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# Transcript of Open Session Meeting

**Date:** September 17, 2019
**Case:** State of Illinois Health Facilities and Services Review Board

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DRAFT

1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3
4 OPEN SESSION - MEETING
5
6 Bolingbrook, Illinois 60490
7 Tuesday, September 17, 2019
8 9:28 a.m.
9
10
11 BOARD MEMBERS PRESENT:
12 RICHARD SEWELL, Acting Chairman
13 SENATOR DEANNA DEMUZIO
14 SANDRA MARTELL
15 LINDA RAY MURRAY
16 DEBRA SAVAGE
17 KENT SLATER
18
19
20
21 Job No. 223750
22 Pages: 1 - 353
23 Reported by: Melanie L. Humphrey-Sonntag,
24 CSR, RDR, CRR, CRC, FAPR

1 EX OFFICIO MEMBERS PRESENT:
2 DAN JENKINS, Department of Healthcare and
3 Family Services
4 DULCE QUINTERO, Department of Human Services
5
6 ALSO PRESENT:
7 COURTNEY AVERY, Administrator
8 MICHAEL CONSTANTINO, IDPH Staff
9 ANN GUILD, Compliance Manager
10 GEORGE ROATE, IDPH Staff
11 JUNAID AFEEF, Department of Public Health
12 Attorney
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1 P R O C E E D I N G S
2 CHAIRMAN SEWELL: We're going to call the
3 meeting to order. I apologize for the late start.
4 Could we have a roll call?
5 MR. ROATE: Yes, sir.
6 Senator Deanna Demuzio.
7 MEMBER DEMUZIO: Present.
8 MR. ROATE: Dr. Sandra Martell.
9 MEMBER MARTELL: Present.
10 MR. ROATE: Dr. Linda Ray Murray.
11 MEMBER MURRAY: Present.
12 MR. ROATE: Ms. Debra Savage.
13 MEMBER SAVAGE: Present.
14 MR. ROATE: Mr. Kent Slater.
15 MEMBER SLATER: Present.
16 MR. ROATE: Mr. Richard Sewell.
17 CHAIRMAN SEWELL: Present.
18 MR. ROATE: Six members in attendance.
19 CHAIRMAN SEWELL: Thank you.
20 On behalf of the Board, we'd like to thank
21 Barbara Hemme for her service. She has resigned
22 from the Board, so we thank her for her service.
23 May I have a motion from the Board to
24 table the executive session until the October 22nd

1 meeting.
2 MEMBER DEMUZIO: Motion.
3 MEMBER MURRAY: Second.
4 CHAIRMAN SEWELL: All in favor say aye.
5 (Ayes heard.)
6 CHAIRMAN SEWELL: Okay.
7 May I have a motion to move Item C-03,
8 E-033-19, Anderson Hospital, Maryville, to be
9 heard after Item H-05, 19-026, Anderson
10 Rehabilitation Hospital, Edwardsville.
11 MEMBER DEMUZIO: Motion.
12 CHAIRMAN SEWELL: Is there a second?
13 MEMBER MARTELL: I'll second.
14 CHAIRMAN SEWELL: All in favor?
15 (Ayes heard.)
16 CHAIRMAN SEWELL: Okay. Given that, may
17 I have a motion to approve the September 17th,
18 2019, meeting agenda.
19 MEMBER SAVAGE: So moved.
20 MEMBER DEMUZIO: Second.
21 CHAIRMAN SEWELL: All in favor?
22 (Ayes heard.)
23 CHAIRMAN SEWELL: May I have a motion to
24 approve the August 6th, 2019, meeting transcript.

1 MEMBER MURRAY: So moved.
2 CHAIRMAN SEWELL: Is there a second?
3 MEMBER DEMUZIO: Second.
4 CHAIRMAN SEWELL: All in favor?
5 (Ayes heard.)
6 CHAIRMAN SEWELL: I want to advise all of
7 us present that members of the Board will take
8 approximately 20 minutes to review some handouts
9 before we proceed.
10 So that's why we will be sitting here not
11 saying anything.
12 MS. AVERY: I didn't pass them out. Sorry.
13 (A recess was taken from 9:30 a.m. to
14 9:48 a.m.)
15 CHAIRMAN SEWELL: Okay. We're going to
16 come back to order. I hope that Board members
17 have had a chance to read the handouts.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 public participation.
3 MS. GUILD: All right. We're going to
4 start with MetroSouth, and I'm going to call
5 five people at a time. If you have anything in
6 writing, leave it on the end of the table for the
7 court reporter.
8 And you have two minutes. And I'm sure
9 George will do a very good job timing you. We
10 have a lot of public participation this morning.
11 Okay. Domingo Vargas, Kevin Dulehide --
12 and I apologize about pronunciation -- Laurie
13 Gordon, Guillermo Font, and -- how many do I have?
14 One more.
15 -- and Sean Rupelyen.
16 And you can speak in any order.
17 MAYOR VARGAS: Do you want me to start now?
18 MS. AVERY: Yes.
19 MAYOR VARGAS: Good morning, everyone. My
20 name is Domingo Vargas. I'm the mayor of the City
21 of Blue Island.
22 No one wanted this hospital to close, but
23 we understand that under the rules of this Board
24 that result was inevitable and unavoidable.

1 For that reason we engaged in discussions
2 with Quorum about how best to manage this
3 situation so as to protect the interests of the
4 community and create a win-win from the otherwise
5 unfortunate situation.
6 Quorum proved willing to listen to the
7 concerns of the community, exhibited an openness
8 to identifying solutions. Together with the
9 advice of our certification of need counsel from
10 Benesch, we believe we have a solution that makes
11 a bad situation better.
12 After multiple discussions we have reached
13 an agreement with Quorum wherein, if they receive
14 approval today to discontinue, they agree to
15 pursue the temporary suspension of the facility.
16 This will preserve the license and create a period
17 of time in which the City can continue to pursue
18 identifying another operator to maintain an acute
19 care hospital for this community.
20 If those efforts are unsuccessful, we have
21 also identified a process by which various assets,
22 including the property, can transfer to the City
23 so that it can continue to identify how to improve
24 access to health care for this community. We also

1 ensured that the severance paid -- payments to the
2 employees will be honored.
3 Based upon the good faith that Quorum has
4 shown in our discussions and our belief that we
5 have created the best results for the citizens of
6 Blue Island that the circumstances allowed, we
7 would withdraw any and all objections to the
8 Board's approval of this discontinuation.
9 We will continue to fight for Blue Island
10 and try to make sure our residents have access to
11 health care, that this hospital may cease
12 operating today, but we have positioned
13 Blue Island to continue the fight.
14 Since I am in a room full of health care
15 executives and the media is here, as well, if
16 anyone knows someone looking for a hospital, we
17 are here and ready for discussions.
18 Thank you.
19 DR. GORDON: My name is Dr. Laurie Gordon.
20 I've practiced dentistry in Blue Island
21 for over 31 years. I'm a second-generation health
22 care provider. My father practiced general
23 surgery for 47 years. My brother's an
24 obstetrician practicing here for 35 years. My

1 brother-in-law's an orthopedic surgeon for
2 30 years.
3 My family has a combined 150 years of
4 providing health care in this community, but I'm
5 not here to talk about the sentimental reasons why
6 we should keep this hospital open.
7 I can also talk about this case as a small
8 business owner and the devastating impact this
9 would have on the many businesses along Western
10 Avenue and the community, the people whose
11 livelihoods will be destroyed by the closure of
12 the hospital, not to speak of the 800-plus health
13 care providers whose jobs will be lost. This
14 would have a crippling, devastating effect on the
15 Blue Island economy, but I'm not here to talk
16 about that.
17 I'm here to talk about access to care, the
18 creation of a hospital desert. If this
19 State Board allows this exemption, it will allow
20 this facility to close now. I've worked for over
21 30 years in the health care facility, providing
22 emergency dental care from the hospital's
23 emergency room and within the hospital, whether it
24 be rebuilding dental health for victims of car

1 crashes or violence on the streets.
2 I know firsthand how important it is to
3 have a health care center in this location so
4 emergency care can be treated in a timely fashion
5 when every minute could be the difference between
6 survival or death.
7 By forcing this exemption through, this
8 corporation is limiting the patients' access to
9 care and removing their ability to receive the
10 urgent treatments they require for the very near
11 future.
12 We were originally told that they would
13 keep the health care facility open until the end
14 of the year or until they could help sell the
15 hospital, but recently we were told we have less
16 than a month before the building will be closed.
17 By closing three months prematurely, this
18 corporation is forcing patients to abandon dental
19 care midtreatment with no place to complete this
20 necessary work.
21 Who is going to take responsibility when
22 my 89-year-old patient is unable to complete the
23 necessary treatment to receive dentures that will
24 allow them to eat healthy food or the 90-year-old

1 patient that requires gum treatments that,
2 without, will not be able to keep their diabetes
3 under control? Who will care for the many
4 geriatric patients who walk to their medical and
5 dental appointments because transportation outside
6 of Blue Island --
7 MR. ROATE: Two minutes.
8 DR. GORDON: -- is not a viable option?
9 I'm urging the Health Care Board to do the
10 right thing and not grant this exemption and do
11 proper due diligence before allowing this company
12 to close the hospital.
13 This shouldn't be about --
14 MR. ROATE: Two minutes.
15 DR. GORDON: -- the bottom line.
16 CHAIRMAN SEWELL: Could you end your
17 remarks?
18 DR. GORDON: I believe the Health Board
19 owes it to the people of Illinois and the
20 residents of Blue Island in this underserved area,
21 and I beg them to do the research necessary before
22 making a drastic decision that could negatively
23 impact an entire community.
24 Thank you.

1 DR. DULEHIDE: My name is Dr. Kevin
2 Dulehide. I'm a gastroenterologist on the South
3 Side of Chicago.
4 My dad and my uncle worked at St. Francis
5 when it was St. Francis in the 1950s. I've walked
6 through -- probably like you, Dr. Gordon --
7 through the doctors' parking lot since 1973. I'm
8 sorry to see what's going on. It's unfortunate.
9 State reimbursement is part of the problem
10 for why hospitals like this are closing. It's
11 only 10 cents on the dollar State reimbursement
12 for a public aid patient. I was on the board of
13 trustees of MetroSouth, so I understand what's
14 going on.
15 But I understand there's a credible buyer,
16 but I'm not sure if this is really a credible
17 buyer. I don't want to use his name; I don't want
18 to use, necessarily, the hospital, but it will --
19 I worked for them down in Douglas, Arizona. So
20 I'd fly down to Tucson, drive to Douglas, come
21 back after doing two days of endoscopies, and get
22 paid.
23 I went down the next time and this
24 credible buyer -- who says he's a credible buyer.

1 I'm not sure if that's really true, and I want to
2 be careful from a litigation point of view I don't
3 say anything I can get hurt by. Well, he didn't
4 pay me the second time because he said that he
5 went bankrupt.
6 And I don't have any of this documented,
7 but I sure as heck could tell you my wife
8 remembers that weekend I went down there and came
9 back without a paycheck. She wasn't too happy
10 about that.
11 So as far as being a credible buyer, I'm
12 not sure. And, again, I don't have to pay a legal
13 price because I know the Quorum Corporation's here
14 listening to me up in front here.
15 But I think it's not credible, and then to
16 find out a few years later that he was up for a
17 potential litigation for $21 million in fraudulent
18 billing, potential -- that's why I say "potential"
19 is important. I didn't feel too happy about that,
20 so I don't think somebody like that is credible.
21 Thank you.
22 DR. FONT: Sorry, Kevin.
23 DR. DULEHIDE: That's all right.
24 DR. FONT: My name is Guillermo Font. I'm

1 the director of maternal/fetal medicine at
2 MetroSouth Hospital. I've been the director there
3 for 11 years.
4 I would like to share with you that
5 MetroSouth has a very advanced obstetrical unit
6 which is unique in the area that we practice. Not
7 only do we service Blue Island, but we draw
8 patients from the neighboring communities.
9 Units such as us are basically found at
10 Christ Hospital, at University of Chicago. We
11 have 24-hour anesthesia coverage, 24-hour
12 neonatology coverage, 24-hour obstetrical
13 coverage, and myself, as a high-risk obstetrician,
14 supporting this unit.
15 With the support of Quorum we have been
16 growing this unit. And currently, while other
17 units have been decreasing their numbers, our unit
18 has been increasing numbers. We currently perform
19 approximately about 1400 deliveries. Last month
20 we performed 111 deliveries, even with all the bad
21 press that we're having.
22 We currently have done 46 deliveries, and
23 we have 3 mothers in labor and we have 2 older
24 patients which are high risk. We service about

1 40 percent of high-risk patients in these
2 communities.
3 I don't know if you're aware, but our
4 perineal morbidity and mortality is equivalent to
5 the maternal death that a country such as
6 Afghanistan has, and we're one of the developed
7 countries and leaders in the world, so we're not
8 doing very good work.
9 My concern as a high-risk obstetrician is
10 that, by closing this unit, we're going to leave
11 an area where our mothers and babies are going to
12 be placed at risk. Personally, as a physician and
13 as an individual, I feel that the mothers from the
14 South Side deserve better.
15 Thank you very much.
16 MR. RUPELYEN: Hello. My name is Sean
17 Rupelyen. I'm the deputy chief of staff for
18 external affairs for the Office of the Governor.
19 I'm submitting for the public record a
20 copy of a letter provided by the Governor
21 yesterday by email to the Health Facilities and
22 Review Board, MetroSouth Medical Center, and
23 Quorum Health Corporation. [See attached.]
24 Governor Pritzker asks that the Board

1 permit the submission of this written material so
2 that it may be included in the public record.
3 Thank you very much.
4 MS. GUILD: Thank you.
5 Next group, Representative Bryant,
6 Representative Rita, Anne Siedlinski, Chris Alise,
7 and Ari Scharg.
8 MS. BRYANT: Good morning, members of the
9 Board. I'm Representative Terri Bryant.
10 I represent the secondmost southern legislative
11 district in the state.
12 I am here today, really, just to ask you
13 to keep in mind that often when we have private
14 entities such as Quorum, the government gets in
15 the way of them remaining healthy.
16 In the case of deep southern Illinois,
17 there are four Quorum hospitals that -- should you
18 decide to keep open the hospital in question
19 today, it can strongly affect in a negative way
20 the four Quorum hospitals that are in deep
21 southern Illinois.
22 Often, when we talk about health deserts
23 or medical deserts, we have to keep in mind that
24 in a more rural area there are people who have to

1 sometimes travel 30 miles, 40 miles, 50 miles just
2 to get health care, and so it's very important for
3 the hospitals that we have in rural areas to
4 remain healthy.
5 The dollars that would be going, in this
6 case, to the Blue Island hospital would be dollars
7 that would have to be supplemented from those
8 rural hospitals in deep southern Illinois, where
9 we already have trouble getting nurses, doctors,
10 dental health care, and so much other health care.
11 So I'm here today to ask you to allow the
12 closure of this, although from my heart I truly
13 understand the issues that are being talked about
14 here today and the need for this hospital. But we
15 have four hospitals in the more rural area of
16 Illinois that also have to be considered, so I ask
17 you to give consideration to keeping those
18 hospitals healthy.
19 Thank you for your time.
20 MR. RITA: I'm Bob Rita, State
21 Representative of the 28th District, which
22 represents Blue Island, and I'm also a resident of
23 Blue Island, where MetroSouth Hospital is located.
24 I know you have a lot of -- you're going

1 to hear a lot of testimony. There's been a lot of
2 testimony in terms of the public hearing.
3 One of the things I've been asking for and
4 what I request here from this Board is to give us
5 some time to come up with a reasonable solution to
6 provide the health care to the Southland region --
7 in the south suburbs, on the South Side of
8 Chicago -- to come up with a reasonable solution.
9 I understand that health care has changed
10 and the way health care is provided. As it was
11 stated as an advisory board member, that they were
12 looking at the end of the year for closure, and
13 then they filed it to be in November and then,
14 later, now changed it to September.
15 What we need is some time to put something
16 together, to look at not creating a health desert,
17 to protecting the lives and -- because there's
18 over -- almost over -- almost 50,000 emergency
19 room visits at this facility -- and how is that
20 going to get absorbed into the surrounding
21 hospitals? -- along with the other services that
22 they're providing there.
23 I know there's interested parties that
24 have tried to talk with Quorum, and my request is

1 that we delay this to a future date to give us
2 some time to come up with solutions so it's a
3 win-win for everyone. This will be devastating to
4 not only the city of Blue Island but the
5 surrounding communities that this hospital serves.
6 And so my request is that we delay this,
7 come up with a reasonable solution with a health
8 care provider to provide the necessary health care
9 needs so that we can continue to save lives and to
10 provide the services that are needed in the
11 community.
12 Thank you.
13 MR. SCHARG: Good morning. My name is
14 Ari Scharg. I am a lawyer for the People's Choice
15 Hospital.
16 I'm here with a representative from the
17 hospital, who will speak next, but I'm here to let
18 the Board know that People's Choice yesterday
19 afternoon filed a lawsuit against Quorum alleging
20 fraud and breach of contract, and that stems from
21 facts that Chris will get into in just a second.
22 But People's Choice thought they had a
23 deal to buy this hospital for $20 million, and
24 they stand ready, willing, and able to go through

1 with that purchase.
2 Under 77 Illinois Administrative Code
3 Section 1130.560(b)(2), the Board is required to
4 defer consideration of an application for
5 exemption when the application is the subject of
6 litigation until all the litigation related to the
7 application has been completed.
8 This litigation alleges that Quorum
9 committed fraud through their application and
10 that the application contains fraudulent
11 misrepresentations by stating that they're -- that
12 they've searched far and wide to find a buyer and
13 were unable to find one. They have been
14 negotiating with People's Choice since March.
15 They had a deal for $20 million on July 16th. And
16 as recently as a couple weeks ago, they agreed to
17 move forward to allow People's Choice to review
18 some of the financial records and to move forward
19 with the deal.
20 So it seems like a win-win for everybody.
21 It seems like folks want time to consider
22 alternatives. Well -- and the Board is required
23 to defer consideration.
24 So I'll just leave it with this: There's

1 a hospital closing; 800 jobs are going to be wiped
2 away from Blue Island; a hundred thousand people
3 are going to need to find alternative health care
4 options every year. And there's a rule that says
5 the Board must defer consideration, so it seems
6 like that's what the Board should do.
7 Thank you for your time.
8 MR. ALISE: Good morning. My name is
9 Chris Alise.
10 I'm here representing People's Choice
11 Hospital. I realized time's limited so I'll get
12 straight to the point. This is a prepared
13 statement where we would like to very concisely
14 recap some of the key points in our efforts to
15 acquire the hospital.
16 In March of 2019 we began negotiating with
17 Quorum Health and by July 9th of 2019 agreement
18 was reached on all material terms, including a
19 purchase price of approximately $20 million.
20 The agreement was papered, with drafts
21 going back and forth through the end of July 2019,
22 then on August 1st Quorum unexpectedly demanded a
23 $1 million nonrefundable deposit in order to move
24 forward.

1 Several days later Quorum agreed PCH's
2 team to review financial due diligence documents
3 and provided all the requested financial
4 information. On August 9 PCH advised Quorum that
5 it would pay a $450,000 deposit even though that
6 was a new term that was never previously mentioned
7 in the contract until after PCH agreed to pay
8 Quorum its requested $20 million purchase price.
9 On August 13 PCH's financial partner
10 approved financing for the purchase of MetroSouth,
11 and Quorum was notified accordingly. Nonetheless,
12 Quorum demanded a $750,000 nonrefundable deposit
13 and then halted communication with PCH and its
14 attorneys.
15 We'd like to be very clear about this:
16 People's Choice is very enthusiastic about
17 purchasing MetroSouth and stands ready, willing,
18 and able to do so. PCH asks for the opportunity
19 to save the hospital by deferring consideration of
20 Quorum's application.
21 Thank you.
22 MS. SIEDLINSKI: Good morning. My name is
23 Anne Siedlinski, and I am a longtime employee of
24 the hospital.

1 I was born there at the old St. Francis
2 Hospital, and I represent over 800 employees there
3 and not just those dedicated employees but the
4 people -- the disadvantaged people who live in the
5 neighborhood.
6 I am here to urge you to please save the
7 hospital and -- this hospital is like the heart of
8 Blue Island. I think many people here are very
9 much attached to the hospital, the things that --
10 the health care services we provide for the
11 neighborhoods, not just Blue Island but Calumet
12 Park, also Crestwood. If you ever would talk to
13 any of the ambulance drivers, the people who live
14 there, and the seniors, the people -- without this
15 hospital, I think the whole community will not be
16 able to survive.
17 And I just urge you, please, to keep the
18 hospital open in honor of all the people in the
19 community.
20 Thank you.
21 MR. SIEDLINSKI: My name is John Siedlinski,
22 and I'm the husband of Anne Siedlinski.
23 And there's many advantages to keeping the
24 hospital open, but one of the advantages to

1 closing a hospital -- let me get it straight.
2 It's easy to close a hospital. One advantage is
3 my wife won't have to get up at 3:00 in the
4 morning anymore to drive the 38 miles to the
5 hospital one way, 38 miles back. We live in
6 Naperville. That's a huge impact.
7 Secondly, it's going to have a huge
8 financial impact on those businesses, restaurants,
9 et cetera, that are in Blue Island today,
10 Iversen's Bakery, Beggars Pizza, and all the other
11 ones that are along Western Avenue. So
12 I challenge each one of you that votes to close
13 the hospital to visit it five years later.
14 I did some work at St. Francis Hospital in
15 Pittsburgh, St. Francis Hospital Medical Center,
16 well-funded by Liberace, who had a huge picture of
17 himself as you walked in the main door, gave tons
18 and -- thousands of dollars, millions of dollars
19 to the hospital to keep it open and it closed.
20 The community turned into a toilet.
21 And I don't want to see that happen.
22 I don't want that to happen to Blue -- excuse me.
23 I don't want that to happen to Blue Island, so
24 I urge you to keep it open. If nothing, then for

1 the sake of those that still live in the community
2 and use the hospital every single day.
3 MS. GUILD: Thank you.
4 The next group is Shane Watson, Gwen
5 Stanley, Anne Igoe, Norman Stephens, and
6 Ed Cunningham.
7 MS. STANLEY: Good morning. My name is
8 Gwen Stanley.
9 I work at MetroSouth Medical Center. I've
10 been there for 14 years, and I'm here today to ask
11 you guys to please, please let MetroSouth stay
12 open.
13 It would be really, really sad if it
14 closed because people really need to have care in
15 the area -- I work in behavior health. Okay? And
16 we work with elderly people who like have dementia
17 and stuff. And it would be really sad if it
18 closed because I would -- I just can't imagine
19 them going to another place. They're being taken
20 care of. They love the place; they love the care.
21 And I just -- it would just be sad if you guys
22 closed it. Please.
23 Thank you.
24 MS. IGOE: My name is Anne Igoe, and

1 I serve as the vice president for hospitals of
2 SEIU Healthcare Illinois Indiana, and we represent
3 the service and maintenance workers at MetroSouth
4 Hospital.
5 I am here to request that the Board delay
6 the closure or the request for the certificate of
7 exemption for MetroSouth. As required under
8 administrative code, when there is an aspect of
9 the application which is not correct, the Board is
10 required to delay the request until that
11 application can be corrected.
12 The application was not -- did not provide
13 correct information about the proposed closure
14 date and has not provided correct information
15 about a lack of potential buyers.
16 No hospital system or corporation,
17 including Quorum Health, should be permitted to
18 make a mockery of the Health Review Board's
19 authority that stipulates how a hospital is
20 supposed to be closed.
21 Let me lay out some facts. Quorum Health
22 leadership decided to expedite MetroSouth's
23 closure in an apparent attempt to appease
24 investors displeased by the company's lousy

1 financial performance and dropping stock price.
2 In August Quorum leadership attributed a
3 decrease in year-over-year second quarter revenue
4 directly to MetroSouth. Metro's results will
5 remain on the books until Quorum sells or closes
6 the facility, which likely accounts for Quorum's
7 urgency to secure the necessary certificate of
8 exemption prior to October 1st. Reporting a delay
9 in Metro's closure could further roil investors
10 and sink Quorum's stock. It will also deny health
11 care to those in the area.
12 Quorum's attempt to secure a secret,
13 unilateral, last-minute deal with Blue Island to
14 which we -- I'm sure we will hear about today --
15 attests to the company's leadership urgency to
16 ditch Metro before reporting its third quarter
17 results in October.
18 We understand that there is a potential
19 request to continue to shut down the hospital but
20 suspend a license for six months; however, as
21 Board members and under State law, you can't
22 suspend a license for a hospital. You lose that
23 license once the hospital closes down.
24 Quorum Health attributed a 5.6 million

1 year-over-year decrease in the second --
2 MR. ROATE: Two minutes.
3 MS. IGOE: In closing, we have concerns
4 about Quorum's actions. We're asking a mere
5 request to delay it one more -- one month until
6 you can properly investigate the claims and keep
7 the hospital open to find a credible buyer.
8 Thank you.
9 MR. CUNNINGHAM: Good morning. My name is
10 Ed Cunningham.
11 I'm the CEO of Gateway Regional Medical
12 Center, a safety net hospital with over a hundred
13 psychiatric beds serving Granite City and the
14 southern region of the state as well as patients
15 through the state, including Chicago.
16 We're a vital resource to so many at-risk
17 members of our community. About 50 percent of our
18 patient population are Medicaid recipients. We
19 also provide a high level of charity care for not
20 only our community, surrounding communities, and
21 throughout the state with our outreach. I also
22 serve on the board of directors of the Illinois
23 Health and Hospital Association, and I'm a board
24 member on the Illinois Hospital Licensure Board.

1 My hospital, along with six others
2 represented here today, are affiliated with Quorum
3 Health. Collectively, Quorum employs over
4 3,000 people in the state and provides an economic
5 impact of over $400 million.
6 Many of us provide care in a community
7 with few health care options or in which we are
8 the sole provider. I know firsthand the types of
9 pressures our hospitals are managing, declining
10 reimbursements and increasing demand on outpatient
11 services. I also know how hard we are working to
12 remain a critical resource for our community and
13 throughout the state.
14 As we previously expressed in an
15 August 26th letter to the members of the Board,
16 I am concerned that any delay in approving this
17 exemption application would put in jeopardy
18 Quorum's ability to meet specific financial
19 obligations within our facilities and put our
20 operations and our communities at risk.
21 While you are conducting your due
22 diligence, I would ask that you please consider
23 the broader implications your decisions would have
24 on other rural and nonurban facilities in the

1 state.
2 Thank you very much for your time.
3 MR. WATSON: Good morning. My name is
4 Shane Watson.
5 I am the CEO of Red Bud Regional Hospital,
6 a critical-access hospital facility located in the
7 southwest corner of the state.
8 As my colleague Ed Cunningham mentioned,
9 our hospital is also affiliated with Quorum
10 Health. We are a small facility that provides
11 crucial medical services in a rural area with
12 little access to health care resources.
13 Blue Island and the South Side of Chicago
14 is fortunate to be home to eight other hospitals
15 and multiple physician clinics and health centers.
16 By contrast, the closest larger hospital to the
17 Red Bud community is over a half hour away. This
18 truly could mean the difference between life and
19 death for a patient in distress.
20 I want to express my concern that any
21 delay in approving this exemption could have a
22 far-reaching impact on other regions and the
23 provision of care to the resident in the other
24 communities of the state.

1 I ask that you consider these
2 circumstances when making your decision today.
3 MR. STEPHENS: Good morning. I'm Norman
4 Stephens.
5 I'm the CEO of Vista Health System and
6 Vista Medical Center East in Waukegan, Illinois,
7 one of the -- actually probably the sister
8 hospital of MetroSouth. We are in the same
9 general Chicagoland area.
10 I've been there for 2 1/2 years, and
11 during that time I've seen Vista move from losing
12 as much -- if not more -- money than MetroSouth
13 into the point where we are now above breakeven,
14 and we are very fragile financially. I've also
15 seen them try to do the same sort of
16 rehabilitation, if you will, for the MetroSouth
17 facility, and there's some differences.
18 In Vista we happen to be in an area where
19 we are fairly isolated, and if that hospital
20 failed, there would be a -- I've heard the word
21 "health desert" used. The difference, though, is
22 MetroSouth is surrounded by competitors who have
23 prevented that hospital from succeeding and --
24 while all the strategies that we've employed in

1 both hospitals when it comes to cost control and
2 evaluating service lines and whatnot have been --
3 they've been employed in both locations. So
4 I will tell you the real difference is the ability
5 for a hospital to succeed in such a competitive
6 environment is just not there.
7 The other is that this group -- the
8 company, Quorum -- is being vilified somewhat
9 unfairly because, in fact, they have tried and
10 struggled and had to absorb tremendous losses over
11 the last 2 1/2 years that I've been there and even
12 before that. And to continue, it's not going to
13 have much of a different outcome, and it's only
14 going to continue to destabilize the rest of the
15 company.
16 It's a big enough loss overall that it
17 does threaten all of our hospitals, and, in fact,
18 it's stopped us from being able to get access to
19 capital that we need to remodel our hospital.
20 There's a lot of things that are on hold right now
21 because, simply, the company is fragile enough
22 right now that we just don't have the financial
23 stability to be able to pull it off.
24 And so I would ask that you honor the

1 exemption and allow Quorum to take steps to,
2 basically, save the company and to save services
3 to these other six communities that we -- are
4 desperately needed.
5 Thank you.
6 MS. GUILD: Thank you.
7 The next group, Bob Moore, Jim Farris,
8 Melisa Adkins, Amanda Basso, and Carol
9 DiPace-Greene.
10 MS. BASSO: Good morning. My name is
11 Amanda Basso. I am the CEO of Crossroads
12 Community Hospital in Mount Vernon, Illinois.
13 Mount Vernon is a deeper south hospital,
14 and I have been a lifelong resident of southern
15 Illinois myself. So not only do I see what
16 Crossroads gives the community from a professional
17 standpoint, but I also see it very much from a
18 personal, and I would just ask the Board to
19 consider this exemption today. Crossroads is a
20 Quorum facility, and as a company we will be
21 impacted by this decision.
22 Thank you.
23 MS. ADKINS: Hello. Good morning.
24 My name is Melisa Adkins, and I'm the CEO

1 of Heartland Regional Medical Center in Marion,
2 Illinois.
3 You probably remember me. I was here
4 about a month ago. And we are a Quorum facility.
5 We're a 106-bed hospital that is a Quorum
6 facility.
7 What I want to say is, because of the
8 decreased reimbursements, we've recently had to
9 close our OB, so it is impacting our hospitals.
10 So what I ask you to consider is that our hospital
11 is the heart of our community, too, so -- we do
12 feel for MetroSouth Hospital because -- two of us
13 up here, we're also CEOs but we're also nurses, so
14 we provide a lot of care over the years.
15 And so what I would ask is that you please
16 consider the closure of MetroSouth Community
17 Hospital.
18 Thank you.
19 MR. FARRIS: Good morning. My name is
20 Jim Farris, and I'm the CEO of Union County
21 Hospital, located in downstate Anna, Illinois.
22 We are affiliated with Quorum Health --
23 MS. AVERY: Bring your mic closer, please.
24 MR. FARRIS: We are affiliated with Quorum

1 Health.
2 I've been in my position for 16 years, so
3 I've had an ample opportunity to see how much our
4 community is impacted by our hospital.
5 We're a 25-bed critical-access hospital
6 with a 22-bed attached nursing home. We have a
7 service area of about 17,000 people in a very
8 rural area of the state. We have about
9 200 employees or 160 full-time equivalents, making
10 us the second-largest employer in the county.
11 There are 15 primary care providers in our
12 county, including 7 physicians and 8 midlevel
13 providers. We are Joint Commission accredited in
14 both our hospital and our nursing home.
15 We have been really focused on providing
16 great care. Our services are typically primary
17 care in nature. We have acute medical/surgical
18 services, a swing bed program. We have all the
19 ancillary services that our doctors require.
20 Our emergency room has tried to upgrade
21 itself by becoming chest pain accredited, stroke
22 ready, and we have developed a senior-friendly ER.
23 So we're trying to serve the needs of our
24 community.

1 Our affiliation with Quorum has allowed us
2 to improve our services and our facility and
3 improve the quality of the care that we are
4 providing. We hope to continue being a successful
5 critical-access hospital in the future and working
6 with our sister facilities to improve the health
7 in our communities.
8 So I hope that you would respect --
9 I would respectfully request that you consider the
10 impact of your decision on our hospital.
11 MR. MOORE: Good morning. My name is
12 Bob Moore.
13 I'm the CEO of Galesburg Cottage Hospital
14 in Galesburg, Illinois. We're a 143-bed hospital
15 located just off of Interstate 74 in northwest
16 central Illinois. Our hospital's been around for
17 126 years.
18 We are an affiliate of Quorum Health. Our
19 hospital's the only hospital within a 50-mile
20 radius that provides mental health services to the
21 older adult population, so it's critical to that
22 portion of Illinois to have services like that
23 available.
24 We serve Knox County and Warren County.

1 It is a rural area. We have a service area of
2 about 50,000. It's a farming area, not a lot of
3 industry that's left in that area. But we are one
4 of the largest employers in that area and critical
5 to our economic future in Knox County.
6 So today I respectfully ask you to
7 consider what's before you. I know it's a tough
8 decision, but the decision that you make has
9 impact that's far-reaching throughout all of our
10 facilities, and I thank you for that consideration.
11 MS. GUILD: Thank you.
12 Next group, last group for MetroSouth,
13 Gerald Dagenais, Jack Axel, Kevin McDermott,
14 Randy Heuser, and Carol DiPace-Greene.
15 MR. MC DERMOTT: Sit anywhere?
16 MR. AXEL: I'll get started.
17 I'll get started -- is this working?
18 AV TECH: Yes, it's working.
19 MR. AXEL: Okay.
20 MS. AVERY: You just need to hold it
21 close.
22 MR. AXEL: My name is Jack Axel, and I'm
23 giving testimony on behalf of Karen Teitelbaum,
24 president and chief executive officer of Sinai

1 Health System.
2 Sinai Health System is pleased to have the
3 opportunity to testify to the Board regarding the
4 situation at MetroSouth. We are not testifying in
5 support or in opposition to the matter before you
6 but, rather, we are providing you with
7 information.
8 Sinai is one of the largest safety net
9 providers of health care in Illinois. We have
10 been contacted by representatives of the State of
11 Illinois, including Representative Rita, and asked
12 if there was any possibility of offering
13 assistance to preserve health services in the
14 MetroSouth community.
15 We want to say in the strongest possible
16 terms that any solution for the future of
17 MetroSouth must be one that is driven by community
18 needs and has the support of the community's
19 stakeholders.
20 While Sinai Health System is not in a
21 position to take ownership of MetroSouth, we have
22 proposed to Representative Rita, Senator Jones,
23 and others that we would be willing to consider
24 the development and management of a freestanding

1 emergency center at MetroSouth, along with
2 ancillary services.
3 While, over time, additional health care
4 and other uses for the MetroSouth campus could be
5 developed, we believe that a freestanding
6 emergency center could at least maintain some of
7 the crucial services for the community while
8 additional alternatives are developed.
9 Referral agreements for patients requiring
10 services beyond those that -- beyond those
11 provided by -- a freestanding emergency center
12 would provide could be implemented with other
13 health care and social service providers as well
14 as our own health care system. Obviously, this
15 plan would require the input, support, and
16 approval of many stakeholders in the community as
17 well as additional analyses and certainly could
18 not be implemented by the end of this month.
19 Thank you for your consideration of this
20 information.
21 MR. MC DERMOTT: Hi. My name is Kevin
22 McDermott.
23 I'm on the board of MetroSouth. I've been
24 there since the inception, after St. Francis left.

1 And I've called on 35 -- or for 35 years I've
2 called on all the hospitals in the Chicagoland
3 market. I'm very familiar with all that's
4 happened throughout all of the Chicagoland area.
5 And I listened to all these -- the CEOs
6 that came in here from Quorum speaking on behalf
7 of trying to shut it down, but please understand
8 Quorum was just formed only about four years ago.
9 CHS was the parent company. They spun off
10 Quorum because they were the not-profitable side
11 of their stock options. So they needed to put
12 this to the side, so that's why Quorum is where
13 it's at.
14 I followed this thing through the whole
15 thing, and all I'm asking is, if you talk to the
16 hospitals in the immediate area -- from Christ,
17 Palos, Ingalls, Roseland, Little Company of
18 Mary -- right now Little Company of Mary and
19 Pa- -- and Christ have gone on bypass all the
20 time.
21 How are we going to support our needs in
22 our community? Where are they going to travel on
23 a bypass hospital? They're going to have to go
24 all the way to U of C or someplace else. Our town

1 only has an EMS service. We do not have
2 paramedics. We can't support something like this
3 on a rush deal.
4 I'm asking you to delay it. I'm asking to
5 go with a clear head. This is -- it seems like
6 this deal is going to close faster than a
7 real estate deal on a house in Blue Island and
8 it's sad.
9 MR. DAGENAIS: Good morning, everyone. My
10 name is Gerry Dagenais. I am not a CEO. I'm a
11 retiree and a resident one block from MetroSouth
12 Hospital.
13 My first comment is, in listening to all
14 the statements today, it's interesting to see how
15 corporate America can manipulate sections of our
16 state, one against another. I have no solution
17 for that.
18 Also, all I can say to you, as a resident
19 in Blue Island -- I live one block from the
20 hospital. And you get a busy weekend -- excuse
21 me -- a weekend, a holiday weekend, ambulances are
22 coming one after another after another after
23 another, day and night. And I'm only repeating
24 what's already been said here many times. Where

1 are these people going to go?
2 Please consider our community of Blue
3 Island. We respect the other communities in the
4 state. We have the same problem, it seems. And
5 I just wish that corporate America would consider
6 what they're doing and how it affects the
7 population.
8 Thank you very much.
9 MS. GUILD: Thank you.
10 (An off-the-record discussion was held.)
11 MS. GUILD: Is there anyone else from
12 MetroSouth?
13 MS. IGOE: We have two.
14 MS. GUILD: Okay. If you'd like to speak,
15 you can come forward now.
16 MS. LEWIS: Hello. My name is Katrina
17 Lewis, and I've been with MetroSouth --
18 THE COURT REPORTER: I can't hear you.
19 Hold it really close and spell your last name for
20 me, please.
21 MS. LEWIS: My name is Katrina Lewis, and
22 I've been with MetroSouth for 12 years.
23 I live directly across the street from
24 MetroSouth. September 3rd -- I have a 1-year-old.

