

1 S100185

2 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
3 HEALTH FACILITIES AND SERVICES REVIEW BOARD
4 OPEN SESSION

5
6
7 REPORT OF PROCEEDINGS

8
9 Bolingbrook Golf Club
10 2011 Rodeo Drive
11 Bolingbrook, Illinois 60490

12 October 7, 2014
13 9:17 a.m. to 11:37 a.m.

14 BOARD MEMBERS PRESENT:

15 MS. KATHY OLSON, Chairperson;
16 MR. JOHN HAYES, Vice Chairman;
17 SENATOR DEANNA DEMUZIO;
18 MR. DALE GALASSIE;
19 JUSTICE ALAN GREIMAN; and
20 MR. RICHARD SEWELL.

21
22
23 Reported by: Paula M. Quetsch, CSR, RPR
24 Notary Public, Kane County, Illinois

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

EX OFFICIO MEMBERS PRESENT:

MR. MATT HAMMOUDEH, IDHS; and
MR. MIKE JONES, IDHFS.

ALSO PRESENT:

MR. FRANK URSO, General Counsel ;
MS. COURTNEY AVERY, Administrator;
MR. NELSON AGBODO, Health Systems Data Manager;
MS. CLAIRE BURMAN; Rules Coordinator;
MS. CATHERINE CLARKE, Board Staff;
MR. MICHAEL CONSTANTINO, IDPH Staff;
MR. BILL DART, IDPH Staff; and
MR. GEORGE ROATE, IDPH Staff.

I N D E X

1		
2	CALL TO ORDER	4
3	EXECUTIVE SESSION	5
4	COMPLIANCE ISSUES/SETTLEMENT AGREEMENTS/FINAL ORDERS:	
5	REFERRALS TO LEGAL COUNSEL	6
	FINAL ORDERS	7
6	CLOSURE OF FILES	7
7	APPROVAL OF MEETING AGENDA	9
8	APPROVAL OF THE 8/27/2014 MEETING MINUTES	10
9	PUBLIC PARTICIPATION	
	HAUSER-ROSS EYE INSTITUTE	12
10		
	POSTPERMIT ITEMS APPROVED BY THE CHAIRMAN	16
11		
	DECLARATORY RULINGS AND OTHER BUSINESS	
12	RITACCA LASER AND COSMETIC SURGERY CENTER	17
	BELLEVILLE SURGICAL CENTER	48
13		
	HEALTH CARE WORKER SELF-REFERRAL ACT	50
14		
	STATUS REPORTS ON CONDITIONAL/CONTINGENT PERMITS	50
15		
	APPLICATIONS SUBSEQUENT TO INITIAL REVIEW	
16	COPLEY MEMORIAL HOSPITAL	50
	ST. BERNARD HOSPITAL	53
17	ST. ANTHONY'S MEMORIAL HOSPITAL	61
	ELMHURST MEDICAL AND SURGICAL CENTER	67
18	FRESENIUS MEDICAL CARE	70
	HAUSER-ROSS EYE INSTITUTE	83
19	HINSDALE SURGICAL CENTER	101
20	APPLICATIONS SUBSEQUENT TO INTENT TO DENY	113
21	OTHER BUSINESS	115
22	RULES DEVELOPMENT	115
23	UNFINISHED BUSINESS	118
24	NEW BUSINESS	119

REPORT OF PROCEEDINGS -- 10/07/2014
ROLL CALL

4

1 CHAIRPERSON OLSON: I'm going to call
2 the meeting to order. I'm late; sorry about that.

3 Mike, would you do the roll call, please?

4 MR. CONSTANTINO: Yes.

5 Mrs. Demuzio.

6 MEMBER DEMUZIO: Present.

7 MR. CONSTANTINO: Mr. Hayes.

8 MEMBER HAYES: Here.

9 MR. CONSTANTINO: Mr. Sewell.

10 MEMBER SEWELL: Here.

11 MR. CONSTANTINO: Ms. Olson.

12 CHAIRPERSON OLSON: Here.

13 MR. CONSTANTINO: Mr. Galassie.

14 MEMBER GALASSIE: Present.

15 MR. CONSTANTINO: Justice Greiman.

16 MEMBER GREIMAN: Also present.

17 MR. CONSTANTINO: We have a quorum.

18 Thank you, Madam Chairwoman.

19 CHAIRPERSON OLSON: The next order of
20 business is executive session. I need a motion for a
21 closed session pursuant to Sections 2(c)(1), 2(c)(5),
22 2(c)(11), and 2(c)(21) of the Open Meetings Act.

23 MEMBER GALASSIE: Motion to go into
24 executive session.

REPORT OF PROCEEDINGS -- 10/07/2014
ROLL CALL

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

MEMBER SEWELL: Second.
CHAIRPERSON OLSON: All those in favor
say aye.

(Ayes heard.)

CHAIRPERSON OLSON: Opposed.

(No response.)

CHAIRPERSON OLSON: We'll be in
executive session for about a half hour to 45 minutes.

(At 9:07 a.m., the Board adjourned
into executive session. Open
session proceedings resumed at
9:21 a.m., as follows:)

- - -

REPORT OF PROCEEDINGS -- 10/07/2014
COMPLIANCE ISSUES/SETTLEMENT AGREEMENT/FINAL ORDERS

6

1 CHAIRPERSON OLSON: So moving along in
2 the agenda, compliance issues, settlement agreements,
3 and final orders.

4 MR. URSO: Madam Chair and Board members,
5 I'm requesting that three matters be referred to legal
6 counsel, and I'm requesting a motion to refer these
7 matters for review and filing of any notices of
8 noncompliance which may include sanctions detailed and
9 specified in the Board's Act and the rules, and those
10 three matters are Phoenix Medical Center, Project
11 No. 07-058; La Rabi da Children's Hospital, Project
12 No. 12-040, and Mercy Hospital and Medical Center in
13 Chicago, Project No. 08-043.

14 CHAIRPERSON OLSON: May I have a motion?

15 MEMBER DEMUZIO: Motion.

16 MEMBER GALASSIE: Second.

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

19 (Ayes heard.)

20 CHAIRPERSON OLSON: Opposed, like sign.

21 (No response.)

22 CHAIRPERSON OLSON: The motion passes.
23 These matters will be referred to legal counsel.

24 MR. URSO: Thank you.

REPORT OF PROCEEDINGS -- 10/07/2014
COMPLIANCE ISSUES/SETTLEMENT AGREEMENT/FINAL ORDERS

7

1 Madam Chair and Board Members, I also have
2 two requests for final order. One has to do with the
3 Ki shHeal th System and Ki shwaukee Communi ty Hospi tal ,
4 Project No. 09-069, which is Docket No. HFSRB 14-03.
5 I'm requesting approval for a final approval in that
6 one, and one more is Parker Nursi ng and Rehab Center,
7 which is Docket No. HFSRB 14-12.

8 CHAIRPERSON OLSON: May I have a motion
9 to approve these two final orders.

10 MEMBER DEMUZIO: Motion.

11 MEMBER GALASSIE: Second.

12 CHAIRPERSON OLSON: All those in favor
13 say aye.

14 (Ayes heard.)

15 CHAIRPERSON OLSON: Opposed, like sign.

16 (No response.)

17 CHAIRPERSON OLSON: The motion passes.

18 MR. URSO: Thank you.

19 And, Madam Chair and Board members, I have
20 one final item, and that is I request a closure of
21 Westmont Nursi ng and Rehabilitati on Center that's
22 Docket No. 14-14. There was no compli ance issue.

23 CHAIRPERSON OLSON: May I have a motion
24 to close the file.

REPORT OF PROCEEDINGS -- 10/07/2014
COMPLIANCE ISSUES/SETTLEMENT AGREEMENT/FINAL ORDERS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

MEMBER NEWELL: So moved.
MEMBER GREIMAN: Second.
CHAIRPERSON OLSON: All those in favor
say aye.
(Ayes heard.)
CHAIRPERSON OLSON: Opposed, I like sign.
(No response.)
CHAIRPERSON OLSON: The motion carries.
MR. URSO: Thank you, Madam Chair and
Board members.

**REPORT OF PROCEEDINGS -- 10/07/2014
APPROVAL OF MEETING AGENDA**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

CHAIRPERSON OLSON: No. 5, approval of
the agenda. May I have a motion to approve the agenda?

MEMBER DEMUZIO: Motion.

MEMBER HAYES: Second.

CHAIRPERSON OLSON: All those in favor
say aye.

(Ayes heard.)

CHAIRPERSON OLSON: Opposed, I like sign.

(No response.)

CHAIRPERSON OLSON: Motions passes.

- - -

REPORT OF PROCEEDINGS -- 10/07/2014
APPROVAL OF THE 8/27/2014 MEETING MINUTES

10

1 CHAIRPERSON OLSON: May I have a motion to
2 approve the minutes of the August 27th, 2014, meeting.

3 MEMBER DEMUZIO: Motion.

4 MEMBER HAYES: Second.

5 MEMBER SEWELL: Discussion.

6 I think I was at that meeting, but I don't
7 think I'm listed as being there, even though there's
8 comments by me.

9 MEMBER GALASSIE: You made quite a
10 presence.

11 MEMBER SEWELL: I think that's correct.
12 I'm not sure.

13 MS. AVERY: No, you're not on there.

14 MEMBER SEWELL: I know I'm not on there,
15 but I'm not sure I was there.

16 CHAIRPERSON OLSON: May we have a motion
17 to approve the minutes as changed.

18 MEMBER DEMUZIO: As changed, yes.

19 CHAIRPERSON OLSON: And the second.

20 MEMBER HAYES: (Nodded.)

21 CHAIRPERSON OLSON: All those in favor
22 say aye.

23 (Ayes heard.)

24 CHAIRPERSON OLSON: Opposed, like sign.

**REPORT OF PROCEEDINGS -- 10/07/2014
APPROVAL OF THE 8/27/2014 MEETING MINUTES**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

(No response.)

CHAIRPERSON OLSON: The minutes are
approved as amended.

- - -

**PUBLIC PARTICIPATION
HAUSER-ROSS EYE INSTITUTE**

12

1 CHAIRPERSON OLSON: Public participation.
2 We have two people for public participation, Jack Axel
3 and W. Jeffrey Beird with regard to 14-033, Hauser-Ross
4 Eye Institute ambulatory surgery center in Sycamore.
5 Would those two gentlemen please come to the table.

6 Nelson, you'll be my timekeeper?

7 MR. ABGODO: Yes.

8 CHAIRPERSON OLSON: And I'm sure you
9 gentlemen are both aware you have two minutes.

10 Mr. Axel.

11 MR. AXEL: Thank you. I'm here this
12 morning representing Dr. Steven Glasgow, president of
13 Midland Surgery Center in Sycamore, and to discuss
14 Item H-06 on your agenda, the proposal to establish an
15 ASTC in Sycamore for the provision of ophthalmic and
16 ENT Surgery. Dr. Glasgow is in surgery this morning
17 and could not join us.

18 As a result of recent discussions between
19 Dr. Glasgow and Dr. Abdelsalam representing the
20 project's applicant, Dr. Glasgow is pleased to say
21 that the two parties have reached an agreement that
22 benefits the community, and Dr. Glasgow representing
23 Midland Surgery Center enthusiastically supports the
24 proposed project.

**PUBLIC PARTICIPATION
HAUSER-ROSS EYE INSTITUTE**

1 That support is based on Dr. Abdel salam's
2 commitment to request that the Board place a condition
3 on his CON permit limiting the scope of ENT services
4 to be provided.

5 Specifically the CON application as written
6 proposes a limited-specialty ASTC for the provision of
7 ophthalmic surgery and certain ENT procedures, quote,
8 "complementary to the primary service of ophthalmology,"
9 closed quote.

10 If approved without a condition limiting ENT
11 procedures to only those procedures complementary to
12 the primary service of ophthalmology, all types of ENT
13 procedures could be provided at the proposed ASTC
14 because the Board's rules are for surgical specialties
15 rather than specific procedures.

16 Dr. Glasgow notes that the proposed project
17 will introduce procedures, particularly retinal surgery
18 procedures not currently available at Midland and in
19 the DeKalb/Sycamore community, and all parties believe
20 that that is a good thing.

21 Therefore, and if the Board is willing to
22 attach to its motion the ENT procedure-limiting
23 condition as described in the application and which
24 Dr. Abdel salam will confirm he is willing to accept,

**PUBLIC PARTICIPATION
HAUSER-ROSS EYE INSTITUTE**

14

1 Dr. Glasgow as president at Midland Surgery Center, is
2 happy to enthusiastically support Project 14-033.

3 Thank you.

4 CHAIRPERSON OLSON: Thank you.

5 MR. BEIRD: My name is Jeff Beird. I'm
6 a senior associate at The La Penna Group, a health
7 care consulting firm based in Grand Rapids, Michigan.
8 I've worked on access issues related to health care
9 capacity in a variety of settings over 20 years as a
10 health care analyst, manager, and consultant. I'm
11 here to support Project 14-033 to establish a surgery
12 center in Sycamore, Illinois.

13 As a matter of full disclosure, our firm
14 assisted counsel in developing certain components of the
15 CON application, and our group has acted as consultant
16 to Chicagoland Retinal Consultants in a variety of
17 business and developmental matters over the past
18 five years. My comments relate to an independent
19 survey that we conducted to understand the local and
20 regional factors that the Hauser-Ross administration
21 should address in their planning of this project. The
22 survey was completed by our staff on September 30th,
23 and I've personally verified the results.

24 We called seven surgery centers performing

**PUBLIC PARTICIPATION
HAUSER-ROSS EYE INSTITUTE**

15

1 ophthalmologic surgical procedures in the service area
2 as listed in the State of Illinois Health Facilities
3 and Services Review Board summary report. Our survey
4 simply asked whether the ASTC accepted or served
5 Medicaid patients. Of the seven surgery centers we
6 contacted, only three indicated that they would accept
7 a Medicaid referral.

8 In our experience this is not unique to this
9 area or region nor is it unique to this type of
10 provider. Access for Medicaid beneficiaries is
11 increasingly an issue and one that has been reported
12 as a severe problem in many states according to a
13 recent report issued by the Government Accountability
14 Office.

15 The physician practice associated with the
16 proposed surgery center has never turned down a
17 Medicaid patient for surgery. In our opinion, the
18 proposed project provides a necessary service in
19 that area.

20 Thank you.

21 CHAIRPERSON OLSON: Thank you.

22 This concludes the public participation
23 section of the meeting.

24 - - -

**PUBLIC PARTICIPATION
POST PERMIT ITEMS APPROVED BY CHAIRMAN**

16

1 CHAIRPERSON OLSON: We'll move on to
2 postpermit items approved by the chairman.

3 Mr. Constantino.

4 MR. CONSTANTINO: Thank you,
5 Madam Chairwoman.

6 The Chairwoman approved the following:
7 Permit No. 12-069, a seven-month permit renewal;
8 Permit No. 12-062, permit relinquishment; Permit
9 No. 12-099, permit relinquishment; and permit
10 No. 12-027, alteration/bed reduction from 122 to
11 90 beds.

