility
2 from the first time I went there was the fact of its
3 accessibility to patients. The entrance to the facility is
4 actually in the rear alley where semi trucks deliver to
5 various stores in the strip mall. Patients have to cross
6 that traffic from the parking area, and there is no
7 dedicated drop-off area. The set-up is particularly
8 troublesome for chronically ill and disabled patients, and
9 often times patients walk into the facility and they are
10 angry and startled because they've nearly been run down by
11 a truck in the parking lot. They're often intimidated by
12 the truck drivers as well. They'll honk and scream at them
13 for coming across in their wheelchairs.

14 We did briefly look at modernizing the
15 facility. It's leased space and part of a much larger
16 building. There's very little we could do in terms of
17 updating.

18 We're asking to relocate and build a new
19 building, which would be cost efficient and allow us to
20 create a design for its use and the state-of-the-art.
21 We're choosing to relocate to a modern facility with
22 improved reception area, a covered patient pickup and
23 drop-off area, and dedicated parking. We're not adding to
24 any station capacity in the Planning Area with this move,

1 and utilization trends in the immediate area support the
2 47-station need that exists in this HSA 7. Based on the
3 report ending December 31st, 2012, area average utilization
4 of existing and approved facilities within 30 minutes
5 normal travel time of the proposed site is over 80 percent.
6 Additionally, the number of patients receiving treatment
7 for end stage renal disease from facilities within the
8 immediate area has increased by four percent, or 157
9 patients in the last twelve months alone. Further, the
10 existing facility's utilization is up 60 percent from the
11 prior year, and as the Staff report notes on page 15, we've
12 identified 20 CKD patients, along with Markham's current
13 patient base, and 10 current ESRD patients from our nearby
14 Hazel Crest facility -- which, by the way, is operating at
15 over 100 percent utilization -- who will transfer to the
16 existing facility. As such, the relocated facility will
17 exceed target utilization at the new location within the
18 required time frame.

19 At this time, I'd be happy to answer any
20 questions you might have, and ask you to vote in favor of
21 this relocation.

22 CHAIRMAN GALASSIE: Questions from Board
23 members?

24 MR. HAYES: Mr. Chairman?

1 CHAIRMAN GALASSIE: Mr. Hayes and Dr. Burden.

2 MR. HAYES: Can I ask Mike? In this State
3 Agency Report, was there a bond rating for DaVita included?

4 MR. CONSTANTINO: I don't think we included it
5 in the report, John.

6 MR. HAYES: Was there any reason for that?

7 MR. CONSTANTINO: I think it was just an
8 oversight on our part. The bond rating has not changed.

9 MR. HAYES: Okay. Thank you.

10 CHAIRMAN GALASSIE: Dr. Burden?

11 MR. BURDEN: I want everybody to understand
12 that I'm using the microphone now.

13 This is the first time -- and I mean this
14 somewhat anecdotally -- that I've heard a new excuse to
15 rebuild or move is basically truck drivers are running down
16 patients. That's a fresh, novel spin. Did it come from
17 that man to the right of you? You don't know.

18 MR. SHEETS: That was my idea.

19 MS. DAVIS: No, it did not.

20 CHAIRMAN GALASSIE: Any other questions or
21 comments?

22 Mr. Carvalho?

23 MR. CARVALHO: Yeah. I don't want to belabor
24 that point, but I regularly drive by both of these

1 locations, because I live in that area. What are you
2 talking about, truck drivers driving -- it's a strip mall.
3 They're both strip malls.

4 MS. DAVIS: Well, the way the Markham facility
5 was built by DSI, instead of the entrance being in the
6 front, where you would normally assume it would be, like
7 the stores have, the door in the front of the strip mall
8 goes actually into the water room. The entrance for
9 patients is around back in the delivery space, behind the
10 strip mall.

11 MR. CARVALHO: Behind the mall where
12 deliveries are required. Because it's certainly the case
13 that your new location is a little more upscale than your
14 old location, but they're both strip malls.

15 MS. DAVIS: They're both strip malls, but we'd
16 be building a building in the front. It was very poorly
17 designed.

18 CHAIRMAN GALASSIE: Any other questions or
19 comments?

20 (Pause)

21 CHAIRMAN GALASSIE: Hearing and seeing none,
22 may I have a motion the approve Project 12-097, Markham
23 Renal Center, to relocate an existing 24-station end stage
24 renal dialysis center from Markham to Country Club Hills,