1 I was there at work from 2:30 to 11:00. My
2 16-year-old daughter called me to say he stopped
3 breathing. I told her "Run him across the street
4 immediately to MetroSouth Hospital."
5 We don't have a peds unit at MetroSouth
6 Hospital, but the emergency room was the closest
7 thing we could have got him to. If he hadn't
8 been -- we hadn't been right across the street,
9 where would I have took him to? Christ is like
10 five minutes away.
11 It's like we -- I mean 5 miles away.
12 And like Dr. Font said previously, I was a
13 high-risk patient, also, in 2011. He took care of
14 me with my 7-year-old daughter. If I hadn't had
15 that privilege to be at MetroSouth and have his
16 care, I wouldn't have my 7-year-old child. So
17 I was under Dr. Font's care, who previously spoke.
18 And thank you if you can just consider
19 keeping MetroSouth open.
20 THE COURT REPORTER: Would you spell your
21 last name for me, please.
22 MS. LEWIS: Lewis, L-e-w-i-s.
23 THE COURT REPORTER: Thank you.
24 MS. BOYD: I will die. I will die.

1 I'm 67 years old. My name is Sharron
2 Boyd. That's S-h-a-r-r-o-n B-o-y-d.
3 THE COURT REPORTER: Thank you.
4 MS. BOYD: I am a resident of Calumet
5 Park, which is attached to Blue Island on the --
6 excuse me -- on the north side -- I'm sorry -- the
7 east side.
8 Over a seven-month period, I was admitted
9 to the hospital 13 times. 13. 12 of those times
10 I died. I was gone. Dead. They had to
11 resuscitate me. Eventually, I had to have
12 double-hearted surgery.
13 I need this hospital. I have grandkids
14 who need me. I am full of life.
15 I can't do a handstand anymore. I can't
16 jump up in the air anymore. But I can still
17 roller-skate. I can go bowling.
18 (Laughter.)
19 MS. BOYD: If I had to travel to
20 95th Street, if I had to travel to South Suburban
21 Hospital, I would be dead. D-e-a-d. Dead.
22 I need this hospital. The people in my
23 community need this hospital. Blue Island needs
24 this hospital. I'm selfish. I don't want to die.

1 I don't want to die.
2 I'm done.
3 (Applause.)
4 MS. GUILD: Thank you.
5 The next project is MIRA Neuro Behavioral
6 Health Center for Children.
7 And there's seven people who have signed
8 up for public participation, and it looks like
9 there's seven chairs up there, so I'm going to
10 call all of you.
11 Senator Hastings, Joseph Bullington,
12 Vijay Chand, Mary Pat Ambrosino, Jyoti Randhawa --
13 sorry -- Anthony DeJoseph, and Scott Hullinger.
14 SENATOR HASTINGS: Thank you very much.
15 And distinguished members of this Board and
16 Senator Demuzio, it's always great to see you
17 again.
18 MEMBER DEMUZIO: Nice to see you.
19 SENATOR HASTINGS: My name is Senator Mike
20 Hastings, M-i-k-e H-a-s-t-i-n-g-s. I'm the
21 chairman of the Senate executive committee, but
22 more importantly, I proudly represent the greater
23 southwest suburbs of Chicago, 218,000 people, from
24 Lockport to Joliet, all the way east to Markham,

1 down south to Matteson.
2 It's an awesome community. It's diverse.
3 It's -- you name it, we have it. We're really
4 excited about the south suburbs, but the one thing
5 we don't have is adequate mental health treatment
6 facilities. We had Tinley Park Mental Health
7 Center, which provided mental center services to
8 countless Illinois residents, whether they're from
9 the north part of the state or the south part of
10 the state and that was closed.
11 Those people who received services for
12 mental illness were dispersed to local community
13 providers and hospitals throughout our south
14 suburbs.
15 If you ask any of our hospital providers
16 in the south suburbs what their emergency rooms
17 are like, they will tell you that mental health
18 issues are flooding the emergency room. We've had
19 people sit in triage; we've had people sit on
20 gurney beds outside the emergency room for hours
21 upon hours before they get treatment. It's
22 unfortunate.
23 And I will just say that Dr. Higgins and
24 the MIRA organization have been nothing but very

1 excited to provide services to youth and
2 adolescent people within our community.
3 If you look at the proximity of this
4 facility comparatively to other facilities in the
5 area that do provide treatment, Silver Oaks is the
6 closest possible to the eastern part of my
7 district. I will also add that Silver Oaks is
8 owned 80 percent by the opposition, 20 percent by
9 the hospital itself.
10 The hospital, Silver Cross, who's been
11 here before, the CEO specifically didn't sign the
12 letter in opposition for a reason. Why is that?
13 Well, because the adolescent components of Silver
14 Oaks is primarily filled, so there is a need.
15 The other thing is that --
16 MR. ROATE: Two minutes.
17 SENATOR HASTINGS: Thank you.
18 The other issue is that the equity company
19 that owns Silver Oaks Hospital is a private equity
20 company. They're a profit -- generated
21 profit-motive business, and I think it's a
22 shame --
23 CHAIRMAN SEWELL: Please conclude your
24 remarks.

1 SENATOR HASTINGS: Thank you, sir.
2 I think it's a shame that we have a
3 profit-motive company trying to get dictate
4 community care, especially something as much
5 needed as mental health.
6 Thank you for your time.
7 MR. BULLINGTON: Thank you.
8 Good morning. My name is Joseph
9 Bullington. I'm a commercial banker and senior
10 vice president at First Midwest Bank. I'm here to
11 support MIRA Neuro Behavioral Health Center for
12 Children & Adolescents, Project No. 19-014.
13 I'm here to address the negative finding
14 as it relates to the bank providing a detailed
15 term sheet for the loan but not a formal loan
16 commitment letter.
17 The issuance of the term sheet rather than
18 a commitment letter is due to timing and cost as
19 it relates to the formal approval process. The
20 bank has had a banking relationship with some of
21 the principals for over 10 years. We've been
22 working closely with the MIRA group for many
23 months, reviewing business plans, construction
24 costs, project demand, personal guaranties,

1 et cetera, all part of the lending process.
2 The loan process can be very expensive and
3 time-consuming. Direct and indirect fees and
4 costs associated with obtaining a formal loan
5 commitment could easily surpass a hundred thousand
6 dollars. We believe it not prudent to incur these
7 costs until after the CON has been approved.
8 On a personal note, I'd like to share with
9 the Board that the south suburbs where I reside is
10 in desperate need of this project.
11 Several years ago one of my children,
12 unfortunately, needed help. My wife and
13 I traveled daily over one hour each way to see our
14 child and meet with therapists, et cetera. As you
15 can imagine, this travel and the arrangements that
16 came with it compounded an already stressful
17 situation for my family. The children and the
18 families of the south suburban area deserve to
19 have professional care in close proximity to our
20 conferences.
21 Thank you.
22 MS. AMBROSINO: Good morning. Thank you
23 for allowing me to testify today in support of
24 MIRA Neuro Behavioral Health Care.

1 My name is Mary Pat Ambrosino. I am the
2 executive director of Community Services
3 Foundation, a not-for-profit, community-based
4 organization supporting over 500 adults with
5 intellectual and developmental disabilities in
6 day program and residential settings.
7 Historically day programs -- or you may
8 know them as shelter workshops -- were mainly
9 housed in very large industrial buildings and
10 built for the purpose of providing adults with
11 disabilities the needed vocational skills.
12 I'd say over the past five years the State
13 of Illinois, under the direction of the Center for
14 Medicare and Medicaid Services, has strongly
15 encouraged community-based providers, like
16 ourselves, to downsize these large facilities and
17 to find more suitable locations that support
18 community integration.
19 I'm very proud to say to you today that
20 our organization has made great strides in our
21 efforts to find facilities that are, indeed, more
22 conducive to the needs of the individuals we
23 support.
24 In 2015 we had four facilities, each over

1 20,000 square feet. Today we only have two. We
2 moved a hundred -- 210 individuals from these
3 two buildings into six smaller locations we now
4 call humans of choice.
5 We now set our sight on our Prosperi
6 location that has 180 individuals enrolled. This
7 is our 40,000-square-foot building that was
8 originally built in 2001 for our sheltered
9 workshop needs with one back door and only
10 20-foot-high work floor ceilings, which by today's
11 standards is 18 feet shy of the standard 36-foot
12 desired height.
13 Trying to sell this to a commercial buyer
14 has proven to be very difficult, but our need to
15 sell is great, one that will allow us to stay on
16 the path to provide the best supports and
17 environments that will deliver the best outcomes.
18 If we are able to sell this building, we
19 have our wish list ready to go. We will take all
20 these individuals into -- move into four new sites
21 within the suburban landscape.
22 MR. ROATE: Two minutes.
23 MS. AMBROSINO: Our smallest program --
24 sorry.

1 Basically, the sale of this building is a
2 win-win situation. Of course, the first win being
3 children and adolescents and families receiving
4 needed services; the second win, 180 individuals
5 now housed in a large building will be able to
6 find home into smaller settings, and community
7 integration is our key goal.
8 Thank you.
9 DR. DE JOSEPH: Thank you.
10 My name is Dr. Anthony DeJoseph. I'm
11 the group CEO for the three US HealthVest
12 hospitals in Illinois, and we are here to
13 approve -- oppose Project 19-014, MIRA Behavioral
14 Health Center.
15 You know, it was interesting in the
16 Applicant's responses. They tried to raise in a
17 negative way a negative issue that US HealthVest
18 is a for-profit entity, and I'd like to point out
19 that they, themselves, are a for-profit entity.
20 Moreover, US HealthVest does have a
21 documented history of committing to Medicaid
22 patient populations, where the Applicant is
23 proposing a minimal commitment to Medicaid,
24 instead proposing to cater to a private-pay and

1 private-insurance client base.
2 The Board should not approve a project
3 with such a bare minimum commitment to Medicaid
4 that does not actually do much meaningful to help
5 the obstacles that Medicaid patients face in
6 getting care. If approved in this way, it will
7 allow them to cherry-pick high-reimbursement
8 patients and leave caring for indigent patients to
9 others, other providers in the area who are
10 already meeting the needs of this community.
11 I'd like to add to the State's own
12 determination from the SBSR of concern about
13 financial viability. There is a substantial cost
14 of the core management/administration part of the
15 structure that has to be in place whether you're a
16 30-bed hospital or a hundred-bed hospital. This
17 cost is overcome by economy of scale.
18 Those of us that manage acute care
19 psychiatric hospitals know that it can be very
20 difficult to even break even on a bed complement
21 of this size. It may require a hundred percent
22 occupancy at all times to do so, and that is very
23 unlikely. Their own projected referrals lead to
24 53 percent occupancy on 30 beds. It's highly

1 doubtful that this occupancy will sustain this
2 hospital financially.
3 To follow up on bed availability and
4 access and point out that we are 12 miles away at
5 Silver Oaks, we do provide this care, we have
6 capacity to expand in this care, and we have
7 available beds for this population.
8 So if there's -- speaking practically,
9 rather than using an arbitrary 10-mile rule, we
10 are accessible within the community of Tinley
11 Park, as well.
12 MR. ROATE: Two minutes.
13 DR. DE JOSEPH: All the hospitals in the
14 planning area and the State itself determined that
15 there are 65 excess beds --
16 CHAIRMAN SEWELL: Please conclude your
17 remarks.
18 DR. DE JOSEPH: -- and that none of those
19 hospitals are meeting the State's own target
20 utilizations.
21 There are 38 other adolescent beds at
22 11 and 16 miles, respectively. Today, census in
23 those is 50 percent at one and 38 percent at the
24 other.

1 Thank you.
2 MR. HULLINGER: Good morning.
3 I'm Scott Hullinger. I'm the chief
4 executive officer of Silver Oaks Behavioral
5 Health, and I'm here in opposition to MIRA
6 Behavioral Health, Project 19-014.
7 US HealthVest has saved two hospitals in
8 the state from closure, Lake Behavioral and
9 Chicago Behavioral, and has now opened another
10 hospital in a joint venture with Silver Cross.
11 As Dr. DeJoseph said, MIRA Behavioral is a
12 for-profit company. The negative findings point
13 out a significant concern regarding the project,
14 that it is not financially viable. The
15 Applicant's entire application rests on the
16 ability to pick private-insurance patients and not
17 serve those in the community without the means to
18 afford private insurance.
19 Your SBSR indicates that the Applicants
20 believe they will serve 91 percent private-pay
21 patients and only 7.5 percent Medicaid patients.
22 That does not increase access to care. That is an
23 outright block on the ability of area residents to
24 receive care unless they have private insurance.

1 If the Applicants don't adhere to the
2 payer mix described, the rest of the application
3 may begin to unravel. Without servicing a high
4 number of private-pay patients, the Applicants
5 will not generate the necessary revenue to meet
6 the debt obligation that will, in turn, leave them
7 failing to meet the financial viability ratios
8 listed within the application.
9 The only way the facility can be sustained
10 is if Medicaid patients are limited to only
11 two beds in the facility. This is in stark
12 contrast to how we operate our hospitals. Within
13 our hospitals, Medicaid payer mix ranges between
14 30 and 60 percent. Our model does not require
15 that we primarily serve private-pay patients.
16 Silver Oaks recently opened at the
17 beginning of the year, and our hospitals have at
18 least 65 beds across all three facilities that can
19 serve the patient population. We know there is
20 ample access to acute mental illness services for
21 this population in the community. This project
22 does not appear to be the right one at the right
23 time for the community, and we ask that you do not
24 approve --

1 MR. ROATE: Two minutes.
2 MR. HULLINGER: -- Project 19-014.
3 Thank you.
4 DR. RANDHAWA: Hello. My name is Jyoti
5 Randhawa. I'm a board-certified child and
6 adolescent psychiatrist at Silver Oaks Behavioral
7 Hospital, and I provide child and adolescent
8 inpatient services in this area.
9 And just to follow my predecessors here,
10 US HealthVest is a national leader in providing
11 behavioral services across the country and for the
12 entire spectrum of patients. We can transition
13 adolescent patients who are -- who age out of our
14 programs into the appropriate adult plans at the
15 same facility to prevent any type of unnecessary
16 disruption in the delivery of care.
17 And most importantly, we do have the
18 capacity to take the youth and the patients in
19 this area. We still have capacity not only within
20 our own facility but the facilities within our
21 entity to take patients. As Dr. DeJoseph said,
22 there's still beds open for the community.
23 At this point we do not -- we are not
24 aware of the Applicants having any track record of

1 owning or operating an inpatient hospital
2 facility.
3 The facility will be having physical
4 limitations, as this is a modernization of an
5 existing office suite, and there's no indication
6 that the building meets the request requirements
7 for the IDPH licensing of a health care facility
8 providing AMI service. These patients deserve the
9 ability to receive care in modern facilities that
10 are specifically built to address their needs.
11 With significant financial issues and many
12 other questions involving this application, we
13 would ask that you not approve Project 19-014.
14 While this is a worthy effort to provide these
15 services in the area, a larger spectrum in both
16 age and those utilizing Medicaid can be serviced
17 via US HealthVest facilities that are already open
18 in their communities.
19 Thank you.
20 DR. CHAND: Hi. My name is Dr. Vijay
21 Chand, and I'm a board-certified child and
22 adolescent psychiatrist.
23 I believe that this hospital is greatly
24 needed, as it fills a void for acute psychiatric

1 services in the southwest suburb areas. Nearly
2 1 in 5 children have a mental, emotional, or
3 behavioral disorder. To help ensure favorable
4 prognosis and outcome, early treatment and
5 diagnosis is needed.
6 Unfortunately, this is not the reality.
7 The reality is families struggle to access quality
8 mental health services, especially when they're in
9 acute crisis. Some families must travel far or be
10 placed on long waiting lists. This is not
11 acceptable, as many children are suffering and
12 many children are dying.
13 Suicide is the second leading cause of
14 death for children, adolescents, and young adults.
15 Recent data shows that suicide rates continue to
16 rise; thus, it is absolutely critical that we
17 establish this hospital.
18 Professionally, I see that when my
19 patients become hospitalized, they can be waiting
20 in an emergency room for 16 to 20 hours, if not
21 longer, until a bed becomes available.
22 Oftentimes families end up leaving against
23 medical advice, as sitting in the ER for that long
24 can be very traumatic for their child. This is

1 not therapeutic and this needs to be changed.
2 Another thing I often see is that there is
3 a communication deficit between the inpatient and
4 outpatient systems and, due to this lack of
5 coordination, inappropriate medication changes are
6 made. Our goal is to change that and to help
7 create continuity between the inpatient and
8 outpatient systems.
9 We have an opportunity today to make a
10 change and to do something really, really amazing.
11 And in return, we're able to help a lot of
12 children and a lot of families. I strongly urge
13 your support for the MIRA project.
14 Thank you.
15 CHAIRMAN SEWELL: Before we call the
16 next group, we're going to take a five-minute
17 break.
18 (A recess was taken from 10:52 a.m. to
19 11:05 a.m.)
20 CHAIRMAN SEWELL: Let's come back to
21 order.
22 MS. GUILD: The next group of speakers is
23 from Blessing.
24 I have Dr. Joe Meyer, Harsha Polavarapu --

1 sorry -- Penny Noble, Carol Brockmiller, Phil
2 Conover, and John Simon.
3 CHAIRMAN SEWELL: You can start.
4 DR. MEYER: Good morning.
5 My name is Dr. Joseph Meyer, and I am
6 president of Quincy Anesthesia Associates.
7 I'm here to speak to you today regarding
8 the relocation of Blessing Hospital's surgery
9 center to the hospital campus with attachment to
10 the hospital via a sky bridge.
11 Over the past many months, administrators,
12 staff, and physicians have participated in
13 creating the design and layout of the new surgery
14 center. From our collective experience, we have
15 discussed ways to make the surgery center run both
16 efficiently and effectively. Blessing's goal is
17 to build a center that provides a comfortable,
18 positive experience for our patients as well as
19 ensuring competitive prices.
20 Blessing has provided the residents of
21 Quincy four separate public viewings of the plans.
22 Blessing administrators attended each of the
23 viewings to welcome input and ideas from the
24 public, to answer questions and receive feedback

1 from individuals on their personal outpatient
2 surgical experiences.
3 The current project meets the State
4 requirements on both square footage and cost. In
5 regards to the number of recovery rooms, the
6 current plan offers six Phase I recovery rooms for
7 three operating rooms. There are 18 Phase II
8 prep/recovery rooms. 2 of these 18 rooms are
9 designated for bariatric and special-needs
10 patients.
11 The prep/recovery rooms will serve a dual
12 purpose. They will provide prep areas as well as
13 Phase II recovery rooms. A lack of prep/recovery
14 area hinders the efficiency of the ORs, creating
15 bottlenecks and delayed start times. These issues
16 are costly and negatively impact patient
17 satisfaction.
18 Blessing has taken great lengths to design
19 a contemporary, safe, and dynamic surgery center.
20 The number of prep/recovery areas is proportionate
21 to the volume of cases that three operating room
22 suites will produce.
23 As CMS moves more and more procedures to
24 the surgery centers, the concept of prep/recovery

1 rooms is sensible for today's dynamic outpatient
2 surgery centers.
3 It is for these reasons that I urge the
4 Board to approve Project 19-029. Thank you very
5 much.
6 DR. POLAVARAPU: Good morning. My name is
7 Dr. Harsha Polavarapu, and I'm a surgeon with the
8 Blessing Physician Services. I operate at the
9 current surgery center in Quincy, which is owned
10 by the Blessing Hospital.
11 I am here today requesting that the Review
12 Board approve the Blessing Hospital's ASTC
13 relocation and modernization application.
14 As a surgeon, I am enthusiastic and
15 excited about this modernization and relocation
16 project. We will be able to work with the same
17 staff and equipment that will be relocated from
18 Hampshire Street to the Blessing Hospital campus.
19 It will also be attached to the hospital by a
20 walkway, which gives us additional peace of mind.
21 The number of ORs and procedure rooms
22 remain the same, and no new services are being
23 proposed. I'm also excited to mention that any
24 physician wanting to operate in the center will be

1 able to apply for privileges.
2 The Quincy-area community wants choice,
3 access, lower prices, and safety. The proposed
4 project is being designed to meet these needs.
5 I respectfully urge the Review Board to
6 approve the relocation of the Blessing Hospital
7 ASTC to its hospital campus.
8 Thank you.
9 MS. NOBLE: My name is Penny Noble. I am
10 a citizen from the Quincy area and a consumer of
11 health care services.
12 I am a medical first responder with the
13 local volunteer fire department, and I am here
14 today to express the perspective of a patient and
15 to support Blessing Hospital's proposal to
16 relocate its surgery center to the hospital
17 campus.
18 As more and more types of services are
19 being performed in the ambulatory surgical
20 setting, a direct connection from the surgery
21 center to the hospital will give patients a
22 comfort level that they are close to the hospital.
23 The Adams County Ambulance reported
24 13 dispatches throughout the 12-month -- last

1 12 months from the current ASTC to the hospital.
2 I know staff does everything they can to make a
3 transfer go smoothly for the family and the
4 patients, but the anxiety of having to wait for
5 the ambulance will be avoided in these
6 circumstances with a surgery center that is
7 connected directly to the hospital.
8 Even going into a surgery procedure, this
9 stress will be reduced, knowing that being on the
10 hospital campus will help in addressing the
11 unexpected emergency situation.
12 The relocated, modernized center will
13 provide easy access and convenience for the
14 patients, while also addressing safety concerns
15 for those patients who tend to worry. As a first
16 responder as well as a patient, I understand both
17 sides of the patient safety concern.
18 For those reasons especially,
19 I respectfully urge the Review Board to approve
20 the CON Project 19-029.
21 Thank you for your time.
22 MR. CONOVER: Good morning. My name is
23 Phil Conover.
24 I've served as a financial adviser and

1 president of the Great River Economic Development
2 Foundation, dean of John Wood Community College,
3 and I'm now president emeritus of Quincy
4 University.
5 I'm here today in support of Blessing
6 Hospital's application for the relocation of their
7 ambulatory surgery center in Quincy, Illinois.
8 Blessing Hospital's ongoing commitment to
9 our area is quite impressive. They have supported
10 many educational endeavors. Without the revenue
11 from the proposed surgery center, I'm afraid this
12 critical investment in our local economy will be
13 compromised.
14 For as long as I can remember, Quincy
15 University and Blessing Hospital have been
16 partners. For the past 20 years we have worked
17 tirelessly to educate students to become nurses in
18 our region. We have also had the good fortune to
19 have many students complete internships in the
20 health system.
21 Blessing employees have been readily
22 available to speak on our campus in various
23 classes, and their Be Well At Work clinic has
24 served QU employees and their families in times of

1 sickness and crisis. Together, we are working to
2 meet the workforce needs for today and the future.
3 In addition, many of the faculty and staff
4 at both QU and Blessing serve on boards and
5 committees in our town that benefit the mission of
6 both organizations.
7 I would urge the Illinois Health
8 Facilities and Services Review Board to approve
9 this application as the city of Quincy and the
10 entire tristate area will greatly benefit.
11 Thank you very much.
12 MR. SIMON: Good morning. My name is
13 John Simon, and I'm the chief of Adams County
14 Ambulance and Emergency Medical Services in
15 Quincy, Illinois.
16 Thanks for the opportunity to share my
17 support for relocating Blessing Hospital's ASTC.
18 Our community depends on Blessing Hospital and the
19 critical services it provides to our residents,
20 visitors, and businesses.
21 At Adams County Ambulance, we value the
22 collaborative partnership that we've built over
23 the last 45 years with Blessing to provide
24 high-quality emergency medical care. Their

1 commitment to our community has made Quincy,
2 Illinois, a regional destination for health care.
3 And as fellow emergency medical providers, we work
4 together identifying community and regional
5 solutions that result in positive impacts and
6 great outcomes for the patients that we serve.
7 Throughout the past year, Adams County
8 Ambulance has responded and transported
9 13 patients from the current ASTC at
10 1118 Hampshire to Blessing Hospital. A relocation
11 of this facility to the hospital campus that's
12 connected to the hospital and to the surgery room,
13 it benefits our patients. It reduces our burden
14 on a taxed ambulance system. It maintains a
15 continuity of care for the patient, and it
16 eliminates further financial burden from yet
17 another medical provider.
18 Adams County Ambulance and Blessing
19 Hospital continue to partner and be proactive to
20 meet the needs of the community, advancing
21 capabilities, improving overall wellness of our
22 patients and the region. We support Blessing
23 Hospital's desire to relocate its existing ASTC
24 because our patients come first.

1 Thank you.
2 MS. BROCKMILLER: My name is Carol
3 Brockmiller, B-r-o-c-k-m-i-i-l-l-e-r.
4 I'm the CEO of Quincy Medical Group or
5 QMG, a physician group in Quincy, Illinois.
6 I'm speaking today in relation to Project 19-029.
7 Earlier this year the Board approved QMG's
8 application to establish a surgery center in
9 Quincy, making it the second one in Adams County.
10 As a few members of this Board will recall, our
11 project was aggressively opposed by Blessing.
12 Less than two months after our project was
13 approved, Blessing filed an application to
14 discontinue its existing surgery center and
15 construct a new one on its hospital campus.
16 Blessing says that without a new, much larger
17 surgery center -- with more than half of its
18 square footage characterized as nonreviewable
19 space -- that it won't be able to compete with QMG.
20 QMG is and always has been pro
21 competition. Competition increases efficiency,
22 improves quality, increases patient choice and
23 access to services, and reduces health care costs.
24 I am not here today to oppose the project.

1 In fact, QMG has never opposed any of Blessing's
2 CON projects, including two last year with a
3 combined $90 million cost.
4 While we are not opposing the project, we
5 do have serious concerns with the application and
6 the disregard for the Board's rules and
7 procedures. We expressed our concerns during the
8 public hearing and in written comments to the
9 Board.
10 Two concerns relate to Blessing's failure
11 to include a necessary party as a Co-Applicant --
12 that is, the parent company, Blessing Corporate
13 Services -- and Blessing's failure to submit
14 mandatory physician referral letters, a
15 requirement that goes to the heart of the Board's
16 planning process, as it requires providers to
17 submit documentation to justify its facility.
18 If a provider improperly or imprudently
19 plans and overbuilds, it adds to the provider's
20 expense structure and leads to higher prices for
21 patients and payers. We believe that project
22 should be assessed objectively and that Blessing
23 should be required to comply with the same rules
24 applied to other Applicants.

1 We support the work and the efforts of
2 this Board. It's my sincere hope that the
3 concerns we've raised today will be addressed when
4 the project is up for consideration later.
5 Thank you.
6 MS. GUILD: Thank you.
7 The next project is Dialysis Care Center,
8 Chicago Heights. I'm going to split this one into
9 two groups. The first, John Byce, Dawn Thomas,
10 Demarys Karson, Seddrick Ware, and Stephanie
11 Shumate [phonetic].
12 MR. BYCE: Hello. I'm John Byce, an
13 operations director with DaVita in Chicago. My
14 region includes DaVita's Chicago Heights facility,
15 operating a mile from the facility on your agenda
16 today.
17 DaVita does not take lightly the decision
18 to oppose an application, and we only do so when
19 it's clearly obvious additional stations are
20 unwarranted and will create serious financial
21 losses for a clinic.
22 We oppose Dialysis Care Center's
23 application for a third facility in Chicago
24 Heights, as it will replicate the services of

1 facilities operating in Chicago Heights already,
2 which have ample capacity to admit more patients.
3 While DaVita did not oppose this group's
4 CON to build another clinic in nearby Hazel Crest
5 last year, reviewing the overlapping data
6 supporting the two projects, it would be absurd
7 for them to build another facility so close to
8 Hazel Crest. That previous application suggested
9 sending patients to Hazel Crest from many miles
10 away. This is unfair to the patients that treat
11 three times a week.
12 Your staff's report found this facility is
13 not needed because there is ample access in the
14 immediate area as well as an excess of 57 stations
15 in the planning area. If approved, the excess
16 would increase to 71 stations, and this would be
17 the largest station excess in the state.
18 There are currently 10 dialysis facilities
19 within 5 miles of the proposed site, and Fresenius
20 Kidney Care just began treating patients last year
21 at its new Chicago Heights clinic. Average
22 utilization is 62 percent, well below the
23 80 percent target. There is plenty of appointment
24 availability, and, more importantly, utilization

1 rates are not increasing.
2 This facility is guaranteed to draw
3 patients from the existing Chicago Heights clinic.
4 Dialysis Care Center's physicians admit patients
5 to our clinic, and they clearly plan to transfer
6 patients out.
7 The care patients receive with us is
8 excellent. The patients that Dialysis Care
9 Centers want to move to a new facility are
10 currently receiving services in our locations in
11 Chicago Heights, Hazel Crest, Country Club Hills,
12 and Olympia Fields. Taking these patients will
13 further reduce the utilization in the clinics
14 without adding any benefit. There is no need for
15 another Chicago Heights service at this time.
16 MR. ROATE: Two minutes.
17 MR. BYCE: Please deny the application.
18 MS. THOMAS: Hi. I'm Dawn Thomas, an
19 operations director in DaVita's Chicago region.
20 DaVita opposes DCC's proposal today to
21 establish a dialysis facility in Chicago Heights.
22 As your staff report concludes, there is no need
23 for a third dialysis facility in Chicago Heights.
24 Similarly sized communities usually only have one.

1 Because the 57-station excess does not
2 support more facilities, DCC maintains a false
3 narrative that an exception should be made for
4 them because they are somehow unique because
5 affiliated physicians have a preference for home
6 dialysis. This is an insult to the many other
7 area nephrologists diligently working to expand
8 patient use of home therapies.
9 Under your rules there are five variances
10 an applicant can satisfy to demonstrate a project
11 will address a unique need, such as an access
12 barrier. As discussed on page 11 to 13 of the
13 Board staff report, DCC does not qualify for any
14 such variance.
15 For the record, DaVita readily accepts
16 Medicare and Medicaid, and over 85 percent of the
17 patients at our Chicago Heights facility are
18 people of color. The other existing Chicago
19 Heights facility has similar demographics and
20 payer mix. There are no access barriers in this
21 area.
22 Notably, DCC has not documented a track
23 record as a safety net provider and claims
24 dialysis services are not safety net services. We

1 disagree. DaVita is a safety net provider for a
2 generally vulnerable patient population with a
3 relative lower socioeconomic status.
4 This provider cannot support claims of
5 superior outcomes. DaVita gets consistently high
6 ranks in CMS' ESRD quality incentive program, and
7 DaVita's CMS star ratings for the past five years
8 are outstanding despite its specialization in
9 managing high-risk patients.
10 I ask the Board to deny this proposal.
11 MS. KARSON: Hi. I'm Damarys Karson,
12 DaVita's area home facility administrator.
13 Due to excess supply in the immediate
14 Chicago Heights area, I oppose DCC's proposed
15 dialysis clinic. There is an excess of
16 57 stations in this area, so by your rules,
17 clearly, there is no need for another clinic here.
18 Despite this large excess, DCC wants to
19 build more stations. To counter the obvious and
20 material obstacle to approval, DCC tries, without
21 evidence, to lay claim on being an innovative home
22 services provider with superior outcomes to the
23 exclusion of other providers, but this proposal
24 offers nothing beyond what the providers in this

1 community are already doing.
2 Further, DaVita is the national leader in
3 home dialysis, and its treatments work hard -- or
4 its teammates work hard to get patients to elect
5 home dialysis, citing its flexibility and
6 convenience, the ability to maintain employment,
7 and its excellent outcomes.
8 DaVita consistently invests in technology
9 to support patients at home. Our program, Home
10 Dialysis Connect, includes home remote monitoring,
11 using Bluetooth technology to transmit patient
12 vitals to help clinicians get ahead of
13 destabilizing events.
14 With our telehealth platform we conduct
15 online appointments with our patients in the
16 comfort of their own home. Our mobile app also
17 supports video visits, customized education,
18 reminders, secure texting and image sharing,
19 allowing consistent and immediate communications
20 with our patients' care teams.
21 We also use predictive analytics to help
22 avoid costly hospitalizations and allow patients
23 to stay on home dialysis longer.
24 We've recently implemented a training

1 model for nurses to become comprehensive health
2 managers for patients with typical comorbid
3 conditions like diabetes, cardiovascular disease,
4 and hypertension, improving our patients' chances
5 of continuing dialysis at home. These innovations
6 shift more care to the home setting, and just over
7 the last year our home program grew at four times
8 the rate of our outpatient program.
9 Beyond all of this, the Board staff report
10 speaks for itself. There is an ample supply of
11 clinics in the Chicago Heights area. Please vote
12 no on the DCC proposal.
13 Thank you.
14 MR. WARE: Good afternoon -- good
15 afternoon. My name is Seddrick Ware. I'm here
16 representing the Dialysis Care Center in Olympia
17 Fields.
18 I just wanted to speak from the heart.
19 I had congestive heart failure and kidney failure,
20 and I wasn't educated on my condition. And
21 I really am appreciative of Dialysis Care Center
22 because they're really educating me on my
23 condition.
24 And when you have a business or a company

1 that's informing you on your condition and helping
2 you get healthy, I think it's very important for
3 them to be around even more, putting out more
4 businesses like that because, you know, a lot of
5 people are not educated on their condition and
6 things like that.
7 And I'm very grateful that they informed
8 me of my condition and I've been healthy ever
9 since I've been on dialysis, and I've been doing a
10 lot better. They've been informing me on my
11 healthy eating, and I'm just grateful.
12 And I just want to just thank you for this
13 time, but I just want to also recommend that -- do
14 whatever you have to do to keep people healthy.
15 Thank you so much for your time.
16 MS. GUILD: Thank you.
17 Next group, Cary Bolton, Kristin Lukey
18 [phonetic], Moren -- no -- Matthew Moreno,
19 Alexandra [phonetic] King. And Stephanie Shumate.
20 MR. MORENO: Hello, everyone. Thank you
21 for your time.
22 My name is Matthew Moreno. I have been
23 working for Dialysis Care Center as a project
24 manager for 2 1/2 years. I've been in the

1 operations side of the medical field for a long
2 time and enjoy patients' responses to quality
3 care.
4 I experience -- the experiences I have
5 encountered while working for Dialysis Care
6 Centers have been great. My coworkers and
7 patients are nice people to be around every day.
8 I have seen many staff members concerned for the
9 well-being of their patients above and beyond the
10 normal scope. The dedication of our team is
11 outstanding in many levels, from delivering
12 medical supplies to patients' homes for our home
13 program to patient care techs' schedules and
14 flexibility. Our nurses and patient care techs
15 form good relationships with our patients to
16 provide personal care.
17 Our Dialysis Care Centers are another
18 great service we provide for patients. We have
19 been fortunate to have strong growth in Illinois
20 and other states. Our idea of personalized and
21 quality patient care for dialysis treatments is
22 working well. Our in-centers have state-of-the-
23 art equipment and great personal conveniences for
24 our patients. I audit our offices all over the

1 United States on a regular basis and look for ways
2 to improve our facilities.
3 My interactions with our patients have
4 been very rewarding. I have delivered machines
5 and supplies to patients when the regular drivers
6 were booked for our home program. I finally was
7 able to meet the people I spoke with on the phone
8 and helped them out there with their schedules.
9 The happy expressions I see when I meet the
10 patients is very rewarding. I'm helping their day
11 become a little easier.
12 Dialysis Care Center would appreciate your
13 vote in favor of our Chicago Heights location for
14 a few reasons. The Olympia Fields Dialysis Care
15 Center has added a fourth shift due to high demand
16 for our service in the area. Demands are putting
17 undue hardships on many of our patients, who are
18 losing their options for treatment times. The
19 reasonable hours needed to treat our patients are
20 well being exhausted. Patients have limited
21 options for their dialysis treatment and want to
22 live as normal a life as possible.
23 MR. ROATE: Two minutes.
24 MR. MORENO: Our Chicago Heights location

1 would alleviate the current situation and will
2 have room for future growth. This new location
3 will allow patients in the area to have more
4 flexibility --
5 CHAIRMAN SEWELL: Please conclude your
6 remarks.
7 MR. MORENO: To conclude, we appreciate
8 the Review Board to vote in favor of our Dialysis
9 Care Center for Chicago Heights location.
10 Thank you again for your time and
11 consideration.
12 MR. BOLTON: I want to just say good
13 morning to the whole Board. My name is Cary
14 Bolton.
15 I'm -- I present myself to you the second
16 time. The first time I was before you I was a
17 patient. But upon the decision that you made for
18 DCC, Dialysis Care Center, I was a recipient with
19 them with the home dialysis program.
20 I graduated from peritoneal to home hemo
21 to in-center immediate care. But due to the
22 decision that you made to allow this small company
23 in a medical competitive market to thrive, I am
24 now a graduated kidney transplant recipient.

1 (Applause.)
2 MR. BOLTON: But that could not happen
3 without your care, concern, and compassion for
4 allowing someone else -- not commercialized
5 because I -- I used to be with DaVita, and that's
6 a -- you know, they provide the same thing but
7 it's more commercialized than personal.
8 With DCC it's more personal care. And
9 with things being personal, you know, you get the
10 medication, but the compassion, the care, and
11 concern is also a help therapy for healing.
12 And I just want to thank this Board on
13 this morning. Thank you.
14 MS. GUILD: Thank you.
15 The next project is Physicians Surgical
16 Center in O'Fallon. There's one person who was
17 planning on speaking, Amy Ballance.
18 MS. BALLANCE: Good morning. Can you
19 hear me?
20 My name is Amy Ballance. I'm the vice
21 president of business development for the southern
22 Illinois division of Hospital Sisters Health
23 System.
24 I'm here on behalf of HSHS St. Elizabeth's

1 Hospital to voice our opposition for the proposed
2 plan submitted by Dr. Ahmed to discontinue the
3 single-specialty ASTC in Belleville and to
4 relocate it to O'Fallon.
5 Currently this area has two existing
6 offering -- facilities offering surgery services.
7 They are Memorial Hospital East in Shiloh and
8 HSHS St. Elizabeth's Hospital in O'Fallon. The
9 current surgical bed designation for these
10 facilities combined is 14.
11 In 2017 the reported number of OR hours
12 for both facilities was 13,730. This is below the
13 State standard, leaving 35 percent capacity across
14 these facilities. The establishment of this
15 center would negatively impact both of these
16 facilities.
17 In 2015 HSHS St. Elizabeth's came before
18 the Board to gain approval to move the hospital to
19 O'Fallon. A significant component of this move
20 included our commitment to retaining outpatient
21 services in the Belleville area.
22 St. Elizabeth's has been faithful to this
23 commitment and has maintained lab, imaging,
24 physical therapy, and physician services at that

1 location. These services continue to be utilized,
2 which supports our belief that access to these
3 services is needed in the area.
4 Recently we chose not to oppose
5 Dr. Ahmed's proposal to purchase the existing
6 ambulatory surgery center in Belleville due to the
7 fact that it would be retained in Belleville and
8 access to services would remain there.
9 On behalf of HSHS St. Elizabeth's
10 Hospital, I urge the Review Board to deny
11 Dr. Ahmed's proposal due to the potential of
12 creating an oversaturation in the existing
13 O'Fallon/Shiloh market and that removing this
14 health care option in Belleville will create a
15 lack of access for those residents.
16 Thank you for your time.
17 MS. GUILD: Thank you.
18 The next project is Anderson
19 Rehabilitation Hospital in Edwardsville.
20 Jill Tomich, Amy Ballance -- you can come
21 back -- Jason Zachariah, Rodney Greeling, and
22 Sue Campbell.
23 MS. TOMICH: Test, test.
24 Hi. Good morning. My name is Jill Tomich.

