

RECEIVED

JUN 01 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

**STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**DaVITA, INC. and TOTAL RENAL CARE, INC.
RED BUD DIALYSIS**

PROJECT NO. 12-034

PUBLIC HEARING

MAY 21, 2012

ORIGINAL

NATIONWIDE SCHEDULING

OFFICES

MISSOURI Springfield Jefferson City Kansas City Columbia Rolla Cape Girardeau
KANSAS Overland Park ILLINOIS Springfield Champaign

HEADQUARTERS: 711 North Eleventh Street, ST. Louis, Missouri 63101

800.280.3376

www.midwestlitigation.com

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
515 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761
(217)782-3516

DaVITA, INC., and TOTAL RENAL CARE, INC.

RED BUD DIALYSIS

Project No. 12-034

PUBLIC HEARING

MAY 21, 2012

RED BUD CITY HALL
200 EAST MARKET STREET
RED BUD, ILLINOIS

1 PRESENT
2
3 On behalf of Health Facilities and
4 Services Review Board:
5 Ms. Courtney R. Avery
6 Administrator
7
8 Mr. Ron Eaker
9 Board member
10
11 Mr. George Roate
12 Reviewer, Program Review Section
13 Division of Health Systems Development
14
15 Reported by:
16 Ms. Sheryl A. Pautler, CCR, CSR
17 Midwest Litigation Services
18 711 North 11th Street
19 St. Louis, Missouri 63101
20 (314) 644-2191
21
22
23
24
25

1 (At which point, the hearing began at 11:04
2 a.m.)

3 MR. ROATE: Good morning. My name is George
4 Roate. I'm with the Illinois Department of Public Health.
5 I'm here to conduct a public hearing on the proposed
6 project known as Project 12-034, Red Bud Dialysis, Red Bud.
7 With me today is Mr. Ron Eaker, board member for the
8 Illinois Health Facilities and Services Review Board, and
9 Courtney Avery, Administrator for the Illinois Health
10 Services Review Board. As per the rules of the Illinois
11 Health Facilities and Services Review Board, I would like
12 to read the legal notice into the record.

13 In accordance with the requirements of the
14 Illinois Health Facilities and Services Review -- Illinois
15 Health Facilities Planning Act, notice is given of receipt
16 to establish an End Stage Renal Dialysis facility, Project
17 12-034, Red Bud Dialysis, Red Bud. The applicants, DaVita,
18 Incorporated and Total Renal Care, Incorporated. The
19 applicants propose to establish an eight-station End Stage
20 Renal Dialysis facility in 6,000 gross square feet of
21 leased space located in Lot No. 4 in the City of Red Bud,
22 East Industrial Park. Project cost \$2,367,073.

23 A public hearing will take place pursuant to
24 Part 1130.910. The hearing is scheduled for 11:00 a.m. on
25 Monday, May 21, 2012 at the Red Bud City Council Chambers,

1 200 East Market Street, Red Bud, Illinois, 62278. The
2 public hearing is to be held by the Illinois Department of
3 Public Health pursuant to the Illinois Health Facilities
4 Planning Act. The hearing is open to the public and will
5 afford an opportunity for parties with interest to provide
6 written and/or verbal comment relevant to the project. All
7 allegations or assertions should be relevant to the need
8 for the proposed project and be supported with two copies
9 of documentation or materials that are printed or typed on
10 paper size 8 1/2 by 11 inches. Consideration by the State
11 Board has been tentatively scheduled for the July 24, 2012
12 State Board Meeting.

13 If you have not done so, please sign in using
14 the appropriate registration forms. One form is for
15 individuals who want to provide testimony in favor of the
16 project. Another form is for people -- for people to
17 provide testimony who oppose the project. The last form is
18 for individuals to register their attendance who do not
19 wish to testify.

20 To ensure that the Illinois Health Facilities
21 and Services Review Board's public hearings protect the
22 privacy and maintain the confidentiality of individual's
23 health information, covered entities as defined by the
24 Health Insurance Portability Act of 1996, such as
25 facilities, hospital providers, health plans, and health

1 care clearinghouses submitting oral or written testimony
2 that discloses protected health information of individuals
3 shall have a valid written authorization from that
4 individual. The authorization shall allow the covered
5 entity to share the individual's protected health
6 information at this hearing.

7 Those of you who came with prepared text for
8 your presentation may choose to submit that text without
9 giving testimony. However, if you are giving oral
10 testimony, please keep it concise and in regard to the
11 project. As per the legal notice, I would appreciate two
12 copies of your testimony. When you make your presentation,
13 please give the court reporter the spelling of your
14 complete name. If there's a chief spokesperson for the
15 applicant, we would like that individual to make the first
16 presentation. The remaining testimony will be taken in the
17 order of the names on the registers. Please hold your
18 questions until all testimony is presented. Is there
19 someone from the applicant who wishes to make the first
20 presentation?

21 MS. EMLEY: That would be me. Good morning.
22 My name is Cindy Emley and I'm the regional operations
23 director for the Southern Illinois region for DaVita. I
24 would like to thank everyone who has come to support this
25 project, particularly Mayor Tim Lowry. I would also like

1 to thank the Illinois Health Facilities and Services Review
2 Board for the opportunity to provide additional information
3 on the proposed Red Bud Dialysis facility.

4 The purpose of this project is to provide
5 access to life sustaining dialysis to the residents of
6 Southwestern Illinois. We selected Red Bud because it is a
7 predominantly rural area with no dialysis facilities within
8 30 minutes and where many of the patients of Dr. Dalal and
9 Dr. Mallick will have good access to the planned location.
10 We considered locating the facility in Waterloo; however,
11 given its proximity to facilities in the Metro East area,
12 we felt this area was well served. Further, the Red Bud
13 location is centrally located to patients who reside in Red
14 Bud and Sparta, as well as Waterloo.

15 The proposed Red Bud facility will be located
16 in Health Service Area 5. This planning area encompasses
17 most of Southern Illinois which is predominantly rural.
18 Health care facilities in rural areas generally have lower
19 utilization rates than facilities in urban areas. This is
20 due in part to their lower population densities. Although
21 they serve a larger geographic area, rural facilities have
22 a smaller population base to draw from. As a result,
23 utilization is generally lower than urban facilities.

24 Increasing access to dialysis by approving a
25 facility in Red Bud will not increase utilization.

1 Importantly, only those patients who are in kidney failure
2 and require dialysis are referred to dialysis. Moreover,
3 patients do not receive more than the standard number of
4 treatments, which is three days -- three treatments per
5 week. Increasing utilization is not indicative of a
6 referral problem, but rather the increasing incidence and
7 prevalence of end-stage renal disease, which is due in
8 significant part to the increasing rates of diabetes and
9 hypertension in the general population, as well as the
10 decreasing attrition rates due to earlier intervention and
11 improved treatment.

12 Further, approval of the proposed Red Bud
13 facility will not result in increased cost to the
14 government or other payors. On January 1, 2011, DaVita
15 implemented Medicare's new bundled payment system. Under
16 this new reimbursement system, DaVita is paid a fixed
17 payment rate to cover all goods and services provided
18 during dialysis treatment, including pharmaceuticals and
19 laboratory costs that historically were reimbursed
20 separately. As a result of this fixed payment system, as
21 well as based on the nature of dialysis, there is no
22 incentive for a dialysis provider to provide unnecessary
23 treatment.

24 Thank you for your time and attention. I
25 respectfully request the Health Facilities and Services

1 Review Board approve the proposed Red Bud Dialysis
2 facility.

3 MR. ROATE: Next the Board -- I'm sorry.
4 Next, the Board would like to call Mr. Tim Lowry.

5 MAYOR LOWRY: Thank you very much. Again, my
6 name is Tim Lowry. I'm the mayor of Red Bud. And I'm just
7 here to confirm the city of Red Bud's support for the
8 application from DaVita and Total Renal Care to develop an
9 end-stage renal dialysis facility in Red Bud. Our local
10 assessment of this proposal has ensured our city
11 representatives that, one, the organizations have a
12 positive track record of developing successful dialysis
13 facilities in rural areas.

14 Two, the proposed facility does not duplicate
15 or compete with existing services or planned future
16 services at Red Bud Regional Hospital. And in fact
17 complements the existing outpatient care.

18 Third, the planned market outreach area
19 mirrors most of the geographic footprint successfully
20 served by the former St. Clement Hospital, now known as Red
21 Bud Regional Hospital.

22 Fourth, the market outreach area also
23 addresses service to communities to the east and to the
24 south of Red Bud acknowledging similar retail customer
25 transportation patterns.

1 Fifth, local physicians recognize and support
2 the proposed facility as a very valuable asset for their
3 patients for regional communities and for other area
4 medical providers in Southwest Illinois.

5 Sixth, a local dialysis facility addresses the
6 problem of transportation for rural residents with the site
7 location allowing area residents to use Monroe/Randolph
8 Transit District services to travel to and from a facility
9 located in Red Bud.

10 The City of Red Bud is pleased to be
11 identified as a location for the DaVita and Total Renal
12 Care Dialysis facility. Moreover, we are excited at the
13 prospect of hosting a health care facility which will
14 improve the lives of hundreds of our fellow citizens. We
15 want to offer our full support for approval and development
16 of the facility. Thank you.

17 MR. ROATE: Next I'd like to call Mr. Meher
18 Mallick, M.D.

19 DR. MALLICK: Good morning. Thank you. My
20 name is Meher Mallick. I've been serving the Red Bud area
21 as a physician for the last several years, almost ten,
22 eleven years. And I will be the medical director of the
23 proposed Red Bud Dialysis facility. I would like to thank
24 the Illinois Health Facilities and Services Review Board
25 for the opportunity to explain why a dialysis facility is

1 needed in Red Bud.

2 Let me give you some facts about the kidney
3 disease and why it happens. Our country is facing an
4 epidemic of obesity. According to data from Center for
5 Disease Control and Prevention, more than 35.7 percent of
6 adults in the U.S. are obese. And this number is expected
7 to grow to 42 percent by the year 2030. One of the results
8 of higher obesity rate is the rise in the prevalence and
9 incidence of diabetes and high blood pressure. I'd like to
10 share this fact that 25.8 million, that's 8.3 percent of
11 the total U.S. population, have diabetes and an additional
12 79 million are pre-diabetic. If you combine them together,
13 it comes out to be more than 100 million. That's almost
14 more than one-third of the entire population of the United
15 States. In 2008, diabetes was accounted for 44 percent of
16 all new cases of kidney failure and more than 200,000
17 people with end-stage renal disease due to diabetes were
18 living on chronic dialysis or with a kidney transplant.

19 Similarly, approximately one-third of the U.S.
20 adults, approximately 68 million have high blood pressure.
21 And 30 percent of Americans have pre-high blood pressure.
22 So if you combine them together, that comes out to more
23 than 100 million, which is more than one-third of the
24 entire population. Importantly, about one in five of U.S.
25 adults are unaware that they have high blood pressure.