1 Illinois?

2 MR. BURDEN: So moved.

3 MR. HAYES: Second.

4 CHAIRMAN GALASSIE: Moved and second. Roll
5 call, please.

6 MR. ROATE: Motion made by Dr. Burden,
7 seconded by Mr. Hayes.

8 Mr. Bradley?

9 MR. BRADLEY: Yes.

10 MR. ROATE: Dr. Burden?

11 MR. BURDEN: Yes.

12 MR. ROATE: Senator Demuzio?

13 MS. DEMUZIO: Yes.

14 MR. ROATE: Mr. Hayes?

15 MR. HAYES: Yes.

16 MR. ROATE: Ms. Olson?

17 MS. OLSON: Yes.

18 MR. ROATE: Mr. Penn?

19 MR. PENN: Yes.

20 MR. ROATE: Mr. Sewell?

21 MR. SEWELL: Yes.

22 MR. ROATE: Chairman Galassie?

23 CHAIRMAN GALASSIE: Yes.

24 MR. ROATE: Eight votes in the affirmative.

1 CHAIRMAN GALASSIE: Motion passes.

2 Congratulations. Enjoy your new, safer facility.

3 Moving on to 12098, Fresenius Care in

4 Monmouth.

5 I believe you folks have all been sworn in.

6 Can we go right into the Staff report?

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

8 The applicants are proposing a 12-station ESRD
9 facility in Monmouth, Illinois. The cost of the project is
10 approximately \$3.3 million. The anticipated project
11 completion date is February 28th, 2015. There was no
12 public hearing requested and no opposition letters
13 submitted.

14 Thank you, Mr. Chairman.

15 CHAIRMAN GALASSIE: Thank you, sir.

16 Comments for the Board?

17 MS. RANALLI: Thank you. We'll be very, very
18 brief. Dr. Srinivasan was going to be here. He's on his
19 way, but, obviously, didn't make it on time, because you're
20 going quickly with the agenda, which is good, and I'll try
21 to facilitate that.

22 The State Board report was primarily positive,
23 although there is an excess of stations in the area. The
24 State Board noted that the only clinic within the 30-minute

1 radius is the Galesburg clinic, which Dr. Srinivasan refers
2 to, and he has a number of ESRD patients, as well as
3 partners in the area, and they have nowhere to put them,
4 because Galesburg is pretty much at capacity, which is why
5 he approached Fresenius to develop a clinic in Monmouth,
6 which is about 20 miles away from Galesburg. So, we tried
7 to locate it well for the Planning Area and where the
8 patients live and reside.

9 And on the excess station issue, we do note
10 that the ratio of population to stations is significantly
11 higher than the state average. So, it does appear in this
12 geographic area that a new clinic would be very helpful to
13 access, because of the over utilization at Galesburg and
14 the number of patients Dr. Srinivasan has in his practice
15 that will require dialysis in the future.

16 If you have any questions, I'm sure we can
17 answer them for you.

18 CHAIRMAN GALASSIE: Questions from Board
19 members?

20 (Pause)

21 CHAIRMAN GALASSIE: Seeing none, may I have a
22 motion to approve Project 12-098, Fresenius Medical Care,
23 Monmouth, to establish a 12-station end stage renal
24 dialysis facility in Monmouth, Illinois?

1 MR. BRADLEY: So moved.

2 MR. PENN: Second.

3 CHAIRMAN GALASSIE: Moved and seconded. Roll
4 call, please.

5 MR. ROATE: Motion made by Mr. Bradley,
6 seconded by Mr. Penn.

7 Mr. Bradley?

8 MR. BRADLEY: Yes.

9 MR. ROATE: Dr. Burden?

10 MR. BURDEN: Yes.

11 MR. ROATE: Senator Demuzio?

12 MS. DEMUZIO: Yes.

13 MR. ROATE: Mr. Hayes?

14 MR. HAYES: Yes.

15 MR. ROATE: Ms. Olson?

16 MS. OLSON: Yes.

17 MR. ROATE: Mr. Penn?

18 MR. PENN: Yes.

19 MR. ROATE: Mr. Sewell?

20 MR. SEWELL: Yes.

21 MR. ROATE: Chairman Galassie?

22 CHAIRMAN GALASSIE: Yes.

23 MR. ROATE: Eight votes in the affirmative.

24 CHAIRMAN GALASSIE: Congratulations. Motion

1 passes.

2 And now moving on to Item 12-099, Northwestern
3 Medical Facility Foundation Dialysis Center of Chicago.

4 (Pause)

5 CHAIRMAN GALASSIE: Welcome, and good
6 afternoon, folks. If you would please utilize the
7 microphone when introducing yourself and spell your last
8 name, please.

9 MR. NEILSON: Yes. My name is Eric Neilson,
10 and I'm with the Feinberg School of Medicine at
11 Northwestern University and CEO of the Northwestern Medical
12 Faculty Foundation, also known as NMFF. It's a
13 900-member --

14 CHAIRMAN GALASSIE: We're going to let these
15 other folks introduce themselves, and then we'll have you
16 sworn in.

17 MR. AXEL: Jack Axel, Axel & Associates.

18 MR. ROSA: Dr. Robert Rosa.

19 MS. EARHART: Linda Earhart, Chief
20 Administrative Officer ASA.

21 CHAIRMAN GALASSIE: Thank you. We'll have
22 you sworn.

23 (Oath given)

24 CHAIRMAN GALASSIE: Thank you very much.

1 Staff report, Michael?

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

3 The applicant is proposing a 36-station ESRD facility in
4 Chicago, Illinois. The anticipated cost of the project is
5 approximately \$9 million. The completion date is June
6 30th, 2016. There was no public hearing requested.

7 However, we did receive opposition letters.

8 One other thing to note. This is just a
9 recent occurrence. Northwestern Medical Faculty Foundation
10 is in the process of selling to Northwestern Healthcare.

