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Transcript of **Board Meeting**

Date: October 25, 2016

Case: State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD

OPEN SESSION - MEETING

Bolingbrook, Illinois 60490

Tuesday, October 25, 2016

10:00 a.m.

BOARD MEMBERS PRESENT:

KATHY OLSON, Chairperson

JOHN HAYES, Vice Chairman

DALE GALASSIE

JUSTICE ALAN GREIMAN

JOEL K. JOHNSON

JOHN MC GLASSON, SR.

RICHARD SEWELL

Job No. 115415A

Pages: 1 - 198

Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, FAPR

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EX OFFICIO MEMBERS PRESENT:

BILL DART, IDPH

ARVIND K. GOYAL, IHFS

ALSO PRESENT:

JUAN MORADO, JR., General Counsel

JEANNIE MITCHELL, Assistant General Counsel

COURTNEY AVERY, Administrator

NELSON AGBODO, Health Systems Data Manager

GEORGE ROATE, IDPH Staff

JESSE NUSS, Board Intern

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P R O C E E D I N G S

CHAIRWOMAN OLSON: The meeting will come to
order.

May I have a roll call, please, George.

MR. ROATE: Thank you, Madam Chair.

Mr. Sewell.

MEMBER SEWELL: Here.

MR. ROATE: Mr. McGlasson.

MEMBER MC GLASSON: Yes, sir.

MR. ROATE: Mr. Johnson.

MEMBER JOHNSON: Here.

MR. ROATE: Justice Greiman.

MEMBER GREIMAN: Here.

MR. ROATE: Mr. Galassie.

MEMBER GALASSIE: Present.

MR. ROATE: Chairwoman Olson.

CHAIRWOMAN OLSON: Present.

MR. ROATE: Senator Burzynski and Senator
Demuzio are absent.

Mr. Hayes.

MEMBER HAYES: Here.

CHAIRWOMAN OLSON: Mr. Hayes just walked in
the room.

MR. ROATE: That's seven in attendance.

1 CHAIRWOMAN OLSON: Thank you, George.

2 The next order of business, executive
3 session. We will be adjourning in executive session
4 for approximately 15 minutes, so I need you to clear
5 the room for the 15-minute executive session,
6 please.

7 (At 10:01 a.m. the Board adjourned into
8 executive session. Open session proceedings
9 resumed at 10:13 a.m. as follows:)

10 CHAIRWOMAN OLSON: We're back in open
11 session.

12 May I have a motion to refer to legal
13 counsel Marion Surgery Center, doing business as
14 Surgery Center of Southern Illinois, and Asbury
15 Court Nursing & Rehabilitation in Des Plaines.

16 May I have a motion to refer those to legal
17 counsel.

18 MEMBER JOHNSON: So moved.

19 VICE CHAIRMAN HAYES: Second.

20 CHAIRWOMAN OLSON: All those in favor
21 say aye.

22 (Ayes heard.)

23 CHAIRWOMAN OLSON: The motion passes and
24 they will be referred.

1 May I have a motion to amend today's agenda
2 by moving Project 16-020, Dialysis Center of
3 Oak Lawn, and 16-022, Dialysis Center of Olympia, to
4 be considered first under the applications for
5 subsequent review.

6 May I have a motion.

7 MEMBER GALASSIE: So moved.

8 VICE CHAIRMAN HAYES: Second.

9 CHAIRWOMAN OLSON: All those in favor
10 say aye.

11 (Ayes heard.)

12 CHAIRWOMAN OLSON: The motion passes.

13 May I have a motion to approve the
14 transcripts of the September 13th meeting.

15 MEMBER GALASSIE: So moved.

16 VICE CHAIRMAN HAYES: So moved.

17 CHAIRWOMAN OLSON: All those in favor
18 say aye.

19 (Ayes heard.)

20 CHAIRWOMAN OLSON: Opposed, like sign.

21 (No response.)

22 CHAIRWOMAN OLSON: The motion passes.

23 - - -

24

1 CHAIRWOMAN OLSON: The next order of
2 business is public participation.

3 Juan, will you please read the guidelines
4 for public participation.

5 MR. MORADO: Give me one second.
6 I apologize.

7 CHAIRWOMAN OLSON: While he's looking that
8 up, Nelson, you will be my timer. You will tell
9 me in your loudest inside voice when two minutes
10 are up.

11 When your two minutes are up, you will be
12 asked to immediately conclude your remarks. We have
13 15 for public participation, two minutes each.

14 MR. MORADO: Okay. The Open Meetings Act
15 requires that any person should be permitted an
16 opportunity to address public officials under the
17 rules established and accorded by the public body.

18 In an effort to balance the rights of
19 individuals who would like to address the Board with
20 the Board's need to maintain meeting decorum and
21 efficiencies, the following guidelines have been
22 developed: Each speaker will be allowed a maximum
23 of two minutes to provide their comments. All
24 comments must be focused on and relevant to specific

1 projects on the current day's agenda.

2 Anyone requesting an opportunity to provide
3 comments at Board meetings should preregister at
4 least 24 hours prior to the scheduled Board meeting.
5 The public participation form is available on the
6 Board's website and must be returned to Courtney
7 Avery. Please note there will be an opportunity to
8 complete the public participation form at the Board
9 meeting, as noted on the current day's agenda.

10 Inflammatory or derogatory comments are
11 prohibited, and comments should not be disruptive to
12 the Board's proceedings. Speakers may read -- may
13 not read testimony on behalf of someone who is not
14 present at the Board meeting.

15 The order in which speakers may provide
16 comment will be determined on a first-come, first-
17 served basis, as listed on the current day's agenda.
18 Board staff will announce when speakers may begin
19 their comments. The use of visual aids or handouts
20 is prohibited during the public participation
21 portion of the Board meeting.

22 You must conclude your comments when
23 signaled by the Board Chair or Board staff, and
24 that's going to be Nelson today. In order to ensure

1 that all viewpoints are heard, the Board Chair may
2 allow for a reasonable extension of time for public
3 participation.

4 Speakers who do not comply with these
5 guidelines will not be allowed to provide comment at
6 the Board's open meetings. If you have any
7 questions regarding these guidelines, please contact
8 the Board administrator at (217) 782-3516.

9 CHAIRWOMAN OLSON: Thank you, Juan.

10 Jeannie, would you like to call the first
11 group up.

12 MS. MITCHELL: Please come up to the table
13 on my right or your left, on Project or Exemption
14 No. E-021-16, Dr. James E. Dukes, Shelton Kay; and
15 on Project 15-039, again Dr. James E. Dukes; and, on
16 Project 15-061, Donna Cobin and Carol A. Klaine.

17 Please sign your name on the sheet. You do
18 not have to sign in before you speak. You do not
19 have to speak in the order in which you were called.
20 Everyone I just called, please come up to the table.

21 CHAIRWOMAN OLSON: Please use the microphone
22 and speak so the court reporter can hear.

23 MS. MITCHELL: Also, before you begin --

24 CHAIRWOMAN OLSON: How many names did you

1 call?

2 MS. MITCHELL: I called four.

3 I will call them again.

4 So Shelton Kay, Dr. James E. Dukes,
5 Donna Cobin, and Carol A. Klaine.

6 CHAIRWOMAN OLSON: Donna and Carol are not
7 in the room? Okay.

8 MS. MITCHELL: Okay. Should I call --

9 CHAIRWOMAN OLSON: Yeah. Call two more.

10 MS. MITCHELL: Also on Project 15-061,
11 Anna Jackson and Vickie Sprague-Reed.

12 Please come up.

13 CHAIRWOMAN OLSON: No Anna, no Vickie -- oh,
14 there's Anna.

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

16 CHAIRWOMAN OLSON: I'm sorry. I can't hear
17 you.

18 MS. PYLE: I represent the group from
19 Southern Illinois. They didn't expect to be called
20 this early.

21 CHAIRWOMAN OLSON: I'm sorry?

22 MS. MITCHELL: They didn't expect to be
23 called this early.

24 MS. PYLE: We were told we would be called

1 later.

2 CHAIRWOMAN OLSON: Who told you that?

3 MS. PYLE: Our attorney.

4 CHAIRWOMAN OLSON: Well, I'm sorry.

5 MS. PYLE: Well, they're right here. Can I
6 go and get them?

7 CHAIRWOMAN OLSON: Sure. They're here?

8 MS. PYLE: Yeah. We have a large group of
9 people. They're waiting outside. They didn't come
10 into the room --

11 THE COURT REPORTER: I can't hear you,
12 ma'am.

13 If you want this on the record, she has to
14 step to a mic.

15 CHAIRWOMAN OLSON: She's going to go get
16 them.

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

18 MS. MITCHELL: At the beginning of your
19 speech, if you can state whether you're for or
20 against the project that you're speaking on.

21 CHAIRWOMAN OLSON: Bishop, please.

22 MS. MITCHELL: And if you have -- sorry.

23 If you have written comments, if you could
24 please submit it to George Roate for the benefit of

1 the court reporter.

2 DR. DUKES: Do you want me to make a comment
3 on both of the ones that I object to?

4 MS. AVERY: No. Do your exemption and then
5 you're also signed up for the other project.

6 DR. DUKES: So which one am I speaking on
7 first?

8 MS. AVERY: The exemption.

9 DR. DUKES: Good morning, Chairwoman Olson
10 and the rest of the Board. I'm here to talk about
11 Project E-021-16.

12 In particular, one may ask a question why
13 I oppose this expansion or this proposal, and I
14 originally came into this process --

15 MR. MORADO: Dr. Dukes, can you please state
16 your name and spell the last --

17 DR. DUKES: Dr. James Dukes, D-u-k-e-s.

18 MR. MORADO: Thank you.

19 DR. DUKES: I originally came into this
20 process via the National Action Network of which I'm
21 the Illinois Chapter president. And in this process
22 we responded to numerous calls from Rockford
23 residents from the west side, and in our
24 fact-finding, this project had came up as one of the

1 last projects that was on the table.

2 And in our original request for hearing,
3 which was heard, we received some very, very
4 intimidating -- to say the least -- response at the
5 Board's last hearing, accusations, name-calling, and
6 it's a very belittling situation.

7 So when you asked the question what is the
8 basis of our opposition, our opposition is based
9 primarily on the fact that we believed these six
10 beds were a temporary solution to a long-term
11 process that would eventually rid the west side of
12 prenatal care and the ability to deliver babies.

13 When we got into the process, we learned
14 that it was a larger procedural process because this
15 process is supposed to be community friendly. And
16 to say the least, it's nowhere near community
17 friendly because of the multiplicity of processes
18 that a community resident would have to go through
19 just to get to the point of the hearing.

20 We just heard one little lady that said
21 she's represented by a lawyer. Well, I duly agree
22 that without a legal staff at National Action
23 Network, it's almost impossible to weed yourself
24 through this process.

1 Just recently, last Friday, I got notice --
2 because we thought that these reports were supposed
3 to be reported on the 11th, which they actually
4 didn't happen until the 14th -- that we only had
5 until Monday --

6 MR. AGBODO: Two minutes.

7 DR. DUKES: -- between 8:30 and 9:00 --
8 8:30 and nine o'clock to respond --

9 CHAIRWOMAN OLSON: Your two minutes are up,
10 sir. Please conclude your remarks.

11 DR. DUKES: -- between 8:30 and 9:00, which
12 we had to do on such that time factor.

13 So I say that we postpone this until we can
14 get the real response from the community and the
15 residents.

16 CHAIRWOMAN OLSON: Thank you.

17 Mr. Kay.

18 MR. KAY: Good morning.

19 CHAIRWOMAN OLSON: Good morning.

20 MR. KAY: I am Shelton Kay, vice president
21 of community relations at Crusader Community Health
22 in Rockford, Illinois.

23 I was at the informal hearing that was held
24 at the library in Rockford, and at that time I spoke

1 up because we are in favor of adding these six beds
2 to the NICU at Mercy Hospital in Rockford.

3 Crusaders Community Health Center is
4 definitely qualified, which means that we do have
5 members on our board of directors who represent the
6 community, so there has been community input in this
7 decision for us to move our deliveries to Mercy
8 Health, which will increase the number of high-risk
9 prenatal patients they do see, which is one of the
10 reasons we're in support of adding these beds.

11 I would also like to add that I am a
12 resident of the west side of Rockford, have been for
13 30 years or so, so that I represent the folks who
14 live in that neighborhood because I do speak for
15 them and work with them on a continual basis, and
16 I do see this as a good thing for the community.
17 We've had plenty of opportunities from the community
18 to participate in this opinion and supporting this.

19 All this is going to do is make sure that
20 high-risk prenatal patients on the west side of
21 Rockford do have access to the care that they will
22 need.

23 One of the things that I think is constantly
24 pointed out in Rockford is the whole east side/

1 west side. The reality of Rockford is it's only
2 25 minutes all the way across, so the people living
3 on the west side will still have access to the
4 services they need once these services are in the
5 new hospital that they are building, which is not
6 necessarily on the west side but will have a
7 connection to the west side through our clinic at
8 Crusader as well as Mercy Health.

9 So we will make sure that anyone who is in
10 that part of town does have access and does have the
11 ability to get there and deliver their babies. This
12 is something that is good for our entire community,
13 not just for one segment.

14 And, again, I do say that there has been
15 community involvement. This is something that is
16 going to be positive for us. As someone who works
17 and lives on the west side of Rockford, I see this
18 as a benefit for the people --

19 MR. AGBODO: Two minutes.

20 MR. KAY: -- that I work with and the people
21 that I live with.

22 Thank you.

23 CHAIRWOMAN OLSON: Thank you.

24 Next -- and please introduce yourself.

1 MS. AVERY: Have Jeannie re-call the names.

2 MS. MITCHELL: Actually, we're going to have
3 Dr. Dukes speak on Project 15-039 first, and then
4 I'll call the next one.

5 DR. DUKES: Once again -- do you want me to
6 restate my name? Are you fine?

7 CHAIRWOMAN OLSON: For the record.

8 DR. DUKES: Dr. James Dukes, D-u-k-e-s, in
9 relationship to Project 15-039.

10 Once again, I want to speak directly about
11 the process. The process of how a community person
12 becomes involved is convoluted at the very least.
13 Representation of the community should come from a
14 grassroots person in the community. It should come
15 from the residents of the community, and it seems as
16 though that this process is very intimidating and
17 ambiguous at best.

18 The process, in totality, just to come to
19 the table to speak for or against is a daunting
20 task, and I just believe that this has not been
21 given the due diligence for people and residents
22 that this affects have gotten the chance to actually
23 speak up and speak out against this.

24 So that's the reason why that I'm opposed to

1 this, because it seems as though that this process
2 gives a lot of promises. And seeing that we are
3 right in the midst of Halloween season, it seems
4 that they're being promised a lot of treats but
5 being set up for a lot of tricks.

6 So we want to make sure that these persons
7 in need, who this quality of health care comes
8 from -- I do not doubt the health part, but my
9 question is the care, is the care of the totality of
10 the community and not just one vested entity in the
11 community.

12 Therefore, once again, I ask that there be a
13 delay until the January meeting so that persons have
14 the ability to speak up and do not speak up based on
15 promises that the hospital gave but based on the
16 fact that they have now had -- been given proper
17 information to make this proper choice.

18 Thank you.

19 MS. MITCHELL: All right. I believe we have
20 Donna Cobin, Carol A. Klaine, and Anna Jackson. And
21 Vickie Sprague-Reed.

22 CHAIRWOMAN OLSON: One of you can take the
23 microphone, introduce yourself, tell us which
24 project you're talking about and whether you're

1 opposed or in favor.

2 MS. MITCHELL: And when you introduce
3 yourself, please spell your name for the court
4 reporter.

5 MS. KLAINÉ: My name is Carol Klaine,
6 C-a-r-o-l K-l-a-i-n-e. It is Project 15-061 and
7 I am in favor of.

8 Again, my name is Carol Klaine, and I'm
9 here -- I'm a patient of Dr. Makhdoom. And --

10 THE COURT REPORTER: Use the microphone,
11 please.

12 MS. KLAINÉ: I've had the pleasure of
13 knowing Dr. Makhdoom for many years. In fact, he
14 was by my side during a turning point in my life.
15 To not mince words, Dr. Makhdoom saved my life.
16 Along with his dedicated staff, Dr. Makhdoom went
17 above and beyond to make sure that I had the best
18 medical care possible. Had he not been a committed,
19 caring, and compassionate physician, would I be
20 sitting before you today?

21 I'm going to paint a picture of Southern
22 Illinois. Southern Illinois, Jackson County, is
23 predominantly rural --

24 MS. AVERY: Ma'am, you're going to have to

1 bring it closer because the court reporter can't
2 hear you. So speak directly into it.

3 MS. KLAINÉ: Jackson County is predominantly
4 a rural area, and over 30 percent of the population
5 lives below the Federal poverty limit. Many members
6 of our community are either uninsured or
7 underinsured. For example, they have insurance with
8 high deductibles and co-pays. This makes routine
9 screening colonoscopies out of reach.

10 Dr. Makhdoom has demonstrated commitment to
11 this community by, among other things, accepting
12 uninsured patients, providing financial assistance
13 to patients who cannot otherwise afford screening
14 colonoscopy or EGD. This project is vital to the
15 health of our community and for many people in
16 Jackson County that cannot afford needed care.

17 I think this is the perfect combination, a
18 doctor who is compassionate and caring about his
19 community, coupled with an affordable service for
20 this community. I thank you for your time, and
21 I ask you to please vote in favor of this project.

22 Thank you.

23 CHAIRWOMAN OLSON: Thank you.

24 Once you're done, you can leave the table if

1 you'd like.

2 MR. ROATE: If you have written comments,
3 may I have a copy, please.

4 CHAIRWOMAN OLSON: Please.

5 MS. JACKSON: Good morning.

6 I am Anna Jackson and I'm also a patient of
7 Dr. Makhdoom. I am more than pleased to support
8 Dr. Makhdoom's application for an endoscopy center
9 in Carbondale.

10 For some people it might seem as if this is
11 something that he wants to do in order to line his
12 pockets and to be a person who has more than just a
13 little bit or a whole lot of money or things like
14 this, and I come to say to you, as a resident of
15 Carbondale for more than 30 years, and I have the
16 opportunity to watch and to see the things that
17 Dr. Makhdoom has done. I know without any doubt
18 that this man has not undertaken this project for
19 the purpose of trying to become the rich one. In
20 fact, if you will allow me, I can tell you of so
21 many projects that he and his wife have provided for
22 children and people in Carbondale.

23 For example, on the northeast side of
24 Carbondale, where there is a park for African-

1 Americans -- it's a city park but at the same time
2 there's a place there for African-American students,
3 Christian Adams Park.

4 In that park there were no trees, no shade,
5 just some things for you to sit around and jump on
6 or whatever it is. But Dr. Makhdoom's family saw
7 the need of providing something there for those
8 little children where they could be comforted during
9 that time. This project was not something that was
10 done overnight for a hundred dollars or a few
11 thousand dollars. It took time for them to do this.

12 MR. AGBODO: Two minutes.

13 MS. JACKSON: I want to say to you that this
14 is a man that I think believes and supports
15 everyone.

16 Thank you.

17 CHAIRWOMAN OLSON: Thank you.

18 Can you pass the mic?

19 MS. JACKSON: Sure.

20 MS. SPRAGUE-REED: Good morning. Vickie
21 Sprague-Reed.

22 Good morning. Vickie Sprague-Reed,
23 V-i-c-k-i-e S-p-r-a-g-u-e, hyphen, R-e-e-d,
24 Project 15-061.

1 I'm here -- Vickie Sprague-Reed. I'm a
2 patient of Dr. Makhdoom's, and I'm here today in
3 support of his endoscopy center project.

4 I was diagnosed with Crohn's disease over
5 20 years ago. At that time there were only two
6 GI specialists in the whole Southern Illinois region.

7 It wasn't until 17 years ago I met
8 Dr. Makhdoom, and that was the first time I was ever
9 provided with an actual treatment plan for my care.
10 Dr. Makhdoom actually saved my life. Since then, he
11 and his staff have provided myself and many others
12 with quality and immediate response to Crohn's
13 disease patients that have constant complications.
14 Dr. Makhdoom and his practice have provided
15 essential, quality health care to an impoverished
16 community.

17 I've worked with those -- I work with the
18 impoverished community. I've worked for the
19 Williamson County Housing Authority and see it and
20 work with it and live with it every day and see the
21 need.

22 Dr. Makhdoom's staff, as well as his family,
23 have made significant efforts to provide public
24 education on early diagnosis and treatment of colon

1 cancer to every community member. Our area in
2 Illinois is one of great poverty. Not only do
3 I speak for myself today, but I'm here as an
4 advocate for the many members of our community that
5 do not have a voice here today.

6 We support Dr. Makhdoom and the Shawnee
7 Health Services in their cooperative agreement in
8 providing free or small-fee health care screenings.

9 MR. AGBODO: Two minutes.

10 CHAIRWOMAN OLSON: Please conclude.

11 MS. SPRAGUE-REED: This service is essential
12 to our community. I urge you that you provide a
13 certificate of need for this project.

14 CHAIRWOMAN OLSON: Thank you.

15 MS. SPRAGUE-REED: Thank you.

16 CHAIRWOMAN OLSON: Can you pass the mic,
17 please?

18 MS. COBIN: Hello. My name is Donna Cobin,
19 C-o-b-i-n. I'm here for 15-061, in favor of
20 Dr. Makhdoom.

21 I'm representing Dr. Belfer, who's a
22 physician in our area. We have to make a lot of
23 referrals to specialists for -- when we have colon
24 cancer, Crohn's disease, those types of things.

1 The problem is a lot of the patients that we
2 see do not have insurance, they do not -- if they do
3 have insurance, their co-pays are extremely high.
4 Watching TV last night, I got even sadder because
5 I saw the rates for -- under the Obamacare are going
6 to go up next year, and people cannot afford it.

7 If they can afford it, that's all they can
8 afford. So if their deductibles are -- in order to
9 try to afford it, they get a deductible of 5,000 to
10 \$15,000. Well, if you're coming in for a procedure,
11 that's what it's going to cost you in the hospital.
12 I get it all the time from the patients trying to
13 refer. They have 11- and 12- and \$15,000 bills that
14 they can't pay.

15 Dr. Makhdoom offers us a solution because,
16 patients who don't have insurance or their
17 deductibles are that high, he'll either work out a
18 payment plan with them or, if they truly need it,
19 then he will offer it for free. He offers them the
20 bowel prep. And for some people that might seem
21 like not a big deal, but a bowel prep can cost you
22 80, 90, a hundred dollars, and people cannot afford
23 it along with everything else they are expected
24 to pay.

