



DRAFT

MIDWEST  
LITIGATION  
SERVICES

COURT REPORTING  
& VIDEO

---

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

**OPEN SESSION**

**APRIL 17, 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](http://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

STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761  
217-782-3516

OPEN SESSION

APRIL 17, 2012

Open session of the meeting of the State of Illinois Health Facilities and Services Review Board was held on April 17, 2012, at Illinois Department of Natural Resources Building, One Natural Resources Way, Springfield, Illinois.

**DRAFT**

1 PRESENT:

2 Dale Galassie - Chairman  
John Hayes - Vice Chairman  
3 James J. Burden, M.D.  
Ronald S. Eaker  
4 Justice Alan Greiman  
Robert J. Hilgenbrink  
5 Kathryn J. Olson  
David Penn  
6 Richard Sewell

7 ALSO PRESENT:

Courtney Avery - Board Administrator  
8 Cathy Clarke - Assistant  
Frank Urso - General Counsel  
9 Juan Morado - Assistant Counsel  
Alexis Kendrick - HFSRB Staff  
10 Michael Constantino - IDPH Staff  
George Roate - IDPH Staff  
11 Bonnie Hills - IDPH Staff  
12 Bill Dart - IDPH Staff  
13 David Carvalho - IDPH Staff  
14 Michael C. Jones - IDHFS  
15 Michael Pelletier - IDHS

16

17 COURT REPORTER:

18 Ms. Dorothy J. Hart, CSR, RPR  
19 Illinois CSR No. 084-001390  
20 Midwest Litigation Services  
21 15 South Old State Capitol Plaza  
22 Springfield, Illinois 62701  
23 (217) 522-2211  
24 1-800-280-3376

1 START TIME: 10:00 a.m.

2

3 CHAIRMAN GALASSIE: Good morning, ladies  
4 and gentlemen. Welcome, this morning. It's a  
5 beautiful day. We're going to see if we can outspoke  
6 the geese outside to get a little cool air in the  
7 room. If we get interrupted, you'll know they're  
8 talking to Board Members and not that they're  
9 commenting on your comments.

10 If you have not signed up for public  
11 comment, that period is now closed. And if you have,  
12 we will be calling you up at the appropriate agenda  
13 item to make your comments.

14 For the Board Members, your mikes are  
15 turned off. Just so you know that. You'll need to  
16 turn them on when you intend to utilize them.

17 I'd like to call the meeting to order and  
18 ask for a roll call. George.

19 MR. ROATE: Dr. Burden?

20 DR. BURDEN: Here.

21 MR. ROATE: Mr. Eaker?

22 MR. EAKER: Here.

23 MR. ROATE: Justice Greiman?

24 (No response)

1 MR. ROATE: Absent.

2 Mr. Hayes.

3 VICE CHAIRMAN HAYES: Here.

4 MR. ROATE: Mr. Hilgenbrink?

5 MR. HILGENBRINK: Here.

6 MR. ROATE: Ms. Olson?

7 MS. OLSON: Here.

8 MR. ROATE: Mr. Penn?

9 MR. PENN: Here.

10 MR. ROATE: Mr. Sewell?

11 MR. SEWELL: Here.

12 MR. ROATE: Chairman Galassie?

13 CHAIRMAN GALASSIE: Here.

14 Thank you very much.

15 Can I call for a motion to approve the --  
16 of the agenda?

17 VICE CHAIRMAN HAYES: So moved.

18 DR. BURDEN: Second.

19 CHAIRMAN GALASSIE: Moved and second. All  
20 in favor?

21 (A voice vote was taken.)

22 CHAIRMAN GALASSIE: Motion passes. Thank  
23 you very much.

24 And a motion for approval of the minutes?

1 MS. OLSON: So moved.

2 MR. EAKER: Second.

3 CHAIRMAN GALASSIE: Moved and seconded.

4 Any questions, comments, or changes to the minutes?

5 (No response)

6 CHAIRMAN GALASSIE: Hearing none, all in  
7 favor?

8 (A voice vote was taken.)

9 CHAIRMAN GALASSIE: Motion passes. The  
10 minutes are approved. Thank you.

11 Juan, can you please read our public  
12 comment directions for the agenda of the day?

13 MR. MORADO: The Illinois Open Meeting Act  
14 requires that any person shall be permitted an  
15 opportunity to address public officials under the  
16 rules established and recorded by the public body.  
17 The following is the procedure which the Illinois  
18 Health Facilities and Services Review Board will  
19 adhere to.

20 If you have previously participated in any  
21 public hearings or submitted written comments related  
22 to the projects listed on today's agenda, you will not  
23 be allowed to repeat your previous comments, because  
24 each Board Member has already received those

1 materials. Board Staff will be comparing a speaker's  
2 public hearing testimony and/or previous written  
3 comments to ensure that the public participation  
4 testimony is not repetitive. Speakers will be  
5 reminded not to provide repetitive comments.

6 So that the Board is able to accomplish  
7 other agenda items, each speaker will be allotted a  
8 maximum of two minutes to provide their comments.  
9 Please understand, when the Chairman signals, you must  
10 conclude your comments.

11 Inflammatory or derogatory comments are  
12 prohibited. No more than three persons representing  
13 the same organization are allowed to provide testimony  
14 regarding the same project. Public comment for each  
15 speaker is listed to the testimony for one project or  
16 issue. The Board asks that you please make sure that  
17 all comments are focused and relevant to the specific  
18 projects on the current agenda. Comments should not  
19 be repetitive and not be disruptive to the Board's  
20 proceedings.

21 The public is strongly urged to  
22 participate in the long-standing opportunities for  
23 oral and written comment provided by the public  
24 hearings conducted for CON projects under review, as

1 well as draft rulemaking. Scheduled public hearings  
2 are posted on the Health Facilities and Services  
3 Review Board website.

4           Speakers who do not comply with these  
5 guidelines will not be allowed to provide comments at  
6 the Board's open meeting. Please note, anyone wanting  
7 to provide public participation comments at a Board  
8 meeting must pre-register, and the only time to  
9 pre-register will begin 30 minutes before the  
10 scheduled Board meeting. Thank you.

11           CHAIRMAN GALASSIE: Thank you. Moving on  
12 to item number 7 on the agenda -- I'm sorry, item  
13 number 5 -- I'm sorry. My agenda was numbered  
14 differently. Item number 5 Post Permit Items Approved  
15 By The Chair. Mike, did you want to address those?

16           MR. CONSTANTINO: Yes, sir.

17           Permit #07-148, Silver Cross Hospital  
18 approved for a nine-month permit renewal.

19           Permit #07-125, Rush University Medical  
20 Center, permit alteration to increase the permit  
21 amount by \$8.1 million.

22           Number 3. Permit #07-134, Children's  
23 Memorial Hospital, permit alteration to convert 12  
24 peds beds to ICU beds approved March 14th, 2012.

1 And then Permit #08-091, Riverside Medical  
2 Center, permit renewal approved April 17th, 2012.

3 Thank you, Mr. Chairman.

4 CHAIRMAN GALASSIE: Are there any  
5 questions from Board Members on these four items --  
6 five items?

7 (No response)

8 CHAIRMAN GALASSIE: Hearing none, we'll be  
9 moving on.

10 Agenda item Number 6, Items For State  
11 Board Action. Permit renewal requests. We have no  
12 extension requests. Exemption requests -- I have one.  
13 We're working off two different agendas. I apologize.  
14 I still only have one. Okay.

15 Item C. Ottawa Regional Hospital &  
16 Healthcare Center. Is anyone here representing Ottawa  
17 Regional Hospital & Healthcare Center? If so, would  
18 you please come up and introduce yourself?

19 MR. HOHULIN: We do have public comment.

20 CHAIRMAN GALASSIE: Okay. There are  
21 public comments? We have four individuals interested  
22 in testimony. We'll ask that you come up perhaps  
23 collectively, but we'll start out with Mr. Boyd  
24 Palmer, Robert Eschbach, Jeffrey Crowhurst --

1 apologize if I -- and Julie Kerestes. I think you  
2 have to turn that on. If you will, please spell your  
3 name for our recorder. And when you're done, we will  
4 -- oh, you don't have to be sworn in. I'm sorry.