11 It was announced this week. It has no bearing on this
12 project at all. If you should approve it, they would
13 have -- and that transaction would go through of the sale,
14 they would have to come back and do a change of ownership.

15 CHAIRMAN GALASSIE: Very good.

16 Comments for the Board, Mr. Neilson?

17 MR. NEILSON: Yes, thank you. I am the CEO of
18 Northwestern Medical Faculty Foundation, a 900-member
19 physician group and the clinical arm of the school. I'm a
20 nephrologist, familiar with the issues of providing
21 dialysis.

22 We're proposing this 36-unit dialysis facility
23 be located on the campus of the Northwestern Medical Center
24 so we can invite our patients back to a comprehensive care

1 program. The unit will reside in leased space in an
2 ambulatory care building, approved by this Board in
3 February of 2012 and currently under construction. NMFF,
4 in a joint venture with Ambulatory Services of America, and
5 known in this application as the Northwestern Medical
6 Faculty Foundation Dialysis Center, will be responsible for
7 the clinical care of these dialysis patients, and the
8 Ambulatory Services of America will be responsible for the
9 management of the facility services. This is a joint
10 venture with an 80/20 ownership with NMFF the majority
11 partner.

12 So, why are we proposing this facility? We
13 think we can do a better job in meeting the special needs
14 of our patients. Our faculty nephrologists at Northwestern
15 include a group of six that take care of 180 to 200
16 patients on hemodialysis in the immediate area. We also
17 take care of an additional 160 to 180 pre-dialysis
18 patients, who will be on dialysis within the next 15 to 24
19 months. We are proposing this facility to offer patients a
20 choice between corporate-driven or physician-driven models
21 of dialysis care. Nearly 87 percent of hemodialysis
22 stations in Chicago are operated by one of two dominant
23 national providers that allow little to no variance from
24 the corporate protocols. In our new unit, patient care

1 treatment plans can be individualized and not constrained
2 by rigid qualities of care. Within our own unit, we can
3 appoint a medical director without having to sign
4 restrictive covenants or arduous non-compete provisions, as
5 are commanded in other contracts from national providers.

6 We're proposing this facility because we
7 offered to purchase the current FMC facility a number of
8 months ago, but FMC -- and we offered to purchase it
9 through the current terms of their immediate lease, and FMC
10 came back with a sale price that was not even close to
11 market competitive, and we had to abandon what I felt was a
12 very straight-forward solution to this matter.

13 We are proposing this facility operate as a
14 fully-integrated component of the medical center's
15 comprehensive nephrology program, offering home dialysis,
16 peritoneal dialysis, hemodialysis. Northwestern has the
17 largest renal transplant program in Illinois. We want to
18 share computer systems with access transplant surgeons, and
19 eventual align our computer system to the healthcare system
20 itself, so we have information wherever we see our
21 patients.

22 We are proposing this facility to operate as a
23 unit where we can have full control over the clinical care
24 of our patients. We gave up the medical directorship of

1 the FMC unit 18 months ago as a result of a disagreement
2 with FMC over patient care issues. FMC provides both
3 management services and is a manufacturer of dialysis
4 equipment, which we feel is an impediment to our clinical
5 decision making. We want a unit where management services
6 are not in conflict with the forced choice of equipment,
7 the conflict which led, in our case, to our current
8 dialysis program having to relocate to another unit. We do
9 not like the fact that at our current FMC unit, we are also
10 forced to send all of our blood work, including urgent
11 blood cultures and coagulation studies, to an FMC-owned
12 laboratory in New Jersey, which can delay reporting of
13 urgent results.

14 We are proposing this facility to ensure that
15 our unit can be a clinical teaching site, which is critical
16 to our academic mission. We train residents, renal
17 fellows, and medical students at Feinberg. Under
18 Fresenius' rules, however, fellows and students cannot make
19 patient visits without an attending present, which thwarts
20 the Accreditation Council for Graduate Medical Education
21 policy that provides we provide increasing levels of
22 responsibility to our trainees. Our fellows now have to go
23 to remote sites to sometimes see our patients, and our
24 students can't participate.

1 We are proposing this facility to have a
2 clinical research element and one where we can study new
3 ideas, as opposed to corporate-driven protocols aimed at
4 maximizing profitability. We want a unit where we can
5 perform pilot research studies. It's virtually impossible
6 to run our own studies in the FMC unit because of the
7 laborious approval processes created by FMC, the excessive
8 financial charges being imposed on our studies, as opposed
9 to their own, including the payment of nursing time. FMC
10 also denies access to non-nephrologists for special
11 studies.

12 Finally, we are proposing this facility to
13 provide access to non-dialysis -- chronic dialysis patients
14 requiring outpatient fluid removal. Currently these
15 patients, most of them have heart failure, or most of them
16 are transplant patients whose transplant isn't working
17 properly initially. We can't discharge them from the
18 hospital, because we have to dialyze them in the in-patient
19 unit, because FMC will not take them into their care.