1 I'm the system manager of strategy for Hospital
2 Sisters Health System.
3 I'm here on behalf of HSHS St. Elizabeth's
4 Hospital to voice our support for the proposed
5 plans presented by Anderson Hospital, which will
6 add 14 acute rehab beds to their current acute
7 rehab unit.
8 Recently HSHS St. Elizabeth's underwent an
9 analysis of the availability of acute rehab beds
10 in the region to determine if a redesignation of
11 our current bed capacities was warranted.
12 Results of this analysis found that there
13 were two projects being proposed that would
14 increase the total number of acute rehab beds in
15 the region to 74 with 54 of these being new.
16 The existence of these 54 additional beds
17 in such close proximity to St. Elizabeth's will
18 lead to a decline in the utilization of beds in
19 our current unit; however, this will allow
20 St. Elizabeth's to redesignate our current acute
21 rehab beds at our facility and transition them for
22 use in areas that are in higher demand.
23 Before making the decision to transition
24 our acute rehab unit, we wanted to confirm that

1 patients in need of these services would have
2 appropriate access to the care they need. We
3 support the proposal by Anderson Hospital, as we
4 believe it will ensure that patients will continue
5 to have an excellent, local choice for their acute
6 rehab needs. With the addition of services that
7 Anderson has also outlined in the proposal, these
8 patients will benefit from advanced care that was
9 previously unavailable in the region.
10 Again, HSHS St. Elizabeth's supports this
11 proposal by Anderson Hospital, and we encourage
12 the committee to approve this project.
13 Thank you for your consideration.
14 DR. GREELING: Good morning.
15 I'm Rod Greeling, an internal medicine
16 physician at Anderson Hospital and medical
17 director of the Anderson Medical Group. I am
18 speaking on of behalf of the proposed 34-bed rehab
19 unit at Anderson Hospital.
20 Our current rehab unit's limiting factor
21 is its undersized location, and all 20 beds are in
22 double-occupancy rooms. An inadequate space for
23 support functions such as physical therapy and
24 occupational therapy in the antiquated space

1 limits our ability to upgrade services such as
2 enhanced care through our complex neurologic and
3 brain injury patients. We need a dedicated brain
4 unit, which is part of our proposal.
5 A 76-year-old patient of mine recently was
6 rear-ended by a large truck at a stop sign in
7 Madison County. At the scene she was found to
8 have extensive trauma and was unconscious. There
9 was a prolonged extraction time of over
10 20 minutes, and she was intubated at the scene.
11 She was transported to a trauma center and had
12 massive facial and head injuries, traumatic brain
13 injury, and multiple traumas.
14 After her 14-day stay, neurosurgery, and
15 treatment of all of her conditions, she was ready
16 for rehab. She was sent to another rehab facility
17 because a traumatic -- our trauma hospital felt at
18 that time she needed a higher level of
19 neurosurgical care than we provided. After two
20 weeks the family requested she be sent to Anderson
21 to be closer to her home.
22 We at Anderson are growing. We are taking
23 major steps to enhance our neurologic and
24 neurosurgical services. Our rehabilitation

1 facilities are the greatest obstacle to achieving
2 the necessary improvement needed.
3 I, for one, am concerned about the exodus
4 of jobs and residents leaving Illinois and moving
5 to adjacent states. I'm even more concerned when
6 patients who reside in Illinois feel the need to
7 leave the state for health care that could be
8 locally provided.
9 On behalf of my patients, please approve
10 this project.
11 MS. CAMPBELL: Good morning. I am Sue
12 Campbell, CEO of Community Hospital of Staunton.
13 I'm here to speak on behalf of the Anderson
14 Rehabilitation Hospital.
15 Community Hospital of Staunton is a 25-bed
16 critical-access hospital in Macoupin County, about
17 23 miles north of Anderson Hospital. Three years
18 ago we were pleased to become a member of Anderson
19 Healthcare. This affiliation has strengthened our
20 operational capability and financial capacity to
21 continue to provide needed services in Staunton
22 and surrounding rural communities to our service
23 area.
24 Community Hospital of Staunton does not

1 offer inpatient rehabilitation. Our physicians
2 refer patients to Anderson Hospital for their
3 rehab care. This project is especially needed
4 following the closure of two other rehabilitation
5 services in Madison County during the past
6 two years, at Gateway Regional Medical Center in
7 Granite City and OSF St. Anthony Hospital in
8 Alton.
9 Replacing the limited, 20-bed
10 rehabilitation unit at Anderson Hospital with a
11 modern, 34-bed rehabilitation hospital will
12 provide enhanced services to residents of our
13 service area and beyond.
14 Thank you for listening to my statement.
15 Please approve this important project.
16 MR. ZACHARIAH: Good morning, Board
17 members.
18 I'm Jason Zachariah, president of Kindred
19 Rehabilitation Services. Kindred Healthcare is a
20 Co-Applicant with Anderson Hospital on the
21 proposal to establish the Anderson Rehabilitation
22 Hospital in Edwardsville.
23 My statement has two purposes: First, to
24 provide a summary of the Anderson Rehabilitation

1 Hospital project so you have this information in
2 advance of your deliberations about the BJC/
3 Encompass project, which is the other proposed
4 rehabilitation hospital in HSA 11 before you
5 today. Second, to describe our relationship with
6 Anderson Hospital's rehabilitation program.
7 Anderson Hospital in Maryville operates a
8 20-bed comprehensive rehabilitation unit along
9 with its medical/surgical, intensive care, and
10 obstetric services.
11 Anderson and Kindred Healthcare are coming
12 together in a joint venture to establish a 34-bed
13 freestanding rehabilitation hospital just 5 miles
14 from Anderson Hospital. The rehabilitation unit
15 at Anderson Hospital will be closed upon the
16 opening of the rehabilitation hospital.
17 The Edwardsville site is on a property
18 owned by Anderson and is adjacent to the Anderson
19 Surgery Center site that this Board approved in
20 December and is now under construction. Madison
21 County's the primary service area of the project,
22 with secondary service areas extending north into
23 Jersey, Macoupin, Montgomery, and Bond Counties.
24 One of the main purposes of the

1 freestanding hospital project is to establish a
2 modern, state-of-the-art inpatient rehabilitation
3 facility that will serve many of the residents of
4 HSA 11 with too many going to St. Louis for
5 rehabilitation care.
6 Kindred Healthcare has partnered with
7 Anderson Hospital in the operation of its rehab
8 unit since it was opened in 2004. Kindred
9 operates 22 joint venture rehabilitation hospitals
10 throughout the US with premier hospital systems
11 and manages 99 hospital-based rehabilitation
12 units, including 8 of these in the state of
13 Illinois.
14 Growing a 20-bed unit into the
15 freestanding rehabilitation hospital is the
16 natural evolution of the service at Anderson and
17 the relationship that Anderson and Kindred have
18 built together to provide access to comprehensive
19 physical rehabilitation at the highest level of
20 quality possible.
21 We look forward to our presentation this
22 afternoon --
23 MR. ROATE: Two minutes.
24 MR. ZACHARIAH: -- and discussion of

1 Anderson Rehabilitation Hospital with the Board
2 this afternoon.
3 Thank you.
4 MS. GUILD: Thank you.
5 That's the end of the public participation
6 item on our agenda.
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1 CHAIRMAN SEWELL: There are no items
2 approved by the Chair, so we move to items for
3 State Board action, permit renewal requests.
4 A-01, Project No. 17-047, Vascular Access
5 Centers of Illinois.
6 May I have a motion to approve an
7 eight-month permit renewal for this project in
8 Chicago.
9 MEMBER DEMUZIO: Motion.
10 CHAIRMAN SEWELL: Is there a second?
11 MEMBER SLATER: Second.
12 MEMBER SAVAGE: Second.
13 THE COURT REPORTER: Excuse me just one
14 second.
15 Would you raise your right hands, please.
16 (Two witnesses sworn.)
17 THE COURT REPORTER: Thank you. And
18 please print your names.
19 CHAIRMAN SEWELL: Mr. Constantino, do you
20 have a statement for the Board?
21 MR. CONSTANTINO: Thank you, sir.
22 In January of 2018 the State Board
23 approved Permit No. 17-047 that authorized the
24 establishment of a single-specialty ASTC in

1 Chicago.
2 This permit is financially committed and
3 the current project completion date is
4 September 30th, 2019. The total project cost is
5 $1.2 million.
6 The permit holders are asking the Board
7 for a nine-month permit renewal, from September
8 2019 to June 30th, 2020. The reason for the
9 renewal is the Department of Public Health has
10 requested the correction of some deficiencies at
11 the ASTC. This is the fourth permit renewal for
12 this project.
13 Thank you, sir.
14 CHAIRMAN SEWELL: Any comments for the
15 Board?
16 MR. SILBERMAN: If we may, briefly.
17 And we want to address this issue head-on
18 because it's not normal that you get to a fourth
19 permit renewal, so we'd like to address exactly
20 how and why we got here.
21 We want to assure the Board this is a
22 project that is, in fact, progressing. Oftentimes
23 you'll see challenges getting financing or getting
24 moving. That is not the case here at all.

1 If you'll note, we were approved in
2 January of 2018 and the first permit renewal was
3 actually in February of 2018. The permit just
4 took longer to get through the process than was
5 expected, and so we had to seek a renewal right
6 away just to keep the permit valid.
7 When we came back in October of 2018, we
8 had completed the IDPH review, and the
9 determination was that the location of a sink
10 needed to be on the other side of the hallway for
11 us to comply with the IDPH standards, so we agreed
12 to make that repair.
13 What happened between October and April of
14 2019 -- and this is an unfortunate, you know,
15 comedy of errors, if you will -- is once we
16 relocated the sink, we realized it was going to
17 require relocating a pipe, which we undertook and
18 did. That has all been done and Public Health has
19 come in and completed its final evaluation -- so
20 we thought.
21 And what happened is, once we located the
22 pipe and the sink and refinished the wall, we lost
23 our 8-foot clearance, and we are now just a couple
24 of inches shy of the 8-foot clearance for

1 licensing.
2 We've had great communication with Public
3 Health. Because the entirety of the procedures
4 that we perform are done under twilight, there's
5 the potential -- they've actually offered us the
6 ability for a waiver so that we might not have to
7 do the construction and could then be up and
8 licensed shortly.
9 But what we are trying to do out of our
10 responsibility to this Board is just take the time
11 to look down the road and say, "Is there any
12 chance there are procedures that would require
13 general anesthesia?" Because if there are, we'd
14 rather do the construction now, get that done, and
15 make sure this can be fully licensed as a surgery
16 center.
17 So with that we'll answer any questions.
18 I think the biggest mistake that has been made, if
19 any, is we've gotten short deferrals just to get
20 done what needed to get done without realizing
21 that unexpected things could occur.
22 CHAIRMAN SEWELL: Any questions by Board
23 members?
24 (No response.)

1 CHAIRMAN SEWELL: Can we have a roll call
2 vote?
3 MR. ROATE: Thank you, sir.
4 Motion made by Senator Demuzio; seconded
5 by Mr. Slater.
6 Senator Demuzio.
7 MEMBER DEMUZIO: I vote yes based upon the
8 testimony I just heard.
9 So good luck with everything.
10 MR. ROATE: Thank you.
11 Dr. Martell.
12 MEMBER MARTELL: I vote yes based on the
13 staff report and the testimony heard today.
14 MR. ROATE: Thank you.
15 Dr. Murray.
16 MEMBER MURRAY: I vote yes based on the
17 staff report and the testimony that was given.
18 MR. ROATE: Thank you.
19 Ms. Savage.
20 MEMBER SAVAGE: I vote yes based on the
21 staff report and the testimony heard today.
22 MR. ROATE: Thank you.
23 Mr. Slater.
24 MEMBER SLATER: I vote yes based on the

1 staff report.
2 MR. ROATE: Thank you.
3 Mr. Chairperson.
4 CHAIRMAN SEWELL: I vote yes based on the
5 report.
6 MR. ROATE: Thank you.
7 That's 6 votes in the affirmative.
8 MR. SILBERMAN: Thank you. We hope not to
9 be back.
10 CHAIRMAN SEWELL: Thank you.
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1 CHAIRMAN SEWELL: Next is A-02, Project
2 No. 18-027.
3 Is that -- Aghapy? Is that the proper
4 pronunciation?
5 MR. LAWLER: Aghapy.
6 CHAIRMAN SEWELL: Aghapy? Okay.
7 -- Surgical Center.
8 MR. LAWLER: Yes, sir.
9 CHAIRMAN SEWELL: So may I have a motion
10 to approve a 12-month permit renewal for this
11 project in Barrington.
12 MEMBER SAVAGE: So moved.
13 CHAIRMAN SEWELL: Is there a second?
14 MEMBER DEMUZIO: Second.
15 THE COURT REPORTER: Would you raise your
16 right hands, please.
17 (Two witnesses sworn.)
18 THE COURT REPORTER: Thank you. Please
19 print your names.
20 CHAIRMAN SEWELL: I'm sorry.
21 Mr. Constantino.
22 MR. CONSTANTINO: Thank you, Mr. Sewell.
23 In December of 2018 the State Board
24 approved Permit No. 18-27. The permit authorized

1 the establishment of a single-specialty ASTC in
2 Barrington to perform endoscopic procedures.
3 The permit is not financially committed,
4 and the current project completion date is
5 December 31st, 2019. The approved permit amount
6 is 3.9 million.
7 The permit holders are requesting a
8 12-month permit renewal, from December 2019 to
9 December 2020. The reason for the request is IDPH
10 has identified some deficiencies at the facility
11 that need to be corrected.
12 This is the first permit renewal for this
13 project.
14 Thank you, sir.
15 CHAIRMAN SEWELL: Any comments for the
16 Board?
17 MS. FALICO: Hello. My name is Amber
18 Falico. I am the director of clinical operations
19 for the Applicant. With me today is Dan Lawler,
20 our CON counsel.
21 We greatly appreciate the staff's
22 expedited review of our request that allowed us to
23 be here on today's agenda meeting.
24 We are asking for both a permit extension

1 and alteration today to address items raised by
2 IDPH after its site review. IDPH requested
3 modifications to plumbing, electrical, HVAC, and a
4 few other items listed with the staff report. We
5 need additional time to make those corrections,
6 and it will require changes in the approved square
7 footage and cost of the project. Both the cost
8 increase and square footage increases are within
9 the limits allowed by the Board's rules.
10 I'm happy to answer any additional
11 questions you may have.
12 Thank you.
13 CHAIRMAN SEWELL: Any questions for the
14 Applicant?
15 (No response.)
16 CHAIRMAN SEWELL: Roll call.
17 MR. ROATE: Thank you, sir.
18 Motion made by Ms. Savage; seconded by
19 Senator Demuzio.
20 Senator Demuzio.
21 MEMBER DEMUZIO: I vote yes based upon the
22 testimony and the staff report.
23 MR. ROATE: Thank you.
24 Dr. Martell.

1 MEMBER MARTELL: I vote yes based on the
2 State Board staff report.
3 CHAIRMAN SEWELL: Thank you.
4 Dr. Murray.
5 MEMBER MURRAY: I vote yes based on the
6 staff report.
7 MR. ROATE: Thank you.
8 Ms. Savage.
9 MEMBER SAVAGE: I vote yes based on the
10 staff report.
11 MR. ROATE: Thank you.
12 Mr. Slater.
13 MEMBER SLATER: I vote yes based on the
14 testimony.
15 MR. ROATE: Thank you.
16 Chairman Sewell.
17 CHAIRMAN SEWELL: I vote yes based on the
18 State agency report.
19 MR. ROATE: Thank you.
20 That's 6 votes in the affirmative.
21 CHAIRMAN SEWELL: Thank you.
22 MS. FALICO: Thank you.
23 MR. LAWLER: Thank you.
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1 CHAIRMAN SEWELL: There are no extension
2 requests. We move to exemption requests.
3 MS. AVERY: Did you have a question, Dan?
4 MR. LAWLER: We'll be back for the
5 alteration request.
6 MS. AVERY: Oh.
7 THE COURT REPORTER: If you can leave your
8 remarks, please.
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1 CHAIRMAN SEWELL: So we move to exemption
2 requests.
3 This is C-01, Project No. E-024-19,
4 MetroSouth Medical Center in Blue Island.
5 I want to entertain a motion by the Board
6 to defer this project based upon information that
7 we took 20 minutes to read that we just received
8 yesterday earlier on the agenda.
9 Is there a motion to defer?
10 MEMBER MURRAY: So moved.
11 CHAIRMAN SEWELL: Is there a second?
12 MEMBER SAVAGE: Second.
13 CHAIRMAN SEWELL: Any discussion on the
14 motion to defer?
15 (No response.)
16 CHAIRMAN SEWELL: The background that
17 I would give during discussion is that yesterday
18 at approximately 4:20 to 4:30 p.m., we became
19 aware of and actually received a lawsuit. The
20 plaintiff is People's Choice Hospital, LLC, a
21 Delaware limited liability corporation; the
22 defendant is Quorum Health Corporation, a Delaware
23 corporation.
24 And among other things, Board members were

1 given some time to read this since we just
2 received it yesterday in the p.m., along with some
3 other information relevant to the project.
4 The complaint and the demand is for the
5 attempt to close MetroSouth Medical Center under
6 alleged false pretenses. So we need time to
7 determine whether this impacts or does not impact
8 the project, so that was the reason for the motion
9 to defer.
10 MR. LAWLER: Mr. Sewell?
11 CHAIRMAN SEWELL: Yes.
12 MR. LAWLER: I represent the Applicants,
13 MetroSouth. Will we have an opportunity to
14 address the Board on that issue?
15 (An off-the-record discussion was held.)
16 CHAIRMAN SEWELL: Hold up. Just a second.
17 (An off-the-record discussion was held.)
18 CHAIRMAN SEWELL: I'm sorry to leave you
19 standing there.
20 MR. LAWLER: No problem.
21 CHAIRMAN SEWELL: He needs to be sworn in.
22 MS. AVERY: He was already sworn. Name on
23 the record.
24 THE COURT REPORTER: Just state your name

1 for the record.
2 MR. LAWLER: My name is Dan Lawler,
3 L-a-w-l-e-r. I'm with the law firm of Barnes &
4 Thornburg in Chicago. I am CON counsel to the
5 Applicant.
6 And may I also have our CEO sit with me?
7 CHAIRMAN SEWELL: Certainly.
8 (An off-the-record discussion was held.)
9 MR. WALSH: My name is John Walsh. I'm
10 the CEO of MetroSouth Medical Center.
11 MR. SMITH: Marty Smith, chief operating
12 officer for Quorum Health.
13 MR. KING: Ken King, senior vice president
14 for Quorum.
15 THE COURT REPORTER: Would you raise your
16 right hands, please, you three gentlemen.
17 (Three witnesses sworn.)
18 THE COURT REPORTER: Thank you. And
19 please print your names on those sheets.
20 CHAIRMAN SEWELL: What -- if you're
21 speaking, we want you to speak to what the Board
22 is considering right now, and that is a motion to
23 defer the project.
24 MR. LAWLER: Yes, sir.

1 This is a factual and legal situation that
2 is nearly identical to a situation that was before
3 this Board in April where there was a pending
4 lawsuit on a hospital closure.
5 The difference, of course, is that the
6 lawsuit here does not involve the Board, does not
7 ask any relief against the Board, does not ask
8 that the vote today be stopped by the Courts or
9 anyone else.
10 In addition, this Board had determined
11 that under the statute, the Planning Act, and the
12 regulations in effect at that time and that also
13 apply to this project. Senate Bill 1739
14 institutes new processes for hospital closures,
15 but that's not applicable to this project.
16 And what was determined on that project is
17 that the Planning Act requires exemptions to be
18 acted on within a set period of time, and it
19 doesn't say that the Board shall approve a project
20 that complies with the information requirements
21 unless a lawsuit is filed, so the Planning Act
22 requires action by this Board today.
23 Now, the Board does have a rule -- does
24 have a rule -- that says that if there is a

1 pending action in which the subject matter of the
2 lawsuit is at issue, that the Board will defer.
3 Now, what happened is between that -- the
4 difference between what the Planning Act says and
5 what the Board rule says, it was determined by
6 this Board that the statute trumped the regulation
7 and the Board had to act on the project
8 notwithstanding the lawsuit.
9 That interpretation is essentially
10 affirmed by Senate Bill 1739 because for
11 applications to discontinue after the effective
12 date of that Act, July 15, the statute gives the
13 Board the authority to defer a closure application
14 permit pending litigation that affects the permit.
15 Now, the fact that the legislature had to
16 give, expressly, this Board the power to defer is
17 a strong indication that this Board did not have
18 that power to do that previously. Otherwise, it
19 would not have had to have been added.
20 And so the prior interpretation of the
21 Planning Act and the Board's regulations prior to
22 Senate Bill 1739 is that the Board does not have
23 the authority to defer; the Planning Act requires
24 action on this application.

1 So we would present to the Board that,
2 one, it does not have authority to defer, and,
3 two, the rule doesn't apply here anyway because
4 that lawsuit does not involve the Board, does not
5 involve this application, and does not ask any
6 relief from the Court against the Board.
7 So how could it possibly be a suit that is
8 the subject matter? The subject matter of the
9 lawsuit is -- as you heard the People's Choice
10 people say today -- they want the Court to force
11 us to sell the hospital to them. That's what the
12 subject matter of the lawsuit is about. It's not
13 changing what the Board is doing today.
14 So we would object to a motion to defer on
15 the grounds that, one, the Board has no authority
16 to defer under the law that's applicable to this
17 project and, two, that the rule that's being
18 invoked to defer is not applicable here, either.
19 Thank you.
20 CHAIRMAN SEWELL: Do Board members have
21 any questions of counsel or the Applicant?
22 MEMBER MURRAY: Our counsel, you mean?
23 CHAIRMAN SEWELL: Yeah. This gentleman
24 right here.

1 MEMBER MURRAY: Okay.
2 MS. AVERY: Our temporary counsel.
3 MEMBER MURRAY: Our temporary counsel.
4 So -- maybe this is for staff. I'm not
5 sure which.
6 So -- I'm not a lawyer so I can't really
7 judge what this gentleman just said.
8 But if there's questions about facts in
9 the application, is that a reason to defer?
10 MR. AFEEF: The applicable rule that
11 you're looking at says that if an individual or
12 entity has failed to comply with the Act or the
13 HFSRB rules and has been notified by HFSRB about
14 an allegation of noncompliance, this shall provide
15 a basis for HFSRB to defer consideration of any
16 and all applications, rulings, or advisory
17 opinions filed before HFSRB until the noncompliant
18 matter is resolved.
19 The issue that -- for you -- is does this
20 lawsuit create, in your -- for you -- an
21 allegation of noncompliance.
22 That's your answer.
23 CHAIRMAN SEWELL: I have another question
24 of counsel.

1 Part of the presentation was that we had
2 to act today. Not just that we had to act on the
3 application but we had to act today.
4 Do you or staff support that idea?
5 MS. AVERY: Are you -- for clarification,
6 you're asking if we need to act on the request for
7 the exemption --
8 CHAIRMAN SEWELL: Yes.
9 MS. AVERY: -- correct?
10 MEMBER MURRAY: Today.
11 MS. AVERY: Today.
12 CHAIRMAN SEWELL: Today.
13 I would add "today." I think that's an
14 important part of the statement that the Applicant
15 made.
16 MS. AVERY: In the law -- in the Planning
17 Act -- and, again, this is prior to 1739 -- we
18 have "If there is a pending lawsuit that
19 challenges an application to discontinue a health
20 care facility that either names the Board as a
21 party or alleges fraud in the filing of the
22 application, the Board may defer action on the
23 application for up to six months after the date of
24 the initial deferral of the application."

1 I have spoken with State regulators, and
2 there was no evidence that the Applicant had
3 proceeded to shut down the hospital.
4 Also, in our rule -- which is very
5 clear -- it says HFSRB will defer consideration of
6 the application for exemption when the application
7 is the subject of litigation until all litigation
8 related to the application has been completed.
9 So even though we're not named in the
10 lawsuit, there are accusations of some things that
11 weren't true.
12 And for the record, on public act -- the
13 99th General Assembly approved -- which this
14 application falls under -- a different set of
15 standards for which you can consider the
16 discontinuation. The Applicant did meet all of
17 those.
18 CHAIRMAN SEWELL: Uh-huh.
19 Were you going to --
20 MR. LAWLER: Sir, just two more points:
21 One is the Planning Act provides -- the Planning
22 Act -- provides, with respect to exemptions, that
23 reviews shall not exceed 60 days from the date the
24 application is declared to be complete.

1 We were declared complete June 11th. We
2 were initially scheduled for the August Board
3 meeting. We should have been approved already.
4 There was a request for a public hearing,
5 there was an accommodation made, and we were
6 rescheduled to this meeting.
7 So we're beyond the time --
8 MS. AVERY: May I interrupt?
9 MR. LAWLER: Yes, sir -- yes, ma'am.
10 MS. AVERY: He's right in some instances,
11 but the public hearing also triggers dates where
12 we have to post.
13 And that is why it was moved from that
14 meeting to this one, because we have criteria in
15 which we have to post and allow for the
16 transcripts to come back and get to the Board.
17 MR. LAWLER: Right. And that -- and let
18 me say that that additional time allowed Quorum
19 and the City of Blue Island, through Mayor Vargas
20 and its own CON counsel at Benesch, to work out
21 the agreement that the mayor presented to you
22 today that he said -- and we agree -- would assure
23 access to health care going forward, and the
24 parties would be working together to achieve that.

1 That agreement would be jeopardized if
2 there's no act on this today.
3 And the failure of the Board to act today
4 could also result in the irreparable harm that you
5 heard today from the seven other CEOs of Quorum
6 hospitals.
7 And if I may, I would just like the
8 opportunity -- because it relates to your motion
9 to defer and the direct, severe, negative adverse
10 impact that's going to have not only on the
11 Quorum -- it's going to have an impact on 7 other
12 hospitals in the state, 26 other hospitals in the
13 country. And if I may, I'd like to have Mr. Smith
14 briefly address that.
15 MR. SMITH: Sure. Thank you, Dan, and
16 thank you to the Board for this time.
17 While I'm not sharing all my testimony
18 that was previously prepared, Dan asked me
19 specifically to relate you to the issues with
20 Quorum, the overall financial position of the
21 company. You've heard some of that testimony
22 earlier today about that.
23 Quorum, if you will, was formed in May of
24 2016 as a corporate spin-off of a larger health

1 care company. Many of our facilities that you've
2 heard are rural, nonurban communities, safety net
3 hospitals, sole community providers, critical-
4 access hospitals.
5 Through our spin, Quorum inherited a debt
6 structure -- again, "inherited," key word --
7 associated with -- and various associated debt
8 covenants binding all of our Illinois hospitals
9 and our hospitals across the country.
10 Our current debt at the end of the second
11 quarter of 2019 was approximately $1.2 billion at
12 a blended rate of 10 percent, so $120 million in
13 interest expense on an annualized basis.
14 We believe, as a company, that by early
15 2020 we will be in a much better position to
16 restructure our debt, but we have to get there
17 first.
18 As it has been stated, we have various
19 debt covenants that govern our debt structure. At
20 the end of the second quarter we reported -- and
21 it's public information -- that, in large part due
22 to the losses -- the increase of losses at
23 MetroSouth -- that Quorum has basically 3 percent
24 or the equivalent of $6 million from tripping our

1 debt covenants. We had 3 percent room and about
2 $6 million from tripping our debt covenants.
3 I can share additional details with the
4 Board on what happens if we trip our debt
5 covenants if you have questions, but just let me
6 simply say it puts 3,000 jobs in your state at
7 risk and more than 10,000 across the country.
8 If we had additional time to give -- we
9 have been asked about giving additional time -- we
10 would give that additional time. We have no
11 additional time to give as an organization without
12 risking violating these debt covenants.
13 And the way our covenants essentially work
14 is the losses associated with MetroSouth -- which
15 is roughly about $7 million year to date -- they
16 would be credited back, which basically would more
17 than double the room that we have under our
18 current debt structure.
19 So while we're very disappointed and
20 discouraged about the situation at MetroSouth, we
21 understand we have to also think more broadly
22 about the rest of the state and our company going
23 forward.
24 CHAIRMAN SEWELL: Any other questions by

1 Board members?
2 MEMBER SLATER: How much is the loss
3 per day?
4 MR. SMITH: The loss per day?
5 MEMBER SLATER: At MetroSouth.
6 MR. SMITH: The loss per month is running
7 roughly a little -- in the neighborhood -- last
8 month our losses on a pretax, predepreciation,
9 preinterest basis were $1.5 million for the month
10 of August projected.
11 MS. AVERY: And for clarification for the
12 Board members, the date projected to close the
13 hospital is?
14 MR. LAWLER: September 30.
15 MS. AVERY: Okay.
16 MR. LAWLER: And one other item: Given
17 that this is all being generated through an
18 accusation of fraud on the basis that we
19 supposedly discontinued services without State
20 approval, Ms. Avery already stated -- she
21 confirmed that that's not the case.
22 John Walsh, the CEO of the hospital, and
23 myself have been in continued contact with this
24 Board's staff as well as Karen Singer at IDPH as

1 to the status of services at the hospital.
2 We temporarily suspended cardiac cath
3 because we don't have the clinical people to
4 operate the service, and we did that pursuant to
5 notice to this Board and to IDPH.
6 I do believe that Karen Singer has
7 confirmed to the staff that we are in compliance.
8 We did have a site survey from IDPH following the
9 discontinuation -- the suspension, I'm sorry -- of
10 the cardiac cath unit.
11 So these allegations are concocted.
12 They're disputed and refuted by the Illinois
13 Department of Public Health.
14 CHAIRMAN SEWELL: Any other comments or
15 questions by members of the Board?
16 Staff?
17 MEMBER MARTELL: Yes.
18 CHAIRMAN SEWELL: Oh, I'm sorry. Go ahead.
19 MEMBER MARTELL: The other allegation had
20 to -- the other part of the allegation was related
21 to the buyer and knowledge of a potential buyer.
22 So could counsel respond to that?
23 MR. LAWLER: Yes, we can. I'd like to
24 have Mr. Ken King address that.

1 MR. KING: Yes. Thank you.
2 My name is Ken King. I'm senior VP of
3 acquisitions for Quorum, and I've also been
4 responsible for our divestitures. And I have been
5 trying to divest Quorum -- Metro -- for the past
6 2 1/2 years, and we've had two different brokerage
7 firms involved.
8 We had a group called Ponder & Company, a
9 gentleman based here in Chicago, that tried to
10 help me sell the hospital from April 2017 until
11 April 2018, and he was unsuccessful -- we were
12 unsuccessful. In January we hired another group
13 called MTS Partners. They've been trying to sell
14 Metro for me, and to date they've been
15 unsuccessful.
16 We have literally gone around to all of
17 the large reputable health systems that surround
18 Metro and made the offer to essentially give them
19 the hospital, to give them the land, the building,
20 the equipment, the operations, the records,
21 licenses -- free of any encumbrances -- and no one
22 took us up on that offer.
23 Think about that. All of the large health
24 systems surrounding Metro, and none of them took

1 us up on that offer.
2 So we were down to sort of the last
3 bottom-of-the-barrel option -- okay? -- a group
4 called People's Choice Hospital. All right? We
5 made them the very same offer -- okay? -- because
6 we need to get out of the hospital, "We will give
7 you the hospital."
8 People's Choice insisted upon purchasing
9 the net working capital -- in other words, the
10 accounts receivable. We tried to discourage them
11 from that and tried to encourage them to get their
12 own line of credit to fund net working capital but
13 they rejected that. They had to buy the net
14 work -- they had to buy the A/R because that's
15 what they would use as collateral to get a loan.
16 So on the purchase price we did come to an
17 agreement: "We will give you the hospital, the
18 property, the land, the building, and the
19 equipment, and you will buy the accounts
20 receivable at a 20 percent discount." That's the
21 only thing we reached agreement on.
22 All of the other major terms and
23 conditions of the purchase agreement we could not
24 reach an agreement on.

1 There were three turns of the purchase
2 agreement. There was our initial draft to them on
3 July 16. People's Choice turned a redline back to
4 us on July 31st. And then we sent them another
5 redline on August the 6th. That was the last turn
6 of the purchase agreement, and that turn sat with
7 People's Choice. And as the lawyers like to say,
8 the pen was with them.
9 Now, let me go to their purchase agreement
10 that they sent to us on July 31st. They
11 completely rewrote the purchase agreement and
12 built in all kinds of contingencies and caveats
13 and conditions to closing, you know, to make -- so
14 that they could be half in and half out. Okay?
15 Now, there's -- there was a big issue with
16 one of the terms. They said that all key
17 contracts of the hospital must stay in place.
18 Sounds reasonable. And they told us managed-care
19 contracts are a key contract and these must stay
20 in place. That sounds reasonable.
21 Well, except for one thing. There's a
22 major insurer called Aetna that is pursuing
23 litigation against People's Choice for what Aetna
24 describes as a fraudulent lab billing scheme.

1 The Aetna complaint goes on to outline how
2 People's Choice has perpetrated this fraud and
3 abuse, including mail and wire fraud,
4 racketeering, bribes, and kickbacks in order to
5 perpetrate this scheme. And this is based on a
6 little bitty, tiny rural hospital in Oklahoma.
7 Okay?
8 So I go back to our agreement -- and this
9 isn't, by the way, the first time that they had
10 pursued this lab billing scheme. They'd done it
11 also in the state of Florida.
12 So I go back to my agreement that I'm
13 negotiating with People's Choice -- okay? And
14 they say "all key contracts must remain in place,"
15 and I know that I've got to get the consent of the
16 managed-care payers to assign their contracts to
17 People's Choice.
18 Now I ask you, is Aetna or Blue Cross
19 going to assign their contract to People's Choice
20 when Aetna has accused the company of fraud,
21 bribery, kickbacks, racketeering, and this has
22 been publicly reported in Becker's Hospital Review
23 and other publications? Okay?
24 So it's not as simple as what People's

1 Choice told you. Okay? They misrepresented the
2 facts to you and they misdirected you.
3 And based on a frivolous lawsuit that they
4 filed yesterday to try and get this very
5 reaction -- you know, here's the consequences:
6 You know, you guys now are trying to make a
7 decision whether to defer this.
8 So that's all I have to say. I would tell
9 you that, based on what we know now, you know,
10 that we don't believe that they're a viable buyer,
11 and that's all I have to say.
12 MEMBER MURRAY: Does that mean that Aetna
13 said no?
14 MR. KING: Come again?
15 MEMBER MURRAY: Does that mean that Aetna
16 said no?
17 MR. SMITH: Aetna is involved in a Federal
18 lawsuit. They've filed a Federal lawsuit against
19 People's Choice.
20 MEMBER MURRAY: Okay. But did they tell
21 you no?
22 MR. SMITH: They have not told --
23 MEMBER MURRAY: Did you ask them and they
24 said no?

1 MR. KING: No. We didn't -- we never
2 signed an agreement with them because -- we went
3 back to them, ma'am, on August the 6th, and we
4 told them that we will not accept that edit.
5 Okay? We're not going to accept a condition to
6 closing that says they've got -- all the managed-
7 care companies have to agree --
8 MEMBER MURRAY: Okay.
9 MR. KING: -- because that leaves me at
10 risk.
11 MR. SMITH: Let me just please reference a
12 very critical point that's in the lawsuit. You
13 read the lawsuit this morning. I want to point
14 this critical point out.
15 They make this claim that, for some
16 reason, we walked away from the deal because we
17 wanted to liquidate the assets, and they used the
18 term that we're going to capitalize on that by
19 selling the assets for $60-plus million.
20 You heard the mayor lead off this
21 discussion today and say, "We have come to an
22 agreement with Quorum to transition the assets to
23 them or to a new buyer." There is no effort on
24 our part to liquidate these assets.

1 We are, at our heart, trying to find a
2 path forward. This is an incredibly difficult
3 situation we find our other hospitals in, we find
4 our company in, we find their community in, but we
5 worked with the City to come up with a plan to go
6 forward so that there can be a transition of care
7 in line with what you heard from the testimony
8 from Sinai earlier today.
9 They specifically talked about a
10 transition to more of an outpatient environment,
11 and that's the platform that we're trying to leave
12 with the City and with a new provider, all the
13 equipment and the assets associated with launching
14 a new platform for health care services in this
15 community.
16 So any allegation that we're doing this --
17 that we're walking away from People's Choice for
18 our own financial benefit -- is clearly put to
19 rest by our efforts and our signature on a piece
20 of paper with the City to do something very
21 different, to give these assets.
22 And as Dan pointed out just a few seconds
23 ago, if we are not successful today and at the end
24 of this month, we wipe out -- everything is

1 contingent upon us being able to close.
2 The City loses its benefit that we've put
3 in place for them, and our employees, who have
4 severance benefits now established through the end
5 of October, will potentially lose all their
6 severance benefits, as well.
7 So we don't want to see a company who --
8 if you Google them, you'll go through 10 pages of
9 Google information about fraud, about various
10 allegations of lab billing schemes. This is not a
11 credible company. They don't even operate a
12 hospital today.
13 I can't in any stronger terms tell you
14 that this is not a reputable organization.
15 There's not one thing -- outside of the fact that
16 they started negotiating with us in March -- in
17 that lawsuit that I read that is factual, and I am
18 on the record as saying it.
19 CHAIRMAN SEWELL: Board members,
20 additional questions?
21 (No response.)
22 CHAIRMAN SEWELL: All right. The motion
23 on the floor is to defer this project.
24 And the next meeting of this Board is

1 September 22nd --
2 MS. AVERY: October.
3 CHAIRMAN SEWELL: October 22nd.
4 I'm sorry.
5 Any additional questions on the motion?
6 (No response.)
7 CHAIRMAN SEWELL: Roll call.
8 MR. ROATE: Thank you, Mr. Chairman.
9 Motion made by Dr. Murray; seconded by
10 Ms. Savage.
11 Senator Demuzio.
12 MEMBER DEMUZIO: Yes, I vote to defer
13 and -- based upon the comments I've heard today.
14 MR. ROATE: Thank you.
15 Dr. Sandra Martell.
16 MEMBER MARTELL: I vote to defer based on
17 legal counsel interpretation.
18 MR. ROATE: Thank you.
19 Dr. Murray.
20 MEMBER MURRAY: I vote to defer based on
21 my understanding of the administrative code and
22 our legal obligation.
23 MR. ROATE: Thank you.
24 Ms. Savage.