1 So they will bypass it and go, "Oh, I have
2 hemorrhoids" or "I'm bleeding because of that." So
3 they won't go to get the screening, so the colon
4 cancer rates are going through the roof.

5 And not only that, we're seeing a lot of
6 young people, young people with Crohn's disease, as
7 Vickie's talking about. It doesn't start as you get
8 older. It starts in the young people. And if the
9 young people don't get screened and it gets out of
10 control, they lose their colons; their lives are
11 miserable. With this, if they would only come and
12 get a colonoscopy, they could be put on medication
13 and there's help out there for them.

14 So those are many of the things --

15 MR. AGBODO: Two minutes.

16 MS. COBIN: -- that Dr. Makhdoom does
17 provide in the community. He's always there for
18 everyone, very compassionate.

19 CHAIRWOMAN OLSON: Please conclude.

20 MS. COBIN: He'll help us in any way he can.

21 CHAIRWOMAN OLSON: Thank you.

22 MS. COBIN: Thank you very much.

23 CHAIRWOMAN OLSON: Jeannie, can you call the
24 next group, please?

1 MS. MITCHELL: Please come up when you are
2 called, please.

3 The next five are Jeff McGoy, Heather
4 Ferguson, Maurine Pyle, Philip Schaefer, and
5 Dan Skiles.

6 Please do not forget to sign in, and you do
7 not have to sign in before you begin speaking. You
8 do not have to speak in the order in which you are
9 called.

10 And if you have written comments, please
11 hand them to George Roate for the benefit of the
12 court reporter. And don't forget to spell your name
13 at the beginning of your testimony and state whether
14 you are for or against the project that you are
15 speaking on behalf of.

16 CHAIRWOMAN OLSON: Anyone can start. Grab a
17 mic.

18 MS. FERGUSON: Hi. My name is Heather
19 Ferguson.

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

21 MS. FERGUSON: Hi. My name is Heather
22 Ferguson. I'm for Project 15-061. My last name is
23 F-e-r-g-u-s-o-n. I'm the health information
24 supervisor for Shawnee Health Service.

1 We are an FQHC that improves the health and
2 welfare of residents in Southern Illinois and
3 southwest Indiana. We promote health and
4 development, both social and comprehensive, and we
5 work to effectively utilize, efficiently, our
6 limited resources.

7 We currently have an agreement with
8 Dr. Makhdoom. He has graciously offered us
9 unlimited colonoscopy and/or EGD screenings for our
10 patients who are not insured. He has also agreed to
11 see our patients who have high deductibles at a
12 lower rate, a flat rate which includes everything.
13 That includes their imaging, their pathology, their
14 prep, physician -- because some of the other local
15 providers who do provide the service, as well, they
16 do provide charitable assistance, but it's not
17 all-inclusive, so they will still end up getting a
18 pathology report bill or an anesthesiology bill, and
19 sometimes those, in itself, can be overwhelming for
20 the patient.

21 At any time we've ever needed to get a
22 patient in very quickly, we are able to call him, if
23 we've had something that we think is severe. Not
24 only does he provide for the Carbondale local area,

1 he also goes to several counties because we have
2 several locations, including Marion, Carterville,
3 Murfreesboro. And so by offering this to us, he is
4 able to touch all those people in those communities.

5 I am in support of this, and Shawnee is very
6 grateful to have him as a provider in our area.

7 Thank you.

8 CHAIRWOMAN OLSON: Thank you.

9 Next.

10 Just pass the mic. Make sure you're talking
11 right into it so the court reporter can get
12 everything you say.

13 MS. PYLE: My name is Maurine Pyle, spelled
14 M-a-u-r-i-n-e P-y-l-e.

15 I'm a patient of Dr. Makhdoom, who has a
16 project for an endoscopy center before you here
17 today. I'm also a Quaker minister residing in
18 Carbondale, Illinois, and I'm a member of the
19 Carbondale Interfaith Council.

20 Southern Illinois is a deeply troubled area,
21 especially in these times when funding is short.
22 It's a situation where many people live in poverty.
23 We have high levels of homelessness. We have people
24 living in the woods because they can't find housing

1 or people doubling up, children who go to school not
2 having been fed, children who do not eat on weekends
3 when they do not have the school lunches and
4 breakfasts.

5 So this is a very serious problem, cultural
6 and socioeconomic problem, for us in Southern
7 Illinois. Nearly 50,000 Americans will die of colon
8 cancer this year, and many of those deaths would be
9 prevented by regular screening and treatment.

10 We support this project because it will
11 provide early diagnosis and treatment of colon
12 cancer and allow Dr. Makhdoom to continue to provide
13 this type of excellent care that I have personally
14 received. But I'm an insured person. Many of us in
15 Southern Illinois cannot get insurance. They cannot
16 even get transportation. So we're at basic level of
17 survival in Southern Illinois.

18 I would like to endorse this project not
19 only for its care and concern for the poor people of
20 our community but for the overall health care
21 issues. When people do not receive preventative
22 care, they go to the emergency rooms. This actually
23 affects our entire health care system. If a person
24 can't see a doctor, they become ill and more ill,

1 and then it overloads our hospital care system. So
2 it's all connected.

3 I would also like to speak to his personal
4 character. As a member of the Interfaith Council,
5 I'm very aware of Dr. Makhdoom's good works in our
6 community, many of which are hidden because he is a
7 devout Muslim, and according to their religious
8 tenets, they are not allowed to mention or publicize
9 their donations to the community. I'm aware of it
10 because I'm part of a ministry community, and we
11 hear stories about what he and his wife have been
12 doing for poor people in our community.

13 MR. AGBODO: Two minutes.

14 MS. PYLE: I thank you so much. I would
15 like to attest to his good character, and he is
16 sincere and mindful of the need in Southern
17 Illinois.

18 CHAIRWOMAN OLSON: Thank you.

19 Next.

20 MR. SKILES: Good morning.

21 CHAIRWOMAN OLSON: You have to put that
22 really close.

23 MR. SKILES: Sorry about that.

24 Good morning. My name is Dan Skiles. I'm

1 the corporate director for managed care at Southern
2 Illinois Healthcare, and my testimony is in
3 opposition to Project 15-061.

4 I want to address an issue that was
5 discussed during the initial deliberations on this
6 project during your June 21st Board meeting. At
7 that meeting there was discussion regarding whether
8 payers require preauthorization for outpatient
9 endoscopy procedures performed at hospitals and
10 whether patients are directed to have those
11 procedures performed at an ASTC.

12 As I reported in my notarized statement that
13 was submitted to your staff, I contacted the
14 six commercial health insurance carriers and the
15 managed care organizations that have the largest
16 volume in our area to learn their position on these
17 issues. These are Blue Cross Blue Shield of
18 Illinois, HealthLink, Health Alliance, CIGNA,
19 UnitedHealthcare, and Aetna. All of these
20 organizations except Aetna responded to my
21 inquiries.

22 The five payers that responded each stated,
23 contrary to Dr. Makhdoom's claim, it is not common
24 practice in the Southern Illinois region for them to

1 require preauthorization for endoscopies, regardless
2 of whether they are to be performed in a hospital or
3 in an ASTC. Additionally, they each stated that
4 they do not redirect patients to use an ASTC but
5 permit them to have these procedures performed in a
6 hospital.

7 Dr. Makhdoom specifically referred to
8 UnitedHealthcare as requiring endoscopy procedures
9 to be performed in an ASTC. UnitedHealthcare's
10 response was the same as the others that I have just
11 reported. Furthermore, United stated that, in the
12 event that a patient had a specific plan that would
13 require preauthorization for a procedure, the
14 preauthorization must be obtained whether the
15 procedure is to be performed at a hospital or an
16 ASTC.

17 It should also be noted that United is an
18 insignificant player in Southern Illinois and only
19 insures a small percentage of our population.

20 MR. AGBODO: Two minutes.

21 MR. SKILES: Thank you for allowing me the
22 time to address my concerns today.

23 CHAIRWOMAN OLSON: Thank you.

24 Next.

1 MR. SCHAEFER: Good morning. Can you hear
2 me okay?

3 THE COURT REPORTER: No.

4 MR. SCHAEFER: I'm running out of cord.
5 Is that better?

6 THE COURT REPORTER: Yes.

7 MR. SCHAEFER: Great.

8 Good morning. My name is Philip Schaefer,
9 S-c-h-a-e-f-e-r, and I'm offering testimony in
10 opposition to Project No. 15-061, Southern Illinois
11 Gastrointestinal Endoscopy Center in Carbondale.

12 I'm vice president and administrator with
13 Southern Illinois Healthcare. We're a
14 three-hospital system, not for profit, headquartered
15 in Carbondale. I'm here to express opposition to
16 this project today.

17 If the project's approved, it will have a
18 considerable negative and substantial impact on
19 Southern Illinois providers. The geographic service
20 area identified by the Applicant currently has two
21 IDPH-licensed ASTCs that perform GI procedures and
22 five hospitals with gastrointestinal procedure rooms
23 in which outpatients undergo these same procedures.
24 Each of these seven providers has the capacity to

1 perform additional endoscopy and colonoscopy
2 procedures.

3 Two of the hospitals actually have more than
4 one GI procedure room in excess of the procedure
5 rooms justified by their 2015 utilization. In
6 addition, both of the ASTCs and three of the
7 hospitals have the appropriate number of
8 gastrointestinal procedure rooms but have capacity
9 within those procedure rooms to perform additional
10 procedures.

11 According to their 2015 IDPH profiles, these
12 ASTCs and hospitals have the capacity to perform
13 over 9200 additional hours of procedures in their GI
14 procedure rooms. Rejection of this application will
15 not deny Dr. Makhdoom the ability to continue to
16 perform some colonoscopies and endoscopies without a
17 CON permit within his office, which is the site of
18 the proposed ASTC.

19 I need to note most of the support of this
20 application has consisted of testimonials concerning
21 the quality of care that the Applicant provides.
22 We're not here to challenge his qualifications;
23 however, the Applicant submitted an application to
24 secure a permit, a CON permit, to establish an ASTC.

1 Approval of the CON permit must be based upon the
2 assessment that the project meets criteria that
3 specifically address the need for additional
4 facilities.

5 This Applicant does not meet those CON
6 criteria because the proposed procedure is
7 unnecessary and duplicative of existing facilities
8 in the area that provide endoscopy.

9 I appreciate the opportunity to speak with
10 you today. Thank you for your time and your
11 consideration.

12 CHAIRWOMAN OLSON: Thank you.

13 MR. MC GOY: Good morning. My name is
14 Jeff McGoy, J-e-f-f M-c-G, as in "George," -o-y, and
15 I'm offering testimony in support of Project 15-061.

16 I am a lifelong resident of Southern
17 Illinois. I'm also a Crohn's disease person --
18 patient of Dr. Zahoor Makhdoom.

19 My father and his sister, my aunt, died of
20 colon cancer -- my father died in 2000, my aunt in
21 1996 -- because they didn't know and because we'd
22 never heard of it. I got diagnosed when I was
23 12 years old. I'm 40 years old at this time.

24 When my father died, his doctor said that

1 I need to get a colonoscopy every two years. I've
2 been through many doctors, but I found a home with
3 Dr. Makhdoom, and I want to tell you why I found a
4 home with Dr. Makhdoom.

5 I know this is a business, but if you have
6 an illness like Crohn's disease, as embarrassing as
7 it is and as difficult as it is to deal with, you
8 understand that the personal element is what's so
9 important. What do I mean by "personal element"?
10 All of the nurses in his office know my name. He
11 can be busy doing a procedure, and when he's coming
12 out, he will stop and speak to me when I get
13 Remicade infusions. I have his cell phone number.
14 He will call me or I can call him or text him. The
15 personal element is what's so important, what's so
16 critical for this.

17 Growing up in Carroll, Illinois, the poorest
18 county and city in this state, a lot of people are
19 not able to afford health care. Dr. Makhdoom will
20 see anyone. He doesn't care if you have money or
21 you don't have money. He just cares about your
22 health, and he cares about your care so he can
23 help you.

24 I've gotten to know this man over the years,

1 and I really have a lot of appreciation, and I also
2 have a lot of love for what he stands for and what
3 he does. He is there to assist us and to help us so
4 that we can live a long life.

5 It's difficult living with a disease like
6 Crohn's disease, but to have someone like
7 Dr. Makhdoom and his team who is there for you, has
8 a bathroom that you can go into and have privacy,
9 have rooms that you can have privacy, also rooms
10 with your family when they bring you for your
11 colonoscopy, and have -- and treat them like they're
12 family, that's what is very important, and that
13 personal element is what's so important.

14 That's why I am here in support of
15 Dr. Makhdoom and in support of this project.
16 Thank you for allowing me time to speak this
17 morning.

18 CHAIRWOMAN OLSON: Thank you.

19 Next, Jeannie.

20 MS. MITCHELL: Next up, the last person
21 speaking on Project 15-061 is Cathy Blythe. And
22 then after that, speaking on Project 16-020 is
23 Penny Davis, and Penny Davis will also be speaking
24 on Project 16-022.

1 Please don't forget to sign in and to spell
2 your name when you begin speaking and state, at the
3 beginning of your testimony, whether you are for or
4 against the project.

5 MS. BLYTHE: Okay. Can you hear me?

6 I am Cathy Blythe, C-a-t-h-y B-l-y-t-h-e,
7 and I'm speaking in opposition to Project 15-061.

8 Good morning again. My name is Cathy
9 Blythe, and I am the system planning manager for
10 Southern Illinois Healthcare.

11 As noted in the staff report, this project
12 continues to be in noncompliance with the CON review
13 criteria for the establishment of an ASTC. The
14 proposed project is simply not needed, nor is it
15 necessary to accommodate demand in our area. There
16 is currently excess capacity in the proposed
17 facility service area. Approval will result in an
18 unnecessary duplication of services.

19 Also, approval of this project will result
20 in maldistribution of facilities providing
21 ambulatory surgical services and have a negative
22 impact on our existing providers. All seven of the
23 facilities providing outpatient GI services in the
24 service area are currently operating below

1 80 percent utilization. Three facilities located
2 within minutes of the proposed site are all
3 operating at 31 percent or less utilization for
4 their procedure rooms.

5 This project will certainly not improve
6 access; rather, it will do the opposite by creating
7 additional unused capacity and causing detriment to
8 the existing facilities in the region.

9 Dr. Makhdoom has also claimed that his ASTC
10 will be a lower-cost provider of endoscopy services
11 rather than existing providers, and he cited reports
12 of facility charges to make this claim; however, we
13 researched the payment expense required by the six
14 most common commercial insurers in our market and
15 found that Dr. Makhdoom's proposed flat fees will
16 exceed the average out-of-pocket patient
17 responsibility for all but one of the major payers
18 for our hospital-based endoscopies.

19 His flat fees also exceed the out-of-pocket
20 patient responsibility for recipients of Southern
21 Illinois Healthcare's health care assistance
22 program. We provided details of SIH's health care
23 assistance program, which has a sliding scale down
24 to zero dollars, to you in a written submission.

1 Based on the Applicant's failure to meet
2 your permit requirements, I respectfully ask the
3 Board to deny this CON application.

4 Thank you.

5 CHAIRWOMAN OLSON: Thank you.

6 MS. DAVIS: Good morning. I'm Penny Davis,
7 P-e-n-n-y D-a-v-i-s. I'm speaking in opposition to
8 Projects 16-020 and 16-022. I'd like to bring some
9 information to the Board.

10 While we support this organization that home
11 dialysis centers can provide backup agreements to
12 their home dialysis centers, we are opposing
13 Dialysis Care Centers on the agenda today.

14 Dialysis centers, as you know, generally
15 operate six days a week. They offer a shift Monday,
16 Wednesday, Friday and a second shift that is
17 Tuesday, Thursday, Saturday. By operating three
18 shifts on each of these days, we have the ability to
19 treat 72 patients in a 12-station facility.

20 Dialysis Care Centers, based on my
21 discussions with them, will utilize machines
22 designed for home dialysis, and patients will be
23 required to treat four to five days per week for
24 approximately three hours.

1 Using this model only allows them to treat
2 33 patients in an 11-station facility, far below the
3 standard of 66 patients in chronic centers and the
4 State's required 80 percent utilization. A similar
5 center that was approved by this Board in
6 December of 2013 is still only treating eight
7 patients.

8 Most patients don't want to come to a
9 dialysis center five days a week. It's hard to get
10 them there three days a week in some cases. These
11 facilities would take needed stations out of
12 inventory, 22 in total, and reduce the benefit to up
13 to 66 patients who could be treated in the standard
14 model of Monday, Wednesday, Friday.

15 I'd like to thank you for your time and
16 conclude my remarks.

17 CHAIRWOMAN OLSON: Thank you.

18 Jeannie.

19 MEMBER GALASSIE: What two projects was she
20 speaking to?

21 CHAIRWOMAN OLSON: I'm sorry?

22 MS. MITCHELL: 16-020 --

23 CHAIRWOMAN OLSON: 16-020 and 16-022.

24 MEMBER GALASSIE: Thank you.

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MS. MITCHELL: That concludes public participation.

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1 CHAIRWOMAN OLSON: Okay. The next order of
2 business is items approved by the Chairwoman.

3 George.

4 MR. ROATE: Thank you, Madam Chair.

5 The October agenda contains nine items
6 approved by Chairwoman Olson.

7 They are Permit Renewal 13-072, NorthPointe
8 Health & Wellness ASTC, a 10-month permit renewal;
9 Permit Renewal 14-042, DaVita Tinley Park Dialysis,
10 a six-month renewal; Exemption E-032-16, Gottlieb
11 Memorial Hospital, Melrose Park, discontinuation of
12 the 27-bed OB unit; Exemption E-033-16, Pekin
13 Memorial Hospital, change of ownership; Exemption
14 E-034-16, Richland Memorial Hospital, change of
15 ownership; Exemption E-035-16, Tinley Woods Surgery
16 Center, change of ownership; Exemption E-036-16,
17 Hauser Eye Institute Surgery Center, change of
18 ownership; Exemption E-037-16, Shelby Memorial
19 Hospital, change of ownership; Exemption E-057,
20 Hauser Eye Institute Surgery Center, change of
21 ownership of the real estate.

22 Thank you, Madam Chair.

23 CHAIRWOMAN OLSON: Thank you, George.

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CHAIRWOMAN OLSON: The next order of
business is permit renewal requests and there are
none, followed by exemption requests and there are
none -- extension. I'm sorry.

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1 CHAIRWOMAN OLSON: The next three projects,
2 exemption requests and alteration requests, I will
3 be recusing myself and turning the meeting over to
4 the Vice Chair.

5 VICE CHAIRMAN HAYES: We're going to -- we
6 want to be able to get our whole group here, so
7 I will take a break for 10 minutes, if that's all
8 right.

9 Thank you very much.

10 (A recess was taken from 10:57 a.m. to
11 11:04 a.m. Chairwoman Olson and Member Johnson
12 left the proceedings.)

13 VICE CHAIRMAN HAYES: Can we come to order?

14 Now, may I have a motion for C-1, E-021-16,
15 Rockford Memorial Hospital, Rockton Avenue campus.
16 And this is the exemption, and we'll be -- the other
17 two will be separately voted upon.

18 So may I have a motion.

19 MEMBER SEWELL: So moved.

20 MEMBER GALASSIE: Second.

21 VICE CHAIRMAN HAYES: Do you want to do the
22 swearing in?

23 THE COURT REPORTER: Sure.

24 Would you raise your right hands, please.

1 (Four witnesses sworn.)

2 THE COURT REPORTER: Thank you. Please
3 print your names and state your name before each of
4 you speak.

5 Thank you.

6 VICE CHAIRMAN HAYES: Could I have the
7 Applicants introduce themselves?

8 MR. AXEL: Thank you, Mr. Hayes.

9 Seated to my far left is Sue Ripsch, Mercy
10 Health senior vice president and chief operating
11 officer, responsible, in part, for Rockford Memorial
12 Hospital.

13 At my immediate left is Dr. Gillian Headley.
14 Dr. Headley is a neonatologist and director of the
15 neonatal intensive care unit of Rockford Memorial
16 Hospital.

17 Seated to my right is Paul VanDenHeuvel,
18 vice president of legal affairs and general counsel
19 with Mercy Health.

20 For the record, my name is Jack Axel,
21 Axel & Associates.

22 VICE CHAIRMAN HAYES: George, could you do
23 the State agency report?

24 MR. ROATE: Thank you, Chairman Hayes.

1 On November 17, 2015, Rockford Memorial
2 Hospital was approved by the State Board to
3 discontinue its 46-bed neonatal intensive care unit
4 service on the Rockton Avenue campus. This was done
5 via Project No. 15-038.

6 At that time the State Board agreed to allow
7 Rockford Memorial Hospital to continue to operate
8 its 46-bed NICU unit on the Rockton Avenue campus
9 until such a time as their new hospital was
10 constructed and ready to be occupied on the East
11 Riverside campus.

12 Due to increased workload and the prior
13 discontinuation of the NICU service, the Applicants,
14 Rockton Avenue campus, have requested to reestablish
15 the NICU service with a total of 52 beds. This
16 indicates an increase of six NICU beds.

17 Board staff wished to note that a public
18 hearing was held on September 16th at the Rockford
19 Public Library.

20 Thank you, Mr. Chairman.

21 VICE CHAIRMAN HAYES: Thank you, George.

22 Does the Applicant want to comment on the
23 State agency report or give a presentation?

24 MR. AXEL: Yes. Thank you, Mr. Hayes.

1 As a bit of background, last November this
2 Board unanimously approved CON permits providing for
3 the establishment of a second hospital and medical
4 office building in Rockford at I-90 and Riverside
5 Boulevard. That project included women's and
6 children's inpatient services historically provided
7 by Rockford Memorial Hospital on its Rockford --
8 Rockton Avenue campus.

9 Those two applications were coupled with the
10 discontinuation of selected services and
11 improvements on the Rockford Memorial Hospital
12 Rockton Avenue campus. Discontinuations as
13 described in the CON applications will take place
14 upon the opening of the second hospital and
15 associated relocation of those services.

16 One of the services approved to be relocated
17 to the second hospital is neonatal intensive care,
18 and that remains the plan. At the time the CON
19 applications were filed, Rockford Memorial was
20 operating a 46-bed NICU, which was and remains the
21 only NICU serving a 15-county region. Rockford
22 Memorial is also a designated regional perinatal
23 center and is one of only three Illinois hospitals
24 outside the metropolitan Chicago area with that

1 distinction.

2 The CONs were based on 2014 utilization
3 data, which was the last full year's data available
4 at the time of filing. The 2014 occupancy rate of
5 the 46-bed NICU was 71.3 percent. The occupancy
6 rate increased to 79.3 percent in 2015 and again to
7 82.4 percent for the first half of this year. The
8 State's target utilization level is 75 percent.