20 So, for all of these reasons, we feel that
21 this is an important step, that it sounds a little
22 complicated, but it isn't. We're pleased with the positive
23 nature of the Staff report. We believe this project will
24 have a positive impact on our patients as well as the

1 teaching commitment, clinical research, all of which are so
2 important to our academic mission.

3 So, with that bit of introduction, I'd be
4 happy to respond to your questions or expand on any of the
5 issues, as you wish.

6 CHAIRMAN GALASSIE: Thank you, Dr. Neilson.

7 I'll open it up to questions from Board
8 members, starting with Dr. Burden and then Member Sewell.

9 MR. BURDEN: Number one, Doctor, thank you
10 very much for that very comprehensive, Illuminating
11 presentation. We've sat here -- I have -- for five years
12 as a retired urologist, never really getting information
13 that you just brought forth. It makes me wonder why other
14 academic institutions in our community don't proceed on
15 their own path that you presented. I for one know there's
16 an impediment, based on the number of existing facilities
17 in the community, in the hospital Service Area, but you
18 presented, I thought, to me as a physician a very strong
19 and convincing approach to how dialysis should work, I
20 thought. The people that have been here as long as I have
21 heard me harangue about the need for more -- at least a
22 more accurate transplant program going on in our community,
23 and I know Northwestern's was, since I was involved in
24 Children's Hospital many years ago with that program. I am

1 sort of preaching to the choir when I say that I am -- that
2 you impressed me, having not heard previously information
3 that I think we should understand, that the large
4 commercial entities that provide this service have an
5 economic motive as the number one motive that I have not
6 heard much about. We hear at this table about the service
7 rendered to the individuals, and I know full well that
8 money is behind a lot of things, and that's my personal
9 reaction to it.

10 I appreciate your presentation and your
11 appearance here today. Thank you very much.

12 CHAIRMAN GALASSIE: Member Sewell?

13 MR. SEWELL: Yes. As I understand it, the
14 trade-off here is the excess capacity and unnecessary
15 duplication, on the one hand. On the other hand, your
16 alternative model of care, your inability to do research at
17 some of the FMC facilities, and your charge, really, that
18 there may be a conflict of interest within their system of
19 promoting the equipment they promote, since that might
20 be -- that might interfere with the way care is provided.
21 I think that's the two sort of sides of the coin we have to
22 weigh. On one hand, our rules say there's enough capacity
23 there; there's duplication of services. On the other hand,
24 you're saying that this is an alternative model of care, a

1 better model of care, and then continuity of care all the
2 way up to the fact that you're doing transplants at
3 Northwestern. Do I have that pretty much right.

4 MR. NEILSON: Yeah, I think you stated it very
5 eloquently. I would add the additional observations that
6 over time, we do not believe there would be a duplication
7 of services, because all of these patients are ours and, as
8 you know, dialysis patients are free to choose to be
9 dialyzed wherever they like, and we welcome patients from
10 wherever they want to come. We feel with our new unit that
11 our patients, all 160 to 180, will return to our dialysis
12 unit and be dialyzed there. My guess is that that will
13 make it unlikely that other -- the other unit can
14 participate effectively, and so, we believe in the
15 transition period over the next two years that that
16 transition will result in the right sizing of the number of
17 stations in that environment. We think 36 is correct. Our
18 goal is to dialyze patients who need it, but to transplant
19 anybody we can humanly possible transplant. So that puts a
20 downward number of stations we need, but we think 36 is the
21 correct number.

22 CHAIRMAN GALASSIE: Other questions?

23 (Pause)

24 CHAIRMAN GALASSIE: Seeing none, may I have a

1 motion to approve Project 12-099, Northwestern Medical
2 Faculty Foundation Dialysis Center, to establish a
3 36-station end stage renal dialysis facility in Chicago,
4 Illinois?

5 MR. BURDEN: So moved.

6 MS. OLSON: Second.

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

9 MR. ROATE: Motion made by Dr. Burden,
10 seconded by Ms. Olson.

11 Mr. Bradley?

12 MR. BRADLEY: I want to echo what Dr. Burden
13 said. This was an excellent presentation, very
14 informative. I vote yes.

15 MR. ROATE: Dr. Burden?

16 MR. BURDEN: Yes.

17 MR. ROATE: Senator Demuzio?

18 MS. DEMUZIO: Yes.

19 MR. ROATE: Mr. Hayes?

20 MR. HAYES: Yes.

21 MR. ROATE: Ms. Olson?

22 MS. OLSON: I vote yes, based on the model and
23 the incorporation of teaching and research.

24 MR. ROATE: Mr. Penn?

1 MR. PENN: Yes.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: No. I don't think that we solve
4 the excess capacity issue, even if there is a different
5 model, by adding more capacity to the Planning Area.

