

**ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD (HFSRB)
PROJECT HEARING REPORT**

Applicant: Nocturnal Dialysis Spa – Villa Park
Project Number: 13 - 049
Hearing Date: Tuesday, October 1, 2013
Location: 20 South Ardmore Avenue, Villa Park, Illinois 60181
Time: 10:00 AM – 1:00 PM

Hearing Officer: Courtney Avery
Staff Support: Courtney Avery, Administrator
HFSRB Representative: James J. Burden, Board Member

Hearing Requested by: Tom Cullerton State Senator 23rd Legislative District

The following summarizes the attendance figures:

Oral/Written Presentations:

Support: 10
Oppose: 2
Neutral: 1

Registered Attendance Only

Support: 15
Oppose: 1

Total individuals registered: 29



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) HANIS HEMAJAR

City Villa Park State IL Zip 60181

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) Cynthia Lawrence

City Villa Park State IL Zip 608101

Signature Cynthia Lawrence

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

US Renal Care Villa Park

III. POSITION (please circle appropriate position)

Support

~~Oppose~~

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) VASHEEM QURESHI.

City WILLOW BROOK State IL Zip 60527.

Signature Vasheem Qureshi

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Dialysis

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) JOHN W. ARGO CPA

City Deerfield State IL Zip 60015

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Dr. H. Humayun and
Related Medical Corporations

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION
Name (Please Print) ABDUL M MOHAMMED
City Chicago State IL Zip 60657
Signature Mubeen

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Villa park Dialysis

III. POSITION (please circle appropriate position)
 Support Oppose Neutral

IV. Testimony (please circle)
 Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) KAJAL RAO

City CHICAGO State IL Zip 60647

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

VILLA PARK DIALYSIS

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) DEBORAH BULLWINKER

City VILLA PARK State IL Zip 60181

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

PRESIDENT, VILLAGE OF VILLA PARK

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) TIM TINCKNELL

City CHICAGO State IL Zip 60614

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
DAVITA HEALTH CARE PARTNERS INC

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) LORI Wright

City Westchester State IL Zip 60154

Signature Lori Wright

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Fresenius

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) Mike Copelin

City Sherman State IL Zip 62684

Signature Michael D. Copelin

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION
Name (Please Print) Monique Johnson
City Chicago State IL Zip 60624
Signature Monique Johnson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Villa Park Dialysis

III. POSITION (please circle appropriate position)
 Support Oppose Neutral

IV. Testimony (please circle)
 Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) Dominique Quinn

City Berwyn State IL Zip 60402

Signature Dominique Quinn

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Villa Park Center

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION
Name (Please Print) OSWALDO MAGNER, MD
City Melrose Park State IL Zip 60160
Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Villa Park Nocturnal

III. POSITION (please circle appropriate position)
 Support Oppose Neutral

IV. Testimony (please circle)
 Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) JIM EASTERBROOK

City LIBERTYVILLE State IL Zip 60048

Signature Jim Easterbrook

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

FRESenius MEDICAL CARE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) Dominique Guish

City Berwyn State IL Zip 60302

Signature Dominique Guish

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Villa Park Nocturnal Dialysis

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) OSVALDO WAGNER, MD

City Melrose Park State IL Zip 60160

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Villa Park Nocturnal Dialysis

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) Monique Johnson

City Chicago State IL Zip 60644

Signature Monique Johnson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Villa Park Dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) Mike Copelin

City SHERMAN State IL Zip 62454

Signature Michael Copelin

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) PRASAT Sivochvong

City Hickory Hills State IL Zip 60457

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ABC

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) RACHANEE TIROCHADONG

City HICKORY HILLS State IL Zip 60457

Signature *Rachanee Tirotchadong*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ABC

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) KATJA RAO

City CHICAGO State IL Zip 60647

Signature Katja Rao

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DR. HUMAYUN – VILLA PARK Dialysis

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION
Name (Please Print) MOHAMMED SHAHEB
City Villa park State IL Zip 60181
Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION
Name (Please Print) Vincent Lankin
City Villa Park State Ill Zip _____
Signature Vincent Lankin

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) WALTER THOMAS

City Chicago State Ill Zip _____

Signature Walter Thomas

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print)

CATALINA A. YALE

City

Wheaton

State

IL

Zip

60187

Signature

Catalina A. Yale

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) DETRI V. LIVERY

City CHICAGO State Ill. Zip _____

Signature Detri V. Livery

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) Floyda L. Lewis

City Maywood State IL Zip 60153

Signature Floyda L. Lewis

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Villa Park Nocturnal Dialysis -

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print)

Steve Zell

City

Villa Park

State

IL.