9 The six additional stations that we are
10 requesting will bring the utilization to 73 percent
11 immediately, and we are projecting a utilization
12 rate of 80 percent next year.

13 The COE before you today addresses the
14 bridge period until the second hospital will be
15 open, allowing the NICU to move to that location in
16 2019. As noted by staff, all requirements of the
17 CEO application and process have been met.

18 We'll be happy to answer any questions you
19 have.

20 VICE CHAIRMAN HAYES: General counsel wants
21 to say something.

22 Juan.

23 MR. MORADO: I just wanted to remind the
24 Board about the certificate of exemption

1 applications that come before this Board come to you
2 as being deemed complete by Board staff.

3 The Health Facilities Planning Act requires
4 that, once an application has gone -- once a
5 certificate for exemption application has been
6 deemed complete by staff, all of the requirements
7 have been submitted, and this Board is under an
8 obligation by statute to approve that exemption.

9 VICE CHAIRMAN HAYES: Thank you, Juan.

10 Any questions from Board members?

11 MEMBER GALASSIE: Then why are we voting?

12 If we're required by law to approve it, why
13 doesn't the Chair just approve it?

14 MR. MORADO: The Chair has a conflict on
15 this matter.

16 MEMBER GALASSIE: Well, we have an Acting
17 Chair.

18 MR. MORADO: By statute, the -- there's no
19 Acting Chair in the statute.

20 MEMBER SEWELL: I can't hear you.

21 MEMBER GALASSIE: I'm sorry.

22 I'm just asking technically why are we
23 voting if we're required to approve it. What's the
24 point? Why wouldn't the Chair approve it?

1 MR. MORADO: The Chair, in this particular
2 instance, has a conflict. The Vice Chair, who has
3 taken over her duties -- there is no Vice Chair in
4 the statute. That's an appointment that we make,
5 but it's not recognized by the statute.

6 MEMBER GALASSIE: Okay. Thank you.

7 VICE CHAIRMAN HAYES: Doctor.

8 MEMBER GOYAL: Mr. Chair, my name is
9 Arvind Goyal, for the Applicants, and I would like
10 to ask a question even though I do not vote.

11 And that question, based on the general
12 counsel's comment, are we required to consider at
13 this Board, or are we required to vote affirmatively
14 to the request? I'm not clear.

15 MR. MORADO: Certificate of exemption
16 applications that come before the Board that have
17 been deemed complete by Board staff need to be
18 affirmatively voted on. But in order to pass any
19 vote, it requires five affirmative votes by statute,
20 and this is a result of changes to the Planning Act
21 that occurred two years ago now -- or a year -- year
22 and a half.

23 MS. AVERY: Last General Assembly.

24 MR. MORADO: Yes.

1 VICE CHAIRMAN HAYES: Mr. McGlasson.

2 MEMBER MC GLASSON: One question only.

3 When do you anticipate construction or the
4 changes to begin?

5 MR. VAN DEN HEUVEL: I -- in terms of the
6 six-NICU bed addition?

7 MEMBER MC GLASSON: Yes.

8 MR. VAN DEN HEUVEL: That has already been
9 built and those beds are prepared to be operational.

10 MEMBER MC GLASSON: Okay. Thank you.

11 VICE CHAIRMAN HAYES: Well, I don't see any
12 more questions from Board members.

13 I have one question, though. What is the --
14 this project was originally approved in November of
15 last year; is that correct?

16 MR. AXEL: Yes, sir.

17 VICE CHAIRMAN HAYES: And, basically, at
18 that time the -- you know, you basically said that
19 you would be moving to the Riverside campus and,
20 thus -- what brought on this -- did you always
21 expect to have the 46 beds at this Rockton campus
22 until it's ready on the Riverside campus?

23 MR. AXEL: That is correct. None of the
24 services to be located from the Rockton Avenue

1 campus to the Riverside campus will be eliminated,
2 if you will, until such time as facilities are
3 available on the Riverside campus. We're projecting
4 that to be 2019, consistent with the CON application.

5 VICE CHAIRMAN HAYES: And that was with the
6 CON, original CON application?

7 MR. AXEL: Yes, sir.

8 VICE CHAIRMAN HAYES: Okay. So what you're
9 basically saying here is, for this exemption,
10 basically six more neonatal beds?

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

12 VICE CHAIRMAN HAYES: Excuse me. I made a
13 clarification here, that we're looking at the --
14 this one -- or excuse me.

15 The Rockton Memorial Hospital -- Rockton
16 Avenue campus, that is going to add six neonatal
17 beds?

18 MR. AXEL: Yes, as a bridge until the second
19 hospital is open, at which time all 52 will move.

20 VICE CHAIRMAN HAYES: Okay. And then you
21 also have an alteration request, which basically is
22 allowing those six beds, then, to be moved into the
23 Riverside hospital; is that correct?

24 MR. AXEL: That is correct, along with the

1 46. All 52 will be moved.

2 VICE CHAIRMAN HAYES: Okay. Well, thank you.

3 Any other questions?

4 MEMBER GALASSIE: No.

5 MEMBER GREIMAN: No.

6 VICE CHAIRMAN HAYES: I don't see any so,
7 George, can we take a vote?

8 MR. AGBODO: Yes. I'll be calling for
9 votes.

10 Motion made by Mr. Sewell; seconded by
11 Mr. Galassie.

12 Mr. Galassie.

13 MEMBER GALASSIE: Yes.

14 MR. AGBODO: Justice Greiman.

15 MEMBER GREIMAN: Yes.

16 MR. AGBODO: Mr. Hayes.

17 VICE CHAIRMAN HAYES: Yes.

18 MR. AGBODO: Mr. Johnson.

19 (No response.)

20 MR. AGBODO: Mr. Sewell.

21 MEMBER SEWELL: I vote yes.

22 MR. AGBODO: That's 6 votes in the affirmative.

23 VICE CHAIRMAN HAYES: There's 6 votes in the
24 positive --

1 MEMBER GALASSIE: Mr. Chair, I don't think
2 we got all the votes.

3 MS. AVERY: No.

4 MEMBER MC GLASSON: I didn't vote, either.

5 MR. AGBODO: I'm sorry. I didn't call
6 Mr. McGlasson.

7 MEMBER MC GLASSON: Yes.

8 MR. AGBODO: That's now 6 votes.

9 MS. AVERY: Nelson -- Nelson --

10 MR. AGBODO: Yes.

11 MS. AVERY: -- 5.

12 MR. AGBODO: Mr. Johnson is not here.

13 MS. AVERY: 5.

14 MR. AGBODO: Okay. Mr. Johnson did not vote
15 so that's 5.

16 MS. AVERY: 5.

17 MR. AGBODO: Again, I apologize for that.

18 VICE CHAIRMAN HAYES: Well, thank you.

19 That's 5 votes in the positive and the
20 motion passes.

21 Juan.

22 MR. MORADO: I have nothing else.

23 VICE CHAIRMAN HAYES: Okay.

24 - - -

1 VICE CHAIRMAN HAYES: Then I will
2 immediately go into the next, Item D, alteration
3 request, and this is Project 15-039, Rockford
4 Memorial Hospital, Riverside campus.

5 May I have a motion to approve an alteration
6 for Project 15-069, Rockford Memorial Hospital,
7 Riverside --

8 MS. AVERY: 039.

9 VICE CHAIRMAN HAYES: -- 039 -- Rockford
10 Memorial Hospital, Riverside campus, to increase
11 project cost by 6.8 percent and increase project
12 size 4.7 percent.

13 May I have a motion.

14 MEMBER GALASSIE: So moved.

15 MEMBER GREIMAN: Second.

16 VICE CHAIRMAN HAYES: Can I have, George,
17 the State agency report?

18 MR. ROATE: Thank you, Chairman Hayes.

19 The permit holders are requesting to alter
20 Permit No. 15-039. 15-039 was approved on
21 September 2nd, 2016. What this project called for
22 was the establishment or the relocation of a --
23 establishment of a 188-bed acute care facility in
24 approximately 450,000 gross square feet on the

1 Riverside campus in Rockford, Illinois. The permit
2 holders are requesting to increase the cost of the
3 project 6.86 percent and increase the gross square
4 footage 4.72 percent.

5 Thank you, sir.

6 VICE CHAIRMAN HAYES: Thank you, George.

7 Can I have the people -- can I have the
8 people sworn in?

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

11 (Four witnesses sworn.)

12 THE COURT REPORTER: Thank you.

13 VICE CHAIRMAN HAYES: Thank you.

14 Do you need to describe -- do you need to
15 talk to us?

16 MR. AXEL: Please, briefly.

17 VICE CHAIRMAN HAYES: Okay.

18 MR. AXEL: Both the project cost and the
19 square footage increases that we are proposing are
20 within the applicable State norms.

21 The alteration for this project addresses
22 the addition of six NICU stations at the Riverside
23 hospital, the addition of one mammography unit, the
24 addition of two recovery stations, the addition of

1 two LDRs, and the elimination of one ultrasound
2 unit.

3 The only negative finding deals with the
4 fact that the historical utilization of the hospital
5 does not support the additional two LDRs. These are
6 being requested in response to a recent agreement
7 with a local FQHC which will increase the number of
8 births at the hospital by a thousand over the number
9 of births that were anticipated during the CON
10 process.

11 Thank you.

12 MEMBER GALASSIE: Is that projected to be
13 new -- projected to be new births?

14 MR. VAN DEN HEUVEL: Every one of them.

15 MEMBER GALASSIE: Were those referrals going
16 somewhere else?

17 MS. AVERY: Dale, one second.

18 MEMBER GALASSIE: I'm sorry.

19 VICE CHAIRMAN HAYES: I'm reading this for
20 the record, that the same representations for the
21 previous Applicant, E-021-16, remained at the table.

22 MS. AVERY: Thank you.

23 VICE CHAIRMAN HAYES: Could I have any
24 questions from the Board?

1 MEMBER SEWELL: Yes.

2 MS. AVERY: Well --

3 MEMBER SEWELL: This is a question --

4 MS. AVERY: Mr. Sewell -- sorry. Let him
5 finish Dale's question.

6 MEMBER GALASSIE: Go right ahead. Go right
7 ahead. I'll follow.

8 MEMBER SEWELL: I didn't hear -- I can't
9 hear what you guys are doing.

10 MEMBER GALASSIE: You're not missing much.

11 MEMBER SEWELL: Okay. I guess -- I'm okay.
12 You can hear me; right?

13 This is a question for you, George.

14 MR. ROATE: Sure. Go ahead.

15 MEMBER SEWELL: It looks like the finding is
16 relevant because we don't have utilization standards
17 for some of the services that are being proposed
18 here.

19 MR. ROATE: Sure.

20 MEMBER SEWELL: That is correct?

21 MR. ROATE: That is.

22 MEMBER SEWELL: So we issue a finding if we
23 don't have standards that apply to the service the
24 Applicant is proposing? Am I correct in saying

1 that?

2 MR. ROATE: We do, sir. Yes.

3 MEMBER SEWELL: Okay. So what about the --
4 the labor, delivery, recovery service, it's not
5 clear from the State agency report if this
6 application meets or does not meet that because it's
7 silent on the issue of utilization standards for
8 that particular one.

9 That was the one that was pointed out as not
10 meeting the historic -- not meeting the utilization
11 standard.

12 Is that clear? I didn't ask that very
13 clearly.

14 MR. ROATE: It -- it's somewhat clear, sir,
15 in where you're coming with that.

16 And what you're trying to say is, because
17 there's no established standards for labor and
18 delivery, that the negative findings would be -- are
19 you suggesting they be unsubstantiated or --

20 MEMBER SEWELL: I'm just trying to find out
21 why there is a negative finding.

22 MEMBER GALASSIE: Right.

23 MEMBER SEWELL: And I guess the answer to
24 that is that we don't have standards.

1 MR. ROATE: I'd have to do a little bit of
2 further review on that sir.

3 MR. AXEL: May I speak?

4 MEMBER SEWELL: Yeah. What does the
5 Applicant have to say about that?

6 MR. AXEL: On page 8 of the State agency
7 report, the standards for LDR are noted. It's
8 400 births per year. That's based on historical
9 utilization.

10 That is what resulted in the negative
11 finding, Mr. Sewell.

12 MEMBER SEWELL: And that's what you didn't
13 meet?

14 MR. AXEL: That's what we didn't meet.

15 MEMBER SEWELL: I see.

16 MR. AXEL: And leading into the response to
17 Mr. Galassie's question, the local FQHC has signed
18 an agreement with Mercy Health to move the
19 obstetrics and newborn services coming up to the
20 FQHC from another hospital to Rockford Memorial,
21 which is the regional perinatal center and the only
22 NICU in the area. And that would --

23 MEMBER GALASSIE: Which would then put you
24 in better compliance with our nondefined compliance

1 issue?

2 MR. AXEL: I think I agree with that.

3 MEMBER GALASSIE: Your numbers would be
4 there.

5 MR. MORADO: Right.

6 MR. AXEL: Yes.

7 MR. VAN DEN HEUVEL: Yes.

8 MR. AXEL: We're expecting an additional
9 thousand births.

10 MEMBER SEWELL: Okay.

11 MEMBER GALASSIE: Thank you.

12 VICE CHAIRMAN HAYES: Any more questions
13 from the Board?

14 (No response.)

15 VICE CHAIRMAN HAYES: I have a couple here,
16 is that, basically, about a year ago you put in for
17 this project. And at that time you had done a lot
18 of work in the engineering drawing area, but still
19 you basically made significant changes in the cost,
20 approximately 6.86 percent, and the increase in
21 gross square footage of 4.72 percent. I was
22 wondering if you could comment on that a little bit.

23 I'm just concerned that a year ago, you
24 know, there's been a lot of planning done that did

1 not go in before -- did not -- was not taken before
2 the CON process.

3 MR. AXEL: The project was approved in
4 November. The project cost and square footages that
5 were used in the application were probably completed
6 in June of 2015.

7 Following approval, the Applicant, which is
8 now the permit holder, got into more detailed
9 planning processes, and the realization came that
10 additional square footage would be needed in
11 selected areas, and that additional square footage
12 resulted in additional cost.

13 I'd like to point out that that is not
14 unusual by any means, particularly for a project of
15 that magnitude. And, in fact, it's my understanding
16 that is why your rules provide for alterations up to
17 7 percent on the project cost side and up to
18 5 percent on the square footage side, and we are in
19 compliance with those.

20 VICE CHAIRMAN HAYES: Thank you very much.

21 The other question is that -- just to make
22 sure we clarify this -- is that -- and I think your
23 presentation actually said this but -- this is also
24 going to -- this is for an additional six beds at

1 the Riverside hospital when you move the neonatal
2 intensive care unit; is that correct?

3 MR. AXEL: That is correct.

4 VICE CHAIRMAN HAYES: Okay. Thank you.

5 May I have a vote, George.

6 MR. AGBODO: Yes.

7 Thank you.

8 VICE CHAIRMAN HAYES: Excuse me. Is that
9 all the questions from Board members?

10 MEMBER GALASSIE: Yes.

11 MEMBER GREIMAN: Yes.

12 VICE CHAIRMAN HAYES: Can I have a vote,
13 George?

14 MR. AGBODO: Yes.

15 Motion made by Mr. Galassie; seconded by
16 Justice Greiman.

17 Mr. Galassie.

18 MEMBER GALASSIE: Yes.

19 MR. AGBODO: Thank you.

20 Justice Greiman.

21 MEMBER GREIMAN: Yes.

22 MR. AGBODO: Mr. Hayes.

23 VICE CHAIRMAN HAYES: Yes.

24 MR. AGBODO: Mr. McGlasson.

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MEMBER MC GLASSON: Yes.

MR. AGBODO: Mr. Sewell.

MEMBER SEWELL: Yes. I'm convinced that the arrangements with the FQHC will allow the labor and delivery standard to be met over time.

MR. AGBODO: Thank you.

That's 5 votes in the affirmative.

VICE CHAIRMAN HAYES: Motion passes.

Thank you very much.

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1 VICE CHAIRMAN HAYES: And now we'll go
2 directly into the final application for Rockford
3 Memorial.

4 MS. MITCHELL: If I may for a moment, I just
5 want to remind Board members to please explain your
6 votes, whether voting for or against the projects.

7 VICE CHAIRMAN HAYES: Thank you, Jeannie.
8 That's a very good point.

9 May I have a motion to approve an alteration
10 for Permit 15-040, Rockford Memorial Hospital
11 Riverside, to increase project cost by 6.4 percent
12 and increase project size 1.07 percent.

13 MEMBER SEWELL: So moved.

14 MEMBER GALASSIE: Second.

15 VICE CHAIRMAN HAYES: May I have the State
16 Board staff report.

17 MR. ROATE: Thank you, Mr. Hayes.

18 The permit holders are requesting to alter
19 Permit No. 15-040. This permit was initially
20 approved on November 18th, 2015, to establish a
21 medical clinics building in 81,498 gross square feet
22 of space in Rockford, Illinois. They submitted a
23 permit alteration request to increase the cost of
24 the project 6.48 percent and increase the gross

1 square footage 1.07 percent in the medical office
2 building.

3 Thank you, sir.

4 VICE CHAIRMAN HAYES: For the record, before
5 we swear in the Applicant, is that the Applicant has
6 remained at the table and has a -- that -- the
7 people that are available there.

8 Could I have the Applicants sworn in?

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

11 (Four witnesses sworn.)

12 THE COURT REPORTER: Thank you.

13 VICE CHAIRMAN HAYES: Now can we have a
14 statement from the Applicant?

15 MR. AXEL: Yes, Mr. Hayes.

16 I noted that the motion made was an increase
17 of 6.4 percent. The requested increase is
18 6.48 percent.

19 VICE CHAIRMAN HAYES: Okay.

20 Maybe 6.5 percent, just to round it up.

21 MS. MITCHELL: 6.48.

22 VICE CHAIRMAN HAYES: Okay. Basically,
23 we'll -- we have to do the amended motion here, and
24 we'll -- the amended --

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

2 VICE CHAIRMAN HAYES: May we amend the
3 motion, Project 15-040, to increase project cost by
4 6.5 percent.

5 MS. MITCHELL: 8.

6 MR. MORADO: 6.48.

7 VICE CHAIRMAN HAYES: 6.48 percent and
8 increase project size the same, at 1.07 percent.

9 May I have a motion.

10 MEMBER SEWELL: I move that.

11 VICE CHAIRMAN HAYES: A second?

12 MEMBER GALASSIE: Second.

13 VICE CHAIRMAN HAYES: Thank you.

14 Now can we have a discussion from the
15 Applicant?

16 MR. AXEL: Thank you, Mr. Hayes.

17 The only programmatic change that we are
18 proposing is the addition of two ultrasound units to
19 this medical office building. The alteration has
20 been found to be in compliance with all applicable
21 criteria.

22 MS. AVERY: We can't hear you, Jack. Say
23 the last part.

24 MR. AXEL: The application has been found to

1 be in compliance with all applicable criteria.

2 Thank you.

3 VICE CHAIRMAN HAYES: Board members?

4 (No response.)

5 VICE CHAIRMAN HAYES: Any questions from
6 Board members?

7 MEMBER GALASSIE: No.

8 MEMBER GREIMAN: No.

9 VICE CHAIRMAN HAYES: Okay. I have a
10 question just for clarification here.

11 This is for a medical office building. Is
12 that -- that's going to be connected to the
13 Riverside campus there --

14 MR. AXEL: Correct.

15 VICE CHAIRMAN HAYES: -- the Riverside
16 hospital? Okay.

17 And you've answered a question about --
18 before -- about, you know, your -- November of 2015,
19 about a year ago, and now you're coming back and
20 making changes that bump up -- at least with the
21 costs, it's 7 percent, and now you're bumping up --
22 it's 6.48 percent, the cost.

23 And I was wondering if you're basically
24 adding two MRI units.

1 MR. AXEL: We're adding two ultrasound
2 units.

3 VICE CHAIRMAN HAYES: Two ultrasound units
4 to that medical office building?

5 MR. AXEL: Yeah. Those are the only
6 programmatic changes. Some of the square footage in
7 the approved areas is increasing slightly, and
8 that's resulting in the additional square footage
9 and the cost.

10 VICE CHAIRMAN HAYES: Okay. Well, in
11 November of 2015, again, was there -- you know, it
12 seems like the planning -- I understand that this is
13 a big project, but, obviously, in our CON process
14 a year ago is that it's -- it has changed this
15 project, the costs and the square footage.

16 MR. AXEL: Yes, it has. And as with the
17 previously discussed project, the planning for this
18 project leading into the CON was completed in
19 June of 2015.

20 VICE CHAIRMAN HAYES: Thank you.
21 Seeing no other -- excuse me. In the --
22 Doctor?

23 MEMBER GOYAL: Yes.

24 Mr. Chairman, I just wanted to add, in

1 response for the Applicants, I think ultrasounds --
2 more ultrasounds would probably be needed because
3 the Board just voted to increase the labor and
4 delivery services.

5 VICE CHAIRMAN HAYES: Thank you, Doctor.

6 Does the Applicant want to respond to that
7 at all?

8 MR. AXEL: That is correct.

9 VICE CHAIRMAN HAYES: Thank you.

10 Seeing no other questions from Board
11 members, Nelson, could I have a vote?

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

13 Motion made and amended by Mr. Sewell;
14 seconded by Mr. Galassie.

15 Mr. Galassie.

16 MEMBER GALASSIE: I will vote in the
17 affirmative. I believe the increased requests based
18 upon the scope of the project are both reasonable.

19 MR. AGBODO: Thank you.

20 Justice Greiman.

21 MEMBER GREIMAN: I'll vote yes, also.

22 They're clearly needed.

23 MR. AGBODO: Thank you.

24 Mr. Hayes.

1 VICE CHAIRMAN HAYES: Yes. The increase in
2 the project cost and the square footage are
3 reasonable and also from the generally favorable
4 State agency report.

5 MR. AGBODO: Thank you.

6 Mr. McGlasson.

7 MEMBER MC GLASSON: Yes, based on prior
8 statements.

9 MR. AGBODO: Thank you.

10 Mr. Sewell.

11 MEMBER SEWELL: Yes. There were no
12 findings.

13 MR. AGBODO: Thank you.

14 That's 5 votes yes.

15 VICE CHAIRMAN HAYES: The motion passes.

16 Thank you very much.

17 MR. AXEL: Thank you.

18 MR. VAN DEN HEUVEL: Thank you.

19 VICE CHAIRMAN HAYES: Excuse me. We'll take
20 a five-minute break.

21 (Chairwoman Olson returned to the
22 proceedings.)