6 MR. ROATE: Thank you, sir.

7 Chairman Galassie?

8 CHAIRMAN GALASSIE: Chair votes no for
9 reasons stated.

10 MR. ROATE: That's six in the affirmative, two
11 in the negative.

12 CHAIRMAN GALASSIE: Motion passes.
13 Congratulations. Good luck to you.

14 Moving on in the agenda, Number I,
15 Applications Subsequent to Intent to Deny; we have none.

16 And at this point in time, I will need a
17 motion to go into Executive Session.

18 MS. DEMUZIO: Motion.

19 MS. OLSON: Second.

20 MR. URSO: Pursuant to the Open Meetings Act,
21 Section 2(c)(11).

22 CHAIRMAN GALASSIE: So at this time, I would
23 ask any non-board member and/or non-staff member to please
24 vacate the room. I would guess we'll be in Executive

1 Session approximately a half hour.

2 While we're waiting, I was also going to
3 suggest to our Board, based upon the time of day, that I
4 would move Item 14 on tomorrow's agenda to today's agenda,
5 really leaving tomorrow morning strictly with the Vista
6 Lindenhurst issue and public comment.

7 MR. HAYES: That's no problem.

8 CHAIRMAN GALASSIE: I don't think it will be
9 terribly lengthy.

10

11 (EXECUTIVE SESSION HELD)

12

13 CHAIRMAN GALASSIE: Okay. We are back in
14 session, and we are moving Item No. 14 to today's agenda.
15 14A is a referral to legal counsel, and we have a proposed
16 motion.

17 MR. URSO: Mr. Chair, Board members, what we
18 want to do is refer the Provident Hospital of Cook County,
19 Chicago, potential compliance matter that deals with
20 reporting requirements that we don't feel have been
21 completed. So we need a motion for that, please.

22 MS. OLSON: So moved.

23 MR. PENN: Second.

24 CHAIRMAN GALASSIE: Moved and seconded. Roll

1 call.

2 MR. ROATE: Motion made by Ms. Olson, seconded
3 by Mr. Penn.

4 Mr. Bradley?

5 MR. BRADLEY: Yes.

6 MR. ROATE: Dr. Burden?

7 MR. BURDEN: Yes.

8 MR. ROATE: Senator Demuzio?

9 MS. DEMUZIO: Yes.

10 MR. ROATE: Mr. Hayes?

11 MR. HAYES: Yes.

12 MR. ROATE: Ms. Olson?

13 MS. OLSON: Yes.

14 MR. ROATE: Mr. Penn?

15 MR. PENN: Yes.

16 MR. ROATE: Mr. Sewell?

17 MR. SEWELL: Yes.

18 MR. ROATE: Chairman Galassie?

19 CHAIRMAN GALASSIE: Yes.

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

22 CHAIRMAN GALASSIE: Motion passes. Thank
23 you.

24 MR. URSO: Now, moving on to Final Orders, I

1 would like the Board to consider a motion to approve the
2 following three facilities for a Final Order. It is HFPB
3 08-02, Illinois Department of Veterans Affairs Homes in
4 Quincy; HFPB 08-03, Illinois Department of Veterans Affairs
5 Home, North Chicago; and the final one is Health Facilities
6 Planning Board 08-04, Illinois Department of Veterans
7 Affairs Homes in LaSalle. Requesting a motion to approve a
8 Final Order on those three items.

9 MR. SEWELL: So moved.

10 MR. PENN: Second.

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

13 MR. ROATE: Motion made by Mr. Sewell,
14 seconded by Mr. Penn.

15 Mr. Bradley?

16 MR. BRADLEY: Yes.

17 MR. ROATE: Dr. Burden?

18 MR. BURDEN: Yes.

19 MR. ROATE: Senator Demuzio?

20 MS. DEMUZIO: Yes.

21 MR. ROATE: Mr. Hayes?

22 MR. HAYES: Yes.

23 MR. ROATE: Ms. Olson?

24 MS. OLSON: Yes.

1 MR. ROATE: Mr. Penn?

2 MR. PENN: Yes.

3 MR. ROATE: Mr. Sewell?

4 MR. SEWELL: Yes.

5 MR. ROATE: Chairman Galassie?

6 CHAIRMAN GALASSIE: Yes.

7 Motion passes. Thank you very much.

8 I'm going to continue moving along, seeing as
9 how we're here at 10 to 3:00.

10 "Other Business", we have none.

11 "Rules Development", do we have any update on
12 Rules Development?

13 MS. BURMAN: I'm still waiting for the final
14 version of Part 1130, which are the procedural rules. They
15 are approved by JCAR, and I'm waiting to be able to proof
16 the final version. They will go into effect on June 1st.

17 CHAIRMAN GALASSIE: And this is where we made
18 changes?

19 MS. BURMAN: Yes. Some of the newer changes
20 were based on public comment, and our responses were
21 reviewed back in, I think, December and approved.

22 CHAIRMAN GALASSIE: Is it within our -- if I
23 may, is it within our rules to try to deal with this HUD
24 problem we talked about this morning?

1 MS. BURMAN: Yes.

2 CHAIRMAN GALASSIE: I think it was Member
3 Penn's --

4 MS. BURMAN: We can do some creative writing.

5 MR. SEWELL: In that package does it include
6 the Limited Specialty ESRD?

7 MS. BURMAN: No. That's a new rule making.
8 That will be --

9 MR. SEWELL: ASTC. I'm sorry.

10 MS. BURMAN: ASTC. Those rules will be
11 published on April 5th in the Illinois Register. There's a
12 notice of public hearing for those rules, which will be on
13 April 25th.