1 Uncontrolled blood pressure can cause damage to the blood
2 vessels and filters in the kidney, making removal of waste
3 from the body more difficult. In fact, high blood pressure
4 causes more than 25,000 new cases of kidney failure
5 annually in the United States.

6 As the number of individuals with diabetes and
7 high blood pressure continue to rise, the incidence and
8 prevalence of kidney failure will increase for the
9 foreseeable future. New dialysis facilities are needed to
10 accommodate the projected growth in the number of patients
11 with kidney failure. I have a large number of population
12 with kidney disease. And some of my patients who actually
13 are here as well, some of them are on dialysis. Some are
14 going to be on dialysis, and dialysis, I just want to let
15 you know, is not a pleasurable experience for the patient
16 or his or her family. Dialysis is difficult on a patient's
17 system and often leaves them exhausted and very tired.
18 Traveling to dialysis three times a week, particularly when
19 the facility is located more than 30 minutes away is
20 arduous and stressful for patients and their families. The
21 facility in Red Bud will decrease this burden and the
22 patients -- and decrease the burden on the patients. And
23 instead of spending considerable time at spending time at
24 the dialysis unit, they will be able to spend quality time
25 with their families and do some of their personal things.

1 I have referred to DaVita facilities. I know
2 DaVita for the last 11 years. I worked with them. In that
3 time, I've seen much improvement in the quality of the care
4 provided to my patients due to implementation of DaVita's
5 processes and quality initiatives. DaVita is a leading
6 provider of dialysis service in the United States. It has
7 taken many initiatives to improve the lives of patients
8 suffering from chronic kidney disease also known as CKD and
9 end-stage kidney disease. There are several programs. I
10 would like to discuss three programs.

11 One example is IMPACT program. I-M-P-A-C-T.
12 IMPACT program seeks to reduce patient mortality rate
13 during the first 90 days of the dialysis through education,
14 management, and reporting. In fact, since piloting in
15 October 2007, the program has not only shown to reduce the
16 mortality rate by 8 percent, but also has resulted in
17 improved patient outcome.

18 DaVita is also involved in the community
19 education. And one of the programs they offer is EMPOWER
20 program. DaVita launched the EMPOWER program workshop in
21 year 2008. The workshops are free community-based
22 education seminars that encourages CKD patients to take
23 control of their health and make informed decisions about
24 their dialysis care. Led by this -- this is led by a team
25 of DaVita nurses, renal dietitians, and social workers.

1 EMPOWER uses a multiple-disciplinary approach to educate
2 patients with chronic kidney disease about their disease,
3 ways to delay progression of the kidney disease and offer
4 different treatment options. Workshops also focus on
5 preparing patients for life on dialysis or with a kidney
6 transplant.

7 And recently, DaVita launched a program called
8 Kidney Smart Website which provides educational information
9 for individuals affected by CKD at no cost and recommended
10 for potential patients, caregivers, and anyone looking to
11 learn more about the disease and its risk factors.

12 Again, I thank you for your time and
13 attention. I respectfully request the Health Facilities
14 and Services Review Board to approve the establishment of
15 Red Bud Dialysis. Thank you.

16 MR. ROATE: Next I'd like to call Sarah
17 Badahman.

18 MS. BADAHMAN: Good morning. My name is Sarah
19 Badahman and I am the practice manager for Midwest
20 Nephrology and Hypertensive Associates, one of the
21 referring nephrology practices for the proposed Red Bud
22 Dialysis Center. I would like to thank the Health
23 Facilities and Services Review Board for this opportunity
24 to describe our practice. And Midwest Nephrology and
25 Hypertensive Associates supports the establishment of the

1 dialysis facility in Red Bud.

2 Midwest NHA is a nephrology practice based in
3 Belleville, Illinois. We currently have three nephrologists
4 serving 3,000 CKD patients throughout the Metro East area.
5 Our practice has seen tremendous growth over the past
6 several years. In fact, annual growth has averaged around
7 23 percent over the past several years. Given this growth,
8 we are considering recruiting a fourth nephrologist and
9 possibly a mid-level practitioner.

10 Our practice is currently treating 110
11 pre-ESRD patients that reside in and around the Red Bud
12 area. Assuming attrition due to patient death, transplant,
13 relocation, and return of kidney function, we estimate
14 approximately 39 of these patients will be referred for
15 in-center hemodialysis within the next 12 to 18 months.

16 We attribute this growth in kidney failure to
17 several factors -- the aging population, poor nutrition and
18 the high obesity rates. A result of the growing obesity
19 epidemic is higher incidence and prevalence of diabetes and
20 hypertension, two of the leading causes of chronic kidney
21 disease and end-stage renal disease among younger age
22 groups. ESRD patient demographics seem to vary from one
23 area to the other in different parts of the country, and
24 here we are seeing an increase in number of young people,
25 those below the age of 40, initiating dialysis. In fact,

1 over half of our ESRD patients are below the age of 60, and
2 nearly 10 percent are below the age of 40. Unfortunately,
3 without effective public health wellness initiatives to
4 combat the major nutritional problems most people now face,
5 we anticipate this trend will continue for the foreseeable
6 future.

7 When patients reach late Stage 4 CKD and
8 dialysis is imminent, we discuss all treatment options
9 available, including transplants and develop a care plan
10 which usually involves some dialysis modality while the
11 patient is simultaneously enrolled on the transplant wait
12 list. For patients who have not received a transplant
13 either because they are ineligible or because they are
14 wait-listed, most of our patients elect in-center
15 hemodialysis due to a variety of reasons, including lack of
16 support at home, fear of needles or self-cannulation, and
17 the belief that they will receive better care and have
18 better outcomes at the dialysis facility. Our goal is to
19 get patients onto the transplant waiting list as early as
20 possible because the average wait time for a kidney is four
21 years. Unfortunately, many of our patients drop off the
22 waiting list after several months. The waiting time is
23 extremely long and patients have to have cytotoxic antibody
24 screening every month while on the transplant list.

25 Finally, I would like to provide a little

1 information on Red Bud for the members of the Health
2 Facilities Review Board who are present today. Red Bud is
3 a predominantly rural area with limited access to public
4 transportation. Currently there is no dialysis facility
5 within 30 minutes of Red Bud, and patients must travel
6 approximately 30 minutes to the nearest dialysis facility
7 which are located in St. Clair County.

8 A new facility in Red Bud will not increase
9 utilization, rather it will make it more accessible to
10 vulnerable populations. Access issues are particularly
11 acute for the elderly who are more often affected by kidney
12 disease. Elderly patients are often more reliant on family
13 or public and private transportation providers for
14 transportation to and from their dialysis. Patients who
15 have problems getting their dialysis because of
16 transportation miss dialysis treatments which result in
17 involuntary non-compliance. Skipping one or more dialysis
18 sessions in a month has been associated with a 16 percent
19 higher risk of hospitalization and a 30 percent increase
20 mortality risk compared to those who did not miss a
21 dialysis session. Excuse me. A facility in Red Bud will
22 improve access to dialysis and reduce involuntary
23 non-compliance, which in turn will lower hospitalization
24 rates and cost to the health care system.

25 Thank you again for your time and

1 appreciation -- and attention. I respectfully request
2 the -- sorry -- Health Facilities and Services Review Board
3 to approve the proposed facility here in Red Bud. Thank
4 you.

5 MR. ROATE: Next I'd like to call Delbert
6 Wittenauer.

7 MR. WITTENAUER: I'm Delbert Wittenauer,
8 Monroe County Board Chairman. I'm here on behalf of myself
9 and also of Monroe County. And I'm going to thank you for
10 having us here. I really appreciate the opportunity to
11 speak to you.

12 I do support Red Bud in their quest for a
13 dialysis center because I myself do have a mother-in-law
14 who is on dialysis. She lives in Waterloo. And the thing
15 of it is, the question I have is the demographics of the
16 area kind of demand that we do need one also in Monroe
17 County. I'll go into detail when I talk about Monroe
18 County.

19 But my mother-in-law is on hemodialysis three
20 days a week. And my wife actually takes care of her
21 somewhat. She leaves at 6:30 in the morning and gets back
22 about 11:30. And that is the demand on time. And like was
23 testified before, when my mother-in-law comes out of
24 dialysis, she's weak and she needs more care. So when they
25 come home, there's some more time spent to help her in the

1 situation. That takes 15 hours a week or 780 hours a year.

2 So it really takes away convenience.

3 Then the important part of it is, it is in
4 Missouri. It's in South County, Missouri. Red Bud for us
5 is actually only two minutes closer. So Red Bud really
6 doesn't help us, but I can certainly understand how it
7 helps the citizens of Randolph County and Red Bud and maybe
8 someone on the southern edge of Monroe Country. There's
9 many more residents that do the same thing. I know of a
10 lot of people who are going to South County and have the
11 same circumstances that we have.

12 One of the problems is when someone takes
13 someone to dialysis, they have four hours in which they
14 really don't have much to do. So here's what happens.
15 What they do is they go shopping, they buy supplies,
16 groceries, gasoline and all those things and actually harm
17 our economic development in Illinois also. If it were --
18 if it were here, they could actually leave the patient
19 there, return home, do things, or the patient could
20 actually maybe even drive themselves, take some time to
21 recover. If the distance is close, they could drive
22 themselves home possibly. When you get too far away, that
23 isn't a reality.

24 They probably would have to have someone to
25 contact if they couldn't make it home. But it's also

1 possible that our Randolph/Monroe Transit District could
2 actually transport some of those patients home too.
3 Because they're in the area and they're closer. That could
4 maybe be done, could be worked out if it were closer.

5 As far as Monroe County is concerned, we have
6 a very aging population. Our population age is going up
7 every day. As a matter of fact, we have three brand new
8 assisted livings coming in this year. Two of them have
9 broken ground and the other will break ground before the
10 end of the year. There will be 410 seniors living in these
11 facilities. Now, as testified before, it's not only
12 seniors that need these facilities, it's also people 40
13 years, 50, 60 years old that also need those. So the
14 demand is going to increase tremendously in Monroe County.
15 There's no doubt about it.

16 There are 25,000 people within ten miles of
17 Monroe County. So that kind of says that we -- you know,
18 if you take the hours that I was talking about previously
19 and you multiply that times a thousand, it's a pretty big
20 deal. And patients mostly go to South County, as was also
21 stated before. Most of them go to South County. Actually,
22 most of our patients who live in Monroe County will not go
23 to Red Bud. They will continue going to South County. The
24 reason being, most of the doctors -- or most of the
25 residents of Monroe County go to the hospitals in

1 St. Louis. And most of the doctors from St. Louis use
2 dialysis labs in Missouri. If we had one in Monroe County,
3 those same doctors do work with patients in the local area
4 and they will allow them to go to dialysis in Monroe
5 County.