12 Thank you, Madam Chairwoman.

13 CHAIRPERSON OLSON: Is there any
14 discussion regarding those postpermit items that were
15 referred to?

16 MEMBER GALASSIE: No, ma'am.

17 CHAIRPERSON OLSON: Seeing none, we will
18 move on to items for State Board action.

19 - - -
20
21
22
23
24

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

17

1 CHAIRPERSON OLSON: We have no permit
2 renewal requests, no extension requests, no exemption
3 requests, no alteration requests, so we will move on
4 to declaratory rulings and other business.

5 We have Permit 11-098, Ritacca Laser and
6 Cosmetic Center in Vernon Hills is requesting to
7 remove the stipulation for Permit 11-098 prohibiting
8 the addition of surgical specialties.

9 Is the Applicant present?

10 May I have the State Board report.

11 MR. CONSTANTINO: Thank you,
12 Madam Chairwoman.

13 On July 29th, 2014, the State Board received a
14 request for declaratory ruling from the ASTC. The ASTC
15 is requesting the Board to respond to four questions.

16 The first question is asking the Board to
17 remove the condition that was placed onto that permit.
18 The permit holders Permit No. 11-098 were approved to
19 add pain management services to an existing limited
20 specialty ASTC with two specialties. Therefore, they
21 became a multispecialty ASTC.

22 On January 10th, 2012, a conditional permit,
23 Permit No. 11-098 states the permit holders must submit
24 a certificate of need application to the Illinois

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

18

1 Health Facilities and Services Review Board before
2 adding any more surgical specialties outside of those
3 specialties that are approved.

4 At the January 10th, 2012, State Board
5 meeting, Dr. Ritacca agreed to that condition on
6 three separate occasions. In addition, the current
7 recently amended ambulatory surgical treatment center
8 Board rules state multispecialty ASTCs that, as a
9 condition of CON permit issuance, agree to apply for
10 CON permits when adding services shall continue to
11 apply for CON permits when adding new services.

12 Thank you, Madam Chairwoman.

13 CHAIRPERSON OLSON: Thank you, Mike.

14 I've already gone out of my order because I
15 am going to request a motion to approve a declaratory
16 ruling for Ritacca Laser Center to approve the removal
17 of the stipulation on their permit regarding addition
18 of surgical specialties without a permit.

19 May I have a motion.

20 MEMBER GALASSIE: So moved.

21 MEMBER GREIMAN: Second.

22 CHAIRPERSON OLSON: Now further
23 discussion; I'm sorry, Mike.

24 I will say for the Board per our legal

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

19

1 counsel's advice, the only issue that is really within
2 our purview to address is whether or not we want to
3 remove this condition that's currently in place on the
4 Ritacca Laser and Cosmetic Center.

5 So I will ask that you guys keep your
6 comments to -- because we are not going to respond to
7 the other questions. That's really outside of our
8 purview. With all due respect, Doctor, we don't want
9 to practice medicine; that's your job. It's not our
10 intent to micromanage your practice of medicine.

11 MR. CANARY: Would you like us to be
12 sworn in?

13 CHAIRPERSON OLSON: Oh, that would be a
14 good idea.

15 (Three witnesses duly sworn.)

16 MR. SILBERMAN: First off, we want to
17 thank the Board for the opportunity to be heard today.
18 Madam Chair, we will certainly limit our comments to
19 this area. Again, we really do appreciate the
20 opportunity because it has been a long journey for
21 Dr. Ritacca, and I think explaining how we got here
22 and what this is -- first, what this is not might
23 help. This really isn't a request to --

24 MR. URSO: Can I just say one thing,

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

20

1 Mr. Silberman.

2 The Board received I think a 90-page document
3 from you. So I think they have a lot of information,
4 so I don't think you need to repeat any of that. So
5 if you could just be cognizant of that, I think the
6 Board would appreciate it.

7 MR. SILBERMAN: Certainly.

8 THE COURT REPORTER: And state your
9 names when you speak.

10 MR. SILBERMAN: For the record, my name
11 is Mark Silberman, S-i-l-b, as in "boy," -e-r-m-a-n.

12 THE COURT REPORTER: Thank you.

13 MR. SILBERMAN: The Board is going to be
14 hard-pressed to find anyone who has exhibited more
15 respect for this Board's rules or its regulations than
16 Dr. Ritacca.

17 When Dr. Ritacca sat before this Board, he
18 was asked to agree to a condition that before he would
19 add another specialty, another category of service, he
20 would come before the Board and request permission,
21 and he agreed to that happily.

22 To be clear, we don't think that Dr. Ritacca
23 needs to add another specialty. The problem is
24 Dr. Ritacca, based on the cutting edge nature of his

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

21

1 practice, is being somewhat handcuffed in his practice,
2 and I think being able to provide the context to that
3 is important.

4 The way that this started was after being
5 approved and agreeing to the condition, there was a
6 cosmetic -- a weight loss procedure that Dr. Ritacca
7 believed, based on his research, his study, and his
8 practice, was part of a cosmetic, aesthetic practice.
9 He bought the equipment; he got ready to go; he had
10 the physicians who were prepared to perform the
11 procedure.

12 He considered it completely appropriate for
13 his cosmetic aesthetic practice, but to be safe he
14 called Board staff and said, "We just want to make
15 sure we're not crossing over any lines." Because, as
16 Mr. Urso pointed out very ably in the analysis, the
17 failure to comply with the requirements of the permit,
18 in this case a condition, can subject you to penalties,
19 fines, including the loss of your permit license.

20 Dr. Ritacca is not willing to jeopardize his
21 ability to practice, his ability to support himself,
22 his family, or the 50 people that work for him and
23 rely on him. So he called Board staff to say, "I just
24 want to verify my medical judgment is okay," and what

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

22

1 he was told was, "No, we consider this part of a
2 different category of service. You can't do that."

3 He decided to seek more clarity, retained
4 counsel, and began the process, and the process involved
5 a formal request to clarify with the Board staff. It
6 then requested -- submitted an alteration request to
7 alter. Because this is an open permit. The Board has
8 to remember the suggestion that counsel has presented
9 in the analysis is to submit a CON to modify the
10 condition of the permit.

11 The problem is you can't submit a CON for an
12 open permit. The first analysis when you submit a CON
13 is, "Do you have any open and outstanding permits?" The
14 nature of this condition, it keeps the permit open,
15 which is why we started at the request for an
16 alteration. We were told that an alteration wouldn't
17 be the proper path and that we had to go the route of
18 declaratory ruling, so we went that route.

19 A declaratory ruling was submitted, was
20 never presented to the Board, and we were told to wait
21 for the Board's regulations. We did and the Board's
22 regulations, when originally presented, solved all the
23 issues. Unfortunately, the final change was for those
24 facilities with a condition you still have to seek a

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

23

1 CON, so we lost that clarity because we weren't trying
2 to add new specialties.

3 This is a two-OR facility. The issue that
4 Dr. Ritacca faces in his practice is that his procedures
5 will cross over. The example that he used when before
6 this Board when he did agree to the condition is the
7 notion if he's performing an abdominoplasty and he
8 finds a hernia, he wants to be able to repair it. He
9 doesn't want to have to not repair it, send the
10 patient to the hospital, have them face anesthetic
11 again, have them face another surgery. In his medical
12 judgment he wants to be able to make those repairs.

13 This has gotten even more complicated because,
14 while this process has been going on, Dr. Ritacca has
15 become part of an IRB-approved study related to the
16 utilization of adult fat stem cells. These aren't the
17 controversial ones; these are the ones you draw from
18 the individual's own body for regenerative purposes,
19 and he is now part of this regenerative study on the
20 front edge of health care.

21 The concern becomes he believes everything
22 he's doing is appropriately part of his cosmetic
23 regenerative aesthetic practice, and if left to his
24 medical judgment, without question we wouldn't have a

DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER

24

1 problem. But we already have. What started us on
2 this path was his medical judgment didn't match what
3 the Board staff assessed, and, therefore, he was
4 jeopardizing his permit.

5 There are two options that we see. The
6 first option would be we could submit a certificate of
7 need to add every specialty he might cross over into,
8 that if he's going to do a stem cell injection into a
9 knee, does he now need an orthopedic? If it has value
10 with regards to addressing erectile dysfunction and
11 reproductive issues, do we need OB-GYN or neurology?

12 I mean, the limits -- we don't know where this
13 is going to go. So we could add every specialty he
14 might conceivably cross over into. The problem is
15 that CON application would be terrible in its compliance
16 with this Board's regulations because there's literally
17 not enough physical hours in the day to show all of
18 the different hours you would need to add all these
19 specialties, but that's not what Dr. Ritacca is
20 looking to do.

21 If the Board limits -- removes this condition,
22 he'll be treated the same as any other multi specialty.
23 He'll have the opportunity to be subject to the same
24 rules, the same regulations, the same requirements.

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

25

1 The only situation that will change is he won't have
2 to practice medicine looking over his shoulder; he
3 will be able to do everything that he believes is an
4 appropriate part of his regeneratives practice, his
5 aesthetics practice, his plastics practice, but he
6 won't have to face the consequence that at the end of
7 the year someone looks at this and says, "I don't
8 agree this procedure was part of this, and, therefore,
9 you're facing the loss of your license; you're facing
10 the invalidation of your permit," you're facing
11 anything.

12 So the only other concern that we have is as
13 a practical -- the one thing we would ask is the
14 recommendation was that instead of -- instead of doing
15 a declaratory ruling, the appropriate process would be
16 to file a certificate of need to modify the condition.
17 And if that is the decision this Board would reach,
18 what we would ask is to provide some guidance to us.
19 What would be the information to submit; what would be
20 the criteria, the process, the policies, the rules
21 with regards to a certificate of need to modify a
22 condition?

23 We believe that since this is an open permit,
24 like any other open permit, if you want to change it,

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

26

1 you go the route of an alteration. We agree the Board
2 should absolutely have say in any change like this.
3 So we believe the easiest solution to this problem is
4 to allow Dr. Ritacca to practice as he should, which
5 simply would be to remove this condition.

6 We're happy to let him address any questions
7 the Board has about his practice and to provide a
8 comfort level that he's not looking to create a
9 20-specialty surgery center. He just doesn't want to
10 have to worry that, in his looking to the future, he's
11 going to leave his facility behind.

12 So thank you for the opportunity.

13 CHAIRPERSON OLSON: Thank you.

14 Questions or comments from Board members.

15 MEMBER GALASSIE: I would like -- Mike,
16 can you address the open ruling issue here that was
17 just discussed, the status of his current application?

18 MR. CONSTANTINO: I don't believe this is
19 an open permit. I believe they've closed this permit
20 out. We're double-checking on that. George is going
21 to double-check on that, but I believe this permit was
22 closed out.

23 MEMBER GALASSIE: Thank you. I
24 appreciate that.

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

27

1 MR. URSO: I can tell you, according to
2 the permit letter, Mr. Galassie, that the policing
3 date was listed as August 31st, 2012.

4 MEMBER GALASSIE: Hearing that the permit
5 is considered closed, my opinion would be that the CON
6 process is what should take place here, and I'll just
7 offer my opinion.

8 The Applicant is asking that the Board give
9 them direction on the CON process, and I don't for one
10 think that's the Board's role, and I'm feeling a little
11 bit as though the practice is asking for an open
12 checkbook in terms of what can be done or can't be
13 done. I think you need to define that for yourselves.

14 Dr. Ritacca, having spent 30 years in
15 Lake County, you're well known, you're well respected.
16 I'm pretty confident that you have a sense of where
17 you want to go with this, but I think you need to
18 define that. Again, this is one member's opinion. I
19 think you need to define that in the process and come
20 back to the Board.

21 CHAIRPERSON OLSON: I actually agree
22 with what you said. And I guess, Doctor, with all due
23 respect, we don't want to teach you how to practice
24 medicine, and I certainly don't think anybody sitting

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

28

1 here -- to use your example, if you had a person open
2 for a procedure that you were approved to do, a
3 hernia, we wouldn't expect you to close that person up
4 and make that person go through the whole process.

5 I will say that we have 144 ASTCs in the
6 state of Illinois. I asked this question. I don't
7 believe that, unless it was incredibly egregious, we
8 ever went back to somebody and said, "Oh, you
9 shouldn't have taken that hernia out; that was not
10 part of what you're licensed to do."

11 I applaud your stem cell research and
12 everything that you're doing, and I don't think that
13 this Board wants -- I don't want to speak for
14 everybody else, but we don't want to micromanage your
15 practice. Like Dale said, you're well respected;
16 you're a great surgeon. We're not here to micromanage
17 your practice. I appreciate your concern, but I think
18 it's -- I'm concerned that you're too concerned, and I
19 understand your legal counsel is trying to protect you
20 but that's my opinion.

21 Other Board members, comments.

22 (No response.)

23 CHAIRPERSON OLSON: Do you have any
24 additional comments?

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

29

1 (No response.)

2 CHAIRPERSON OLSON: So I have another
3 question. So when they came to you, Mike, to say that
4 he wanted to do this other procedure, and you said,
5 "No, that's outside of your" -- can you explain a little
6 bit more about that?

7 MR. CONSTANTINO: I couldn't make that
8 determination, so I recommended that he file a
9 certificate of need.

10 CHAIRPERSON OLSON: Okay. So you didn't
11 say, "No, that's outside of your" --

12 MR. CONSTANTINO: I can't. I don't know.

13 CHAIRPERSON OLSON: It just seems like
14 this is a very gray area that we're trying to put into
15 a black and white system unless I'm missing something.

16 MEMBER GALASSIE: I think I can
17 appreciate that desire, but I think it's a slippery
18 slope for the Board to try to give direction.

19 MR. SILBERMAN: I couldn't agree more
20 that this is a gray area. So to be clear -- because
21 I'm gathering I haven't articulated this well -- the
22 one thing that allows him to be in the black and white
23 is to be treated like any other ASTC. I don't see how
24 this would be --

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

30

1 CHAIRPERSON OLSON: By removing the
2 condition?

3 MR. SILBERMAN: By removing the condition
4 because he will still be limited by the size of his
5 facility, the capacity. You have to remember he already
6 has a thriving practice. There is a limited amount of
7 additional space. I think Mr. Canary has evaluated
8 this. I can let him address that.

9 If he's treated the way any other ASTC is,
10 any other multiple-specialty ASTC, they're not without
11 limitations. They have to report to the Board what
12 they're doing.

13 What you have to remember for all of these
14 procedures, if it does involve any other specialty with
15 the injection of stem cells, it will be coordinated
16 with the appropriate medical professionals. This
17 isn't a -- this is a unique situation because of the
18 144 ASTCs. I don't know how many have conditions but
19 there aren't many.

20 The unique nature of his practice is that
21 he's in the gray. So that really -- the only way we
22 can get that black and white is simply if he doesn't
23 have the condition because then he knows he can trust
24 his medical judgment.

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

31

1 MEMBER GALASSIE: I'm going to
2 respectfully interrupt. I will repeat, from my
3 perspective this is a closed permit.

4 CHAIRPERSON OLSON: Which means that --

5 MEMBER GALASSIE: So there's no removing
6 the condition. It's a closed permit. So at this
7 point in time they're --

8 CHAIRPERSON OLSON: Can you speak to
9 that, Mike?

10 MR. CONSTANTINO: Yes. It's my opinion
11 that they have to come back for a certificate of need
12 to remove the permit. I think it's a substantial change
13 in the permit that needs a CON to be submitted.