5 COURT REPORTER: There's a sign-in sheet  
6 there too.

7 CHAIRMAN GALASSIE: You don't have to  
8 spell your name. We'll just do a sign-in. Thank you.

9 Okay. Mr. Palmer. Good morning.

10 MR. PALMER: Yes, good morning. My name  
11 is Boyd Palmer and I am the Executive Director of the  
12 Ottawa Area Chamber of Commerce & Industry. I am here  
13 before you this morning to express my own personal and  
14 our Chamber's support for the Ottawa Regional Hospital  
15 and OSF Healthcare System affiliation.

16 In my Chamber role for the past six years  
17 in economic development for the City of Ottawa, I am  
18 responsible for completing the requests for  
19 information that we respond to for potential  
20 businesses seeking to locate in our community. In  
21 every response to the quality of life question, I  
22 highlight the cutting edge regional healthcare  
23 provider Ottawa Regional Hospital Ottawa's fortunate  
24 to have for its citizens and citizens of other

1 surrounding communities.

2 Two, this affiliation will retain 700  
3 trained and competent healthcare providers. Our  
4 Chamber is confident in OSF's ability to continue and  
5 even bolster the superior care the Ottawa Regional  
6 Hospital provides to individuals and families in our  
7 local community.

8 Our Chamber is certain that this  
9 affiliation will result in strengthening of our local  
10 economy, both from OSF's sound financial performance  
11 and for the employees and related businesses in  
12 Ottawa, all of which we believe will be as good or  
13 better off after this affiliation than they were  
14 before it.

15 I urge this Board to vote in favor of the  
16 affiliation and provide the necessary permit for this  
17 transaction to proceed. Thank you much for your time.

18 CHAIRMAN GALASSIE: Thank you, Mr. Palmer.

19 Next we have Mr. Eschbach. Good morning.

20 MR. ESCHBACH: Good morning. My name is  
21 Robert Eschbach. I'm a lifelong resident of Ottawa  
22 and I currently serve as mayor of the City of Ottawa.  
23 59 years ago I was born at Ottawa Regional Hospital.

24 On behalf of our city, I'm here before you

1 to support the OSF and Ottawa affiliation and to  
2 request that you grant the exemption permit necessary  
3 for the parties to close the transaction.

4           The City of Ottawa has a vested interest  
5 in ensuring that excellent, affordable, and accessible  
6 healthcare is available to all of its citizens and  
7 those of surrounding communities. A hospital is vital  
8 to a stable community and Ottawa has been lucky to  
9 have Ottawa Regional since 1895 when it was originally  
10 founded as a city hospital. Anything necessary to  
11 make sure that our citizens always have excellent  
12 access to healthcare is in our best interest. And we  
13 believe that despite Ottawa's strong financial and  
14 administrative track record, the OSF affiliation best  
15 places Ottawa in a position to keep up with the future  
16 demands of health reform and other challenges to the  
17 health delivery system.

18           Our citizens have expressed to me strong  
19 support for this affiliation. While I cannot speak  
20 for each of my constituents individually, I believe it  
21 is accurate to say that the citizens of Ottawa are not  
22 only comfortable with but look forward to their  
23 hospital's affiliation with OSF and that we believe  
24 this will have a positive impact on our community from

1 the standpoints of safety, economy, and access to  
2 high-level care.

3 Again I urge you to permit this change of  
4 ownership to move forward. Thank you.

5 CHAIRMAN GALASSIE: Thank you, Mayor.

6 Dr. Crowhurst.

7 MR. CROWHURST: Thank you. Good morning.  
8 My name is Dr. Jeffrey Crowhurst. I'm a practicing  
9 podiatrist. I've been on staff at Ottawa Regional  
10 Hospital for 31 years. I'm also president of the  
11 medical staff.

12 I'm here to tell you that the medical  
13 staff overwhelming support this, both the employees  
14 and the affiliated physicians of our medical staff.  
15 Our medical executive committee, which is the  
16 physician leadership, has examined the affiliation and  
17 feels it is in the best interest of our medical staff  
18 and our patients to go ahead with this affiliation.

19 In the 31 years that I've been on staff,  
20 we've had a long-standing relationship with  
21 educational resources from OSF, as well as a referral  
22 base. I've had experience with several different  
23 healthcare systems because of our proximity to Chicago  
24 as well as Peoria, and I feel that this OSF Healthcare

1 System is one of the best.

2 I mean I would highly recommend that we go  
3 ahead with this exemption. Thank you.

4 CHAIRMAN GALASSIE: Thank you very much,  
5 Doctor.

6 Ms. Julie Kerestes, please.

7 MS. KERESTES: Good morning. My name is  
8 Julie Kerestes and I'm the Administrator of the  
9 LaSalle County Health Department.

10 On behalf of the Department, I wish to  
11 extend our full support for the affiliation between  
12 OSF and Ottawa Regional. OSF and Ottawa Regional have  
13 proven track records of providing high quality  
14 comprehensive healthcare. This merger will enhance  
15 access to that necessary care in Ottawa and other  
16 communities surrounding the hospital.

17 OSF and Ottawa management have indicated a  
18 desire to continue to work with our department in  
19 various initiatives focused on community health  
20 improvement, and I view this as necessary and positive  
21 steps in collaborations between public officials and  
22 private providers.

23 From what I have seen, the affiliation of  
24 these two non-for-profit systems will result in major

1 benefits to the public of LaSalle County, and I ask  
2 that you allow these benefits to be realized through a  
3 yes vote on the Certificate of Exemption. Thank you.

4 CHAIRMAN GALASSIE: Thank you,  
5 Ms. Kerestes. And I, for one, am happy to see the  
6 local health department here making a comment, pro or  
7 con.

8 Thank you very much for your comments this  
9 morning.

10 Okay. Now the representatives from Ottawa  
11 Regional Hospital, if you'll come up to the table.  
12 Good morning, folks. If you will kindly introduce  
13 yourselves one by one so our recorder can jot down  
14 your names, and we'll do a collective swearing in.

15 MR. CHAFFIN: My name is Bob Chaffin,  
16 Should I spell it out?

17 CHAIRMAN GALASSIE: Please.

18 MR. CHAFFIN: C-h-a-f-f-i-n.

19 MR. SCHOEPLEIN: Good morning. I'm Kevin  
20 Schoeplein, S-c-h-o-e-p-l-e-i-n.

21 MR. HOHULIN: Mark Hohulin, H-o-h-u-l-i-n.

22 AJAY PATHAK: Good morning. Ajay Pathak.  
23 First name is A-j-a-y. Last name is P-a-t-h-a-k.

24 MR. GONZALO: Good morning. I'm Steven

1 Gonzalo, G-o-n-z-a-l-o.

2 (Oath given.)

3 CHAIRMAN GALASSIE: Thank you very much.  
4 Staff report, please.

5 MR. CONSTANTINO: Thank you, Mr. Chairman.

6 OSF Healthcare is proposing a change in  
7 control of Ottawa Regional Hospital & Healthcare  
8 Center. The project completion date is April 30th,  
9 2012. There was no public hearing. And no letters in  
10 support or opposition were received by the State Board  
11 Staff. Thank you, Mr. Chairman.

12 CHAIRMAN GALASSIE: Thank you.

13 Gentlemen, do you have any comments for  
14 the Board?

15 MR. HOHULIN: Yes, we do.

16 Good morning. Again, my name is Mark  
17 Hohulin. I'm the Senior Vice President of Decision  
18 Support for OSF Healthcare System. With me at the  
19 table are Mr. Bob Chaffin, CEO of Ottawa Regional, and  
20 Mr. Kevin Schoeplein, CEO of OSF Healthcare System.  
21 Available also is Mr. Steve Gonzalo, Chairman of the  
22 Board of Ottawa Regional, and Mr. Ajay Pathak,  
23 Director of Strategic Business Development for OSF.  
24 We also have several individuals sitting behind us

1 that are available for questions at that point in  
2 time.

3 We'd like to thank the Board for the  
4 opportunity to present our information this morning  
5 and the State Staff for the assistance and guidance in  
6 preparing our application. We're here seeking a  
7 Certificate of Exemption for a change of ownership for  
8 Ottawa Regional Hospital & Healthcare Center.