6 Like I said before, it really only saves two
7 minutes going from -- I'm talking from Waterloo to Red Bud
8 and Waterloo to South County. If you go to Columbia, it's
9 further. And if you're going out in the county towards the
10 south end, it's not as much. But I was talking average
11 time difference between Red Bud and South County to Monroe
12 County residents.

13 The lab actually would be in the Monroe
14 Medical Center. Here's something that -- I don't
15 understand exactly how this happened exactly. But I've
16 been working on this project for three years. And I was
17 under the assumption we would be laying brick this
18 December, to be honest with you. And I know that the
19 corporation that was going to do it had changed hands and
20 the ball got dropped. And that's why we don't have plans
21 today of one coming to Monroe County, but we're certainly
22 pursuing it. You know, it's being pursued, but we don't
23 have all the authorizations and all those things.

24 Here's the thing, if Monroe County does not
25 build -- I want to go back to one other thing. You know,

1 there's a lot of patients in Monroe County that are on
2 peritoneal dialysis. When my mother-in-law was actually
3 going on that, I got countless calls saying that is not the
4 way to go. And the reason they do that is for convenience
5 because they can stay home and they can function better
6 during the day and all those things. So there are
7 advantages.

8 But my understanding, and I'm not a doctor,
9 but my understanding is from the phone calls I got from
10 people who actually, you know, had the situation, they told
11 me never ever let someone go on peritoneal because
12 they're -- the infection is a lot more high risk and their
13 health is in a lot more high risk and a lot of them end up
14 on hemodialysis anyway. So I think hemo is probably the
15 preferred methodology according to a lot of people that I
16 talked to.

17 The thing of it is, if Monroe County does not
18 build a dialysis center, I fail my family and I fail my
19 friends and I fail my county. But you and I have actually
20 failed our county and our state because here's another
21 business that we have just driven out and economic
22 development if we don't get one in Monroe County. Again, I
23 want to restate that I certainly do not -- I don't want you
24 to not approve a site in Randolph County. I'm just asking
25 for another site, that you take that into consideration.

1 Thank you very much.

2 MR. ROATE: Do we have a copy of your written
3 testimony?

4 MR. WITTENAUER: You do not. I can have it
5 typed out and sent to you. I can do that if you wish.

6 MR. ROATE: Thank you. All right.

7 Next I'd like to call Yvonne Gail Harms.

8 MS. HARMS: Good morning. My name is Gail
9 Harms. My husband is a peritoneal dialysis patient. We've
10 traveled an hour and ten minutes one way twice a month to
11 go to St. Louis. It is required that we go to this
12 facility for blood work and patient care, to visit with our
13 doctor and make sure that everything is going well. I am
14 Gary's caregiver at home. I do perform the dialysis at
15 home. It is a very sanitary place. We have had one
16 episode just recently with an infection and we have that
17 cleared up.

18 If I had to take him to St. Louis constantly,
19 I would lose my job. I do have to leave work, get
20 permission to leave work to take him, and I return to work
21 as soon as I get him home. I must return to work. I do
22 not get the entire day off. If it's here in Red Bud, I
23 have family that might be able to bring him over here. We
24 live in Folker (phonetic), Illinois which is just east of
25 here. We have been with Dr. Mallick for seven years.

1 Gary, at some point, will probably have to do hemodialysis
2 if for some reason the peritoneal lapses. And then we
3 would have to travel further on a longer excursion and rely
4 on family to get us in and out of these facilities.

5 If it was here in Red Bud, it would be
6 extremely easier on myself, but I'm not worried about
7 myself. I'm worried about my husband's health and care.
8 And if the facility was here in Red Bud, that would be an
9 outstanding facility for us to attempt. We hope this
10 facility does come about and that more patients from the
11 region would be able to use this. As numbers are going to
12 be going up, the demand is going to become greater. And
13 without the caregivers to take care of these patients, the
14 mortality is going to be even higher. I thank you for your
15 time. I appreciate it.

16 MR. ROATE: Ms. Harms, do we have a written
17 copy of your testimony?

18 MS. HARMS: No. But I can get it for you.

19 MR. ROATE: Next I'd like to call Debra Wolf.

20 MS. WOLF: Hi, I'm Debra Wolf. I am group
21 administrator with Southern Illinois. I am in charge of
22 the home dialysis programs. First of all, thank you for
23 letting me speak today. I want to give you a little bit of
24 background about myself. I've actually been in dialysis
25 for 23 years and have seen our population certainly expand.

1 I have patients currently who travel from the
2 Red Bud area who come 30 minutes for their dialysis. And
3 home modalities, we actually have patients that choose that
4 because they do not want to travel 30 minutes or longer for
5 an in-center treatment three times a week. So our patients
6 actually choose home modalities so they only have to come
7 for training; and after that, come twice a month. So it
8 really reduces their transportation need.

9 DaVita has a home first vision. And what that
10 means is we really believe that our community needs the
11 education to make the right decision for modality.

12 Dr. Mallick spoke earlier about our EMPOWER which we offer
13 at no charge to our patients which is for Stage 3, 4 and 5
14 CKD. Right now we're doing an update, and it's called
15 Kidney Smart. Kidney Smart has been a new Website
16 developed to offer CKD education for the best modality for
17 all our patients.

18 I would like to tell you that right now we are
19 the leader in home dialysis. We have over 10,800
20 peritoneal dialysis patients and over 3,000 patients on
21 home hemodialysis. Being able to offer the home dialysis
22 for our patients is key. But as you've heard, there are
23 complications occasionally where the patient needs backup
24 hemodialysis. So if one of our patients has to go on
25 backup hemodialysis, that means they'll have to travel more

1 than a half an hour to receive their treatments. So I
2 would like to encourage you to propose and approve the Red
3 Bud facility. Thank you.

4 MR. ROATE: Mr. Wittenauer and Ms. Harms, we
5 don't -- no need to send in your testimony. We can extract
6 it from the court reporter.

7 Next I'd like to call Michele Gay.

8 MS. GAY: Good morning. I'm a social worker
9 with DaVita Metro East in Belleville. And I was just going
10 to speak a little bit about some of the difficulties our
11 patients face with transportation to dialysis. It is one
12 of the biggest problems they face. It doesn't sound like
13 much to us. We can jump in the car and get wherever we
14 need to go, but for them it is a problem. A lot of our
15 patients depend on non-emergency transportation providers
16 to bring them to treatment. And I found a lot of
17 reluctance to come into Monroe County because it's such a
18 long distance for them, the gasoline is expensive, it ties
19 up a driver for a long period of time. So that's not
20 really a good avenue for me to get the patients to their
21 treatments.

22 So they must depend on their families usually,
23 which again means that the family member has to stay at the
24 clinic for up to four, four and a half hours at a time. It
25 ties up their day. They have to spend all of that money on

1 gasoline. And I feel badly for them for that because that
2 is such a great expense for them.

3 Those patients who are well enough to drive
4 themselves to treatment, again, it's a long drive, they're
5 so tired, fatigued when their treatment is finished and
6 then they have that long drive home. So that's a hardship
7 for them as well. The existing facilities in our area are
8 very heavily utilized. So we're not able to offer them an
9 ideal treatment time usually. They usually have to come
10 toward evening, which means they're driving one way or the
11 other in the dark, which is dangerous for the elderly
12 patients who use walkers or in wheelchairs too. So that's
13 a problem. And they all worry so much about the winter
14 weather.

15 When they first start their treatments with
16 us, that's one of the first things they say, what happens
17 when the weather is really bad and I can't get to
18 treatment. So that's a huge concern for them as well. So
19 just speaking for the patients, I'd like to say how very
20 helpful it would be for them to have a treatment closer to
21 home to get to so that they didn't have that huge
22 inconvenience to get to that life saving treatment. Thank
23 you.

24 MR. ROATE: Next I'd like to call Ms. Susan
25 Brooks.

1 MS. BROOKS: Good morning. My name is Susan
2 Brooks and I'm the facility administrator at the DaVita
3 Metro East in Belleville, Illinois. Along with Debbie
4 Wolf, we both have been in dialysis many years. I've been
5 there 27. So I have seen so many improvements. And now
6 that we have become DaVita, I feel that with DaVita's core
7 values, we offer ever better services to our people.

8 This area is farther away from Belleville and
9 we do have a number of patients who drive up there for
10 their treatments three times a week. And I think as
11 everybody has mentioned, that's -- it's really hard for
12 them to do that. Not just for them, but for their
13 families. Because that's usually where the burden falls.
14 And sometimes when we cross county lines, public
15 transportation is not available. So there are real
16 transportation issues, along with the need for the time to
17 be away from your family and home to receive these
18 treatments which are absolutely necessary for them to live.

19 I would like for you to consider DaVita to
20 come here, as we have a program of just service excellence,
21 continued improvement. We would like to offer the best we
22 can to the dialysis population. Thank you.

23 MR. ROATE: Next I'd like to call Andrea Rule.

24 MS. GAY: I'm going to speak briefly for
25 Andrea. She's not feeling well. Andrea was just going to

1 address I think that maybe what some people are thinking is
2 that -- Michele Gay. I'm sorry -- that patients have easy
3 access to being transplanted, to getting a kidney and that
4 dialysis is just a real short-term solution until they can
5 get their transplant. But that's not necessarily true.

6 Many of our patients are not qualified to receive a
7 transplant due to their age or health conditions. So
8 they're kind of dependent on dialysis for their lifetime.

9 So just to let you know that many patients on
10 dialysis, that does end up being a life-time treatment for
11 them, rather than transplant. We just wanted that to be
12 understood as well. Thank you.

13 MR. ROATE: Mr. Daniel Hayes.

14 MR. HAYES: My name is Dan Hayes, H-A-Y-E-S.
15 I'm the city attorney for Waterloo, Illinois. My remarks
16 today will be brief. I'm accompanied today by the mayor of
17 Waterloo, Tom Smith, and the chief financial officer Shaun
18 Kennedy. We are not here to question the application of a
19 dialysis center in Red Bud. We are not here in opposition
20 to a dialysis center in Red Bud. But since the application
21 of Red Bud does include within its service area the City of
22 Waterloo and goes as far north at Millstadt and even up
23 close to Belleville, we wanted to come and say that we hope
24 if you do grant an application in Red Bud, it does not
25 adversely affect the possibility of us getting a dialysis

1 center in Waterloo.

2 I know we're in a different health service
3 area, but we do have that concern. Waterloo does have
4 dialysis providers interested in coming there. Obviously
5 Red Bud beat us to the punch, but they do have providers
6 willing to come sometime in the future and we are actively
7 pursuing that. Waterloo patients -- and Mr. Wittenauer
8 already talked about this -- at the current time needing
9 dialysis are going to St. Louis or St. Louis County
10 crossing the river and leaving the state of Illinois.