14 If the doctor has concerns, all he has to do
15 is submit a certificate of need and add the specialty
16 because that's what everybody else does.

17 CHAIRPERSON OLSON: If you had that
18 option, you will do that?

19 MR. SILBERMAN: Certainly. We'll consider
20 any options the Board says, but the Board's rules
21 provide that a project is not considered complete as
22 long as there is a condition that remains to be
23 fulfilled. That's in the Board's rules. We don't
24 challenge that a project completion letter was issued,

DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER

32

1 but that's how the Board retains jurisdiction to address
2 the failure.

3 CHAIRPERSON OLSON: Can you address that?

4 MR. CONSTANTINO: A project completion
5 letter was submitted to the Applicants, that's
6 correct -- or the permit holders.

7 CHAIRPERSON OLSON: So you're saying
8 that our rules allow them to file a CON?

9 MR. CONSTANTINO: Oh, definitely, yeah.
10 Definitely. That's the only way I believe they can
11 remove that stipulation. And I've discussed this with
12 our legal counsel and I think -- well, I'll let Frank
13 speak for himself on that.

14 MR. URSO: Well, I think Mike is
15 absolutely correct. This is a substantial change --
16 okay? -- to this particular permit, but I will also
17 say that effective April 15th of this year the Board
18 approved new rules in regard to ASTCs. So we're going
19 to come back to this question that's in the rules
20 right now, and in the rules it says if you're a
21 multispecialty ASTC with a condition, that condition
22 remains.

23 So even if a new -- an application was
24 submitted because there's a substantial change that's

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

33

1 being sought, you have to come back to the Board's
2 rules, and the rules say if you're a multispecialty
3 ASTC with a condition, that condition remains. And
4 that's the rule that the Board recently approved and
5 went through JCAR April 15th of this year.

6 So even if we have an application, we come
7 back to the same point. And I will -- I will go out
8 and say, if an application were submitted to the
9 Board, I can't see that would be any different than
10 the 90-page document that the Board already has
11 received. What other information could be provided?

12 So in a sense you have what would be contained
13 in the application in regard to this declaratory ruling.

14 MEMBER GALASSIE: I have a question,
15 Frank or staff. If, in fact, the Board is -- and I
16 underscore "if" -- in agreement that the CON process
17 is the next step for our Applicant, I need some help
18 with what the motion would be regarding this.

19 CHAIRPERSON OLSON: Well, we have a
20 motion. You're saying, how would we handle this one?

21 MEMBER GALASSIE: Could you repeat the
22 motion?

23 CHAIRPERSON OLSON: The motion that's on
24 the table is to approve a declaratory ruling for

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

34

1 Ritacca Laser Center to approve the removal -- this is
2 not typed out; I'm sorry.

3 The motion is to approve a declaratory ruling
4 for Ritacca Laser Center to approve the removal of
5 stipulation of permit regarding the addition of surgical
6 specialties without a permit.

7 That's my question to you. If we vote in
8 favor of this motion, then I think what Mr. Silberman
9 is saying is that clears the way for them to come back
10 and go through the CON process.

11 MR. URSO: No.

12 MEMBER GALASSIE: It eliminates their
13 need to go through the CON process.

14 MR. URSO: This would answer the question
15 that would be put on the table if there were an
16 application. You'd be answering the same question,
17 should this condition be removed or not.

18 CHAIRPERSON OLSON: I think that he
19 understands that -- I don't want to speak for you. He
20 understands if he's going to go way outside -- if he's
21 going to go way tilt here and start doing, I don't
22 know, open heart surgery, he's not going to be able to
23 do that with his current permit.

24 MEMBER GALASSIE: I would suggest that

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

35

1 we entertain a no vote to that motion and submit a
2 second motion advising or directing the Applicant to
3 go through the CON process for any additional plans
4 they have.

5 CHAIRPERSON OLSON: Okay. I think
6 that's the way I understand it.

7 MEMBER SEWELL: I'm going to vote for
8 the motion because I think we're acting as if our
9 rules are clear and unambiguous on every possible
10 surgical procedure that could occur in the facility.
11 And even if we had a list, I think all we're going to
12 end up doing is looking at the demand for surgery
13 center utilization in a planning area.

14 So we're acting as if our rules are more
15 specific than they really are. So I don't know if we
16 want to go down this road. I don't know if we want a
17 certificate of need to be submitted because then we're
18 back to the new rule, as I understand it, which just
19 says that the condition remains.

20 So I guess if our rules were more clear and
21 we could do population-based planning on all of the
22 types of multispecialty surgeries that you can do in
23 that setting, then I'd feel very comfortable with voting
24 against this, but I'm going to vote for it because I

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

36

1 don't think there's anyplace to go with this.

2 CHAIRPERSON OLSON: Claire, do you have
3 any light to shed on this?

4 MS. BURMAN: If you remember --

5 MS. AVERY: Why don't you come to this
6 mic, Claire. I didn't realize there wasn't a mic over
7 there. We'll have it moved.

8 CHAIRPERSON OLSON: Thank you.

9 MS. BURMAN: Maybe some of you recall
10 when the rules were brought to you for their final
11 approval, and we brought some tentative changes to you
12 after that that were recommended by JCAR. There was a
13 compromise that was being proposed, and it needed more
14 approval before we could go forward with JCAR on that.

15 Part of it resulted in a question being
16 raised by Mr. Carvalho about what happens with permits
17 that have conditions. And we didn't have an answer at
18 that point in time, so we brought it to JCAR. We asked
19 them, "What do you think?" "We," meaning staff.

20 And JCAR spent some time thinking about it,
21 and their answer was what you see in the new rules that
22 resulted from that. If you have a permit with a
23 condition, it's there. It's not removed; it's not
24 altered at all by the new rules.

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

37

1 CHAIRPERSON OLSON: Do you have any idea
2 off the top of your head how many of these still exist?
3 How many conditions on ASTCs are still out there?

4 MS. BURMAN: Not many. Maybe six.

5 CHAIRPERSON OLSON: Thank you.

6 Other questions or comments?

7 (No response.)

8 CHAIRPERSON OLSON: Doctor, did you have
9 something you wanted to add?

10 DR. RITACCA: Yes. Thank you for allowing
11 me to be present today, and I offer my apologies for all
12 the confusion. I'm sorry to be a pain in the neck.

13 I have a multispecialty surgery center, and
14 I also have an IRB to study stem cells. And what we
15 know about stem cells so far is that we've done over
16 2,000 cases nationwide to show the safety and
17 feasibility under the FDA guidelines and the IRB. To
18 date 300 clinical studies have been performed to show
19 the benefits of stem cells.

20 A great controversy exists whether it's
21 adult or embryonic. I do, basically, adult stem cells.
22 I can go through multiple lists of procedures in the
23 orthopedic literature, the neuro literature, the gyne
24 literature, and this is what I do. I'm the only center

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

38

1 in the Midwest that is doing it.

2 I currently work with neurosurgeons,
3 gynecologists, urologists, orthopedic surgeons.
4 However, I do not want to cross lines. I've never
5 crossed a line. This is why I'm here. That's why I
6 spent the last three years to get here.

7 And my specialty as a reconstructive surgeon
8 does not allow me to practice as these other doctors
9 would practice. I think as a team it's compelling to
10 me that we work together to develop techniques for the
11 benefit of our patients. My goal is to cure sometimes,
12 treat often, comfort always. I attempt to regenerate,
13 ameliorate while avoiding the risks of surgery. I
14 believe that this is the future. I've always been on
15 the cutting edge. I admit whenever I'm wrong. I'd
16 like to believe that I'm right on this, and I would
17 like to move forward.

18 Now, I've been told that if I try to get a
19 CON, I'm going to get blown away because I don't have
20 the room; I can't provide 250 cases for procedures
21 that I can do for Crohn's disease, which has shown stem
22 cells to be beneficial. I can't get 250 general surgeon
23 cases. For neurosurgery we are currently doing
24 procedures -- not in my center but we're putting it in

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

39

1 minor reservoirs; we're putting stem cells directly
2 into the brain.

3 Now, I've talked to neurosurgeons. I can do
4 those procedures and they're 20 minutes. I don't want
5 to cross that -- I don't want to get my license revoked.
6 I would like to continue to move in this direction.
7 Nobody sees this direction except me. I can't apologize
8 for them. I feel like I'm in a special place as a
9 surgeon because I know how to get the stem cells.

10 So I appreciate your time and consideration
11 for what I had to say.

12 CHAIRPERSON OLSON: Thank you, Doctor,
13 and, again, I know we all appreciate the work
14 you're doing.

15 MR. SILBERMAN: If I could add just one
16 other quick aspect -- one procedural and one practical.

17 The one procedural is -- and we appreciate
18 the nature of this conversation, the give-and-take. We
19 know that this isn't normal, and we really do appreciate
20 your willingness to do this.

21 When you look at this condition, specifically
22 this type of condition tends to have a little more focus
23 to it because it was trying to limit the expansion of
24 surgery centers beyond the Board's control. I guess

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

40

1 my question or my concern is if you look at other
2 conditions, with condition to report you have a report
3 on a quarterly basis. Will this ruling create a
4 situation where the way to handle the modification of
5 a condition is to file a CON? Are we going to create
6 a situation where to stop reporting you have to file a
7 CON? Because that's really the core issue. It's not
8 this condition; it's how do we address conditions
9 generally.

10 The only other concern I would ask -- and
11 this is purely practical -- is I'd ask each of the
12 Board members, if the answer is to take what we've
13 already done and resubmit it as a CON and then it
14 could be considered, as a purely practical matter is
15 there any reason not to allow -- because there's
16 nothing that prohibits the removal of this condition.

17 There's no doubt that JCAR wanted these
18 conditions to stay in place, but there's also nothing
19 that prohibits us from seeking relief for it.
20 Therefore, having gone through every step that has been
21 asked of us for over two years, as a purely practical
22 matter is there any reason perhaps not to allow
23 Dr. Ritacca that leeway, not a blank checkbook but
24 just to act like any other multispecialty?

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

41

1 MR. CONSTANTINO: Madam Chairwoman, I'd
2 like to make a couple comments here.

3 There's 144 ASTCs. This is the first time
4 in all my years working for the Board that we've ever,
5 ever had this discussion of what is being performed at
6 these ASTCs. We've always left it up to the facility
7 owner to determine whether or not he needs a specialty
8 and come in to get a CON to do that. This rests with
9 the permit holder, the owner of the facilities.

10 The second thing -- and I want to make this
11 one comment about the Board staff. We get a number --
12 George and I get a number of questions every day. We
13 try to give an opinion, a reasonable opinion over the
14 phone. Okay?

15 When Dr. Ritacca called us, he said he was
16 doing these procedures. I don't know what specialties
17 they fall in, so my answer is, "You need a certificate
18 of need." That's the answer I would give to anyone,
19 "You need a certificate of need to make sure you're
20 not in violation of the law." George and I do that
21 every day.

22 Thank you.

23 CHAIRPERSON OLSON: And you do that very
24 well. Thank you.

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

42

1 If there are no further questions or comments,
2 I think I'm going to call for a vote.

3 Roll call, please.

4 MR. ROATE: Thank you, Madam Chair.

5 Motion made by Mr. Galassie; seconded by
6 Justice Greiman.

7 Senator Demuzio.

8 MEMBER DEMUZIO: Yes.

9 MR. ROATE: Justice Greiman.

10 MEMBER GREIMAN: Yes.

11 MR. ROATE: Mr. Galassie.

12 MEMBER GALASSIE: No.

13 MR. ROATE: Mr. Hayes.

14 MEMBER HAYES: No.

15 MR. ROATE: Mr. Sewell.

16 MEMBER SEWELL: Yes.

17 MR. ROATE: Chairman Olson.

18 CHAIRPERSON OLSON: I vote yes. I don't
19 want to inhibit this doctor's ability to practice
20 medicine.

21 MR. ROATE: Four votes in the
22 affirmative; two votes in the negative.

23 CHAIRPERSON OLSON: The motion fails.

24 Frank, where do we go?

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

43

1 MR. URSO: Well, this is a declaratory
2 ruling from the Board, and it's not appealable according
3 to the Board's rules. So that's the answer.

4 CHAIRPERSON OLSON: But with that said,
5 we've established that --

6 MEMBER SEWELL: I didn't hear what Frank
7 said. What did you say?

8 CHAIRPERSON OLSON: He said it's not
9 appealable.

10 That said, based on the conversation that
11 was here today, this gentleman has the right to come
12 back and file a CON.

13 MR. URSO: I responded to that.

14 CHAIRPERSON OLSON: But Mr. Silberman
15 was saying because there's a condition on it, it's not
16 a closed permit, and we're saying it is a closed
17 permit. I just want to clarify.

18 MR. URSO: Maybe let me just address this
19 for a minute. This particular project had a specific
20 closure date, completion date. That date has passed,
21 so the establishment of this new entity within this
22 ASTC has come and gone.

23 In other words, they came in to add a
24 specialty. That was the nature of that CON. That

DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER

44

1 specialty has been added. However, we do have a
2 condition on this, and so our rules say that we still
3 need to monitor that condition. So that part of the
4 permit remains open and under surveillance by the
5 Board to make sure the condition is maintained.

6 CHAIRPERSON OLSON: Does that prohibit
7 them from taking this information and filing a CON?

8 MR. SILBERMAN: The rule provides -- and
9 I fully understand why, so the Board still has
10 jurisdiction over conditions. But the rule provides
11 that a project will not be considered closed as long
12 as it has a condition. That's in the Board's rules.
13 I apologize for not having the exact cite.

14 One of the threshold questions to submitting
15 a CON is, "Do you have any open projects that haven't
16 been completed."

17 MR. URSO: Well, I think we have a lot
18 of first impressions here with the questions that are
19 being asked. I would say that if the Applicant wants
20 to submit a CON application, if Dr. Ritacca wants to
21 do that, they should feel free to do that. We'll take
22 a look at it and determine what the process might be
23 after that.

24 CHAIRPERSON OLSON: Wait a minute. I

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

45

1 don't want to make him go through all the hoops again.
2 I mean, we're how many years into this.

3 MR. SILBERMAN: Over two.

4 CHAIRPERSON OLSON: And then we're going
5 to say, "No, you can't file the CON." I don't
6 like that.

7 MR. CONSTANTINO: No, the permit itself
8 says you've got to file a CON. The permit stipulation
9 says you've got to file a CON. That's what the
10 stipulation is.

11 CHAIRPERSON OLSON: So we're telling this
12 Applicant right now that he can come back and file a
13 CON, and when he gets here, we're not going to say to
14 him, "No, you can't do that; you have an open permit";
15 we're telling him that right now?

16 MR. CONSTANTINO: Yes. You've got the
17 stipulation in this permit that says he has to file a
18 CON to add a surgical specialty.

19 MR. SILBERMAN: That's the issue is -- if
20 I understand the direction, we're not adding a surgical
21 specialty.

22 MR. CONSTANTINO: Well, then why are
23 we here?

24 CHAIRPERSON OLSON: So you're just going

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

46

1 to live with the condition based on what we told the
2 doctor today?