23 MS. AVERY: Oh, she's here.

24 VICE CHAIRMAN HAYES: Excuse me. Can we

1 take that break back? And we'll go on to a couple
2 of other projects.

3 Thank you for the little bit of confusion
4 here but let's move forward.

5 CHAIRWOMAN OLSON: Thank you, John.

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1 CHAIRWOMAN OLSON: The next order of
2 business is declaratory rulings and other business.
3 E-01, declaratory ruling, Chicago Prostate Cancer
4 Surgery Center.

5 May I have a motion to approve a self-
6 referral request to clarify the surgical procedures
7 approved to be performed at the Chicago Prostate
8 Cancer Surgery Center.

9 A motion, please.

10 MEMBER GALASSIE: So moved.

11 CHAIRWOMAN OLSON: And a second.

12 VICE CHAIRMAN HAYES: Second.

13 CHAIRWOMAN OLSON: Mr. Roate, your report.

14 MR. ROATE: Thank you, Madam Chair.

15 On February 3rd, 2015, the State Board
16 approved Project No. 04-27 for the Chicago Prostate
17 Surgery Center in Westmont, Illinois, to establish a
18 limited specialty ASTC with two operating rooms and
19 eight recovery stations that was, quote, "limited to
20 urological procedures dealing specifically with
21 prostate cancer."

22 The Applicants wish to further define the
23 urological procedures. I've outlined the State
24 agency -- or State Board staff report, page 3,

1 identifies more specifically the procedures under
2 the urological procedures that they wish to pursue.

3 CHAIRWOMAN OLSON: Okay. So does everybody
4 understand what we're voting on here?

5 Let the Applicant -- you -- do you have
6 comments?

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

9 (Three witnesses sworn.)

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

12 CHAIRWOMAN OLSON: And introduce yourselves.

13 MR. SILBERMAN: Thank you.

14 My name is Marc Silberman, and I'm proud to
15 have to my right Dr. Moran, who runs this facility,
16 and, to my left, Jennifer McCartney-White, who is
17 the administrative director, and I'll make this very
18 brief.

19 We see this as a zero-benefit call -- or
20 excuse me -- a zero-cost, all-benefit project where
21 there's no cost. We're not looking to change the
22 categories of service at all. All we're doing is to
23 clarify that we can perform the full service of
24 urological procedures at this facility.

1 No cost and it increases access to care,
2 both, by allowing the performance of other
3 urological procedures. The facility's currently not
4 fully utilized, so we're better utilizing the
5 existing facility.

6 (Member Johnson returned to the
7 proceedings.)

8 MR. SILBERMAN: Also, by clarifying that we
9 can go beyond the treatment of prostate cancer, it
10 allows for the addressing of the various urological
11 issues that women face that previously haven't been
12 able to be treated at this facility.

13 Simply put, even though it turns out the
14 conclusion of the staff report is that there wasn't
15 a condition on the application, there was some
16 confusion, and the Applicant very clearly -- we
17 wanted to go through the process and come before the
18 Board rather than risk running afoul of this Board's
19 rules.

20 So all we were hoping to do was just clarify
21 that it's okay to continue to provide urological
22 procedures in accordance with that category of
23 service.

24 CHAIRWOMAN OLSON: Thank you, Mr. Silberman.

1 MEMBER GALASSIE: And we're adding
2 additional procedures?

3 MR. SILBERMAN: So right now the category of
4 service approved is urological.

5 They've only performed procedures related to
6 the treatment of prostate cancer because that was
7 what it was originally intended for. Once it was
8 underutilized and there was a request to perform and
9 explore other options, it was unclear if it was
10 okay.

11 We've had discussions with Board staff, and
12 based on the fact that it wasn't clear, the cleanest
13 process was to come to the Board and let the Board
14 clarify it. We only want to perform other
15 urological procedures.

16 MEMBER GALASSIE: Thank you. That was very
17 helpful.

18 MR. MORADO: Out of an abundance of caution,
19 Dale, I asked counsel for the Applicant if they
20 could submit a declaratory ruling request so we can
21 be sure that they can provide the full spectrum of
22 services under the category of service that they're
23 already approved for.

24 MR. SILBERMAN: It really came under "better

1 to ask permission than seek forgiveness."

2 CHAIRWOMAN OLSON: I need to -- point of
3 clarification. Both myself and -- Kathy Olson --
4 and Joel Johnson have returned to the room.

5 Thank you.

6 Okay. Other questions or comments for this
7 Applicant?

8 MEMBER MC GLASSON: Madam Chairman.

9 CHAIRWOMAN OLSON: Yes.

10 MEMBER MC GLASSON: Is this unusual? Are
11 most of the similar surgery centers able to do the
12 work that you anticipate doing?

13 MR. SILBERMAN: I'll let Dr. Moran address
14 the historical focus.

15 DR. MORAN: I'm sorry. Can you repeat the
16 question?

17 MEMBER MC GLASSON: Is this an unusual
18 change?

19 DR. MORAN: No, not at all. I think just --
20 we're providing a whole scope of care for urologic
21 patients. We just wanted to make it clear, get your
22 approval before we opened it.

23 CHAIRWOMAN OLSON: Other questions or
24 comments?

1 (No response.)

2 CHAIRWOMAN OLSON: Seeing none, I'd ask for
3 a roll call vote, George.

4 MR. AGBODO: Thank you, Madam Chair.

5 CHAIRWOMAN OLSON: Oh, I'm sorry, Nelson.

6 MR. AGBODO: Yeah. That's okay.

7 The motion was made by Mr. Galassie;
8 seconded by Mr. Hayes.

9 Mr. Galassie.

10 MEMBER GALASSIE: I will vote in the
11 affirmative.

12 It sounds as though it will be a more
13 comprehensive delivery system.

14 MR. AGBODO: Thank you.

15 Justice Greiman.

16 MEMBER GREIMAN: Aye for reasons expressed.

17 MR. AGBODO: Okay. Thank you.

18 Mr. Hayes.

19 VICE CHAIRMAN HAYES: Yes. It's a
20 clarification of urological services, and there's no
21 new services being provided in other areas.

22 So yes.

23 MR. AGBODO: Thank you.

24 Mr. Johnson.

1 MEMBER JOHNSON: Yes, for previously stated
2 reasons.

3 MR. AGBODO: Thank you.
4 Mr. McGlasson.

5 MEMBER MC GLASSON: Yes, for previously
6 stated reasons.

7 MR. AGBODO: Mr. Sewell.

8 MEMBER SEWELL: I vote yes for reasons
9 stated.

10 MR. AGBODO: Thank you.

11 Madam Chair Olson.

12 CHAIRWOMAN OLSON: I vote yes, as well, and
13 appreciate your coming to us to ask.

14 MR. AGBODO: That's 7 votes in the
15 affirmative.

16 CHAIRWOMAN OLSON: The motion passes.

17 Thank you.

18 MR. SILBERMAN: Thank you.

19 DR. MORAN: Thank you.

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CHAIRWOMAN OLSON: There is no business
under the Health Care Worker Self-Referral Act, so
we will move on -- oh, nothing under status report
on conditional/contingent permits.

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1 CHAIRWOMAN OLSON: So we'll move on to
2 applications subsequent to initial review.

3 And as per our earlier motion, I would call
4 Project 16-020 to the table, Oak Lawn -- Dialysis
5 Care Center of Oak Lawn.

6 May I have a motion to approve Project 16-020,
7 Dialysis Care Center of Oak Lawn, to establish an
8 11-station ESRD facility.

9 May I have a motion.

10 MEMBER GALASSIE: So moved.

11 VICE CHAIRMAN HAYES: Second.

12 CHAIRWOMAN OLSON: Thank you.

13 The Applicant will be sworn in, please.

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

16 (Four witnesses sworn.)

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

19 CHAIRWOMAN OLSON: George, your report,
20 please.

21 MR. ROATE: Thank you, Madam Chair.

22 The Applicants are proposing to establish an
23 11-station in-center hemodialysis facility to be
24 located in Oak Lawn, Illinois, at the cost of

1 approximately \$762,000. Project completion date is
2 June 30th, 2017.

3 The Board staff notes that there was no
4 public hearing, no letters of support or opposition,
5 and there are no negative findings to the project.

6 CHAIRWOMAN OLSON: Thank you.

7 Comments for the Board?

8 Please.

9 DR. SALAKO: Good morning, Madam Chairman
10 and members of the Board. Can you hear me?

11 MEMBER SEWELL: Yes.

12 DR. SALAKO: Good morning. My name is
13 Dr. Jide Salako. I am the director of operations
14 overseeing this project. We want to thank the Board
15 and the staff for --

16 THE COURT REPORTER: I'm sorry. Can you
17 slow down and speak up, both, please?

18 DR. SALAKO: I am the director of operations
19 overseeing this project. We want to thank the Board
20 members and the staff for their review of this
21 project, which reflects a clean Board staff report
22 on all 21 criteria items.

23 Dialysis Care Center of Oak Lawn is to be
24 located in HSA 7 where there is a determined

1 additional need of 58 additional stations. Dialysis
2 Care Center will open up additional treatment
3 options for patients in the Oak Lawn area and the
4 southwest Cook County community of residents.

5 There is not a surplus of stations in the
6 30-minute service area, and the average utilization
7 of all other dialysis facilities in the 30-minute
8 area is above 80 percent. No unnecessary
9 duplication or maldistribution will occur from this
10 project if approved.

11 Dialysis Care Center has an open-door policy
12 and will provide service to all patients regardless
13 of race, color, or national origin. We will provide
14 services to patients with and without insurance.
15 This is an area with a large contingent of patients
16 on public aid, Medicare, well over 90 percent. Our
17 door is open to all patients. We do not intend to
18 refuse care to any patients at our facility.

19 Dialysis Care Center will be focused on
20 quality and patient-centered care. Comfort and
21 quality will be placed first and foremost before
22 profitability.

23 This -- we look forward to working with the
24 community and admitting patients to our facility.

1 Thank you.

2 DR. SHAFI: Good morning.

3 My name is Dr. Shafi, S-h-a-f-i. I'm board
4 certified in nephrology and internal medicine and
5 will serve as the chief medical officer of the
6 Dialysis Care Center. I've been practicing
7 nephrology for over 20 years.

8 Dialysis Care Center's key focus will be
9 providing excellent medical care which is evidence
10 based and patient centric. Our goal is to achieve a
11 five-star rating from CMS. This will be achieved by
12 a multidisciplinary approach to achieve best results
13 in anemia management, dialysis adequacy, vascular
14 care, mineral and bone disorder, and reducing
15 hospitalization admission rates for many of our
16 dialysis patients. Note should be made that none of
17 the dialysis centers which are located within a
18 30-mile radius of our proposed location have this
19 rating.

20 Oak Lawn population is over 90 percent
21 African-American and Hispanic. These populations
22 are twice as likely to develop high blood pressure
23 and diabetes, leading to kidney failure. Based on
24 the State agency report, there is a shortage of

1 60 stations in HSA 7, and Dialysis Care Center of
2 Oak Lawn will minimize this shortage by providing
3 excellent quality dialysis, with an open-door policy
4 to patients of all races, color, ethnicity. This
5 facility will improve access to underprivileged and
6 disadvantaged individuals in the southwest side of
7 the community who suffer from kidney failure.

8 In addition to end stage dialysis, Dialysis
9 Care Center will offer smooth transition to the
10 patients where appropriate and who want home-based
11 dialysis therapy, also.

12 Our team, I can assure you, is committed to
13 this project to develop a center of excellence in
14 this community, which needs it most.

15 Thank you very much.

16 MS. LANGS: My name is Jennifer Langs,
17 L-a-n-g-s, and I am the director of nursing for the
18 Dialysis Care Centers.

19 And my job will be to focus on educating the
20 nurses, ensuring that we have an excellent staff,
21 which, thereby, will increase the patient
22 satisfaction, hopefully patient compliance, and show
23 that our outcomes, again, will be a five-star
24 rating.

1 CHAIRWOMAN OLSON: Thank you.

2 DR. SALAKO: The one point I would like to
3 address, earlier this morning Penny Davis from
4 DaVita raised a point that we were going to be using
5 a -- the NxStage machine. That is absolutely
6 incorrect.

7 We will be a traditional in-center dialysis
8 facility. Those -- our patients will be dialyzed,
9 you know -- we'll be open six days a week; they will
10 be on three-day shifts, Monday, Wednesday, Friday,
11 Tuesday, Thursday, Saturday.

12 And if you look at the State agency report,
13 we believe that in about two years we will be at
14 over 80 percent utilization with 66 patients.

15 So we will be declaring our intent to
16 maximize the use of the 11 stations approved for us
17 in this facility, and we will be operating a
18 traditional in-center facility.

19 Thank you.

20 CHAIRWOMAN OLSON: Thank you.

21 Questions or comments from Board members?

22 Mr. Sewell.

23 MEMBER SEWELL: Just for clarification,
24 there was no public hearing on this application?

1 MR. ROATE: No, sir.

2 MEMBER SEWELL: But there was public
3 testimony earlier?

4 MR. ROATE: Yes there was.

5 MEMBER SEWELL: Okay. I just wanted to be
6 clear.

7 CHAIRWOMAN OLSON: Other questions or
8 comments?

9 (No response.)

10 CHAIRWOMAN OLSON: Seeing none, I would ask
11 for a roll call vote.

12 MEMBER GREIMAN: I have one.

13 CHAIRWOMAN OLSON: I'm sorry, Justice
14 Greiman.

15 MEMBER GREIMAN: How is it that your charity
16 was almost cut in half in the last year?

17 Do you have any understanding of that?

18 DR. SALAKO: The question --

19 MS. MITCHELL: Which application are you on?

20 MEMBER GREIMAN: This is on 031.

21 MEMBER GALASSIE: No, it's not. That's the
22 wrong one.

23 MS. MITCHELL: That's the wrong one.

24 MS. AVERY: 020.

1 MEMBER GREIMAN: Okay.

2 MEMBER GALASSIE: You're off the hot seat.

3 CHAIRWOMAN OLSON: Other questions or
4 comments?

5 MEMBER MC GLASSON: Yes.

6 CHAIRWOMAN OLSON: Yes.

7 MEMBER MC GLASSON: I don't know exactly who
8 to address this question to, but assuming this --
9 since this is the first one, I'll make it.

10 I attempted to plot on a single map these
11 four dialysis centers that we're going to be
12 approving or disapproving today, and it appears to
13 me that they're within --

14 MR. MORADO: Mr. McGlasson, I don't mean to
15 cut you off and I apologize for that. But just --
16 before you move forward I just want to make clear
17 that we don't do comparative review. So we don't
18 compare one application to another.

19 So I understand maybe you're making a point
20 about the distance between them and ones that are
21 already existing. I think that's perfectly fine.
22 But to compare one application to another is
23 prohibited by our rules.

24 MEMBER MC GLASSON: Then how do I ask my

1 question?

2 MR. MORADO: I'm not sure what your
3 question is.

4 CHAIRWOMAN OLSON: Can he ask it and you
5 can --

6 MEMBER MC GLASSON: The State reports
7 indicate and deal with the number of facilities in a
8 given area --

9 MS. MITCHELL: Right.

10 MR. MORADO: Right.

11 MEMBER MC GLASSON: -- into each of these
12 reports --

13 MR. MORADO: Right.

14 MEMBER MC GLASSON: -- and I can't figure
15 out how -- I can't juggle the distances for each of
16 these four applications.

17 So I don't know how to ask the question
18 that --

19 MS. MITCHELL: George may be able to answer.

20 MR. ROATE: Sir, if I can be of assistance.

21 MEMBER MC GLASSON: Please.

22 MR. ROATE: Currently there is a need in
23 the planning -- or in the Planning Area 7 for
24 58 stations. Okay? What we do is we take a

1 30-minute travel radius and look at all the
2 facilities in that radius.

3 We take out -- we take into consideration
4 facilities that are still in the ramp-up phase and
5 are not operating at sufficient capacity.

6 And it was determined that there is -- that,
7 of the facilities in the immediate area, although
8 there's underperforming facilities, they're
9 operating at a sufficient utilization rate to meet
10 State average.

11 We also take into account the referral
12 sources. These Applicants identified referral
13 resources to ensure that this facility will be
14 operating at sufficient capacity after its two-year
15 ramp-up period.

16 So we look at -- we have to look forward.
17 I understand where you're coming from in taking a
18 look at all these applications, and what Mr. Morado
19 is getting at is we have to -- we look at each
20 application on a case-by-case basis. We can't be
21 comparing.

22 MEMBER MC GLASSON: I think I understand.
23 But if I am allowed a statement --

24 MR. MORADO: Yes.

1 MEMBER MC GLASSON: -- it seems like a flaw
2 in our operations, that we need to change something
3 so that, even though four are coming simultaneously,
4 being unable to compare one to another makes it
5 really difficult to make a good decision, in my
6 opinion.

7 MR. MORADO: There are some states that have
8 the CON program -- it's different in each state, but
9 there are a couple states that do what they call
10 comparative or batched review, so it's not
11 completely unheard of. But it's just been the
12 practice and the rule -- within the rules of this
13 Board for some time now that we don't participate in
14 those types of reviews.

15 MEMBER MC GLASSON: Thank you very much.

16 VICE CHAIRMAN HAYES: Madam Chairman.

17 CHAIRWOMAN OLSON: Yes.

18 VICE CHAIRMAN HAYES: Sorry about that, that
19 you had to change roles.

20 But I was just wondering, the -- at a cost
21 of approximately 762,000 and a completion date of
22 June 30th of 2017 -- so that's about eight months
23 from the -- actually, probably our -- you know, the
24 CONs that come before this Board, at a minimum --

1 those are very different numbers. Cost is
2 significantly less, I would say, and then the date
3 of June 30th of 2017 is only eight months.

4 So I was wondering if you could give us some
5 enlightenment in that area.

6 DR. SALAKO: Thank you, Mr. Vice Chairman
7 Hayes.

8 In this particular area the facility we
9 intend to relocate -- to move this dialysis clinic
10 into was previously occupied by another dialysis
11 company, so, infrastructurally, it's going to be
12 improving on what is there.

13 Now, in terms of cost -- so we're not
14 building from the ground up. We are not having to
15 have new brick and mortar.

16 Also, when you look at most dialysis costs
17 by any large organization, most of those costs are
18 inherently because it's huge projects that have
19 really large cost structures. We are a smaller
20 organization with lesser cost structures, and we're
21 very boastful of the fact that we can do this in
22 the -- in the cost that we have budgeted.

23 VICE CHAIRMAN HAYES: Thank you.

24 CHAIRWOMAN OLSON: Other questions, comments

1 by Board members?

2 (No response.)

3 CHAIRWOMAN OLSON: Seeing none, I would ask
4 for a roll call vote, Nelson.

5 MR. AGBODO: Thank you, Madam Chair.

6 Motion made by Mr. Galassie; seconded by
7 Mr. Sewell.

8 Mr. Galassie.

9 MEMBER GALASSIE: I will vote in the
10 affirmative.

11 It appears as though HSA 7 population is
12 sufficient to warrant this addition.

13 MR. AGBODO: Thank you.

14 Justice Greiman.

15 MEMBER GREIMAN: Well, I will vote aye
16 because I -- as you know, I traditionally am
17 concerned about the fact that -- about these -- this
18 particular forum is run by two agencies that have
19 95 percent of the Illinois stations.

20 So I vote aye.

21 MR. AGBODO: Thank you.

22 Mr. Hayes.

23 VICE CHAIRMAN HAYES: Yes, because of the
24 favorable State agency report and, also, the

1 Applicant has been able to answer our questions and
2 affirm their opportunity to do this project.

3 MR. AGBODO: Thank you.

4 Mr. Johnson.

5 MEMBER JOHNSON: Yes, for previously stated
6 reasons.

7 MR. AGBODO: Thank you.

8 Mr. McGlasson.

9 MEMBER MC GLASSON: Yes, based on the State
10 agency report.

11 MR. AGBODO: Mr. Sewell.

12 MEMBER SEWELL: Yes, State agency report.

13 MR. AGBODO: Thank you.

14 Madam Chair Olson.

15 CHAIRWOMAN OLSON: Yes, also based on the
16 positive State Board staff report.

17 MR. AGBODO: 7 votes in the affirmative.

18 CHAIRWOMAN OLSON: The motion passes.

19 Congratulations.

20 DR. SALAKO: Thank you.

21 DR. SHAFI: Thank you.

22 - - -

23

24

1 CHAIRWOMAN OLSON: Next, we have
2 Project 16-022, Dialysis Center of Olympia Fields.

3 May I have a motion to approve Project 16-022,
4 Dialysis Care Center of Olympia Fields, to establish
5 an 11-station ESRD facility.

6 MEMBER GALASSIE: So moved.

7 VICE CHAIRMAN HAYES: Second.

8 CHAIRWOMAN OLSON: And did we change
9 somebody at the table? So let's swear in the new
10 person at the table.

11 (One witness sworn.)

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

14 CHAIRWOMAN OLSON: George, your report,
15 please.

16 MR. ROATE: Thank you, Madam Chair.

17 The Applicants are proposing to establish an
18 11-station in-center hemodialysis facility located
19 in Olympia Fields at a cost of approximately
20 \$992,000 with a completion date of June 30th, 2017.

21 Board staff notes that there was no public
22 hearing, there were no -- there are support letters
23 and there are opposition letters in regards to the
24 project.

1 CHAIRWOMAN OLSON: Thank you.

2 Comments?

3 DR. SALAKO: Good morning again,
4 Madam Chairwoman.

5 We will continue with our previous comments.

6 I am Dr. Jide Salako --

7 THE COURT REPORTER: I'm sorry. I can't
8 understand you.

9 DR. SALAKO: My apologies.

10 I'm Dr. Jide Salako. I am the director of
11 operations overseeing this project.

12 The Dialysis Care Center of Olympia Fields
13 is located in HSA 7, where it has been determined
14 there is a need for 58 additional stations.
15 Dialysis Care Center will offer additional treatment
16 in the Olympia Fields area in southwest Cook County.

17 There's not a surplus of stations in the
18 30-minute service area, and the utilization of all
19 other dialysis facilities in the designated area is
20 above 80 percent. No unnecessary duplication or
21 maldistribution will occur from this project if
22 approved.

23 DR. SAMSON: I'm Suresh Samson,

24 S-u-r-e-s-h --

1 CHAIRWOMAN OLSON: You're going to have to
2 pull it a little closer.

3 DR. SAMSON: I'm Suresh Samson, S-u-r-e-s-h;
4 last name, S-a-m-s-o-n. I'm a nephrologist who has
5 been practicing in the Olympia Fields area for the
6 last four years, and I will be the medical director
7 for this Olympia Fields unit if approved.