1 MEMBER SAVAGE: I vote to defer based on
2 what we've heard today and the legal counsel.
3 MR. ROATE: Thank you.
4 Mr. Slater.
5 MEMBER SLATER: I vote no, based on the
6 rules that we have to follow as this Board.
7 MR. ROATE: Thank you.
8 Chairman Sewell.
9 CHAIRMAN SEWELL: I vote yes, based upon
10 the requirements that were read earlier.
11 MR. ROATE: Thank you.
12 That's 5 votes to defer, 1 to not.
13 CHAIRMAN SEWELL: Okay. So we will hear
14 this project at the October 22nd meeting of this
15 Board.
16 (An off-the-record discussion was held.)
17 CHAIRMAN SEWELL: Okay. We're going to
18 take a 45-minute break for lunch.
19 MR. LAWLER: Mr. Sewell?
20 CHAIRMAN SEWELL: Yes.
21 MR. LAWLER: Can I just have our CEO -- we
22 still have an issue where this is pending. And
23 we've already lost the cardiac care clinic --
24 clinical people. We can't provide that service

1 anymore. We have a number of other services on
2 the brink. There's an issue of the care that can
3 be -- that can be provided at this point.
4 And if I could -- just so the Board is
5 aware -- have Mr. Walsh just briefly address that,
6 issues that he's facing as CEO of the hospital.
7 MR. WALSH: Thank you very much.
8 We've heard a lot of emotional testimony
9 today about the care that this organization has
10 provided, and they've done a great job with it for
11 many years to this community.
12 MS. AVERY: Pull your microphone a little
13 closer.
14 MR. WALSH: And currently, as you know,
15 we've already had to suspend services for the
16 cardiac catheterization because of ability to
17 staff.
18 If this gets deferred, we will lose more
19 staff in addition to medical staff coverage, and
20 I won't be able to provide services that are
21 critical to operating even an emergency room.
22 I won't have surgery coverage, I won't have other
23 support coverage, and I will eventually have to
24 shut down even the emergency room in order to

1 provide safe care at the appropriate level.
2 So any deferral past the end of this
3 month, I'm putting myself, the community, and
4 everybody else at risk if I'm not providing the
5 care that I need to be, and that's the situation
6 I'm in today.
7 MR. LAWLER: And the deferral gains
8 little. It loses a tremendous amount.
9 Eventually, the hospital -- when you
10 vote -- when you vote on this, you have to vote to
11 approve the exemption under the law. And what's
12 lost is everything that Mayor Vargas represented
13 to you this morning and -- for what? Somebody
14 gets delayed? But the hospital has got to close
15 eventually.
16 And it's just a -- Mayor Vargas spoke
17 about the -- he's trying to do what's best for his
18 own community, and this is not going to allow him
19 to do that.
20 MEMBER SAVAGE: May I still ask questions
21 of the CEO?
22 CHAIRMAN SEWELL: Sure.
23 MEMBER SAVAGE: So my question is, based
24 on the support you have from your nurses and staff

1 and physicians, what leads you to believe that
2 they're all going to leave?
3 MR. WALSH: Because we have, through this
4 process, been very supportive of our staff. We've
5 had two very successful job fairs where many of
6 our employees have gotten new jobs, and they've
7 only been holding out to get to the end of this
8 month so they could get the severance that was
9 promised to them.
10 They're going to risk those new jobs if
11 they don't leave now and just leave the severance
12 on the table.
13 I've also been notified by providers,
14 physicians, that they will no longer be covering
15 our hospital for very specific services like
16 surgery. So I will not be able to take consults
17 out of my ER or my inpatient unit for surgery.
18 Without surgery, there's nothing else for
19 me to be able to provide except maybe urgent care.
20 MEMBER SAVAGE: That --
21 CHAIRMAN SEWELL: I'm going to call off
22 this discussion unless someone on the Board wants
23 us to reconsider the vote we just took. If
24 I don't hear that, then the decision of the Board

1 is that we defer until the October 22nd meeting.
2 (No response.)
3 CHAIRMAN SEWELL: All right. We're taking
4 a 45-minute break for lunch.
5 (A recess was taken from 12:25 p.m. to
6 1:23 p.m.)
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1 CHAIRMAN SEWELL: We're going to get
2 started.
3 We're still on exemption requests, and
4 next on the agenda is C-02, Project No. E-032-19,
5 Ingalls Memorial Hospital in Harvey.
6 So may I have a motion to approve this
7 project to discontinue --
8 MEMBER DEMUZIO: Motion.
9 CHAIRMAN SEWELL: -- its 17-bed pediatric
10 category of service.
11 MEMBER DEMUZIO: Motion.
12 CHAIRMAN SEWELL: Is there a second?
13 MEMBER SAVAGE: Second.
14 MEMBER SLATER: Second.
15 CHAIRMAN SEWELL: All right.
16 THE COURT REPORTER: Would you raise your
17 right hands, please.
18 (Four witnesses sworn.)
19 THE COURT REPORTER: Thank you. And
20 please print your names if you haven't yet.
21 CHAIRMAN SEWELL: May I have the State
22 agency report.
23 MR. CONSTANTINO: Thank you, Mr. Sewell.
24 Ingalls Memorial Hospital is requesting

1 the approval of a discontinuation of a 17-bed
2 pediatric category of service in Harvey, Illinois.
3 There's a calculated excess of
4 483 med/surg pediatric beds in the -- in the
5 A-04 hospital planning area.
6 There was no request for a public hearing,
7 and no letters of support or opposition were
8 received by the State Board.
9 The Applicants have provided all the
10 information required by the State Board.
11 Thank you.
12 CHAIRMAN SEWELL: Thank you.
13 Any comments for the Board?
14 MR. SINOTTE: Yes.
15 Mr. Sewell, members of the Board, I am
16 Brian Sinotte. I'm the president of Ingalls
17 Memorial Hospital.
18 I'm pleased to have with me here today
19 Dr. Titus Daniels, our chief medical officer;
20 John Beberman, director of capital budget and
21 controls for USMC; and Joe Ourth, our CON counsel.
22 I'll just provide a brief summary of the
23 project for this group today.
24 Ingalls Memorial Hospital is a not-for-

1 profit health care system that has served Harvey
2 and the south suburbs for almost 100 years. We
3 continue to be committed to pediatrics and the
4 communities we serve and will continue to invest
5 in Ingalls Memorial Hospital.
6 This application is to discontinue our
7 17-bed pediatric category of service as a distinct
8 inpatient unit. Our plan will be to convert the
9 existing pediatrics unit to med/surg beds for
10 which there's more community need. Our pediatric
11 nursing staff is already cross-trained and will
12 transition to medical/surgical with no staff
13 reductions.
14 Our pediatrics unit is licensed for
15 17 beds. In 2018, however, our average daily
16 census averaged only 2.7 patients, less than
17 16 percent occupancy. Like many other community
18 hospitals, we have experienced a dramatic
19 reduction in pediatric patient days as the
20 regionalization of pediatrics care continues while
21 we, in hospitals throughout Illinois, see that
22 less complex care is being performed on an
23 outpatient basis and patients requiring more
24 complex care often seek the specialization of

1 dedicated children's hospitals.
2 As our application details, the number of
3 pediatric hospital patients in metro Chicago have
4 fallen significantly in the last 15 years. It is
5 important to note that this regionalization of
6 pediatrics generally results in higher quality
7 care.
8 In brief, higher volume results in more
9 experienced clinical staff and better outcomes.
10 Further, most pediatric inpatient care now
11 involves specialists and subspecialties that are
12 not available in community hospitals that see
13 fewer patients. Dr. Titus Daniels, to my left,
14 our CMO, is with me and could better answer any
15 clinical questions should you have any.
16 But before I conclude, in our planning our
17 foremost priority was to ensure that our patients
18 have access to high-quality care. First, I want
19 to emphasize that we are not discontinuing
20 pediatric care, only our inpatient hospital unit.
21 Importantly, we will continue to our designation
22 as an emergency department approved for
23 pediatrics -- or EDAP -- and will continue to
24 treat pediatric patients that present to our ER.

1 We will continue to offer outpatient
2 pediatric services, including at family care
3 centers in Calumet City, Flossmoor, and
4 Tinley Park, which are all open 24 hours a day.
5 Further, we are coordinating with our
6 sister hospital, the University of Chicago, to
7 treat patients at its Comer Children's Hospital.
8 Finally, we also collaborate with Advocate Christ
9 Medical Center, and you will find in our
10 application Advocate has expressed its willingness
11 to receive patients at its Hope Children's
12 Hospital.
13 Hope Children's Hospital and Comer
14 Children's Hospital are two of the most renowned
15 pediatric hospitals in Illinois and capable of
16 providing advanced tertiary pediatric care. Our
17 patients will have continuing access to
18 high-quality care.
19 So in closing, as we heard earlier, this
20 project has no opposition, and we are pleased that
21 the State Board report concludes that we have
22 provided all the necessary information.
23 We ask your approval of our exemption and
24 are here to answer any questions you may have.

1 CHAIRMAN SEWELL: Thank you.
2 Do Board members have questions?
3 (No response.)
4 CHAIRMAN SEWELL: Can we have the roll
5 call?
6 MR. ROATE: Thank you, sir.
7 Motion made by Senator Demuzio; seconded
8 by Ms. Savage.
9 Senator Demuzio.
10 MEMBER DEMUZIO: I vote yes, according to
11 the testimony and the State report.
12 MR. ROATE: Thank you.
13 Dr. Martell.
14 MEMBER MARTELL: I vote yes based on the
15 staff report and the testimony heard today.
16 CHAIRMAN SEWELL: Thank you.
17 Dr. Murray.
18 MEMBER MURRAY: I vote yes based on the
19 staff report.
20 MR. ROATE: Thank you.
21 Ms. Savage.
22 MEMBER SAVAGE: I vote yes based on the
23 staff report and the testimony today.
24 MR. ROATE: Thank you.

1 Mr. Slater.
2 MEMBER SLATER: Yes, based on the staff
3 report.
4 MR. ROATE: Thank you.
5 Chairman Sewell.
6 CHAIRMAN SEWELL: Yes, based on the staff
7 report.
8 MR. ROATE: That's 6 votes in the
9 affirmative.
10 CHAIRMAN SEWELL: Thank you, sir.
11 DR. DANIELS: Thank you.
12 MR. SINOTTE: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-04, Project No. E-034-19, McDonough District
3 Hospital in Macomb.
4 May I have a motion to approve this
5 project to discontinue a 12-bed AMI category of
6 service.
7 MEMBER SLATER: I move approval.
8 MEMBER MARTELL: Second.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER MARTELL: Second.
11 THE COURT REPORTER: Would you raise your
12 right hands, please.
13 (Three witnesses sworn.)
14 THE COURT REPORTER: Thank you. Please
15 print your names.
16 CHAIRMAN SEWELL: Okay. State agency
17 report.
18 MR. CONSTANTINO: Thank you, Mr. Sewell.
19 McDonough District Hospital is requesting
20 the approval of the discontinuation of the 12-bed
21 acute mental illness category of service in
22 Macomb, Illinois.
23 There was no request for a public hearing,
24 and no letters of support or opposition were

1 received by the State Board. As of August 2019
2 there's a calculated excess of 33 AMI beds in this
3 AMI planning area.
4 The Applicants have provided all the
5 information required by the State Board.
6 Thank you, sir.
7 CHAIRMAN SEWELL: All right.
8 Do you have comments for the Board?
9 MR. DIETZ: Yes, sir.
10 Mr. Sewell, members of the Board, I am
11 Brian Dietz, the president and the CEO of
12 McDonough District Hospital in Macomb.
13 I am pleased to have with me today
14 Ms. Wanda Foster, our chief nursing officer;
15 Bill Murdoch, our chief finance officer; and
16 Joe Ourth, our CON counsel.
17 McDonough County District Hospital is a
18 60-bed hospital in Macomb and serves residents in
19 west central Illinois. McDonough District
20 Hospital is a publicly owned county hospital
21 founded in 1958.
22 This application is to discontinue our
23 12-bed psychiatric category of service. Our
24 psychiatric unit focused only on geriatric

1 patients.
2 McDonough County District Hospital has
3 been affiliated with two psychiatrists. Both
4 physicians performing outpatient services;
5 however, only Dr. Sarwar provided inpatient care.
6 When Dr. Sarwar resigned as our medical director,
7 we could no longer comply with Medicare
8 regulations because we would not have a director
9 of inpatient services.
10 Our hospital was consequently required to
11 stop admitting patients to the psychiatric
12 department effective June 30th, 2019. We then
13 filed a notice of temporary suspension with the
14 Review Board until we could appear before you
15 today.
16 While we will no longer be able to offer
17 initiative psychiatric care, we will still be able
18 to offer outpatient psychiatric care. Our daily
19 census for our inpatient unit averaged only 5.2 in
20 2019, so we believe the impact on the community
21 will be minimal, particularly with the 33 additional
22 beds that are available in our region.
23 And so the project has no opposition, and
24 we are pleased that the State Board felt we are

1 providing necessary information to you for
2 decision on this.
3 We ask for your approval for our
4 application and are here to answer any questions
5 you may have.
6 CHAIRMAN SEWELL: All right.
7 Any questions by Board members?
8 Yes.
9 MEMBER MARTELL: I have a question
10 regarding plans for any of your outpatients that
11 would need inpatient care in the psychiatric
12 practice area.
13 MS. FOSTER: I think for our outpatient --
14 for our outpatients that would need psychiatric
15 care, as Brian mentioned, we have 33 -- we have an
16 excess of 33 beds, and so there certainly is
17 capacity at other places in our region.
18 Also, we would have greater capacity to,
19 hopefully, provide their care as an outpatient
20 before they reach inpatient status.
21 MEMBER MARTELL: Are there agreements in
22 place with the other out- -- inpatient centers,
23 too?
24 MS. FOSTER: We do not have agreements in

1 place at this time. We have a crisis worker who,
2 if it was a crisis situation, would come in and
3 assist with that placement.
4 CHAIRMAN SEWELL: Other questions?
5 (No response.)
6 CHAIRMAN SEWELL: All right. Roll call.
7 MR. ROATE: Thank you, sir.
8 Motion made by Ms. Slater; seconded by --
9 Mr. Slater -- seconded by Dr. Martell.
10 Senator Demuzio.
11 MEMBER DEMUZIO: Yes, based upon testimony
12 and the staff report.
13 MR. ROATE: Thank you.
14 Dr. Martell.
15 MEMBER MARTELL: Yes, based on the staff
16 report.
17 MR. ROATE: Thank you.
18 Dr. Murray.
19 MEMBER MURRAY: Yes, based on the staff
20 report.
21 MR. ROATE: Thank you.
22 Ms. Savage.
23 MEMBER SAVAGE: Yes, based on the staff
24 report.

1 MR. ROATE: Thank you.
2 Mr. Slater.
3 MEMBER SLATER: Based on lack of
4 utilization and lack of appropriate staff, my vote
5 is yes.
6 MR. ROATE: Thank you.
7 Chairman Sewell.
8 CHAIRMAN SEWELL: I vote yes based on the
9 staff report.
10 MR. ROATE: Thank you.
11 That's 6 votes in the affirmative.
12 CHAIRMAN SEWELL: Thank you.
13 MS. FOSTER: Thank you.
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1 CHAIRMAN SEWELL: Next is C-05, Project
2 No. E-035-19, HSHS St. John's Hospital in
3 Springfield.
4 May I have a motion to approve this
5 project to discontinue a 32-bed AMI service.
6 MEMBER MARTELL: I so move.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER SAVAGE: Second.
9 THE COURT REPORTER: Would you raise your
10 right hand.
11 You're already sworn.
12 (One witness sworn.)
13 THE COURT REPORTER: Thank you.
14 CHAIRMAN SEWELL: Thank you.
15 State agency report.
16 MR. CONSTANTINO: Thank you, Mr. Sewell.
17 St. John's Hospital is requesting the
18 approval of the discontinuation of a 32-bed acute
19 mental illness category of service in Springfield,
20 Illinois.
21 In April of -- excuse me.
22 There was no request for a public hearing,
23 and no letters of support or opposition were
24 received by the State Board. As of August 2019

1 there is a calculated excess of 74 AMI beds in the
2 HSA 3 AMI planning area.
3 The Applicants have provided all the
4 information required by the State Board.
5 Thank you, sir.
6 CHAIRMAN SEWELL: Do you have comments for
7 the Board?
8 MS. GOEBEL: Yes.
9 Hi. Good morning. My name is Julie
10 Goebel. I'm vice president of strategy for --
11 sorry.
12 MS. AVERY: Is it on?
13 MS. GOEBEL: I don't think it's on.
14 All right. Sorry. We'll try that again.
15 All right. Good morning. My name is
16 Julie Goebel. I'm vice president of strategy for
17 Hospital Sisters Health System, central Illinois
18 division.
19 We appreciate the staff's finding that our
20 application to discontinue the acute mental
21 illness category of service at St. John's Hospital
22 in Springfield is in conformance with the Board's
23 criteria for discontinuation, and there is no
24 opposition to this project.

1 I briefly note that there is an excess of
2 AMI beds in the planning area and a bed excess
3 will remain following the discontinuation of
4 St. John's beds.
5 We temporarily suspended this service
6 last year pursuant to the Board's rules, so there
7 have been no patients treated in the unit since
8 June 2018.
9 The Hospital Sisters remain committed to
10 behavioral health services in central Illinois,
11 including at our behavioral health center of
12 excellence at St. Mary's Hospital in Decatur.
13 I'm happy to answer any questions that you
14 may have. Thank you.
15 CHAIRMAN SEWELL: Any questions by Board
16 members?
17 (No response.)
18 CHAIRMAN SEWELL: Roll call.
19 MR. ROATE: Thank you, sir.
20 Motion made by Dr. Martell; seconded by
21 Ms. Savage.
22 Senator Demuzio.
23 MEMBER DEMUZIO: Yes, based upon the State
24 report and the testimony.

1 MR. ROATE: Thank you.
2 Dr. Martell.
3 MEMBER MARTELL: I vote yes based on the
4 staff report.
5 MR. ROATE: Thank you.
6 Dr. Murray.
7 MEMBER MURRAY: I vote yes based on the
8 staff report.
9 MR. ROATE: Thank you.
10 Ms. Savage.
11 MEMBER SAVAGE: Yes, based on the staff
12 report.
13 MR. ROATE: Thank you.
14 Mr. Slater.
15 MEMBER SLATER: Yes, based on the testimony.
16 MR. ROATE: Thank you.
17 Chairman Sewell.
18 CHAIRMAN SEWELL: Yes, based on the State
19 agency report.
20 MR. ROATE: Thank you.
21 That's 6 votes in the affirmative.
22 CHAIRMAN SEWELL: All right.
23 MS. GOEBEL: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-06, Project No. E-036-19, HSHS Holy Family
3 Hospital in Greenville.
4 May I have a motion to approve this
5 project to discontinue its four-bed obstetric
6 service.
7 MEMBER MURRAY: So moved.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER DEMUZIO: Second.
10 CHAIRMAN SEWELL: All right.
11 THE COURT REPORTER: Would you raise your
12 right hands, please.
13 (Three witnesses sworn.)
14 THE COURT REPORTER: Thank you. And
15 please print your names.
16 CHAIRMAN SEWELL: Okay. State agency
17 report.
18 MR. CONSTANTINO: Thank you, Mr. Sewell.
19 Holy Family Hospital is requesting the
20 approval of the discontinuation of a four-bed
21 OB category of service in Greenville, Illinois.
22 There was no request for a public hearing,
23 and no letters of support or opposition were
24 received by the State Board. As of August there

1 was a calculated excess of 11 OB beds in the F-02
2 hospital planning area.
3 The Applicants have provided all the
4 information required by the State Board.
5 Thank you, Mr. Sewell.
6 CHAIRMAN SEWELL: Do you have comments for
7 the Board?
8 MS. BALLANCE: We do, just a few brief
9 remarks. Thank you.
10 My name is Amy Ballance, and I'm the vice
11 president of business development, planning, and
12 marketing for HSHS' southern Illinois division.
13 I'm -- here with me today is Ed Parkhurst,
14 our CON consultant; and David Nosacka, our chief
15 financial officer for the southern Illinois
16 division of HSHS.
17 I would like to thank the Review Board
18 staff for their assistance in developing our
19 COE permit application. Please note our
20 application has not had any opposition, no public
21 hearing was called, and we have met all the Review
22 Board criteria.
23 Our subject COE permit application
24 proposes to discontinue Holy Family Hospital's

1 four-bed obstetric category of service. Of
2 importance to our community, patients, and
3 families, as well as the Review Board, is the fact
4 that in anticipation of this change we worked with
5 our local board of directors and our physician
6 partners to redesign the women and infants service
7 line.
8 This new approach ensures that expectant
9 mothers continue to receive the comprehensive
10 quality care they deserve in a comfortable setting
11 close to home. The redesign allows a majority of
12 a mother's routine prenatal care visits and
13 outpatient testing to be provided in Greenville.
14 When it's time to deliver, inpatient and
15 postpartum care in the hospital will be available
16 at our sister hospital, HSHS St. Joseph's Hospital
17 in Breese, only 25 miles away. To ease the
18 transition from hospital to home, the new mother
19 and baby will then receive a complimentary visit
20 from our mother/baby home care nurse in their own
21 home.
22 Our proposed four-bed OB discontinuation
23 and regional women and infants service line is
24 consistent with national, regional, and local

1 health care delivery trends as the industry
2 transforms. More specifically, nationally there
3 is a declining birth rate and fertility rate,
4 indicating even lower births into the future.
5 Obstetrics admissions at Holy Family have
6 shown a steady decline from calendar year '16
7 through calendar year '18. Total deliveries in
8 2016 were 234, and in 2018 they were 197, which
9 equates to a 16 percent decline over this time
10 period. The obstetrical program's average daily
11 census has not risen above 1.7 in the last
12 six years, with the ADC being only at 1.1 mothers
13 in 2018.
14 Staffing such a small program on a
15 24-hour, 7-day-a-week basis is problematic,
16 especially related to adequate physician coverage
17 necessary to provide that quality of care.
18 Our sister hospital, St. Joseph's-Breese,
19 has adequate capacity to provide the regional
20 delivery and postpartum care requirements to this
21 region. St. Joseph's has six authorized obstetric
22 beds with an average daily census of 3.3 in 2018.
23 Combining this census with that of Holy Family,
24 the census is resulting in 4.4, in an estimated

1 60 percent utilization, which still meets the
2 Board's review criteria for occupancy.
3 St. Joseph's Hospital-Breese was also
4 considered due to its close proximity to
5 Greenville and its outstanding record as an
6 award-winning facility, consistently receiving
7 recognition for patient experience, quality, and
8 safety.
9 The professional staff at St. Joseph's
10 hospital in Breese is also prepared for critical
11 care situations with neonatal nurse practitioners
12 on-site 24/7 and the expertise of SLUCare
13 neonatologists from SSM Cardinal Glennon Hospital
14 through telemedicine technology.
15 In summary, our permit application
16 proposes to discontinue the four obstetric beds;
17 however, local access to maternity and child care
18 will not be compromised, given our regional
19 approach to the women and service line.
20 We're happy to answer any questions
21 for you. Thank you.
22 CHAIRMAN SEWELL: Questions?
23 MEMBER SAVAGE: I do have a question.
24 CHAIRMAN SEWELL: Yes.

1 MEMBER SAVAGE: What is your preparation
2 of your ER in Greenville for any potential moms
3 that are coming in to deliver?
4 MS. BALLANCE: So they are currently
5 trained to deal with those expectant mothers
6 today. And if the mom would be appropriate to
7 transfer, they would transfer that mother to
8 St. Joseph's-Breese.
9 If, by chance, they would need to deliver
10 in the emergency room, they would do that like any
11 other hospital that doesn't provide those
12 services.
13 MEMBER SAVAGE: Will they have the
14 equipment from OB in the ER?
15 MS. BALLANCE: They will.
16 CHAIRMAN SEWELL: Other questions?
17 (No response.)
18 CHAIRMAN SEWELL: All right. Roll call.
19 MR. ROATE: Thank you, sir.
20 Motion made by Dr. Murray; seconded by
21 Senator Demuzio.
22 Senator Demuzio.
23 MEMBER DEMUZIO: Yes, based upon the State
24 report and the testimony.

1 MR. ROATE: Thank you.
2 Dr. Martell.
3 MEMBER MARTELL: Yes, based on the State
4 Board staff report and testimony provided.
5 CHAIRMAN SEWELL: Thank you.
6 Dr. Murray.
7 MEMBER MURRAY: I vote yes based on the
8 staff report.
9 MR. ROATE: Thank you.
10 Ms. Savage.
11 MEMBER SAVAGE: Yes, based on the staff
12 report and testimony today.
13 MR. ROATE: Thank you.
14 Mr. Slater.
15 MEMBER SLATER: Yes, based on the staff
16 report.
17 MR. ROATE: Thank you.
18 Chairman Sewell.
19 CHAIRMAN SEWELL: Yes, based on the staff
20 report.
21 MR. ROATE: Thank you.
22 That's 6 votes in the affirmative.
23 MS. BALLANCE: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-07, Project No. E-037-19, Fresenius Medical Care
3 West Metro in Chicago.
4 May I have a motion to approve this
5 project for a change of ownership transaction.
6 MEMBER SAVAGE: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER MARTELL: Second.
9 MEMBER SLATER: Second.
10 THE COURT REPORTER: Would you raise your
11 right hand, please.
12 (One witness sworn.)
13 THE COURT REPORTER: Thank you.
14 CHAIRMAN SEWELL: State agency report.
15 MR. CONSTANTINO: Thank you, Mr. Sewell.
16 The Applicants are asking the Board to
17 approve a change of ownership of a 12-station ESRD
18 facility in Chicago.
19 The Fresenius Medical Care West Metro
20 facility is a CMS-certified ESRD facility that is
21 owned by WSKC Dialysis Services, Inc., which is a
22 subsidiary of Fresenius Medical Care Holdings,
23 Inc. The assets of the facility will be
24 transferred to Fresenius Medical Care West Metro,

1 LLC. This is an internal transfer of assets only.
2 There was no request for a public hearing,
3 and no letters of support or opposition were
4 received by the State Board.
5 The Applicants provided all the
6 information required by the State Board.
7 Thank you, sir.
8 CHAIRMAN SEWELL: Do you have any comments
9 for the Board?
10 MS. WRIGHT: I'll just be -- is this on?
11 I'll just be brief. My name is Lori
12 Wright, CON specialist for Fresenius Medical Care.
13 First, I'd like to thank the Board staff
14 for their assistance and review of this application.
15 This is simply an internal transfer
16 of assets and meets all of our criteria, and so
17 I'd be happy to answer any questions you might
18 have.
19 CHAIRMAN SEWELL: Are there questions?
20 (No response.)
21 CHAIRMAN SEWELL: Roll call.
22 MR. ROATE: Thank you, sir.
23 Motion made by Ms. Savage; seconded by
24 Dr. Martell.

1 Senator Demuzio.
2 MEMBER DEMUZIO: Yes, based upon the staff
3 report.
4 MR. ROATE: Thank you.
5 Dr. Martell.
6 MEMBER MARTELL: Yes, based on the State
7 Board staff report.
8 CHAIRMAN SEWELL: Thank you.
9 Dr. Murray.
10 MEMBER MURRAY: I vote yes based on the
11 staff report.
12 MR. ROATE: Thank you.
13 Ms. Savage.
14 MEMBER SAVAGE: Yes, based on the staff
15 report.
16 MR. ROATE: Thank you.
17 Mr. Slater.
18 MEMBER SLATER: Yes, based on the staff
19 report.
20 MR. ROATE: Thank you.
21 Chairman Sewell.
22 CHAIRMAN SEWELL: Yes, reasons stated.
23 MR. ROATE: Thank you.
24 That's 6 votes in the affirmative.

1 CHAIRMAN SEWELL: Thank you.
2 MS. WRIGHT: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 C-08, Project No. E-039-19, Silver Cross Hospital
3 in New Lenox.
4 May I have a motion to approve this
5 project to establish a neonatal intensive care
6 unit service at its acute care hospital.
7 MEMBER MURRAY: Motion.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER MARTELL: Second.
10 THE COURT REPORTER: Would you raise your
11 right hands, please.
12 (Two witnesses sworn.)
13 THE COURT REPORTER: Thank you.
14 CHAIRMAN SEWELL: All right. State agency
15 report.
16 MR. CONSTANTINO: Thank you, sir.
17 Silver Cross Hospital and Medical Centers
18 in New Lenox is asking the Board to approve the
19 establishment of a 24-bed NICU unit at the
20 hospital. The cost of the project is
21 approximately 12.8 million. The expected
22 completion date is June 30th, 2021.
23 The State Board does not have a need
24 methodology for NICU services.

1 There was no request for a public hearing,
2 and no letters of support or opposition were
3 received by the State Board.
4 The Applicants have provided all the
5 information required by the Board.
6 Thank you, sir.
7 CHAIRMAN SEWELL: Thank you.
8 Do you have comments for the Board?
9 MS. BAKKEN: Yes. Thank you, Chairman
10 Sewell.
11 Good afternoon. My name is Mary Bakken.
12 I am the executive vice president and chief
13 operating officer at Silver Cross Hospital.
14 MS. AVERY: Mary, see if that mic is on,
15 please.
16 MS. BAKKEN: Better?
17 MS. AVERY: Yes. Thank you.
18 MS. BAKKEN: Okay.
19 Good afternoon. My name is Mary Bakken.
20 I am the executive vice president and chief
21 operating officer at Silver Cross Hospital. I'm
22 joined here today by Ed Green, legal counsel to
23 Silver Cross Hospital from Foley & Lardner.
24 I'd like to thank the Board for hearing

1 this much-needed project.
2 Consistent with our mission and our
3 history of serving the community, we have
4 identified a pressing need that we feel compelled
5 to address, and that is expanding our services for
6 high-risk mothers and babies.
7 Silver Cross obstetrics volume has
8 continued to grow with women from within our
9 defined service area and beyond desiring to
10 deliver at our hospital.
11 In fiscal year 2019 we are projecting we
12 will perform 2,900 deliveries, and the 2017 annual
13 hospital questionnaire, AHQ data, reveals that
14 Silver Cross has the 10th largest obstetrical
15 program in the state of Illinois and is the only
16 hospital in the top 10 within the state without a
17 neonatal intensive care unit or NICU.
18 Silver Cross has identified a community
19 need for a Level III NICU within Will County.
20 With a population of nearly 800,000, Will County
21 does not today have an NICU. The lack of an NICU
22 has forced Silver Cross patients to either travel
23 or be transferred to other hospitals.
24 Expectant mothers residing in close

1 proximity to Silver Cross are forced to travel a
2 minimum of 20 miles or 30-plus minutes in order to
3 receive care at a hospital that offers a Level III
4 NICU.
5 We currently operate a Level IIE special
6 care nursery where 341 babies were taken care of
7 in 2018. Advancing to the next level of care will
8 meet community need and is a logical progression.
9 Thank you for your consideration. In
10 response to the State agency report, we have met
11 all requirements.
12 I'd be happy to answer any questions.
13 CHAIRMAN SEWELL: Are there questions?
14 MEMBER SAVAGE: Do you happen to know how
15 many transfers out you've had for Level III NICU?
16 MS. BAKKEN: Yes. We had 19 mothers
17 transfer and 33 babies transfer in fiscal
18 year '18.
19 CHAIRMAN SEWELL: Other questions?
20 (No response.)
21 CHAIRMAN SEWELL: Okay. Roll call.
22 MR. ROATE: Thank you, sir.
23 Motion made by Senator Demuzio; seconded
24 by Dr. Martell.

1 Senator Demuzio.
2 MEMBER DEMUZIO: Yes, based upon the State
3 report and the testimony.
4 MR. ROATE: Thank you.
5 Dr. Martell.
6 MEMBER MARTELL: Based on the staff report
7 and the testimony heard today.
8 MR. ROATE: Thank you.
9 Dr. Murray.
10 MEMBER MURRAY: Yes, based on the staff
11 report.
12 MR. ROATE: Thank you.
13 Ms. Savage.
14 MEMBER SAVAGE: Yes, based on the staff
15 report and testimony today.
16 MR. ROATE: Thank you.
17 Mr. Slater.
18 MEMBER SLATER: Yes, based on the
19 testimony.
20 MR. ROATE: Thank you.
21 Chairman Sewell.
22 CHAIRMAN SEWELL: Yes, based on the staff
23 report.
24 MR. ROATE: Thank you.

1 That's 6 votes in the affirmative.
2 MS. BAKKEN: Thank you.
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1 CHAIRMAN SEWELL: Next is C-09, Project
2 No. E-041-19, Memorial Hospital Association in
3 Carthage.
4 May I have a motion to approve this
5 exemption for a change of ownership transaction.
6 MEMBER SAVAGE: So moved.
7 CHAIRMAN SEWELL: Is there a second?
8 MEMBER MURRAY: Second.
9 CHAIRMAN SEWELL: All right.
10 THE COURT REPORTER: Would the two of you
11 raise your right hands, please.
12 (Two witnesses sworn.)
13 THE COURT REPORTER: Thank you. And
14 please print your names.
15 CHAIRMAN SEWELL: Okay. State agency
16 report.
17 MR. CONSTANTINO: Thank you, Mr. Sewell.
18 Memorial Hospital Association in Carthage
19 is asking the Board to approve a change in control
20 of an 18-bed critical-access hospital. There's no
21 cost to this transaction, and the expected
22 completion date is October 1st, 2019.
23 Iowa Health System, doing business as
24 UnityPoint Health, and Memorial Hospital

1 Association propose a change of ownership whereby
2 UnityPoint would no longer be the sole corporate
3 member of Memorial Hospital Association.
4 UnityPoint will provide management services to the
5 hospital.
6 There was no request for a public hearing.
7 No letters of support or opposition were received.
8 The Applicants have provided all the information
9 required by the State Board.
10 CHAIRMAN SEWELL: Thank you.
11 All right. Do you have a presentation for
12 the Board?
13 MR. GREEN: Not really a presentation.
14 As Mr. Constantino said, the State agency
15 report was a letter perfect State agency report --
16 THE COURT REPORTER: Use your microphone,
17 please.
18 MR. GREEN: The State agency -- the State
19 agency report had no deficiencies. It's a
20 certificate of exception, a change of ownership.
21 Under the change of ownership, UnityPoint
22 will no longer be the sole corporate member of
23 Memorial Hospital Association and, instead,
24 UnityPoint will provide management services.

1 If there are any other questions, we're
2 happy to answer them.
3 MEMBER SLATER: A question.
4 CHAIRMAN SEWELL: Yes.
5 MEMBER SLATER: This has been a very short
6 marriage, I think. And -- but what's actually
7 going on here?
8 MS. GEHL: So you're correct. I would say
9 that the full affiliation of the relationship was
10 just entered into between UnityPoint Health and
11 Memorial.
12 Originally, when we started conversations
13 with Memorial, we were targeting a management
14 services agreement. Through the course of those
15 relationship conversations, there was interest in
16 a full affiliation so, ultimately, we pursued a
17 full affiliation.
18 After doing so, as a system UnityPoint
19 Health has started to evolve more into an
20 operating company and, through mutual
21 conversations with Memorial and UnityPoint Health,
22 Memorial wanted to retain more autonomy, and so we
23 reverted back to the original intention, which was
24 a management services agreement.

1 So Memorial will maintain access to IT, to
2 supply chain, access to certain subject matter
3 experts, which was the original intention.
4 So, yes, a fairly quick transition but one
5 that's been mutually agreeable and supported by
6 the parties.
7 THE COURT REPORTER: Could you state your
8 name, please, for the record.
9 MS. GEHL: Sure.
10 Carey Gehl, executive director of growth
11 for UnityPoint Health.
12 CHAIRMAN SEWELL: Other questions?
13 (No response.)
14 CHAIRMAN SEWELL: Okay. The roll call.
15 MR. ROATE: Thank you.
16 Motion made by Ms. Savage; seconded by
17 Dr. Murray.
18 Senator Demuzio.
19 MEMBER DEMUZIO: Yes, based upon the staff
20 report and testimony.
21 MR. ROATE: Thank you.
22 Dr. Martell.
23 MEMBER MARTELL: Yes, based on staff
24 report and testimony heard today.

1 MR. ROATE: Thank you.
2 Dr. Murray.
3 MEMBER MURRAY: Yes, based on the staff
4 report.
5 MR. ROATE: Thank you.
6 Ms. Savage.
7 MEMBER SAVAGE: Yes, based on the staff
8 report and testimony.
9 MR. ROATE: Thank you.
10 Mr. Slater.
11 MEMBER SLATER: Yes, based on the staff
12 report.
13 MR. ROATE: Thank you.
14 Chairman Sewell.
15 CHAIRMAN SEWELL: Yes, for reasons stated.
16 MR. ROATE: Thank you.
17 That's 6 votes in the affirmative.
18 MR. GREEN: Thank you.
19 CHAIRMAN SEWELL: Thank you.
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1 CHAIRMAN SEWELL: We've completed our
2 exemption requests. Now for alteration requests.
3 D-01, Project No. 17-011, Carle Staley
4 Road Medical Office Building in Champaign.
5 May I have a motion to approve an
6 alteration to this project to increase project
7 cost and project space.
8 MEMBER SLATER: I move approval.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER MARTELL: Second.
11 MEMBER DEMUZIO: Second.
12 THE COURT REPORTER: Would you raise your
13 right hand, please.
14 (One witness sworn.)
15 THE COURT REPORTER: Thank you.
16 CHAIRMAN SEWELL: State agency report.
17 MR. CONSTANTINO: Thank you, Mr. Sewell.
18 In June of 2017 the State Board approved
19 Permit No. 17-11 that established a two-story
20 medical office building in approximately
21 150,000 gross square feet of space in Champaign at
22 a cost of approximately $66.8 million.
23 The permit holders are asking the
24 State Board to approve an increase in the cost to

1 68.5 million or approximately 1.7 million.
2 The increase in cost was due to the busy
3 construction market, a small supply of contractors
4 in the area, and the increase in the project size
5 of 347 gross square feet is attributable to the
6 opportunity to tie the three buildings on the
7 campus to an emergency power system.
8 The permit holders have met all the
9 requirements of the State Board.
10 Thank you, sir.
11 CHAIRMAN SEWELL: All right. Any comments?
12 MS. FRIEDMAN: Hi. I'm Kara Friedman --
13 Kara Friedman -- counsel for the permit holder,
14 Carle Foundation Hospital.
15 Thank you for your time today. I'm happy
16 to answer questions.
17 CHAIRMAN SEWELL: Any questions?
18 (No response.)
19 CHAIRMAN SEWELL: Okay.
20 MR. ROATE: Thank you.
21 CHAIRMAN SEWELL: Call the roll.
22 MR. ROATE: Motion made by Mr. Slater;
23 seconded by Dr. Martell.
24 Senator Demuzio.