9 Throughout this process we have engaged  
10 the Ottawa community, who has been overwhelming  
11 supportive of our organizations coming together to  
12 continue to provide exceptional care and service to  
13 Ottawa and the surrounding communities. No one has  
14 submitted a request for a public hearing and no  
15 written or public comments have been submitted or  
16 heard today in opposition of our affiliation.

17 At this time I will ask Mr. Bob Chaffin  
18 from Ottawa Regional to share with you the reasons  
19 that Ottawa Regional sought to partner with a  
20 healthcare system, why they selected OSF as a partner.  
21 And after that, Mr. Schoepflein will share -- address  
22 the primary points of the affiliation. We will then  
23 be happy to address any questions you may have.

24 CHAIRMAN GALASSIE: Thank you.

1 MR. CHAFFIN: Thank you, Mark.

2 Good morning. I'm Bob Chaffin. I'm the  
3 CEO of Ottawa Regional Hospital.

4 We're here to ask for COE approval for OSF  
5 to become the sole corporate member of Ottawa  
6 Regional. I'd like to share with you why our Board  
7 felt it was time to affiliate with a system and why we  
8 chose OSF.

9 Over the last several years, we've  
10 improved our infrastructure, we have purchased  
11 cutting-edge technology, and solidified our primary  
12 care services through practice acquisition and  
13 recruitment, all the while maintaining an excellent  
14 balance sheet. We provide quality care and we're  
15 really proud of our accomplishments in Ottawa.

16 In looking to the future, though, we want  
17 to broaden those services we offer our community and  
18 find ways to reduce our costs. Over two years ago, we  
19 began discussing what -- how we could accomplish our  
20 goals and find ways to provide care for patients close  
21 to home. Our conclusion was to consider joining a  
22 system. We are and we were -- we were and we are  
23 lacking specialty providers such as neurology and  
24 pulmonology, just to name a couple. Through a

1 system's competency and capabilities, we think we will  
2 improve our chances -- we know we'll improve our  
3 chances to recruit and retain these scarce  
4 specialists. Keeping care close to home is important  
5 for our patient population, not only for their  
6 convenience but also to hold down their costs.

7           There are many other benefits in joining a  
8 system such as OSF. We can capitalize on corporate  
9 expertise and ever-changing areas such as utilization  
10 management and information technology. Supply chain  
11 management will offer opportunities to get best  
12 pricing. We'll have access to their best practices  
13 and enhanced analytics for performance improvement in  
14 an ever-changing environment.

15           We have enjoyed our independence in  
16 Ottawa, but we also have a fiduciary responsibility to  
17 our organization and our community. The time has come  
18 to transform healthcare in Ottawa.

19           Once we agreed it was time to join a  
20 system, we began considering the numerous options.  
21 One of those options was the OSF Healthcare System.  
22 For years OSF has provided our medical staff with  
23 continuing medical education. Our physicians and  
24 OSF's physicians work well together and have formed a

1 long-standing trust. When necessary, St. Francis  
2 Medical Center in Peoria -- that's our tertiary care  
3 center in the area -- is always willing to accept our  
4 transfers regardless of the patient's insurance  
5 coverage or lack thereof. In my 23 years in Ottawa  
6 OSF has never refused a patient transfer. The OSF  
7 mission to care for patients in our community is as  
8 strong as our own. We initiated the conversation with  
9 OSF, and I'm pleased to say it has culminated in us  
10 being here today.

11           Throughout this journey we've been  
12 supported by the entire Ottawa community. As Mark  
13 mentioned, no written or public comments have been  
14 heard today in opposition of our affiliation. We've  
15 received overwhelming community support for this  
16 partnership as our community, physicians and hospital  
17 staff are strongly in favor of the affiliation.

18           At this point I'll turn it over to  
19 Mr. Schoeplein to share a few details of the  
20 affiliation.

21           CHAIRMAN GALASSIE: Thank you.

22           MR. SCHOEPLIN: Thank you, Bob.

23           Good morning, Mr. Chairman. My name's  
24 Kevin Schoeplein. Excuse me for my voice. I'm Chief

1 Executive Officer for OSF Healthcare System.

2 I'd like to begin my comments today by  
3 extending my personal appreciation to the individuals  
4 here today in support of our application for a  
5 Certificate of Exemption for the change of ownership  
6 of Ottawa Regional Hospital & Healthcare Center.

7 As Mr. Chaffin mentioned, we were  
8 approached by the governing board of Ottawa to answer  
9 the question as to how we could together bring our  
10 resources, our talents, and competencies together to  
11 provide and enhance the healthcare needs of the  
12 patients we collectively serve. We view this  
13 affiliation as a coming together of two organizations  
14 that share an aligned and common mission to both our  
15 patients and our communities. This affiliation  
16 demonstrates a collaborative vested interest in our  
17 mission to serve persons with the greatest care and  
18 love that celebrates the gift of life.

19 In light of our rapidly evolving  
20 healthcare landscape, OSF and Ottawa Regional Health  
21 System are both committed to develop a sustainable  
22 Healthcare System in the Ottawa community that focuses  
23 on improved clinical outcomes, increased access to  
24 care, and improved coordination and production of care

1 across the entire care continuum. OSF and Ottawa  
2 Regional Hospital will work collectively to positively  
3 impact the quality and safety of care and ensure that  
4 every patient gets the appropriate care at the right  
5 time every time. We see this as an opportunity to  
6 provide these benefits to the Ottawa community that  
7 otherwise would not be achievable if both  
8 organizations continue operating independently.

9 As outlined in our affiliation agreement,  
10 Ottawa will have access to the full array of OSF  
11 Healthcare services. While at the same time, our  
12 communities and our patients will duly benefit from  
13 the efficiency and clinical efficacy that will result  
14 from a more coordinated and collected delivery of care  
15 enabled by the installation of the integrated medical  
16 records system of Epic in Ottawa.

17 In closing, we want to emphasize the fact  
18 that Ottawa will continue its long-standing and vital  
19 commitment to charity care. The approach to charity  
20 care in Ottawa will only be enhanced by OSF's own  
21 charity assistance policy. We strive to constantly  
22 keep our patients at the center of our efforts and the  
23 center of our decisions, while ensuring that we  
24 respect the personal worth and dignity of every person

1 we serve. We live that mission at OSF and OSF has  
2 embraced this with open arms. We look forward to the  
3 opportunity to continue to serve the Ottawa community  
4 through this affiliation.

5 I would like to thank the Board for taking  
6 the time to review our Certificate of Exemption  
7 application and we'll be pleased to answer any  
8 questions you have at this time.

9 CHAIRMAN GALASSIE: Thank you. I'll open  
10 it up to questions from Board Members.

11 Dr. Burden.

12 DR. BURDEN: Thank you very much,  
13 Mr. Chairman.

14 I have an issue that I hope you could help  
15 us -- me on personally.

16 MR. URSO: Dr. Burden, can you use the  
17 microphone, please?

18 DR. BURDEN: Okay. OSF, if I'm clear  
19 about this as a practicing Catholic, retired  
20 physician, is a Catholic institution and espouses some  
21 of the problems that have occurred regarding  
22 reproductive -- female reproductive, human rights, et  
23 cetera, that has caused a firestorm in Washington and  
24 still remains on the political agenda.

1                   What will be the policy if you -- if this  
2 application is approved regarding abortion rights at  
3 Ottawa? I don't know what it is now. I wondered --  
4 this is a small community. The hospital has been  
5 there a long time, actually a great track record.  
6 Just curious to know what this might mean if this  
7 relationship is secured.

8                   MR. SCHOEPLIN: I'll let Bob speak to the  
9 question about -- the elective abortion question.

10                  MR. CHAFFIN: Actually, we don't do  
11 abortions in Ottawa. We really never have and we  
12 don't anticipate doing them in the future.

13                  DR. BURDEN: Thank you for that answer.  
14 Because I noticed the Federal Trade Commission is  
15 involved in Rockford and then this one statement in  
16 here. Was the hospital in Ottawa involved with the  
17 Rockford Memorial or one of the institutions in  
18 Rockford? I'm just curious about that.

19                  MR. CHAFFIN: Not at all.

20                  DR. BURDEN: I wonder why it's mentioned  
21 in the dialogue here, that the Federal Trade  
22 Commission investigation, which we are well aware of  
23 and has held up everything in that city, has something  
24 to do with your interest in aligning with Peoria. Is

1 that possible or is it just coincidental?