3 MR. SILBERMAN: My understanding is the
4 appropriate path to have -- because we still would
5 like this condition removed. So our understanding is --

6 MEMBER GALASSIE: That train has left
7 the station.

8 MR. SILBERMAN: My understanding is the
9 appropriate path to have the condition removed would
10 be to file a CON to have the condition removed. So
11 we're going to do this again; we're going to submit
12 another CON not to add a specialty but to remove the
13 condition.

14 MR. URSO: We've already talked about
15 this in regards to the massive documents that have
16 already been submitted to this Board. I cannot believe
17 there would be any other information in an application
18 that the Board doesn't already have. So in a sense
19 you have an application, and the application, according
20 to Mr. Silberman, is to remove this permit. And as we
21 said previously, your rules do not allow to you do that.

22 MR. CONSTANTINO: I don't know why we're
23 here if it's not a surgical specialty.

24 MR. SILBERMAN: Because -- would the

**DECLARATORY RULINGS -- 10/07/2014
RITACCA LASER CENTER**

47

1 Board like us to respond?

2 CHAIRPERSON OLSON: Let's -- work with
3 Board staff going forward, but I think what I'm hearing
4 you say is you really have a CON here. So if you choose
5 to file that CON based on the information here, you
6 can do that.

7 MR. SILBERMAN: The first paragraph of
8 State Board analysis is "Submit an application for
9 permit to remove the condition." So that's the --
10 that's what the Board's analysis of this circumstance
11 was. I mean, we'll coordinate with Board staff because
12 I don't know if there's any rules or regulations for
13 that CON, but we'll submit whatever the Board's staff
14 wants.

15 CHAIRPERSON OLSON: But I hope you're
16 leaving here today with more information than you had
17 when you came in.

18 MEMBER GALASSIE: When I voted no, my no
19 was with the intention that the next pathway for this
20 Applicant was to submit a CON.

21 CHAIRPERSON OLSON: Thank you.

22 - - -

23

24

**DECLARATORY RULINGS -- 10/07/2014
BELLEVILLE SURGICAL CENTER**

48

1 CHAIRPERSON OLSON: Next, we have E-02,
2 Physicians Surgical Center of Belleville for correction
3 on their 2012 ASTC profile.

4 May I have a motion to approve a declaratory
5 ruling for Physicians Surgical Center of Belleville to
6 approve a correction to the 2012 ASTC profiles.

7 MEMBER DEMUZIO: Motion.

8 CHAIRPERSON OLSON: Second.

9 MEMBER SEWELL: I'll second.

10 CHAIRPERSON OLSON: There is no
11 opposition and no findings here. So, Mike, I think
12 it's pretty straightforward unless you have something
13 to say.

14 MR. CONSTANTINO: No.

15 CHAIRPERSON OLSON: Are there questions
16 from the Board?

17 (No response.)

18 CHAIRPERSON OLSON: Seeing none, I'll
19 ask for a roll call vote.

20 MR. ROATE: Motion made by Ms. Demuzio;
21 seconded by Mr. Sewell.

22 Senator Demuzio.

23 MEMBER DEMUZIO: Yes.

24 MR. ROATE: Justice Greiman.

**DECLARATORY RULINGS -- 10/07/2014
BELLEVILLE SURGICAL CENTER**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

MEMBER GREIMAN: Yes.

MR. ROATE: Mr. Galassie.

MEMBER GALASSIE: Yes.

MR. ROATE: Mr. Hayes.

MEMBER HAYES: Yes.

MR. ROATE: Mr. Sewell.

MEMBER SEWELL: Yes.

MR. ROATE: Chairwoman Olson.

CHAIRPERSON OLSON: Yes.

Motion passes.

MR. ROATE: Six votes in the
affirmative.

- - -

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
COPLEY MEMORIAL HOSPITAL**

50

1 CHAIRPERSON OLSON: Next item is Health
2 Care Worker Self-Referral Act. There is no business.

3 Status reports on conditional/contingent
4 permits, there is no business.

5 We will move to applications subsequent to
6 initial review.

7 First, we have 14-028, Copley Memorial
8 Hospital in Aurora. For the information of the Board,
9 this application had no opposition and no findings.

10 May I have a motion to approve Project 14-028,
11 Copley Memorial Hospital to modernize clinical and
12 nonclinical components at its acute care hospital in
13 Aurora.

14 MEMBER GALASSIE: So moved.

15 MEMBER GREIMAN: Second.

16 CHAIRPERSON OLSON: Will the Applicants
17 be sworn.

18 (Two witnesses duly sworn.)

19 CHAIRPERSON OLSON: Mike, State Board
20 staff report.

21 MR. CONSTANTINO: Thank you,
22 Madam Chairwoman.

23 The Applicants are proposing to modernize and
24 expand their surgical suite, replace and expand Recovery

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
COPLEY MEMORIAL HOSPITAL**

51

1 Phase I, modernize and expand Surgical Prep Phase II
2 recovery stations, replace inpatient endoscopy, and
3 modernize central sterile supply. In addition,
4 nonclinical areas will also be modernized.

5 The cost of the project is approximately
6 \$52.3 million. There was no public hearing; no letters
7 of support or opposition were received and no
8 findings. The anticipated project completion date is
9 December 31st, 2018.

10 Thank you, Madam Chairwoman.

11 CHAIRPERSON OLSON: Since there is no
12 opposition and no findings, would you allow us to open
13 to the Board, or did you want to have comments first?
14 It's up to you.

15 UNIDENTIFIED SPEAKER: We have no comment.

16 CHAIRPERSON OLSON: Questions for Board
17 members?

18 (No response.)

19 CHAIRPERSON OLSON: I did want to applaud
20 you on your charity care, and also I appreciate the fact
21 that you did carefully look at alternatives.

22 Seeing no other questions, I'll call for a
23 roll call vote.

24 MR. ROATE: Thank you, Madam Chair.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. BERNARD HOSPITAL**

53

1 CHAIRPERSON OLSON: Next is H-02,
2 St. Bernard Hospital Ambulatory Surgical Care Center
3 in Chicago. Again, this project had no opposition and
4 no findings.

5 May I have a motion to approve Project 14-032,
6 St. Bernard Hospital Ambulatory Care Center to construct
7 a medical office building on its campus in Chicago.

8 MEMBER SEWELL: So moved.

9 MEMBER HAYES: Second.

10 CHAIRPERSON OLSON: Will the Applicants
11 be sworn.

12 (Three witnesses duly sworn.)

13 CHAIRPERSON OLSON: Mike, State Board
14 staff report.

15 MR. CONSTANTINO: Thank you, Madam
16 Chairwoman.

17 The Applicant proposes to construct a three-
18 story ambulatory care medical office building on the
19 campus of St. Bernard Hospital in Chicago, Illinois.

20 The anticipated cost of the project is
21 approximately \$33.2 million. There was a public
22 hearing held. No letters of opposition were received,
23 no findings. The anticipated completion date is
24 June 1st, 2016.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. BERNARD HOSPITAL**

54

1 Thank you, Madam Chairwoman.

2 CHAIRPERSON OLSON: Thank you.

3 Again, do you want to make some comments to
4 the Board?

5 MR. HOLLAND: I would.

6 CHAIRPERSON OLSON: Thank you.

7 MR. HOLLAND: My name is Charles Holland.
8 I'm president and CEO of St. Bernard Hospital in
9 Chicago. I want to thank the Board and the staff for
10 their assistance in developing this permit application,
11 and I appreciate the opportunity to speak to you today.

12 St. Bernard is a safety-net hospital that
13 has served the south side of Chicago for 110 years.
14 During this time we have upheld our mission to provide
15 quality health care to anyone in need. We serve
16 higher numbers of indigent and uninsured patients than
17 most hospitals and provide nearly \$7 million in
18 charity care. Regardless of their ability to pay for
19 services, we provide access to inpatient and outpatient
20 mental health services, prenatal care, and emergency
21 medicine.

22 We have outgrown the space available in our
23 current facilities. In order to serve the increasing
24 demands for outpatient services, we must act now if we

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. BERNARD HOSPITAL**

1 are to accommodate the large numbers of patients who
2 have received insurance under the Affordable Care Act,
3 especially those enrolled through the expansion of
4 Medicaid.

5 Working with three other hospitals and
6 two FQHCs we recently created an accountable care
7 entity through which we expect to better manage and
8 track the health care of our communities. This is an
9 exceptional opportunity for health care providers to
10 make preventive medicine available to thousands of
11 people who formerly lacked access and to address
12 hospital readmissions by expanding outpatient and
13 specialty services locally. It's important to keep in
14 mind that many area residents are challenged to travel
15 far outside their neighborhood to access a number of
16 the services we plan to offer in this ambulatory care
17 center.

18 To better serve our community and patients,
19 we propose to develop a three-story facility at the
20 northwest corner of our hospital campus. With
21 approximately 70,000 square feet of space, the building
22 will house a walk-in clinic, outpatient pharmacy,
23 diabetes clinic, diagnostic imaging, cardiology, and
24 physical therapy and orthopedic services. Our specialty

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. BERNARD HOSPITAL**

1 clinic will offer physician services which have long
2 been needed but are in short supply on the south side.

3 In addition, our prenatal women's wellness
4 clinic as well as physician offices will be relocated
5 to the building. The prenatal clinic has been a great
6 success. A free service for uninsured women who
7 qualify, it has increased the number of healthy
8 deliveries in our area, which total nearly 1200 babies
9 born annually.

10 Importantly, our plan has met full compliance
11 with all City of Chicago regulations. We are happy to
12 report that the permit application does not have any
13 compliance issues, and there is no opposition to the
14 project.

15 In an effort to manage the impact on local
16 air quality due to diesel particulate emissions during
17 construction, we endeavor to implement Tier 4
18 apparatuses on excavating equipment and cranes. In
19 addition, we have proposed a 10-minute idling policy
20 to be enforced on all diesel trucks and implement a
21 recordkeeping system.

22 Our many community stakeholders recognize not
23 only the health care needs that will be served but also
24 the economic benefits. The new facility will increase

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. BERNARD HOSPITAL**

1 the number of positions at St. Bernard and bring
2 additional career opportunities to the neighborhood.

3 In the more than 15 years I have dedicated
4 to working in this community, we have consistently been
5 responsive to the needs of our community and a strong
6 partner. St. Bernard is one of the founding
7 organizations of Teamwork Englewood, and we continue
8 to serve on its board of directors. I personally
9 oversaw the building of Bernard Place, a 70-unit
10 affordable housing complex we developed just south of
11 the hospital that has revitalized long-blighted blocks
12 into a thriving homeowner community.

13 The need for additional health care resources
14 in our community has been well documented.

15 Respectfully, I request that the Review Board support
16 improved access to health care services in a medically
17 underserved area and approve St. Bernard's certificate
18 of need application.

19 Thank you for your time this morning.

20 CHAIRPERSON OLSON: Thank you.

21 Questions from Board members.

22 MEMBER HAYES: Could you give a little
23 bit of background on the financing of this project, and
24 could you explain this charitable contribution?

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. BERNARD HOSPITAL**

58

1 MR. HOLLAND: Yes. Thank you.

2 The sisters who have long supported the
3 hospital and founded the hospital 110 years ago have
4 made a generous contribution to the support and building
5 of the ambulatory care center through private
6 financing.

7 MEMBER HAYES: And how are -- so the
8 sisters who have sponsored this hospital -- and still
9 do; is that correct?

10 MR. HOLLAND: Correct.

11 MEMBER HAYES: Okay. And how are they
12 receiving -- how are they receiving the funds for this
13 charitable contribution?

14 MR. HOLLAND: These are funds that they
15 have saved over the years for the support of
16 St. Bernard Hospital.

17 MEMBER HAYES: Okay. Now, I notice
18 that -- another quick question here is I notice the
19 income from operations has declined from about
20 7.1 million to 3.8 million between 2012 and 2013. Do
21 you see that? Am I reading that correctly that your
22 operating income has been declining for the last
23 few years?

24 MR. HOLLAND: I'm going to let Mr. Alton,

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. BERNARD HOSPITAL**

59

1 our CFO, answer that question.

2 MR. ALTON: The 2011 numbers which were
3 quite higher had included some one-time income
4 provisions that were nonrecurring. That more or less
5 inflated our numbers for that year.

6 Over the years we've been slightly profitable.
7 It's definitely getting harder every year, but with
8 some of the meaningful -use dollars coming in and a few
9 other larger grants, our income has -- we've had a
10 couple years where income has actually been higher
11 than normal.

12 MR. CONSTANTINO: Mr. Hayes, I would
13 like to comment that the Applicants did provide us with
14 information this week that the money has been deposited
15 into their account from the sisters, the full
16 \$36 million or \$34 million, whatever it was. They
17 provided us with a statement from -- bank statement.
18 So that money is there for this building.

19 MEMBER HAYES: Thank you, Mike.
20 Thank you very much.

21 CHAIRPERSON OLSON: Seeing no further
22 questions or comments, I will call for a roll call
23 vote on Project 14-035 -- I'm sorry -- 14-032.

24 MR. ROATE: Thank you, Madam Chair.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. BERNARD HOSPITAL**

60

1 Motion made by Mr. Sewell; seconded by Mr. Hayes.
2 Senator Demuzio.
3 MEMBER DEMUZIO: Yes, due to the fact
4 that there's no findings. Good luck.
5 MR. ROATE: Justice Greiman.
6 MEMBER GREIMAN: Yes.
7 MR. ROATE: Mr. Galassie.
8 MEMBER GALASSIE: Yes, recognizing this
9 facility maintains a commitment to a community that
10 needs its presence.
11 MR. ROATE: Mr. Hayes.
12 MEMBER HAYES: Yes, because of the
13 findings of the State agency report.
14 MR. ROATE: Mr. Sewell.
15 MEMBER SEWELL: Yes, for reasons stated
16 at the hearing. There's going to be a positive economic
17 and community development impact on that community.
18 MR. ROATE: Chairwoman Olson.
19 CHAIRPERSON OLSON: Yes, based on the
20 fact that I do believe this will improve access to
21 needed health care service in that area.
22 MR. ROATE: Six votes in the affirmative.
23 CHAIRPERSON OLSON: Motion passes.
24 - - -

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. ANTHONY'S MEMORIAL HOSPITAL**

61

1 CHAIRPERSON OLSON: Next is 14-035,
2 St. Anthony's Memorial Hospital in Effingham. Again,
3 this project has no opposition and no findings.

4 May I have a motion to approve Project 14-035,
5 St. Anthony's Memorial Hospital to discontinue it's
6 long-term care service at its hospital in Effingham.

7 MEMBER GALASSIE: So moved.

8 MEMBER HAYES: Second.

9 CHAIRPERSON OLSON: Will the Applicants
10 be sworn in, please.

11 (Three witnesses duly sworn.)

12 CHAIRPERSON OLSON: Mike, State Board
13 staff report.

14 MR. CONSTANTINO: Thank you,
15 Madam Chairwoman.

16 The Applicant is proposing to discontinue
17 its 13-bed long-term care category of service on its
18 campus in Effingham, Illinois. There is no cost to
19 this project. The completion date is the date of the
20 meeting.

21 Thank you, Madam Chairwoman.

22 CHAIRPERSON OLSON: Since there is no
23 opposition and no findings, would you like to make a
24 comment or open it to the Board?