14 MS. AVERY: Do you have a quick update on the
15 meeting that we had with them?

16 There was a meeting -- ASTC Licensing Board
17 met on, I think, the 21st, and Frank attended that meeting
18 in response to some of the questions that they had. You
19 may remember at the last meeting there was public comment
20 from one of the doctors of that Board that addressed you
21 all, and we were just told to keep them abreast of what is
22 happening. So we have notified them of the public hearing
23 in their meeting and that we're still working on some of
24 those issues.

1 CHAIRMAN GALASSIE: Thank you very much.

2 Do we have any unfinished business? My agenda
3 says "none". No unfinished business.

4 Can we do 18, "New Business"? Any financial
5 report?

6 MS. AVERY: The financial report is in your
7 packet.

8 CHAIRMAN GALASSIE: Any questions at this
9 point on the financial report? We have been financially
10 reported.

11 Any legislative update, Alexis?

12 MS. KENDRICK: Mike sent to all of the Board
13 members a chart, I believe, last Thursday that kind of
14 addressed the bills that I've been tracking.

15 CHAIRMAN GALASSIE: And is this -- as you're
16 passing this out, if members have any questions, should
17 they contact Alexis?

18 MS. AVERY: Yes. Maybe, Alexis, you can say
19 what we found with 2423 and 2812.

20 MS. KENDRICK: House Bill 2423 is one of the
21 Board's initiatives. It's more of kind of a clean-up bill
22 to address some areas where there's some language
23 discrepancies that we've experienced in the last year that
24 we wanted to address. We received opposition from the

1 Illinois State Medical Society. They have concerns that
2 the Board was trying to expand their authority. We still
3 stand that our language was to clarify and not to expand
4 our authority. We've been working with them. They
5 provided language for an amendment for the bill. We've
6 given back our feedback for the language, and that's
7 currently where we are right now. That bill passed out of
8 committee and is on the floor of the House right now. I
9 believe we will be able to reach an agreement with the
10 State Medical Society on the language to address their
11 concerns.

12 House Bill 2812, which is sponsored by
13 Representative Curry, this was our initiative to no longer
14 require State-operated facilities to receive Board approval
15 prior to an establishment, modification, or
16 discontinuation. We received opposition from AFSCME for
17 this bill in regards to discontinuations of facilities and
18 Categories of Service. We currently had an amendment to
19 still require discontinuations of Categories of Services
20 and facilities -- to still require Board approval prior to
21 closing. This passed out of committee and is currently on
22 the floor of the House.

23 MR. SEWELL: Question: Is this one of our
24 initiatives?

1 MS. KENDRICK: Yes.

2 MR. SEWELL: Really? Was I here when we
3 talked about that?

4 CHAIRMAN GALASSIE: I think you suggested it,
5 as matter of fact.

6 MR. SEWELL: Did I really?

7 CHAIRMAN GALASSIE: You voted yes.

8 MR. SEWELL: I don't know. I don't know if
9 this is a good idea or not. If the rest of you think it
10 is --

11 MR. BURDEN: Yes.

12 MS. OLSON: I don't understand, Alexis. We
13 wanted them to not have to come for a discontinuation, and
14 then it says there's an amendment and we want them to come
15 for a discontinuation?

16 MS. KENDRICK: That was a compromise with
17 AFSCME. However -- so, this would impact IDPA and DHS.
18 So, IDPA is more likely to expand or modify or modernize
19 their facilities, so they would no longer require Board
20 approval. Powers that be believe we should strike a
21 compromise in terms of discontinuation.

22 MS. OLSON: What's the compromise?

23 MS. KENDRICK: The compromise is that if a
24 State-operated facility were to expand, they don't require

1 Board approval. But if they were to discontinue, they
2 still require Board approval.

3 MS. OLSON: Oh, okay.

4 MS. AVERY: So, we are meeting with AFSCME
5 next week to try and get some more clarification and to
6 figure out exactly what it is that they want from the
7 Board. They seem to have a thought that the Board will be
8 able to put in place conditions when these facilities
9 close. So we're going to meet with them and get some more
10 clarification on that. So it may look a little different.

11 MR. BRADLEY: If we have to continue this
12 function -- and I would prefer that we didn't -- it seems
13 to me we better do something to make it a meaningful
14 endeavor. Saying you can't close something when they're
15 planning to close it in two weeks is meaningless. So, if
16 we're going to continue to have to do this, I think there
17 should be a time frame set up as to when they have to come
18 and ask for permission, well ahead of the time when they
19 actually plan to close it, so what we were to say would
20 have some effect on the outcome. And you might suggest
21 that to the powers that be. "If you're just going to have
22 this meaningless thing here and ask us to go through a
23 nonsensical exercise, we don't want to do it. If you
24 really want it done, here's what we suggest you ought to

1 do."

2 MS. OLSON: Chairman, but isn't the other
3 piece of that that the quandary became that they were not
4 going to be funded anymore? The Governor said, "We're not
5 going to fund them." So, I don't know what the point --
6 even if we said, "You have to stay open," how are they
7 going to stay open? It's a Catch-22. The whole thing
8 seems meaningless. I'm not disagreeing with what you said.
9 That's absolutely true, but when the Governor said, "I'm
10 not going to give you any more money to keep it open," I
11 don't think it means beans what this Board says. They
12 can't keep it open without money.