2 MR. HOHULIN: Well, I was going to say  
3 it's mentioned in the State Agency Report as it  
4 relates to the financial economic feasibility off of  
5 the Standard & Poor's bond rating, and it was  
6 referencing the Rockford Health System transaction at  
7 the time. It really has nothing to do with Ottawa.

8 DR. BURDEN: It has nothing to do with  
9 Ottawa?

10 MR. HOHULIN: No.

11 MR. SCHOEPLIN: The Federal Trade  
12 Commission is aware of this transaction and they have  
13 not requested any additional information relative to  
14 this transaction.

15 DR. BURDEN: Thank you.

16 CHAIRMAN GALASSIE: Other questions from  
17 Board Members?

18 MS. OLSON: I think you just answered my  
19 question. You're not anticipating any objections from  
20 the FTC on this particular transaction?

21 MR. SCHOEPLIN: No, we do not.

22 CHAIRMAN GALASSIE: John, do you have one?

23 VICE CHAIRMAN HAYES: Yeah. In this State  
24 Agency Report they're really not talking about --

1 well, basically what they're talking about is the bond  
2 rating. And they and the Fitch have mentioned that if  
3 the liquidity declines beyond current levels and if  
4 challenges emerge during the FTC challenge of the  
5 affiliation with Rockford Health System, we could  
6 lower the rating. And this is the rating of OSF  
7 Healthcare System.

8           Could you give me a basis of that and how  
9 you feel? Because basically now Rockford and the OSF  
10 Rockford Health System merger has been -- is not -- no  
11 longer going forward. That has been stopped. And  
12 that is not -- and the parties have decided not to  
13 affiliate. So how does that affect OSF's bond rating?

14           MR. SCHOEPLIN: We do not -- let me  
15 respond in the context of the rating agency's message  
16 that they were conveying. I always believed that OSF  
17 had a great strategy. Several years ago, as many  
18 hospitals did then, and today, were concerned about  
19 their operating performance. Our operating  
20 performance over the last several years have been very  
21 good. Today it continues to increase.

22           The question relative to the RHS  
23 transaction was to the degree that a -- the merger of  
24 OSF and Rockford Health System would create any degree

1 of distraction, and if there was a long period of  
2 engagement of that work to a challenge, to what extent  
3 -- their concern was would it have any distraction to  
4 OSF on its performance. So with the setting aside of  
5 the merger at this time, the concern relative to the  
6 rating agency's concern of distraction should not be  
7 present. Hopefully that answers your question.

8 VICE CHAIRMAN HAYES: Okay. So the RMS --

9 MR. SCHOEPLEIN: RMH.

10 VICE CHAIRMAN HAYES: As I have read, the  
11 RMS transaction is -- is not going through and that is  
12 a dead issue right now.

13 MR. SCHOEPLEIN: Yeah. We have withdrawn  
14 our Hart-Scott-Rodino filing relative to that  
15 transaction.

16 VICE CHAIRMAN HAYES: Thank you.

17 CHAIRMAN GALASSIE: Any other questions  
18 from Board Members?

19 MR. CONSTANTINO: Mr. Chairman, we expect  
20 to receive an abandonment letter within the next week  
21 or so from the applicants regarding that change of  
22 ownership of Rockford Memorial Hospital.

23 CHAIRMAN GALASSIE: Hearing no other  
24 questions, may I have a motion to approve?

1 MR. HILGENBRINK: Mr. Chairman, Mr.  
2 Carvalho has a question.

3 MR. CARVALHO: Two questions. My computer  
4 crashed and is rebooting, so I'm doing this from  
5 memory. But the utilization numbers for the hospital  
6 are, in some instances, in med/surg almost half of our  
7 target, in other places close to half of our target.  
8 And there was a time 10 or 15 years ago when the then  
9 chair of the Board sought a reduction in licensed beds  
10 when an application like this came before it. That is  
11 not the tactic that this Board has taken. But it does  
12 beg the question, when other applicants come before us  
13 and they say, well, your need calculations aren't  
14 right because other hospitals have beds that they  
15 really aren't utilizing, and we have to respond to  
16 that.

17 So I'm wondering if you could respond to  
18 whether these utilizations are expected to continue in  
19 the future, and, if not, what are your plans that are  
20 going to increase these utilizations of the beds you  
21 have licensed?

22 MR. SCHOEPLEIN: I think there are several  
23 responses to the inquiry. Yes, there has been some  
24 decline. Most recently it's started to level off and

1 slightly increase.

2 We expect by virtue of the ability to be  
3 able to recruit and retain specialty physicians in  
4 that community and also by the opportunity to use  
5 technology, like our introduction of our eICU, we're  
6 going to be able to retain patients closer to home,  
7 and the ability to recruit and retain specialists by a  
8 part of a larger healthcare system we'll be able to be  
9 able to grow the opportunity for need and demand for  
10 healthcare services to -- for patients to stay closer  
11 to home. We also expect that the population will  
12 continue to grow from the north down to the northwest,  
13 which will help support the long-term facility  
14 demands.

15 MR. CARVALHO: Thank you. The second  
16 question, I'd like to follow up on Dr. Burden's  
17 question. And I don't think these answers impact the  
18 Board's decision, but it's good to get them on the  
19 record as there is a change in ownership of  
20 facilities.

21 MR. SCHOEPLEIN: Absolutely.

22 MR. CARVALHO: So you indicated that under  
23 the OSF System you would not be performing abortions,  
24 but you're not doing abortions now, so -- but are

1 there things that you are doing now that you will not  
2 be permitted to under the OSF System? I'm focusing  
3 particularly on other aspect of reproductive services,  
4 on the withdrawal of nutrition under certain  
5 circumstances at the end of life, on -- and the third  
6 would be women who have either intended or emergency  
7 cesareans and who may at that time wish to have tubal  
8 ligation and will they have to be sewn back up and  
9 transported someplace else to have tubal ligation or  
10 will that be done if that's their request at Ottawa in  
11 the future?

12 MR. SCHOEPLEIN: First of all, access to  
13 those procedures that are available at Ottawa Regional  
14 Hospital today will continue to be available in  
15 neighboring hospitals. There are eight -- I think  
16 eight other hospitals in close proximity, 30-mile  
17 distance of Ottawa. All the individual clinical  
18 practitioners that would do tubal ligations as an  
19 elective basis are not -- are independent  
20 practitioners and would continue to be able to do  
21 those procedures at other hospitals. So that -- those  
22 services are available and will continue to be  
23 available in the community.

24 MR. CARVALHO: In the situation, though,

1 where it's not elective, where someone has come in and  
2 then an un -- unpredictably requires a cesarean and  
3 doesn't want to have a second operation because she's  
4 already been cut open once, what will be the policy of  
5 the hospital going forward?

6 MR. SCHOEPLIN: Those would not be able  
7 to be permitted at that -- at Ottawa Regional  
8 Hospital. It's anticipated that those are not being  
9 currently practiced.

10 MR. CARVALHO: Thank you.

11 CHAIRMAN GALASSIE: Moving forward, may I  
12 have a motion to approve the change of ownership  
13 Exemption Number E-001-12, Ottawa Regional Hospital &  
14 Healthcare Center in Ottawa, Illinois?

15 MR. SEWELL: So moved.

16 VICE CHAIRMAN HAYES: Second.

17 CHAIRMAN GALASSIE: Moved and seconded.

18 MR. ROATE: Motion made by Mr. Sewell,  
19 seconded by Mr. Hayes.

20 Dr. Burden?

21 DR. BURDEN: Yes. I vote yes, but I was a  
22 little chagrined to hear somewhat about the answer  
23 regarding emergency C sections and possible tubal  
24 ligation. I consider that an issue that still has to

1 be looked at. I would imagine that would be a  
2 concern. I don't know whether it will affect -- it  
3 doesn't affect my vote, but it does affect my concern  
4 about what's going to happen down the road once  
5 there's a relationship that's formalized.