1 MEMBER DEMUZIO: Yes, based upon the staff
2 report.
3 MR. ROATE: Thank you.
4 Dr. Martell.
5 MEMBER MARTELL: Yes, based on the staff
6 report.
7 MR. ROATE: Thank you.
8 Dr. Murray.
9 MEMBER MURRAY: Yes, based on the staff
10 report.
11 MR. ROATE: Thank you.
12 Ms. Savage.
13 MEMBER SAVAGE: Yes, based on the staff
14 report.
15 MR. ROATE: Thank you.
16 Mr. Slater.
17 MEMBER SLATER: Based on staff report, yes.
18 MR. ROATE: Thank you.
19 Chairman Sewell.
20 CHAIRMAN SEWELL: Yes, reasons stated.
21 MR. ROATE: Thank you.
22 That's 6 votes in the affirmative.
23 MS. FRIEDMAN: Thank you very much.
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1 CHAIRMAN SEWELL: Next is D-02, Project
2 No. 17-013, DaVita Geneva Crossing in
3 Carol Stream.
4 May I have a motion to approve an
5 alteration for this project to increase project
6 costs.
7 MEMBER SAVAGE: So moved.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER MARTELL: Second.
10 THE COURT REPORTER: Would you raise your
11 right hand, please.
12 (One witness sworn.)
13 THE COURT REPORTER: Thank you.
14 CHAIRMAN SEWELL: Staff report.
15 MR. CONSTANTINO: Thank you, Mr. Chairman.
16 In July of 2018 the State Board approved
17 Permit No. 17-13 for the establishment of a
18 12-station ESRD facility in Carol Stream,
19 Illinois, at a cost of approximately $2.7 million.
20 The permit holders are asking the Board to
21 increase the cost of the project by about $150,000
22 or 5.5 percent.
23 The permit holders have met all of the
24 requirements of the State Board.

1 Thank you, sir.
2 CHAIRMAN SEWELL: Thank you.
3 Any comments for the Board?
4 MS. COOPER: Yes. My name is Anne Cooper.
5 I'm counsel for DaVita.
6 We'd just like to thank the staff for the
7 fully positive Board report, and we're here to
8 answer any questions that you have.
9 CHAIRMAN SEWELL: Are there questions?
10 (No response.)
11 CHAIRMAN SEWELL: All right. Roll call.
12 MR. ROATE: Thank you.
13 Motion made by Ms. Savage; seconded by
14 Dr. Martell.
15 Senator Demuzio.
16 MEMBER DEMUZIO: Yes, based upon the staff
17 report.
18 MR. ROATE: Thank you.
19 Dr. Martell.
20 MEMBER MARTELL: Yes, based on the staff
21 report.
22 MR. ROATE: Thank you.
23 Dr. Murray.
24 MEMBER MURRAY: Yes, based on the staff

1 report.
2 MR. ROATE: Thank you.
3 Ms. Savage.
4 MEMBER SAVAGE: Yes, based on the staff
5 report.
6 MR. ROATE: Thank you.
7 Mr. Slater.
8 MEMBER SLATER: Yes, based on the staff
9 report.
10 MR. ROATE: Thank you.
11 Chairman Sewell.
12 CHAIRMAN SEWELL: Yes, based on the staff
13 report.
14 MR. ROATE: Thank you.
15 That's 6 votes in the affirmative.
16 MS. COOPER: Thank you very much.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 D-03, Project No. 18-027, Aghapy Surgical Center
3 in Barrington.
4 May I have a motion to approve an
5 alteration for this project to increase project
6 cost and project size.
7 MEMBER MURRAY: So moved.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER SLATER: Second.
10 THE COURT REPORTER: Have you both been
11 sworn?
12 MR. LAWLER: We have.
13 THE COURT REPORTER: They've been sworn.
14 CHAIRMAN SEWELL: Okay. Yes.
15 State agency report.
16 MR. CONSTANTINO: Thank you, sir.
17 In December of 2018 the State Board
18 approved Permit No. 18-27 to establish an
19 ambulatory surgical treatment center in
20 approximately 4800 gross square feet of space in
21 Barrington, Illinois.
22 The permit holders are requesting to
23 increase the cost of the project from 3.9 million
24 to approximately $4 million or $184,000. This is

about a 5 percent increase in the total cost. They're also asking to approve the increase in the gross square footage of 145 gross square feet or 3 percent.

The permit holders have met all the requirements of the State Board.

Thank you, sir.

CHAIRMAN SEWELL: Thank you.

Do you have comments for the Board?

MS. FALICO: Hello again. My name is Amber Falico. I am the director of clinical operations for the Applicant.

This is our alteration request to address items raised by IDPH after its site review. IDPH requested modifications to plumbing, electrical, HVAC, and a few other items listed in the staff report.

This will require changes in the approved square footage and cost of the project. Both the cost increase and square footage increase are within the limits allowed by the Board's rules.

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

CHAIRMAN SEWELL: Okay. Questions?

1 (No response.)
2 CHAIRMAN SEWELL: Roll call.
3 MR. ROATE: Thank you.
4 Motion made by Dr. Murray; seconded by
5 Mr. Slater.
6 Senator Demuzio.
7 MEMBER DEMUZIO: Yes, based upon the staff
8 report.
9 MR. ROATE: Thank you.
10 Dr. Martell.
11 MEMBER MARTELL: Yes, based on the staff
12 report and testimony.
13 MR. ROATE: Thank you.
14 Dr. Murray.
15 MEMBER MURRAY: Yes, based on the staff
16 report.
17 MR. ROATE: Thank you.
18 Ms. Savage.
19 MEMBER SAVAGE: Yes, based on staff report
20 and testimony.
21 MR. ROATE: Thank you.
22 Mr. Slater.
23 MEMBER SLATER: Based on the staff report
24 and testimony, yes.

1 MR. ROATE: Thank you.
2 Chairman Sewell.
3 CHAIRMAN SEWELL: Yes, for reasons stated.
4 MR. ROATE: Thank you.
5 That's 6 votes in the affirmative.
6 MR. LAWLER: Thank you.
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1 CHAIRMAN SEWELL: We move to declaratory
2 rulings and other business.
3 Next is E-01, AMITA Health Presence
4 Saint Joseph's Hospital, Chicago.
5 May I have a motion to correct utilization
6 data for AMITA Health Presence Saint Joseph's
7 Hospital.
8 MEMBER MARTELL: I so move.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER SLATER: Second.
11 THE COURT REPORTER: Would you raise your
12 right hand, please.
13 You're fine; you were previously sworn --
14 would you both raise your right hands.
15 (Two witnesses sworn.)
16 THE COURT REPORTER: Thank you.
17 CHAIRMAN SEWELL: State agency report.
18 MR. CONSTANTINO: Thank you, Mr. Sewell.
19 State Board staff is asking the
20 State Board to approve a change in Saint Joseph's
21 Hospital in Chicago's 2017 annual hospital
22 questionnaire.
23 The hospital is requesting to adjust the
24 2017 number of gastrointestinal procedure rooms

1 and their usage, which was mistakenly omitted from
2 the annual hospital report.
3 Thank you, sir.
4 CHAIRMAN SEWELL: All right.
5 Any comments for the Board?
6 MR. MARIN: Yes.
7 Good afternoon. I'm Flavio Marin, CFO for
8 AMITA Health Saint Joseph's Chicago.
9 And we identified the error, corrected the
10 error, and are confident that the data going
11 forward is correct.
12 CHAIRMAN SEWELL: Can you give us a sense
13 of how the -- how and why the error occurred?
14 MR. MARIN: Sure.
15 In 2015 we opened a new facility right
16 next door, and the individual collecting the
17 data -- it was just an oversight because it was a
18 new location. And the location just was not
19 picked up in the report, but we have rectified
20 that going forward.
21 CHAIRMAN SEWELL: Okay.
22 Questions?
23 (No response.)
24 CHAIRMAN SEWELL: Okay. Roll call.

1 MR. ROATE: Thank you.
2 Motion made by Dr. Martell; seconded by
3 Mr. Slater.
4 Senator Demuzio.
5 MEMBER DEMUZIO: Yes, based upon the staff
6 report.
7 MR. ROATE: Thank you.
8 Dr. Martell.
9 MEMBER MARTELL: Yes, based on staff and
10 testimony provided.
11 MR. ROATE: Thank you.
12 Dr. Murray.
13 MEMBER MURRAY: Yes, based on testimony
14 provided.
15 MR. ROATE: Thank you.
16 Ms. Savage.
17 MEMBER SAVAGE: Yes, based on staff report
18 and testimony.
19 MR. ROATE: Thank you.
20 Mr. Slater.
21 MEMBER SLATER: Yes, based on staff
22 report.
23 MR. ROATE: Thank you.
24 Chairman Sewell.

1 CHAIRMAN SEWELL: Yes, for reasons stated.
2 MR. ROATE: Thank you.
3 That's 6 votes in the affirmative.
4 MR. AXEL: Thank you.
5 MR. MARIN: Thank you.
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1 CHAIRMAN SEWELL: There are no Health Care
2 Worker Self-Referral Act issues.
3 There's no status report on conditional or
4 contingent permits.
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1 CHAIRMAN SEWELL: We move to applications
2 subsequent to initial review.
3 It's H-01, Project No. 19-014, MIRA Neuro
4 Behavioral Health Center for Children &
5 Adolescents.
6 May I have a motion to approve this
7 project to establish a 30-bed AMI hospital in
8 Tinley Park.
9 MEMBER SAVAGE: So moved.
10 CHAIRMAN SEWELL: Is there a second?
11 MEMBER MARTELL: Second.
12 CHAIRMAN SEWELL: All right.
13 THE COURT REPORTER: Would you raise your
14 right hands, please.
15 (Three witnesses sworn.)
16 THE COURT REPORTER: Thank you. And
17 please print your names.
18 DR. HIGGINS: Mr. Chairman and members --
19 CHAIRMAN SEWELL: Excuse me just
20 one second. We're coming back to you.
21 (Laughter.)
22 CHAIRMAN SEWELL: State agency report.
23 MR. CONSTANTINO: Thank you, Mr. Sewell.
24 MIRA Behavioral Health Center is asking

1 the State Board to approve the establishment of a
2 30-bed acute mental illness hospital in
3 Tinley Park, Illinois, dedicated solely to the
4 care of children and adolescents.
5 The cost of the project is approximately
6 5.6 million, and the expected completion date is
7 August 1st, 2021.
8 This project was modified on August 15th,
9 2019, increasing the cost of the project by about
10 $493,000 and increasing the gross square footage
11 by 12,318 gross square feet or approximately
12 33 percent.
13 The State Board has received several
14 support letters for this project. One letter of
15 opposition was received.
16 I will point out to the Board we did
17 receive two comments on the Board staff report
18 that were emailed to you last week and have been
19 placed in front of you today.
20 No public hearing was requested. The
21 Applicants have not met all the Board's
22 requirements.
23 Thank you, sir.
24 CHAIRMAN SEWELL: Thank you.

1 Go ahead.
2 DR. HIGGINS: Thank you.
3 Mr. Chairman, members of the Board, I am
4 Dr. Christopher Higgins, president of MIRA Neuro
5 Behavioral Health Care. I'm pleased to have with
6 me today Drs. Johnson and Mikulecky and Joe Ourth,
7 our CON counsel.
8 I can't tell you how excited I am to be
9 able to present a real solution to a problem that
10 we have had in our community for a long, long
11 time.
12 Over a decade ago I tried to hospitalize
13 an adolescent at Christ Hospital. I was informed
14 that they had closed their unit. This was a
15 surprise to me, having worked in the then-EHS,
16 now-Advocate system, that they had decided to
17 leave the child or adolescent psychiatric
18 business.
19 In investigating further I found out a
20 number of things. One, in order to receive
21 services, we had to leave our area and go a long
22 way, as you have heard from one of our presenters,
23 Joe Bullington, today, who experienced this
24 himself; and, two, that the local hospitals in our

1 HSA were not interested in building a child and
2 adolescent unit.
3 Having worked on the psychiatric units, it
4 finally became clear to me, as we would be going
5 in and doing our work, there would be people with
6 construction hats walking around in our unit. And
7 when we asked who they were, they were people
8 through cardiac or oncology or other hospital
9 services that were looking for more space.
10 Basically, the big hospitals -- you know,
11 it's cost prohibitive to increase psychiatric,
12 especially child and adolescent, because they are
13 not physically ill. They are not interested in
14 doing this.
15 I went and talked to a number of people in
16 our community; I went and talked to a number of
17 CEOs at hospitals, leaders, and decided that, you
18 know, we could do this.
19 You know, I went out and looked at a
20 number of examples of this throughout the country
21 and found that it was a very successful and
22 important part of the community, separating child
23 and adolescent psychiatry from both big box
24 hospital medical/surgical centers and adult

1 psychiatry services that are revamping a unit to
2 try to attend to adolescents.
3 The highlights of our program are our
4 building is not a hospital campus. It's crucial
5 for kids and family that way. It's not
6 institutional. It's not adult psychiatry being
7 reconfigured. It -- the part that we want to make
8 clear here is that child and adolescent psychiatry
9 and care is different than a lot of other cares.
10 And two examples of that -- you can do
11 adult care without integrating the family.
12 I don't know if you've been on a hospital unit
13 lately, but there's no family rooms for the adults
14 to be there. There's a visiting room.
15 However, you can't do child and adolescent
16 without family. We need to integrate them in.
17 I've been on a number of units in the area. Very
18 few of them have spots for the family to be
19 integrated.
20 The other reason that child and adolescent
21 should be separated from med/surg and psychology
22 is, in our field, medications are all indicated
23 based on research with the adults. You need a
24 child and adolescent psychiatrist in order to move

1 that down into how to change the doses and change
2 the usage according to children. It's a separate
3 field of what we're doing, that we are proposing
4 to do, and that's the reason that it's a
5 stand-alone hospital.
6 Another aspect of our project is the
7 building that we're in. Our hospital would be
8 housed -- located in a building that's currently
9 used by community service foundations, a
10 not-for-profit provider, which cares for over
11 180 individuals.
12 You heard this morning Mary Pat saying
13 that if we were able to do this, they could move
14 from big box workshops into small community
15 centers, which is really nice. The part that she
16 wasn't able to say that I'm going to say -- this
17 building is perfect for us. It is what -- all the
18 things that cause her trouble are perfect for us.
19 We've had architects and State officials,
20 everybody go through it and inspect it before we
21 did the application to make sure that we would
22 meet all the codes and we can do this, and our
23 project is going to have incredible areas for our
24 children and adolescents to heal at probably about

1 $10 million less on the building and facility than
2 we would any like facility in the state or in the
3 nearby states.
4 Let's move from our project to the need
5 for behavioral health services. You've heard
6 Dr. Chand this morning talk about the 1 in
7 5 children have a medical mental health issue.
8 1 in 5, 20 percent.
9 Suicide, as probably everybody knows since
10 it's in the papers all the time, is the second
11 leading cause of death for children and
12 adolescents.
13 The third leading cause of death for
14 children and adolescents is homicide. We all know
15 that there's a significant aspect of that that
16 would be criminal homicide. But if you're looking
17 at the shootings, if you're looking at what's
18 happening in our society, mental health, as we cut
19 back services, which we've been doing all over the
20 place -- a great deal of that homicide is of
21 mental illness origin, of which we deal with those
22 children. That's what this program is intended to
23 address.
24 As an example of that, let's talk about

1 the need for this service, which is the number one
2 medical service, I believe, facing children and
3 adolescents at this time.
4 Dr. Johnson's going to give her speech.
5 DR. JOHNSON: Hi. I'm going to share with
6 you a story that a parent gave me permission to
7 share about her recent experience at a mental
8 health acute system. I've changed the identifying
9 information to protect the privacy.
10 Her daughter, a 10-year-old, was admitted
11 to a hospital downtown after taking a knife,
12 locking herself in the bathroom, and threatening
13 to kill herself. Due to the lack of services, the
14 parents were unable to follow through on the
15 follow-up intensive care.
16 It wasn't until the child again threatened
17 to kill herself at school that personnel sent her
18 to our practice for outpatient services. I was
19 hesitant to take on the case. The lack of local
20 acute care facility and the parents' reluctance to
21 consider another hospital admission far outside of
22 their community was concerning.
23 Once I met with the family and heard their
24 experience within the acute mental health system,

1 I recognized the family was invested in treatment,
2 the school was supportive, and I could consult
3 with the prescribing provider. Given the trauma
4 that the entire family had endured, they, too, are
5 being treated.
6 Being able to coordinate her care, work
7 with the family, and be within a reasonable
8 distance for multiple appointments each week has
9 allowed me to feel confident to treat this family;
10 however, given her history of hospitalization and
11 impulsivity, she is at an increased risk of
12 requiring this service again. I need a place that
13 I can trust to send her to.
14 As my patient's mother reminded me -- and
15 I quote -- "Suicide is on the rise, and we have to
16 go to the north suburbs or Chicago to get help for
17 our children. The south suburbs do not have
18 anything to help us."
19 Having this type of specialty hospital
20 within our community will provide the safety net
21 that I and all of us professionals struggling with
22 child and adolescent issues needs for appropriate
23 care. Thank you.
24 DR. HIGGINS: So let's go over the

1 specifics of this need for a hospital.
2 There's almost a million people in the HSA
3 that we serve. Only five hospitals in the area
4 provide medical health inpatient services. Four
5 of the five hospitals do not -- only have adult
6 services. One hospital has adult and a small
7 adolescent unit.
8 As you can see, one of the hospitals that
9 we're talking about, also, MetroSouth, is
10 decreasing services. These hospitals who are
11 caring only for adults all recognize the lack of
12 care for children and have been very supportive of
13 our project.
14 The only hospital that provides -- in the
15 area -- that provides adolescent inpatient
16 services is outside the Board's 30-minute travel
17 time. It only has 12 beds. Our referral letters
18 take no patients from that hospital area, and the
19 hospital has not opposed our project.
20 Most of the patients in our area go either
21 to a distant suburb or hospital in Chicago,
22 resulting in considerable travel time. Often
23 patients face a waiting list or long-delayed
24 admissions.

1 FYI, there are two suburban systems that
2 stand out as resources in the community, Linden
3 Oaks and Alexian Brothers Behavioral Health.
4 Unfortunately, in order get that quality of care,
5 you have to travel way outside of our area.
6 MIRA is not reinventing the wheel. We are
7 upgrading the services and bringing it into our
8 local community, working with the community.
9 The founders of MIRA are not an investment
10 company in New York City but, instead, are people
11 who live, work, and practice in the Chicago
12 Southland.
13 My practice, Palos Behavioral Health
14 Professionals, is a group of clinicians who
15 concentrate on caring for behavioral health issues
16 of children and adolescents and their families.
17 These are the people behind the project.
18 It's community based, people who have been here
19 for -- I've been working for over 30 years, and my
20 investors are all people who are business leaders
21 in the community who are passionate about this
22 project. We have worked with the schools and
23 social workers in the area, and we recognize that
24 their students have needs for a dedicated

1 facility. Support is reflected in their letters.
2 We have worked with the police departments
3 and municipalities that recognize a need for the
4 facility, and they have supported the project.
5 We have worked with government officials
6 and mayors. You have letters from over
7 54 different physicians, recognizing the need for
8 the project, pledging to refer almost
9 1200 patients to the facility. The majority of
10 these medical doctors, mostly pediatricians, have
11 no financial connection with MIRA and provided the
12 letters solely based on recognized need.
13 I traveled to all of their practices. We
14 didn't have a -- we didn't go to the department of
15 pediatrics at the hospital. I went to their
16 practices. I asked, "Can I talk to you about the
17 program?"
18 Every single one of them was "Thank you
19 very much. How do we get this done? How do
20 I support it?" Not one refused to write a letter.
21 We stopped when we met the quota we would
22 need in order to meet 85 percent occupancy, but
23 there are at least 200 other physicians that we
24 didn't get to in our area that I believe would

1 gladly have sent letters of support, also.
2 Most impressively -- you have this in our
3 applications -- three of the large hospitals,
4 Advocate Christ Medical Center, Little Company of
5 Mary, and Palos Community Hospital, recognize a
6 need for this service, and we have received a
7 letter of support and referrals from them. We
8 thank them for their cooperation and look forward
9 to providing a service for them and specifically
10 their emergency rooms.
11 MR. OURTH: Hi. I just want to briefly
12 address some of the negative findings on this.
13 I think that the benefits of this project far
14 outweigh the negative findings but do want to
15 address those.
16 The first one is, as you'll see in the
17 State Board report, there was a negative finding
18 on planning area need. The basis for that is that
19 the planning area need inventory -- and -- is
20 based on the fact that there is no difference
21 between adult and children. As anybody in the
22 field knows, you cannot mix adult and children in
23 the same units, and so there is no separate
24 methodology for adults and children.

1 And so that what you find in a population
2 of an HSA of 1 million people, you have
3 12 adolescent beds and 0 children's beds in there.
4 If there were a separate methodology for child and
5 adolescent, I'd think that any of those
6 methodologies would show a need for that in this
7 area.
8 Second, there was a question about
9 referral letters in this, that, as Dr. Higgins
10 said, there were referrals from 54 different
11 physicians, totaling almost 1200 referrals.
12 For those of you not used to seeing
13 hospital projects, this is very much unheard of.
14 What most hospitals do is come up and explain,
15 "Well, referral letters really don't matter."
16 Here, we've got real referral letters that say
17 that people are going to be sending them here.
18 Now, admittedly, there was a few that --
19 there were some that staff did not count for two
20 different reasons: One is on some of them the
21 number of referrals exceeded the historical
22 referral number. And the basis for that is that
23 some -- is far different than surgeries.
24 Everyone knows how many procedures you

1 perform, but in psych what you'll find is that a
2 number of those patients or -- that -- for which
3 they want to make a referral, the family doesn't
4 want to go a long ways to do that, they don't have
5 that, and they simply don't go too much.
6 The second thing on the referral letter is
7 some of the referrals -- and anybody who is a
8 doctor would maybe appreciate this -- we know that
9 your rules say that you have to specify the
10 hospital that they go to. Some of the physicians
11 instead said "downtown hospital" instead of the
12 name of the hospital.
13 Pretty technical kind of thing. We're not
14 disputing staff that that didn't count, but that
15 was still 1200 referrals that get there, and we
16 think that -- we hope that the Board can overlook
17 that technical issue.
18 The other two things were slightly
19 financial issues. One had to do with there not
20 being a firm commitment letter. What was provided
21 in the application was a very detailed term sheet
22 that -- as to the terms of the loan, as to the
23 loan that would be made as part of this.
24 As Mike points out, it was not a firm

1 commitment letter. That's not because the
2 Applicant is unable to get a firm commitment
3 letter. In fact, we had the senior vice president
4 of First Midwest Bank here, who indicated that
5 they -- their interest and readiness to make the
6 loan.
7 The difference is to have the firm
8 commitment letter right now -- those of you who
9 know the banking process -- it's about a hundred-
10 thousand-dollar commitment to have that before.
11 The bank -- and as I say, that's not a prudent
12 investment, to spend a hundred thousand dollars
13 for a firm commitment letter until you, the Board,
14 give the green light on that, but that's not a
15 reflection on the inability for financing.
16 And, finally, the last one was a point on
17 debt financing. There are five review criteria
18 for financial viability. The project meets four
19 of them. The fifth one, the State Board report
20 noted that they couldn't verify that because,
21 apparently, we'd left off a line in the
22 pro forma's balance sheet. To the extent we did
23 that, that was inadvertent. We didn't know that.
24 But we can tell you -- and the banker can

1 tell you that they've been working with -- that it
2 is an 80 percent/20 percent debt to equity
3 financing on that.
4 And then, finally, you did hear a little
5 bit of opposition. I want to just point that out.
6 What you have is you hardly ever see a
7 number of hospitals in the area come together and
8 say, "Yes, I support another hospital in the
9 area." It doesn't really happen. I've been doing
10 this 25 years. You're not going to see this
11 happen very often, but -- because they said, "We
12 have people coming into our emergency room, we
13 can't care for them, we need a place for them to
14 go, and this is a good place for doing that."
15 The one opposition was not from a hospital
16 but from the investment company that owns part of
17 it that is a competitor, which is a chain
18 hospital, and they're serving people's needs and
19 that's fine. But they also are outside of your
20 planning area, they're not within the 10-minute
21 travel time, and they're not within the HSA.
22 Also, they're a system that does a
23 hundred-bed hospital, which is a very different
24 experience than a 30-bed child and adolescent.

1 Finally, without any sense of irony, they
2 say that maybe you shouldn't approve this because
3 it doesn't meet all the review criteria. When
4 their project was here two years ago, did they
5 meet the review criteria for -- your
6 regulations -- for demand for services? No, they
7 didn't. For financial viability? No, they
8 didn't. Or duplication of other services? No,
9 they didn't. So, hopefully, you'll take that with
10 a grain of salt.
11 And in closing --
12 DR. MIKULECKY: Hi. I'm Dr. Jessica
13 Mikulecky. I'm a licensed clinic psychologist
14 working at Palos Behavioral Health Professionals.
15 And a woman who heard about this project
16 recently lost her son and reached out to us to
17 share her story, so, for the sake of time, I'm
18 going to read excerpts from a letter that she
19 asked be shared with you guys.
20 "My son Eric was kind and caring, athletic
21 and funny, and handsome without ever really
22 knowing it. He was an A student with multiple
23 college scholarships offers. He loved sports,
24 particularly soccer.

1 "In February of his freshman year of high
2 school, he suffered an evulsion fracture of his
3 right ankle. After six months of recovery and
4 rehab, he went back to soccer but it still wasn't
5 right. The fracture never healed, and he had to
6 have surgery. Eric missed four soccer seasons and
7 lost his spot on the top travel team and starting
8 position on the high school soccer team.
9 "After his injury, I could tell he was
10 struggling. He was having panic attacks and his
11 demeanor had become angrier. Under his protests
12 I wanted him to see a therapist; however, most
13 therapists either weren't accepting new patients
14 or had a year wait list, and most didn't accept
15 insurance.
16 "Eric did begin seeing a therapist but his
17 depression deepened. At one point Eric had become
18 distraught and attempted to jump out of a moving
19 vehicle. We had an ambulance take him to the
20 hospital. Eric needed to be admitted to a mental
21 health facility, but we couldn't find a facility
22 with an empty bed.
23 "During this time the hospital kept Eric
24 heavily sedated in the ER room, mostly ignored.

1 He was angry and the hospital staff was clearly
2 irritated by him. Finally, 24 hours after being
3 admitted to the ER, we found a vacant bed at a
4 hospital 35 miles from our home.
5 "A second visit to the ER, Eric was taken
6 by ambulance and I was notified by police. This
7 time I knew better. Upon arriving at the
8 hospital, I began calling mental health facilities
9 looking for available beds. I found one but if
10 I didn't have him there by 10:00 p.m., I would
11 have to wait for the next day, and they couldn't
12 guarantee a spot.
13 "After four hours in the ER, a nurse came
14 out and said they were releasing Eric. I asked to
15 speak to the doctor. The doctor was not aware of
16 Eric's medications, his diagnosis of bipolar
17 disorder, and mental health history.
18 "When I went back to see Eric, he became
19 upset and wanted to leave, at which point the
20 hospital staff came into Eric's room and yelled at
21 him 'There are sick people here' and he was just
22 going to have to keep his voice down.
23 "It was clear there that no one saw my son
24 was ill. He was just a nuisance, that because he

1 didn't have a physical wound, he wasn't deserving
2 of their compassion or attention. If this was how
3 the medical community was treating my son, how was
4 the world, in general, to support him?
5 "My son Eric passed away on April 21st.
6 He was 18. I understand that my son's peers had
7 difficulty understanding what my son was going
8 through, but there is no excuse that medical
9 professionals and hospitals are not equipped to
10 help."
11 DR. HIGGINS: I think we all know that our
12 lives are getting much more complicated, more
13 active. This complication in life is hitting the
14 children and adolescents who are mentally ill very
15 hard, and they're going to need more and more
16 services in the future. Anyone who says that
17 there isn't a demand does not know what's
18 happening out in our communities.
19 And with your approval, we will provide
20 this service in the HSA that we are in. Thank you
21 very much.
22 CHAIRMAN SEWELL: I wanted to ask staff,
23 Mike, about -- the Applicant already stated this,
24 but I wanted your take on why all these referrals

1 were not accepted for purposes of doing the
2 calculation.
3 MR. CONSTANTINO: As Mr. Ourth explained,
4 they needed to identify the hospitals where the
5 patient was referred, and they didn't do that.
6 That's why I didn't accept quite a few of them.
7 They used the term "other hospital," "downtown
8 hospital," "city hospital."
9 CHAIRMAN SEWELL: I see. Okay.
10 And then on the financial piece, it looks
11 like about 20 percent of the cost of the project
12 was going to be -- going to involve debt
13 financing.
14 DR. HIGGINS: At least.
15 CHAIRMAN SEWELL: Yeah. So you're saying
16 that a financial institution -- what? -- would not
17 verify that to the State agency?
18 MR. OURTH: If you mean on the loan
19 commitment letter --
20 CHAIRMAN SEWELL: Yeah.
21 MR. OURTH: Yes. And, in fact, you see
22 that on a number of projects. Mike has made this
23 explanation on a number of times. You want to
24 know whether there's going to be financing

1 available for the hospital.
2 And I think that what Mike has done over
3 the years is says that he wants to have a letter
4 that says "I, the bank, will make this loan if the
5 CON is approved." And so he wants to know and be
6 able to tell you that the -- that financing is all
7 the way there.
8 What we did is said, "Here's the terms of
9 the loan; we're not going to get the financial
10 commitment that is a binding commitment" because
11 to get that binding commitment and the loan
12 origination and things like that can cost about a
13 hundred thousand dollars -- over a hundred
14 thousand dollars.
15 And so what we tried to do instead is to
16 have the senior vice president, who has been
17 working with this for six months, come and say,
18 "We've looked at the business plan; we've looked
19 at the financials; we've looked at this."
20 We know we needed a commitment letter, and
21 we know what the staff wanted, but we thought it
22 more financially prudent not to do the final
23 commitment until you, the Board, approved that so
24 that there wasn't that expenditure of a hundred

1 thousand dollars, which would be significant for
2 this project.
3 CHAIRMAN SEWELL: And then this --
4 DR. HIGGINS: Can I --
5 CHAIRMAN SEWELL: Go ahead.
6 DR. HIGGINS: Just so -- if it sounds like
7 we're making that number up or anything, it is
8 not.
9 For example, the bank requires you to have
10 full blueprints of your whole remodeling, which
11 our bid for that was $90,000. That's before they
12 do anything. That's our bid for that. We held
13 off on doing that until after this.
14 So it's kind of a Catch-22 of what we're
15 kind of doing here. So that's basically the cost.
16 We're trying to keep those low.
17 CHAIRMAN SEWELL: And what was the reason
18 for the inability to calculate all of the required
19 financial ratios?
20 MR. OURTH: Apparently, when we did the
21 pro forma financial statement, the accountant
22 didn't have a line item on there on the amount of
23 debt.
24 And so what -- not speaking for staff --

1 they go through the financials; they try to verify
2 all the ratios that we set. We met four of those.
3 The fifth one, on debt-to-equity ratio --
4 because, for some reason, the financial statement
5 didn't have that line item -- they couldn't verify
6 that.
7 So -- I mean, we're not doubting that. If
8 we would have known it, we would have given it to
9 you, and it would have said it was 80/20 debt to
10 equity. And so we're making that representation.
11 (An off-the-record discussion was held.)
12 MR. OURTH: And it's represented in the
13 bank's term sheet, the 80/20.
14 DR. HIGGINS: In the term sheet in the
15 application, it is -- the bank is requiring that
16 minimum, so that's our understanding with them.
17 CHAIRMAN SEWELL: Questions?
18 MEMBER SAVAGE: I do have a question.
19 One of the things I brought up earlier was
20 the Medicaid population calculations that you did.
21 Are you planning to take all patients that
22 would be coming your way?
23 DR. HIGGINS: Yes. Yes. There is --
24 obviously, you can't deny a patient based on

1 payment, so that's not an issue.
2 But we have a lot of need for that safety
3 net in there. I think, unlike other projects,
4 I've actually talked to the status workers and the
5 other people who are working in the community who
6 kind of direct those patients. And Dr. Ward from
7 Grand Prairie Services, who is a status worker in
8 our area, one of them, over -- she does over
9 300 crisis visits a month. She was in support of
10 our project at the announcement and wrote a
11 letter.
12 We were working with them to provide -- to
13 get -- not only just accept the patients but to
14 have a better solution than we have right now for
15 that problem.
16 And, also, by the way, I've been on the
17 board of a not-for-profit that works with public
18 support at about the 95th percentile for the last
19 10-plus years, so I'm very familiar with the
20 challenges and the solutions to that.
21 Thank you.
22 MEMBER MARTELL: Would you be doing direct
23 admit rather than referral from providers?
24 DR. HIGGINS: That's a complicated

1 question, and I'm not trying to avoid it.
2 So can someone show up at our door and
3 walk in? They would -- in order -- since we're
4 not part of the hospital -- although the
5 stand-alones, like at your hospitals, want to make
6 sure that you're medically clear before you admit
7 into the hospital. So if we can pull that off --
8 which we will have the resources to do that the
9 majority of the time -- we will.
10 An example of this is, you know, you need
11 to make sure someone's not pregnant before you
12 prescribe medications. That lab work is usually a
13 medical issue, so we want to make sure people are
14 medically cleared. Once that is done, we will do
15 direct admits.
16 MEMBER SAVAGE: What are your plans for
17 your outpatients? Will you be expanding
18 outpatient services out of this health center?
19 DR. HIGGINS: In the building that we
20 have -- if you want, I'll show you the pictures --
21 there's a -- the clinical space for not only the
22 unit -- it's beautiful what we can do.
23 In the same building, there is more than
24 enough space for four different partial

1 hospitalization programs and IOPs -- and we'll go
2 through that -- and then also what we plan to do
3 in the building is -- in another outpatient
4 center -- is -- and this is kind of part of your
5 answer -- we would have a full diagnostic neuro
6 center, neurodiagnostic and psychology diagnostic,
7 so that people could get the real answers for the
8 problems. And that report will not only provide
9 stuff for an inpatient but also follow through
10 with the entire continuum of care.
11 You've got to remember this is a -- we
12 already have the continuum of care where the
13 majority of treatment for behavioral mental health
14 is done. We just need this last piece so that our
15 providers, you know, can be secure in treating
16 risky patients, that they're not going to get
17 someone in harm's way.
18 CHAIRMAN SEWELL: Yes.
19 MEMBER JENKINS: Yeah. I just wanted to
20 touch on, too -- this morning we heard and also in
21 a letter of opposition of the -- what it said was
22 your financial viability being tied to higher
23 commercial services or people covered by
24 commercial insurance other than Medicaid.

1 And knowing that a significant portion of
2 the children and adolescents in the state are
3 covered by Medicaid, I just wanted to hear the
4 commitment that I think that you just gave to
5 serve those people covered by the medical
6 assistance programs.
7 DR. HIGGINS: Not only a commitment but
8 we're already working on it.
9 MEMBER JENKINS: Okay. Thank you.
10 CHAIRMAN SEWELL: Yes.
11 MEMBER QUINTERO: Hi. I have just a
12 couple questions, if I can elaborate a little bit
13 on the programs, especially the somatic
14 expression group and the one of Circle of Courage.
15 And who will be providing that type of
16 therapy?
17 DR. HIGGINS: In general -- I'll let them
18 talk about it because they're the experts on it.
19 But so you know, since we are an
20 outpatient going towards the hospital, we do a lot
21 of therapy that they don't do in the hospital,
22 that a hospital that's developed out of a
23 med/surg, adult psychiatry would never do. And
24 these are some of the exciting programs that we're

1 going to be able to integrate into in this
2 continuum of care.
3 DR. MIKULECKY: So the somatic -- I think
4 it's -- there's a typo; it's somatic
5 experiencing -- is a term and it's a trauma-based
6 treatment.
7 It's kind of a newer treatment, but it's
8 all rooted in the same research, and it's really
9 focused on the nervous system and healing trauma
10 because trauma lives inside the body. So it's
11 focusing on all that research and with an
12 emphasis -- it was designed to treat trauma and
13 addiction.
14 So Dr. Johnson and myself, we are
15 actually -- we're getting certified in that type
16 of treatment, and that will be done within a month
17 so that's coming up.
18 And then the other piece that you talked
19 about was another kind of specialty treatment that
20 another provider at the practice uses --
21 MEMBER QUINTERO: Thank you.
22 DR. MIKULECKY: -- that will be part of
23 the whole plan and implementation.
24 MEMBER QUINTERO: Thank you.

1 CHAIRMAN SEWELL: Oh. Other questions?
2 Yes.
3 MEMBER MARTELL: Can the staff provide us
4 any background? Are there any other type of
5 facilities like this in the state?
6 MR. CONSTANTINO: Not that I'm aware of.
7 MS. AVERY: Springfield? Isn't there one
8 in Springfield?
9 MR. CONSTANTINO: It's closed. There's a
10 97-bed -- 97-bed, yes.
11 MS. AVERY: Oh.
12 MR. CONSTANTINO: Not one that -- not one
13 this small, Courtney.
14 MS. AVERY: I never should have
15 questioned you.
16 CHAIRMAN SEWELL: Yeah. Don't question
17 Mr. Constantino.
18 MR. CONSTANTINO: Pardon me?
19 MS. AVERY: He told me don't question you.
20 CHAIRMAN SEWELL: I said, "Don't question
21 Mr. Constantino."
22 Other questions?
23 (No response.)
24 CHAIRMAN SEWELL: All right. Roll call.

1 MR. ROATE: Thank you.
2 Motion made by Ms. Savage; seconded by
3 Dr. Martell.
4 Senator Demuzio.
5 MEMBER DEMUZIO: Yes, based upon testimony
6 and the staff report.
7 MR. ROATE: Thank you.
8 Dr. Martell.
9 MEMBER MARTELL: Yes, based on the
10 testimony and the staff report.
11 MR. ROATE: Thank you.
12 Dr. Murray.
13 MEMBER MURRAY: Yes, based on the
14 testimony and the staff report.
15 MR. ROATE: Thank you.
16 Ms. Savage.
17 MEMBER SAVAGE: Yes, based on the staff
18 report, the information presented by the
19 Applicants, and the dearth of adolescent and child
20 AMI beds in the HSA and surrounding areas.
21 MR. ROATE: Thank you.
22 Mr. Slater.
23 MEMBER SLATER: Yes, based on the
24 testimony and the Board's presentation.

1 MR. ROATE: Thank you.
2 Chairman Sewell.
3 CHAIRMAN SEWELL: I'm going to vote no
4 because I think that some of these issues could be
5 tightened up in a -- in an intent to deny where
6 you could get the referrals, you could make
7 references to the term sheet to satisfy the
8 financial concerns.
9 I just think that there's a few holes here
10 that could be tightened up through an intent to
11 deny.
12 MR. ROATE: Thank you.
13 That's --
14 CHAIRMAN SEWELL: But the project's
15 approved anyway.
16 MR. ROATE: -- 5 votes in the affirmative,
17 1 in the negative.
18 CHAIRMAN SEWELL: Thank you.
19 DR. HIGGINS: Thank you.
20 DR. JOHNSON: Thank you.
21 MEMBER SAVAGE: May we see the picture?
22 DR. HIGGINS: Oh, the picture?
23 All right. Good thing I was long-winded
24 before.