11 And also as Mr. Wittenauer said, they're equal
12 distance. Leaving the state and going over to Missouri
13 from Waterloo, Illinois is the same as coming to Red Bud.
14 Now, does that mean no Waterloo resident would come to a
15 Red Bud center. We can't say that. But we do know there
16 would be significant leakage, if I can use that term, of
17 patients from Waterloo even if a Red Bud center is here,
18 they would still be going to South County in Missouri.

19 The population of Waterloo is 10,000 or
20 approximately 10,000. Here in Red Bud, it's about 3,600
21 and 3,700 -- 3,600 to 3,700. I'm just about wrapping it
22 up. Mr. Wittenauer also mentioned or Chairman Wittenauer
23 that a trip to the dialysis center is like a half-day
24 process. With all due respect to Red Bud which is a
25 charming, wonderful community, we think it's likely that

1 Waterloo residents and people up north would be more likely
2 to continue to go to more populated areas where they're
3 going now for entertainment and the like.

4 So we have no objection to a Red Bud center,
5 but we felt we needed to make our case that if you grant
6 that, that it doesn't affect the possibility of us in
7 Waterloo obtaining a dialysis center. Waterloo has 204
8 skilled nursing care beds and it's building three new
9 assisted living centers with 256 assisted living beds. We
10 feel that indicates some potential for dialysis patients in
11 Waterloo.

12 So basically we're here to say we respectfully
13 ask you that if you do, if the Board does grant the
14 application of Red Bud, that it not be prejudicial or
15 adversely affect an application from the City of Waterloo.
16 Thank you.

17 MR. ROATE: Next I call Gregory L. Keil.

18 MR. KEIL: My name is Greg Keil, K-E-I-L. And
19 I just want to thank you for listening to me for just a few
20 seconds. I represent Keil Pharmacy here in Red Bud. I for
21 one get to see these people come home with medicines and
22 when they've been on their long trips. And like one lady
23 said, sometimes it's later in the evening and they have a
24 very hard time getting here. We don't close until 6:30 in
25 the evening. So I mean -- and my competitor that's in

1 town, he doesn't close until 7:00. And they still have a
2 very hard time getting here to get their medications. Now,
3 they can stop on the way at the Wal-Marts and the Walgreens
4 that stay open, but then when they need their refills.

5 And fortunately I'm one of the people in town,
6 I have my people that like to come to me and I service them
7 the best I can and I see the hardship that it does cause on
8 them by driving very far and the time that they spend and
9 the hardship it is on the patients themselves. And not --
10 it's not just the patients. It's also the family. That's
11 basically I just wanted to tell you that I think it would
12 be a very great asset to Red Bud, not only Red Bud, but I
13 think farther south when you talk about Rocher and all the
14 way even probably to Chester. I know they have to go into
15 Carbondale. We're not just talking Red Bud or Monroe
16 County. We're talking about going farther south into all
17 of our county.

18 So I'm thinking that that's, you know. I'm
19 sorry for Waterloo. I think if their people would
20 understand to come here, then -- and it's only two minutes,
21 I think it would be a much easier drive for them to come
22 here, than it would be to go to South County. Thank you.

23 MR. ROATE: Lastly I'd like to call Arnold
24 Prigge.

25 MR. PRIGGE: My name is Arnold Prigge. That's

1 P-R-I-G-G-E. And I work at the hospital in Red Bud. I've
2 been there for 40 years. And apparently now is my time to
3 put my two cents in for building a facility here in Red Bud
4 because I am personally affected myself. I am a patient of
5 Dr. Mallick. I've seen him for probably five to six years.
6 And in the future, I am looking probably to have some work
7 done. And I need to listen to all these people here today
8 to see where I'm going to have to go. So I'm looking
9 ahead. So it's probably going to happen to me in time.

10 I think when I hear from Dr. Mallick, you have
11 2 to 3 percent loss in function for renales or kidney, and
12 when you add that up as years go by, it comes at a great
13 time for me right here. Because I know the time it takes
14 to go to the city and all what will be entailed. So I'm
15 already looking ahead for that.

16 So to be brief, I'm just basically telling you
17 that I am for a facility here in Red Bud and I respectfully
18 submit that comment. Thank you very much for hearing my
19 comments. Thank you.

20 MR. ROATE: Before I begin -- or before I
21 proceed, I'd just like to apologize for the
22 mispronunciation of names.

23 Is there anyone who wishes to testify who has
24 not had an opportunity?

25 (No response.)

1 MR. ROATE: Seeing none, is there anyone who
2 has testified who wishes to provide additional testimony?

3 (No response.)

4 MR. ROATE: I would remind everyone to submit
5 your written comments to us so we have this information for
6 the record. Also, this project is scheduled for
7 consideration by the Illinois Health Facilities and
8 Services Review Board at its July 24, 2012 meeting. This
9 will be held in Bolingbrook, at the Bolingbrook Golf Club,
10 2001 Rodeo Drive, Bolingbrook, Illinois. The public has
11 until July 5, 2012 to submit written comments. These
12 comments can be sent to my attention at the Illinois
13 Department of Public Health, 525 West Jefferson Street,
14 Second Floor, Springfield, Illinois, 62761-0001. If you
15 prefer, you may fax your comments. Our fax number is
16 (217)785-4111.

17 Are there any questions? Seeing that there
18 are no additional questions or comments, I deem this public
19 hearing adjourned. Thank you.

20 (At which point, the hearing was adjourned at
21 11:54 a.m.)

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CERTIFICATE OF REPORTER

I, Sheryl A. Pautler, Certified Shorthand Reporter, Notary Public within and for the State of Illinois, do hereby certify that the witnesses whose testimony appears in the foregoing hearing was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this hearing was held, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

Sheryl A. Pautler

Notary Public within and for
the State of Illinois

A	2:6 3:9 23:21 27:2	appears 34:6	Assuming 14:12	before 17:23 19:9,11,21 20:6 32:20,20
ability 34:7	adults 10:6,20 10:25	applicant 5:15 5:19	assumption 20:17	began 3:1
able 11:24 22:23 23:11 24:21 26:8	advantages 21:7	applicants 3:17 3:19	attempt 23:9	begin 32:20
about 10:2,24 12:23 13:2,11 17:17,22 19:15 19:18 23:6,7 23:10,24 24:12 25:10 26:13 29:8,20,21 31:13,16	adversely 28:25 30:15	application 8:8 28:18,20,24 30:14,15	attendance 4:18	behalf 2:3 17:8
absolutely 27:18	affect 28:25 30:6 30:15	appreciate 5:11 17:10 23:15	attention 7:24 13:13 17:1 33:12	being 19:24 20:22 24:21 28:3,10
access 6:5,9,24 16:3,10,22 28:3	affected 13:9 16:11 32:4	appreciation 17:1	attorney 28:15 34:11	belief 15:17
accessible 16:9	afford 4:5	approach 13:1	attribute 14:16	believe 24:10
accommodate 11:10	after 15:22 24:7	appropriate 4:14	attrition 7:10 14:12	Belleville 14:3 25:9 27:3,8 28:23
accompanied 28:16	again 8:5 13:12 16:25 21:22 25:23 26:4	approval 7:12 9:15	authorization 5:3,4	below 14:25 15:1,2
accordance 3:13	age 14:21,25 15:1,2 19:6 28:7	approve 8:1 13:14 17:3 21:24 25:2	authorizations 20:23	best 24:16 27:21 31:7 34:7
according 10:4 21:15	aging 14:17 19:6	approving 6:24	available 15:9 27:15	better 15:17,18 21:5 27:7
accounted 10:15	ahead 32:9,15	approximately 10:19,20 14:14 16:6 29:20	average 15:20 20:10	between 20:11
acknowledging 8:24	allegations 4:7	arduous 11:20	averaged 14:6	big 19:19
Act 3:15 4:4,24	allow 5:4 20:4	area 6:7,11,12 6:16,16,21 8:18,22 9:3,7 9:20 14:4,12 14:23 16:3 17:16 19:3 20:3 24:2 26:7 27:8 28:21 29:3	Avery 2:5 3:9	biggest 25:12
action 34:10,13	allowing 9:7	areas 6:18,19 8:13 30:2	away 11:19 18:2 18:22 27:8,17	bit 23:23 25:10
actively 29:6	almost 9:21 10:13	Arnold 31:23,25	away 11:19 18:2 18:22 27:8,17	blood 10:9,20,21 10:25 11:1,1,3 11:7 22:12
actually 11:12 17:20 18:5,16 18:18,20 19:2 19:21 20:13 21:2,10,19 23:24 24:3,6	along 27:3,16	around 14:6,11	a.m 3:2,24 33:21	board 1:2 2:4,9 3:7,8,10,11 4:11,12 6:2 8:1 8:3,4 9:24 13:14,23 16:2 17:2,8 30:13 33:8
acute 16:11	already 29:8 32:15	asking 21:24	B	Board's 4:21
add 32:12	Although 6:20	assertions 4:7	back 17:21 20:25	body 11:3
additional 6:2 10:11 33:2,18	Americans 10:21	assessment 8:10	background 23:24	Bolingbrook 33:9,9,10
address 28:1	among 14:21	asset 9:2 31:12	backup 24:23,25	both 27:4
addresses 8:23 9:5	Andrea 27:23,25 27:25	assisted 19:8 30:9,9	bad 26:17	brand 19:7
adjourned 33:19 33:20	and/or 4:6	associated 16:18	Badahman 13:17,18,19	break 19:9
administrator	annual 14:6	Associates 13:20 13:25	badly 26:1	brick 20:17
	annually 11:5		ball 20:20	brief 28:16 32:16
	another 4:16 21:20,25		base 6:22	briefly 27:24
	antibody 15:23		based 7:21 14:2	bring 22:23 25:16
	anticipate 15:5		basically 30:12 31:11 32:16	
	anyone 13:10 32:23 33:1		beat 29:5	
	anyway 21:14		become 23:12 27:6	
	apologize 32:21		beds 30:8,9	
	apparently 32:2			