6 MR. ROATE: Mr. Eaker?

7 MR. EAKER: I vote yes and express the  
8 same concerns that Dr. Burden just expressed.

9 MR. ROATE: Mr. Hayes?

10 VICE CHAIRMAN HAYES: Yes.

11 MR. ROATE: Mr. Hilgenbrink?

12 MR. HILGENBRINK: Yes.

13 MR. ROATE: Ms. Olson?

14 MS. OLSON: Yes. But I also express Dr.  
15 Burden's concerns. I think it should be addressed.

16 MR. ROATE: Mr. Penn?

17 MR. PENN: Yes, with the understanding  
18 that I also have the same concerns as Dr. Burden.

19 MR. ROATE: Mr. Sewell?

20 MR. SEWELL: Yes.

21 MR. ROATE: Chairman Galassie?

22 CHAIRMAN GALASSIE: Yes.

23 MR. ROATE: That's eight votes in the  
24 affirmative.

1 CHAIRMAN GALASSIE: Motion passes.

2 Congratulations.

3 Moving on to item 6 D, Alterations, we  
4 have none. Declaratory Rulings, we have none. Health  
5 Care Worker Self-Referral Act, none. And Status  
6 Reports On Conditional Permits, none.

7 That brings us to item number H on the  
8 agenda, Applications Subsequent To Initial Review.

9 Item Number H-01, Project 12-018, Pekin  
10 Hospital in Pekin. I don't believe we have any public  
11 comment. So we would ask for the Pekin

12 representatives to come to the table, introduce  
13 yourselves one by one, spell your name for the  
14 recorder who's behind you, and either face her or use  
15 the microphone, and we'll do a collective swearing in.

16 Is our recorder doing okay?

17 COURT REPORTER: If we could have a little  
18 higher volume on voices, especially these people  
19 behind me.

20 CHAIRMAN GALASSIE: I apologize. We might  
21 try to make a change at the break.

22 If you'd use the mike, thank you very  
23 much.

24 MS. PATTERSON: I'm Jo Ellen Patterson,

1 capital J-o capital E-l-l-e-n capital P-a-t-t-e-s-o-n.

2 MR. ANDREWS: I'm Kevin Andrews, K-e-v-i-n  
3 A-n-d-r-e-w-s.

4 MR. VanderLINDEN: Mark VanderLinden,  
5 M-a-r-k, VanderLinden, V-a-n-d-e-r capital  
6 L-i-n-d-e-n.

7 MR. PARKHURST: Ed Parkhurst, E-d  
8 P-a-r-k-h-u-r-s-t, a consultant to Pekin.

9 CHAIRMAN GALASSIE: Thank you. And we'll  
10 have a collective swearing in.

11 (Oath given.)

12 CHAIRMAN GALASSIE: Thank you. Staff  
13 report, please.

14 MR. CONSTANTINO: Thank you, Mr. Chairman.  
15 The applicants are proposing the  
16 discontinuation of their 27-bed long term care  
17 category of service. No letters of opposition were  
18 received and there was no public hearing requested.  
19 There is no cost to this project. The anticipated  
20 project completion date is June 1st, 2012.

21 Thank you, Mr. Chairman.

22 CHAIRMAN GALASSIE: Thank you.

23 Comments for the Board?

24 MR. ANDREWS: Yes, thank you. I'm Kevin

1 Andrews, the CEO of Progressive Health System Pekin  
2 Hospital. Good morning.

3 CHAIRMAN GALASSIE: Good morning.

4 MR. ANDREWS: We appreciate you having us  
5 here. Our staff have already been introduced, so I'll  
6 just sort of run right past that.

7 But we're here today, as staff report, to  
8 try to explain to you our decision and our desire to  
9 receive a discontinuation of an underused service in  
10 our facility. It's a 27-bed long term care facility.

11 And first I'd like to thank you for the  
12 assistance we've received as we prepared for this  
13 process. We're a little bit unfamiliar with that  
14 process and so it was helpful.

15 In addition, the expedited hearing helps  
16 us a lot, and with your approval, which we hope to  
17 have, it will also save our community a significant  
18 amount of money.

19 Over the last three years, our unit -- our  
20 stand-alone skilled nursing unit lost approximately \$5  
21 million and that's about \$4500 a day in the last  
22 fiscal year, which we've got a fully allocated \$1.6  
23 million loss this year. And we've taken the position  
24 that the straw that sort of broke that camel's back

1 for us after multiple efforts to try to stem this tide  
2 of red ink, the fiscal Medicare program for 2012 has  
3 reduced payments to hospital-based systems another  
4 eleven percent. So we are just seeing a process  
5 occurring in reimbursement that's fiscally  
6 unsustainable for our hospital. That's why we're here  
7 today.

8           We're not proposing a bed increase. We're  
9 not proposing adding beds of any type. What we really  
10 want to do is seek your approval for this  
11 discontinuation of service and then add more private  
12 med/surg beds to our facility by reducing the number  
13 of semiprivate beds. The overall bed count will not  
14 go up. Today, we're about 23 percent of our  
15 facility's med/surg beds are private. With your  
16 approval of this request we will move that number to  
17 68 percent of our beds.

18           In so doing, we will achieve a number of  
19 things. We think it will affect quality very  
20 positively. We won't have to deal with the difficulty  
21 of bed movement with isolated patients. It will  
22 increase the admission speed. It will increase  
23 patient safety. It reduces the risk of any kind of a  
24 med error or confusion when there's only one person in

1 the room versus two. And that's why we come here this  
2 morning.

3 We think we've provided the Agency  
4 everything you would need or want to go through this  
5 criteria and we think we've met that and that's, of  
6 course, why we're here today.

7 We don't take this move lightly. We've  
8 been in the long term care business as part of our  
9 acute hospital care setting since 1993. That was  
10 done, ladies and gentlemen, as a response to  
11 incentives in Medicare's change as the LTC, long term  
12 care, program within a hospital got its legs in 1993.  
13 And you can see across the country where those beds  
14 increased, increased and increased. And about ten  
15 years ago you started seeing a decrease. And Medicare  
16 without the introduction of healthcare reform on a  
17 national level has continued to see this decrease.  
18 And we're there now. And as I say, with that most  
19 recent eleven percent reduction we simply are unable  
20 to sustain this volume of decline.

21 I think before you this morning is  
22 probably the key question of, all right, if we do this  
23 and we permit these 27 beds to be taken out of  
24 service, what's the impact in the service area? What

1 does it mean? And I'm pleased to report that there is  
2 no negative impact in the service area. As part of  
3 the Agency rules, we identified some 50 providers of  
4 care within the 45-minute drive time. We sent out the  
5 impact letters, and we find in their response, some 14  
6 of the facilities responded to us, all of them  
7 responded positively that they had capacity and they  
8 pretty much wanted our capacity. We found that five  
9 of the respondents had between 133 and 136 beds  
10 available. We found an additional four had between 53  
11 and 60 beds available to accept our average daily  
12 census of 8.8 patients. By the way, today we have  
13 seven patients. Year to date this year we have 7.8.  
14 So our numbers are shrinking and drop continuously and  
15 that puts us there. I think the important part is  
16 this will have no impact on people needing this care.

17 Our position is supported by the  
18 conclusions of the State Agency Report on page 3.

19 There is one negative report that  
20 indicates that if the discontinuation occurs it will  
21 have an adverse effect on Tazewell County bed  
22 calculations, and we understand that that's something  
23 to consider. But by the same token, if you look at  
24 the 45-minute Agency rules of the 45-minute drive time

1 rules, there are some seven counties in that area, not  
2 just Tazewell County, and there is clearly an excess  
3 of beds within those seven county areas. Also, if you  
4 look at the broader -- I think they're referred to as  
5 the 002 health service definition area by IDPH,  
6 there's ten counties within our driving distance time  
7 frame. So again, not a problem based upon the March  
8 15th, 2012, most recent inventory.

9           So as we look at this, that's kind of why  
10 we're here, ladies and gentlemen. That's why we're  
11 seeking your help. There is market capacity. There's  
12 some 60 LTC beds available to accommodate our average  
13 daily census. We know there's market capacity.  
14 There's no shortage of facilities in the area to  
15 provide it and we have to -- we have to make sure that  
16 we -- our primary mission as a 501(c)(3) non-profit  
17 hospital is to take all comers in our -- all comers.  
18 We have to be able to provide that service and that is  
19 our core business and our core competency.

20           With that, I think I would turn it over  
21 and say if you have questions of us, we would be happy  
22 to try to answer them.