1 This is that 18 --
2 THE COURT REPORTER: Can you use the
3 microphone, please, sir?
4 MS. AVERY: Off the record.
5 DR. HIGGINS: Off the record?
6 CHAIRMAN SEWELL: Yeah, because it's over.
7 (An off-the-record discussion was held.)
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1 CHAIRMAN SEWELL: Next on the agenda is
2 H-02, Project No. 19-015, Dialysis Care Center of
3 Chicago Heights in Chicago Heights.
4 May I have a motion to approve this
5 project to establish a 14-station end stage renal
6 disease facility in Chicago Heights.
7 (No response.)
8 CHAIRMAN SEWELL: Can I get a motion?
9 MEMBER SAVAGE: So moved.
10 CHAIRMAN SEWELL: Is there a second?
11 MEMBER MURRAY: Second.
12 CHAIRMAN SEWELL: All right.
13 THE COURT REPORTER: Would you raise your
14 right hands, please.
15 (Five witnesses sworn.)
16 THE COURT REPORTER: Thank you. And
17 please print your names.
18 CHAIRMAN SEWELL: State agency report.
19 MR. CONSTANTINO: Thank you, Mr. Sewell.
20 DCC Chicago Heights is asking the
21 State Board to approve a 14-station ESRD facility
22 in Chicago Heights.
23 The estimated cost of the project is
24 approximately 2.6 million, and the expected

1 completion date is May 31st, 2021.
2 There was no request for a public hearing,
3 and no letters of support were received by the
4 State Board. There was one letter of opposition
5 received, and it has been included in your packet
6 of information.
7 The Applicant has not met all of the
8 criteria of the State Board.
9 Thank you, sir.
10 CHAIRMAN SEWELL: Thank you.
11 Is there a -- are there comments for the
12 Board?
13 DR. SALAKO: Good afternoon, Chairman
14 Sewell and members of the Board.
15 I am Dr. Babajide Salako. I am the CEO of
16 Dialysis Care Center. With me today are a couple
17 of my colleagues.
18 Immediately to my left is Dr. Mohammad
19 Shafi. He's the chief medical director of
20 Dialysis Care Center. Next to Dr. Shafi is
21 Mr. Asim Shazzad. He's the chief operating
22 officer of Dialysis Care Center.
23 To his left is Ms. Therese O'Donnell. She
24 is the area manager for that territory of our

1 business. And finally, at the end of the table,
2 is Dr. Tauseef Saragough. He is a medical
3 director at -- one of the physicians at Kidney
4 Care Centers in Olympia Fields.
5 So I'll let Dr. Saragough start.
6 DR. SARAGOUGH: Thank you, Dr. Salako.
7 Hello and good afternoon, distinguished
8 members.
9 My name is Tauseef Saragough, MD. I'm a
10 board-certified nephrologist and medical director
11 at DCC of Olympia Fields. I'd first like to thank
12 the Board for approving our unit, DCC of Olympia
13 Fields, in January of last year.
14 You guys heard one of our patients earlier
15 this morning, who was here for the testimony, and
16 he's somebody who I took care of at that unit that
17 you approved, and I'd like to thank you for that.
18 I, here, represent all of those patients or
19 similar patients as the one you heard this
20 morning, and, you know, these are patients who
21 are -- they're our CKD patients or are on dialysis
22 awaiting renal transplants.
23 Let me also share this opportunity to tell
24 you about another success story that we had at

1 Chicago Heights.
2 This is a story that was actually reported
3 by the Chicago Tribune. I'd like to hold it up
4 here for you guys. This is a 23-year-old patient
5 who was one of my patients who I had in Chicago
6 Heights who had this rare kidney condition called
7 atypical hemolytic uremic syndrome.
8 And she basically had renal failure, was
9 on dialysis, and we took care of her at our home
10 program for a good two months where she was doing
11 peritoneal dialysis with us before she had
12 recovery of renal function and is now doing -- is
13 now doing great. Our practice draws significant
14 numbers of patients like her from the Chicago
15 Heights area.
16 And DCC of Olympia Fields, which is less
17 than 5 miles from the proposed clinic, which I had
18 just mentioned in my opening remarks, is now at
19 capacity. And it obtained this utilization within
20 a record span of one year since its inception.
21 And due to the rapid growth of ESRD patients that
22 we have seen in our practice, attributable to
23 growing elderly African-American and Hispanic
24 population and ESRD patients in our practice, we

1 generally look to continue to increase these
2 patients.
3 So Dialysis Care clinics focuses on
4 individualized care and encourages our patients to
5 choose home therapies, and they have all modality
6 options at our practice. Besides this, you know,
7 our nephrologists work really closely with the
8 nurses of DCC clinics to reduce hospitalizations
9 and improve quality indicators of the dialysis
10 patients.
11 I request our esteemed Board members here
12 to approve our proposed clinic in Chicago Heights,
13 which will be completed in 2021. It will provide
14 continuity of care to our patients, and our team
15 will have an opportunity to give them the
16 excellent care that they need.
17 Thank you, Board.
18 MS. O'DONNELL: Good afternoon.
19 My name is Therese O'Donnell. I'm the
20 clinical area manager for the home dialysis
21 Olympia Fields office.
22 At Dialysis Care Centers we are
23 predominantly a home-based dialysis company. We
24 encourage all our new patients as well as our

1 existing patients to try and transition to home
2 dialysis due to flexibility, convenience, better
3 understanding of their disease process as well as
4 better control of their disease process. We also
5 work with and encourage our patients to become
6 transplanted.
7 Eventually, over time, though, our home
8 dialysis patients will fail either home PD or home
9 hemo and will need to transition to the in-center.
10 When that happens, we're able to keep our patients
11 in our network and continue to provide continuity
12 of care to them. When our patients stay in our
13 network, they will keep the same -- their same
14 doctors, social workers, dieticians, and nurses.
15 In the event that our patients have access
16 issues or end up with peritoneal dialysis and need
17 bridge dialysis, we're able to keep our patients
18 in their network and keep the continuity of care.
19 We are also able to transition them back into
20 their home therapy unit faster because our home
21 nurses can visit and follow up with the patient in
22 our own in-centers.
23 Since we are a home-based dialysis
24 company, we work early on when patients crash into

1 the in-center dialysis and educate them on home
2 therapy options as well as successfully transition
3 our patients to home dialysis.
4 Please vote favorably for our Chicago
5 Heights location so we can continue to provide our
6 patients with the continuity of care they need.
7 Thank you for your time.
8 DR. SHAFI: Good afternoon, Chairman and
9 esteemed members.
10 I am Dr. Mohammad Shafi. I'm a board-
11 certified nephrologist. I also serve as the chief
12 medical officer at Dialysis Care Center and would
13 like to bring the attention of the distinguished
14 members of the Board on two core principles we
15 follow in our organization rather vigorously. One
16 is care coordination of the patient and
17 encouraging home dialysis.
18 Let me explain to you why care
19 coordination has become so much important this day
20 and age. Care coordination is a value-based
21 system focused on caring for the whole patient,
22 improving the efficiency -- improving efficiencies
23 and reducing costs.
24 We at the Dialysis Care Center have

1 developed innovative care models based on
2 coordinated patient-centered care, partnering with
3 nephrologists, dialysis nurses, and the patients
4 to oversee and monitor care of the ESRD patients
5 with the focus of reducing ER visits and
6 hospitalization, lessening the financial burden
7 which it poses to Medicare, Medicaid, and patients
8 without compromising the quality of their care.
9 Let me remind esteemed members, based on
10 the United States renal data alone in 2015,
11 approximately $11 billion was spent on
12 hospitalizations, expenses of dialysis patients.
13 We at the Dialysis Care Center are
14 empowering patients to be active participants in
15 managing their disease along with their care
16 providers. Our philosophy and approach synergizes
17 completely with a value-based program, such as a
18 QiD, which was introduced by CMS to encourage the
19 dialysis companies and nephrologists taking care
20 of the dialysis patient to improve quality of care
21 of dialysis patients.
22 Among the wide array of indicators that we
23 were asked to monitor by CMS, special emphasis was
24 placed on reducing hospitalization and patient

1 satisfaction survey at dialysis centers.
2 Now I want to briefly inform the members
3 of our home dialysis. It is unfortunate that only
4 12 percent of the American dialysis patients
5 receive dialysis at home. The executive order
6 issued on July 19, 2019, has set forth the goal of
7 having 80 percent of the new end stage renal
8 dialysis patients by 2035 either receiving
9 dialysis at home or receiving a transplant. And
10 we, as a company, realized that years ago, and we
11 are well positioned to achieve that goal.
12 We at the Dialysis Care Center have
13 developed innovative programs to educate and
14 empower dialysis patients to choose home therapies
15 as against in-center, recognizing home therapies
16 offer better quality of life and save Medicare/
17 Medicaid billions of dollars.
18 It is, therefore, imperative that the
19 patient remains within our Dialysis Care Centers
20 so that our physicians, nurses, and staff can
21 follow these models and follow the patients to
22 reduce the cost, improve outcome, and encourage
23 patient to switch to home therapy.
24 We at the Dialysis Care Centers in our

1 clinics treat patients regardless of their
2 financial and insurance background.
3 You heard, all, the story of one of our
4 patients that we took care of at the Dialysis Care
5 Center in Olympia Fields. His journey started as
6 a home PD patient. He was switched to home hemo,
7 then he was switched to in-center, and eventually
8 he received a transplant and leading a healthy
9 life.
10 That's what DCC is all about, helping and
11 empowering patients to lead a better life and make
12 better decisions about their health.
13 As noted earlier, the current DCC clinic
14 in the area has reached their maximum utilization
15 capacity. That is 101 percent, DCC Olympia
16 Fields, in record 1 1/2-year time.
17 This is -- I want Board members to
18 recognize this unique need of Dialysis Care Center
19 to serve patients in innovative ways to improve
20 their quality of life and to avoid sending these
21 patients into other clinics belonging to large
22 LDOs where the focus and management does not match
23 the preferences and standard set by a small
24 company like us.

1 Thank you very much.
2 DR. SALAKO: I'd like to share two posters
3 with the members of the Board, please.
4 So when Dr. Shafi talks about continuum of
5 care -- can you hear me?
6 THE COURT REPORTER: Not very well.
7 Sorry.
8 MS. AVERY: Just bring it up a bit and
9 then you can.
10 DR. SALAKO: When Dr. Shafi talks about
11 continuum of care, you know, from a care
12 coordination perspective, what we wanted to also
13 show you from a physical client perspective --
14 these are things that the agency report will not
15 be able to capture.
16 This is our unit in Olympia Fields.
17 Right? We opened this unit January of 2018.
18 This is our home dialysis clinic where
19 we're treating, you know, tens of patients. This
20 is the physician office, right in the middle.
21 This is the dialysis clinic, at the end of it.
22 So we have patients being seen by the
23 nephrologist. If they are home, they go to the
24 left of the door. If they are in-center patients,

1 they go to the right of the door.
2 In the -- the kind of seamless care they
3 get here is a model that the LDOs don't have.
4 It's a model that our patient -- it allows us to
5 give really excellent care to our patients.
6 You know, Dr. Shafi also talked about a
7 model we've been saying for a few years here with
8 the Board, an emphasis on home. The national
9 average is 12 percent of patients on home.
10 With our organization it's well over
11 35 percent, and it's because we can do something
12 like this. We can provide patients seamless care,
13 either from home to in-center, in-center back to
14 home, with their physicians being there, next to
15 them, all the time.
16 That kind of -- this kind of picture, very
17 difficult to see unless you go to one of our
18 facilities, unless you're one of our patients, and
19 you feel totally, totally comfortable in knowing
20 that your caregivers are right there next to you
21 all the time.
22 Dialysis Care Center has opened three
23 clinics in this HSA in the last 20 months. We
24 opened DCC Oak Lawn. Today we are at over

1 90 percent utilization. It's an 11-station
2 clinic.
3 In January 2018 -- DCC Olympia Fields,
4 January 2018. We have over a hundred percent.
5 This particular clinic that's about 5 miles away
6 from where we're asking for this new CON, actually
7 has a fourth shift opened. We have a fourth shift
8 opened MWF; we have a fourth shift opened TTS.
9 That means the dialysis patient -- because
10 they truly desire to stay in our unit -- are
11 having to dialyze as late as 10:00 p.m. Winter is
12 coming. That's a problem, you know.
13 We don't -- the patients -- I wouldn't
14 like to get to dialysis at 5:00 p.m. in the
15 evening and then, you know, leave the dialysis
16 clinic at 10:00 at night when it's dark, when it's
17 cold.
18 This is -- and our last clinic we opened
19 just in March of this year. DCC Beverly is
20 already at 55 percent capacity -- utilization. We
21 expect that this clinic, based on our internal
22 data, will be at about 80 percent capacity before
23 the end of the year.
24 So there is a need for our own patients to

1 stay in our own network because they truly believe
2 that they will get the best care when they stay in
3 our network.
4 Thank you.
5 CHAIRMAN SEWELL: All right.
6 Are there any questions of the Applicant?
7 MEMBER SLATER: Yes.
8 CHAIRMAN SEWELL: Yes. Go ahead.
9 MEMBER SLATER: The one thing that you
10 never really addressed is that we've got a whole
11 bunch of beds, apparently, available within
12 the area.
13 So if that's the case, why do we need this
14 facility?
15 DR. SHAFI: I'll address that.
16 And that's part of my testimony -- which
17 I said earlier -- was that every dialysis company
18 is developing their own unique model of this
19 continuum of care, reducing hospitalization, and
20 reducing -- so within our own company that's --
21 that's a job I'm doing also -- that we identify
22 patients in our network, we try to keep them
23 within our own network so that we can deploy those
24 models, you know, by reducing hospitalization,

1 improving their quality numbers.
2 So once they leave our network, we really
3 don't -- we cannot exercise that kind of authority
4 on those patients.
5 So I think as -- Dr. Saragough also,
6 I think, would like to answer that because he's
7 also part of the DCC organization; he's the
8 medical director.
9 So I think we like to keep these patients
10 within the DCC network so that all the efficiency
11 models that we are developing we can do better.
12 DR. SARAGOUGH: I'd like to add to what
13 Dr. Shafi just mentioned.
14 From personal experience -- I've been
15 practicing in that area for the last four years
16 now. And the transition from PD to hemo or back
17 to PD, if it needs to be done, is just seamless if
18 these patients are part of our network.
19 It's just easier for me, as a physician,
20 who I know to transfer a patient from PD to hemo
21 with a seamless transition, within hours if it has
22 to be done that way.
23 If it's a patient that's in a different
24 unit, the transition is not as simple as it would

1 be if it's somebody who's part of our network.
2 It's just an easier transition.
3 DR. SALAKO: One other thing.
4 The gentleman that spoke earlier today,
5 one of our patients, he was a home dialysis
6 patient of ours, and he -- he was a home dialysis
7 patient of ours, and then he needed to go
8 in-center.
9 And when he went in-center, our clinic
10 hadn't opened at that time, and he went to one of
11 the LDOs, and he had a very torrid time, repeated
12 hospitalizations. He was very unhappy with his
13 experience there.
14 When he -- when our clinic opened, he did
15 come back to us because he was familiar with the
16 caregivers, he was familiar -- he was familiar
17 with his physicians, and he felt very happy to
18 come back to us. And, of course, we're happy to
19 report today he got a transplant.
20 So when you start to look at the
21 availability of chairs, there's also choice for
22 the patients. You know, these patients that are
23 dialyzing until 10:00 p.m. at night or -- they
24 could very well go to another dialysis clinic, but

1 they choose to stay where they are. They choose
2 to stay with this team that's looking after them.
3 You know, when you're a dialysis patient,
4 you get to a point where it's about
5 trustworthiness. It's about who do I -- who can
6 I entrust my care to? With whom do I feel most
7 comfortable? With whom do I -- who do I believe
8 is really on my side?
9 And these patients want to stay within our
10 network, and that's why our clinics are always
11 heavily utilized, because those patients want to
12 stay and other patients that they care about want
13 to come into our network.
14 CHAIRMAN SEWELL: Mike, the Applicant has
15 talked about -- I think they have an estimate of
16 how many pre-ESRD patients there are in the area,
17 and then I guess they have a projection about how
18 many of those will later -- I think it's after
19 two years of completion of the project -- will
20 require care.
21 That concept and that methodology, that's
22 not the one used by the State agency, is it?
23 MR. CONSTANTINO: No. We use historic
24 utilization.

1 CHAIRMAN SEWELL: I see. Okay.
2 MR. CONSTANTINO: And population.
3 CHAIRMAN SEWELL: And then, you know, you
4 mentioned that you have these facilities operating
5 at target utilization. But in the State agency
6 report -- your facility at Olympia Fields is at
7 target occupancy but the one -- the others are
8 averaging about 70 percent collectively.
9 DR. SALAKO: Yeah.
10 CHAIRMAN SEWELL: And then you've got
11 one -- Hazel Crest -- that's not -- is that not
12 yet operational?
13 MR. SHAZZAD: It's not certified yet,
14 correct.
15 CHAIRMAN SEWELL: Oh, it's not certified
16 yet?
17 MR. SHAZZAD: Right.
18 CHAIRMAN SEWELL: But it will come online
19 at some point?
20 MR. SHAZZAD: Yes. But that's a different
21 market area.
22 CHAIRMAN SEWELL: I see. That's not in
23 this plan?
24 MR. SHAZZAD: No.

1 CHAIRMAN SEWELL: Okay.
2 DR. SHAFI: That 70 percent utilization is
3 not our clinic. That's collectively, other
4 clinics.
5 CHAIRMAN SEWELL: That's all of them, yes.
6 DR. SHAFI: Yes.
7 CHAIRMAN SEWELL: Okay. Other questions
8 by Board members?
9 MEMBER MURRAY: I have a question for
10 staff.
11 So there's a lot of demographic changes.
12 When you evaluate need, do you look at the change
13 in the population in this area?
14 MR. CONSTANTINO: We will be. You will
15 approve that today. We did another -- we do it
16 every two years.
17 MEMBER MURRAY: Oh, every two years?
18 MR. CONSTANTINO: Yeah. That -- the
19 number of stations will be approved today by this
20 Board. We have to get your approval.
21 MEMBER MURRAY: And what is your
22 recommendation going to be?
23 MS. AVERY: We can't do it.
24 MEMBER MURRAY: We can't do it ahead of

1 time? That means you want me to vote without
2 information.
3 Okay.
4 MS. AVERY: Well, we were asked -- to be
5 clear, we were asked but we don't -- it
6 wouldn't -- Mike and George wouldn't have had a
7 chance to approve -- analyze the numbers, the new
8 numbers.
9 MEMBER MURRAY: I understand that. But --
10 CHAIRMAN SEWELL: Without them being --
11 MS. AVERY: Yeah.
12 MEMBER MURRAY: I just want to be clear
13 because this is an area that has seen a big
14 influence, especially of populations that,
15 unfortunately, will use dialysis. So that's why
16 I'm asking about it.
17 And I understand that you might not be
18 able to use a new recommendation on this
19 application. All right.
20 DR. SARAGOUGH: Dr. Murray, I can't
21 specifically give you numbers, but just from my
22 personal experience in the last four years, we've
23 seen tremendous increase in the number of CKD
24 patients that we see in our clinic -- you know, in

1 our outpatient clinics -- which is why -- that
2 center between the two dialysis units that was
3 just mentioned by Dr. Shafi.
4 So we have personally seen an increase in
5 the number of CKD patients that we've been seeing
6 over the last couple of years.
7 MEMBER MARTELL: What is the projection in
8 home dialysis? Is that -- considering the office
9 based.
10 So we know that there's a small percentage
11 using home right now, but how would that impact
12 this?
13 DR. SALAKO: May I -- we -- our numbers on
14 home dialysis -- our percentage, penetration of
15 home dialysis -- is one of the highest in the
16 United States today. We have 35 percent of our
17 patients on home. Okay?
18 This number has held steadfast for the
19 last three years. So we are very bullish. We
20 continue to believe that, inasmuch as we are
21 opening in-centers, we are able to bring patients
22 at home because we have those in-centers.
23 And when patients have to start dialysis
24 at in-center and crash into it -- and Ms. Therese

1 O'Donnell, she can talk more about it. But
2 patients get into our in-center clinics because
3 they crash into dialysis. Our nurses are
4 extremely proactive. They have a lot of programs
5 in which they still encourage those patients to go
6 home.
7 DR. SARAGOUGH: And adding to what
8 Dr. Salako just said, we have a dedicated nurse
9 who rounds at our in-center clinics, educating
10 patients on different modality options.
11 So every patient that goes in-center gets
12 a modality education about their choices and
13 preferences by a dedicated person who rounds on
14 these patients every week.
15 And I've personally had two patients last
16 week that switched over from hemo to PD because
17 they preferred PD or home options just by talking
18 to a dedicated educator.
19 DR. SHAFI: I think -- I just would like
20 to add to my answer earlier that, you know, once
21 these patients go to other dialysis clinics, we
22 cannot exercise that influence for them because
23 our staff is not there to change their modality.
24 So that's the reason it becomes so much

1 important for us to keep these patients within our
2 network.
3 So thank you.
4 CHAIRMAN SEWELL: Other questions?
5 (No response.)
6 CHAIRMAN SEWELL: All right. Roll call.
7 MR. ROATE: Thank you.
8 Motion made by Ms. Savage; seconded by
9 Dr. Murray.
10 Senator Demuzio.
11 MEMBER DEMUZIO: Yes, based upon the
12 testimony I've heard today and the staff report.
13 MR. ROATE: Thank you.
14 Dr. Martell.
15 MEMBER MARTELL: No. I have concerns
16 about the capacity issues in the region.
17 MR. ROATE: Thank you.
18 Dr. Murray.
19 MEMBER MURRAY: I'm going to reluctantly
20 have to vote no based on the information we have
21 today.
22 But let me make a comment that if I'm --
23 I mentioned this in one of my earlier questions.
24 This is an area that's changing very fast. It's

1 increasing in African-American population, who,
2 unfortunately, desperately need dialysis.
3 And so I hope we reconsider this once our
4 new stuff comes out, whatever that is, on our
5 estimates.
6 MR. ROATE: Thank you.
7 Ms. Savage.
8 MEMBER SAVAGE: And I have to sadly vote
9 no, as well, based on what was just said.
10 MR. ROATE: Thank you.
11 Mr. Slater.
12 MEMBER SLATER: I vote no. It appears to
13 me that there's an unnecessary duplication and the
14 result would be an excess supply of facilities.
15 MR. ROATE: Thank you.
16 Chairman Sewell.
17 CHAIRMAN SEWELL: Yeah, I vote no. It
18 doesn't meet the criteria in our planning area
19 need.
20 MR. ROATE: 1 vote in the affirmative,
21 5 votes in the negative.
22 MS. AVERY: The motion has failed. You
23 will receive an intent to deny. Thank you.
24 DR. SARAGOUGH: Thank you.

1 THE COURT REPORTER: Please leave your
2 remarks for me at the table. Your written
3 remarks, please leave them.
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1 CHAIRMAN SEWELL: Okay. Next on the
2 agenda is H-03, Project No. 19-021, The
3 Rehabilitation Institute of Southern Illinois in
4 Shiloh.
5 May I have a motion to approve this
6 project to establish a 40-bed physical
7 rehabilitation hospital in Shiloh.
8 MEMBER SLATER: I move to approve.
9 CHAIRMAN SEWELL: Is there a second?
10 MEMBER MURRAY: Second.
11 (An off-the-record discussion was held.)
12 CHAIRMAN SEWELL: I'm sorry to have you
13 all at the table. We're going to take a short
14 break.
15 How long is this break? Five minutes? We
16 always say 5 and it takes 10. This break is
17 seven minutes.
18 (A recess was taken from 3:09 p.m. to
19 3:19 p.m.)
20 CHAIRMAN SEWELL: Okay. We're going to
21 come back to order.
22 Did we already get a motion and a second
23 on this?
24 THE COURT REPORTER: Yes, you did.

1 CHAIRMAN SEWELL: Okay.
2 THE COURT REPORTER: Would you raise your
3 right hands, please.
4 (Six witnesses sworn.)
5 THE COURT REPORTER: Thank you. And
6 please print your names.
7 CHAIRMAN SEWELL: State agency report.
8 MR. CONSTANTINO: Thank you, Mr. Sewell.
9 The Applicants are asking the State Board
10 to approve a 40-bed comprehensive physical
11 rehabilitation hospital in Shiloh, Illinois. The
12 cost of the project is approximately $31 million,
13 and the expected completion date is March 31st,
14 2021.
15 No public hearing was requested, and we
16 did receive several letters of support. No
17 oppositions have been submitted.
18 As noted in your report, the Applicants do
19 not meet all of the State Board criteria.
20 Thank you, sir.
21 CHAIRMAN SEWELL: All right.
22 Do you have comments for the Board?
23 MR. MORADO: We do.
24 Good morning, members of the Board. My

1 name is Juan Morado, Jr., from Benesch. I am
2 counsel for this project, and I'm very happy to be
3 here with this team.
4 The goal of this project is simple: Two
5 world-class health providers, BJC and Encompass,
6 have come together to provide care to Illinois
7 residents -- who are currently leaving the
8 state -- to receive that care in Illinois, and
9 they're going to bring it right back here to
10 Shiloh, Illinois.
11 As we begin, I'd like to say thank you to
12 the Board staff for their overwhelmingly positive
13 report. I'd like to introduce the folks who are
14 with us here today.
15 We have Mark Turner, who is the CEO of the
16 Memorial Regional Health System, who is going to
17 discuss the Shiloh community and the partnerships
18 that BJC has established there.
19 We have Mark Dwyer, who is the CEO of
20 The Rehabilitation Institute of St. Louis, and
21 he's going to be telling you how he's already
22 treating Illinois patients.
23 We have Dr. Elissa Charbonneau, who's
24 going to be discussing the clinical aspects of

1 comprehensive rehabilitation care.
2 Troy DeDecker is with us today, as well,
3 and he's the regional president of Encompass, and
4 he's going to be discussing their model of care.
5 And Lawrence Whatley is with me, who is
6 the VP of design and construction for Encompass,
7 and he's going to touch on the design of our
8 facility.
9 Finally, my colleague Mark Silberman is
10 going to be discussing the findings of
11 nonconformance. He's going to provide you with
12 some additional information so that you can
13 address these findings of nonconformance and give
14 you a strong basis to approve this project. He's
15 going to conclude the formal presentation, and
16 then we'll open it up for questions.
17 This project is a $31 million investment
18 by BJC and Encompass Health to establish a 40-bed
19 rehabilitation hospital in Shiloh, Illinois. It's
20 considered a substantive project, and the
21 establishment of this type of facility requires
22 this Board's approval.
23 We're very happy to report that the
24 project has successfully addressed 16 of the

1 19 applicable criteria for this type of project,
2 including all the financial criteria.
3 Importantly, I'd like to note that your
4 rules actually encourage Applicants to seek out
5 joint venture partners, and the partnership
6 between BJC and Encompass is just that.
7 This project has received absolutely no
8 opposition during the written comment period.
9 You've already heard about the numerous letters of
10 support that we've received, from stakeholders in
11 the community to elected officials at every level,
12 the mayors, State representatives, and County
13 officials.
14 At this time I'd like to turn it over to
15 Mark Turner, who's going to tell you a little bit
16 more about the Shiloh community and the work
17 that's going on there.
18 Mark.
19 MR. TURNER: Thank you.
20 Good afternoon. It's my pleasure to be
21 here and thank you for your time.
22 I am the president of Memorial Regional
23 Health Services and Memorial Hospital East.
24 I have over 30 years of experience in health care

1 as an executive, primarily had responsibility for
2 most of the types of inpatient and outpatient care
3 that you see in an acute care setting, and I've
4 been with Memorial for over 15 years, moving into
5 the position of president and CEO in 2006.
6 Memorial has a very rich tradition of
7 expanding services to meet the needs of the
8 communities that we serve.
9 In 2011 we opened an 85,000-square-foot
10 orthopedic and neurosciences facility in our
11 Belleville campus because what we learned was that
12 our patients in our community -- there was a
13 significant amount of outmigration in orthopedics
14 to St. Louis, to Missouri, for care. Upon opening
15 the facility and recruiting physicians, we've had
16 tremendous success with that program. We've more
17 than doubled the number of orthopedic surgeons in
18 our community providing care.
19 In 2016, with this Board's approval, we
20 opened Memorial Hospital East, a 94-bed full-
21 service community hospital located in Shiloh,
22 Illinois. We did this in response to our
23 understanding, through our planning process, that
24 many residents of O'Fallon, Shiloh, and Illinois

1 communities to the east were finding it more
2 convenient to get to St. Louis for their care or
3 to Missouri for their care, and so we responded by
4 opening a facility.
5 I'm happy to share with you today, now
6 just really in our third full year of service,
7 that this year, in 2019, by the end of the year,
8 we will treat over 4,000 inpatients, over
9 26,000 visits in the ED; we'll perform over
10 3,000 surgeries at this facility and care for over
11 250,000 outpatients.
12 In 2016 Memorial and BJC came together and
13 completed a strategic affiliation. The -- many
14 objectives but the primary objective of this
15 affiliation was to enhance care and services
16 available in Illinois to Illinois residents.
17 So -- very excited with the progress we've
18 made in our affiliation with BJC. Some of the
19 things that we've been able to do just since 2016
20 is to construct two medical office buildings on
21 the campus of Memorial Hospital East. Each of
22 those buildings is approximately 70,000 square
23 feet. The first building is up and fully leased,
24 many physicians and physician specialties there,

1 some of which we did not have and many of which we
2 did not have enough of to serve our community.
3 The second medical office building will
4 also have medical office space, but it will also
5 house an Illinois location for Siteman Cancer
6 Center. Siteman Cancer Center is an NIH
7 comprehensive cancer center recognized, and it is
8 a joint venture of BJC HealthCare and Washington
9 University School of Medicine.
10 So we're very excited about that, and
11 I can tell you that our board, the original board
12 of Memorial, was very, very excited when this was
13 part of the process and part of the project that
14 BJC wanted to bring to our community.
15 We're continuing to work -- and as you can
16 see Memorial and BJC coming together, BJC and
17 Washington University School of Medicine, and now,
18 with this project, BJC and Encompass, so we have a
19 history -- demonstrated history -- of partnering
20 to work together with other organizations to
21 enhance the care for Illinois residents inside
22 Illinois.
23 So I thank you for your time, and I pass
24 the microphone on to Mark Dwyer for the next stage

1 of our presentation.
2 MR. DWYER: Thank you, Mark.
3 Good afternoon, members of the Board. My
4 name is Mark Dwyer. I'm the chief executive
5 officer for The Rehabilitation Institute of
6 St. Louis, which is an affiliation between
7 BJC HealthCare and Encompass Health.
8 I've been a physical therapist since 1987.
9 I'm a Fellow of the American College of Healthcare
10 Executives, and I've held administrative positions
11 in hospitals since 1991. I joined The
12 Rehabilitation Institute of St. Louis in 2017 as
13 their CEO.
14 The joint venture between BJC HealthCare
15 and Encompass Health is a longstanding one that
16 has been in place since September 8th, 1999. This
17 started out with a unit within Barnes-Jewish
18 Hospital that quickly outgrew its space; hence,
19 the joint venture building in -- or building an
20 80-bed facility in the central west end just a few
21 blocks away from Barnes-Jewish Hospital.
22 The community's need eclipsed the original
23 beds, so the fourth floor was built out and an
24 additional 16 beds were added in 2010, bringing

1 the total bed count to 96.
2 Due to the number of patients who came
3 from the west side of St. Louis, BJC and Encompass
4 Health partnered once again to build a 35-bed
5 rehabilitation satellite that opened in July 2017
6 within Barnes-Jewish St. Peter's Hospital.
7 This joint venture has been successful in
8 that it allows for a top 10 health system in
9 BJC HealthCare to partner with a leading provider
10 of inpatient rehabilitation in the country,
11 Encompass Health.
12 The outcomes we are generating with our
13 patients at The Rehabilitation Institute this year
14 exceed both Midwest region and national
15 performance measures, meaning we are generating
16 more functional improvement with our patients and
17 we are getting more of our patients home.
18 Just as Barnes-Jewish Hospital and other
19 BJC hospitals are sought-after destinations for
20 people to receive health care from throughout
21 Missouri and Illinois, The Rehabilitation
22 Institute has also grown to be a destination for
23 rehabilitation health care due to the outcomes
24 that we generate.

1 The Rehabilitation Institute is accredited
2 by both The Joint Commission and The Commission on
3 Accreditation of Rehabilitation Facilities.
4 We are recognized for multiple specialties
5 in rehabilitation care by The Joint Commission in
6 the form of five disease-specific certifications:
7 Stroke, brain injury, spinal cord injury, amputee
8 rehabilitation, and wound care.
9 The Rehabilitation Institute over the
10 past year and a half has had nearly one-quarter of
11 our total patient population come from Illinois.
12 From January 2018 through August 2019, that
13 equates to 918 patients.
14 Given the opportunity, would these
15 patients and their families prefer to receive
16 their rehabilitation closer to home? Sure, they
17 would.
18 The average length of stay at The
19 Rehabilitation Institute is 14 days. That,
20 coupled with our goal to get the family involved
21 in the patient's rehabilitation as early as
22 possible and throughout their length of stay for
23 family teaching, is asking a lot of families,
24 especially elderly family members, to drive back

1 and forth every day from Illinois to St. Louis for
2 two or more weeks. That family teaching is
3 critical, however, to helping us return our
4 patients to home.
5 Just as we have seen the same strong
6 outcomes in our St. Peter's satellite since it
7 opened a little over two years ago, we have every
8 confidence we will enjoy the same success in
9 Illinois as we have had in St. Louis. With the
10 same partner in BJC and the two Belleville
11 Memorial Hospitals as well as Barnes-Jewish
12 Hospital, we already know how to work together to
13 create the best outcomes for our patients.
14 In fact, we are already serving these
15 patients, but for those in Illinois we are not
16 doing so in a location that is close to where they
17 live. If they are willing to leave the state to
18 obtain care from us, there is no reason to believe
19 they will not seek the same care from the same
20 providers in a new, state-of-the-art facility
21 closer to their home, especially since our
22 Illinois hospital will offer the same advanced
23 therapies that we currently offer in our
24 two St. Louis hospitals.

1 We are excited to bring this important
2 level of care to Illinois to meet the needs of the
3 growing population of the Metro East area.
4 Thank you for your time, and I will now
5 hand it off to Dr. Elissa Charbonneau.
6 DR. CHARBONNEAU: Good afternoon.
7 Thank you for allowing me to speak with you this
8 afternoon.
9 My name is Elissa Charbonneau. I am board
10 certified in physical medicine and rehabilitation,
11 and I've been practicing in inpatient
12 rehabilitation hospitals for approximately
13 27 years. Currently I serve as the chief medical
14 officer for Encompass Health.
15 I wanted to just give you an idea of the
16 kinds of patients that we treat in our hospitals
17 in case you've not had the opportunity to
18 participate or visit one of our hospitals.
19 In general, our patients have had some
20 catastrophic injury or illness which has caused
21 them to lose the ability to function at a level
22 that they could return home, so they come to our
23 hospitals after having had a stroke, a spinal cord
24 injury, a brain injury, or other severe illness or

1 injury.
2 And when they come to our hospitals, they
3 are able to utilize our state-of-the-art gyms,
4 which are large, sunny, beautiful, high-tech areas
5 where they can learn to walk, take care of
6 themselves, or mobilize with a wheelchair or speak
7 again if need be.
8 We have the expertise in our dedicated
9 therapists and nurses who have dedicated their
10 careers to taking care of these kinds of patients
11 that need intensive daily inpatient rehabilitation
12 as well as very close physician oversight due to
13 their medical complexity.
14 We have an electronic medical record
15 throughout all of our 133 hospitals, and we use
16 our electronic medical record to improve our
17 clinical outcomes by providing our clinicians with
18 realtime data so that they can improve the quality
19 of care that they're delivering at the bedside.
20 We also have been able to use our data to
21 develop a predictive analytical model to reduce
22 the chance of acute care transfers for our
23 patients, and we have other various exciting
24 clinical initiatives ongoing, as well.

1 I hope that our residents have access to
2 inpatient rehabilitation when they need it and in
3 their community, and they deserve to have that
4 opportunity.
5 Thank you very much for your attention.
6 And I will now pass it over to Troy DeDecker.
7 MR. DE DECKER: Thank you.
8 Good afternoon. My name is Troy DeDecker.
9 I'm the central region president for Encompass
10 Health.
11 Encompass represents 133 hospitals
12 nationwide. I am responsible for 19 hospitals in
13 the Midwest, including the 2 hospitals in
14 St. Louis that are partnered with BJC HealthCare
15 as well as 1 in Rockford, Illinois, with Mercy
16 Health, so I'm very excited to be here to kind of
17 talk to you about what we do and how we do it.
18 Dr. Charbonneau discussed a little bit
19 about the types of patients we see, and I wanted
20 to just describe briefly for you where we fit into
21 the health care picture.
22 Obviously, patients that are being
23 discharged from the acute care hospital are
24 leaving the acute care hospital much more sick

1 than they ever have before. Oftentimes they're in
2 the hospital for only three or four days and they
3 still need close medical supervision by a
4 physician such as Dr. Charbonneau and they need
5 intensive inpatient rehabilitation services to
6 allow them to gain their function and get back
7 home with their families.
8 At the end of the day, that's the primary
9 purpose of what we try to do, is allow patients to
10 recover medically and, also, gain the function so
11 they can go back home, but an important part of
12 that -- which Mark Dwyer pointed out -- is family
13 involvement.
14 And so when we were looking at kind of our
15 planning processes and we were evaluating the
16 patients that were coming to St. Louis, we quickly
17 identified that many of the patients -- about
18 25 percent of the patients being served in
19 St. Louis -- are from Illinois.
20 And so we knew that if we evaluated --
21 with Barnes-Jewish and Memorial -- a hospital in
22 the Shiloh region, that we could cover and care
23 for those patients closer to home where family
24 members could help participate in the rehab

1 process, which is so important for patients and
2 families.
3 Additionally, we're very focused on taking
4 care of all patients that need inpatient
5 rehabilitation services. As such, 72 percent of
6 the patients that will be treated in our hospital
7 will be covered either by Medicare or Medicaid.
8 Currently the three managed Medicaid plans
9 that are in the area of kind of the west metro we
10 are contracted with currently at the St. Louis
11 hospital, and we will plan to contract with any
12 payer in the market as well as provide care to
13 those patients that are either uninsured or
14 underinsured because it is our goal to make sure
15 that we give all patients the best opportunity to
16 return back home with their family.
17 And with that, I will pass it to Lawrence.
18 MR. WHATLEY: Thank you, Troy.
19 I am Lawrence Whatley, vice president of
20 design and construction with Encompass Health.
21 I'm responsible for overseeing the design and
22 construction for our hospitals, including bed
23 additions, renovations, and new hospitals of this
24 type.