Zip

60181

Signature

Steve Zell

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Villa Park Dialysis Center

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Nocturnal Dialysis Spa – Villa Park

Project Number: 13-049

I. IDENTIFICATION

Name (Please Print) Timothy Gillespie

City Chicago State Ill Zip 60651

Signature Timothy Gillespie

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Maple Ave saved my life

and they do such a good job

flow Muhammad HumayAi have all

did good work in my dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2

Good morning and thank you for the opportunity to be here today.

My name is Cynthia Lowrance and I am the facility administrator at the US Renal Care Villa Park dialysis center. We treat patients in the same general vicinity of the proposed Dialysis Spa. I'm here today only to share some background information that I hope will be helpful in giving you a little more context as you weigh this application.

Our facility, located just 5 miles away from the proposed spa, was approved by the planning board in July 2012. We opened our doors earlier this year in February. Our current utilization is 38% and we have the capacity to serve more patients.

Dr. Michael Cohan is the Medical Director and he has been caring for patients in the area for more than 20 years.

We are all very in tune with not only just what patients need, but what they want and what is important to them. So when we planned and designed USRC's VP facility, it was done so with a singular focus on patient need and demand. That includes everything from aesthetics to operations.

We talk to our patients every day and they certainly are not shy with their feedback, but we appreciate that. I can tell you they haven't expressed an interest in nocturnal dialysis—which is essentially an 8-hour dialysis treatment as opposed to the standard 3-4 hours. Area patients, both past and present, have not asked for this type of longer treatment.

In addition to patients, we also work closely with area physicians—those doctors that refer patients to us. It's our understanding that they are happy with and believe that patients are well served by the existing model of care. We regularly discuss modes of care with our referring physicians and are certainly prepared to consider their recommendations.

I do want to however, reassure you that we would certainly evaluate providing nocturnal dialysis if patients were requesting it. I would also add that if there were a demand, we could offer nocturnal dialysis without incurring any additional capital costs. Our structure is already in place and without wasting health care dollars, we can easily make some modifications to provide lengthier treatments.

(1)

We pride ourselves on our individualized approach to care and value our partnership with our patients and their families. Their needs are our top priority and we are always focused on making sure they have access to the support and services they need to keep them on a healthy path.

We know the board has a tough task—making sure everyone has access to healthcare without allowing for the duplication of services. We appreciate your mission and respect the process. We hope this background information is helpful. Thank you again for your time.

My name is ^{LORI WRIGHT} ~~ORANGE COUNTY~~ and I am here on behalf of Fresenius Medical Care. We oppose this application because it is not necessary. It is being presented as a nocturnal dialysis spa center as a way to get around the lack of need. The application actually proposes a traditional dialysis clinic that will offer three shifts. There is significant excess capacity within the 30 minute area of the proposed Villa Park site.

I urge any patients in the audience who currently want nocturnal dialysis to speak to the clinic manager where you currently receive dialysis, regardless of the provider, and let them know you are interested. Nocturnal dialysis shifts can be provided at any existing dialysis facility. Fresenius Medical Care offers nocturnal dialysis in the Chicagoland area, and other providers of dialysis services do as well.

Thank you.

338 S. ARDMORE AVENUE
VILLA PARK, IL 60181
630-903-6662



M106 CAPITOL BUILDING
SPRINGFIELD, IL 62706
217-782-9463

ILLINOIS STATE SENATE
TOM CULLERTON
STATE SENATOR • 23RD DISTRICT

September 16th, 2013

Mr. Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson, Second Floor
Springfield, IL 62761

Dear Chairman Galassie:

I am writing in support of the "Nocturnal Dialysis Spa" project in Villa Park, as it will help the residents of the surrounding Villages to get this long awaited service they have been looking for the past several years.

We currently do not have any Nocturnal Dialysis in the area for the patients who desire this option.

As an elected representative for community, I know this group has a long track record of quality service and professionalism. I have no hesitation in recommending this service to our residents in the area.

Sincerely,

A handwritten signature in cursive script that reads "Tom Cullerton".