23           CHAIRMAN GALASSIE: Thank you,  
24 Mr. Andrews.

1 Questions from Board Members?

2 DR. BURDEN: Mr. Chairman, I have one if I  
3 might.

4 It's directed really to Mr. Mike  
5 Constantino. Could it be that our staff Board notes  
6 regarding the excess beds is a reflection on the  
7 formulas used in the area since we hear -- losing 4500  
8 bucks a day would turn my color in a hurry too. I  
9 can't imagine staying in a business for long at that  
10 level. But we are going to have an excessive number  
11 of beds of an extraordinary number that makes me  
12 wonder why are we counting these -- how is it that  
13 we've reached this conclusion that we have so many  
14 more beds than required?

15 MR. CONSTANTINO: What we're talking about  
16 is Tazewell County. We're projecting a need for 200  
17 and some odd long term care beds in that county based  
18 upon the utilization and projections we use, the  
19 historical utilization and the projected information  
20 that we use. That was based on the 2000 census. It's  
21 not based on the 2010 census.

22 Our review -- or, sorry, IDPH's statistic  
23 staff's review indicated that our 2000 projections  
24 were overstated. So as soon as we get the new

1 inventory, we believe that number will change. It  
2 should change and possibly be lower.

3 DR. BURDEN: It should change.

4 MR. CONSTANTINO: I would say one other  
5 thing. There is an excess of approximately 20,000  
6 long term care beds in the state based upon the  
7 information we're getting from the long term care  
8 folks.

9 DR. BURDEN: So the whole package of long  
10 term care has to be really looked at.

11 MR. CONSTANTINO: It's just not in this  
12 one area, no.

13 DR. BURDEN: I can understand. That makes  
14 it easier for me to appreciate the situation that  
15 they're having in Pekin regarding long term care beds.  
16 I appreciate that. Thanks, Mike.

17 CHAIRMAN GALASSIE: Member Eaker.

18 MR. EAKER: When was the last admission to  
19 your long term care unit?

20 MS. PATTERSON: Over the weekend. On  
21 Friday we had a census of four and yesterday we went  
22 up to a census of seven. So over the weekend we  
23 admitted three patients.

24 MR. EAKER: What would be the average

1 admission per month in the last eight months?

2 MS. PATTERSON: I can't answer that  
3 question.

4 MR. EAKER: I'm trying to get my head  
5 around the fact that your census has dropped so  
6 radically compared to the area. I am very much  
7 bothered by the fact that it looks like you've cut off  
8 the blood supply to that particular service at your  
9 hospital, anticipating this Board to rubberstamp your  
10 decision to close prior to it happening. That -- that  
11 gives me a great deal of concern. The fact that there  
12 is calculated need in the area. You say it's readily  
13 available within a 45-minute drive time, but yet I  
14 would imagine that the citizens in and around your  
15 hospital that consider that the place that they would  
16 like to choose to go to would not want to drive over  
17 to the other side of Peoria, or northern Tazewell  
18 County even, to receive their long term care.

19 MR. ANDREWS: May I respond?

20 MR. EAKER: Sure.

21 MR. ANDREWS: Let me assure you we have  
22 not cut off the blood supply. Bear with me for just a  
23 second. We have taken extraordinary measures. We're  
24 a family. We're a smaller hospital. We're a family.

1 Every employee that works in that unit has been  
2 offered a position, and all but two have accepted  
3 those positions, waiting -- we've actually earmarked  
4 the positions. And if we were to use the strategy to  
5 cut the blood supply off, we'd have told those people,  
6 well, gee, you need to take that position now and we  
7 would have bled the staff down, thereby not being able  
8 to accept patients. We've not done that. We've not  
9 done that. We've actually used prn people and agency  
10 people to fill the slot to hold the opening for the  
11 person leaving the skilled unit. And that would be my  
12 first response to you, sir.

13 The second part of that response, there  
14 are capacities right in Pekin with the nursing homes  
15 who were part and parcel of our responders to the  
16 impact letter. So they have said we're here, we're  
17 ready and willing to take what you have.

18 And I think I forgot your third point.

19 MR. EAKER: Yeah, I didn't number them.

20 MR. ANDREWS: But we did not play that  
21 game. And as a matter of fact, one of the things we  
22 were concerned about and one of the reasons we asked  
23 for an expedited hearing is the staff getting nervous  
24 -- because we were I believe originally scheduled for

1 a June date. We were concerned the staff would get  
2 nervous and bolt, which would have had that impact.  
3 Which is undesirable. We live in this community.  
4 These are people we live with, take care of and know.  
5 We can't play that game. And our philosophy, my board  
6 of directors would not permit that and my personal  
7 business ethics wouldn't permit that.

8 MR. EAKER: I share the concern about deep  
9 cuts in Medicare and Medicaid and the slowness of  
10 reimbursement, but I think every long term care  
11 facility in the state is in the same boat. And I --  
12 well, I'll just suffice it to say I struggle with the  
13 fact that you're choosing to opt out of providing that  
14 service in the community and want to go to the more  
15 lucrative aspects that are there. That's my concern.

16 CHAIRMAN GALASSIE: Other questions from  
17 Board Members?

18 Member Olson.

19 MS. OLSON: Well, I just have a point of  
20 clarification. This eleven percent Medicare cut,  
21 that's only in hospital-based long term care  
22 facilities? So freestanding long term care facilities  
23 will not see that eleven percent cut? Is that what I  
24 understood you to say?

1 MR. ANDREWS: That's what I said.

2 MS. OLSON: Thank you.

3 CHAIRMAN GALASSIE: Other questions?

4 VICE CHAIRMAN HAYES: Mr. Chairman.

5 CHAIRMAN GALASSIE: Member Hayes.

6 VICE CHAIRMAN HAYES: I want to get the

7 clarification on the report that said, the State

8 Agency Report, you've lost \$5 million a year.

9 MR. ANDREWS: In the last three years.

10 VICE CHAIRMAN HAYES: In the last three

11 years.

12 MR. ANDREWS: Off that unit, yes.

13 VICE CHAIRMAN HAYES: Off that unit. And

14 then I'm looking at Table Three here and basically the

15 allocated overhead is almost equal to the revenue

16 that's been generated by the unit. So, actually,

17 direct operating margin you've lost about a million

18 two five over the three-year period directly. Now, am

19 I correct on that? And what would you say with this

20 -- obviously, the allocated overhead is coming from

21 the hospital into these -- you know, a unit with eight

22 -- a census of approximately eight average over the

23 year, and, you know, it's almost the same as the

24 revenue associated with it. I'm wondering, how would

1 you explain that?

2 MR. VanderLINDEN: These overhead costs  
3 consist of, as you mentioned, general administrative,  
4 but they also consist of operations of plant, laundry,  
5 housekeeping, dietary, cafeteria, the nurse director,  
6 administration, central supply, pharmaceuticals, and  
7 medical records. Those savings would be realized over  
8 time as we adjust those services to the new life of  
9 what would be if the SNF were discontinued. So those  
10 would be adjusted -- adjusted down.

11 VICE CHAIRMAN HAYES: So you feel you  
12 would actually have savings of those allocated  
13 overhead costs over -- in time basically?

14 MR. VanderLINDEN: That's correct.

15 VICE CHAIRMAN HAYES: Okay. Thank you.

16 CHAIRMAN GALASSIE: Other questions from  
17 Board Members?

18 MR. PENN: I have one question here. What  
19 is your Medicare star rating?

20 MS. PATTERSON: At Pekin Hospital we have  
21 a star rating of 4.

22 MR. PENN: Of 4.

23 CHAIRMAN GALASSIE: More questions, Member  
24 Penn?

1 MR. PENN: No.

2 CHAIRMAN GALASSIE: Hearing none, may I  
3 have a motion to approve Project 12-018 to discontinue  
4 127-bed LTC category of service at Pekin Hospital in  
5 Pekin, Illinois?