13 MR. PENN: If we are referring to the
14 Jacksonville project, that project had been funded for
15 another fiscal year, and they went ahead and closed it.

16 MS. OLSON: But there was discussion that said
17 that was not true, that it was not funded for another year.
18 When the people from the State, Mike Pelletier -- when they
19 sat up there, they said it was not funded for another year.
20 That was not a true statement? That was argued.

21 MR. SEWELL: Well, on the discontinuation
22 side, I see why they're doing that. They want us to be
23 their champion for conditions, you know, when something is
24 closing. Yes, they're closing, but they've got to do X, Y,

1 and Z in the community. But I also think -- and I
2 understand this is a sour issue with you. On the front
3 end, the State doesn't have any money, but they could enter
4 into a partnership with a private sector agency and have a
5 State-operated service that is reviewable under our rules,
6 and it could create a disruption in the inventory in terms
7 of our rules. I mean, that is sort of -- I'm less worried
8 about the discontinuation than I am on the front end. Now,
9 in this economy, I don't see the State starting up any
10 programs, but they could with a private sector party, and I
11 don't know if we want that or not.

12 CHAIRMAN GALASSIE: Well, that's just hanging
13 out there.

14 MR. SEWELL: Leave it alone.

15 CHAIRMAN GALASSIE: Matt, do you have
16 anything to add?

17 MR. HAMMOUDEH: A few thoughts, and one
18 component that just jumps out. This Board seems to focus
19 on the delivery of healthcare and the availability of
20 healthcare and the saturation of the market. One of the
21 biggest topics is long-term care, where the capacity
22 adjusts in the community, and it doesn't seem to be part of
23 the equation right now in terms of -- you know, we know
24 where the hospitals are, we know where the dialysis clinics

1 are, but we're talking a new continuum of care under the
2 new healthcare, where in a community setting, you're going
3 to be getting the support you need. So it becomes -- you
4 know, becomes healthcare, and we struggle with closing
5 these facilities, mental health and one DD facility, and
6 the pounding question is where are the community resources?
7 Are they solvent? Are they stable? Are they -- where are
8 they capable of providing service in a manner that is that
9 par with the other standards that we set? There's a lot of
10 talk about the closure, notice of closure, notice of -- I
11 don't think we're going to start any new facilities anytime
12 soon.

13 Then the end game really seems to be, if we're
14 going away from these facilities and folks are living
15 longer, and longer-term care is needed, the component of
16 community care and where it is and where it isn't is right
17 now, I guess, discussed by many. But really not -- it's
18 not being steered by anyone.

19 CHAIRMAN GALASSIE: Thank you, sir. I'm
20 going to actually move this forward, David. I'm not sure
21 how productive this is all being at this point. If anyone
22 has questions on the legislative items, contact Alexis.
23 Fair enough?

24 MS. KENDRICK: Can I discuss one other -- our

1 other initiative, long-term care initiatives? House Bill
2 2692 was introduced in order to dissolve the Board. It did
3 not move out of committee, so we will survive another day
4 diabolically.

5 CHAIRMAN GALASSIE: Item 18C, Long Term Care;
6 is this just informational?

7 MR. CONSTANTINO: We need a motion to take
8 those facilities out of our inventory, Dale.

9 CHAIRMAN GALASSIE: Do all Board members have
10 this in front of them?

11 MR. CONSTANTINO: Yes. Item 3, Long Term Care
12 Facilities, DD Facility Closures.

13 CHAIRMAN GALASSIE: So I need a motion to
14 accept --

15 MS. KENDRICK: Before we do that, can I
16 discuss our meeting with the subcommittee briefly?

17 CHAIRMAN GALASSIE: Go ahead.

18 MS. KENDRICK: So, the other initiative we had
19 were two long-term care reform issues; one to require an
20 exemption prior to a change of ownership or discontinuation
21 of a long-term care facility, and also to adjust our bed
22 inventories for long-term care facilities. We introduced
23 these topics to the subcommittee in February. We had a
24 lengthy discussion. They have not been able to give a

1 recommendation to provide the Board, so there's no
2 recommendations to the Board from the subcommittee at this
3 time, but we're trying to work out where both the Board and
4 the subcommittee can come to an agreement on the topics.
5 That's where we are.

6 CHAIRMAN GALASSIE: Okay. And, again, I
7 apologize. I'm still a little unclear myself of what you
8 are asking for with these items.

9 (Pause)

10 CHAIRMAN GALASSIE: We need a motion to
11 adjust our bed inventory, based on these -- with respect to
12 these facilities.