8 And in the last four years, I've been
9 involved in a lot of activities in the community, as
10 well as we do a lot of free clinics with the
11 National Kidney Foundation.

12 I'm -- and I see a lot of patients in the
13 hospitals, all the hospitals in that area, nursing
14 homes, and other units and in my clinic. And, you
15 know, as most of the reports say, 80 percent of
16 those patients are African-Americans and Hispanics,
17 and they tend to seek -- tend to have increased
18 incidence of kidney disease and heart problems and
19 hypertension, and they need more opportunities, more
20 help in getting into dialysis centers without
21 interfering with their lifestyle, and that's
22 something I take very -- with more -- pay more
23 importance to.

24 And right now, in three years I have a

1 little more than a hundred dialysis patients who
2 started dialysis, and that's roughly around 30 to
3 35 patients a year. When the State agency report
4 says that we are 58 dialysis units -- dialysis
5 chairs short, that is concerning to me, that in
6 two years we'll have a lot more patients than that
7 who need dialysis.

8 And it's not just about a patient getting a
9 chair in a dialysis unit. It's about the
10 40-year-old dad who wants to go to work at
11 nine o'clock and he wants a chair at 5:00 in the
12 morning. He cannot afford to have a chair at 11:00,
13 and we have had many of those instances where those
14 patients -- dads and spouses -- cannot find the
15 right chair and to take -- because family members
16 are at work.

17 And I think with the Dialysis Care Center
18 opening a dialysis unit in that place and me being
19 its medical director, I will have a strong influence
20 in the policy making and we can make strong policies
21 towards quality of care and, more importantly, that
22 tailor to the local community that will help them
23 achieve the treatment they need to achieve and also
24 have a lifestyle that is not impacted by dialysis.

1 CHAIRWOMAN OLSON: Thank you.

2 Other comments, anybody?

3 (No response.)

4 CHAIRWOMAN OLSON: Questions, comments from
5 Board members?

6 Yes, Doctor.

7 MEMBER GOYAL: Thank you. Thank you,
8 Madam Chair.

9 My name is Arvind Goyal. I represent
10 Medicaid on this Board and don't vote. So you're
11 safe.

12 My question is, A, where do you currently
13 refer your patients, Dr. Samson?

14 DR. SAMSON: Most of my patients go to the
15 dialysis units around that area, just DaVita and
16 Fresenius dialysis.

17 MEMBER GOYAL: So would you be redirecting
18 those patients? Or how does it work?

19 DR. SAMSON: Like I said, there are still
20 many patients like that dad I mentioned, very true
21 story. It took six months for him to find the right
22 spot for his dialysis.

23 So, yes, there is a need and I will be
24 referring them to this unit if approved.

1 MEMBER GOYAL: So are you saying -- and this
2 is for my education.

3 Are you saying that there are patients who
4 have end stage renal disease, need dialysis, but you
5 are holding them from getting the dialysis because
6 there are no stations?

7 DR. SAMSON: No. I mean -- they always will
8 have to start dialysis if they have to, and I cannot
9 hold them. If they have a medical, necessary
10 reason, they will start dialysis. They may not get
11 the timing they would want, and that's where we are
12 having problems.

13 But going forward, we -- I, myself, have had
14 30 to 35 patients a year who start dialysis, and we
15 have like 58 chairs which are short in that area, so
16 we're going to need more dialysis chairs for those
17 patients going forward.

18 MEMBER GOYAL: Okay.

19 My second question: Do you ever refer end
20 stage renal disease patients for transplant?

21 DR. SAMSON: Yes.

22 MEMBER GOYAL: And --

23 DR. SAMSON: All of them.

24 MEMBER GOYAL: -- do they come out of your

1 dialysis facilities, then, because transplant works,
2 which it does in over 95 percent? Then these
3 patients will not need dialysis?

4 DR. SAMSON: Absolutely.

5 MEMBER GOYAL: What percentage -- of your
6 years of seeing patients -- go for dialysis and come
7 out of dialysis?

8 DR. SAMSON: All the patients who go on
9 dialysis are referred to a transplant program.

10 MEMBER GOYAL: And how many end up getting it?

11 DR. SAMSON: I don't have the exact number,
12 but, from my experience, probably around 10 to
13 15 percent.

14 MEMBER GOYAL: Thank you very kindly.

15 CHAIRWOMAN OLSON: Other questions from
16 Board members?

17 Mr. Hayes.

18 VICE CHAIRMAN HAYES: Thank you, Madam
19 Chair.

20 Basically, you have the cost of approximately
21 992,000, and your completion date is about
22 eight months into the future. And I was
23 wondering -- it has been our experience it's been a
24 little bit unusual or significantly unusual in our

1 Board here in the projects that have come before us.

2 Could you again enlighten the Board on your
3 cost estimate and then your opening this facility?

4 DR. SALAKO: Thank you, Vice Chairman.

5 The reason we believe we can have the
6 project done -- we'll get it done in eight months --
7 the building's already available and owned by --
8 it's already -- it's vacant and available to -- for
9 immediate upgrade and rehabilitation as a dialysis
10 facility.

11 Also, if you look into it, the State agency
12 report, you will see that referrals are already
13 available, so it's a case of mobilizing and starting
14 immediately when we have approval.

15 VICE CHAIRMAN HAYES: Okay. Thank you very
16 much.

17 CHAIRWOMAN OLSON: Other questions?

18 MEMBER GOYAL: Madam Chair, may I ask a
19 follow-up question of our staff?

20 CHAIRWOMAN OLSON: Absolutely.

21 MEMBER GOYAL: Based on earlier discussion,
22 you heard that 10 to 15 percent of Dr. Samson's
23 patients end up with transplant and which is highly
24 successful if they can get it. And when they get

1 it, then do they come out of your calculation for
2 HSA shortage of dialysis units?

3 MR. ROATE: Yes, they do. As part of their
4 referral letters, they do take into account
5 attrition, and the end number of what is actually
6 expected to be referred to the facility, which is
7 58, is taking those patients into consideration.

8 MEMBER GOYAL: Thank you very kindly.

9 CHAIRWOMAN OLSON: I just wanted to -- yes,
10 one question.

11 I'm looking at page 5 of the State Board
12 staff report, at Table 1 at the top, and it's
13 telling me that currently almost 23 percent of your
14 patients are Medicaid patients.

15 Is that correct?

16 DR. SALAKO: Yes, that is correct.

17 CHAIRWOMAN OLSON: That's a very high
18 number. Thank you.

19 That's a high number. Thank you.

20 DR. SALAKO: Yes.

21 CHAIRWOMAN OLSON: Okay. Other questions?

22 MEMBER GOYAL: Madam Chair, this is just for
23 your question and information.

24 The reason dialysis is a covered service for

1 Medicare and Medicaid in these cases is because it
2 is a very expensive service. And if you are on
3 dialysis, you can qualify for Medicare earlier than
4 if you're 65 or totally disabled.

5 CHAIRWOMAN OLSON: For Medicare. But I --
6 it seems to me that that Medicaid number is a bit
7 higher than we generally see. I was just --

8 MEMBER GOYAL: Right. For dialysis that is
9 true. Medicaid also has a dialysis program --

10 CHAIRWOMAN OLSON: Uh-huh.

11 MEMBER GOYAL: -- where those people that
12 don't qualify for Medicare will qualify for Medicaid
13 on a state-only-covered basis.

14 CHAIRWOMAN OLSON: Right.

15 MEMBER GOYAL: And I also want to bring your
16 attention to the fact that a year and a half or
17 two years ago there was a law passed which allows
18 referral of patients on dialysis with end stage
19 renal disease for transplantation at State cost.
20 And we found out that -- over a couple years -- the
21 cost of transplantation is less than that of
22 dialysis.

23 CHAIRWOMAN OLSON: Interesting.

24 MR. SHAZZAD: I just want to add one --

1 CHAIRWOMAN OLSON: Yes.

2 MR. SHAZZAD: I just want to add one thing.

3 CHAIRWOMAN OLSON: Sure.

4 MR. SHAZZAD: The reason it's a little
5 higher is where it's located. It's in Olympia
6 Fields, Illinois. 72 percent of the population is
7 African-American and Hispanic, so it's a very, very
8 high population for Hispanic and African-Americans.
9 That's the reason for that public aid to be higher.

10 CHAIRWOMAN OLSON: Thank you. That just
11 sort of stood out to me.

12 THE COURT REPORTER: Could you state your
13 name, please. I'm sorry.

14 MR. SHAZZAD: Asim Shazzad.

15 THE COURT REPORTER: Thank you.

16 CHAIRWOMAN OLSON: Okay. Any other
17 questions or comments?

18 (No response.)

19 CHAIRWOMAN OLSON: Seeing none, Nelson, can
20 I have a roll call vote?

21 MR. AGBODO: Thank you, Madam Chair.

22 Motion made by Mr. Galassie; seconded by
23 Mr. Hayes.

24 Mr. Galassie.

1 MEMBER GALASSIE: I will vote in the
2 affirmative based upon the staff report, and
3 projected population should support the additional
4 service.

5 MR. AGBODO: Thank you.

6 Justice Greiman.

7 MEMBER GREIMAN: Yes. I vote -- I also vote
8 yes based on the staff's conclusion that there is
9 not a surplus of stations in the 30-minute service
10 area so that it's perfectly appropriate for us to
11 vote aye.

12 MR. AGBODO: Okay. Thank you.

13 Mr. Hayes.

14 VICE CHAIRMAN HAYES: I'm going to vote yes
15 because of the affirmative State agency report.
16 But, also, I would say that, you know, for some of
17 the -- from the Illinois Department of Public Health
18 and the lifestyle and quality areas that they will
19 be looking at, this facility -- because I do have --
20 I still continue to have concerns about the costs
21 here because that is significantly lower than what
22 we see in the past. And then the ability to get
23 this up and running in eight months is, again, very
24 short.

1 But I'm going to vote yes.

2 MR. AGBODO: Thank you.

3 Mr. Johnson.

4 MEMBER JOHNSON: Yes, based on the staff
5 report and previous comments by other Board members.

6 MR. AGBODO: Thank you.

7 Mr. McGlasson.

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

10 MR. AGBODO: Thank you.

11 Mr. Sewell.

12 MEMBER SEWELL: Yes, State agency report.

13 MR. AGBODO: Thank you.

14 Madam Chair Olson.

15 CHAIRWOMAN OLSON: Yes, based on the
16 positive State Board staff report.

17 MR. AGBODO: 7 yes votes.

18 CHAIRWOMAN OLSON: The motion passes.
19 Congratulations.

20 MR. SHAZZAD: Thank you.

21 DR. SALAKO: Thank you.

22 CHAIRWOMAN OLSON: It's 10 after 12:00.

23 I believe we'll break for lunch until one o'clock.

24 We'll be back at one o'clock.

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Thank you.

(A recess was taken from 12:09 p.m. to
1:00 p.m.)

- - -

1 CHAIRWOMAN OLSON: Next, I'll call
2 Project 16-026, US Renal Care, Hickory Hills, to the
3 table.

4 And while they're coming to the table, may
5 I have a motion to approve Project 16-026, US Renal
6 Care, Hickory Hills, to establish a 13-station ESRD
7 facility.

8 MEMBER SEWELL: Move approval.

9 CHAIRWOMAN OLSON: I have a motion. Do I
10 have a second?

11 VICE CHAIRMAN HAYES: Second.

12 CHAIRWOMAN OLSON: Sewell was the motion.

13 MR. AGBODO: Okay. Thank you.

14 CHAIRWOMAN OLSON: And can the Applicant be
15 sworn in, please?

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

18 (Four witnesses sworn.)

19 THE COURT REPORTER: Thank you.

20 CHAIRWOMAN OLSON: We're looking at 13 --
21 16-026. 16-026.

22 George, your report, please.

23 MR. ROATE: Thank you, Madam Chair.

24 The Applicants are proposing to establish a

1 13-station end stage renal dialysis facility in
2 6500 gross square feet of leased space in
3 Hickory Hills.

4 Project cost, \$2,458,365. Project
5 completion date is March 31st, 2018.

6 There was no public hearing requested, no
7 opposition or support letters, and there were no
8 negative findings on the Board staff report.

9 CHAIRWOMAN OLSON: Thank you, George.

10 Seeing that there was no opposition and no
11 negative findings, do you have comments for the
12 Board or would you like to open for questions? It's
13 up to you.

14 MR. CLANCY: Madam Chair, we don't plan to
15 present anything, but I do have Dr. Thomas next to
16 me, Cindy Leyes with US Renal, and Steve Pirri from
17 US Renal.

18 We're here to answer any questions you might
19 have.

20 THE COURT REPORTER: Can you tell me your
21 name, please, sir.

22 MR. CLANCY: Ed Clancy.

23 CHAIRWOMAN OLSON: Thank you for the
24 introduction. I appreciate you asking.

1 Are there questions or comments from Board
2 members?

3 MEMBER GALASSIE: No.

4 CHAIRWOMAN OLSON: I don't see any, so
5 I would ask for a roll call vote, Nelson.

6 MR. AGBODO: Thank you, Madam Chair.

7 Motion was made by Mr. Sewell; seconded by
8 Mr. Hayes.

9 Mr. Galassie.

10 MEMBER GALASSIE: I will vote in the
11 affirmative based upon the State report.

12 MR. AGBODO: Thank you.

13 Justice Greiman.

14 MEMBER GREIMAN: Affirmative and based on
15 the same report.

16 MR. AGBODO: Thank you.

17 Mr. Hayes.

18 VICE CHAIRMAN HAYES: Yes, based on the
19 favorable State agency report.

20 MR. AGBODO: Thank you.

21 Mr. Johnson.

22 MEMBER JOHNSON: Yes, based on the State
23 agency report.

24 MR. AGBODO: Thank you.

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Mr. McGlasson.

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

MR. AGBODO: Thank you.

Mr. Sewell.

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

MR. AGBODO: Thank you.

Madam Chair Olson.

CHAIRWOMAN OLSON: Yes, for the same reason,
as well.

MR. AGBODO: Thank you.

That's 7 votes in the affirmative.

CHAIRWOMAN OLSON: The motion passes.

Congratulations. And I assume you're all
going to remain at the table.

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1 CHAIRWOMAN OLSON: Next, I would call
2 Project 16-027, US Renal Care, West Chicago.

3 May I have a motion to approve Project
4 16-027, US Renal Care, West Chicago, to establish a
5 13-station ESRD facility.

6 MEMBER GALASSIE: So moved.

7 MEMBER SEWELL: Second.

8 CHAIRWOMAN OLSON: Your report.

9 MR. ROATE: Thank you, Madam Chair.

10 The Applicants propose to establish a
11 13-station end stage renal dialysis facility in
12 7,000 gross square feet of leased space in Chicago.

13 Project cost, \$4.3 million. Scheduled
14 project completion date, March 31st, 2018.

15 Board staff notes there was no public
16 hearing on the project, there are no letters of
17 opposition or support, and there are no negative
18 findings in the Board staff report.

19 Thank you, Madam Chair.

20 CHAIRWOMAN OLSON: Thank you.

21 I'm going to ask that you just introduce
22 everybody once again for the record so it's on the
23 record who's at the table.

24 MR. CLANCY: Madam Chair, I'm Ed Clancy.

1 This is Dr. Thomas to my immediate left;
2 Cindy Leyes, L-e-y-e-s; and Steve Pirri, P-i-r-r-i.

3 That's it.

4 CHAIRWOMAN OLSON: Thank you.

5 Again, comments or can I open for questions?

6 That worked out pretty well last time.

7 MR. CLANCY: We're here to answer any
8 questions you may have.

9 CHAIRWOMAN OLSON: Questions or comments
10 from Board members?

11 MEMBER GALASSIE: No.

12 CHAIRWOMAN OLSON: Okay. Seeing none,
13 Nelson, I would ask for a roll call vote.

14 MR. AGBODO: Thank you, Madam Chair.

15 Motion made by Mr. Galassie; seconded by
16 Mr. Sewell.

17 Mr. Galassie.

18 MEMBER GALASSIE: I will vote in the
19 affirmative based upon the staff report and the HSA
20 need numbers.

21 MR. AGBODO: Thank you.

22 Justice Greiman.

23 MEMBER GREIMAN: I will vote affirmative
24 because it changes the percentage of ownership of

1 renal stations.

2 MR. ABOGADO: Thank you.

3 Mr. Hayes.

4 VICE CHAIRMAN HAYES: I vote yes based on
5 the favorable State agency report.

6 MR. AGBODO: Thank you.

7 Mr. Johnson.

8 MEMBER JOHNSON: Yes, based on the State
9 agency report.

10 MR. AGBODO: Thank you.

11 Mr. McGlasson.

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

14 MR. AGBODO: Thank you.

15 Mr. Sewell.

16 MEMBER SEWELL: Yes, based on the State
17 agency report.

18 MR. AGBODO: Thank you.

19 Madam Chair Olson.

20 CHAIRWOMAN OLSON: Yes, for the same
21 reasons.

22 MR. AGBODO: That's 7 yes votes.

23 CHAIRWOMAN OLSON: The motion passes.

24 Congratulations.

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MR. PIRRI: Thank you.

MR. CLANCY: We thank you.

CHAIRWOMAN OLSON: Thank you.

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1 CHAIRWOMAN OLSON: Next, I'll call
2 Project 16-033, DaVita Brighton Park Dialysis.

3 May I have a motion to approve Project 16-033,
4 DaVita Brighton Park Dialysis, to establish a
5 16-station ESRD facility.

6 MEMBER JOHNSON: So moved.

7 VICE CHAIRMAN HAYES: Second.

8 CHAIRWOMAN OLSON: Swear in the Applicant,
9 please.

10 (Two witnesses sworn.)

11 THE COURT REPORTER: Thank you.

12 CHAIRWOMAN OLSON: Okay.

13 George, your report.

14 MR. ROATE: Thank you, Madam Chair.

15 The Applicants propose to establish a
16 16-station end stage renal dialysis facility in
17 Chicago.

18 The cost of the project is \$4.9 million
19 with a project completion date of October 31st,
20 2018.

21 Board staff notes there was no public
22 hearing, no opposition letter, and one support
23 letter. The Board staff report has no negative
24 findings.

1 CHAIRWOMAN OLSON: Thank you, George.

2 Would you like to make comments?

3 MS. DAVIS: Well, first of all, you know, in
4 light of the positive State agency report, I really
5 have no comments related to that.

6 I will say that I'm pleased that we were
7 able to partner again with Mount Sinai Hospital on
8 another project as a safety net provider in the city
9 of Chicago. We see that partnership as truly a
10 beautiful thing.

11 On a personal note, this is my --

12 CHAIRWOMAN OLSON: You're not going to scoop
13 me, are you?

14 MS. DAVIS: Thank you.

15 MR. SHEETS: That concludes our remarks.

16 CHAIRWOMAN OLSON: Okay. Thank you.

17 MEMBER GALASSIE: Thank you.

18 CHAIRWOMAN OLSON: Are there any other
19 questions or comments from Board members?

20 (No response.)

21 CHAIRWOMAN OLSON: Seeing none, I would ask
22 for a roll call vote.

23 MR. AGBODO: Thank you, Madam Chair.

24 I would like to confirm who made the motion

1 and who seconded.

2 CHAIRWOMAN OLSON: Who made it?

3 MEMBER JOHNSON: (Indicating.)

4 MR. AGBODO: Okay. Thank you. And second?

5 VICE CHAIRMAN HAYES: I seconded.

6 MR. AGBODO: So the motion was made by

7 Mr. Johnson; seconded by Mr. Hayes.

8 Mr. Galassie.

9 MEMBER GALASSIE: I will vote in the
10 affirmative based upon the staff report and
11 HSA numbers.

12 MR. AGBODO: Thank you.

13 Justice Greiman.

14 MEMBER GREIMAN: I vote, also, on the staff
15 report aye and note that this is a 16-station made
16 for 4 million 2 and the previous one was a 13 for
17 4 million 2.

18 Difference in price. Go ahead.

19 MEMBER GALASSIE: Not that we're comparing.

20 MEMBER GREIMAN: Not that we're comparing.

21 MR. AGBODO: Fine. Okay. Thank you.

22 Mr. Johnson.

23 MEMBER JOHNSON: Yes, based on the State
24 agency report.

1 MR. AGBODO: Mr. Hayes.

2 VICE CHAIRMAN HAYES: Yes, based on the
3 favorable State agency report.

4 MR. AGBODO: Thank you.

5 Mr. McGlasson.

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

8 MR. AGBODO: Thank you.

9 Mr. Sewell.

10 MEMBER SEWELL: Yes, based on the State
11 agency report.

12 MR. AGBODO: Thank you.

13 Madam Chair Olson.

14 CHAIRWOMAN OLSON: Yes, based on previous
15 comments.

16 MR. AGBODO: That's 7 yes votes.

17 CHAIRWOMAN OLSON: The motion passes.

18 And I would like to take just a second.

19 Penny almost scooped me.

20 But I understand this is the last time
21 you'll be before the Board, and we just want to
22 thank you for all of the great work that you've done
23 on behalf of your clients and the Board -- you've
24 always been easy for us to get our questions

1 answered -- and we wish you all the best.

2 MS. DAVIS: Thank you.

3 CHAIRWOMAN OLSON: And I'm incredibly
4 jealous. Enjoy it. Thank you so much.

5 MS. DAVIS: Thank you.

6 (Applause.)

7 CHAIRWOMAN OLSON: Would you like to say
8 something? Now you can talk.

9 MS. DAVIS: I would actually like to
10 personally thank Board staff and the Board for being
11 such thoughtful and -- and understanding as we
12 brought information and as we brought projects to
13 the table, that you really, really do seriously
14 consider and you really do your job in a wonderful
15 way.

16 And so as someone who is leaving the
17 dialysis industry, I know that this Board has done a
18 great deal to understand what dialysis means to many
19 people in the community.

20 So just on a personal note, thank you so
21 much. I truly appreciate every single one of you.
22 Thank you.

23 CHAIRWOMAN OLSON: Thank you and good luck
24 to you.

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MS. DAVIS: Thank you.

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1 CHAIRWOMAN OLSON: Next, I'll call
2 Project 16-035, Fresenius Medical Care, Evergreen
3 Park, to the table, please.

4 And may I have a motion to approve
5 Project 16-035, Fresenius Medical Care, Evergreen
6 Park, to relocate a 30-station ESRD facility.