6 And pardon me. I need to note for the  
7 record that Judge Greiman came in the room about 15  
8 minutes ago.

9 MR. ANDREWS: Mr. Chairman?

10 CHAIRMAN GALASSIE: Yes.

11 MR. ANDREWS: 27-bed unit.

12 CHAIRMAN GALASSIE: What did I say? 27-bed  
13 unit.

14 DR. BURDEN: So moved.

15 MS. OLSON: Second.

16 MR. ROATE: Motion made by Dr. Burden,  
17 seconded by Ms. Olson.

18 Dr. Burden?

19 DR. BURDEN: Yes.

20 MR. ROATE: Mr. Eaker?

21 MR. EAKER: I vote no.

22 MR. ROATE: Justice Greiman?

23 MR. GREIMAN: Yes.

24 MR. ROATE: Mr. Hayes?

1 VICE CHAIRMAN HAYES: Yes.

2 MR. ROATE: Mr. Hilgenbrink?

3 MR. HILGENBRINK: Yes.

4 MR. ROATE: Ms. Olson?

5 MS. OLSON: Yes.

6 MR. ROATE: Mr. Penn?

7 MR. PENN: No.

8 MR. ROATE: Mr. Sewell?

9 MR. SEWELL: Yes.

10 MR. ROATE: Chairman Galassie?

11 CHAIRMAN GALASSIE: Yes.

12 Motion passes. Congratulations.

13 MR. ANDREWS: Thank you very much for your  
14 time.

15 CHAIRMAN GALASSIE: Thank you.

16 Moving on to Item H-02, I believe we have  
17 one public comment regarding Project 12-006, Elmhurst  
18 Memorial Hospital. Is that public comment, Peggy  
19 Nelson, in the room? Peggy, good morning. Come right  
20 up and make yourself comfortable. We don't need to  
21 swear you in. But if you would pull the mike to  
22 yourself we'd be happy to hear your comments.

23 MS. NELSON: Good morning. My name is  
24 Peggy Nelson. And I coordinate Elmhurst Memorial

1 Hospital's Subacute Rehabilitation Program, which is  
2 provided in conjunction with Marianjoy Rehabilitation  
3 Hospital and Clinic. I am an employee of Marianjoy  
4 Rehabilitation Hospital. I'm here today to discuss  
5 the impact on patient care that the closing of  
6 Elmhurst Memorial Hospital's long term care unit will  
7 have.

8 For the last five years, Marianjoy has had  
9 a management contract to oversee and provide medical  
10 leadership for Elmhurst Memorial Hospital's long term  
11 care unit, which has provided subacute rehabilitation  
12 services to patients discharged from Elmhurst Memorial  
13 Hospital's acute care units. As you are aware, the  
14 long term care unit remained on the hospital's Berteau  
15 Avenue campus after the hospital moved to its new  
16 campus last summer.

17 Marianjoy provides programmatically  
18 similar subacute services on its Wheaton campus, as  
19 well as through three contractual relationships with  
20 skilled nursing facilities in the western suburbs.

21 When the hospital was evaluating the  
22 potential of closing the subacute rehabilitation unit,  
23 they initiated conversations with the Marianjoy staff  
24 to confirm that comparable Marianjoy-affiliated

1 programs were available in the area, and that is  
2 indeed the case. Transfer agreements have been  
3 developed and those patients who would have in the  
4 past been transported to the Berteau Avenue campus  
5 from the main hospital are now simply being  
6 transported to another program.

7 While not all of the patients discharged  
8 from Elmhurst Memorial Hospital's acute care unit that  
9 require subacute rehabilitation will elect to receive  
10 that care from a Marianjoy facility, those who do will  
11 receive the same level of care that they would have  
12 received on the Elmhurst unit.

13 I am here to confirm to you that the  
14 rehabilitation programs to be used by Elmhurst  
15 patients will be programmatically identical to those  
16 that have been provided on the old hospital campus and  
17 that we anticipate the outcomes to be identical, that  
18 capacity exists in the other programs, and that  
19 Marianjoy understands the rationale behind the  
20 hospital's decision and supports the relocating of the  
21 patients.

22 Thank you for the opportunity to provide  
23 these comments today.

24 CHAIRMAN GALASSIE: Thank you, Ms. Nelson.

1 Is there anyone here representing Elmhurst  
2 Memorial Hospital? If so, if you folks would come up  
3 to the table and introduce yourselves, if you're going  
4 to be speaking, to our reporter -- recorder, and then  
5 we'll do a collective swearing in.

6 MR. DANIELS: Peter Daniels,  
7 D-a-n-i-e-l-s.

8 MR. AXEL: Jack Axel, Axel & Associates,  
9 A-x-e-l.

10 MS. WARNER: Gail Warner, G-a-i-l  
11 W-a-r-n-e-r.

12 MS. DUNLEY: Pamela Dunley, P-a-m-e-l-a  
13 D-u-n-l-e-y.

14 CHAIRMAN GALASSIE: Thank you. And we'll  
15 do a collective swearing in.

16 (Oath given.)

17 CHAIRMAN GALASSIE: Thank you.

18 Staff report, please.

19 MR. CONSTANTINO: Thank you, Mr. Chairman.

20 The applicants propose to discontinue its  
21 18-bed acute mental illness category of service and  
22 its 38-bed long term care category of service located  
23 at 200 Berteau, Elmhurst, Illinois. There is no cost  
24 to this project. The anticipated project completion

1 date is July 31st, 2012.

2 There was no public hearing or letters of  
3 opposition received by the State Board Staff.

4 I would like to note if the State Board  
5 should approve this project there will no longer be  
6 inpatient services at the Berteau campus and this  
7 campus will no longer be licensed under the hospital  
8 license.

9 Thank you, Mr. Chairman.

10 CHAIRMAN GALASSIE: Thank you.

11 Comments for the Board?

12 MR. DANIELS: I will lead off. Thank you  
13 very much, Mr. Chairman.

14 CHAIRMAN GALASSIE: Thank you.

15 MR. DANIELS: I'm Peter Daniels and I'm  
16 President and CEO of Elmhurst Memorial Hospital and  
17 its parent Elmhurst Memorial Healthcare, and my  
18 comments will be brief.

19 I've been at Elmhurst since September 1st,  
20 2010, and this is my first appearance before this  
21 Board. And I'd like to thank the staff for their  
22 guidance that has been provided through this process.

23 As a bit of background, in early 2008, the  
24 hospital received a CON permit to move all of its

1 inpatient services, with the exception of a small  
2 mental illness unit and a skilled care nursing unit,  
3 from the hospital's original location to a new site  
4 three miles away, the new hospital. The intent during  
5 the planning process, which spanned 2006 and 2007, was  
6 to relocate the two remaining services, that's the  
7 mental illness unit and also the subacute rehab unit,  
8 from the oldest parts of the old hospital to a newer  
9 area of the old hospital following significant  
10 renovations.

11           Those plans turned out to be  
12 significantly more costly than anticipated. And with  
13 the changes in the economic climate we have  
14 experienced since our original plans were developed  
15 and the resulting capital limitations we are now  
16 facing, those plans are no longer feasible. In  
17 addition, because of facilities issues related to the  
18 services' current locations in the oldest part of the  
19 old hospital, the continued provision of those  
20 services on the original campus is no longer  
21 practical.

22           Our acute mental illness unit is quite  
23 small, with an average census of approximately twelve  
24 patients, and it operates as a short-term

1 stabilization unit for adults, and the average length  
2 of stay is less than a week.

3 On our long term care unit, it operates a  
4 subacute rehabilitation unit with all of its patients  
5 being transported from our medical/surgical units.  
6 The subacute program is provided in conjunction with  
7 Marianjoy Rehabilitation Hospital and the unit does  
8 not accept general long term care patients.

9 As noted in the SAR, your bed need  
10 methodologies indicate that our planning area has an  
11 excess of acute mental illness beds and a shortage of  
12 long term care beds. In order to assure that the  
13 proper -- the proposed discontinuations will not  
14 impact accessibility, we have entered into numerous  
15 transfer agreements with five area acute mental  
16 illness inpatient providers and 17 long term care  
17 providers, including Marianjoy. And most of those  
18 agreements were included in our March 8th filing.

19 We are discontinuing our small inpatient  
20 mental health unit, but our commitment to behavioral  
21 health overall will remain substantial. We continue  
22 to employ two psychiatrists to provide consultations  
23 on our inpatient units and to support our emergency  
24 department. We will continue to offer a broad

1 continuum of outpatient programs, and our transfer  
2 agreements with acute mental illness providers will  
3 include a mechanism to return our patients to our  
4 outpatient programs following discharge.