broken 19:9	31:15	Cindy 5:22	29:25	Council 3:25
Brooks 26:25	care 1:10 3:18	circumstances	community-ba...	counsel 34:8,11
27:1,2	5:1 6:18 8:8,17	18:11	12:21	countless 21:3
Bud 1:11,22,24	9:12,13 12:3	citizens 9:14	compared 16:20	country 10:3
3:6,6,17,17,21	12:24 15:9,17	18:7	compete 8:15	14:23 18:8
3:25 4:1 6:3,6	16:24 17:20,24	city 1:22 3:21,25	competitor	county 16:7 17:8
6:12,14,15,25	22:12 23:7,13	8:7,10 9:10	30:25	17:9,17,18
7:12 8:1,6,9,16	30:8	28:15,21 30:15	complements	18:4,7,10 19:5
8:21,24 9:9,10	caregiver 22:14	32:14	8:17	19:14,17,20,21
9:20,23 10:1	caregivers 13:10	CKD 12:8,22	complete 5:14	19:22,23,25
11:21 13:15,21	23:13	13:9 14:4 15:7	complications	20:2,5,8,9,11
14:1,11 16:1,2	case 30:5	24:14,16	24:23	20:12,21,24
16:5,8,21 17:3	cases 10:16 11:4	Clair 16:7	concern 26:18	21:1,17,19,20
17:12 18:4,5,7	cause 11:1 31:7	cleared 22:17	29:3	21:22,24 25:17
19:23 20:7,11	causes 11:4	clearinghouses	concerned 19:5	27:14 29:9,18
22:22 23:5,8	14:20	5:1	concise 5:10	31:16,17,22
24:2 25:3	CCR 2:16	Clement 8:20	conditions 28:7	court 5:13 25:6
28:19,20,21,24	center 10:4	clinic 25:24	conduct 3:5	Courtney 2:5
29:5,13,15,17	13:22 17:13	close 18:21	confidentiality	3:9
29:20,24 30:4	20:14 21:18	28:23 30:24	4:22	cover 7:17
30:14,20 31:12	28:19,20 29:1	31:1	confirm 8:7	covered 4:23 5:4
31:12,15 32:1	29:15,17,23	closer 18:5 19:3	consider 27:19	cross 27:14
32:3,17	30:4,7	19:4 26:20	considerable	crossing 29:10
Bud's 8:7	centers 30:9	Club 33:9	11:23	CSR 2:16
build 20:25	centrally 6:13	Columbia 20:8	consideration	current 29:8
21:18	cents 32:3	combat 15:4	4:10 21:25	currently 14:3
building 30:8	certainly 18:6	combine 10:12	33:7	14:10 16:4
32:3	20:21 21:23	10:22	considered 6:10	24:1
bundled 7:15	23:25	come 5:24 17:25	considering 14:8	customer 8:24
burden 11:21,22	CERTIFICATE	23:10 24:2,6,7	constantly 22:18	cytotoxic 15:23
27:13	34:1	25:17 26:9	contact 18:25	
business 21:21	Certified 34:3	27:20 28:23	continue 11:7	D
buy 18:15	certify 34:5	29:6,14 30:21	15:5 19:23	Dalal 6:8
C	Chairman 17:8	31:6,20,21	30:2	damage 11:1
call 8:4 9:17	29:22	comes 10:13,22	continued 27:21	Dan 28:14
13:16 17:5	Chambers 3:25	17:23 32:12	control 10:5	dangerous 26:11
22:7 23:19	changed 20:19	coming 19:8	12:23	Daniel 28:13
25:7 26:24	charge 23:21	20:21 29:4,13	convenience	dark 26:11
27:23 30:17	24:13	comment 4:6	18:2 21:4	data 10:4
31:23	charming 29:25	32:18	copies 4:8 5:12	DaVITA 1:10
called 13:7	Chester 31:14	comments 32:19	copy 22:2 23:17	3:17 5:23 7:14
24:14	chief 5:14 28:17	33:5,11,12,15	core 27:6	7:16 8:8 9:11
calls 21:3,9	choose 5:8 24:3	33:18	corporation	12:1,2,5,18,20
came 5:7	24:6	communities	20:19	12:25 13:7
car 25:13	chronic 10:18	8:23 9:3	cost 3:22 7:13	24:9 25:9 27:2
Carbondale	12:8 13:2	community	13:9 16:24	27:6,19
	14:20	12:18 24:10	costs 7:19	DaVita's 12:4

<p>27:6 day 19:7 21:6 22:22 25:25 days 7:4 12:13 17:20 deal 19:20 death 14:12 Debbie 27:3 Debra 23:19,20 December 20:18 decision 24:11 decisions 12:23 decrease 11:21 11:22 decreasing 7:10 deem 33:18 defined 4:23 delay 13:3 Delbert 17:5,7 demand 17:16 17:22 19:14 23:12 demographics 14:22 17:15 densities 6:20 Department 3:4 4:2 33:13 depend 25:15,22 dependent 28:8 describe 13:24 detail 17:17 develop 8:8 15:9 developed 24:16 developing 8:12 development 2:13 9:15 18:17 21:22 diabetes 7:8 10:9,11,15,17 11:6 14:19 dialysis 1:11 3:6 3:16,17,20 6:3 6:5,7,24 7:2,2 7:18,21,22 8:1 8:9,12 9:5,12 9:23,25 10:18 11:9,13,14,14</p>	<p>11:16,18,24 12:6,13,24 13:5,15,22 14:1,25 15:8 15:10,18 16:4 16:6,14,15,16 16:17,21,22 17:13,14,24 18:13 20:2,4 21:2,18 22:9 22:14 23:22,24 24:2,19,20,21 25:11 27:4,22 28:4,8,10,19 28:20,25 29:4 29:9,23 30:7 30:10 dietitians 12:25 difference 20:11 different 13:4 14:23 29:2 difficult 11:3,16 difficulties 25:10 direction 34:8 director 5:23 9:22 discloses 5:2 discuss 12:10 15:8 disease 7:7 10:3 10:5,17 11:12 12:8,9 13:2,2,3 13:11 14:21,21 16:12 distance 18:21 25:18 29:12 District 9:8 19:1 Division 2:13 doctor 21:8 22:13 doctors 19:24 20:1,3 documentation 4:9 doing 24:14 done 4:13 19:4</p>	<p>32:7 doubt 19:15 Dr 6:8,9 9:19 22:25 24:12 32:5,10 draw 6:22 drive 18:20,21 26:3,4,6 27:9 31:21 33:10 driven 21:21 driver 25:19 driving 26:10 31:8 drop 15:21 dropped 20:20 due 6:20 7:7,10 10:17 12:4 14:12 15:15 28:7 29:24 duplicate 8:14 during 7:18 12:13 21:6</p> <hr/> <p style="text-align: center;">E</p> <hr/> <p>Eaker 2:8 3:7 earlier 7:10 24:12 early 15:19 easier 23:6 31:21 east 1:23 3:22 4:1 6:11 8:23 14:4 22:24 25:9 27:3 easy 28:2 economic 18:17 21:21 edge 18:8 educate 13:1 education 12:13 12:19,22 24:11 24:16 educational 13:8 effective 15:3 eight-station 3:19 either 15:13</p>	<p>elderly 16:11,12 26:11 elect 15:14 eleven 9:22 Emley 5:21,22 employed 34:9 34:12 employee 34:11 EMPOWER 12:19,20 13:1 24:12 encompasses 6:16 encourage 25:2 encourages 12:22 end 3:16,19 19:10 20:10 21:13 28:10 end-stage 7:7 8:9 10:17 12:9 14:21 enough 26:3 enrolled 15:11 ensure 4:20 ensured 8:10 entailed 32:14 entertainment 30:3 entire 10:14,24 22:22 entities 4:23 entity 5:5 epidemic 10:4 14:19 episode 22:16 equal 29:11 ERSD 14:22 ESRD 15:1 establish 3:16,19 establishment 13:14,25 estimate 14:13 even 18:20 23:14 28:22 29:17 31:14 evening 26:10</p>	<p>30:23,25 ever 21:11 27:7 every 15:24 19:7 everybody 27:11 everyone 5:24 33:4 everything 22:13 exactly 20:15,15 example 12:11 excellence 27:20 excited 9:12 excursion 23:3 Excuse 16:21 exhausted 11:17 existing 8:15,17 26:7 expand 23:25 expected 10:6 expense 26:2 expensive 25:18 experience 11:15 explain 9:25 extract 25:5 extremely 15:23 23:6</p> <hr/> <p style="text-align: center;">F</p> <hr/> <p>face 15:4 25:11 25:12 facilities 1:2 2:3 3:8,11,14,15 4:3,20,25 6:1,7 6:11,18,19,21 6:23 7:25 8:13 9:24 11:9 12:1 13:13,23 16:2 17:2 19:11,12 23:4 26:7 33:7 facility 3:16,20 6:3,10,15,25 7:13 8:2,9,14 9:2,5,8,12,13 9:16,23,25 11:19,21 14:1 15:18 16:4,6,8</p>
---	---	--	--	--

16:21 17:3 22:12 23:8,9 23:10 25:3 27:2 32:3,17 facing 10:3 fact 8:16 10:10 11:3 12:14 14:6,25 19:7 factors 13:11 14:17 facts 10:2 fail 21:18,18,19 failed 21:20 failure 7:1 10:16 11:4,8,11 14:16 falls 27:13 families 11:20 11:25 25:22 27:13 family 11:16 16:12 21:18 22:23 23:4 25:23 27:17 31:10 far 18:22 19:5 28:22 31:8 farther 27:8 31:13,16 fatigued 26:5 favor 4:15 fax 33:15,15 fear 15:16 feel 26:1 27:6 30:10 feeling 27:25 feet 3:20 fellow 9:14 felt 6:12 30:5 few 30:19 Fifth 9:1 filters 11:2 Finally 15:25 financial 28:17 financially 34:12 finished 26:5	first 5:15,19 12:13 23:22 24:9 26:15,16 five 10:24 32:5 fixed 7:16,20 Floor 33:14 focus 13:4 Folker 22:24 footprint 8:19 foregoing 34:6 foreseeable 11:9 15:5 form 4:14,16,17 former 8:20 forms 4:14 fortunately 31:5 found 25:16 four 15:20 18:13 25:24,24 fourth 8:22 14:8 free 12:21 friends 21:19 from 5:3,19 6:22 8:8 9:8 10:4 11:3 12:8 14:22 16:14 20:1,7,7 21:9,9 23:10 24:1 25:6 27:8,17 29:13,17 30:15 32:10 full 9:15 function 14:13 21:5 32:11 further 6:12 7:12 20:9 23:3 34:10 future 8:15 11:9 15:6 29:6 32:6	27:24 28:2 general 7:9 generally 6:18 6:23 geographic 6:21 8:19 George 2:11 3:3 gets 17:21 getting 16:15 28:3,25 30:24 31:2 give 5:13 10:2 23:23 given 3:15 6:11 14:7 giving 5:9,9 go 17:17 18:15 19:20,21,22,25 20:4,8,25 21:4 21:11 22:11,11 24:24 25:14 30:2 31:14,22 32:8,12,14 goal 15:18 goes 28:22 going 11:14 17:9 18:10 19:6,14 19:23 20:7,9 20:19 21:3 22:13 23:11,12 23:12,14 25:9 27:24,25 29:9 29:12,18 30:3 31:16 32:8,9 Golf 33:9 good 3:3 5:21 6:9 9:19 13:18 22:8 25:8,20 27:1 goods 7:17 government 7:14 grant 28:24 30:5 30:13 great 26:2 31:12 32:12 greater 23:12	Greg 30:18 Gregory 30:17 groceries 18:16 gross 3:20 ground 19:9,9 group 23:20 groups 14:22 grow 10:7 growing 14:18 growth 11:10 14:5,6,7,16	33:19,20 34:6 34:10 hearings 4:21 heavily 26:8 held 4:2 33:9 34:10 help 17:25 18:6 helpful 26:20 helps 18:7 hemo 21:14 hemodialysis 14:15 15:15 17:19 21:14 23:1 24:21,24 24:25 her 11:16 17:20 17:25 Hi 23:20 high 10:9,20,25 11:3,7 14:18 21:12,13 higher 10:8 14:19 16:19 23:14 him 22:18,20,21 22:23 32:5 historically 7:19 hold 5:17 home 15:16 17:25 18:19,22 18:25 19:2 21:5 22:14,15 22:21 23:22 24:3,6,9,19,21 24:21 26:6,21 27:17 30:21 honest 20:18 hope 23:9 28:23 hospital 4:25 8:16,20,21 32:1 hospitalization 16:19,23 hospitals 19:25 hosting 9:13 hour 22:10 25:1 hours 18:1,1,13
	G		H	
	Gail 22:7,8 Gary 23:1 Gary's 22:14 gasoline 18:16 25:18 26:1 Gay 25:7,8		half 15:1 25:1,24 half-day 29:23 HALL 1:22 hands 20:19 happen 32:9 happened 20:15 happens 10:3 18:14 26:16 hard 27:11 30:24 31:2 hardship 26:6 31:7,9 harm 18:16 Harms 22:7,8,9 23:16,18 25:4 having 17:10 Hayes 28:13,14 28:14 health 1:2 2:3,13 3:4,8,9,11,14 3:15 4:3,3,20 4:23,24,25,25 5:2,5 6:1,16,18 7:25 9:13,24 12:23 13:13,22 15:3 16:1,24 17:2 21:13 23:7 28:7 29:2 33:7,13 hear 32:10 heard 24:22 hearing 1:18 3:1 3:5,23,24 4:2,4 5:6 32:18	