7 A motion, please.

8 MEMBER JOHNSON: So moved.

9 CHAIRWOMAN OLSON: I have it moved. Second?

10 VICE CHAIRMAN HAYES: Second.

11 CHAIRWOMAN OLSON: Second by Hayes.

12 MR. AGBODO: Thank you.

13 CHAIRWOMAN OLSON: Your report, George.

14 MR. ROATE: Thank you, Madam Chair.

15 The Applicants are requesting to discontinue
16 a 30-station end stage renal dialysis facility
17 located at 9730 South Western Avenue in Evergreen
18 Park and establish a 30-station replacement facility
19 at 8901 South Kedzie Avenue in Evergreen Park.

20 The current facility closed July 22nd due --
21 July 22nd of this year -- due to a Court-ordered
22 condemnation of the property's parking structure.

23 The cost of the replacement project is
24 approximately \$9 million. The projected project

1 completion date is December 31st, 2017.

2 There are no letters of opposition or
3 support for this project, and there's no public
4 hearing. The Board staff report has no negative
5 findings.

6 CHAIRWOMAN OLSON: Thank you, George.

7 Do you have comments or would you like to
8 open it up for questions?

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

11 (Three witnesses sworn.)

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

14 MS. GURCHIEK: My name is Teri Gurchiek.
15 I'm regional vice president of operations for
16 Fresenius Medical Care. To my right, Counsel
17 Clare Ranalli; to my left, Lori Wright, CON
18 specialist.

19 We will be happy to answer any questions
20 that you have about the project.

21 CHAIRWOMAN OLSON: Thank you.

22 Questions or comments from Board members?

23 Mr. Hayes.

24 VICE CHAIRMAN HAYES: Thank you.

1 I basically have -- you know, this -- the
2 cost of this project is almost \$10 million. That's
3 a little high for what we're seeing, but you have a
4 30-station dialysis center here.

5 But you're -- are you planning on being able
6 to open this in only 14 months, which is -- from a
7 new facility, many of our -- of your projects have
8 been significantly longer. I understand that this
9 is actually -- you may still have -- you may have
10 the lease on the building already and it is not new
11 construction. I understand that.

12 But could you go over that a little bit,
13 maybe?

14 MS. GURCHIEK: We do have a letter of intent
15 for the lease, and we do anticipate moving this
16 project along as quickly as we -- as possible.

17 We have quite a few support folks in our
18 organization that are really focused on trying to
19 bring this clinic open because we have displaced
20 almost 200 patients, and it has caused quite a
21 hardship for them.

22 So like I said, we have a lot of resources
23 focused just on getting these patients moved back to
24 the Evergreen Park location. The one thing that

1 obviously would slow us down would be waiting for
2 certification.

3 VICE CHAIRMAN HAYES: Okay. Another thing
4 is that, you know, this parking garage and the
5 condemnation of it and the whole -- because I think
6 that area where your current clinic was -- or was --
7 was going through redevelopment. Is that correct?

8 And why didn't you try to move this perhaps
9 when there was still -- there was still -- you
10 didn't have to close it and disrupt patients going
11 to other facilities? This had a lot of patients
12 that went to a significant amount of facilities all
13 in the south and southwest sides of Chicago, really.

14 And I was wondering why you didn't -- why
15 didn't you try to move this earlier?

16 MS. GURCHIEK: The -- you are correct. The
17 area around us is going under quite a bit of
18 development. The multitenant building that we were
19 in was an Advocate building. We had a long-term
20 lease there. We were being told there was nothing
21 that was going to happen with that building and it
22 was going to continue to exist.

23 We were one of several tenants that,
24 unfortunately, were caught up in the situation

1 where, on June 29th, we received notification from
2 the landlord that he had received a court order for
3 the parking structure to be condemned.

4 At that point we had to react as quickly as
5 possible because we had realized we would not be
6 able to safely evacuate our patients in the event of
7 an emergency. Because the parking structure was on
8 the main level, which is where our suite was, the
9 ambulance and fire crews could get right to the
10 front door. Because that parking structure was
11 condemned, they were forced to enter a lower level
12 in the back of the building, which would require
13 them to take an elevator to get up to our suite.

14 A stretcher would not fit in that elevator,
15 so we had to, as quickly as possible, get these
16 patients out of there for their safety.

17 VICE CHAIRMAN HAYES: Okay. Now, who
18 actually asked for the condemnation? Or who was
19 the -- applied to the Judge or talked to -- or who
20 was -- you know, basically asked for the
21 condemnation?

22 MS. GURCHIEK: I don't have the specifics on
23 that. We were just given the information by the
24 receivers. From what we understand, that building

1 is now bank owned. The information that we have is
2 just what was given to us through the receivers.

3 VICE CHAIRMAN HAYES: Okay. Thank you.

4 CHAIRWOMAN OLSON: Other questions or
5 comments?

6 (No response.)

7 CHAIRWOMAN OLSON: Seeing none, I would ask
8 for a roll call vote, Nelson.

9 MR. AGBODO: Thank you, Madam Chair.

10 Motion made by Mr. Johnson; seconded by
11 Mr. Hayes.

12 Mr. Galassie.

13 MEMBER GALASSIE: I will vote in the
14 affirmative based upon staff report and local need.

15 MR. AGBODO: Thank you.

16 Justice Greiman.

17 MEMBER GREIMAN: Aye based on, you know, the
18 need.

19 MR. AGBODO: Okay. Thank you.

20 Mr. Hayes.

21 VICE CHAIRMAN HAYES: Yes, based on the
22 State agency report and need.

23 MR. AGBODO: Thank you.

24 Mr. Johnson.

1 MEMBER JOHNSON: Yes, for previously stated
2 reasons.

3 MR. AGBODO: Thank you.
4 Mr. McGlasson.

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

7 MR. AGBODO: Mr. Sewell.

8 MEMBER SEWELL: Yes, previously stated
9 reasons.

10 MR. AGBODO: Thank you.
11 Madam Chair Olson.

12 CHAIRWOMAN OLSON: Yes, based on previously
13 stated reasons.

14 MR. AGBODO: That's 7 votes for yes.

15 CHAIRWOMAN OLSON: The motion passes.
16 Congratulations.

17 MS. GURCHIEK: Thank you.

18 MS. WRIGHT: Thank you.

19 MS. RANALLI: Thank you.

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1 CHAIRWOMAN OLSON: Next, I have Project 16-032,
2 Rush Oak Brook Orthopedic Center.

3 May I have a motion to approve Project 16-032,
4 Rush Oak Brook Orthopedic Center, to establish a
5 medical office building.

6 A motion, please.

7 VICE CHAIRMAN HAYES: So moved.

8 MEMBER SEWELL: Second.

9 CHAIRWOMAN OLSON: Motion by Hayes; seconded
10 by Sewell.

11 MR. AGBODO: Thank you.

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

14 (Six witnesses sworn.)

15 THE COURT REPORTER: Thank you.

16 CHAIRWOMAN OLSON: Your report, George.

17 MR. ROATE: Thank you, Madam Chair.

18 The Applicants are proposing to construct a
19 medical office building in Oak Brook. Project cost
20 is \$65.3 million. There's a project completion date
21 of June 1st, 2019.

22 Board staff notes there's no opposition to
23 the project. There are support letters. There was
24 no public hearing. There are no negative findings

1 in the Board staff report, and Board staff wants to
2 note that this medical office building will contain
3 an ambulatory surgical treatment -- multispecialty
4 ambulatory surgical treatment center that is being
5 proposed via Project 16-031.

6 Thank you, Madam Chair.

7 CHAIRWOMAN OLSON: Thank you, George.

8 Comments for the Board?

9 DR. GOODMAN: Yes. My name is Larry Goodman,
10 and I'm president of Rush University and CEO of
11 Rush University Medical Center.

12 Let me first do introductions at the table,
13 if that's all right.

14 CHAIRWOMAN OLSON: Please.

15 DR. GOODMAN: At the far end of the table is
16 Randal Johnson. He is the CFO of Midwest
17 Orthopaedics, who just sat down.

18 CHAIRWOMAN OLSON: Has he been sworn in?

19 MR. JOHNSON: Yes, I have.

20 CHAIRWOMAN OLSON: Oh, great.

21 DR. GOODMAN: Dr. Alfonso Torquati is next
22 to him. He's a professor of surgery and head of the
23 section of metabolic and bariatric surgery at Rush
24 and a professor there.

1 Next to him is Dr. Chuck Bush-Joseph.
2 Dr. Bush-Joseph is an orthopedic surgeon, professor
3 at Rush, and, also, the managing member at Midwest
4 Orthopaedics.

5 And I think you know Jack Axel and
6 Clare Ranalli.

7 May I make a single presentation for the
8 two projects? Is that acceptable?

9 MR. MORADO: You should present them
10 individually.

11 DR. GOODMAN: Individually?

12 MR. MORADO: Yes.

13 MS. RANALLI: 16-032 is what we're on now.

14 MR. MORADO: 16-032 now.

15 DR. GOODMAN: This project before you now is
16 the surgery center project?

17 MR. MORADO: No, we're --

18 MS. MITCHELL: Orthopedic.

19 DR. GOODMAN: Medical office building?
20 Which is -- there are no questions from the staff,
21 and so I'll be happy to answer questions about it.

22 CHAIRWOMAN OLSON: That would be great.

23 Questions or comments from State Board
24 staff -- or I'm sorry -- from the Board?

1 MEMBER GALASSIE: Madam Chair.

2 CHAIRWOMAN OLSON: Yes.

3 MEMBER GALASSIE: George, I thought I heard
4 you say that there is no opposition. But my agenda
5 says there is opposition.

6 CHAIRWOMAN OLSON: We're doing 16-032.

7 MEMBER GALASSIE: Right.

8 MR. ROATE: 16-032?

9 MEMBER GALASSIE: It says, "Opposition, yes."

10 CHAIRWOMAN OLSON: Oh, mine says "No
11 opposition."

12 MEMBER JOHNSON: Mine says yes.

13 MS. MITCHELL: Mine says yes.

14 MR. ROATE: Are you looking -- is it the
15 ASTC one you're looking at, sir, or is it the -- oh,
16 are you looking at the agenda?

17 MS. MITCHELL: Orthopedic center, it says
18 yes here.

19 CHAIRWOMAN OLSON: That's an error.

20 MR. ROATE: I'm sorry. That's a typo on the
21 agenda. I apologize.

22 MEMBER GALASSIE: Thank you.

23 CHAIRWOMAN OLSON: Thanks for that
24 clarification.

1 Okay. Other questions or comments?

2 (No response.)

3 CHAIRWOMAN OLSON: Seeing none, I would ask
4 for a roll call vote.

5 MR. AGBODO: Thank you, Madam Chair.

6 The motion was made by Mr. Hayes; seconded
7 by Mr. Sewell.

8 Mr. Galassie.

9 MEMBER GALASSIE: I will vote in the
10 affirmative based upon the staff report.

11 MR. AGBODO: Thank you.

12 Justice Greiman.

13 MEMBER GREIMAN: Vote affirmative based on
14 the staff report, also.

15 MR. AGBODO: Thank you.

16 Mr. Hayes.

17 VICE CHAIRMAN HAYES: Yes, based on the
18 favorable State agency report.

19 MR. AGBODO: Thank you.

20 Mr. Johnson.

21 MEMBER JOHNSON: Yes, for previously stated
22 reasons.

23 MR. AGBODO: Thank you.

24 Mr. McGlasson.

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

MR. AGBODO: Thank you.
Mr. Sewell.

MEMBER SEWELL: Yes, based on the staff
report.

MR. AGBODO: Thank you.
Madam Chair Olson.

CHAIRWOMAN OLSON: Yes, based on the staff
report.

MR. AGBODO: 7 yes votes.

CHAIRWOMAN OLSON: The motion passes.

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1 CHAIRWOMAN OLSON: So now we'll move to
2 16-031, Rush Oak Brook Surgery Center.

3 May I have a motion to approve Project 16-031,
4 Rush Oak Brook Surgery Center, to establish a
5 multispecialty ASTC.

6 MEMBER GALASSIE: So moved.

7 VICE CHAIRMAN HAYES: Second.

8 CHAIRWOMAN OLSON: Thank you.

9 And, again, for the record, if I could ask
10 you to just introduce everybody at the table so it's
11 in the record.

12 DR. GOODMAN: To introduce everybody again
13 at the table?

14 CHAIRWOMAN OLSON: Yeah, please, because
15 it -- in case somebody just wants to look at this
16 section.

17 DR. GOODMAN: Certainly.

18 My name is Larry Goodman. I'm president of
19 Rush University and CEO of Rush University Medical
20 Center.

21 At the far end is Randal Johnson, CFO of
22 Midwest Orthopaedics.

23 Next to him is Dr. Alfonso Torquati.

24 Dr. Torquati is an orthopedic -- is a surgical

1 professor at Rush and is the head of our section of
2 metabolic and bariatric surgery.

3 Next to him, Dr. Chuck Bush-Joseph,
4 professor of orthopedic surgery and the managing
5 member of Midwest Orthopaedics.

6 And, again, you know Clare Ranalli and
7 Jack Axel.

8 CHAIRWOMAN OLSON: Thank you.

9 George, your report.

10 MR. ROATE: Thank you, Madam Chair.

11 The Applicants are proposing to establish a
12 multispecialty ambulatory surgical treatment
13 facility in Oak Brook in a medical office building
14 recently approved as part of Project 16-032.

15 Project cost is \$21,766,530. Project
16 completion date is June 1st, 2019. There was no
17 public hearing for this project. There were no
18 letters of opposition. There are letters of
19 support, and there are findings in Section 1110.
20 The criteria of the findings are in service
21 accessibility and unnecessary duplication.

22 Thank you, Madam Chair.

23 CHAIRWOMAN OLSON: Thank you, George.

24 Comments for the Board?

1 DR. GOODMAN: Yes, I do. Thank you.

2 First, I'd like to again thank the Board for
3 allowing us to present both these projects today,
4 and I'd like to thank the staff for their review and
5 assistance.

6 I'd like to thank the number of people who
7 have written letters and organizations who have
8 written letters in support of the project. They
9 include Senator Michael Connelly, State
10 Representative Patricia Bellock, Oak Brook Board of
11 Trustees, Cook County Board President
12 Toni Preckwinkle, and West Central Municipality
13 Conference. That's very much appreciated.

14 What I thought I would do today, if it would
15 be all right, is to spend two or three minutes just
16 on background of Rush because I think it's relevant
17 to the project that we're doing, then talk a little
18 bit about the need we have for these operating rooms
19 to answer the specific questions that were raised,
20 and then talk a little bit about why Oak Brook is
21 the right place for that project.

22 CHAIRWOMAN OLSON: That would be great.

23 DR. GOODMAN: Thank you.

24 So, first, a bit about Rush. Rush is an

1 active medical center. We include a university.
2 That university is exclusively a health science
3 university, so we have a medical school, a college
4 of nursing, a college of health sciences, and a
5 graduate school; altogether, about 2500 students.

6 We also have about 700 house officers,
7 residents, and fellows. Disproportionately, most of
8 these people stay in Illinois. I think that's an
9 important factor for the workforce of Illinois, but,
10 importantly, we integrate all this into our care
11 model, and that will follow into the Oak Brook
12 facility, as well, where we'll be able to do
13 training there, in addition.

14 We do about a hundred million dollars of
15 externally funded research, and that leads to -- all
16 of our research is based upon the prevention or
17 treatment of human disease. And, again, access to
18 those innovative modalities will be available in
19 Oak Brook, as well.

20 I think the other thing is our clinical
21 quality, and we're very proud that Rush has been
22 recognized by Vizient, which is the University
23 HealthSystem Consortium. We're ranked in the top
24 statistical group in quality of care. This is

1 overall quality of care, more than any other
2 hospital in the United States with one exception,
3 and that's Mayo Clinic.

4 We're straight A from Leapfrog, which is
5 another quality measurement. Nine programs are
6 ranked by US News, including orthopedic surgery,
7 which will be featured prominently in this building,
8 which is the top-ranked program in Illinois and
9 No. 4 in the United States.

10 In addition, Rush is committed to the
11 community around us, so we're a large provider of
12 Medicaid and have an appropriate charity care policy
13 that will be part of this building and the surgery
14 center.

15 I would say, lastly, that Rush itself
16 downtown, Rush University Medical Center, is the
17 number one transfer-in in the Chicagoland community,
18 meaning other hospitals transfer their complex cases
19 to us. The relevance to this is the way our ORs are
20 utilized.

21 So our ORs have a split of about 67 percent
22 inpatient cases and about one-third of outpatient
23 cases. That is different from most ORs in the
24 Chicagoland community and in Illinois, where it's

1 more 50/50. The complexity of the cases I will get
2 to in a moment, but it is relevant to our needs and
3 relevant to utilization of cases and the ORs that
4 we're suggesting we need and would like to build
5 with your permission.

6 Now, about our capacity: The 31 operating
7 rooms at Rush University Medical Center are
8 currently operating at 134 percent capacity. That,
9 just by math, would lead to the need for about
10 11 additional operating rooms. We're proposing
11 eight, of which two are more procedure rooms and six
12 are full operating rooms.

13 In addition, it is true we also have
14 15 procedure rooms at Rush, which I think
15 contributed to the staff's conclusion that maybe we
16 don't have quite the need for the ORs that we're
17 requesting, but our procedure rooms are not
18 functional with the kind of cases that we do in the
19 main OR, nor are they functional with the cases that
20 would go through the new facility.

21 As an example, three of our procedure rooms
22 are eye rooms. They only do LASIK surgery. That's
23 about all they can do. We can't turn them into some
24 other kind of room.

1 Two are purely vascular rooms because we're
2 a stroke center, and we also do a lot of congenital
3 heart surgery. They're also not functional rooms.

4 So we really are operating at a very tight
5 capacity, which limits access downtown.

6 So why Oak Brook? Oak Brook, as we look at
7 it, we look at where our patients are coming from.
8 All right? We have -- about 36 percent of our
9 patients are coming from suburban Cook County as
10 well as the counties to the west of Cook County, so
11 it's logical we would look there because that's
12 where our patients are.

13 And so what we want to do is build not just
14 a facility where a procedure gets done but a
15 facility that can do the full kinds of complements
16 that we provide our patients in the full programs in
17 that facility, which is why you see the MOR with the
18 surgery center, why the constellation of patients
19 and programs and physicians and programs around the
20 patient problem is meant to be in Oak Brook.

21 In addition, we'll bring the training
22 programs, as I said, to Oak Brook and add access to
23 more innovative kinds of things to Oak Brook.

24 And, lastly, it's cheaper. So as you know,

1 to provide those same services to our own patients,
2 which is what's going to be seen in Oak Brook, at
3 the Oak Brook site compared to a hospital-based
4 operating room is a cheaper facility and, we think,
5 better.

6 And I did mention earlier but let me
7 reiterate that site will accept Medicaid and have
8 the same charity care policy as we have downtown.

9 Now, one last thing is what's going on --
10 what will be the impact around us in Oak Brook where
11 there are other ambulatory surgical treatment
12 centers, there are hospitals and the like.

13 First, we have a closed model. This will be
14 Rush faculty only. That's what's going to be in
15 this building. We've already demonstrated that our
16 own patients are already coming a long distance,
17 driving by a lot of places to get downtown, less
18 convenience, more cost, so we think better for them
19 and better for the community.

20 Secondly, as I mentioned, unlike many of the
21 other centers around us, we'll accept patients from
22 the full community of payers, including Medicaid.
23 And, lastly, I think that closed staff model is
24 important because we are not putting up a building

1 hoping that local physicians will come in and
2 practice in the building. We'll build the building
3 to accommodate our patients with our programs.

4 But with that, let me turn this over to
5 Dr. Chuck Bush-Joseph to talk a little bit about
6 Midwest Orthopaedics and the kinds of things that
7 would be in that program.

8 DR. BUSH-JOSEPH: Thank you, Madam Chair and
9 committee. I appreciate the opportunity.

10 Midwest Orthopaedics is essentially a large
11 private practice but represents the entire
12 orthopedic support at Rush University Medical
13 Center. We've grown to the point we have
14 50 physicians, over 350 employees, performing over
15 50,000 surgeries on an annual basis.

16 We see this as part of the partnership that
17 we've had with Rush for many years that continues to
18 grow. As I noted before, our group is -- or as
19 Dr. Goodman had noted -- our group has essentially
20 been ranked the No. 4 orthopedic group in the
21 country based on our clinical research, our
22 education, and our clinical care and innovation.

23 Many of the people in our group are
24 certainly the highest quality, and I would -- while

1 the majority of the physicians we train do stay in
2 Illinois, many of them do go on and are essentially
3 populating the largest academic medical centers in
4 the country and serving roles as department chairmen
5 and/or leaders and/or presidents of national medical
6 societies and organizations.

7 Our group's been innovative in the
8 development of outpatient joint replacement surgery,
9 cartilage transplantation, complicated bone-cutting
10 or osteotomy-type surgeries, which for many years
11 were performed strictly as an extended-stay,
12 inpatient procedure, and now we've moved these
13 procedures closer and closer and now many are
14 performed on an outpatient basis.

15 Last year alone we performed over 4800 --
16 I'm sorry. Last year alone we performed -- out of
17 5,000 bone replacements, 1500 of them were performed
18 on an outpatient basis. Many of them were performed
19 in the inpatient facility, which Dr. Goodman alluded
20 to. We believe that the advancements in care and
21 anesthesia where we can move the site of service
22 change many of these procedures into a lower cost
23 environment, which we think is beneficial for the
24 public at large.

1 So I guess with that, I'd -- we've had a --
2 all 50 physicians -- although we do have some
3 practicing physicians in other DuPage County
4 hospital facilities, they are all on the academic
5 and teaching staff at Rush, and we continue to --
6 this building, this facility will be an extension of
7 care for what we have downtown.

8 We currently train -- we have 25 orthopedic
9 residents, graduating 5 per year, and we graduate
10 17 orthopedic fellows on an annual basis.

11 I'm happy to answer any questions beyond
12 that.

13 DR. GOODMAN: Then I can turn this over to
14 Dr. Torquati for some comments on our educational
15 programs and other programs that might be there.

16 DR. TORQUATI: Thank you for the opportunity
17 to speak to the Board about, you know, the
18 reeducation of our residents. Our residents, you
19 know, stay, most of the time, in Illinois, and they
20 provide care for our people.

21 We're -- at Rush University we've been known
22 to be liberal in innovation and a minimally invasive
23 approach. The last 10 years has been a big
24 transformation in the care of surgical patients from

1 an inpatient to outpatient procedure.

2 Why? Because we provide, you know, less
3 invasive, less pain, faster recovery, and also less
4 cost.

5 Before, there's a big gap in education of
6 our residents about outpatient procedure. Currently
7 we provide 67 percent of inpatient procedure at our
8 downtown campus. We, too, do more outpatient
9 procedure because in the coming -- in the community
10 most surgeons perform outpatient procedure.