13 MS. OLSON: So moved.

14 MR. SEWELL: Second.

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

17 MR. ROATE: Motion made by Ms. Olson, seconded
18 by Mr. Sewell.

19 Mr. Bradley?

20 MR. BRADLEY: Yes.

21 MR. ROATE: Dr. Burden?

22 MR. BURDEN: Yes.

23 MR. ROATE: Senator Demuzio?

24 MS. DEMUZIO: Yes.

1 MR. ROATE: Mr. Hayes?

2 MR. HAYES: Yes.

3 MR. ROATE: Ms. Olson?

4 MS. OLSON: Yes.

5 MR. ROATE: Mr. Penn?

6 MR. PENN: Yes.

7 MR. ROATE: Mr. Sewell?

8 MR. SEWELL: Yes.

9 MR. ROATE: Chairman Galassie?

10 CHAIRMAN GALASSIE: Yes.

11 MR. ROATE: That's eight votes in the
12 affirmative.

13 CHAIRMAN GALASSIE: Motion passes. Thank you
14 very much. And it's listed on the agenda.

15 Ladies and gentlemen, we are at the point of
16 adjournment. Just a reminder --

17 MR. URSO: I just wanted to thank all of the
18 Board members and ex-officios for completing ethics
19 training in a timely manner. I appreciate it.

20 CHAIRMAN GALASSIE: We currently have 14
21 individuals signed up for public comment tomorrow. So in
22 theory, about 45 minutes for public comment, maybe a little
23 less, and then the only standing agenda item will be the
24 Vista Lindenhurst Hospital. So one would expect we're --

1 David, do you have a comment?

2 MR. PENN: I would like to see some of these
3 meetings downstate. I've heard compliments about this
4 facility. We used to have some in Springfield. I don't
5 think it's fair to those of us who live south of I-80 or
6 the applicants who live south of I-80 to have to
7 continually come to Chicago, especially some of us who are
8 still working. I'm one of those people who have job
9 obligations. I don't know what would be fair. A third or
10 even 50 percent of them being downstate?

11 CHAIRMAN GALASSIE: I guess my response --
12 again, just one opinion. While I hear you, I haven't
13 looked at this item from Board members' perspectives. I've
14 looked at it more from applicants, and if the overwhelming
15 majority of applicants are city-based, then I thought
16 staying north would be more considerate of them. It is
17 certainly that I am insensitive to Board members as well,
18 which is part of why we're here today.

19 MS. OLSON: Can I ask a question?

20 CHAIRMAN GALASSIE: Sure.

21 MS. OLSON: So if you're in the city and
22 you're traveling to Bolingbrook, how does that compare
23 time-wise to be in the city and get on a train to
24 Bloomington?

1 MR. SEWELL: It's about an hour and 14 minutes
2 more for me. You're not counting travel time to Union
3 Station.

4 CHAIRMAN GALASSIE: We'll try to get another
5 meeting down here.

6 MS. AVERY: Can you all decide, because we
7 have to do contracts and reserve space.

8 MS. OLSON: What's the cost differentiation?
9 Is it about the same?

10 MS. AVERY: It's about the same for
11 Bolingbrook and here. We have the overnight stay when it's
12 two days here.

13 MS. OLSON: Well, for many of us -- for a lot
14 of us, it's an overnight stay in Chicago. I say if you've
15 got to have an overnight stay, it's nice to stay right
16 where the meeting is.

17 MS. AVERY: So, if possible, can we determine
18 which one? We're almost -- we're doing contracts and
19 things with IDPH. I know we can't make the meetings for
20 August and September until we get into the fiscal year, but
21 at least I can have the date held for the facilities.

22 MR. BRADLEY: I hate to sound parochial, but
23 the Capitol of Illinois is Springfield, and the Government
24 is supposed to be located there, and we see an increasing

1 trend of various activities going on in Cook County and
2 Will County and not Sangamon County. So, I for one feel
3 that we have got to -- actually, the Governor's mansion is
4 available most of the time. Surely we can find someplace
5 in Springfield to meet. I just think to say we're a
6 statewide Board and we don't meet in Springfield because
7 there's more people in Chicago is not really reflective of
8 how the State ought to operate.

9 CHAIRMAN GALASSIE: Again, I would just
10 comment that we try to take a look at the agenda. It seems
11 to me that generally it is city-based. Now we're having to
12 force all of these people --

13 MR. PENN: But we could have at least two or
14 three a year in Springfield, and isn't that facility out
15 there on -- there's a nice facility out on Veteran's
16 Parkway. If you build the facility, they'll come.

17 MR. BRADLEY: I love going to Chicago. It's a
18 great city (inaudible), but I think that you also need to
19 pay some deference to the fact that the Government is in
20 Springfield. In fact, many of your employees are in
21 Springfield, or should be.

22 CHAIRMAN GALASSIE: Okay. We'll head to
23 Springfield probably summer or fall.

24 MR. BRADLEY: You'll love it in the summer.

1 CHAIRMAN GALASSIE: Ladies and gentlemen, how
2 about a motion to adjourn?

3 MR. BURDEN: Let's find a spot that doesn't
4 have air-conditioning in August.

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

7

8 (ADJOURNED TO RECONVENE)

9 END TIME: 4:14 p.m.

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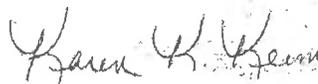
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CERTIFICATE OF REPORTER

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



KAREN K. KEIM

CSR-IL, RPR, CRR, CCR-MO

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