<p>19:18 25:24 huge 26:18,21 hundreds 9:14 husband 22:9 husband's 23:7 hypertension 7:9 14:20 Hypertensive 13:20,25 H-A-Y-E-S 28:14</p> <hr/> <p style="text-align: center;">I</p> <p>ideal 26:9 identified 9:11 Illinois 1:1,4,24 3:4,8,9,10,14 3:14 4:1,2,3,20 5:23 6:1,6,17 9:4,24 14:3 18:17 22:24 23:21 27:3 28:15 29:10,13 33:7,10,12,14 34:5,18 imminent 15:8 IMPACT 12:11 12:12 implementation 12:4 implemented 7:15 important 18:3 Importantly 7:1 10:24 improve 9:14 12:7 16:22 improved 7:11 12:17 improvement 12:3 27:21 improvements 27:5 INC 1:10,10 incentive 7:22 inches 4:10 incidence 7:6</p>	<p>10:9 11:7 14:19 include 28:21 including 7:18 15:9,15 inconvenience 26:22 Incorporated 3:18,18 increase 6:25 11:8 14:24 16:8,19 19:14 increased 7:13 increasing 6:24 7:5,6,8 indicates 30:10 indicative 7:5 individual 5:4 5:15 individuals 4:15 4:18 5:2 11:6 13:9 individual's 4:22 5:5 Industrial 3:22 ineligible 15:13 infection 21:12 22:16 information 4:23 5:2,6 6:2 13:8 16:1 33:5 informed 12:23 initiating 14:25 initiatives 12:5,7 15:3 instead 11:23 Insurance 4:24 interest 4:5 interested 29:4 34:13 intervention 7:10 involuntary 16:17,22 involved 12:18 involves 15:10 in-center 14:15</p>	<p>15:14 24:5 issues 16:10 27:16 I-M-P-A-C-T 12:11</p> <hr/> <p style="text-align: center;">J</p> <p>January 7:14 Jefferson 1:3 33:13 job 22:19 July 4:11 33:8 33:11 jump 25:13 just 8:6 11:14 21:21,24 22:16 22:24 25:9 26:19 27:12,20 27:25 28:4,9 28:11 29:21 30:19,19 31:10 31:11,15 32:16 32:21</p> <hr/> <p style="text-align: center;">K</p> <p>keep 5:10 Keil 30:17,18,18 30:20 Kennedy 28:18 key 24:22 kidney 7:1 10:2 10:16,18 11:2 11:4,8,11,12 12:8,9 13:2,3,5 13:8 14:13,16 14:20 15:20 16:11 24:15,15 28:3 32:11 kind 17:16 19:17 28:8 know 11:15 12:1 18:9 19:17 20:18,22,25 21:10 28:9 29:2,15 31:14 31:18 32:13 known 3:6 8:20</p>	<p>12:8 K-E-I-L 30:18</p> <hr/> <p style="text-align: center;">L</p> <p>L 30:17 lab 20:13 laboratory 7:19 labs 20:2 lack 15:15 lady 30:22 lapses 23:2 large 11:11 larger 6:21 last 4:17 9:21 12:2 Lastly 31:23 late 15:7 later 30:23 launched 12:20 13:7 laying 20:17 leader 24:19 leading 12:5 14:20 leakage 29:16 learn 13:11 leased 3:21 leave 18:18 22:19,20 leaves 11:17 17:21 leaving 29:10,12 led 12:24,24 legal 3:12 5:11 let 10:2 11:14 21:11 28:9 letting 23:23 life 6:5 13:5 26:22 lifetime 28:8 life-time 28:10 like 3:11 5:15,24 5:25 8:4 9:17 9:23 10:9 12:10 13:16,22 15:25 17:5,22 20:6 22:7</p>	<p>23:19 24:18 25:2,7,12 26:19,24 27:19 27:21,23 29:23 30:3,22 31:6 31:23 32:21 likely 29:25 30:1 limited 16:3 lines 27:14 list 15:12,19,22 15:24 listen 32:7 listening 30:19 Litigation 2:17 little 15:25 23:23 25:10 live 19:22 22:24 27:18 lives 9:14 12:7 17:14 living 10:18 19:10 30:9,9 livings 19:8 local 8:9 9:1,5 20:3 located 3:21 6:13,15 9:9 11:19 16:7 locating 6:10 location 6:9,13 9:7,11 long 15:23 25:18 25:19 26:4,6 30:22 longer 23:3 24:4 looking 13:10 32:6,8,15 lose 22:19 loss 32:11 lot 3:21 18:10 21:1,12,13,13 21:15 25:14,16 Louis 2:19 20:1 20:1 22:11,18 29:9,9 lower 6:18,20,23 16:23</p>
---	---	---	--	---

Lowry 5:25 8:4 8:5,6	29:22	more 7:3 10:5,13 10:14,16,22,23 11:3,4,19 13:11 16:9,11 16:12,17 17:24 17:25 18:9 21:12,13 23:10 24:25 30:1,2	nature 7:21 nearest 16:6 nearly 15:2 necessarily 28:5 necessary 27:18 necrologists 14:3 need 4:7 17:16 19:12,13 24:8 25:5,14 27:16 31:4 32:7 needed 10:1 11:9 30:5 needing 29:8 needles 15:16 needs 17:24 24:10,23 neither 34:8 nephrologist 14:8 nephrology 13:20,21,24 14:2 never 21:11 new 7:15,16 10:16 11:4,9 16:8 19:7 24:15 30:8 next 8:3,4 9:17 13:16 14:15 17:5 22:7 23:19 25:7 26:24 27:23 30:17 NHA 14:2 none 33:1 non-compliance 16:17,23 non-emergency 25:15 north 2:18 28:22 30:1 Notary 34:4,17 notice 3:12,15 5:11 number 7:3 10:6 11:6,10,11	14:24 27:9 33:15 numbers 23:11 nurses 12:25 nursing 30:8 nutrition 14:17 nutritional 15:4
M		Moreover 7:2 9:12 morning 3:3 5:21 9:19 13:18 17:21 22:8 25:8 27:1	needed 10:1 11:9 30:5 needing 29:8 needles 15:16 needs 17:24 24:10,23 neither 34:8 nephrologist 14:8 nephrology 13:20,21,24 14:2 never 21:11 new 7:15,16 10:16 11:4,9 16:8 19:7 24:15 30:8 next 8:3,4 9:17 13:16 14:15 17:5 22:7 23:19 25:7 26:24 27:23 30:17 NHA 14:2 none 33:1 non-compliance 16:17,23 non-emergency 25:15 north 2:18 28:22 30:1 Notary 34:4,17 notice 3:12,15 5:11 number 7:3 10:6 11:6,10,11	O
maintain 4:22 major 15:4 make 5:12,15,19 12:23 16:9 18:25 22:13 24:11 30:5 making 11:2 Mallick 6:9 9:18 9:19,20 22:25 24:12 32:5,10 management 12:14 manager 13:19 many 6:8 12:7 15:21 18:9 27:4,5 28:6,9 market 1:23 4:1 8:18,22 materials 4:9 matter 19:7 may 1:20 3:25 5:8 33:15 maybe 18:7,20 19:4 28:1 mayor 5:25 8:5 8:6 28:16 mean 29:14 30:25 means 24:10,25 25:23 26:10 medical 9:4,22 20:14 Medicare's 7:15 medications 31:2 medicines 30:21 meeting 4:12 33:8 Meher 9:17,20 member 2:9 3:7 25:23 members 16:1 mentioned 27:11	methodology 21:15 Metro 6:11 14:4 25:9 27:3 Michele 25:7 28:2 Midwest 2:17 13:19,24 14:2 mid-level 14:9 might 22:23 miles 19:16 million 10:10,12 10:13,20,23 Millstadt 28:22 minutes 6:8 11:19 16:5,6 18:5 20:7 22:10 24:2,4 31:20 mirrors 8:19 mispronuncia... 32:22 miss 16:16,20 Missouri 2:19 18:4,4 20:2 29:12,18 modalities 24:3 24:6 modality 15:10 24:11,16 Monday 3:25 money 25:25 Monroe 17:8,9 17:16,17 18:8 19:5,14,17,22 19:25 20:2,4 20:11,13,21,24 21:1,17,22 25:17 31:15 Monroe/Rand... 9:7 month 15:24 16:18 22:10 24:7 months 14:15 15:22	mortality 12:12 12:16 16:20 23:14 most 6:17 8:19 15:4,14 19:21 19:22,24,24 20:1 mostly 19:20 mother-in-law 17:13,19,23 21:2 much 8:5 12:3 18:14 20:10 22:1 25:13 26:13 31:21 32:18 multiple-disci... 13:1 multiply 19:19 must 16:5 22:21 25:22 myself 17:8,13 23:6,7,24 32:4 M.D 9:18	obese 10:6 obesity 10:4,8 14:18,18 objection 30:4 obtaining 30:7 Obviously 29:4 occasionally 24:23 October 12:15 off 15:21 22:22 offer 9:15 12:19 13:3 24:12,16 24:21 26:8 27:7,21 officer 28:17 often 11:17 16:11,12 old 19:13 one 4:14 8:11 10:7,24 12:11 12:19 13:20 14:22 16:17 17:16 18:12 20:2,21,25 21:22 22:10,15 24:24 25:11 26:10,16 30:21 30:22 31:5 one-third 10:14 10:19,23 only 7:1 12:15 18:5 19:11 20:6 24:6 31:12,20 onto 15:19 open 4:4 31:4 operations 5:22 opportunity 4:5	
		N		
		name 3:3 5:14 5:22 8:6 9:20 13:18 22:8 27:1 28:14 30:18 31:25 names 5:17 32:22		