11 And for that reason -- because we have
12 60 percent of the time with inpatient procedure --
13 we don't have enough time to train our residents
14 with outpatients. This new facility will allow us
15 to provide comprehensive care from a -- you know,
16 presurgery, surgery, and after surgery for our
17 residents to learn more about this new innovation in
18 surgery.

19 We know at this point we have 158 residents
20 in our programs at Rush, and some of them are junior
21 residents, and they're required to be more exposed
22 to surgery in their junior years. The American
23 Board of Surgery has now set the limit to 250 cases
24 in the first two years, and it is very important to,

1 you know, get that goal, especially with outpatient
2 procedure.

3 DR. GOODMAN: And, last, Jack Axel, you have
4 some other comments.

5 MR. AXEL: We hope that we've addressed to
6 your satisfaction the findings in the State Board
7 report, but just in case I'd like to take a few
8 minutes to make some additional comments on the
9 specific review criteria.

10 For Project 16-031, Rush Oak Brook Surgery
11 Center, this project was reviewed against
12 22 applicable criteria and was found to be in
13 compliance with 20 of the 22.

14 Specifically related to the two criteria
15 that were found to be in noncompliance, Review
16 Criteria 1110.1540(h) cannot be met by any surgery
17 center project because there's no location in
18 Illinois without underutilized ORs within
19 45 minutes.

20 This criterion is obviously out of the
21 control of the Applicant, and the Board has -- and
22 rightfully so -- approved many surgery centers with
23 this negative finding.

24 The other negative finding, 1110.1540(g), is

1 specific to surgery centers proposed to be developed
2 as a joint venture involving a hospital.

3 Interestingly, it does not apply to surgery centers
4 developed by a hospital alone or by surgery centers
5 developed by a group of physicians alone.

6 In the case of a hospital-physician joint
7 venture, the hospital's required to document that
8 its historical utilization justifies the additional
9 rooms to be located in the surgery center.

10 We are proposing an eight-OR surgery center.
11 Rush has 31 operating rooms and can justify 42 based
12 on historic utilization, 11 more than they have now.
13 As you've heard from Dr. Goodman, Rush's ORs are
14 overutilized. They're operating at 134 percent of
15 the target utilization level, and that's been
16 confirmed by your staff.

17 Rush also, however, has 15 various types of
18 procedure rooms outside of the surgical suite, and
19 when the utilization of those 15 rooms is combined
20 with the utilization of the ORs, 51 rooms are
21 justified rather than 54 that would be in place with
22 the approval of this project.

23 Dr. Goodman explained the distinction
24 between the operating rooms and the procedure rooms.

1 Virtually all of the cases to be relocated from Rush
2 to the surgery center require an OR, and the plan is
3 for all the rooms to be usable and capable of being
4 equipped as ORs, based on need and based on demand;
5 therefore, the project will have a negligible impact
6 on the procedure rooms at Rush.

7 Thank you for allowing me to make these
8 comments.

9 DR. GOODMAN: My last comment would just be
10 that we're a conservative group. We plan
11 conservatively. We currently really do have this
12 access need downtown, and we really believe this is
13 the right spot for it.

14 Certainly, I'll be happy -- all of us will
15 be happy to answer any questions you might have.

16 CHAIRWOMAN OLSON: Thank you.

17 Questions from Board members?

18 Doctor.

19 MEMBER GOYAL: Thank you, Madam Chair.

20 For the benefit of the Applicant, my name is
21 Arvind Goyal. I represent Medicaid on this Board,
22 and I do not vote.

23 So I need to say three things: Number one,
24 Rush has been a great partner for a number of

1 patients with access problems from Medicaid and we
2 appreciate that.

3 DR. GOODMAN: Thank you.

4 MEMBER GOYAL: The second comment I want to
5 make -- and it may be the area of testimony but --
6 but I do not want it to go there. So I would say
7 that about six, seven years ago I'd had some
8 shoulder problems. I wouldn't be able to carry the
9 heavy Board books if I still had them. And I would
10 say that, after some consultations, I ended up with
11 Midwest Orthopaedics group. Dr. Cole has become a
12 friend and -- excellent results. And I appreciate
13 the fact that you do run a wonderful operation.

14 The third point is in response to the
15 unnecessary duplication comment by the staff. I am
16 not sure if you can reach those 49 hospitals in
17 45 minutes anymore. It would have been possible
18 20 years ago, but the traffic is so high that the
19 times that I had to go to Rush from the suburban
20 area I live in, it just takes too long, and I don't
21 think you could get to the medical center or many of
22 these 49 hospitals in 45 minutes anymore.

23 Thank you.

24 CHAIRWOMAN OLSON: And just to follow up on

1 your third point there, apparently Nelson is now
2 looking at traffic studies to try to address that
3 very concern because we have that concern, as well.

4 MEMBER GOYAL: Thank you.

5 DR. GOODMAN: Thank you.

6 CHAIRWOMAN OLSON: I just wanted to make
7 sure I read this correct in the application because
8 I know you've stated that your operating rooms at
9 the medical center are at 134 percent utilization.
10 But did I not also read that your surgery center,
11 the Rush surgery center, is at 104 percent of
12 utilization?

13 DR. GOODMAN: That's correct.

14 CHAIRWOMAN OLSON: So both of those
15 facilities are beyond a hundred percent utilization?

16 DR. GOODMAN: That's correct.

17 CHAIRWOMAN OLSON: And that's still with
18 your closed staff, your Rush staff only?

19 DR. GOODMAN: That's correct.

20 CHAIRWOMAN OLSON: Other questions or
21 comments?

22 (No response.)

23 CHAIRWOMAN OLSON: Seeing none, Nelson, I'd
24 ask for a roll call vote.

1 MR. AGBODO: Thank you, Madam Chair.

2 Motion made by Mr. Galassie; seconded by
3 Mr. Hayes.

4 Mr. Galassie.

5 MEMBER GALASSIE: I will vote in the
6 affirmative believing this will be a positive
7 addition to the community.

8 MR. AGBODO: Thank you.

9 Justice Greiman.

10 MEMBER GREIMAN: I vote aye for the same
11 reasons.

12 MR. AGBODO: Thank you.

13 Mr. Hayes.

14 VICE CHAIRMAN HAYES: Yes, based on this
15 will be a positive addition to the community. And
16 I think the Applicant has answered our -- the two
17 parts -- the criteria that were not met in the State
18 agency report.

19 MR. AGBODO: Thank you.

20 Mr. Johnson.

21 MEMBER JOHNSON: Yes. I concur with
22 Mr. Hayes. I think the issues were addressed in
23 today's testimony.

24 MR. AGBODO: Thank you.

1 Mr. McGlasson.

2 MEMBER MC GLASSON: I vote yes on the basis
3 of reasons already stated.

4 MR. AGBODO: Thank you.

5 Mr. Sewell.

6 MEMBER SEWELL: I vote no. The application
7 does not satisfy the unnecessary duplication of
8 service/accessibility standard.

9 MR. AGBODO: Thank you.

10 Madam Chair Olson.

11 CHAIRWOMAN OLSON: I'm going to vote yes
12 based on the improved access.

13 And as somebody who has driven a daughter
14 from the way, way west suburbs all the way down to
15 Rush, I appreciate the fact that this is going to
16 improve access for a lot of us who live west of the
17 city and would like to take advantage of your
18 wonderful service.

19 I vote yes.

20 MR. AGBODO: I have 6 yes votes and 1 no
21 vote.

22 CHAIRWOMAN OLSON: The motion passes.

23 Congratulations.

24 DR. GOODMAN: Thank you very much.

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DR. BUSH-JOSEPH: Thank you.

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1 CHAIRWOMAN OLSON: Moving on, I will -- we
2 are now moving into applications subsequent to
3 intent to deny, Project 15-061, Southern Illinois
4 Gastrointestinal Endoscopy Center.

5 May I have a motion to approve Project 15-061,
6 Southern Illinois Gastrointestinal Endoscopy Center,
7 to establish a limited specialty ASTC.

8 MEMBER MC GLASSON: So moved.

9 VICE CHAIRMAN HAYES: Second.

10 CHAIRWOMAN OLSON: Did you get who made the
11 motion?

12 MR. AGBODO: Yes, Mr. McGlasson.

13 CHAIRWOMAN OLSON: Can the Applicant be
14 sworn in, please?

15 (Three witnesses sworn.)

16 THE COURT REPORTER: Thank you.

17 CHAIRWOMAN OLSON: Thank you.

18 Your report, George.

19 MR. ROATE: Thank you, Madam Chair.

20 The Applicants are proposing to establish a
21 limited specialty ambulatory surgical treatment
22 center in 3,222 gross square feet of leased space at
23 a cost of approximately \$1.7 million in Carbondale,
24 Illinois. Anticipated project completion date is

1 December 31st, 2017.

2 There was no public hearing held for this
3 project. There are support letters and there are
4 opposition letters in regard to this project. There
5 are also findings.

6 This project was issued an intent to deny at
7 the June 2016 State Board meeting. Since then,
8 additional information was supplied. They provided
9 the payer mix at Southern Illinois GI Specialists, a
10 transfer agreement with Heartland Regional Medical
11 Center, revised charges for the assistance program,
12 and copies of the Southern Illinois GI Specialists'
13 Joint Commission office-based surgery accreditation
14 and American Society for Gastrointestinal Endoscopy.

15 The negative findings are held to the
16 1110 criteria. They are 1110.1540, service demand;
17 1110.1540(f), treatment room need assessment;
18 1110.1540(g), service accessibility; and
19 1110.1540(h), unnecessary duplication of service and
20 maldistribution of service and impact on other
21 providers.

22 Thank you, Madam Chair.

23 CHAIRWOMAN OLSON: Thank you, George.

24 Comments for the Board?

1 MS. FRIEDMAN: Well, that sounded like a
2 long list, but I think it's really kind of tied up
3 in one issue that we'll explain.

4 My name is Kara Friedman. I'm counsel for
5 Southern Illinois GI Endoscopy Center. With me
6 today are Dr. Makhdoom and my colleague, Anne
7 Cooper.

8 We'd like to thank the individuals who made
9 time in their busy schedules today to travel here
10 from Carbondale to support the project,
11 representatives from Shawnee Health Service as well
12 as from one of the primary care practices that
13 participates in the open-access program for
14 colorectal cancer screening as well several of
15 Dr. Makhdoom's patients.

16 Their participation is truly appreciated
17 and, I think, helpful to the Board members. None of
18 you reside in Southern Illinois. We're
19 approximately a hundred miles southeast of
20 St. Louis, which is the closest metropolitan area.
21 It was really a long trip for those individuals to
22 come up here, and we really appreciate the time for
23 them to provide the Board with their perspective.

24 We'd also like to thank Chair Olson and

1 other Board members for voting in favor of this
2 proposal at the June meeting when this project was
3 last considered. As there were several members who
4 were not present at the June meeting, I will briefly
5 provide an overview of the project.

6 This is a small endoscopy program in
7 Carbondale that's being proposed, a two-room center.
8 It would serve a population of about 250,000 people
9 in an eight-county area.

10 Since the proposal was last reviewed, one of
11 the surgery centers in the area, which was a
12 multispecialty center, closed. That was the Surgery
13 Center of Southern Illinois. I think it might be
14 noted as the HealthSouth center in your State agency
15 report. Therefore, this project would have a
16 neutral effect on capacity in the planning area.

17 This service would operate as an extension
18 of the GI practice that currently performs endoscopy
19 for colorectal cancer screening and polyp removal as
20 well as for other diagnostic purposes.

21 Visualization of the GI tract with endoscopy
22 is a critical tool for GI physicians and a material
23 part of any GI practice. In fact, last year in
24 Illinois there were nearly 600,000 endoscopy

1 procedures performed in a licensed setting in
2 Illinois.

3 As the field of medicine and
4 gastroenterology evolves and particularly with
5 regard to screening and early detection of
6 precancerous polyps, access to colonoscopy has
7 become a critical part of preventive health care for
8 patients aged 50 and older.

9 Colorectal cancer is the third most common
10 cancer in the US, third leading cause of cancer-
11 related deaths. Illinois is disproportionately and,
12 unfortunately, negatively impacted by colorectal
13 cancer screening. It's the second cause of cancer
14 death in Illinois, likely due in part to inadequate
15 access to appropriate screening.

16 In fact, in its current community needs
17 assessment, something that all hospitals in this
18 country complete on an annual basis, the local
19 hospital ranked cancer screening, including
20 colorectal cancer screening, to be one of the top
21 three health care access priorities for Southern
22 Illinois.

23 Without early detection, mortality from
24 colorectal cancer is significant and the costs for

1 treatment are high. The US spends \$12.2 billion on
2 colorectal cancer treatment each year, and the cost
3 for treatment in an advanced case can exceed
4 \$300,000. With early screening and treatment, these
5 costs are largely avoidable.

6 I, myself, had a precancerous polyp removed
7 during a routine screening several years ago, and
8 the cost of such treatment was just a small amount
9 more than the screening itself.

10 Routine screening can ID colorectal cancer
11 at the early stages when it's easiest and least
12 expensive to treat and the possibility of cure is
13 the greatest. The screening rate lags behind,
14 though, for those most at risk, and only 50 percent
15 are getting this screening.

16 Health disparities for rural communities are
17 exacerbated by access to specialized care.

18 Dr. Makhdoom is just one of five GI physicians in
19 this large region. In my suburb of Chicago, there
20 are at least 17 GI physicians who office in my
21 community. My community is 30,000 people. So the
22 supply issues are vastly different.

23 Dr. Makhdoom's practice is one of just
24 two groups of GI docs in this region. The other

1 GI physician group, which represents the opposition
2 to this project, is part of the large,
3 multispecialty practice of Southern Illinois
4 Healthcare.

5 Sometime ago Dr. Makhdoom opted not to join
6 that group, as many formerly independent physicians
7 in the area have. SIH operates as a closed health
8 care system, meaning it requires its physicians to
9 refer only to other SIH services except in
10 extenuating circumstances. Closed systems like this
11 exclude independent physicians. Similar to other
12 industries, one can intuitively see why a hospital
13 might operate this way, but it does create a dynamic
14 where Dr. Makhdoom operates outside the system.

15 While we understand it's SIH's prerogative
16 to operate that way, we view it as anticompetitive
17 to leverage the State's planning process to further
18 exclude this practice. As an outside provider,
19 Dr. Makhdoom has developed a plan to obtain a
20 license for his endoscopy service, and despite the
21 fact that both its hospital surgical department and
22 its surgery center are essentially operating at
23 target utilization, SIH suggests that it would not
24 be appropriate for this endoscopy service to compete

1 with its services.

2 It should be noted that Dr. Makhdoom is not
3 on staff at SIH and he is not moving cases from its
4 facility in connection with this proposal.

5 As a final note on SIH and quoting from its
6 website, Memorial's expecting to see a
7 17 1/2 percent increase in its med/surg utilization
8 and 40 percent increase in ICU over the next
9 five years. It has added three operating rooms
10 this year in its hospital and still meets target
11 utilization due to high demand. As its patient
12 volumes grow, it must think about expanding its
13 surgery center capacity in a freestanding setting as
14 it takes on more patients, rather than further
15 expansion of its hospital ORs, which are much more
16 expensive.

17 Statewide, despite demand for lower-cost
18 services, only 25 percent of endoscopy is performed
19 in a surgery center. The remainder are performed in
20 hospital outpatient departments. This care should
21 primarily be in a primarily freestanding setting.
22 This is the trend we're seeing elsewhere, and I'll
23 discuss that in a moment.

24 As earlier today noted by the FQHC

1 representative that openly supported this project,
2 Dr. Makhdoom provides free services to uninsured
3 patients. Additionally, Dr. Makhdoom is committed
4 to working with all patients who may experience
5 financial hardship in paying for endoscopy and
6 provide them care regardless of their ability to
7 pay. For example, he'll work with insured patients
8 with high deductibles using payment plans or low or
9 no-interest third-party financing, and he will not
10 send any patient to collection nor report any
11 patient to credit agencies if they fail to pay their
12 bill.

13 The center's all-exclusive charges -- that's
14 the charges for professional GI services, facility
15 services, anesthesiology, and pathology services --
16 for uninsured patients who are able to pay will be
17 between \$750 and \$1250, depending on the type of
18 procedure. These patients will not be required to
19 pay in advance unless they opt to.

20 This project will improve access to
21 colorectal cancer screening services as well as
22 other endoscopy services, but it will also ensure
23 that this group is in compliance with IDPH licensure
24 requirements for surgical programs.

1 Specifically, while a physician is allowed
2 to perform endoscopy, which is a surgical procedure,
3 in the office setting, such surgeries cannot be more
4 than 50 percent of the activities in the practice.
5 Currently the practice must monitor volumes and
6 defer procedures in order to avoid an IDPH
7 compliance issue.

8 With increased endoscopy volumes and
9 improving screening rates due to open-access
10 endoscopy -- which I'll explain in a minute --
11 endoscopy services will be more prevalent in the
12 office than nonsurgical patient encounters in the
13 future.

14 Recently we've had two clients, both
15 GI practices, cited by IDPH for potential
16 noncompliance with surgery center licensure rules
17 based on their provision of endoscopy services. In
18 both situations the growing demand for endoscopy
19 services created a need for more space and focus on
20 these services.

21 This growth in endoscopy is outpacing
22 nonendoscopic professional services and creates a
23 risk of being cited and penalized for operating a
24 surgery center without a license. This project is

1 the best option to ensure broader access to
2 endoscopy services in Southern Illinois and to
3 ensure the applicable licensure rules are adhered to.

4 Open-access endoscopy has recently become
5 more widespread and allows CRC screening to be
6 performed in a timely and efficient manner. What
7 I mean by that is when a patient -- say they're
8 turning 50 years old, the first year when they're
9 supposed to get a colonoscopy for colorectal cancer
10 screening. Those patients can be counseled by their
11 physician or primary care physician to receive a
12 colonoscopy while historically they might go for a
13 GI consult.

14 That's not really the practice as much going
15 forward because, as long as the patient is healthy
16 and has a history and physical that shows they can
17 go under anesthesia, then they'll likely be a
18 candidate and there's no need for that additional
19 consult. So it's part of an effort to decrease
20 costs related to endoscopy by eliminating
21 unnecessary office-based consults. The
22 appropriateness can be determined by the primary
23 care physician.

24 It's logical that performing simple

1 endoscopy in an ASTC is consistent with emerging
2 payer reimbursement policies. Hospital outpatient
3 departments are not the most appropriate site for
4 routine endoscopy. Albeit not in this market, there
5 is an increasing trend of hospitals to move these
6 type of cases to surgery centers.

7 Routine minor surgical procedures should be
8 performed in a freestanding setting. There have
9 been about five applications in recent months filed
10 by Illinois hospitals to transition some of their --
11 what were treated as hospital cases in the past --
12 to surgery centers. You reviewed those cases. They
13 were sponsored by Advocate, Rush, Silver Cross,
14 Presence, and Northwest Community Hospital. All of
15 these projects cite the lower cost and more
16 appropriate setting of the ASC for procedures that
17 do not require an overnight stay.

18 It's obvious to me that there would be a
19 correlating payer trend of only reimbursing certain
20 types of cases in an ASC. In fact, effective
21 December 1st, UnitedHealthcare is expanding the list
22 of surgical procedures that it will only pay for in
23 an ASC and not in a hospital absent extenuating
24 circumstances.

1 As to the negative findings, there are only
2 two ASCs in the area where they're permitted to do
3 endoscopy. The State agency report on page 21 shows
4 that the procedure rooms are meeting State
5 standards. SIH's surgery center is operating at the
6 State standard and cannot accommodate more than a
7 small portion of these procedures.

8 Marion Healthcare Surgery Center is
9 25 minutes from Carbondale. That surgery center now
10 has to absorb the case volume of the center that
11 recently closed in Marion.

12 Further, the distance would make it very
13 difficult for Dr. Makhdoom to oversee his midlevel
14 providers in the office who do nonsurgical consults
15 to allow him to focus on the endoscopy work which
16 only a physician can perform. When they're all in
17 the same building, he can consult on difficult cases
18 and, between endoscopies, see those patients
19 identified for further evaluation.

20 This model of midlevel provider
21 collaboration is crucial in this specialty with a
22 shortage of physicians and particularly in rural
23 markets like Southern Illinois. Similarly, it is
24 critical that Dr. Makhdoom utilize his time

1 efficiently.

2 Thank you so much for your time today. At
3 this time we're happy to answer any questions.

4 CHAIRWOMAN OLSON: Questions from Board
5 members?

6 Doctor.

7 MEMBER GOYAL: Thank you, Madam Chair.

8 My name is Arvind Goyal. I represent
9 Medicaid on this Board, and I have a series of
10 questions for Dr. Makhdoom, if I may.

11 One is, you do do endoscopies in your office
12 currently; right?

13 MS. FRIEDMAN: Correct.

14 MEMBER GOYAL: And how many procedure rooms
15 do you have?

16 DR. MAKHDOOM: I'm sorry.

17 In six months we have done 3,000.

18 MEMBER GOYAL: No, my question was
19 different.

20 DR. MAKHDOOM: We have two procedure rooms.

21 MEMBER GOYAL: Two. In the ASTC that you're
22 proposing, you're also requesting two procedure
23 rooms; right?

24 MS. FRIEDMAN: Correct.

1 MEMBER GOYAL: So why do you want to have an
2 ASTC? And I really need to know the reasons
3 because, looking from public perspective, it will
4 add the facility fee to your procedures.

5 MS. FRIEDMAN: So we're not -- the procedure
6 rooms that are currently utilized in the medical
7 office would be converted to licensed space. So we
8 wouldn't have four to end up with. We would have
9 two, as is currently the case.

10 MEMBER GOYAL: I understand. My question
11 was --

12 MS. FRIEDMAN: I -- and the second part of
13 yours is about the increased costs.

14 The cost of endoscopy that we think is
15 inappropriate in the state -- and that Medicaid is
16 bearing a large burden for -- is performing the vast
17 majority, 75 percent of these procedures, in a
18 hospital setting. There's about 450,000 of those
19 being done each year, and so this is only about
20 2300 procedures that we're talking about.

21 We are filing for a CON because we feel
22 that, in order to maintain the ratio of having
23 less than -- the surgical volume be less than the
24 nonsurgical volume, that we need to apply for this

1 license. As I said, Dr. Makhdoom has to defer cases
2 that he would otherwise do on a timely basis in
3 order to not exceed that ratio.

4 MEMBER GOYAL: So my question hasn't been
5 answered yet. My question was, if you had two
6 procedure rooms, you'll have two in the ASTC. Why
7 do you want to transfer your practice into ASTC?