1 I have over 30 years of experience in the
2 construction industry, including 9 years with
3 Encompass Health. We have designed this hospital
4 to meet the needs of our patients and to enhance
5 the patient experience during their stay at our
6 hospitals.
7 Now, how do we do that? We draw on our
8 experiences from operating over 130 hospitals,
9 including over 20 that have been constructed
10 within the last six years.
11 We currently have six hospitals under
12 construction now, and as of this month we opened a
13 hospital of similar type in Houston, another one
14 in Indiana, and today received certificate of
15 approval to occupy and move into a new hospital in
16 Pittsburgh, Pennsylvania.
17 In addition to that, we draw on our
18 experiences from shadowing our nurses and our
19 therapists to get a -- gain a great understanding
20 of how best to design and right-size a hospital of
21 this type. All of this information and knowledge
22 have led us to the design of our hospital today.
23 Today we are presenting to you a
24 40-bed hospital that is expandable, is a

1 single-story hospital that's ADA accessible, that
2 has a large therapy gym, which has been mentioned
3 before, and it has the best-in-class equipment.
4 In addition to that, it has an activities-
5 for-daily-living environment so when our patients
6 are nearing the end of their stay at our hospitals
7 they're able to go into this area and experience
8 cooking again, making their beds again, taking
9 baths by themselves, and all those things they
10 need to function independently when they move or
11 return home.
12 And, finally, we have a full-service
13 kitchen and dining room and day space for our
14 patients and wide corridors to provide access to
15 and from the patient rooms.
16 And with that, I will turn it over to
17 Mark Silberman.
18 MR. SILBERMAN: Thank you.
19 Members of the Board, I think, hopefully,
20 you can tell we're very excited about the
21 prospects of this project and bringing this care
22 to Illinois and, most importantly, bringing an
23 aspect of care that Illinois residents shouldn't
24 have to leave Illinois to be able to get.

1 And while we want to thank the staff again
2 for the overwhelmingly positive report, we thought
3 it would be helpful if we just briefly went
4 through the three criteria with which we weren't
5 in conformance to explain why we believe this
6 project still warrants its approval despite those
7 criteria.
8 All of the issues related directly to the
9 size of this project. The one issue was with the
10 square footage of the project, and our square
11 footage is above the State's average. And the
12 reason for that is simple: There are aspects of
13 our project that are built out, that are designed
14 based on the experience of these providers to meet
15 the needs of the patient.
16 And the determination was we could have
17 made modifications, but it wouldn't have allowed
18 for certain things, like the provision of care to
19 bariatric patients or all the necessary equipment
20 and tech that the providers have determined and
21 fed back that is necessary for the care to these
22 patients. And we decided that the most important
23 thing was to focus on meeting patient positive
24 outcomes and meeting patient expectations.

1 And so we hope the additional size will be
2 acceptable to this Board, especially when you take
3 into consideration we've been able to provide the
4 additional size but still meet the cost
5 requirements identified for the State. So they're
6 getting the benefit of the extra space that's
7 necessary to provide the best care but without
8 increasing the costs.
9 The other two negatives related to the
10 number of beds, and the 40 beds that are proposed
11 come between the 7 beds of identified need and the
12 standard size of project that the Board's criteria
13 identified, and the reason for that is also very
14 simple.
15 We agree. We agree that there's a need
16 for these projects, and the historical method --
17 the historical utilization methodology shows a
18 need for seven beds. We're not asking the Board
19 not to utilize its own criteria, but what we're
20 hoping the Board will do, as it has in other
21 areas, is look to some of the standards that are
22 used around the country in addition to that to see
23 how need is calculated.
24 And when you look at the need, when you

1 look at the demographics of the community and of
2 the Medicaid -- excuse me -- Medicare discharge
3 data, it shows a much higher need for these
4 services.
5 I also think that if you look at the
6 referrals that have been identified for this
7 project from the providers that are already
8 providing care to this patient population, it
9 justifies the 40 beds that we've sought to be at
10 the full utilization identified by the Board's
11 standard.
12 And when you consider that, we believe
13 this 40-bed facility to be the right-sized
14 facility for this community for this time, able to
15 meet the needs from today and tomorrow.
16 The last thing we would point out to you
17 is this: That the best two things you can see as
18 evidence of the need for this level of care in
19 this way is -- you heard testimony from what could
20 be a competitor earlier this morning, where what
21 they testified was, if the project's proposal is
22 approved, what they would do with their inpatient
23 rehabilitation services, not in opposition. There
24 was no opposition to this project, but they

1 identified that if these services were made
2 available, they could better utilize their
3 inpatient rehabilitation space because a dedicated
4 hospital with dedicated staff offers that
5 additional level of care.
6 But the best evidence of the need for this
7 project is that Illinois residents are currently
8 leaving Illinois to obtain this care. The good
9 news is they're leaving Illinois to obtain this
10 care from the world-class providers that are
11 sitting here at this table, who are ready and
12 prepared to provide this care to Illinois
13 residents in Illinois.
14 So with that, we're happy to answer any
15 questions the Board members might have, and we
16 appreciate your consideration.
17 MEMBER SLATER: I'm confused about the
18 request that Anderson Rehabilitation has made.
19 That's the potential competitor of this project;
20 correct?
21 MR. SILBERMAN: No. That was with regards
22 to -- if I understood correctly, there was
23 testimony from HSHS that talked about the idea of
24 repurposing their beds in the event that these

1 projects were approved.
2 MS. AVERY: Yes, that's correct.
3 What are you saying with Anderson? Not
4 them, yes.
5 CHAIRMAN SEWELL: So 40 is too many beds
6 and 40 isn't enough beds?
7 MR. SILBERMAN: Well, we actually think
8 40 is the exact right number of beds.
9 CHAIRMAN SEWELL: Well, somebody, in doing
10 planning for Illinois, I think may have been --
11 and I'm speculating here -- they might have
12 envisioned that comprehensive physical
13 rehabilitation hospitals would be sort of special,
14 strategically located, and of sufficient size to
15 justify some of the things that y'all have been
16 talking about. So that's probably where the --
17 what seems now -- arbitrary 100-bed standard came
18 from.
19 I'm troubled by the fact that we have a
20 need for 7, though, and you're coming in with 40.
21 That's troublesome.
22 MR. DE DECKER: So if I may --
23 CHAIRMAN SEWELL: Yes, sir.
24 MR. DE DECKER: So of our 133 hospitals,

1 only about 10 percent of our hospitals are a
2 hundred beds.
3 CHAIRMAN SEWELL: Uh-huh.
4 MR. DE DECKER: Most of our hospitals --
5 just from an efficiency and access of care -- are
6 40 beds. But even in this project, we can expand
7 this campus up to 80 beds, and we do it as the
8 demand is needed.
9 And I suspect that -- if we are able to
10 provide the same level of care that we have
11 provided to Illinois residents in St. Louis, our
12 preliminary review indicates that perhaps by
13 Year 3 we'll be evaluating do we need to add
14 additional beds. But it's really not necessary to
15 build out the full -- to make the full need right
16 out of the gate.
17 CHAIRMAN SEWELL: No, I'm not suggesting
18 that you should have proposed a hundred. I'm just
19 speculating that in some kind of an ideal, that
20 freestanding comprehensive rehabilitation
21 hospitals would be of sufficient mass that they
22 could support all of the things that are
23 associated with contemporary approaches to
24 substantives.

1 MR. SILBERMAN: Understood and agreed.
2 And if I could address one aspect.
3 You talk about the methodology showing the
4 need for seven, and we're not challenging that
5 methodology, and I think the Board's finding is
6 accurate.
7 But the one thing that, Member Sewell,
8 isn't factored into that is the patients who are
9 leaving Illinois to get that care in St. Louis
10 don't ever get reflected in the Board's need
11 methodology because they're not receiving care in
12 Illinois.
13 CHAIRMAN SEWELL: Right.
14 MR. SILBERMAN: And so this project is
15 designed to allow those residents to receive care
16 in Illinois, and there's no speculation because
17 the people they're leaving to receive the care for
18 are the providers here, and the documentation's
19 been provided that those patients will be referred
20 here.
21 MEMBER MARTELL: Mr. Chairman --
22 CHAIRMAN SEWELL: Mr. Slater, did you --
23 MEMBER SLATER: A question for you, Mike:
24 How does the Anderson Edwardsville operation fit

1 in with this one?
2 MR. CONSTANTINO: They're both in the same
3 planning area, and they're both proposing rehab
4 hospitals in this planning area.
5 MEMBER SLATER: So the Edwardsville
6 question is still before us? It will be after
7 this one?
8 MR. CONSTANTINO: It will be after these
9 folks, yes.
10 MEMBER SLATER: So is it -- is it --
11 MEMBER MARTELL: When --
12 MEMBER SLATER: -- a choice between Shiloh
13 and Edwardsville that this Board needs to make?
14 MR. CONSTANTINO: That's up to the Board.
15 MS. AVERY: It's individual, stand-alone
16 applications, and you vote for which one you feel.
17 CHAIRMAN SEWELL: Yeah.
18 Dr. Martell.
19 MEMBER MARTELL: Yeah. I want to go back
20 to the projected utilization because I've kind of
21 heard some varying discussion in the formula that
22 you provided.
23 So -- but none of those indicate the
24 number of patients you currently know are in

1 Missouri that would use Illinois services, so that
2 would have been a more realistic kind of
3 assessment versus kind of like a projection.
4 MR. DE DECKER: Mark, did you want to
5 comment?
6 I think Mark --
7 MR. DWYER: For the last year and a half,
8 particularly January 2018 through August 2019, we
9 have serviced 918 patients who live in Illinois
10 who cross the state line and come over and receive
11 their care at The Rehabilitation Institute.
12 MEMBER MARTELL: And how many days of
13 stay?
14 MR. DWYER: Average is 14. That's our
15 average length of stay, 14 days.
16 MR. MORADO: And, Member Martell, those
17 are the same patients that are reflected in the
18 application, in the referral letters that we
19 provided. Part of that process is providing a
20 list of zip codes that all -- in this case --
21 reside within the HSA 11.
22 And I guess I would add one more point for
23 Member Slater.
24 You had some questions about some of the

1 other things that are up later today. I think it
2 just speaks volumes that there's been no
3 opposition to this project, and I think you can
4 take that for what it's worth.
5 CHAIRMAN SEWELL: Any other questions?
6 (No response.)
7 CHAIRMAN SEWELL: All right. Roll call.
8 MR. ROATE: Thank you, sir.
9 Motion made by Mr. Slater; seconded by
10 Dr. Murray.
11 Senator Demuzio.
12 MEMBER DEMUZIO: I'm going to go ahead and
13 vote yes, based on some of the testimony that I've
14 heard today.
15 MR. ROATE: Thank you.
16 Dr. Martell.
17 MEMBER MARTELL: I'm going to be a
18 qualified no with the understanding that I have
19 concerns about the projections and capacity.
20 MR. ROATE: Thank you.
21 Dr. Murray.
22 MEMBER MURRAY: I'm going to vote yes
23 based upon the testimony about patients presently
24 cared for.

1 MR. ROATE: Thank you.
2 Ms. Savage.
3 MEMBER SAVAGE: I'm going to vote yes
4 based on the testimony and the staff Board report
5 as well as the project utilization I feel is
6 better than the other proposal.
7 MR. ROATE: Thank you.
8 Mr. Slater.
9 MEMBER SLATER: I vote yes based on the
10 testimony.
11 MR. ROATE: Thank you.
12 Chairman Sewell.
13 CHAIRMAN SEWELL: I vote no based on the
14 planning area need criteria.
15 MR. ROATE: That's 4 votes in the
16 affirmative, 2 votes in the negative.
17 MS. AVERY: You've received an intent to
18 deny. You'll have the opportunity to submit
19 additional information.
20 MR. MORADO: Thank you.
21 MR. DE DECKER: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 H-04, Project No. 19-025, Physicians Surgical
3 Center in O'Fallon.
4 May I have a motion to approve this
5 project to relocate an existing ambulatory surgery
6 treatment center in O'Fallon.
7 MEMBER SAVAGE: So moved.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER SLATER: Second.
10 CHAIRMAN SEWELL: I just wanted to point
11 out that there were no findings on this. Right?
12 MR. CONSTANTINO: We did receive an
13 opposition letter that has been made available to
14 you by email.
15 CHAIRMAN SEWELL: All right.
16 MR. CONSTANTINO: And we -- and a handout
17 today.
18 CHAIRMAN SEWELL: All right.
19 THE COURT REPORTER: Would you raise your
20 right hand, please.
21 (One witness sworn.)
22 THE COURT REPORTER: Thank you. And
23 please print your name.
24 CHAIRMAN SEWELL: State agency report.

1 MR. CONSTANTINO: Thank you, Mr. Sewell.
2 Physicians Surgical Center is asking the
3 State Board to approve the relocation of a single-
4 specialty ASTC from Belleville, Illinois, to
5 O'Fallon, Illinois, approximately 7 1/2 miles.
6 The cost of the project is $1.4 million,
7 and the expected completion date is June 30th,
8 2020.
9 Service at the Belleville facility has
10 been suspended as the facility addresses
11 deficiencies identified by IDPH. The Department
12 of Public Health is monitoring the needed updates,
13 and the facility will not be reopened until the
14 Department surveys the facility and grants
15 permission.
16 No public hearing was required --
17 requested -- and no support or opposition letters
18 were received by the State Board.
19 The Applicant has met all the requirements
20 of the State Board.
21 CHAIRMAN SEWELL: Thank you.
22 MR. CONSTANTINO: Thank you.
23 CHAIRMAN SEWELL: Do you have a
24 presentation?

1 MS. FRIEDMAN: Hi. I'm Kara Friedman,
2 CON counsel for the Applicant. With me is
3 Tom Glick, their attorney.
4 And I just want to comment, with respect
5 to the condition of the current facility, that is
6 why the facility needs to move. There was some
7 private survey work that we were doing in order to
8 assess the facility for going forward, and we
9 reported that to IDPH.
10 So it's in collaboration with Mr. Afeef
11 and his staff that we are temporarily suspended
12 until we make the corrections that they want and
13 are able to relocate the facility.
14 And I'll let Mr. Glick provide a
15 few comments.
16 MR. GLICK: Thank you.
17 As indicated, my name is Tom Glick, and
18 I work for PSC. I am in-house counsel.
19 And this is a fairly straightforward
20 project to update the facilities of an ambulatory
21 surgery center, which mostly provides endoscopy
22 services, which are primarily oriented toward the
23 detection of precancerous polyps.
24 Colonoscopy is the gold standard for

1 colorectal cancer screening. With these polyps
2 being treated at the same time as they are
3 identified, it leads to extraordinarily less
4 mortality and morbidity and thousands and
5 thousands of dollars in cost savings for payers
6 and employers.
7 The existing center is now located in a
8 fairly outdated, difficult-to-reach building in
9 Belleville. Many of the problems associated with
10 the location come from the fact that it is
11 directly across the street from a gigantic
12 multiacre vacant lot covered in dirt and mud that
13 used to be St. Elizabeth's Hospital. When the
14 project was -- when the building was in its prime,
15 it was well positioned across the street from
16 St. Elizabeth's Hospital, which, of course, has
17 now moved to just two blocks from where we are
18 proposing moving, as well.
19 The physical plant issues are made more
20 challenging by the fact that our landlord is none
21 other than St. Elizabeth's Hospital. You can see
22 that there are potentially multiple motivations
23 for St. Elizabeth's objection to our application
24 today, which go well beyond the factors which

1 could normally be considered by this Board.
2 To continue to try to operate the facility
3 is not out of the question. We believe, in fact,
4 that we have remedied almost all of the problems
5 we need to be up and running at the current
6 facility -- we still have to be inspected, so take
7 that with a grain of salt -- but it has not been
8 easy or inexpensive.
9 And the problem is not that we do not
10 believe that we can be up and running at this
11 facility soon and for a long time. The problem is
12 the extreme cost of continuing to do that.
13 As the facility continues to degrade, the
14 costs go up, and all of the great advantages of
15 lower costs associated with surgery centers as
16 opposed to hospitals are lost because of the high
17 costs of maintaining the building.
18 I would -- so just to turn briefly to
19 our -- to the Applicant itself, our company, we
20 have a fantastic record for serving safety net --
21 as a safety net provider, serving the Medicaid
22 population with a full 27 percent of our caseload
23 associated with -- the surgery center a few miles
24 away in Fairview Heights has over 27 percent

1 Medicaid patients.
2 Of the 14 endoscopy centers in the state,
3 this is by far the largest proportion of Medicaid
4 patients served by an endoscopy center -- most
5 don't serve Medicaid patients -- and the next
6 highest Medicaid payer mix was 11 percent in
7 Rockford, Illinois.
8 We are extremely serious about continuing
9 to serve Medicaid patients, so much so that
10 I would suggest to you that part of our business
11 model involves continuing to serve Medicaid
12 patients. It's not something we're doing to be
13 politically correct; it's something to do because
14 that's our business model.
15 So the problem is that our landlord has
16 left the building in the middle of a sort of
17 wasteland that we spoke of -- that I spoke of
18 earlier at the meeting.
19 A simple relocation of the endoscopy
20 center is not, to me, a very controversial
21 project. There were no deficiencies cited in our
22 proposal, and your Board staff wrote a fully
23 positive report.
24 There are other endoscopy centers in

1 Belleville where we're coming from just a few
2 blocks away, so the relocation will, overall,
3 improve access to the services in this area.
4 Just briefly, I want to go over sort of
5 the typical benefits of a surgery center.
6 They are almost universally seen as a
7 substantial savings in cost over the same
8 procedures in hospitals. In most cases, they are
9 able to be completed for about a third of the cost
10 with much, much higher client satisfaction.
11 And let's not mince words here. A lot of
12 the things the clients are more satisfied about
13 are not medical. Clients like to park right
14 outside the door that they know is the door
15 they're supposed to go into and walk in that door
16 to the reception desk that they know is the
17 reception desk they're supposed to go to without a
18 lot of wandering around a whole bunch first or
19 having to get a card punched or anything else, and
20 that's what surgery centers are.
21 The hospital's statement in writing -- he
22 went earlier today orally, which were relatively
23 the same -- are somewhat misleading because they
24 only discuss the utilization of the same types of

1 procedures in the hospital, and we know very well
2 by this time -- now that surgery centers have been
3 around for a substantial period of time -- that
4 utilization of the services at surgery centers is
5 not comparable to hospitals from a consumer
6 standpoint or from the standpoint of private or
7 public payees or the occasional individual pay.
8 UnitedHealthcare, for example, has led the
9 movement toward insisting that simple elective
10 surgical procedures be performed in a freestanding
11 setting and not a hospital-based one when this is
12 possible. And we are trying to make that as
13 possible as possible in O'Fallon.
14 Thank you very much for your time.
15 CHAIRMAN SEWELL: Thank you. All right.
16 MR. GLICK: Thanks to the staff for their
17 report on it. And I'm glad we got to provide you
18 a little break between rehab hospital discussions.
19 CHAIRMAN SEWELL: Any questions?
20 (No response.)
21 CHAIRMAN SEWELL: Roll call.
22 MR. ROATE: Thank you, sir.
23 Motion made by Ms. Savage; seconded by
24 Mr. Slater.

1 Senator Demuzio.
2 MEMBER DEMUZIO: Yes, based on the
3 comments I've heard today and staff report.
4 MR. ROATE: Thank you.
5 Dr. Martell.
6 MEMBER MARTELL: Yes, based on the staff
7 report and testimony heard today.
8 MR. ROATE: Thank you.
9 Dr. Murray.
10 MEMBER MURRAY: Yes, based on the staff
11 report.
12 MR. ROATE: Thank you.
13 Ms. Savage.
14 MEMBER SAVAGE: Yes, based on staff report
15 and the testimony today.
16 MR. ROATE: Thank you.
17 Mr. Slater.
18 MEMBER SLATER: Yes, based on staff
19 report.
20 MR. ROATE: Thank you.
21 Chairman Sewell.
22 CHAIRMAN SEWELL: Yes, reasons stated.
23 MR. ROATE: Thank you.
24 That's 6 votes in the affirmative.

1 CHAIRMAN SEWELL: Thank you.
2 MS. FRIEDMAN: Thank you.
3 MR. GLICK: Thank you.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 H-05, Project No. 19-026, Anderson Rehabilitation
3 Hospital at Edwardsville.
4 May I have a motion to approve this
5 project --
6 MEMBER MURRAY: Excuse me.
7 CHAIRMAN SEWELL: Go ahead.
8 MEMBER MURRAY: Didn't we move that other
9 thing about Andersonville --
10 MS. AVERY: After this one.
11 MEMBER MURRAY: After this one?
12 MS. AVERY: Yes.
13 CHAIRMAN SEWELL: Yeah.
14 So I want a motion to approve this project
15 to establish a 34-bed physical rehabilitation
16 hospital in Edwardsville.
17 Is there a motion?
18 MEMBER MARTELL: So moved.
19 CHAIRMAN SEWELL: Is there a second?
20 MEMBER MURRAY: Second.
21 CHAIRMAN SEWELL: All right.
22 THE COURT REPORTER: Would you raise your
23 right hands, please, if you have not been sworn.
24 (Five witnesses sworn.)

1 THE COURT REPORTER: Thank you. And print
2 your names, please.
3 CHAIRMAN SEWELL: State agency report.
4 MR. CONSTANTINO: Thank you, Mr. Sewell.
5 The Applicants are asking the State Board
6 to approve a 34-bed comprehensive physical
7 rehabilitation hospital in Edwardsville, Illinois.
8 The cost of the project is approximately
9 26 million, and the expected completion date is
10 October 31st, 2021.
11 Should you approve this project, Anderson
12 Hospital has submitted Exemption E-033-19 to
13 discontinue their 20-bed comprehensive physical
14 rehab unit at Anderson Hospital in Maryville.
15 There was no public hearing requested, and
16 several letters of support have been received. No
17 opposition letters have been submitted.
18 As noted, the Applicants do not meet all
19 of the criteria of the State Board.
20 Thank you.
21 CHAIRMAN SEWELL: All right.
22 Any comments for the Board?
23 MR. PAGE: Yes, we do.
24 Good afternoon. I'm Keith Page, president

1 and CEO of Anderson Hospital in Maryville. I'm
2 pleased to present our project, the establishment
3 of a 34-bed rehabilitation hospital in
4 Edwardsville.
5 With me today are Jason Zachariah,
6 president of Kindred Rehabilitation Services, a
7 division of Kindred Healthcare, and our joint
8 venture partner; Lisa Klaustermeier, chief nursing
9 officer, Anderson Hospital; Brian Samberg,
10 division vice president, Kindred Healthcare; and
11 Ralph Weber, our CON consultant. Others from
12 Anderson and Kindred are also with us today to
13 answer your questions if we need their input.
14 The proposed Anderson Rehabilitation
15 Hospital will be dedicated to comprehensive
16 physical rehabilitation on a site owned by
17 Anderson Real Estate. The site is adjacent to the
18 Anderson ASTC now under construction following
19 approval of this Board this past December. The
20 new hospital will replace the existing 20-bed
21 rehabilitation unit in our hospital in Maryville.
22 The site of the project is about 5 miles
23 from Anderson Hospital in Maryville. The proposed
24 project is a joint venture with Kindred

1 Healthcare. Kindred has been a partner with us in
2 the operation of our rehabilitation unit for the
3 past 15 years.
4 I will first provide a little background
5 on Anderson Hospital, then describe our project
6 and the need in the communities we serve. I know
7 it is of interest to the Board to understand how
8 our project compares with the BJC/Encompass
9 project, so I will address that, focusing on the
10 differences and the merits of our project.
11 Following my comments, Mr. Weber will briefly
12 respond to the State report's negative findings
13 and explain the rehabilitation impairment code
14 methodology used in estimating demand.
15 Southwestern Illinois Health Facilities,
16 Inc., d/b/a Anderson Hospital, is a 154-bed
17 community hospital providing medical/surgical,
18 ICU, obstetrics, and comprehensive physical
19 rehabilitation services.
20 We are located in HSA 11, the source of
21 87 percent of our inpatient admissions. We are a
22 significant provider of Medicaid service, with
23 20 percent of our patients on Medicaid. An
24 additional 52 percent are on Medicare.

1 Three years ago Southwestern Illinois
2 Health Facilities acquired Staunton hospital, a
3 critical-access hospital located 24 miles to the
4 north, as part of our commitment to the delivery
5 of high-quality health care services extending
6 into the rural areas of southwestern Illinois.
7 Now to address the need for the project.
8 During the past two years, the only two other
9 hospitals providing comprehensive inpatient
10 rehabilitation care in Madison County closed their
11 units. They are Gateway Regional Medical Center
12 in Granite City, which closed 14 rehab beds, and
13 OSF St. Anthony's Hospital in Alton, which closed
14 24 beds. In their last year of operation, they
15 provided a combined 3500 days of rehabilitation
16 care.
17 Over 70 percent of our residents of our
18 planned service area who receive inpatient
19 rehabilitation following hospitalization for
20 medical and surgical care are now hospitalized out
21 of state in St. Louis. 70 percent. This is about
22 900 patients per year. Our project will provide
23 the facilities and services to keep a portion of
24 these patients near their homes in Illinois.

1 The leaders of several smaller hospitals
2 in our area have come to us, asking for Anderson
3 Hospital to invest in developing our
4 rehabilitation service so that their patients have
5 access to enhanced rehabilitation care and can
6 remain in Illinois.
7 Several hospitals have written in support
8 of our permit application, including
9 St. Anthony's, which closed their rehab unit,
10 Carlinville Area Hospital, Jersey Community
11 Hospital, and our affiliated Community Hospital of
12 Staunton. No one has opposed this project. We
13 are especially pleased with the support of our
14 project by St. Elizabeth's Hospital, the only
15 other hospital currently providing rehabilitation
16 services in HSA 11.
17 Our permit application also documents that
18 there are many residents of our service area who
19 qualify for acute in-hospital rehabilitation but
20 either receive that care in lower intensity
21 nursing homes or do not receive that care at all.
22 That totals an additional 889 patients. The
23 estimate comes from a rigorous analysis using the
24 system of rehabilitation impairment codes

1 developed by the US Centers for Medicare and
2 Medicaid Services.
3 These two factors, the outmigration of
4 patients to St. Louis and the unrealized need
5 quantified by the rehabilitation impairment code
6 analysis, document two separate access-to-care
7 issues. These access issues are additive to the
8 State's calculated deficit of seven rehab beds in
9 HSA 11.
10 Now to compare our application to that
11 submitted by BJC/Encompass. There are several
12 factors that distinguish our projects from one
13 another.
14 First, our location is in Madison County,
15 is much closer to the populations previously
16 served by the closed rehabilitation services at
17 Gateway Regional Medical Center and St. Anthony's
18 Hospital in Alton. Our site in Edwardsville is
19 17 miles from Gateway Hospital and 22 miles from
20 St. Anthony's in Alton. The site of the BJC/
21 Encompass project in Shiloh is farther from these
22 two hospitals, 21 miles and 37 miles,
23 respectively. Our location is centrally located
24 and ideal for serving these patients formerly

1 cared for in Granite City and Alton.
2 I would like to utilize a map to clarify
3 some geography related to our project, first point
4 out that HSA 11 includes four counties, Madison
5 County, Clinton County, St. Clair County, and
6 Monroe County. The Mississippi River and the
7 St. Louis locations are also shown.
8 Second, the BJC/Encompass location is in
9 St. Clair County, to the south of Madison County.
10 St. Clair County is not a part of the service area
11 for Anderson Rehabilitation Hospital. Our
12 location for Anderson Rehabilitation Hospital
13 remains in Madison County.
14 Madison County is the primary service
15 area, with a population of 272,000. The secondary
16 area to the north includes zip codes in Macoupin,
17 Jersey, Montgomery, and Bond Counties, which have
18 a combined population of 117,500. Consequently,
19 our service area is farther to the north than the
20 area for the BJC/Encompass facility.
21 Combined, our Madison County primary
22 service area and the zip codes to the north in our
23 secondary service area are projected to be the
24 source of 90 percent of our rehabilitation

1 patients.
2 Third, Anderson Hospital has been
3 operating inpatient rehabilitation services in the
4 area. We are not coming from out of state but
5 have been providing these services for 15 years.
6 We are proposing a new hospital that adds 14 beds
7 to our existing 20-bed service.
8 Finally, Anderson's commitment to
9 providing care for Medicaid patients. As I
10 mentioned, 20 percent of our patients are on
11 Medicaid. We participate in the major Illinois
12 Medicaid contracts, and Anderson Rehabilitation
13 Hospital will continue the practice to take
14 Medicaid patients now in effect at Anderson
15 Hospital.
16 Before closing, let me talk about our
17 partnership with Kindred. We are so pleased to
18 have them as a partner and benefit from their
19 extensive expertise in rehabilitation care.
20 Kindred Healthcare is a nationally recognized
21 health care services company based in Louisville,
22 Kentucky, with annual revenues of approximately
23 $3.3 billion.
24 Kindred, through its subsidiaries, has

1 approximately 35,700 employees providing health
2 care services in about 1800 locations in
3 45 states, including owning and operating
4 74 long-term acute care hospitals -- 6 of those in
5 Illinois -- 22 inpatient rehabilitation hospitals,
6 and 11 subacute units. Kindred manages another
7 99 hospital-based inpatient rehabilitation units.
8 Eight of these are in Illinois.
9 Kindred provides contract rehabilitation
10 service for almost 1600 skilled nursing/long-term
11 care sites of service. It is ranked as one of
12 Fortune magazine's most admired health care
13 companies for nine years. Kindred's mission is to
14 help patients reach their highest potential for
15 health and healing with intensive medical and
16 rehabilitative care through compassionate patient
17 experiences.
18 A presentation of Kindred's outstanding
19 quality outcomes for patient rehabilitation within
20 its comparable rehabilitation hospitals across the
21 US is included in the "Purpose of the Project"
22 section of our permit application.
23 In closing, I thank the staff for their
24 time and technical assistance as we developed our

1 permit application. I'd point out that there was
2 no opposition to our project, which is unusual in
3 Illinois when there is a proposal to establish a
4 new health care service. It is even more unusual
5 that two competing projects submitted at the same
6 time for the same service have not opposed each
7 other. That is testimony to the access issues at
8 play and the need for additional rehabilitation
9 services in HSA 11 to keep Illinois residents in
10 Illinois for their health care.
11 Thank you for your time and attention.
12 I now ask Mr. Weber to provide our response to the
13 State report negative findings.
14 MR. WEBER: Good afternoon. I'm Ralph
15 Weber, CON consultant for Anderson/Kindred.
16 It has been a long day, so I will try to
17 be brief in covering the three negative findings
18 on the project. But, first, I echo Keith's thanks
19 to the staff for their work with us on technical
20 assistance during the application process.
21 The State Board cites three negative
22 findings.
23 First, one negative relates to the State's
24 determination of need and their calculation of the

1 deficit of seven rehabilitation beds in HSA 11.
2 The proposed 34-bed project adds 14 beds, just
3 7 more than the State's calculated deficit.
4 Anderson Hospital's 20-bed inpatient
5 rehabilitation unit in Maryville will be closed
6 after the opening of the 34-bed hospital, so the
7 proposed project is a net addition of 14 beds, a
8 relatively small incremental increase.
9 The State's formula recognizes that there
10 is outmigration and that residents of the HSA are
11 getting care but elsewhere, reducing the bed need
12 within the HSA area. However, for HSA 11, most of
13 this outmigration is to Missouri and St. Louis in
14 particular. Our analysis in the permit
15 application showed that there are about
16 900 residents of the project's planning area who
17 traveled to Missouri for their rehabilitation care
18 last year. We believe this is a significant
19 volume of patients who would benefit from access
20 to more rehabilitation services in HSA 11.
21 Our permit application also quantifies a
22 volume of patients who qualify for needed
23 comprehensive physical rehabilitation in a
24 hospital but either do not receive that care or

1 receive a different level of care in a nursing
2 home. This is independent and separate from the
3 number of patients who receive care in Missouri.
4 Our calculations use a system called
5 rehabilitation impairment codes developed by the
6 US Centers for Medicare and Medicaid Services. We
7 matched these codes to hospitalizations for
8 medical and surgical care provided, which show
9 that there were over 25,800 patients from the
10 planning area last year who qualified for acute
11 rehabilitation after their hospital
12 medical/surgical stay. Based on a national
13 experience rate that only 8 percent of those who
14 qualified actually convert to care in a
15 rehabilitation hospital, that would mean 21,000 --
16 I'm sorry -- 2177 from the planning area who
17 should have rehabilitation care.
18 Subtracting the 1288 patients who received
19 care from our area results in a net of
20 889 patients who needed hospital rehabilitation
21 but did not receive it. And I hope, Dr. Martell,
22 that's responsive to your question earlier.
23 This is the same -- I'd like to go back in
24 history a little bit, five years, and maybe --

1 Senator Demuzio and Mr. Sewell, you may remember
2 this project.
3 This is the same model that Brian Samberg
4 of Kindred -- that Brian -- and I used five years
5 ago to support establishing a 17-bed
6 rehabilitation service at Northwest Community in
7 Arlington Heights. The Health Facilities and
8 Services Review Board approved that project even
9 considering strong opposition by The
10 Rehabilitation Institute of Chicago, which is now
11 the Shirley Ryan AbilityLab, and Alexian Brothers
12 Medical Center. RIC ran the unit at Alexian
13 Brothers. The opponents claimed that the
14 Northwest Community project would reduce the
15 volume significantly at Alexian Brothers.
16 In fact, a few months ago I looked back
17 and found that that did not occur. As we report
18 on page 100 of the permit application, over the
19 past five years the volumes at Alexian Brothers
20 did not decline but have remained relatively
21 constant. Meanwhile, Northwest Community's new
22 rehabilitation service grew to capacity, and
23 a year ago last month -- a year ago last month
24 they added 16 beds to their unit under the 20-bed

1 rule. This history shows that the rehabilitation
2 impairment code analysis is a reliable planning
3 tool for projecting need for hospital beds,
4 rehabilitation beds.
5 The visual board shows how these
6 components of need relate to the project.
7 Anderson Hospital's existing volume of about
8 400 admissions a year, plus the 889 patients from
9 the rehabilitation impairment code model, plus
10 retaining not all but two-thirds of the patients
11 from our area who go to Missouri, that shows a
12 collective opportunity for an annual
13 1889 rehabilitation patients. Anderson/Kindred,
14 our project, forecasts a conservative volume of
15 816 patients after completion of the project.
16 The HSA today has only 36 comprehensive
17 physical rehabilitation beds, serving a resident
18 population of 614,000 people, and that 36, by the
19 way, counts the 16 at St. Elizabeth's Hospital,
20 which they testified earlier today they're
21 planning to close their unit if these two projects
22 are approved and convert that to medical/surgical
23 services.
24 HSA 11 and HSA 8 have the lowest ratios of

1 beds to population in the state, and that's shown
2 on this chart. Each of the bars -- each of the
3 HSAs shows as one bar on this chart, the 11 HSAs,
4 the 11 bars. The height is the ratio of beds to
5 population. You can see that HSA 11 and HSA 8 in
6 the far northeast corner of the state are the
7 two lowest, only half of the statewide average.
8 This is indicative of an access-to-care issue and
9 helps explain the exodus of patients to
10 rehabilitation hospitals outside the area. More
11 beds and comprehensive rehabilitation services are
12 needed in the area.
13 So all of these analyzes relate to that
14 seven-bed issue, which we don't take lightly, but
15 we think that, supplemented with this other
16 information, is reason for the Board to say, "Yes,
17 that makes sense; the project makes sense."
18 Now for the remaining two negative
19 findings -- and I'll be shorter. The project does
20 not meet the hundred-bed minimum size for
21 rehabilitation hospitals. Similar to the BJC
22 project, our project is scaled to meet the needs
23 of Anderson Hospital's existing rehabilitation
24 program plus a portion of the unmet needs of

1 patients migrating -- and patients migrating to
2 Missouri.
3 According to the State inventory, there
4 are four freestanding rehabilitation hospitals in
5 Illinois. Only two of the four have a hundred
6 beds or more, Chicago's Shirley Ryan AbilityLab,
7 which is huge, and the Marianjoy Hospital in
8 Wheaton, which has exactly 100. Throughout the
9 US, Kindred owns and operates 22 rehabilitation
10 hospitals. None exceed the hundred beds, yet all
11 22 provide significant services in their
12 communities and all are viable.
13 A hundred beds has been a State standard
14 for a long time but is not the norm. It may have
15 been a standard for urban areas when lengths of
16 stay were much longer. Part of the reason for a
17 hundred beds could have been to concentrate a base
18 of sufficient patients to be able to spread fixed
19 administrative costs, such as human resources,
20 planning, and finance. And now, with these
21 functions being centralized in hospital systems,
22 individual hospitals can be smaller and benefit
23 from shared system operational costs. These
24 economies of scale apply to the Anderson/Kindred

1 project and to the BJC/Encompass projects.
2 The third negative addresses the physician
3 commitment letters. We provided letters from
4 48 physicians documenting 190 committed referrals.
5 That's about half of Anderson Hospital's
6 rehabilitation admissions in 2018.
7 Honestly, it was a difficult process to
8 get physicians -- most of whom are not on the
9 Anderson staff -- to spend their staff time
10 documenting their referrals and the zip codes of
11 their patient residences. We made the best effort
12 we could. And if this is not complete, we believe
13 that the demand analysis using the rehabilitation
14 impairment codes adequately fills the gap on
15 justifying full utilization.
16 So in summary, this project is the
17 expansion of an existing service at Anderson
18 Hospital in an area with one of the lowest ratios
19 of rehabilitation beds to population in Illinois.
20 I also just noticed that this HSA has 5 percent of
21 the population of the state and 2 percent of the
22 rehabilitation beds.
23 The project meets 16 other standards and
24 dozens of subcriteria, including not creating

1 duplication or maldistribution of service or
2 having a negative impact on other area providers.
3 There is no opposition to the project.
4 Anderson Hospital and Kindred Healthcare
5 have been active in providing this service in
6 southwest Illinois and request your approval to
7 enhance their delivery of rehabilitation care.
8 Thank you for your attention.
9 CHAIRMAN SEWELL: I wanted to make a
10 couple of comments about the charts there that you
11 had just before that one.
12 Could you put that back up?
13 Yeah, that one.
14 The first one is about number one.
15 Those -- for our purposes, as the Planning Board,
16 your plans to either discontinue or not
17 discontinue the facility in Maryville is really
18 not relevant because it's in a different planning
19 area.
20 It's relevant to you as the manager of
21 multiple facilities, but it's not relevant to us
22 in terms of bed capacity and planning area because
23 it's in a different planning area.
24 MR. WEBER: No -- I'm sorry. Finish.