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. ANTHONY'S MEMORIAL HOSPITAL**

62

1 MS. RUTHERFORD: We will open to you for
2 questions.

3 CHAIRPERSON OLSON: I have just one
4 question.

5 This is going to be effective today, so I'm
6 assuming your census is zero.

7 MS. RUTHERFORD: That's correct.

8 CHAIRPERSON OLSON: Seeing no further
9 questions or comments, I would call for a roll call
10 vote.

11 MEMBER GREIMAN: I have a question here.

12 CHAIRPERSON OLSON: Okay. I'm sorry.

13 MEMBER GREIMAN: What will you be doing
14 with the space once it's discontinued?

15 MS. RUTHERFORD: As our budget permits,
16 we will be looking to go to private rooms. Many of
17 our units still have semiprivate rooms, and that's a
18 dissatisfier for the patients that we serve. So as
19 our budget is put together for the next year, we will
20 look at remodeling and updating this particular
21 service area for private rooms for the patients that
22 we serve.

23 MEMBER GREIMAN: So are there hospitals
24 that provide this service, long-term care service in

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. ANTHONY'S MEMORIAL HOSPITAL**

63

1 your area.

2 MS. RUTHERFORD: We have -- within our
3 service area there's one acute care long-term care
4 located within a hospital, but our area has multiple
5 long-term care facilities and have been able to meet
6 all of the needs of placement for our patients.

7 THE COURT REPORTER: Could I have your
8 name for the record?

9 MS. RUTHERFORD: Oh, I'm sorry. I'm
10 Theresa Rutherford. I'm the president and CEO at
11 St. Anthony's Hospital in Effingham, Illinois.

12 THE COURT REPORTER: Thank you.

13 MEMBER HAYES: Madam Chairman?

14 CHAIRPERSON OLSON: Yes.

15 MEMBER HAYES: I notice that from your
16 hospital profile, fiscal year 2013 hospital profile
17 that you have your long-term care -- your occupancy
18 rate was about 63.5 percent and that that was higher
19 than any other service that you provided at the
20 hospital.

21 CHAIRPERSON OLSON: Would you please
22 state your name, too?

23 MR. STORM: Dave Storm, CFO, chief
24 financial officer.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. ANTHONY'S MEMORIAL HOSPITAL**

64

1 I think primarily on our skilled care side
2 that it was really the use of the orthopedics and coming
3 forward, but as the procedures in that area have gotten
4 more noninvasive, the need for that has gone down. But
5 as we indicated, it was used as a short-term basis
6 before going to the long-term care, and the intent
7 here is to use the long-term care facilities. As
8 Ms. Rutherford has indicated, the need is being met
9 very well by the existing ones which are the four- and
10 five-star facilities.

11 Does that answer your question?

12 MEMBER HAYES: So, basically, this was
13 used for short-term need for orthopedic patients that
14 if they needed long-term care you basically referred
15 them out?

16 MR. STORM: Right. It was that
17 intermediate between those that didn't really need to
18 go to long-term care but weren't really ready to go
19 home, and as the procedures have changed, it's really
20 taking away from that. So it was short-term care.

21 MEMBER HAYES: Okay. Thank you.

22 CHAIRPERSON OLSON: Other questions or
23 comments?

24 MEMBER GALASSIE: No, ma'am.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. ANTHONY'S MEMORIAL HOSPITAL**

65

1 CHAIRPERSON OLSON: Seeing none, I'll
2 call for a roll call vote.

3 MR. ROATE: Motion made by Mr. Galassie;
4 seconded by Mr. Hayes.

5 Senator Demuzio.

6 MEMBER DEMUZIO: Yes, due to the fact
7 there were no findings.

8 MR. ROATE: Justice Greiman.

9 MEMBER GREIMAN: Aye.

10 MR. ROATE: Mr. Galassie.

11 MEMBER GALASSIE: Yes, based on no
12 findings.

13 MR. ROATE: Thank you.

14 Mr. Hayes.

15 MEMBER HAYES: Yes, based on no findings.

16 MR. ROATE: Thank you.

17 Mr. Sewell.

18 MEMBER SEWELL: Yes, for reasons stated.

19 MR. ROATE: Chairwoman Olson.

20 CHAIRPERSON OLSON: Yes, for reasons
21 stated.

22 MR. ROATE: Thank you, ma'am.

23 That's six votes in the affirmative.

24 CHAIRPERSON OLSON: The motion passes.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ST. ANTHONY'S MEMORIAL HOSPITAL**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

Thank you.

MEMBER GALASSIE: Congratulations.

CHAIRPERSON OLSON: I would entertain a short break. It is currently 10:23. We'll reconvene at 10:45 -- no, 10:35.

(Recess taken, 10:23 a.m. to 10:35 a.m.)

- - -

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ELMHURST MEDICAL AND SURGICAL CENTER**

67

1 CHAIRPERSON OLSON: Okay. Next, we have
2 Project 14-036, Elmhurst Medical and Surgical Center,
3 Elmhurst.

4 May I have a motion to approve Project 14-036,
5 Elmhurst Medical and Surgical Center to execute a change
6 of ownership for a single-specialty ASTC in Elmhurst.
7 May I have a motion.

8 MEMBER GALASSIE: So moved.

9 MEMBER SEWELL: Second.

10 CHAIRPERSON OLSON: Okay. Again, this
11 is a project with no opposition and no findings.

12 May I have the State Board staff report, Mike.

13 MR. CONSTANTINO: Thank you, Madam
14 Chairwoman.

15 The Applicants are proposing a change of
16 ownership of a single-specialty ambulatory surgical
17 treatment center in Elmhurst, Illinois, and properties
18 related to the ASTC in Elgin and Lombard.

19 The anticipated cost of the project is
20 \$3.1 million. The ASTC portion of the project cost is
21 1.5 million. The anticipated project completion date
22 is December 15th, 2014.

23 Thank you, Madam Chairwoman.

24 CHAIRPERSON OLSON: Would the Applicants

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ELMHURST MEDICAL AND SURGICAL CENTER**

68

1 please be sworn in.

2 (Two witnesses duly sworn.)

3 CHAIRPERSON OLSON: Would you like to
4 make comments to the Board or just open for questions?

5 MR. AXEL: Madam Chairman, we'd be happy
6 to answer your questions.

7 CHAIRPERSON OLSON: Thank you.

8 Questions or comments from Board members?

9 MEMBER GALASSIE: No, ma'am.

10 CHAIRPERSON OLSON: Seeing no -- oh, I'm
11 sorry -- could you give your names for the record.

12 MR. AXEL: Jack Axel, A-x-e-l.

13 MR. CARR: Thomas Carr.

14 CHAIRPERSON OLSON: Thank you.

15 Seeing no further questions or comments, I
16 will call for a roll call vote.

17 MR. ROATE: Thank you, Madam Chair.

18 The motion was made by Mr. Galassie;

19 seconded by Mr. Sewell.

20 Senator Demuzio.

21 MEMBER DEMUZIO: Yes, due to no findings.

22 MR. ROATE: Justice Greiman.

23 MEMBER GREIMAN: Yes, for reasons stated.

24 MR. ROATE: Mr. Galassie.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
ELMHURST MEDICAL AND SURGICAL CENTER**

1 MEMBER GALASSIE: Yes, for reasons stated.

2 MR. ROATE: Mr. Hayes.

3 MEMBER HAYES: Yes, because of no findings
4 in the State agency report.

5 MR. ROATE: Mr. Sewell.

6 MEMBER SEWELL: Yes, for reasons stated.

7 MR. ROATE: Chairwoman Olson.

8 CHAIRPERSON OLSON: Yes, for reasons
9 stated.

10 MR. ROATE: Thank you, ma'am.

11 That's six votes in the affirmative.

12 CHAIRPERSON OLSON: The motion passes.

13 Thank you.

14 MEMBER GALASSIE: Congratulations.

15 - - -

16

17

18

19

20

21

22

23

24

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

70

1 CHAIRPERSON OLSON: Next, we have Project
2 14-026, Fresenius Medical Care, New City, Chicago.

3 May I have a motion to approve Project 14-026,
4 Fresenius Medical Care New City to establish a
5 16-station ESRD facility in Chicago. May I have a
6 motion.

7 MEMBER DEMUZIO: Motion.

8 MEMBER SEWELL: Second.

9 CHAIRPERSON OLSON: Would the Applicants
10 please be sworn in.

11 (Four witness duly sworn.)

12 CHAIRPERSON OLSON: Can you please state
13 your names for the record.

14 MS. GURCHIEK: Teri Gurchiek.

15 DR. CRAWFORD: Dr. Paul Crawford.

16 MS. WRIGHT: Lori Wright.

17 MS. RANALLI: Clare Ranalli,

18 R-a-n-a-l-l-i.

19 CHAIRPERSON OLSON: Okay. Mike, State
20 Board staff report.

21 MR. CONSTANTINO: Thank you,
22 Madam Chairwoman.

23 The Applicants are proposing to establish a
24 16-station ESRD facility in Chicago, Illinois. The

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

71

1 cost of the project is approximately \$5.4 million.
2 There were no letters of support or opposition received;
3 there was no public hearing.

4 I would like to note, though, there is a
5 change in the station need. It is now 120 stations
6 needed in the HSA 6 service area. This facility will
7 also be located in a medically underserved area, and
8 the State Board staff had one finding, an unnecessary
9 duplication of service. 27 of the 57 facilities within
10 30 minutes are not at target occupancy.

11 Thank you, Madam Chairwoman.

12 CHAIRPERSON OLSON: Thank you.

13 Comments for the Board.

14 MEMBER GALASSIE: Good morning. My name
15 is Teri Gurchiek. I'm the regional vice president for
16 Fresenius responsible for this project, and as always
17 I want to thank the State Board staff for reviewing the
18 project and note that it meets 21 of the 22 criteria.

19 The criteria not met is unnecessary
20 duplication of service because there are clinics
21 within 30 minutes of the proposed clinic site in the
22 Back of the Yards neighborhood that are underutilized.
23 I'll briefly focus on this one negative finding.

24 There is a need for 120 stations in HSA 6,

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

1 which is the City of Chicago. And as you've heard
2 before, given the density of Chicago and the complexity
3 of its neighborhoods in the health services, it would be
4 impossible for any provider of dialysis to present a
5 project in the health services area of Chicago that
6 did not receive a negative finding on unnecessary
7 duplication of services.

8 There is truly a catch-22 between the stated
9 need for more stations and the unnecessary duplication
10 of services criteria, so our goal is to address this
11 need in the area of the city that has the highest
12 concentration of ESRD patients along with the local
13 area clinic utilization.

14 The proposed clinic will be located in the
15 Back of the Yards neighborhood, which has 29 percent
16 of its residents living at or below the poverty level.
17 It is also a Federally designated medically underserved
18 area as well as the surrounding neighborhoods.

19 Fresenius has four clinics in the area. All
20 are over target utilization, and, in fact, our Ross
21 Englewood facility is operating at 98 percent. Prior
22 to proposing the establishment of this new facility,
23 we have expanded these facilities to their maximum
24 capacity.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

1 10 percent of the patients seen at the
2 closest clinics, including Bridgeport, Marquette Park,
3 and Ross Englewood are undocumented. The average
4 Medicaid-reimbursed treatment seen at these clinics is
5 21 percent, and we do not believe that these statistics
6 would be any different in the proposed facility. The
7 New City location lies between three safety-net
8 hospitals, St. Bernard, Holy Cross, and Roseland,
9 which serve this economically challenged area.

10 To further explain the characteristics of
11 this community, I've asked Dr. Crawford here today.
12 Dr. Crawford is part of the referring practice that
13 will be referring to the proposed clinic, and he has
14 been serving patients in this community for over
15 30 years.

16 DR. CRAWFORD: Thank you for allowing us
17 to present.

18 Basically, I've been practicing for 35 years
19 in the inner city of Chicago, and I've been before this
20 Board before for our Englewood facility as well as our
21 Roseland facility, both in undermedically served areas.

22 The Back of the Yards neighborhood is no
23 exception to that need, and we have a number of patients
24 we can care for today who are children of patients we

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

74

1 cared for before because, despite all of our efforts to
2 prevent the progression of chronic kidney disease to
3 end-stage renal disease, patients still need therapy
4 in the form of dialysis, and we're improving in the
5 areas where we're trying to improve our transplant
6 population.

7 Our group of physicians and nephrologists
8 cover Holy Cross, Roseland, Christ Hospital, Little
9 Company of Mary all in the area -- and St. Bernard --
10 all in the area of this Back of the Yards neighborhood.
11 I think it would be a big asset to those residents of
12 that community not to have to leave their community
13 for services that we can offer in the Back of the
14 Yards neighborhood. We have a heavy Spanish speaking
15 population in that area, and the medical directors
16 that we have are Spanish speaking and can assist in
17 access to care as well as the importance of keeping
18 the continuity of care.

19 I would like to emphasize the importance of
20 continuity of care because, in the complex patients that
21 we care for, I'd say years ago, when I started, most of
22 the patients just had high blood pressure and kidney
23 failure. As we got into the '90s, it was diabetes,
24 high blood pressure, and kidney failure. Now, in the

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

75

1 current years we're seeing patients with diabetes,
2 high blood pressure, coronary bypass surgery, possible
3 amputation, obesity, so many multiple conditions that
4 anything we can do to facilitate their care in their
5 own communities is not a small undertaking, and we
6 take that very seriously in trying to improve care.

7 I think we don't want to play musical chairs
8 with the patients and their dialysis, so we've been
9 trying to fulfill that need. Our Englewood facility,
10 as you heard, is full down the street from the
11 St. Bernard Hospital, which you heard from earlier,
12 and we need to expand to the Back of the Yards
13 neighborhood to service those individuals.

14 CHAIRPERSON OLSON: Thank you, Doctor.
15 Questions or comments from Board members.
16 Justice Greiman first and then Mr. Sewell.

17 MEMBER GREIMAN: What percentage of the
18 State centers do you people control? Do you know?

19 MS. RANALLI: When you say what
20 percentage do we control, what percent does
21 Fresenius own?

22 MEMBER GREIMAN: Yes.

23 MS. RANALLI: It's right around
24 50 percent, as it always has been.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

76

1 MEMBER GREIMAN: 50 percent. Well, here
2 you have within half hour of -- I'm sorry -- within
3 17 minutes of this place you have over 200 spots,
4 stations, and it's hard to imagine that you -- that
5 there's incredible need for another one. I don't
6 understand how you determine there's a need. What do
7 you use? What process do you use to determine there's
8 a need?

9 DR. CRAWFORD: The other thing I was
10 making a point, too, is that what we see now is the age
11 of the population with end-stage renal disease has
12 progressed, obviously, the longer you have diabetes
13 and high blood pressure. So our population is aging,
14 as in many other communities, and, therefore, the
15 incidence of end-stage renal disease in this aggregate
16 population, African-American/Hispanic, is rising.
17 While it has leveled off in some other communities, we
18 still have a major task of combatting this disease,
19 which is on the rise, which is why there's a need for
20 120 stations in this area.