8 MS. FRIEDMAN: All right. But -- I think
9 Dr. Makhdoom wants to address it, also, but it is --

10 MEMBER GOYAL: That's why I asked the
11 question of him.

12 MS. FRIEDMAN: Okay. It's an IDPH issue.

13 DR. MAKHDOOM: I think we explained the last
14 meeting in June. What happens, the procedure takes
15 about 20 minutes, and then room needs to be cleaned;
16 the stretcher needs to be moved; patient needs to be
17 moved out.

18 And in the meantime a second room is
19 available for a whole team with anesthesia to be
20 moved there to attend to the second patient. And in
21 the meantime the patient -- the first room is
22 cleaned, third patient moves in.

23 It saves time for patients and is an
24 efficient way. So far, in all hospitals I've been

1 working for the past 13 years, they've all utilized
2 two rooms and been proven to save patient time and
3 is more efficient.

4 MEMBER GOYAL: That will do. My question --
5 let me restate it.

6 My question is, you have two procedure rooms
7 in your office practice at this time. You're
8 applying for an ASTC with two procedure rooms still.

9 Why would you want to change your current
10 office procedures to ASTC and why should this Board
11 approve your request when it will cost more money
12 for everybody who utilizes your facility because
13 you'll tack on a facility fee?

14 MS. FRIEDMAN: I --

15 MS. MITCHELL: If I may really quickly --
16 I don't mean to testify for you. But IDPH has a
17 rule that 50 percent of your activities cannot be
18 devoted to surgeries. If 50 percent or more is
19 devoted to surgeries, you have to be an ASTC.

20 So if 50 percent or less is devoted -- not
21 devoted to it, then you cannot -- then you don't
22 have to be an ASTC.

23 So he's reaching that threshold. So he's
24 going to -- let's say he's going to be at

1 51 percent. Then he has to convert to an ASTC.

2 If that makes --

3 MEMBER GOYAL: When you say that he's
4 "reaching that threshold," can you explain that?

5 MS. MITCHELL: I don't know the answers. He
6 would have to provide the numbers.

7 But if he devotes -- if 50 percent or more
8 of his practice is devoted to surgery, then he
9 should apply for the ASTC license and get the CON
10 before he gets that license.

11 MEMBER GOYAL: Right. But we haven't been
12 given that information.

13 MS. MITCHELL: He would have to give the
14 numbers.

15 MEMBER GOYAL: Right. Okay.

16 My second question is that, currently, at
17 least based on my recollection of what you said at
18 the last time that you were before the Board, you
19 had indicated that you anticipate more uninsured and
20 you anticipate more Medicaid to come to you -- your
21 place -- for colonoscopies and upper endoscopies as
22 time passes.

23 However, if I recall right, you also said
24 that you only accept referrals from Shawnee Health

1 Services for that clientele.

2 Am I correct in recollecting that?

3 DR. MAKHDOOM: Yeah. In part, you're
4 correct.

5 We have a contract with Shawnee Health
6 Center. All the uninsured patients coming through
7 there we will not charge anything. We will do,
8 without fee, all patients.

9 But other doctors who have uninsured
10 patients, they're sending us so that they can be
11 given free, too. And public aid the last time, as
12 you recall, it was only 2 percent. We were new
13 advertising our services, like a new office at the
14 time.

15 But now we are going to get more than
16 12 percent public aid that we are paying, and every
17 day that we advertise in the paper, more and more
18 public aid patients are coming.

19 MEMBER GOYAL: I have the ability to go back
20 and look. Can you recall how many public aid
21 colonoscopies have you done even -- even in '15
22 or '16?

23 DR. MAKHDOOM: I don't --

24 MEMBER GOYAL: Number. I don't need

1 percentage.

2 DR. MAKHDOOM: I don't have how many.
3 I have a person that can get that. Every day we do
4 3 or 4 patients out of 15 to 16. Every day three or
5 four patients on public aid.

6 MEMBER GOYAL: Three or four over how long?

7 DR. MAKHDOOM: Since the last time we have
8 seen you. From June, every day out of 15 to 16
9 procedures, we are doing 3 or 4 public aid.

10 MEMBER GOYAL: Okay.

11 And my last question is, do you have an
12 arrangement with the hospital at this time that
13 would back you up?

14 MS. FRIEDMAN: You're referring to the
15 transfer agreement, and, yes, we have supplied that
16 transfer agreement. And Mr. Roate did make
17 reference to it in his presentation.

18 MEMBER GOYAL: And can you name the
19 hospital?

20 MS. FRIEDMAN? It's Heartland.

21 MEMBER GOYAL: Thank you. And how far is
22 that?

23 MS. FRIEDMAN: It's within 30 minutes, which
24 is the IDPH requirement.

1 MEMBER GOYAL: Okay. Thank you very much.

2 CHAIRWOMAN OLSON: Other questions or
3 comments?

4 Yes.

5 VICE CHAIRMAN HAYES: Well, thank you,
6 Madam Chairman.

7 You know, there are -- aren't there several
8 hospitals -- and I think they've been listed here in
9 the report -- that are much closer than Heartland?
10 Where is Heartland located?

11 DR. MAKHDOOM: It's located on Route 30 and
12 closer to my office than Herrin Hospital, which is a
13 part of SIH. Presently Route 30 -- there is the
14 county of Marion, but it's closer to Carterville and
15 Herrin. It's right on Route 30.

16 VICE CHAIRMAN HAYES: Okay. So you feel
17 that your patient -- that would take approximately
18 at least 30 minutes to get there?

19 DR. MAKHDOOM: It takes about -- ambulance
20 takes 12 or 13 minutes to get. They don't wait for
21 the signals and all that. If I drive, it takes
22 sometime, depending on traffic, 15. 15 minutes it
23 takes me to get to Heartland. But if you go to
24 Herrin Hospital, it has got like 15 signals to stop

1 by. That's why it takes longer. Heartland hospital
2 is right on the road.

3 VICE CHAIRMAN HAYES: Okay. Now, also, you
4 mentioned -- how close are the other two hospitals
5 in the -- in Carbondale there?

6 DR. MAKHDOOM: Carbondale is seven minutes,
7 Memorial Hospital. And I think it's seven to
8 eight minutes, nine minutes to get to the other
9 hospital.

10 VICE CHAIRMAN HAYES: Okay. You know, it's
11 interesting that there's a significant amount of
12 time that -- with the patients -- if there was a
13 problem -- and I don't expect there would be -- that
14 it would be, you know, a significant amount of
15 time -- 30 minutes compared to 7 and 9 minutes -- to
16 be able to go to the hospitals that are closer.

17 Why -- have you tried to get a transfer
18 agreement for those two hospitals?

19 DR. MAKHDOOM: No. There was a long story.
20 I worked for them for 13 years and then they
21 hired -- they fired doctors and took away my
22 two days. I was afraid that I'll lose everything by
23 working there. So I lost the privileges there.
24 I don't have any privileges in hospital. Nor

1 I think they will give me because of this, if there
2 is a complication.

3 VICE CHAIRMAN HAYES: Okay. You mentioned
4 this -- 50 percent of the practice's activities,
5 that rule associated with that.

6 They do not currently constitute more than
7 50 percent of the practice's activities? And
8 I think that in here, basically, they say that --
9 and, George, maybe you could help me with this.

10 Are they in danger of meeting -- of going
11 over 50 percent of their procedures at this
12 practice?

13 And -- I mean, will they be going over soon?
14 Or is it something that you feel may not be -- they
15 may not be going over their -- if ever -- of an --
16 extensively in many years.

17 MR. ROATE: Sir, that would be
18 speculative -- if I'm answering your question
19 correctly, I think that would be speculative based
20 on what their projected utilization would be.
21 I can't give you a definitive answer, but based on
22 the fact that they are -- that their utilization in
23 the office is increasing steadily -- their
24 historical utilization projects a trend of upward

1 utilization. If that continues, then it will be --
2 they would approach that 50 percent threshold.

3 VICE CHAIRMAN HAYES: Doctor?

4 DR. MAKHDOOM: There are a lot of times when
5 we have more business than the number of physicians.
6 Since we have to maintain their 50 percent rule, we
7 have to cancel the day's procedure. And sometimes
8 I've told patients -- in an emergency, of course, we
9 do, but elective procedures we just bring in the
10 next month. We have to maintain the number or be
11 penalized.

12 CHAIRWOMAN OLSON: Is that calculated
13 monthly or daily or -- if I'm scheduled on a Monday
14 and you already have close to your 50 percent,
15 you're going to have to shove me to the next month?

16 MS. FRIEDMAN: You know, we worked with IDPH
17 over time because, as I said, we've had a couple
18 problems prior to this issue with IDPH asking him to
19 get a license.

20 They have never been particularly clear
21 about it. I think that we would advise that, you
22 know, on an ongoing basis, you should not be
23 exceeding it. So I --

24 CHAIRWOMAN OLSON: Exceeding it daily?

1 MS. FRIEDMAN: It sounds like you're
2 measuring it maybe daily.

3 DR. MAKHDOOM: Monthly.

4 CHAIRWOMAN OLSON: Monthly.

5 So if you -- I'm just going to pick numbers
6 out of the air.

7 If you're seeing 300 patients in the month
8 of November, you can't do -- you have to do less
9 than 300 colonoscopies?

10 DR. MAKHDOOM: 150 colonoscopy, with
11 50 percent.

12 CHAIRWOMAN OLSON: You'd only be able to do
13 150? Otherwise, I have to wait until December --

14 DR. MAKHDOOM: Exactly.

15 CHAIRWOMAN OLSON: -- to get my --

16 DR. MAKHDOOM: Exactly.

17 CHAIRWOMAN OLSON: Back to you.

18 VICE CHAIRMAN HAYES: Okay. Thank you.

19 CHAIRWOMAN OLSON: I just wanted to make
20 sure that I understood the second one because I --
21 in reviewing the application and I -- I know not a
22 lot changed but -- we've established that if
23 I was -- if I lived in Carbondale and I needed my
24 colonoscopy because I was 50 and I wanted to do it

1 at an ASTC, whether my insurance told me I had to or
2 whether I just wanted the lower cost, I would have
3 to leave Carbondale to do that currently?

4 To do it in an ASTC.

5 DR. MAKHDOOM: Yes.

6 CHAIRWOMAN OLSON: Okay. And then if I'm
7 correct on Table 3 of the Polsinelli response to
8 this application, it said that the cost difference
9 we're talking about is potentially -- in an ASTC --
10 750 to \$1250 and that's all-in.

11 DR. MAKHDOOM: All-in.

12 CHAIRWOMAN OLSON: As opposed to between
13 4,000 and 13,000 to have the same procedure done in
14 a hospital?

15 DR. MAKHDOOM: Yes.

16 CHAIRWOMAN OLSON: And, also, I wanted to
17 just make sure I understood correctly.

18 Currently -- and I think you just raised
19 that number -- you're doing about 12 percent
20 Medicaid -- I think that report said 9 percent --
21 which is four times the State average for an ASTC.

22 DR. MAKHDOOM: It's every day increasing,
23 yeah.

24 CHAIRWOMAN OLSON: Thank you.

1 Other questions or comments?

2 MEMBER GOYAL: Madam Chair, one follow-up
3 question, if I may.

4 Dr. Makhdoom, how many colonoscopies and
5 upper endoscopies do you do in a week in your
6 office?

7 DR. MAKHDOOM: 75, 80; sometime more;
8 sometime less.

9 MEMBER GOYAL: And how long does it take you
10 to do one procedure?

11 DR. MAKHDOOM: Colonoscopy takes about
12 20 minutes and EGD takes about 10 minutes, but then
13 room cleaning takes extra minutes. That why we were
14 talking about two rooms. We just switch from room
15 to room to save patient time.

16 MEMBER GOYAL: So in 20 minutes you can do a
17 colonoscopy, end to end, and in 10 minutes you can
18 do the upper endoscopy?

19 DR. MAKHDOOM: I've been doing all --
20 15 years doing this in the hospitals, too.

21 MEMBER GOYAL: Okay. And then you take time
22 to explain to the patient, family, et cetera?

23 DR. MAKHDOOM: Yes.

24 MEMBER GOYAL: Is that time included in

1 those 20 and 10 minutes?

2 DR. MAKHDOOM: No.

3 MEMBER GOYAL: Is it or is it not?

4 DR. MAKHDOOM: It's not.

5 MEMBER GOYAL: It's not. Okay.

6 So when the room is being transferred, at
7 that time would you utilize it to do your reports?
8 Would you use that time to talk to the patients and
9 the family, make your referrals, do a pathology or
10 whatever?

11 DR. MAKHDOOM: What we do after four or
12 five, we just get out and talk with them in the
13 room, in a row, like the four families that are
14 waiting.

15 That's how we do it and it works very well.

16 MS. FRIEDMAN: If I could point out, with
17 respect to flipping, we're not just talking about
18 cleaning the room. We've got an anesthesiologist's
19 stuff and an anesthesiologist there as well as the
20 other operative staff that are trying to be
21 efficient moving from case to case.

22 MEMBER GOYAL: Okay. So my only other
23 question at this time, you're only doing these
24 procedures in your office, not anywhere else?

1 DR. MAKHDOOM: Heartland hospital has
2 emergency patients and their inpatients.

3 MEMBER GOYAL: Okay. Thank you.

4 MS. FRIEDMAN: If I could just note one
5 other thing about the surgical providers in the
6 area.

7 I was looking at the 2015 data that was just
8 made available by the Planning Board in recent
9 weeks. And the SIH surgery center is reporting that
10 its average revenue per case is \$4700 per case, and
11 that is 40 percent more than any other facility in
12 the area. And the one right behind it is the
13 orthopedic center, where we know you're going to
14 have a higher cost case.

15 So we're substantially lower cost than the
16 existing surgery center.

17 CHAIRWOMAN OLSON: Other questions or
18 comments from the Board members?

19 (No response.)

20 CHAIRWOMAN OLSON: Seeing none, I'd ask for
21 a roll call vote.

22 MR. AGBODO: Thank you, Madam Chair.

23 Motion made by Mr. McGlasson -- okay -- and
24 seconded by Mr. Johnson.

1 Mr. Galassie.

2 MEMBER GALASSIE: I'm going to vote no. And
3 it's -- it's not an easy vote but -- my concerns are
4 both the staff report and, of course, the
5 maldistribution of services.

6 MR. AGBODO: Thank you.

7 Justice Greiman.

8 (No response.)

9 MEMBER GALASSIE: The Judge is going to pass
10 on this vote.

11 MR. AGBODO: Pass. Okay. Thank you.

12 Mr. Hayes.

13 VICE CHAIRMAN HAYES: I'm going to vote no,
14 based on the State agency report. And the criteria
15 that they did not meet is service demand, treatment
16 room need and assessment, service accessibility and
17 unnecessary duplication of service, maldistribution
18 of service, impact on other providers.

19 MR. AGBODO: Thank you.

20 Mr. Johnson.

21 MEMBER JOHNSON: I'm also going to vote no.
22 I don't think that the concerns raised in the State
23 agency report were adequately addressed here today.

24 MR. AGBODO: Thank you.

1 Mr. McGlasson.

2 MEMBER MC GLASSON: I'm going to vote yes
3 because I fear that, unless we begin taking some
4 chances, we are never going to bend the cost curve
5 in health care. And I think independent physicians
6 such as this may have to lead the way.

7 MR. AGBODO: Thank you.

8 Mr. Sewell.

9 MEMBER SEWELL: I'm going to vote no.
10 I don't think that the Applicant's explanations of
11 the criteria that were not met was sufficient to
12 take a pass on. The only thing that -- the thing
13 that needs to be emphasized, I guess, though, is the
14 difference in cost between doing these procedures in
15 an inpatient setting versus outpatient.

16 But I just don't think that we have a clear
17 and compelling reason to ignore these criteria.

18 MR. AGBODO: Thank you.

19 Madam Chair Olson.

20 CHAIRWOMAN OLSON: I'm going to vote yes
21 because I, like Mr. McGlasson, agree that this is an
22 access issue for a lot of patients, and we have to
23 start addressing the cost disparity between doing
24 these procedures in an ASTC versus a hospital

1 setting.

2 I believe it's going to improve access.

3 I think that the doctor's commitment to uninsured
4 patients is something that needs to be looked at so
5 I vote yes.

6 MEMBER GREIMAN: Chairman --

7 CHAIRWOMAN OLSON: Yes.

8 MEMBER GREIMAN: -- I'd like to change
9 my vote to present -- to vote yes. I believe that
10 they answered the issues specifically and I'll vote
11 yes.

12 MR. AGBODO: Okay. I have 3 yes, 4 no, 1 --
13 okay. It's now -- pass changed to yes.

14 So 3 yes, 4 no to answer.

15 CHAIRWOMAN OLSON: The motion fails.

16 Juan, you'll be getting ahold of them?

17 MR. MORADO: You'll be receiving a final
18 dental letter in the mail.

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1 CHAIRWOMAN OLSON: Okay. Moving on.

2 There is no other business.

3 Rules development, Jeannie.

4 MS. MITCHELL: Just a quick update on the
5 rules.

6 1110, we're thinking about some changes
7 there, but for some reason we decided not to pursue
8 them at this time.

9 1120, 1130 rules, we discussed -- we first
10 began discussing changes to these rules last year.

11 They have finally been adopted.

12 The 1120 rules are the Board's financial and
13 economic review criteria. Those changes were
14 effective October 7th and were posted on the
15 October 14th edition of the Illinois Register, so
16 they're live and online.

17 The 1130 rules were effective October 14th.
18 It will be posted in the October 28 edition of
19 the Illinois Register. So they're not live on the
20 JCAR website yet, but we do have a copy of those
21 rules on the Board's website.

22 CHAIRWOMAN OLSON: Thank you, Jeannie.

23 MS. MITCHELL: No problem.

24 MEMBER GOYAL: Madam Chair, may I ask a

1 question?

2 CHAIRWOMAN OLSON: Sure.

3 MEMBER GOYAL: The Board was confronted this
4 morning with a situation for exemption where the
5 legal counsel advised us that the Board had no
6 choice other than to vote yes, so that was a forced
7 yes.

8 CHAIRWOMAN OLSON: That's right.

9 MEMBER GOYAL: And I think that rule should
10 be changed or at least you should think about it.

11 MR. MORADO: If I could speak to that for a
12 moment, Dr. Goyal.

13 It's -- as I was mentioning earlier today,
14 it's a change that's been in effect now for just
15 over a year and a half. This was a change that was
16 part of the legislative agenda for one of the larger
17 associations in the state.

18 As you might imagine, passing legislation in
19 the General Assembly is a -- can be a monumental
20 effort, and it requires buy-in by a number of
21 different parties, one of those being the industry,
22 the other being government, and then the legislature
23 itself.

24 All that to say that we have seen now over

1 the past year and a half that this puts the Board in
2 a very tough position, whether it's a
3 discontinuation, a hospital itself closing down, or
4 whether it's a situation like this where we have an
5 exemption where, you know, maybe it was a great
6 project that would have gotten approved otherwise
7 but maybe there were some issues and maybe we would
8 have liked to have some input on it.

9 When the bill eventually passed a year and
10 a half ago, one of the things that we sought to
11 get -- that we were trying to get in our
12 negotiations was the ability to preserve the public
13 hearing portion of it because what we are finding is
14 that some of these transactions were happening, and
15 I think folks would have preferred if public
16 hearings weren't going to occur because, as you
17 might imagine, some nasty things can be said from
18 the folks in the community.

19 But we thought it was important those
20 individuals get an opportunity to go ahead and have
21 their voice heard, and what we have found in the
22 previous exemptions that have come before this Board
23 is it's led already to Applicants making changes
24 with their applications.

1 So although we don't have the same
2 jurisdiction over saying no to such applications,
3 the public hearing portion has preserved some
4 ability to effect change in the application itself.

5 MEMBER GOYAL: Based on esteemed legal
6 counsel's comment, I would withdraw my suggestion.

7 Thank you.

8 CHAIRWOMAN OLSON: Thank you.

9 We have nothing under old business.

10 Under new business you have a copy of our
11 financial report as of September 30th, 2016.

12 Are there any questions for this report? Or
13 if you have questions that you aren't prepared to
14 ask now, you can certainly contact staff to answer
15 those questions.

16 Are there any questions on the report at
17 this point?

18 MEMBER GALASSIE: No.

19 CHAIRWOMAN OLSON: Seeing none, I will
20 move on.

21 Bed changes.

22 Nelson, do you have anything under bed
23 changes?

24 MR. AGBODO: No, no bed changes.

1 CHAIRWOMAN OLSON: And then corrections to
2 profiles.

3 Did you have a correction?

4 MR. AGBODO: No corrections to profiles.

5 CHAIRWOMAN OLSON: Okay. St. Elizabeth's
6 Hospital at Belleville's correction from 2009 to
7 2015 is on the website.

8 MS. AVERY: Yes.

9 CHAIRWOMAN OLSON: So if you'd like to know
10 more about that, you can find it on the website.

11 Are there any questions about those three
12 items?

13 (No response.)

14 CHAIRWOMAN OLSON: Seeing none, I would make
15 note of the fact that we do not have a
16 December meeting. Our next meeting will be
17 January 24th of 2017 in the same location.

18 At this point I'd --

19 MEMBER GALASSIE: Madam Chairman, quick
20 question.

21 CHAIRWOMAN OLSON: Yes.

22 MEMBER GALASSIE: Do we have any current
23 vacancies on the Board?

24 CHAIRWOMAN OLSON: No.

1 MEMBER GALASSIE: We are full? Good.

2 CHAIRWOMAN OLSON: Yes.

3 It's been a long time since we've had a
4 hundred percent attendance but no -- I'm sorry that
5 I said that.

6 I would look for a motion to adjourn.

7 MEMBER GALASSIE: So moved.

8 VICE CHAIRMAN HAYES: So moved.

9 CHAIRWOMAN OLSON: All right. I have a
10 motion and second.

11 All those in favor say aye.

12 (Ayes heard.)

13 CHAIRWOMAN OLSON: Opposed, like sign.

14 (No response.)

15 CHAIRWOMAN OLSON: The ayes have it and the
16 meeting is adjourned.

17 Go Cubs.

18 (Off the record at 2:20 p.m.)

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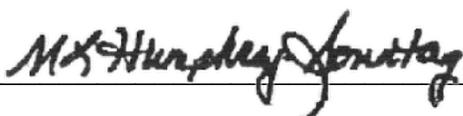
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CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CRC, FAPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 11th day of November, 2016.

My commission expires: May 31, 2017





Notary Public in and for the
State of Illinois

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