Tom Cullerton
State Senator
23rd District

338 S. ARDMORE AVENUE
VILLA PARK, IL 60181
630-903-6662



M106 CAPITOL BUILDING
SPRINGFIELD, IL 62706
217-782-9463

ILLINOIS STATE SENATE
TOM CULLERTON
STATE SENATOR • 23RD DISTRICT

September 16th, 2013

Mr. Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson, Second Floor
Springfield, IL 62761

Dear Chairman Galassie:

I am writing in support of the "Nocturnal Dialysis Spa" project in Villa Park, as it will help the residents of the surrounding Villages to get this long awaited service they have been looking for the past several years.

We currently do not have any Nocturnal Dialysis in the area for the patients who desire this option.

As an elected representative for community, I know this group has a long track record of quality service and professionalism. I have no hesitation in recommending this service to our residents in the area.

Sincerely,

A handwritten signature in cursive script that reads "Tom Cullerton".

Tom Cullerton
State Senator
23rd District

10/2

Nocturnal Dialysis Spa, Villa Park (Proj. No. 13-049)
Tim Tincknell
October 1, 2013 HFSRB Public Hearing

Good morning Board member Dr. Burden, [Ms Avery and Mr. Urso]. My name is Tim Tincknell and I am the Administrator for CON Projects at DaVita. I am here on behalf of DaVita to oppose the applicant's proposal to establish a 12-station in-center hemodialysis facility in Villa Park. This project is not needed and would create an unnecessary duplication of services in the area.

The application for the project is based on presumed demand for nocturnal dialysis, which they contend is not readily available. This is misleading as both DaVita and Fresenius offer nocturnal dialysis as well as evening dialysis (defined as dialysis treatments beginning after 5 p.m.) at several of their Chicagoland facilities. Importantly, if patient demand warranted it, there would be more nocturnal dialysis programs in the area.

The "demand" for a nocturnal dialysis program in Villa Park is questionable at best. Nowhere in the application does the applicant attempt to quantify this demand. Rather, the applicant seems to rely on "form" letters from patients indicating a willingness to transfer to nocturnal dialysis to support its application. (App pp 103-129). If the demand were truly as great as the applicant believes, one must question why the applicant does not offer nocturnal dialysis at its own underutilized Maple Avenue Kidney Center, which is located 15 minutes from the site of the proposed Nocturnal Dialysis Spa. Maple Avenue Kidney Center is operating at 67% utilization (App p 176) and could easily add a nocturnal program to accommodate the purported demand at little or no cost. This would be the most prudent and least costly alternative.

20/2

Finally, the applicant notes this project will not have a negative impact on existing providers because it will cater to the needs of dialysis patients in the area who want a nocturnal option. This is misleading at best as it would predominantly provide traditional in-center hemodialysis, offering traditional dialysis during two of three shifts per day (App. p 38) and would be in direct competition with existing facilities in the area.

Importantly, there are 13 facilities within 20 minutes of the proposed facility with only 2 facilities operating at or above the Board's 80% utilization standard. Average utilization of the existing facilities is only 60%, which means the existing facilities can accommodate approximately 216 patients before average utilization reaches 80%. There is sufficient capacity in the area to accommodate the proposed referrals to the Nocturnal Dialysis Spa. Another facility would further decrease utilization in the area.

The proposed facility is not needed and will result in an unnecessary duplication of services. Therefore, DaVita respectfully requests that the Board deny the applicant's proposal for a 12-station dialysis facility in Villa Park.



Village of Villa Park

20 South Ardmore Avenue, Villa Park, Illinois 60181-2696

Deborah Bullwinkel, Village President
Hosanna Korynecky, Village Clerk
Rich Keehner, Jr., Village Manager

www.invillapark.com

Phone (630) 834-8500
Fax (630) 834-8967
TDD (630) 834-8589

September 30, 2013

Mr. Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson, Second Floor
Springfield, IL 62761

Dear Chairman Galassie:

I am writing to express my support for the Nocturnal Dialysis Spa project in Villa Park, IL. This facility will help meet the needs of people in Villa Park and throughout the metropolitan area who require renal care from experienced medical practitioners.

On behalf of the Village of Villa Park, I'm thrilled that the team investing in the Nocturnal Dialysis Spa has chosen to bring this medical facility and the myriad of services to Villa Park. I'm aware of the track record of professionalism and integrity of the medical team affiliated with this venture, and look forward to watching this project come to fruition in our community.

Sincerely,

Deborah Bullwinkel
Village President
Village of Villa Park