21 But it is increasing in the older population.
22 Unfortunately, in the younger population blood pressure
23 and diabetes are not controlled despite all the efforts
24 to get the referrals earlier. We've set up chronic

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

77

1 kidney disease clinics such that we can try to catch
2 people when they're Stage 1, 2, or 3 of kidney disease
3 and prevent their progression into Stage 4 and Stage 5
4 where they need dialysis. And we've seen a large
5 number of -- an increasing number of patients in those
6 chronic kidney disease clinics that were designed
7 specifically for prevention of the progression of
8 kidney disease.

9 But despite those efforts, the incidence of
10 end-stage renal disease in these communities --
11 I think the national average is about 1 in every
12 795 patients, whereas, in this community it's 1 in
13 every 443 patients. So it disproportionately affects
14 the African-American and Hispanic communities.

15 MS. RANALLI: And, Justice Greiman, also
16 to your point on need, it's not just Fresenius that has
17 noted a need in this area in part because its four area
18 clinics are well above target utilization, and that's
19 supported by Dr. Crawford's practice, but the State also
20 has determined a need of 120-plus stations in HSA 6.

21 So what I believe Ms. Gurchiek was trying to
22 say is, in addressing that need while also being
23 sensitive to the maldistribution issue that exists, we
24 really have been trying to focus on areas where we see

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

78

1 a very high prevalence of ESRD, as Dr. Crawford
2 explained and, also, on top of that some economic
3 barriers to access, again, 21 percent Medicaid,
4 10 percent undocumented, difficulty in transportation
5 changing outside of communities due to economic
6 hardship, and then the continuity of care issues he
7 mentioned, which make it very difficult for a patient
8 to navigate outside of their community and go to
9 another doctor. Dr. Crawford's practice can only go
10 to so many clinics and follow their patients.

11 DR. CRAWFORD: I will say that some of
12 the patients we accept, other clinics have declined,
13 their undocumented status, and we're accepting all
14 regardless of their ability to pay.

15 MEMBER GREIMAN: I note that in fairness
16 to you, the four closest units that you people own all
17 have complete -- have met the complete occupancy
18 standards and have 90, 85, 98 percent, where the others
19 apparently have in the 60s. So within 8 minutes or
20 10 minutes you have full occupancy. So I guess that's
21 the reason for it. Okay.

22 CHAIRPERSON OLSON: Richard.

23 MEMBER SEWELL: I need you to help me
24 with what my argument should be for either ignoring or

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

79

1 limiting the importance of this utilization issue.

2 We may need in terms of capacity
3 126 additional stations, but we seem to be doing quite
4 well in terms of availability based on the occupancy
5 statistics. And some of these things you've said
6 about your service, are they unique to your service
7 and not present in the others?

8 DR. CRAWFORD: Not all nephrologists do
9 what we call CKD, chronic kidney disease care.
10 Sometimes -- I mean, I've given talks around, and some
11 of the primary care doctors come up to me after some
12 of those talks and say, "I've sent the patient to a
13 kidney doctor, and he said 'Tell them to come see me
14 when they need dialysis.'" We like to see them long
15 before that to try to prevent the progression of kidney
16 disease.

17 When your blood pressure is uncontrolled, the
18 diabetes is controlled, the kidney disease progresses
19 much more rapidly. As a matter of fact, if you can
20 tightly control the blood pressure, the cholesterol
21 levels, control the diabetes, many times you'll see
22 their kidney function stabilize. Maybe not at a perfect
23 level, but maybe if it's only working 20 percent, and
24 that keeps you off of dialysis and keeps you from

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

81

1 MEMBER DEMUZIO: No, due to unnecessary
2 duplication of services.

3 MR. ROATE: Justice Greiman.

4 MEMBER GREIMAN: I have from time to time
5 expressed my concern that two companies have 80 -- about
6 85 percent of the renal units in the state of Illinois.
7 That disturbs me. But on this particular one I think
8 you are asking for a new unit in a place where there
9 are very -- where everybody has met the standards,
10 and, therefore, they really do need a new facility and
11 I'll vote yes.

12 MR. ROATE: Thank you, sir.

13 Mr. Galassie.

14 MEMBER GALASSIE: Yes, based upon local
15 community need.

16 MR. ROATE: Thank you, sir.

17 Mr. Hayes.

18 MEMBER HAYES: Yes, based on the clinics
19 that are closest to them and their utilization rate.

20 I also am impressed by that -- you know, with the
21 specialized problems of occupancies basically running
22 the amount of shifts in the city of Chicago, so I'm
23 impressed by that, of the 53 facilities, that when the
24 four were eliminated, that their occupancy was at

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

1 74.34 percent. So based on that close to our State
2 standard of 80 percent I vote yes.

3 MR. ROATE: Thank you.

4 Mr. Sewell.

5 MEMBER SEWELL: I vote no. I don't
6 think a compelling argument was made as to ignoring
7 the unnecessary duplication of services.

8 MR. ROATE: Thank you.

9 Madam Chair.

10 CHAIRPERSON OLSON: I vote yes, based on
11 the fact that I do believe it will provide improved
12 access to health care in this underserved area.

13 MR. ROATE: Thank you. That's four votes
14 in the affirmative, two votes in the negative.

15 MR. URSO: So you'll receive an intent
16 to deny and have an opportunity to come before the
17 Board and submit additional information if so you
18 desire.

19 MS. RANALLI: Thank you.

20 - - -

21

22

23

24

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

83

1 CHAIRPERSON OLSON: Next, we have 14-033,
2 Hauser-Ross Eye Institute Surgery Center to establish
3 a limited specialty ASTC in Sycamore, Illinois.

4 May I have a motion to approve Project
5 14-033, Hauser-Ross Eye Institute Surgery Center to
6 establish a limited specialty ASTC in Sycamore.

7 MEMBER HAYES: So moved.

8 MEMBER SEWELL: Second.

9 CHAIRPERSON OLSON: Would you please be
10 sworn in.

11 (Two witnesses duly sworn.)

12 DR. ABDELSALAM: My name is Dr. Ahmed
13 Abdel salam; A-h-m-e-d A-b-d-e-l-s-a-l-a-m.

14 MS. RANALLI: Clare Ranalli,
15 R-a-n-a-l-l-i.

16 CHAIRPERSON OLSON: Mike, State Board
17 staff report.

18 MR. CONSTANTINO: Thank you,
19 Madam Chairwoman.

20 The Applicant is proposing to establish a
21 limited-specialty ASTC in Sycamore, Illinois. The
22 total estimated cost of the project is approximately
23 \$9.2 million. The anticipated completion date is
24 March 31st, 2016. There was no -- there was

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

84

1 opposition to this project. There was no public
2 hearing requested.

3 Thank you, Madam Chairwoman.

4 CHAIRPERSON OLSON: Comments.

5 MS. RANALLI: I don't believe there was
6 opposition. Did Mr. Constantino say there was
7 opposition?

8 CHAIRPERSON OLSON: Well, I don't know.
9 I guess the comment earlier from Mr. Axel was they
10 were opposed unless there was a condition put on the
11 permit.

12 MS. RANALLI: Oh.

13 MEMBER GALASSIE: I think technically,
14 though -- I'd like to ask Mike, there was no formal
15 opposition?

16 MR. CONSTANTINO: No, other than what
17 was provided here today.

18 MEMBER GALASSIE: Correct. Up until
19 this morning's public hearing, there had been no
20 opposition?

21 MR. CONSTANTINO: Yes. That's correct.

22 CHAIRPERSON OLSON: Thank you.

23 Comments.

24 DR. ABDELSALAM. Good afternoon --

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

85

1 actually, good morning. My name is Dr. Abdel salam,
2 and with me is my counsel, Ms. Ranalli. I would like
3 to thank all of you and your staff for giving us an
4 opportunity to present this project to you. Thank you.

5 In 2013 I bought the Hauser-Ross Eye
6 Institute, a 35-year-old specialty eye surgery
7 practice with approximately 100,000 patient records,
8 30,000 yearly visits, and 3500 yearly eye surgery cases
9 from KishHealth System. I have invested in restoring
10 and building it up since then. It is now a thriving
11 practice and a regional center of excellence again. I
12 recently recruited four eye surgeons that are already
13 in the practice and am in the process of hiring a
14 fifth subspecialty eye surgeon. I also have an active
15 practice in the Chicagoland area.

16 As the situation evolved, there is limited
17 surgical time at Midland, and some of the major
18 specialties like orthopedics get priority in scheduling.
19 This is important due to the fact that these procedures
20 generally take longer time than eye surgery and, also,
21 since Midland was founded originally and primarily as
22 an orthopedic ASC. It also became clear that while
23 Hauser-Ross Eye Institute was growing, Kish and other
24 surgery practices were also growing and successfully

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

1 recruiting new surgeons to the area.

2 This is all positive for the community, but
3 after being unable to do many cases over the past
4 12 months -- by last count approximately 400 to
5 500 cases -- we clearly foresee that it will lead to
6 even more difficulty scheduling our patients for eye
7 surgery services, and Ki shHealth Care System agrees
8 with us.

9 In addition, which is a very important point
10 to make, I have to refer a significant number of
11 emergency patients from the DeKalb/Sycamore area to
12 our Chicago practice to obtain certain subspecialty
13 and emergency eye surgical services. Over the past
14 12 months when we were preparing our CON we referred
15 over 100 such patients. I believe the exact number
16 is 157.

17 Most of these patients are under duress, in
18 an emergency situation, and they have to travel more
19 than 60 to 90 minutes. In particular comes to mind
20 the winter that we had this year. Some had to travel
21 in the middle of winter in very treacherous driving
22 conditions to get subspecialty surgical services that
23 we are providing in Chicago that I am willing to provide
24 in the community, including advanced laser and retinal

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

1 subspecialty surgery.

2 These services are not currently available
3 because neither Kish nor Midland have the equipment
4 that is necessary to provide or perform them. They do
5 not want to make the substantial investment in equipment
6 because eye surgery is not a primary service line for
7 either one of them, and I certainly understand and
8 respect that.

9 Eye surgery is not another line of service for
10 us, though. Eye surgery is our only focus. We are
11 willing to make the investment in the necessary
12 equipment to have all eye surgical subspecialties
13 available to the community in the community.

14 We're making this investment so patients at
15 Hauser-Ross Eye Institute practice in the DeKalb/
16 Sycamore area will not have to travel. I see the
17 financial and time hardships that that imposes on the
18 patients, and there are multiple letters that were
19 submitted to your respectful body for your consideration
20 from those patients telling you what they had to go
21 through to get to do their surgeries.

22 It costs -- it has a huge burden on the time
23 and the financial resources that they and their families
24 have, and with the baby boomer wave growing stronger, I

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

88

1 realistically think that this demand is only going
2 to grow.

3 Eye surgery is needed mostly by patients who
4 are 55 years and older and much more by patients
5 65 years and older. And I have attached in the body
6 of the application support from authoritative and
7 respectful bodies, particularly the American Academy
8 of Surgeons, about the anticipated cost in surgery by
9 subspecialty in the next 10 to 15 years.

10 This is one of the fastest growing
11 subspecialties whose demand is increasing by 47 percent.
12 We're going to have 47 percent more cases than we do now
13 in the next 10 to 15 years. The Hauser-Ross proposed
14 service center will be the only option for patients
15 needing such specialized surgery in our service area.

16 In summary, by asking you to kindly allow us
17 to bring back Hauser-Ross Surgery Center, I am doing
18 what I think is best for my patients, for the community,
19 and for our Hauser-Ross practice. I work closely and
20 collaboratively with all the other stakeholders in the
21 community, including KishHealth System and Midland ASC.
22 I have support from both of them.

23 KishHealth Systems owns both facilities at
24 area hospitals and 73 percent majority interest in

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

1 Midland, and they have provided two strong letters of
2 support on behalf of the project, one as a health care
3 system, and one as a majority owner of Midland ASC,
4 and I'm grateful that we were able to work with them
5 to reach this point which Kish thinks is best for the
6 patients and the community.

7 In addition, the statement on behalf of
8 Steven Glasgow, the president of Midland, also
9 strongly supports the project, noting that it will add
10 services to the area that are not currently performed
11 by Midland ASC or KishHealth System that the community
12 needs, again, noting that we have worked collaboratively
13 to not duplicate services, provide unnecessary services
14 that are not needed in the area or that are already
15 existing in a financially responsible manner that meets
16 the needs of the patients, the community, and allows
17 all of us collectively to allocate the resources of
18 the community in a workable way.

19 Consistent with the request we made in our
20 application, we will only do ENT cases related to eye
21 cases, and we ask only for and will accept privileges
22 limited to ENT cases related to eye or that need to be
23 done as complementary to eye surgery.

24 The project has met all but two of your

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

90

1 16 review criteria. I believe the two that they did not
2 meet is both E and F, impact on other facilities, and
3 I would like to turn to my counsel, Ms. Clare Ranalli,
4 to address this due to the technical nature of the
5 issues.

6 CHAIRPERSON OLSON: Thank you, Doctor.

7 MS. RANALLI: Thank you. Just very
8 briefly on this point, again, we meet all of the
9 criterion but for some OR capacity in the area.

10 None of the hospitals or ambulatory surgery
11 centers in the area stated that there would be any
12 negative impact. Midland initially expressed concern,
13 but as you heard from them today, they said they
14 enthusiastically support the facility as long as the
15 representations in the application concerning ENT are,
16 in fact, reinforced here today through the issuance of
17 a condition on the permit or whatever means is deemed
18 appropriate.

19 We also note that of the many ASCs, only
20 seven do eye procedures. None provide retinal
21 procedures. That simply does not exist in the
22 community, so this will provide a service that is not
23 otherwise offered at any of these area ORs.

24 In addition to that, of the seven, only

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

1 three take Medicaid. Dr. Abdelsalam has never turned
2 down a Medicaid patient in his practice or for any
3 surgical service whatsoever, including the advanced
4 retinal procedures that he performs. And the area
5 hospitals, while there are a number of them, most of
6 them don't do eyes, and you jump from Kish, which is
7 one minute away and supports the project, to Rochelle
8 Community, which is 30 minutes away, but none of the
9 hospitals indicated this would have any impact on them.

10 So this is a great service for the community,
11 and I also think that it's great there was
12 collaboration among the hospital and even the doctors
13 on this one. So that's all good.

14 DR. ABDELSALAM: I would like to add that
15 all of the 15 centers that are listed to have excess
16 capacities do not do any eye cases. Only seven do eye
17 cases; none of them do what we're proposing to do;
18 only three accept Medicaid.

19 So if you have a retinal detachment and are
20 in Sycamore or DeKalb, your options are to go to
21 University of Wisconsin in Madison, Iowa Medical Center,
22 Springfield, or the outskirts of Chicago. This is a
23 fact. I would also like to add that the closest of
24 those seven to us is 45 minutes in good driving

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

92

1 conditions.

2 In closing, I also want to reaffirm my
3 commitment to taking all patients regardless of pay.
4 I've never turned down a Medicaid patient or self-pay
5 patient for my practice for 14 years and will continue
6 to do that in this practice.