6:2 9:25 13:23 17:10 32:24 oppose 4:17 opposition 28:19 options 13:4 15:8 oral 5:1,9 order 5:17 organizations 8:11 other 7:14 9:3 14:23 19:9 20:25 26:11 otherwise 34:13 out 10:13,22 17:23 19:4 20:9 21:21 22:5 23:4 outcome 12:17 34:13 outcomes 15:18 outpatient 8:17 outreach 8:18 8:22 outstanding 23:9 over 14:5,7 15:1 22:23 24:19,20 29:12	22:12 24:23 32:4 patients 6:8,13 7:1,3 9:3 11:10 11:12,20,22,22 12:4,7,22 13:2 13:5,10 14:4 14:11,14 15:1 15:7,12,14,19 15:21,23 16:5 16:12,14 19:2 19:20,22 20:3 21:1 23:10,13 24:1,3,5,13,17 24:20,20,22,24 25:11,15,20 26:3,12,19 27:9 28:2,6,9 29:7,17 30:10 31:9,10 patient's 11:16 patterns 8:25 Pautler 2:16 34:3 payment 7:15,17 7:20 payors 7:14 people 4:16,16 10:17 14:24 15:4 18:10 19:12,16 21:10 21:15 27:7 28:1 30:1,21 31:5,6,19 32:7 per 3:10 5:11 7:4 percent 10:5,7 10:10,15,21 12:16 14:7 15:2 16:18,19 32:11 perform 22:14 period 25:19 peritoneal 21:2 21:11 22:9 23:2 24:20 permission 22:20	personal 11:25 personally 32:4 pharmaceutic... 7:18 Pharmacy 30:20 phone 21:9 phonetic 22:24 physician 9:21 physicians 9:1 piloting 12:14 place 3:23 22:15 plan 15:9 planned 6:9 8:15 8:18 planning 3:15 4:4 6:16 plans 4:25 20:20 please 4:13 5:10 5:13,17 pleased 9:10 pleasurable 11:15 point 3:1 23:1 33:20 poor 14:17 populated 30:2 population 6:20 6:22 7:9 10:11 10:14,24 11:11 14:17 19:6,6 23:25 27:22 29:19 populations 16:10 Portability 4:24 positive 8:12 possibility 28:25 30:6 possible 15:20 19:1 possibly 14:9 18:22 potential 13:10 30:10 practice 13:19 13:24 14:2,5 14:10	practices 13:21 practitioner 14:9 predominantly 6:7,17 16:3 prefer 33:15 preferred 21:15 prejudicial 30:14 prepared 5:7 preparing 13:5 present 2:1 16:2 presentation 5:8 5:12,16,20 presented 5:18 pressure 10:9,20 10:21,25 11:1 11:3,7 pretty 19:19 prevalence 7:7 10:8 11:8 14:19 Prevention 10:5 previously 19:18 pre-diabetic 10:12 pre-ESRD 14:11 pre-high 10:21 Prigge 31:24,25 31:25 printed 4:9 privacy 4:22 private 16:13 probably 18:24 21:14 23:1 31:14 32:5,6,9 problem 7:6 9:6 25:14 26:13 problems 15:4 16:15 18:12 25:12 proceed 32:21 process 29:24 processes 12:5 program 2:12 12:11,12,15,20 12:20 13:7	27:20 programs 12:9 12:10,19 23:22 progression 13:3 project 1:13 3:6 3:6,16,22 4:6,8 4:16,17 5:11 5:25 6:4 20:16 33:6 projected 11:10 proposal 8:10 propose 3:19 25:2 proposed 3:5 4:8 6:3,15 7:12 8:1 8:14 9:2,23 13:21 17:3 prospect 9:13 protect 4:21 protected 5:2,5 provide 4:5,15 4:17 6:2,4 7:22 15:25 33:2 provided 7:17 12:4 provider 7:22 12:6 providers 4:25 9:4 16:13 25:15 29:4,5 provides 13:8 proximity 6:11 public 1:18 3:4,5 3:23 4:2,3,4,21 15:3 16:3,13 27:14 33:10,13 33:18 34:4,17 punch 29:5 purpose 6:4 pursuant 3:23 4:3 pursued 20:22 pursuing 20:22 29:7 put 32:3 P-R-I-G-G-E 32:1
P				
paid 7:16 paper 4:10 Park 3:22 part 3:24 6:20 7:8 18:3 particularly 5:25 11:18 16:10 parties 4:5 34:9 34:12 parts 14:23 past 14:5,7 patient 11:15 12:12,17 14:12 14:22 15:11 18:18,19 22:9				

<p>Q</p> <p>qualified 28:6</p> <p>quality 11:24 12:3,5</p> <p>quest 17:12</p> <p>question 17:15 28:18</p> <p>questions 5:18 33:17,18</p> <hr/> <p>R</p> <p>R 2:5</p> <p>Randolph 18:7 21:24</p> <p>Randolph/Mo... 19:1</p> <p>rate 7:17 10:8 12:12,16</p> <p>rates 6:19 7:8,10 14:18 16:24</p> <p>rather 7:6 16:9 28:11</p> <p>reach 15:7</p> <p>read 3:12</p> <p>real 27:15 28:4</p> <p>reality 18:23</p> <p>really 17:10 18:2 18:5,14 20:6 24:8,10 25:20 26:17 27:11</p> <p>reason 19:24 21:4 23:2</p> <p>reasons 15:15</p> <p>receipt 3:15</p> <p>receive 7:3 15:17 25:1 27:17 28:6</p> <p>received 15:12</p> <p>recently 13:7 22:16</p> <p>recognize 9:1</p> <p>recommended 13:9</p> <p>record 3:12 8:12 33:6</p> <p>recover 18:21</p> <p>recruiting 14:8</p>	<p>Red 1:11,22,24 3:6,6,17,17,21 3:25 4:1 6:3,6 6:12,13,15,25 7:12 8:1,6,7,9 8:16,20,24 9:9 9:10,20,23 10:1 11:21 13:15,21 14:1 14:11 16:1,2,5 16:8,21 17:3 17:12 18:4,5,7 19:23 20:7,11 22:22 23:5,8 24:2 25:2 28:19,20,21,24 29:5,13,15,17 29:20,24 30:4 30:14,20 31:12 31:12,15 32:1 32:3,17</p> <p>reduce 12:12,15 16:22</p> <p>reduced 34:7</p> <p>reduces 24:8</p> <p>referral 7:6</p> <p>referred 7:2 12:1 14:14</p> <p>referring 13:21</p> <p>refills 31:4</p> <p>regard 5:10</p> <p>region 5:23 23:11</p> <p>regional 5:22 8:16,21 9:3</p> <p>register 4:18</p> <p>registers 5:17</p> <p>registration 4:14</p> <p>reimbursed 7:19</p> <p>reimbursement 7:16</p> <p>related 34:9</p> <p>relative 34:11</p> <p>relevant 4:6,7</p> <p>reliant 16:12</p> <p>relocation 14:13</p> <p>reluctance 25:17</p>	<p>rely 23:3</p> <p>remaining 5:16</p> <p>remarks 28:15</p> <p>remind 33:4</p> <p>removal 11:2</p> <p>renal 1:10 3:16 3:18,20 7:7 8:8 8:9 9:11 10:17 12:25 14:21</p> <p>renales 32:11</p> <p>Reported 2:15</p> <p>reporter 5:13 25:6 34:1.4</p> <p>reporting 12:14</p> <p>represent 30:20</p> <p>representatives 8:11</p> <p>request 7:25 13:13 17:1</p> <p>require 7:2</p> <p>required 22:11</p> <p>requirements 3:13</p> <p>reside 6:13 14:11</p> <p>resident 29:14</p> <p>residents 6:5 9:6 9:7 18:9 19:25 20:12 30:1</p> <p>respect 29:24</p> <p>respectfully 7:25 13:13 17:1 30:12 32:17</p> <p>response 32:25 33:3</p> <p>restate 21:23</p> <p>result 6:22 7:13 7:20 14:18 16:16</p> <p>resulted 12:16</p> <p>results 10:7</p> <p>retail 8:24</p> <p>return 14:13 18:19 22:20,21</p> <p>Review 1:2 2:4 2:12 3:8,10,11 3:14 4:21 6:1</p>	<p>8:1 9:24 13:14 13:23 16:2 17:2 33:8</p> <p>Reviewer 2:12</p> <p>right 22:6 24:11 24:14,18 32:13</p> <p>rise 10:8 11:7</p> <p>risk 13:11 16:19 16:20 21:12,13</p> <p>river 29:10</p> <p>Roate 2:11 3:3,4 8:3 9:17 13:16 17:5 22:2,6 23:16,19 25:4 26:24 27:23 28:13 30:17 31:23 32:20 33:1,4</p> <p>Rocher 31:13</p> <p>Rodeo 33:10</p> <p>Ron 2:8 3:7</p> <p>Rule 27:23</p> <p>rules 3:10</p> <p>rural 6:7,17,18 6:21 8:13 9:6 16:3</p> <hr/> <p>S</p> <p>same 18:9,11 20:3 29:13</p> <p>sanitary 22:15</p> <p>Sarah 13:16,18</p> <p>saves 20:6</p> <p>saving 26:22</p> <p>saying 21:3</p> <p>says 19:17</p> <p>scheduled 3:24 4:11 33:6</p> <p>screening 15:24</p> <p>Second 33:14</p> <p>seconds 30:20</p> <p>Section 2:12</p> <p>see 30:21 31:7 32:8</p> <p>seeing 14:24 33:1,17</p> <p>seeks 12:12</p>	<p>seem 14:22</p> <p>seen 12:3 14:5 23:25 27:5 32:5</p> <p>selected 6:6</p> <p>self-cannulation 15:16</p> <p>seminars 12:22</p> <p>send 25:5</p> <p>seniors 19:10,12</p> <p>sent 22:5 33:12</p> <p>separately 7:20</p> <p>serve 6:21</p> <p>served 6:12 8:20</p> <p>service 6:16 8:23 12:6 27:20 28:21 29:2 31:6</p> <p>services 1:2 2:4 2:17 3:8,10,11 3:14 4:21 6:1 7:17,25 8:15 8:16 9:8,24 13:14,23 17:2 27:7 33:8</p> <p>serving 9:20 14:4</p> <p>session 16:21</p> <p>sessions 16:18</p> <p>seven 22:25</p> <p>several 9:21 12:9 14:6,7,17 15:22</p> <p>share 5:5 10:10</p> <p>Shaun 28:17</p> <p>Sheryl 2:16 34:3</p> <p>shopping 18:15</p> <p>Shorthand 34:3</p> <p>short-term 28:4</p> <p>shown 12:15</p> <p>sign 4:13</p> <p>significant 7:8 29:16</p> <p>similar 8:24</p> <p>Similarly 10:19</p> <p>simultaneously 15:11</p>
--	---	--	---	---