1 CHAIRMAN SEWELL: No, go ahead --
2 MR. WEBER: Well, it's --
3 CHAIRMAN SEWELL: -- if I'm wrong.
4 MR. WEBER: It -- yeah.
5 Maryville, the current location, is in the
6 middle of Madison County, which is in the middle
7 of HSA 11.
8 CHAIRMAN SEWELL: Oh, okay. Well, I was
9 wrong about that.
10 MR. WEBER: So it is very much in that
11 area. And Edwardsville is only 5 miles away from
12 Maryville, from Anderson at Maryville. So they're
13 really very close to each other, and both are in
14 Madison County, and both are in HSA 11.
15 CHAIRMAN SEWELL: Okay. Well, I want the
16 Board to disregard the comments I just made.
17 Okay. Now, on number two on this chart,
18 your need approach using rehabilitation impairment
19 code analysis, while it may be valid and it may
20 have even been established as relevant because of
21 some things in the past, it's not what the State
22 agency uses to get at the need for these beds.
23 So, you know, I think sort of offline or
24 in another type of setting you probably need to

1 help us maybe change our policies with respect to
2 how we project bed need of rehab. But that --
3 that may be valid, but it's not relevant to what
4 we do because we have a historical utilization
5 approach.
6 So those are the two things I just wanted
7 to put on the -- no, the one thing. The first
8 thing I put on, I took it back.
9 MR. WEBER: Well, as to the second thing,
10 you know, when we bring permit applications, if
11 you don't comply exactly to a requirement, we like
12 to bring other information that's relevant.
13 CHAIRMAN SEWELL: Sure. No, it's helpful.
14 MR. WEBER: And by bringing something
15 that, you know, the Federal government adapted to
16 be current -- not that they're right all the time,
17 but the Center for Medicare and Medicaid Services
18 have a very good system. And that's why I went
19 into the detail about the project that we worked
20 on five years ago, because that -- it's not
21 hocus-pocus numbers. It's very relevant to
22 planning for rehabilitation care, and it really
23 worked very nicely with that.
24 So, yeah, it's not the formula the State

1 uses, but I do think it's very relevant to the
2 Board's consideration today.
3 CHAIRMAN SEWELL: Sure.
4 Questions?
5 (No response.)
6 CHAIRMAN SEWELL: No questions?
7 (No response.)
8 CHAIRMAN SEWELL: All right. Roll call.
9 MR. ROATE: Thank you.
10 Motion made by Dr. Martell; seconded by
11 Dr. Murray.
12 Senator Demuzio.
13 MEMBER DEMUZIO: Yes. I'm going to go
14 ahead and vote yes based upon getting close to
15 most of the criteria.
16 You know that there's the need -- okay? --
17 or the excess, but I am going to go ahead and vote
18 yes based upon your testimony and the Board
19 report.
20 MR. ROATE: Thank you.
21 Dr. Martell.
22 MEMBER MARTELL: I'm going to vote a
23 hesitant yes again on this because of the formula;
24 again, taking a look at some of the area that's

1 going to be uncharted in terms of our State code
2 but understanding that they have documented need.
3 MR. ROATE: Thank you.
4 Dr. Murray.
5 MEMBER MURRAY: I'm going to vote yes
6 based on the testimony.
7 MR. ROATE: Thank you.
8 Ms. Savage.
9 MEMBER SAVAGE: I'm going to hesitantly
10 vote yes based on the testimony and the
11 calculations that showed need.
12 MR. ROATE: Thank you.
13 Mr. Slater.
14 MEMBER SLATER: Based on the testimony,
15 yes.
16 MR. ROATE: Thank you.
17 Chairman Sewell.
18 CHAIRMAN SEWELL: I vote no because of the
19 planning area need criterion.
20 MR. ROATE: That's 5 votes in the
21 affirmative, 1 vote in the negative.
22 CHAIRMAN SEWELL: Thank you.
23 MR. WEBER: Thank you.
24 (An off-the-record discussion was held.)

1 MR. CONSTANTINO: Mr. Sewell, we need to
2 hear E-033.
3 CHAIRMAN SEWELL: I'm sorry?
4 MR. CONSTANTINO: We need to hear E-033,
5 the exemption.
6 CHAIRMAN SEWELL: Yes.
7 It's been approved.
8 She told me to say that.
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1 CHAIRMAN SEWELL: Okay. So now we go to
2 C-03, Project E-033-19, Anderson Hospital in
3 Maryville.
4 So I need a motion to approve this project
5 to discontinue a 20-bed physical rehabilitation
6 category of service.
7 MEMBER SLATER: I move to approve.
8 MEMBER DEMUZIO: Second.
9 CHAIRMAN SEWELL: Okay. They're already
10 sworn in.
11 Did you want to say anything about the
12 State agency report?
13 MR. CONSTANTINO: No, sir.
14 CHAIRMAN SEWELL: Okay. Any presentation
15 on this?
16 MR. WEBER: Just -- no presentation.
17 But may I just make one clarification?
18 That the discontinuation, as we requested in the
19 permit application, would take effect upon the
20 opening of the new rehabilitation hospital beds.
21 CHAIRMAN SEWELL: Okay.
22 MR. WEBER: Obvious, but I don't want to
23 get caught up in --
24 CHAIRMAN SEWELL: No, I think that needed

1 to be said.
2 MR. WEBER: Okay.
3 CHAIRMAN SEWELL: Any questions by the
4 Board?
5 (No response.)
6 CHAIRMAN SEWELL: Okay. The roll call.
7 MR. ROATE: Thank you, sir.
8 Motion made by Mr. Slater; seconded by
9 Senator Demuzio.
10 Senator Demuzio.
11 MEMBER DEMUZIO: Yes, based upon the fact
12 that the closure will happen at the time of the
13 opening of the new facility.
14 MR. ROATE: Thank you.
15 Dr. Martell.
16 MEMBER MARTELL: Yes.
17 MR. ROATE: Thank you.
18 Dr. Murray.
19 MEMBER MURRAY: Yes, based on the staff
20 report.
21 MR. ROATE: Thank you.
22 Ms. Savage.
23 MEMBER SAVAGE: Yes, based on the staff
24 report and testimony.

1 MR. ROATE: Thank you.
2 Mr. Slater.
3 MEMBER SLATER: Yes.
4 MR. ROATE: Thank you.
5 Chairman Sewell.
6 CHAIRMAN SEWELL: I vote yes.
7 MR. ROATE: Thank you.
8 That's 6 votes in the affirmative.
9 MR. PAGE: Thank you.
10 (An off-the-record discussion was held.)
11 CHAIRMAN SEWELL: I'm sorry. I'm going to
12 call the next project in just a second.
13 (An off-the-record discussion was held.)
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1 CHAIRMAN SEWELL: Please forgive me for
2 the delay.
3 Okay. Next on the agenda is H-06, Project
4 No. 19-028, Fresenius Medical Care Metropolis in
5 Metropolis.
6 May I have a motion to approve this
7 project to add two ESRD stations to an existing
8 eight-station ESRD facility in Metropolis.
9 MEMBER DEMUZIO: Motion.
10 CHAIRMAN SEWELL: Is there a second?
11 MEMBER SAVAGE: Second.
12 CHAIRMAN SEWELL: All right. Already
13 sworn in.
14 State agency report.
15 MR. CONSTANTINO: Thank you, Mr. Sewell.
16 The Applicants are asking the State Board
17 to approve the addition of two stations to an
18 existing eight-station facility in Metropolis at a
19 cost of $53,000. Expected completion date,
20 May 31st, 2020.
21 No public hearing was requested. No
22 letters of support or opposition were received by
23 the State Board.
24 I would like to point out to the Board

1 that the facility is not at target occupancy;
2 however, in these rural areas the Board has
3 historically allowed additional stations even
4 though the facility may not be at target to make
5 access to this service in daylight hours.
6 Thank you, sir.
7 CHAIRMAN SEWELL: Thank you.
8 Do you have a presentation?
9 MS. WRIGHT: Just briefly. Good
10 afternoon.
11 I want to thank all of you for your time
12 here today and thank the Board staff for their
13 review of this project.
14 It did meet all the criteria, so I'd be
15 happy to answer any questions you have.
16 THE COURT REPORTER: Could you state your
17 name for the record, please.
18 MS. WRIGHT: Lori Wright.
19 CHAIRMAN SEWELL: Do we have questions?
20 (No response.)
21 CHAIRMAN SEWELL: Seeing none, a roll call
22 vote.
23 MR. ROATE: Thank you, sir.
24 Motion made by Senator Demuzio; seconded

1 by Ms. Savage.
2 Senator Demuzio.
3 MEMBER DEMUZIO: I vote yes, based upon
4 the staff report.
5 MR. ROATE: Thank you.
6 Dr. Martell.
7 MEMBER MARTELL: Pardon me.
8 Sorry.
9 MR. ROATE: You --
10 MEMBER MARTELL: Yes.
11 MS. AVERY: Sorry.
12 MR. ROATE: Thank you.
13 Dr. Murray.
14 MEMBER MURRAY: I vote yes based on the
15 staff report.
16 MR. ROATE: Thank you.
17 Ms. Savage.
18 MEMBER SAVAGE: Yes, based on the staff
19 report.
20 MR. ROATE: Thank you.
21 Mr. Slater.
22 MEMBER SLATER: Based on the State staff
23 report, yes.
24 MR. ROATE: Thank you.

1 Chairman Sewell.
2 CHAIRMAN SEWELL: Yes, based on the State
3 agency report.
4 MR. ROATE: Thank you.
5 That's 6 votes in the affirmative.
6 MS. WRIGHT: Thank you.
7 CHAIRMAN SEWELL: Approved.
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1 CHAIRMAN SEWELL: Next on the agenda is
2 H-07, Project No. 19-029, Blessing Hospital
3 Ambulatory Surgery Treatment Center in Quincy.
4 May I have a motion to approve this
5 project to relocate on an existing multispecialty
6 ASTC in Quincy.
7 MEMBER SLATER: I move to approve.
8 CHAIRMAN SEWELL: Is there a second?
9 MEMBER DEMUZIO: Second.
10 MEMBER SAVAGE: Second.
11 CHAIRMAN SEWELL: All right.
12 THE COURT REPORTER: Would you raise your
13 right hands, please.
14 (Four witnesses sworn.)
15 THE COURT REPORTER: Thank you. And
16 please print your names.
17 CHAIRMAN SEWELL: State agency report.
18 MR. CONSTANTINO: Thank you, Mr. Sewell.
19 Blessing Hospital is asking the Board to
20 approve the relocation of an existing
21 multispecialty ASTC with three operating rooms and
22 three procedure rooms currently in an existing
23 medical office building in Quincy to the campus of
24 Blessing Hospital and connected to the hospital by

1 a walkway. The new site is approximately
2 two minutes from the existing site.
3 Total cost of the project is 21.4 million,
4 and the expected completion date is January 31st,
5 2022.
6 A public hearing was conducted on
7 August 19th in Quincy by the State Board. No
8 letters of opposition have been received, and
9 there were several letters of support that have
10 been submitted and are included in your packet of
11 information.
12 As noted in the report, Blessing Hospital
13 did not meet all the State Board's criteria.
14 I'd like to take just one minute to
15 comment on the comments that have been made about
16 the application.
17 Over the years Blessing Hospital has
18 submitted over 45 applications to this certificate
19 of need Board -- that's since 1975 -- as
20 certificate of permits. Not once was Blessing
21 Corporate Services ever an Applicant on those
22 applications. I can't tell you why. I don't
23 know why.
24 In the case of this project, Blessing

1 Hospital is the licensee for this ASTC. It owns
2 the property, it owns the building, and is
3 responsible for the debt on the project and is
4 issuing the bonds.
5 We did not feel it need -- Blessing Health
6 Ser- -- or Blessing Corporate Services needed a
7 Co -- to be a Co-Applicant.
8 The second thing I'd like to point out is
9 regarding the physician referral letters.
10 Historically on any relocation project we rely
11 upon historical utilization at the facility.
12 In this case, this ASTC has come before
13 you in the last nine months. We had testimony
14 under oath that stated -- from Quincy Medical
15 Group -- that utilization at this existing ASTC
16 would not change once Quincy Medical Group became
17 operational. That is the reason those weren't
18 requested.
19 Thank you, Mr. Chairman.
20 CHAIRMAN SEWELL: Okay. My head is
21 spinning.
22 MR. CONSTANTINO: So was mine.
23 CHAIRMAN SEWELL: And this is to you,
24 Mike: What is the significance of the -- who the

1 Applicant is and whether or not there's a
2 Co-Applicant?
3 MR. CONSTANTINO: The most important thing
4 for us is the licensee.
5 CHAIRMAN SEWELL: I see.
6 MR. CONSTANTINO: That is who IDPH is
7 responsible to and for.
8 CHAIRMAN SEWELL: Okay.
9 MR. CONSTANTINO: Okay? We require
10 co-applicants when they guarantee the debt.
11 CHAIRMAN SEWELL: I see.
12 MR. CONSTANTINO: I don't know why
13 Blessing Corporate Services was never made a
14 Co-Applicant. I can't tell you why that decision
15 was made.
16 It was Ray's responsibility and evidently
17 he had information that didn't require them to be
18 a Co-Applicant.
19 CHAIRMAN SEWELL: Ray -- Ray --
20 MR. CONSTANTINO: We have other
21 hospitals --
22 CHAIRMAN SEWELL: -- Ray Passeri?
23 MR. CONSTANTINO: Yes.
24 CHAIRMAN SEWELL: Oh. This is a former

1 administrator of this.
2 MR. CONSTANTINO: There are other
3 hospitals in the state where their sole corporate
4 parent is not co-applicants on the applications.
5 I don't know why those decisions were
6 made, but we've continued to follow it.
7 CHAIRMAN SEWELL: Does the Applicant have
8 any insight into all this?
9 MS. AVERY: Probably not.
10 But what we will do is just look at it for
11 future to make sure that we're consistent with it.
12 We'll either change it to say it's not necessary
13 or change it to say it's necessary. That will
14 make it cleaner.
15 So we'll work on that. But for now it's
16 not --
17 MR. CONSTANTINO: We never had this issue
18 come up before, Courtney.
19 MS. AVERY: Right. So now it's not really
20 applicable.
21 CHAIRMAN SEWELL: Okay.
22 Whatever presentation you were going to
23 make before this.
24 MS. KAHN: Okay. Well, good afternoon.

1 It's good to be here.
2 My name is Maureen Kahn, and I am the
3 president and CEO of Blessing Hospital. And today
4 I am here with Julie Brink, the chairman of
5 Blessing Hospital's board; Pat Gerveler, the CFO;
6 and Betty Kasparie, who is our compliance officer,
7 and she's responsible for writing all of our
8 certificate of need, and I think she's written all
9 40 of them.
10 Thank you for the opportunity to present
11 today and thank you for the Board staff who worked
12 on our application for all their work.
13 Let me first tell you a little bit about
14 Blessing Hospital, and then I will address the one
15 negative finding that we did receive.
16 Blessing Hospital is located in Quincy,
17 Illinois. We're about 285 miles southwest of
18 where we are gathered here today. We are a
19 full-service acute care hospital, and, you know,
20 at least when you think about surrounding us,
21 there's not a hospital with a hundred beds in any
22 direction a hundred miles from us.
23 So we sit in a geographic area with
24 some degree of isolation, and we're surrounded

1 primarily by critical-access hospitals, and then
2 we go a little bit further before we get into
3 tertiary and quaternary hospitals. Blessing
4 provides a comprehensive list of services for our
5 patients, up and including open-heart surgery,
6 mental health services, trauma services.
7 In addition to that, we also have a
8 college on our campus where we teach -- we have a
9 nursing school, we have a school of radiology,
10 laboratory, and we also train respiratory
11 therapists and medical record specialists. So we
12 try and make sure that we have a workforce of the
13 future.
14 We're a 327-bed, not-for-profit, sole
15 community hospital. Our board of trustees
16 consists of community volunteer members and
17 physicians who represent the needs of the region.
18 We are the largest employer in Adams County, and
19 we have served the health care needs of the people
20 of west central Illinois, northeast Missouri, and
21 southeast Iowa for 144 years.
22 I believe that Blessing Hospital is
23 well-known by your staff and certainly by the
24 residents of our area to be a high-quality

1 provider of health care services.
2 The project, as described in the CON
3 Application 19-029, is to relocate the hospital's
4 existing ASTC from leased space at 1118 Hampshire
5 to the hospital's campus. This is simply a
6 relocation and modernization of the three
7 operating and three procedure rooms to the
8 Blessing Hospital campus.
9 There has been widespread community
10 support for this relocation. We've been very
11 transparent with the medical staff and the greater
12 Quincy community.
13 I personally conducted three open meetings
14 with the medical staff, sharing with them the
15 plans of the building, asking them for their
16 input, any changes, any suggestion they had, and
17 I also conducted three community meetings with the
18 community, asking them the same thing, sharing
19 with them the plans, asking them what they would
20 like to see in the building. And then I conducted
21 a meeting with the chamber of commerce and all of
22 our business leaders and showed them the plans and
23 asked them for their input, suggestions, anything
24 that they would like to see.

1 As with all the forums that we conducted,
2 we received positive support, and, also, we
3 received letters and testimony supporting the
4 project.
5 In addition to that, you will see in our
6 project file support letters from our legislators,
7 Senator Jil Tracy, Randy Frese; our mayor,
8 Kyle Moore; Jerry Kruse, the dean of the SIU
9 School of Medicine; the Adams County Ambulance,
10 the Public Health Department of Adams County,
11 numerous Quincy-area employers, various
12 not-for-profit organizations, the United Way,
13 Quincy-area health organizations, many Quincy
14 physicians, the Blessing-Rieman College of Nursing
15 & Health Sciences, and Quincy University.
16 We are here today to respectfully ask the
17 Review Board to allow us to relocate our existing
18 three operating rooms and three procedure rooms
19 from 1118 Hampshire to our hospital campus.
20 The staff report found that Blessing met
21 22 of the 23 criteria, so I want to take some time
22 to address the 1 negative finding.
23 We believe the staff report to be very
24 positive. The one negative finding was the number

1 of recovery stations, 28. It exceeds the standard
2 by 4 stations, so we have 28 instead of 24.
3 Importantly, I want you to remember the
4 project is fully compliant with the State
5 standards for cost and square footage. But we
6 were able to identify and put into that project an
7 additional four recovery stations, and we did so
8 for three reasons: One, to reflect the localized
9 needs for patient care; the second was considering
10 optimizing patient flow; and the third was to look
11 at the evolving patient care trends.
12 So when we think about the localized needs
13 for patients, when we designed this unit, we
14 designed our recovery spaces to be prep and
15 recovery rooms. They were not just to be recovery
16 spaces. We wanted them to be multipurpose when we
17 did them. We do have some Phase 1 recovery, but
18 primarily our rooms are to be multipurpose.
19 We also wanted to recognize the fact that
20 our patients in our area -- if you look at
21 Illinois, 62 percent of Illinois adults are
22 overweight, 25 percent of them being obese, and in
23 the rural areas we have the highest level of
24 obesity. Adams County ranks seventh in obesity.

1 We designed two of our prep and recovery
2 rooms specifically for bariatric patients, so we
3 made sure that the room design and the bathroom
4 and toilet facilities in those rooms would be
5 specific for bariatric patients.
6 We also made sure that we had two
7 isolation rooms. Because of the importance today
8 of infection, we wanted to make sure that -- if we
9 had a patient who could be at risk, we wanted to
10 protect other patients from the transmission of
11 infection.
12 We also wanted to make sure that we had
13 optimal flow, so that we had enough rooms. As
14 Medicare moves more and more patients to the
15 outpatient environment, sometimes recovery times
16 are a little bit longer. We wanted to make sure
17 we had enough room to give patients the time
18 appropriate to recover before we move them out of
19 the center, and we didn't want to block up the
20 operating rooms, which is the most expensive time
21 in the surgery center, and we wanted to make sure
22 we had the space to allow people to recover.
23 And so that was our reason for adding
24 these four additional spaces, was to give our

1 surgeons the right amount of time in the operating
2 room, give our patients the right amount of time
3 in the recovery space so we could send them home
4 safely. We believe that our design best meets the
5 needs of our patients, our physicians, our staff,
6 our employers, and our payers.
7 This project has the support of the
8 greater Quincy community and its civic leaders.
9 I respectfully encourage the Illinois Health
10 Facilities and Review Board to approve this
11 relocation of the Blessing surgery center.
12 Thank you.
13 And Julie.
14 MS. BRINK: Thank you very much.
15 My name is Julie Brink, and I serve as the
16 president of the Blessing Hospital board of
17 trustees.
18 Since the inception of the surgery center
19 market in Quincy and continuing until now, there
20 has only been one ASTC in town. That surgery
21 center was first owned by QMG and then sold to
22 Blessing Hospital, which continues to own the
23 center.
24 Since acquiring this ASTC until now,

1 Blessing has partnered with QMG, paying rent for
2 the space in their building where the surgery
3 center was located when it was purchased and,
4 also, contracting with QMG to continue its
5 management of the center as a hospital-based
6 department.
7 Now that QMG has been awarded a permit to
8 build its own, competing ASTC in Quincy, the
9 Blessing Hospital board had to make decisions,
10 decisions that included where the Blessing ASTC
11 should hereafter be located. Decisions --
12 excuse me.
13 When Blessing purchased the center in
14 2006, the location was already determined, as it
15 was in the middle of the QMG medical office
16 building. Continuing to be located in a
17 competitor's building is not a viable option. To
18 use an imperfect analogy, there are no Burger King
19 in McDonald's.
20 In assessing options it quickly became
21 apparent to the Blessing Hospital board that
22 locating on the hospital campus was the obvious
23 and best choice. Better yet, with a walkway to
24 the hospital and its operating rooms.

1 The 50/50 ownership that Blessing had
2 previously offered QMG as an alternative to having
3 two ASTCs in Quincy was rejected by QMG. Instead
4 of deepening our preexisting partnership, QMG was
5 committed to competing, and the Review Board
6 ultimately embraced competition through its
7 approval of their application for a second surgery
8 center in Quincy.
9 QMG argued and the Review Board agreed
10 that competition, rather than collaboration, would
11 be beneficial for the greater Quincy community and
12 its health care. Blessing accepted this
13 determination and turned to the necessary
14 decisions in this new paradigm of competition. We
15 chose not to relitigate but to accept the decision
16 and to move forward.
17 Approval of this CON will not only allow
18 Blessing to effectively compete in the newly
19 competitive ASTC market in Quincy but also enhance
20 patient care through a more contemporary ASTC, one
21 that reflects standards of today rather than of
22 20 years ago, when the current surgery center was
23 built out in the QMG medical office building.
24 This project makes good sense for the

1 impacted community and its health care needs,
2 and I respectfully urge approval of CON
3 Application 19-029.
4 Thank you.
5 MS. KAHN: Thank you for your time. Are
6 there any questions that we may answer for you?
7 CHAIRMAN SEWELL: Anyone have questions?
8 (No response.)
9 CHAIRMAN SEWELL: Roll call.
10 MR. ROATE: Thank you, sir.
11 Motion made by Mr. Slater; seconded by
12 Senator Demuzio.
13 Senator Demuzio.
14 MEMBER DEMUZIO: I vote yes, based upon
15 the testimony I've heard and the staff report.
16 MR. ROATE: Thank you.
17 Dr. Martell.
18 MEMBER MARTELL: Yes, based on the staff
19 report and testimony.
20 MR. ROATE: Thank you.
21 Dr. Murray.
22 MEMBER MURRAY: Yes, based on the staff
23 report.
24 MR. ROATE: Thank you.

1 Ms. Savage.
2 MEMBER SAVAGE: Yes, based on the staff
3 report and testimony.
4 MR. ROATE: Thank you.
5 Mr. Slater.
6 MEMBER SLATER: Based on the staff report
7 and the testimony, yes.
8 MR. ROATE: Thank you.
9 Chairman Sewell.
10 CHAIRMAN SEWELL: I vote yes in spite of
11 the extra recovery rooms because I think the
12 Applicant gave a good explanation as to why they
13 needed them.
14 MR. ROATE: Thank you.
15 That's 6 votes in the affirmative.
16 MS. KAHN: Thank you.
17 CHAIRMAN SEWELL: The project's approved.
18 MS. BRINK: Thank you.
19 THE COURT REPORTER: Please leave your
20 remarks with Mike.
21 MR. CONSTANTINO: Thank you.
22 (An off-the-record discussion was held.)
23 - - -
24

1 CHAIRMAN SEWELL: I'm getting a request
2 for a Board discussion or clarification on -- I'm
3 trying to find the project.
4 It's the -- no, it's Anderson --
5 MEMBER MARTELL: No.
6 MS. AVERY: The Rehabilitation --
7 MEMBER MARTELL: The Rehabilitation
8 Institute of Southern Illinois.
9 CHAIRMAN SEWELL: Really?
10 Yeah, the Shiloh project,
11 Rehabilitation --
12 MEMBER SAVAGE: Institute.
13 CHAIRMAN SEWELL: -- Institute of Southern
14 Illinois, Shiloh.
15 I'm getting a request for a Board
16 discussion, a brief discussion, about that. And
17 I think we are going to allow that unless the
18 Board members have an objection.
19 MEMBER MURRAY: What are we --
20 CHAIRMAN SEWELL: So what are we talking
21 about?
22 MEMBER MURRAY: What are we doing?
23 CHAIRMAN SEWELL: Who's got to discuss the
24 issue?

1 MS. AVERY: I'll discuss it.
2 CHAIRMAN SEWELL: Okay. Go ahead.
3 MS. AVERY: Okay.
4 The counsel for the Applicants have
5 requested that we look at the transcript to see
6 the vote for Dr. Martell and the reason for the
7 vote and make sure that there wasn't any
8 comparative review.
9 They're saying so based on discrepancies
10 with the 900 figure that was used in both
11 presentations.
12 CHAIRMAN SEWELL: What's "the 900 figure"?
13 MS. AVERY: The 900 patients. Sorry.
14 That they used --
15 MEMBER MURRAY: The 900 patients from
16 Illinois?
17 MS. AVERY: That are migrating out to
18 St. Louis.
19 I think that's clarification but we
20 don't -- so -- Court Reporter, can you go back and
21 look at that for us, please?
22 (An off-the-record discussion was held.)
23 THE COURT REPORTER: Mr. Roate said
24 "Dr. Martell"; Dr. Martell said, "I'm going to be

1 a qualified no with the understanding that I have
2 concerns about the projections and capacity."
3 (An off-the-record discussion was held.)
4 CHAIRMAN SEWELL: Okay. So what of that?
5 MS. AVERY: And then the other vote was a
6 reluctant yes, using the patient methodology that
7 the Applicant used for Anderson?
8 MEMBER SAVAGE: That was me.
9 MS. AVERY: That was you.
10 CHAIRMAN SEWELL: That was Edwardsville.
11 MS. AVERY: Can you read those two --
12 three?
13 (An off-the-record discussion was held.)
14 THE COURT REPORTER: Ms. Savage on that
15 issue said, "I'm going to vote yes based on the
16 testimony and the staff Board report as well as
17 the project utilization I feel is better than the
18 other proposal."
19 (An off-the-record discussion was held.)
20 MS. AVERY: Back on the record, please.
21 MEMBER SLATER: It would seem to me anyone
22 who has voted in the affirmative has the right to
23 re -- make a motion to reconsider.
24 MS. AVERY: According to Robert's Rules.

1 MEMBER SLATER: It doesn't have to be the
2 person who made the motion.
3 MEMBER DEMUZIO: Right.
4 MS. AVERY: Okay. Is there anyone who
5 made a vote in the affirmative on this application
6 that would like to make a motion to reconsider?
7 MEMBER MURRAY: On the Andersonville? Is
8 that what you're talking about?
9 MS. AVERY: The Shiloh.
10 CHAIRMAN SEWELL: This is Edwardsville.
11 MS. AVERY: I'm sorry. The Edwardsville --
12 the question is the vote on The Rehabilitation
13 Institute of Southern Illinois, was -- was there
14 an issue of comparative review.
15 MR. ROATE: Would you like me to read the
16 vote back, the vote record?
17 MS. AVERY: Yes.
18 MR. ROATE: The vote record for Project
19 No. 19-021, Rehabilitation Institute of Southern
20 Illinois, Shiloh, reads as: Senator Demuzio voted
21 yes; Dr. Martell voted no; Dr. Murray voted yes;
22 Ms. Savage voted yes; Mr. Slater voted yes;
23 Chairman Sewell voted no. 4 votes in the
24 affirmative, 2 votes in the negative.

1 MS. AVERY: Okay.
2 (An off-the-record discussion was held.)
3 MS. AVERY: Dr. Martell.
4 MEMBER MARTELL: Yes.
5 MS. AVERY: So are we okay with your vote?
6 Do you need to reconsider your vote even though it
7 was a no?
8 Because of the language with the
9 comparative review.
10 MEMBER MARTELL: I did not make that --
11 THE COURT REPORTER: I can't hear you.
12 I'm sorry.
13 MEMBER MARTELL: I did not make that
14 statement. That was made on the second
15 application, on the second --
16 MS. AVERY: The comparative -- the
17 comparative review language, the second
18 application, for Anderson, was made by Savage,
19 Ms. Savage?
20 THE COURT REPORTER: I can read it to you
21 if you've like.
22 MS. AVERY: Okay. Would you again,
23 please. I'm sorry.
24 (An off-the-record discussion was held.)

1 THE COURT REPORTER: So the roll call for
2 the first one, Shiloh:
3 "Motion made by Mr. Slater; seconded by
4 Dr. Murray.
5 "Senator Demuzio.
6 "MEMBER DEMUZIO: I'm going to go ahead
7 and vote yes, based on some of the testimony that
8 I've heard today.
9 "MR. ROATE: Thank you.
10 "Dr. Martell.
11 "MEMBER MARTELL: I'm going to be a
12 qualified no with the understanding that I have
13 concerns about the projections and capacity.
14 "MR. ROATE: Thank you.
15 "Dr. Murray.
16 "MEMBER MURRAY: I'm going to vote yes
17 based upon the testimony about patients presently
18 cared for.
19 "MR. ROATE: Thank you.
20 "Ms. Savage.
21 "MEMBER SAVAGE: I'm going to vote yes
22 based on the testimony and the staff Board report
23 as well as the project utilization I feel is
24 better than the other proposal.

1 "MR. ROATE: Thank you.
2 "Mr. Slater.
3 "MEMBER SLATER: Yes based on the
4 testimony.
5 "MR. ROATE: Thank you.
6 "Chairman Sewell.
7 "CHAIRMAN SEWELL: I vote no based on the
8 planning area need criteria.
9 "MR. ROATE: That's 4 votes in the
10 affirmative, 2 votes in the negative."
11 Do you want me to read the next vote,
12 then?
13 (An off-the-record discussion was held.)
14 THE COURT REPORTER: This is the next
15 vote:
16 "MR. ROATE: Motion made by Dr. Martell;
17 seconded by Dr. Murray.
18 "Senator Demuzio.
19 "MEMBER DEMUZIO: Yes. I'm going to go
20 ahead and vote yes based on getting close to most
21 of the criteria.
22 "You know that there's the need --
23 okay? -- or the excess, but I am going to go ahead
24 and vote yes based on your testimony and the staff

1 report.
2 "MR. ROATE: Thank you.
3 "Dr. Martell.
4 "MEMBER MARTELL: I'm going to vote a
5 hesitant yes on this based on the formula and
6 looking at some of the territory that's sort of
7 uncharted in terms of our State code but
8 understanding that they do have documented need.
9 "MR. ROATE: Thank you.
10 "Dr. Murray.
11 "MEMBER MURRAY: I'm going to vote yes
12 based on the testimony.
13 "MR. ROATE: Thank you.
14 "Ms. Savage.
15 "MEMBER SAVAGE: I'm going to at this
16 point vote yes based on the testimony and the
17 calculations that showed need.
18 "MR. ROATE: Thank you.
19 "Mr. Slater.
20 "MEMBER SLATER: Based on the testimony,
21 yes.
22 "MR. ROATE: Thank you.
23 "Chairman Sewell.
24 "CHAIRMAN SEWELL: I vote no because of

1 the planning area need criterion.
2 "MR. ROATE: That's 5 votes in the
3 affirmative, 1 vote in the negative."
4 (An off-the-record discussion was held.)
5 MS. AVERY: So both were voted -- when a
6 comparative review was done, it was voted in the
7 positive. So, therefore, the Chair has decided
8 that the vote will stand and there was no problem
9 and won't be a reconsideration of the vote.
10 But you still have an avenue to review,
11 Administrative Judge review.
12 MR. SILBERMAN: Would it be appropriate to
13 present one question? And if not, we respect the
14 process.
15 We just want to make sure that we
16 understand so we provide the right information to
17 this body to understand the issue.
18 CHAIRMAN SEWELL: Yeah. Sure. Go ahead.
19 MR. SILBERMAN: And to be clear, this is
20 not -- thank you for this opportunity. This isn't
21 to challenge the decision. We want to come back;
22 we want to provide the information that will allow
23 the Board to comfortably address this issue.
24 The question was the concern seemed to be

1 the speculative nature of the 900 patients and the
2 projections --
3 MS. AVERY: Use the microphone.
4 MR. SILBERMAN: My apologies.
5 The concern seemed to be the speculative
6 nature of the 900 patients that we are serving on
7 an annual basis in St. Louis and the impact that
8 had on the projections.
9 And those 900 patients were based on the
10 testimony presented to you, also relied on by the
11 other Applicant, saying that 893 app- -- you know,
12 people -- are leaving to St. Louis, and those are
13 the patients that we're already serving.
14 And so it just confused us how it was too
15 speculative for our project but sufficient for
16 theirs -- not to challenge that but then so -- we
17 don't know what information to provide to address
18 that issue.
19 And that's our only concern, is we want to
20 make sure that we provide the information to
21 address that for the -- absolutely. We respect
22 the process. We will adhere to the process.
23 But we aren't doing justice to any of you
24 or our clients if we don't bring you the

1 information that will address those concerns.
2 MS. AVERY: Okay. So once we -- thank
3 you, Mr. Silberman.
4 Once we receive the transcripts, go
5 through it -- we'll expedite that portion, those
6 two projects. We'll expedite those. And we'll
7 get them to you and we can have a technical
8 assistance meeting.
9 Okay?
10 MR. SILBERMAN: Thank you very much.
11 MR. MORADO: Thank you.
12 MS. AVERY: Great. We may bill you
13 for it.
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1 CHAIRMAN SEWELL: All right. Moving
2 along, there are no applications subsequent to
3 intent to deny.
4 There's no rules development.
5 There's no unfinished business, but there
6 is other business, 2019 inventory of health care
7 facilities and need determination and then 2020
8 meeting dates.
9 Who's talking?
10 MS. AVERY: Do you all still have the
11 meeting dates?
12 CHAIRMAN SEWELL: Who's talking about the
13 inventory?
14 MS. AVERY: Michael.
15 MR. CONSTANTINO: Yeah. Mr. Sewell, we
16 need to have the Board approve the -- what we call
17 the inventory updates.
18 CHAIRMAN SEWELL: Right.
19 MR. CONSTANTINO: This is a new estimate
20 of need, an excess in the state of Illinois.
21 So if we can have a roll call vote.
22 CHAIRMAN SEWELL: Do we have those?
23 MEMBER MURRAY: They're in the --
24 MR. CONSTANTINO: Yes. They've been

1 submitted to you, yeah. They're on your --
2 MEMBER MURRAY: We have them.
3 CHAIRMAN SEWELL: Okay.
4 MR. CONSTANTINO: You've received them.
5 CHAIRMAN SEWELL: Yeah. They are on the
6 disk.
7 MR. CONSTANTINO: You've received them.
8 If you vote to approve them, they'll be posted on
9 our website tomorrow.
10 CHAIRMAN SEWELL: Is there a motion?
11 MEMBER MURRAY: So moved.
12 CHAIRMAN SEWELL: Is there a second?
13 (No response.)
14 CHAIRMAN SEWELL: Is there a second?
15 MEMBER MARTELL: Second.
16 CHAIRMAN SEWELL: Any discussion on the
17 motion?
18 (No response.)
19 CHAIRMAN SEWELL: This is voice vote,
20 isn't it?
21 MS. AVERY: Yes.
22 CHAIRMAN SEWELL: All right. All in
23 favor, aye.
24 (Ayes heard.)

1 CHAIRMAN SEWELL: Opposed?
2 (No response.)
3 CHAIRMAN SEWELL: Abstentions?
4 (No response.)
5 CHAIRMAN SEWELL: Okay. It is done.
6 Oh, wait a minute.
7 Mr. --
8 MEMBER SLATER: Did you want a roll call?
9 CHAIRMAN SEWELL: No.
10 MS. AVERY: We can do an aye vote.
11 MR. CONSTANTINO: They decided they want a
12 voice vote.
13 CHAIRMAN SEWELL: You told me voice.
14 I asked but she said voice.
15 Okay. Now, 2020 meeting dates.
16 MS. AVERY: Okay. You still have these.
17 And I understand that some people may have a
18 conflict. If you can just email me your
19 conflicts, we'll work those out for 2020. Okay?
20 You need a motion.
21 CHAIRMAN SEWELL: On the meeting dates?
22 We already did those.
23 MS. AVERY: All right. Thank you.
24 CHAIRMAN SEWELL: Okay. Before we

1 adjourn, I just want to make an editorial comment.
2 All of that time we spent on -- I believe
3 it was exemptions -- we wouldn't need to do that
4 here if we had a Chairperson. I am not the
5 Chairperson. I'm just serving in that role on an
6 interim basis.
7 The Governor's office has not picked a
8 Chairperson. I think what happens is that the
9 Board picks a Vice Chair. Is that right?
10 MS. AVERY: Correct.
11 CHAIRMAN SEWELL: And the Governor's
12 office picks a Chairperson.
13 So, you know, if any of y'all have
14 influence with the Governor's office, you're being
15 inconvenienced by them not selecting a Chair
16 because we spent a significant amount of time on
17 exemptions, and we don't do exemptions here.
18 MS. AVERY: Well, let me clarify.
19 CHAIRMAN SEWELL: The Chair does them and
20 then recommends --
21 MS. AVERY: The Chair has the authority.
22 The process that we use is that, when an
23 exemption or permit renewal for the first time
24 comes in, we send those to you via email, and we

1 ask if anyone has any questions about it. If
2 not -- or conditions -- or if they want to refer
3 to it to the full Board, then fine, and we put it
4 on the agenda.
5 If not, the Chair has the authority to
6 sign off on the exemptions and the first permit
7 renewals.
8 And the -- you remember 1739 kind of
9 changed it a little bit. But I think it will
10 still be a little bit of status quo. We'll look
11 into it and give you an update in October.
12 But for first-time permit renewals, yes.
13 But some of those that are after that, they do
14 have to come before the Board -- or unless a
15 member asks to have the entire application
16 presented before the Board. Then we just bring it
17 to the Board.
18 And that's that one item -- agenda item on
19 the -- one item on the agenda that says "Approval
20 by the Chair." We still list them all, and the
21 Chair does not sign off on them until after the
22 Board meeting.
23 CHAIRMAN SEWELL: Okay. Any comments on
24 that or questions?

1 (No response.)
2 CHAIRMAN SEWELL: All right. Is there a
3 motion to adjourn?
4 MEMBER MURRAY: So moved.
5 MEMBER MARTELL: Second.
6 MEMBER DEMUZIO: Motion.
7 CHAIRMAN SEWELL: All in favor, aye.
8 (Ayes heard.)
9 CHAIRMAN SEWELL: Opposed?
10 (No response.)
11 CHAIRMAN SEWELL: Abstentions?
12 (No response.)
13 CHAIRMAN SEWELL: Our next meeting is the
14 22nd of October and it's here.
15 MS. AVERY: Yes, it is.
16 (Off the record at 5:14 p.m.)
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CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CRC, FAPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 16th day of October, 2019.

My commission expires July 3, 2021.

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

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

A

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