7 Thank you very much. I'm happy to answer
8 any questions you have.

9 CHAIRPERSON OLSON: Senator and then
10 Mr. Sewell.

11 MEMBER DEMUZIO: Just a quick question.
12 You mentioned the retina. Do you do cornea
13 transplants?

14 DR. ABDELSALAM: Yes. Hauser-Ross Eye
15 Institute is a multispecialty eye practice. We do
16 anything from screening exams for kids going into
17 nursery school all the way to the most complicated and
18 advanced eye surgery that you'd get anywhere in the
19 state of Illinois.

20 MEMBER DEMUZIO: Thank you.

21 CHAIRPERSON OLSON: Richard.

22 MEMBER SEWELL: We heard this morning
23 positive testimony about the Medicaid issue. The
24 three that do eye-related work that do take Medicaid,

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

93

1 do they have the same policy of no restrictions on that,
2 or do they somehow limit their panel of Medicaid
3 patients, the three that do take Medicaid? Or do
4 you know?

5 DR. ABDELSALAM: I would not know the
6 answer to the question.

7 MS. RANALLI: Many physicians -- as I
8 think you are aware, some practices will limit the
9 number of Medicaid. We have no way of knowing that.
10 The gentleman who did the poll may, but, unfortunately,
11 we don't have that specific information so we don't
12 want to say.

13 MEMBER SEWELL: What about distance?
14 You mentioned one aspect of distance, but limit that
15 to the ones that take Medicaid. Are they close by,
16 far away?

17 DR. ABDELSALAM: None is closer than
18 an hour.

19 MS. RANALLI: Exactly. 30 minutes plus.

20 DR. ABDELSALAM: In good driving
21 conditions without snow.

22 CHAIRPERSON OLSON: When it's not blowing
23 on Highway 38. I've been there.

24 Mr. Galassie.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

94

1 MEMBER GALASSIE: Thank you, Madam Chair.
2 I'm inclined to vote yes for your project
3 based on reasons I'll explain --

4 DR. ABDELSALAM: Thank you.

5 MEMBER GALASSIE: -- when we vote.

6 DR. ABDELSALAM: Thank you again.

7 MEMBER GALASSIE: I feel like I'm asking
8 Member Hayes' question, but in regard to the financial
9 and economic feasibility, you chose not to submit an
10 audited financial statement?

11 DR. ABDELSALAM: My understanding of the
12 Board's rules is when you have leases, they need to be
13 submitted as debt. And I'm not sure what the
14 technicalities of that are, but I think that that
15 financial part was done in compliance with what the
16 Board's rules say to apply the funds as.

17 MEMBER GALASSIE: Thank you. So what
18 you're suggesting is the rental income for the facility
19 will eventually offset the cost over a 15-year
20 amortization?

21 DR. ABDELSALAM: That is correct.

22 MEMBER GALASSIE: Thank you.

23 DR. ABDELSALAM: Thank you.

24 CHAIRPERSON OLSON: Other questions or

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

95

1 comments.

2 MEMBER HAYES: Madam Chair, there is a
3 statement here -- and I'm a little confused -- that
4 otolaryngological services --

5 DR. ABDELSALAM: Otolaryngology is ENT,
6 same thing we're asking for limited privileges for.

7 MEMBER HAYES: Okay. But these are --
8 is that -- basically, you're doing this complementary?

9 DR. ABDELSALAM: Correct. The eye is
10 housed -- if I may just take 30 seconds -- the eye is
11 housed in a bony structure that is surrounded by the
12 nose and the auxiliary sinus. We have sometimes
13 infections or tumors that start in the nose and go to
14 the eye or vice versa, and they require to be done by
15 an eye surgeon and an ENT surgeon. One that comes to
16 mind had to go to the Mayo Clinic at a lot of hardship
17 for the patient and family, and the insurance was not
18 actually accepted there.

19 We can actually do that in our facility.
20 Those are not done at Midland, and we are going to try
21 to do our best to have the ENT surgeons in the community
22 do it with our plastic surgeon and orbital surgeon.

23 We essentially want to have a 360-degree
24 care facility from the time you need eyeglasses as a

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

96

1 kid to the most advanced eye surgery. Hauser-Ross,
2 additionally, for 30 years has been a regional center
3 of excellence, and under our stewardship we're hoping
4 to be able to maintain that for the next century.

5 MEMBER HAYES: Will this -- are you able
6 to do this as part of just the limited-specialty ASTC?

7 Is that part our rules? Mike, do you have
8 any comments on that?

9 MR. CONSTANTINO: Yes. A limited
10 specialty is two surgical specialties. Anything over
11 two becomes a multispecialty.

12 MEMBER HAYES: Okay. So this is no
13 problem what he's proposing to do there?

14 MR. CONSTANTINO: It's my understanding
15 that he's proposing to do ophthalmology.

16 MEMBER HAYES: Yes, one, obviously.

17 MR. CONSTANTINO: And then if he was --
18 I can't pronounce the term -- otolaryngology would be
19 another surgical specialty that would fall under a
20 limited specialty, yes.

21 MEMBER HAYES: Okay. Thank you.

22 DR. ABDELSALAM: We're mostly interested
23 in the nose part. The ear is far away from what we
24 do. We are interested in the parts that are close to

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

97

1 what we do in the eyes.

2 MEMBER HAYES: So you're talking about
3 the nose?

4 DR. ABDELSALAM: Yes. If it's related
5 to the eye, we'd like to be able to do it.

6 MEMBER DEMUZIO: Sinus cavity?

7 DR. ABDELSALAM: Exactly, sinuses, tear
8 ducts going into the nose.

9 MEMBER HAYES: Thank you.

10 DR. ABDELSALAM: Thank you, sir.

11 CHAIRPERSON OLSON: Other questions or
12 comments from the Board.

13 (No response.)

14 CHAIRPERSON OLSON: Seeing none, I'll
15 call for a roll call vote.

16 MR. CONSTANTINO: Madam Chairwoman, I'd
17 just like to make one statement.

18 If this gentleman is performing ophthalmology
19 and otolaryngology surgical -- I guess that's how you
20 pronounce that -- then he'd have to be approved for
21 those two surgical specialties at this Board meeting.
22 Just because he says he's limited to the nose, he
23 still would have to be approved for that specialty.

24 CHAIRPERSON OLSON: Because ENT is ear,

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

98

1 nose, and throat, but that's one specialty is what
2 you're saying?

3 MR. CONSTANTINO: Right. And then the
4 ophthalmology is the second specialty. It's still
5 under limited specialty. So the permit letter will
6 show those two specialties.

7 CHAIRPERSON OLSON: Correct. Does
8 everybody understand?

9 DR. ABDELSALAM: Thank you.

10 CHAIRPERSON OLSON: Roll call vote.

11 MR. ROATE: Thank you. Motion made by
12 Mr. Hayes; seconded by Mr. Sewell.

13 Senator Demuzio.

14 MEMBER DEMUZIO: Yes. I'm going to kind
15 of step out of the box even though there were some
16 findings and go ahead, and due to the fact that there's
17 only seven hospitals in the area that will be
18 participating in this, I vote yes.

19 MR. ROATE: Thank you.

20 Justice Greiman.

21 MEMBER GREIMAN: Vote yes for the
22 reasons expressed.

23 MR. ROATE: Thank you.

24 Mr. Galassie.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

99

1 MEMBER GALASSIE: I vote yes, based on
2 their commitment to not turn anyone away for inability
3 to pay and the fact that it's bringing new service to
4 that community, and there was no opposition prior to
5 this morning's meeting.

6 MR. ROATE: Thank you.

7 Mr. Hayes.

8 MEMBER HAYES: I'm going to vote yes
9 based on there was no opposition to this project prior
10 to today, and I feel that this will bring needed
11 services to this area. So I'm going to vote yes.

12 MR. ROATE: Thank you, sir.

13 Mr. Sewell.

14 MEMBER SEWELL: I vote yes. I think that
15 our staff report in terms of impact on other facilities
16 in the establishment of a new facility is sort of
17 mitigated by the Medicaid situation and the nature of
18 the practice being limited to eye care. So I vote yes.

19 MR. ROATE: Thank you, sir.

20 Madam Chair.

21 CHAIRPERSON OLSON: I vote yes, as well,
22 and I do applaud your Medicaid commitment. I know from
23 living in the area that you have a great reputation,
24 so it's great to see you expanding.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HAUSER-ROSS EYE INSTITUTE**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

DR. ABDELSALAM: Thank you very much.
On behalf of my patients, I'd like to thank you
profusely. Thank you very much.

MR. ROATE: Six votes in the affirmative.

CHAIRPERSON OLSON: The motion passes.
Good Luck.

MEMBER GALASSIE: Congratulations.

- - -

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

101

1 CHAIRPERSON OLSON: Next, we have
2 Project 14-034, Hinsdale Surgical Center in Hinsdale.

3 With the Applicants moving to the table, may
4 I have a motion to approve Project 14-034, Hinsdale
5 Surgical Center to relocate an existing multi specialty
6 ASTC in Hinsdale. May I have a motion.

7 MEMBER DEMUZIO: Motion.

8 MEMBER GALASSIE: Second.

9 CHAIRPERSON OLSON: Will the Applicants
10 be sworn in and state your names.

11 (Three witnesses duly sworn.)

12 MS. FRIEDMAN: I'm Kara Friedman;
13 K-a-r-a F-r-i-e-d-m-a-n.

14 MR. DE VRIES: My name is Henry DeVries,
15 D-e, capital V-r-i-e-s.

16 MR. GARRISON: William Garrison,
17 G-a-r-r-i-s-o-n.

18 CHAIRPERSON OLSON: The State Board
19 staff report, Mike.

20 MR. CONSTANTINO: Thank you,
21 Madam Chairwoman.

22 The Applicant is proposing to discontinue an
23 existing ASTC in Hinsdale, Illinois, and establish a
24 multi specialty ASTC in Hinsdale approximately a quarter

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

102

1 of a mile away. The total estimated cost of the project
2 is approximately \$9.5 million. The anticipated project
3 completion date is June 30th, 2016.

4 Thank you, Madam Chairwoman.

5 CHAIRPERSON OLSON: Thank you, Mike.

6 Comments for the Board?

7 MR. DE VRIES: I have a brief statement
8 I'd like to make.

9 Good morning and I'd like to thank you
10 again, particularly the staff for their assistance in
11 putting this project together. I'm Henry DeVries and
12 I'm the administrator of the Hinsdale Surgery Center,
13 which is a licensed joint-commissioned accredited
14 surgery center which was formed as a collaboration
15 between the Adventist Hinsdale Hospital, local
16 surgeons, and United Surgical Partners. With me today
17 is Bill Garrison, who is regional vice president for
18 USPI, and our legal counsel, Kara Friedman.

19 While I've been managing the center for just
20 about three years, this surgery center has operated in
21 leased space in its current location for nearly
22 20 years. During the time I've been overseeing
23 operations, I have had to deal with a number of building
24 deficiencies, which are described fully in the Board

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

1 staff report and in our application.

2 Ultimately, because this is rented space, we
3 are at a juncture where we need to make significant
4 capital investments to address these deficiencies.

5 Nothing we can do within the current leased space would
6 change two important facts.

7 Number one, we're on the fourth floor of
8 that structure, which really creates some difficulties
9 for us. More importantly, however, our current building
10 is constructed in a floodplain.

11 As we've noted in our application, the new
12 site we are proposing, which is about a quarter of a
13 mile away, is not in a floodplain. We are at a point
14 in our lease where we have a one-time opportunity to
15 relocate, and we are choosing to take advantage of
16 that opportunity.

17 We are happy we found a nearby option that
18 will allow us to avoid the periodic flooding which
19 occurs from the Salt Creek which causes these
20 interruptions combined with the aging structure in the
21 building we're currently in.

22 The other opportunity which the new site
23 presents is that it will provide us with a first-floor
24 location, eliminating the need to transport patients

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

104

1 from the ground floor up to the first floor. There's
2 really only one elevator that actually accommodates
3 stretcher patients in our current facility.

4 In conjunction with updating our facility
5 we'll modify our floor plan at the new location to
6 incorporate best practices in infection control and
7 patient throughput that have been developed over the
8 last two decades and which have been thoroughly
9 researched and developed by USPI.

10 Orchestrated workflow and a well-designed
11 sterile corridor is the key to minimizing the risk of
12 contamination to the surgical field, which must be the
13 cleanest of the patient care environments to ensure
14 the best outcome. The ability to modify our floor
15 plan is another added benefit of our move.

16 I've tried to keep my remarks short and to
17 the point, as you have had this information. We'd be
18 happy to answer any questions that you have.

19 CHAIRPERSON OLSON: Questions from the
20 Board.

21 MEMBER GALASSIE: I think I have a
22 question for staff.

23 CHAIRPERSON OLSON: Okay.

24 MEMBER GALASSIE: The summary of findings,

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

105

1 two areas where it does not appear to be in conformance,
2 can you just share a little bit on that, please?

3 MR. CONSTANTINO: Yes. The first one is
4 the impact on other facilities.

5 There are 66 hospitals and 75 ASTCs within
6 this 45-minute area. If you look at the -- of the
7 66 hospitals, 43 are not operating at 80 percent -- or
8 surgery rooms. Of the 75 ASTCs, 55 are not operating
9 at that 80 percent target occupancy.

10 Essentially it's the same finding for both.
11 However, this is just a move, a relocation of about a
12 quarter of a mile.

13 MEMBER GALASSIE: And you had
14 articulated that on page 3. I'm sorry I missed it.

15 Thank you.

16 CHAIRPERSON OLSON: Other questions or
17 comments.

18 MEMBER HAYES: Madam Chair, in the
19 financial and economic feasibility, it mentions here
20 that you do have I think a commitment letter from the
21 Bank of America.

22 MR. DE VRIES: Correct.

23 MEMBER HAYES: But, basically -- but you
24 did not supply audited financial statements?

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

106

1 MS. FRIEDMAN: We supplied financial
2 statements.

3 MR. DE VRIES: The facility does not do
4 audited financial statements. They are audited at the
5 level of USPI, who is the managing partner of this
6 facility. Individual audits are not performed.

7 MEMBER HAYES: So USPI is your parent;
8 is that correct?

9 MS. FRIEDMAN: It's the management
10 company.

11 MEMBER HAYES: Okay. And do you -- so
12 you didn't provide even unaudited financial statements;
13 is that correct?

14 MS. FRIEDMAN: No. We did provide
15 unaudited financial statements, three years'
16 historical and then a projected for four months.

17 MEMBER HAYES: Okay. Now, this facility
18 is near the Salt Creek and very near your current
19 facility; is that right?

20 MR. DE VRIES: The new facility, yes.
21 It's about a quarter mile away, but the elevation of
22 the new facility is about 700 feet higher than where
23 our current facility sits.

24 MEMBER HAYES: And how many times over

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

107

1 the last two decades have you had trouble with flooding
2 in the area?

3 MR. DE VRIES: Over the last decade I
4 can't say because I wasn't there at the time.
5 Historically people have told me that at least once a
6 year and more commonly twice a year there have been
7 problems because the Salt Creek has flooded.

8 Because we have an underground parking
9 structure, once the water gets above the Salt Creek
10 level, it just flows directly from the parking lot into
11 the parking structure, which contains a lot of
12 mechanical equipment used to run the facility.

13 Since the time I've been there -- I'm in my
14 third year. The first two years we've had closures in
15 both those years because of flooding.