<p>since 12:14 28:20 site 9:6 21:24,25 situation 18:1 21:10 six 32:5 Sixth 9:5 size 4:10 skilled 30:8 Skipping 16:17 smaller 6:22 Smart 13:8 24:15,15 Smith 28:17 social 12:25 25:8 solution 28:4 some 10:2 11:12 11:13,13,25 15:10 17:25 18:20 19:2 23:1,2 25:10 28:1 30:10 32:6 someone 5:19 18:8,12,13,24 21:11 something 20:14 sometime 29:6 sometimes 27:14 30:23 somewhat 17:21 soon 22:21 sorry 8:3 17:2 28:2 31:19 sound 25:12 south 8:24 18:4 18:10-19:20,21 19:23 20:8,10 20:11 29:18 31:13,16,22 southern 5:23 6:17 18:8 23:21 Southwest 9:4 Southwestern 6:6 space 3:21</p>	<p>Sparta 6:14 speak 17:11 23:23 25:10 27:24 speaking 26:19 spelling 5:13 spend 11:24 25:25 31:8 spending 11:23 11:23 spent 17:25 spoke 24:12 spokesperson 5:14 Springfield 1:4 33:14 square 3:20 St 2:19 8:20 16:7 20:1,1 22:11 22:18 29:9,9 Stage 3:16,19 15:7 24:13 standard 7:3 start 26:15 state 1:1 4:10,12 21:20 29:10,12 34:4,18 stated 19:21 States 10:15 11:5 12:6 stay 21:5 25:23 31:4 still 29:18 31:1 stop 31:3 Street 1:3,23 2:18 4:1 33:13 stressful 11:20 submit 5:8 32:18 33:4,11 submitting 5:1 successful 8:12 successfully 8:19 suffering 12:8 supplies 18:15 support 5:24 8:7 9:1,15 15:16</p>	<p>17:12 supported 4:8 supports 13:25 sure 22:13 Susan 26:24 27:1 sustaining 6:5 system 7:15,16 7:20 11:17 16:24 Systems 2:13</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>take 3:23 12:22 18:20 19:18 21:25 22:18,20 23:13 taken 5:16 12:7 34:6 takes 17:20 18:1 18:2,12 32:13 talk 17:17 31:13 talked 21:16 29:8 talking 19:18 20:7,10 31:15 31:16 team 12:24 tell 24:18 31:11 telling 32:16 ten 9:21 19:16 22:10 tentatively 4:11 term 29:16 testified 17:23 19:11 33:2 testify 4:19 32:23 testimony 4:15 4:17 5:1,9,10 5:12,16,18 22:3 23:17 25:5 33:2 34:6 text 5:7,8 thank 5:24 6:1 7:24 8:5 9:16 9:19,23 13:12</p>	<p>13:15,22 16:25 17:3,9 22:1,6 23:14,22 25:3 26:22 27:22 28:12 30:16,19 31:22 32:18,19 33:19 their 4:18 6:20 9:2 11:20,25 11:25 12:23,24 13:2 16:14,15 17:12 21:12 24:2,8 25:1,20 25:22,25 26:5 26:15 27:10,12 28:5,7,8 30:22 31:2,4,19 themselves 18:20,22 26:4 31:9 thereto 34:12 thing 17:14 18:9 20:24,25 21:17 things 11:25 18:16,19 20:23 21:6 26:16 think 21:14 27:10 28:1 29:25 31:11,13 31:19,21 32:10 thinking 28:1 31:18 Third 8:18 thousand 19:19 three 7:4,4 11:18 12:10 14:3 17:19 19:7 20:16 24:5 27:10 30:8 through 12:13 throughout 14:4 ties 25:18,25 Tim 5:25 8:4,6 time 7:24 11:23 11:23,24 12:3 13:12 15:20,22 16:25 17:22,25</p>	<p>18:20 20:11 23:15 25:19,24 26:9 27:16 29:8 30:24 31:2,8 32:2,9 32:13,13 times 11:18 19:19 24:5 27:10 tired 11:17 26:5 today 3:7 16:2 20:21 23:23 28:16,16 32:7 together 10:12 10:22 told 21:10 Tom 28:17 total 1:10 3:18 8:8 9:11 10:11 toward 26:10 towards 20:9 town 31:1,5 track 8:12 training 24:7 Transit 9:8 19:1 transplant 10:18 13:6 14:12 15:11,12,19,24 28:5,7,11 transplanted 28:3 transplants 15:9 transport 19:2 transportation 8:25 9:6 16:4 16:13,14,16 24:8 25:11,15 27:15,16 travel 9:8 16:5 23:3 24:1,4,25 traveled 22:10 Traveling 11:18 treating 14:10 treatment 7:11 7:18,23 13:4 15:8 24:5 25:16 26:4,5,9</p>
---	---	---	---	---

26:18,20,22 28:10 treatments 7:4,4 16:16 25:1,21 26:15 27:10,18 tremendous 14:5 tremendously 19:14 trend 15:5 trip 29:23 trips 30:22 true 28:5 turn 16:23 twice 22:10 24:7 two 4:8 5:11 8:14 14:20 18:5 19:8 20:6 31:20 32:3 typed 4:9 22:5 typewriting 34:8 <hr/> <p style="text-align:center">U</p> <hr/> unaware 10:25 Uncontrolled 11:1 under 7:15 20:17 34:8 understand 18:6 20:15 31:20 understanding 21:8,9 understood 28:12 Unfortunately 15:2,21 unit 11:24 United 10:14 11:5 12:6 unnecessary 7:22 until 5:18 28:4 30:24 31:1 33:11 update 24:14 urban 6:19,23 use 9:7 20:1	23:11 26:12 29:16 uses 13:1 using 4:13 usually 15:10 25:22 26:9,9 27:13 utilization 6:19 6:23,25 7:5 16:9 utilized 26:8 U.S 10:6,11,19 10:24 <hr/> <p style="text-align:center">V</p> <hr/> valid 5:3 valuable 9:2 values 27:7 variety 15:15 vary 14:22 verbal 4:6 very 8:5 9:2 11:17 19:6 22:1,15 26:8 26:19 30:24 31:2,8,12 32:18 vessels 11:2 vision 24:9 visit 22:12 vulnerable 16:10 <hr/> <p style="text-align:center">W</p> <hr/> wait 15:11,20 waiting 15:19,22 15:22 wait-listed 15:14 Walgreens 31:3 walkers 26:12 Wal-Marts 31:3 want 4:15 9:15 11:14 20:25 21:23,23 23:23 24:4 30:19 wanted 28:11,23 31:11	waste 11:2 Waterloo 6:10 6:14 17:14 20:7,8 28:15 28:17,22 29:1 29:3,7,13,14 29:17,19 30:1 30:7,7,11,15 31:19 way 21:4 22:10 26:10 31:3,14 ways 13:3 weak 17:24 weather 26:14 26:17 Website 13:8 24:15 week 7:5 11:18 17:20 18:1 24:5 27:10 well 6:12,14 7:9 7:21 11:13 22:13 26:3,7 26:18 27:25 28:12 wellness 15:3 were 7:19 10:17 18:17,18 19:4 West 1:3 33:13 we're 20:21 24:14 26:8 29:2 30:12 31:15,16 We've 22:9 wheelchairs 26:12 while 15:10,24 wife 17:20 willing 29:6 winter 26:13 wish 4:19 22:5 wishes 5:19 32:23 33:2 witnesses 34:5 Wittenauer 17:6 17:7,7 22:4 25:4 29:7,11	29:22,22 Wolf 23:19,20 23:20 27:4 wonderful 29:25 work 20:3 22:12 22:19,20,20,21 32:1,6 worked 12:2 19:4 worker 25:8 workers 12:25 working 20:16 workshop 12:20 workshops 12:21 13:4 worried 23:6,7 worry 26:13 wrapping 29:21 written 4:6 5:1,3 22:2 23:16 33:5,11 <hr/> <p style="text-align:center">Y</p> <hr/> year 10:7 12:21 18:1 19:8,10 years 9:21,22 12:2 14:6,7 15:21 19:13,13 20:16 22:25 23:25 27:4 32:2,5,12 young 14:24 younger 14:21 Yvonne 22:7 <hr/> <p style="text-align:center">\$</p> <hr/> \$2,367,073 3:22 <hr/> <p style="text-align:center">1</p> <hr/> 1 7:14 1/2 4:10 10 15:2 10,000 29:19,20 10,800 24:19 100 10:13,23 11 4:10 12:2 11th 2:18	11:00 3:24 11:04 3:1 11:30 17:22 11:54 33:21 110 14:10 1130.910 3:24 12 14:15 12-034 1:13 3:6 3:17 15 18:1 16 16:18 18 14:15 1996 4:24 <hr/> <p style="text-align:center">2</p> <hr/> 2 32:11 200 1:23 4:1 200,000 10:16 2001 33:10 2007 12:15 2008 10:15 12:21 2011 7:14 2012 1:20 3:25 4:11 33:8,11 2030 10:7 204 30:7 21 1:20 3:25 217)782-3516 1:5 217)785-4111 33:16 23 14:7 23:25 24 4:11 33:8 25,000 11:4 19:16 25.8 10:10 256 30:9 27 27:5 <hr/> <p style="text-align:center">3</p> <hr/> 3 24:13 32:11 3,000 14:4 24:20 3,600 29:20,21 3,700 29:21,21 30 6:8 10:21 11:19 16:5,6
--	---	---	--	--

16:19 24:2,4 314)644-2191 2:20 35.7 10:5 39 14:14 <hr/> 4 <hr/> 43:21 15:7 24:13 40 14:25 15:2 19:12 32:2 410 19:10 42 10:7 44 10:15 <hr/> 5 <hr/> 56:16 24:13 33:11 50 19:13 515 1:3 525 33:13 <hr/> 6 <hr/> 6,000 3:20 6:30 17:21 30:24 60 15:1 19:13 62278 4:1 62761 1:4 62761-0001 33:14 63101 2:19 68 10:20 <hr/> 7 <hr/> 7:00 31:1 711 2:18 780 18:1 79 10:12 <hr/> 8 <hr/> 84:10 12:16 8.3 10:10 <hr/> 9 <hr/> 90 12:13				
---	--	--	--	--