16 MEMBER HAYES: Now, there is the Hinsdale
17 Hospital Cancer Center that is being built near you;
18 is that correct?

19 MR. DE VRIES: That is correct. The new
20 center is approximately in that same location. It's a
21 little bit farther east than where the proposed center
22 is. It's approximately at the same elevation and about
23 another 1,000 or 2,000 behind, down Salt Creek Drive.

24 MEMBER HAYES: Okay. And is this a new

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

108

1 building you're constructing?

2 MR. DE VRIES: It is not. It's an
3 existing facility that currently has a floor that's
4 completely vacant, and they have approached us about
5 the opportunity to move into that space.

6 MEMBER HAYES: And it's on the first
7 floor; is that correct?

8 MR. DE VRIES: To be technically correct,
9 it's the second floor because the building sits in a
10 berm. So from the south side the front of the building
11 is on -- it actually is technically considered the
12 first floor, but if you go to the back of the building,
13 you have to take an elevator up one floor to get into
14 the facility. The entrance to the facility will be on
15 the front side of the building so that there's no
16 elevator required for patients to transfer.

17 MEMBER HAYES: Okay. Now, really what
18 you're -- you're not really adding any capacity by
19 this project?

20 MR. DE VRIES: We are not.

21 MEMBER HAYES: Is that what you're
22 saying?

23 MR. DE VRIES: We are not.

24 MEMBER HAYES: All right. Thank you.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

109

1 MR. DE VRIES: You're welcome.

2 CHAIRPERSON OLSON: I would just like to
3 confirm, based on your 2012 profile, your Medicaid was
4 .7 percent and your Medicaid has decreased?

5 MR. DE VRIES: I'm sorry?

6 CHAIRPERSON OLSON: .7 percent.

7 MR. DE VRIES: Medicaid patients?

8 CHAIRPERSON OLSON: Yes.

9 MR. DE VRIES: Yes.

10 CHAIRPERSON OLSON: So you essentially
11 don't accept Medicaid?

12 MR. DE VRIES: We do accept Medicaid.
13 Any physician who refers a Medicaid patient, we
14 provide care for those patients.

15 CHAIRPERSON OLSON: So if I'm a physician
16 using your ASTC and I accept Medicaid, I can bring my
17 Medicaid patients to your facility?

18 MR. DE VRIES: Yes, you can. We do not
19 screen any patients for the source of payment. In fact,
20 when patients approach our physicians about care and
21 they don't have the ability to pay, if the physician
22 agrees to do this at no charge, we will agree and
23 anesthesia agrees not to charge the patient. We don't
24 keep records of those transaction, though.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

110

1 CHAIRPERSON OLSON: So this .9 percent
2 revenue in charity care is reflective of that or is
3 not reflective of that?

4 MR. DE VRIES: It's partly reflective
5 of that.

6 CHAIRPERSON OLSON: It's interesting
7 to me that with Medicaid increasing in Illinois that
8 every year since 2011 your Medicaid has gone down
9 significantly. So you're attributing that to your
10 physicians not sending that type of patient to
11 that ASTC?

12 MR. DE VRIES: I think it has a lot do
13 with the mix of patients that are in the individual
14 practices because, as I said, we do not screen at all.

15 CHAIRPERSON OLSON: Thank you.

16 Other questions or comments?

17 (No response.)

18 CHAIRPERSON OLSON: Seeing none, I'll
19 accept a roll call vote.

20 MR. ROATE: Thank you, Madam Chair.

21 Motion made by Senator Demuzio; seconded by
22 Mr. Galassie.

23 Senator Demuzio.

24 MEMBER DEMUZIO: I'm going to go ahead

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

111

1 and vote yes, due to the fact that this is a relocation.
2 Irregardless of the findings of the staff -- I usually
3 follow those but since this is a relocation and
4 basically nothing is going to be changing except for
5 the fact that you're going to be going a quarter of a
6 mile down the road and hopefully stay dry.

7 MR. ROATE: Justice Greiman.

8 MEMBER GREIMAN: I'm going to vote yes,
9 also. I believe it's basically just a changing of
10 your location, and it did also give you an opportunity
11 to look at your process and how you're working. So
12 I'll vote yes.

13 MR. ROATE: Mr. Galassie.

14 MEMBER GALASSIE: Yes, for reasons
15 stated.

16 MR. ROATE: Mr. Hayes.

17 MEMBER HAYES: Yes, for reasons stated.

18 MR. ROATE: Mr. Sewell.

19 MEMBER SEWELL: I vote no because of the
20 State agency report and the current ratio projections
21 in the financial viability section.

22 MR. ROATE: Madam Chair.

23 CHAIRPERSON OLSON: I'm going to vote
24 yes, because it's a relocation, but I do that with

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
HINSDALE SURGICAL CENTER**

112

1 some trepidation because I do believe that the charity
2 care and Medicaid could be much better, but I accept
3 your explanation for that.

4 MR. ROATE: That's five votes in the
5 affirmative, one vote in negative.

6 CHAIRPERSON OLSON: Motion passes.

7 MR. DE VRIES: Thank you very much. We
8 appreciate your consideration.

9 CHAIRPERSON OLSON: Applicants
10 subsequent to intent to deny, there are none.

11 Before we move into the -- go ahead.

12 MEMBER GALASSIE: Can I just double-check
13 that last vote?

14 MR. ROATE: Sure.

15 MEMBER GALASSIE: Did you say there were
16 five affirmative?

17 CHAIRPERSON OLSON: Yes.

18 MR. ROATE: We had a positive vote from
19 Senator Demuzio, a positive vote from Justice Greiman,
20 a positive vote from you, sir, a positive vote from
21 Mr. Hayes, a negative vote from Mr. Sewell, and a
22 positive vote from Madam Chairwoman Olson.

23 MEMBER GALASSIE: Thank you. Thank you,
24 Madam Chair.

REPORT OF PROCEEDINGS -- 10/07/2014
APPLICATIONS SUBSEQUENT TO INTENT TO DENY

113

1 CHAIRPERSON OLSON: There are no
2 applications subsequent to intent to deny.

3 Before everyone leaves the room, we are
4 really looking forward to entertaining you in Rochelle
5 next month, and there are a couple things I want you
6 to know. We will be posting information on the
7 website about coming out. I know that's a new venue,
8 and I want people to have information.

9 One thing that I would like to mention is I
10 did just find out yesterday that as luck would have
11 it, NIU has a football game that Monday night. So I
12 encourage you to make your hotel reservations early.
13 It could impact hotels certainly in DeKalb and possibly
14 Rochelle, as well. I am told that even though the
15 team is staying at the Holiday Inn that it will be
16 quiet; they have a curfew.

17 Also, Courtney and I met with The Flight Deck
18 restaurant yesterday, and they have agreed to serve a
19 limited breakfast since we'll be in that area early
20 that morning. So they're doing that for us, and so I
21 would encourage you to take advantage of that. Also,
22 they suggest dinner reservations if you're eating at
23 The Flight Deck, and there will be a lunch buffet
24 offered. There will be a listing of other restaurants

REPORT OF PROCEEDINGS -- 10/07/2014
RULES DEVELOPMENT

115

1 CHAIRPERSON OLSON: Other business,
2 there's none.

3 Rules development. Claire.

4 MS. BURMAN: I don't think this will
5 take very long unless there are questions.

6 There were a number of minor changes to
7 1130 of procedural rules, and some of them were for
8 clarification or cleanup of some of the terms and
9 language.

10 One of the changes that you'll notice is
11 that the term "obligation" has been replaced with
12 "financial commitment" so we're more in tune with the
13 changes in the Act.

14 There are a number of subsections that were
15 struck through because they duplicate language that's
16 already in 1130. "Fees," adding reference to fees is
17 not necessary because we have that now.

18 Let's see. There were three sections that
19 were repealed concerning exemptions. One was the
20 requirement for exemptions for the establishment or
21 expansion of ICU. This was -- this was pending to be
22 repealed because it eliminates a duplicative process.
23 We already provide for this kind of change in the CON
24 process, and it really provides a better, more thorough

**REPORT OF PROCEEDINGS -- 10/07/2014
RULES DEVELOPMENT**

116

1 inclusion.

2 The same is true for requirements for
3 exemption involving reticulation and requirements for
4 exemption for the addition of dialysis stations. So
5 those three are proposed to be repealed.

6 And the rest is basically a cleanup. I'm
7 happy to answer any questions you might have.

8 MEMBER GALASSIE: Can you amplify on
9 that last exemption? The ASTC dialysis, what's the
10 intent of that again?

11 MS. BURMAN: It's requirements for
12 exemption for the addition of dialysis stations.

13 MEMBER GALASSIE: And we would be
14 eliminating that?

15 MS. BURMAN: Eliminating the exemption
16 because they, like beds, can add a certain number of
17 stations every two years. They have that option or
18 they can come in and get a permit if they need more
19 than that.

20 MEMBER GALASSIE: Thank you.

21 CHAIRPERSON OLSON: Other questions for
22 Claire?

23 (No response.)

24 CHAIRPERSON OLSON: Seeing none, may I

**REPORT OF PROCEEDINGS -- 10/07/2014
RULES DEVELOPMENT**

117

1 have a motion to approve these substantive changes --

2 MEMBER GALASSIE: So moved.

3 CHAIRPERSON OLSON: -- to the

4 Administration Code 1130?

5 MEMBER SEWELL: Second.

6 CHAIRPERSON OLSON: All those in

7 favor say aye.

8 (Ayes heard.)

9 CHAIRPERSON OLSON: Opposed, I like sign.

10 (No response.)

11 CHAIRPERSON OLSON: Seeing no

12 opposition, the motion passes and the changes are

13 approved.

14 MS. BURMAN: Thank you.

15 - - -

16

17

18

19

20

21

22

23

24

REPORT OF PROCEEDINGS -- 10/07/2014
UNFINISHED BUSINESS

118

1 CHAIRPERSON OLSON: Unfinished business,
2 there's none.

3 MEMBER GALASSIE: Can I just ask a quick
4 question?

5 CHAIRPERSON OLSON: Sure.

6 MEMBER GALASSIE: I'm not sure if I'm
7 asking Courtney or Clair, so I'll just say staff. As
8 a Board representative on the long-term care
9 committee, where are we at there -- I don't want to
10 say where are we at. Do we see a report from the
11 committee coming forward to the Board in the next few
12 months?

13 MS. BURMAN: In the next few months we
14 are hopeful. What has happened, at the last meeting
15 there were a group of four members that volunteered to
16 form a work group to try to pin down the main decisions
17 that need to be made. There's a whole lineup of things
18 they need to make decisions about and were kind of
19 spinning in circles for a while.

20 So they're going to have their second meeting
21 this Thursday. They already had one and the report
22 that I get is they've made some headway and reached
23 some consensus, but they need a little more time.

24 MEMBER GALASSIE: And I would just remind

**REPORT OF PROCEEDINGS -- 10/07/2014
NEW BUSINESS**

119

1 the Board, these folks have been volunteering, both
2 staff and volunteers that were appointed to that
3 committee three years ago or so for -- a lot of work
4 has been put forward on what will be coming in front
5 of the Board in the next few months.

6 CHAIRPERSON OLSON: Thank you, Dale.

7 New business. Everybody's financial report
8 is included in your packet for your review. Are there
9 any questions regarding this report?

10 Mr. Hayes did have some questions on the
11 report that will be addressed after the meeting with
12 IDPH staff.

13 MEMBER HAYES: Yes.

14 CHAIRPERSON OLSON: The 2013 bed
15 inventory, I need a motion to accept that.

16 MEMBER DEMUZIO: Motion.

17 CHAIRPERSON OLSON: And a second, please.

18 MEMBER HAYES: Second.

19 CHAIRPERSON OLSON: Nelson, do you have
20 comments on that?

21 MR. ABGODO: Yes. I just want to
22 mention that we are talking about the ASTC -- oh, that
23 will be next, okay.

24 CHAIRPERSON OLSON: I got you covered.

**REPORT OF PROCEEDINGS -- 10/07/2014
NEW BUSINESS**

120

1 MR. ABGODO: Sorry about that.

2 CHAIRPERSON OLSON: So we have a motion
3 and a second to approve the 2013 bed inventory. May I
4 have a roll call vote, please -- or is that a voice
5 vote? Oh, voice vote, please. All those in favor.

6 (Ayes heard.)

7 CHAIRPERSON OLSON: Opposed, like sign.

8 (No response.)

9 CHAIRPERSON OLSON: I need a motion to
10 accept the 2013 ASTC profile. May have a motion.

11 MEMBER HAYES: So moved.

12 CHAIRPERSON OLSON: And a second.

13 MEMBER GALASSIE: Second.

14 CHAIRPERSON OLSON: All those in favor
15 say aye.

16 (Ayes heard.)

17 CHAIRPERSON OLSON: Opposed, like sign.

18 (No response.)

19 CHAIRPERSON OLSON: The motion passes.

20 In your packet there was a written decision --
21 we requested a written decision on our vote on 13-076,
22 Holy Cross Hospital. I would like a motion to accept
23 that written decision, and we will take a roll call
24 vote on that one, or if there's questions or comments,

**REPORT OF PROCEEDINGS -- 10/07/2014
NEW BUSINESS**

121

1 as well.

2 MEMBER GALASSIE: Motion.

3 CHAIRPERSON OLSON: Second.

4 MEMBER DEMUZIO: Second.

5 MR. ROATE: Motion made by Mr. Galassie;
6 seconded by Senator Demuzio.

7 Senator Demuzio.

8 MEMBER DEMUZIO: Yes.

9 MR. ROATE: Justice Greiman.

10 MEMBER GREIMAN: Yes.

11 MR. ROATE: Mr. Galassie.

12 MEMBER GALASSIE: Yes.

13 MR. ROATE: Mr. Hayes.

14 MEMBER HAYES: Yes.

15 MR. ROATE: Mr. Sewell.

16 MEMBER SEWELL: Yes.

17 MR. ROATE: Chairwoman Olson.

18 CHAIRPERSON OLSON: Yes.

19 The motion passes.

20 We did include in the packet the 2015 meeting
21 locations. We have attempted to kind of narrow our
22 scope a bit. The meetings will take place in
23 Bolingbrook and in Normal -- we're going to call it
24 Normal, not Bloomington so we don't get our B words

**REPORT OF PROCEEDINGS -- 10/07/2014
NEW BUSINESS**

122

1 mixed up -- and potentially, if we like what happens
2 next month, a November meeting in Rochelle, but we are
3 trying to have fewer locations and locations that are
4 easily accessed by everyone in the state.

5 MEMBER GALASSIE: I'd like to compliment
6 Madam Chair. I think it's a healthy recommendation
7 and gives reasonable exposure to the state.

8 CHAIRPERSON OLSON: Thank you.
9 And with that our next meeting is on
10 November 12th, 2014, at Rochelle Airport in Rochelle.
11 May I have a motion to adjourn?

12 MEMBER SEWELL: So moved.

13 MEMBER DEMUZIO: Second.

14 CHAIRPERSON OLSON: All those in favor
15 say aye.

16 (Ayes heard.)

17 CHAIRPERSON OLSON: Meeting is adjourned.

18 PROCEEDINGS CONCLUDED AT 11:37 A.M.

19
20
21
22
23
24