5           Similarly, we have put transfer agreements  
6 in place with other providers for inpatient subacute  
7 rehabilitation programs in our area to ensure a  
8 seamless transition from acute to subacute care, as  
9 has been the case in referring patients from our main  
10 campus to the Berteau Avenue campus, and as has been  
11 mentioned, a number of those programs are affiliated  
12 with Marianjoy rehabilitation. So we are maintaining  
13 our commitment to the outpatient rehab program and  
14 have identified transfer agreements for the inpatient  
15 requiring subacute rehabilitation. Again, that's been  
16 provided in the past.

17           So in conclusion, while closing the  
18 programs is a very difficult decision, we are  
19 confident that the discontinuation of these two  
20 programs will not compromise accessibility.

21           So I thank you for your attention and we'd  
22 be happy to answer your questions.

23           CHAIRMAN GALASSIE: Thank you,  
24 Mr. Daniels.

1 Questions from Board Members? Dr. Burden  
2 leading off.

3 DR. BURDEN: Thank you, Mr. Chairman.

4 Mike -- as alluded or stated by  
5 Mr. Constantino regarding the possible closure of the  
6 Berteau Avenue facility, do I understand that if this  
7 application's approved that will effectively lead to  
8 an empty Berteau facility? Is anything going to  
9 remain at the Berteau facility?

10 MR. DANIELS: With the exception of some  
11 outpatient programming which will maintain its  
12 existence for a period of time until we find other  
13 locations in the north part of the city, the answer is  
14 we will maintain some outpatient-related programs.  
15 For example, immediate care is currently located at  
16 that site, occupational health, some limited  
17 diagnostic services, and also our cancer programs.  
18 Our linear accelerators, our CyberKnife, and an  
19 infusion center are located out there.

20 We do currently have plans to move the  
21 cancer center and reunite it with the inpatient  
22 programs at the main campus. And as I mentioned, we  
23 will be developing some alternative sites in the north  
24 part of the Elmhurst city -- we moved to the south

1 part of the city -- and find relocation opportunities  
2 for the balance of those outpatient services. But  
3 you're correct, there will be no inpatient services at  
4 Berteau.

5 DR. BURDEN: So you'll be back talking to  
6 us here in the reasonable near future regarding this  
7 facility, the Berteau facility.

8 MR. DANIELS: That is correct.

9 MR. AXEL: Dr. Burden, that facility is  
10 approximately 90 percent vacant now.

11 DR. BURDEN: Well, that's what I'm asking.  
12 It's not a very viable looking institution. If I  
13 drove by it, would I recognize it's alive?

14 MR. DANIELS: There -- because -- and  
15 here's the problem associated with these two units.  
16 As I mentioned before, they are in the oldest part of  
17 the oldest part of the old hospital, which is  
18 approximately 85 years old. Those two units are on  
19 the upper floor. Currently the space occupied  
20 underneath is vacant. That's where we had med/surg  
21 units. And it's another reason why we wanted to do a  
22 renovation of one of the newer pavilions.

23 As many of you may know -- and this is  
24 commonly true in most hospitals -- over the years --

1 the 85-year history of the hospital. it has been  
2 developed on a piece-by-piece basis, and over time  
3 again you've got a lot of different buildings stuck in  
4 different places. And one of the major reasons for us  
5 to move and build an entire replacement hospital was a  
6 lot of the risk associated with the mechanicals, the  
7 electrical, the plumbing at that old site. So there  
8 is a significant risk for maintaining the inpatient  
9 programs at that site, and as it turns out, a major,  
10 major cost of rehabilitating even the newest part of  
11 the Berteau campus.

12 DR. BURDEN: I have one related question  
13 since I'm curious about the 198 med/surg beds in the  
14 new hospital. The new hospital now has been open and  
15 functioning since 2008 or was it approved in 2008?

16 MR. DANIELS: No, it was approved in '08.  
17 It actually opened June 25th of last year, 2011.

18 DR. BURDEN: So you've only been opened  
19 not a year.

20 MR. DANIELS: About eight months now.

21 DR. BURDEN: How is the med/surg occupancy  
22 going, if you mind?

23 MR. DANIELS: Year over year we're  
24 positive. We're not quite where we wanted to be, but

1 the facility was built to grow into. We're very proud  
2 of the fact that the adjacencies, a lot of the  
3 efficiencies, the design that we put into it, we're  
4 being certified for Plaintiff in the next couple of  
5 months. All the design amenities, all the flow, all  
6 the adjacencies, all the efficiencies we built into  
7 the facility are working quite well. We're still  
8 reading some of the instruction manuals, but for the  
9 most part it's been a good experience. We did a lot  
10 of good planning to get into that building.

11 DR. BURDEN: Thank you.

12 CHAIRMAN GALASSIE: Michael, question.

13 MR. PELLETIER: As many of the Board  
14 Members know, as a representative from the Division of  
15 Mental Health, we always remain vigilant and concerned  
16 about any actions that would impact service delivery  
17 to persons who have serious and persistent mental  
18 illness. We understand that business practices  
19 sometimes force decisions that are difficult.  
20 However, we also continue to believe that persons  
21 receiving inpatient mental health services are best  
22 provided in the communities where they reside rather  
23 than in remote other facilities. So we -- we  
24 typically are extraordinarily anxious and are

1 concerned about any loss of capacity that is in a  
2 community. Even a small unit as 18 beds with an  
3 average daily census does have a particular impact.

4 I'll also continue to remind the Board  
5 that the AMI beds that are defined within the rule do  
6 not differentiate beds in area hospitals that might be  
7 designated for other populations other than adults.  
8 This unit servicing adults would have a different  
9 impact in terms of the loss of capacity in that  
10 community. And we just -- you know, we just like to  
11 continue to go on record that any loss of capacity in  
12 a community, particularly when one in four persons  
13 will have a serious mental illness within any year of  
14 their life, that it's a significant loss in hospitals  
15 for all hospital systems.

16 So thanks.

17 CHAIRMAN GALASSIE: Thank you, Michael.

18 Any other questions by Board Members?

19 MR. GREIMAN: Mr. Chairman.

20 CHAIRMAN GALASSIE: Judge.

21 MR. GREIMAN: Let me first say before I  
22 ask you a question that you have very high marks in  
23 percent of charity work, charity care, higher than  
24 most that I've seen over the years on these charts.

1 What I want to know, though, is, does this unit  
2 provide a higher percentage of the charity care than  
3 the other parts of the hospital?

4 MR. DANIELS: The inpatient mental health  
5 program did, however -- and this gets back to the  
6 other comment. One of the reasons why we want to be  
7 sure that we have continuity of care was to ensure  
8 that we could have a seamless series of referrals,  
9 both from the stable or from the original crisis in  
10 the emergency room, which is where many of our  
11 patients present, on through acute care and then back  
12 to the community for outpatient services.

13 MR. GREIMAN: Is the building in the -- is  
14 the current building in the more urban area in  
15 Elmhurst?

16 MR. DANIELS: It's actually in the south  
17 part of Elmhurst, so it's just one side of the city to  
18 the other.

19 MR. GREIMAN: Well, but is the nature of  
20 the community different?

21 MR. DANIELS: No, not from our patient --  
22 no, not from our source patient population.

23 MR. GREIMAN: So three miles away doesn't  
24 matter?

1 MR. DANIELS: No, same basic charity  
2 population.

3 MR. GREIMAN: You think those charity  
4 patients can get there?

5 MR. DANIELS: That is absolutely correct.  
6 And what we did was enter into two transfer agreements  
7 with Vanguard Healthcare, Westlake and MacNeal  
8 Hospital, both of them within six miles of the new  
9 campus.

10 CHAIRMAN GALASSIE: Other questions from  
11 Board Members?

12 MS. OLSON: I just have a comment, I  
13 guess, not a question. And maybe it's because my  
14 brain sometimes doesn't work the right way. But it  
15 seems to me that there's some kind of a flaw in the  
16 system when we get to this point and really what we're  
17 being asked to do is approve a funeral. I mean the  
18 patient's already dead, based on what Dr. Burden said.  
19 Maybe it's something for us to think about. Maybe it  
20 would be easier if they would have come to us two  
21 years ago and said, you know, when we get this new  
22 campus going, we'd like to discontinue the Berteau  
23 campus. Just kind of a comment from a simple mind.

24 MR. DANIELS: I think again having been a

1 relative newcomer, I think the planning that was done  
2 back in 2006-7 I think really anticipated a very  
3 different economic reality, a very different profile  
4 in terms of our own capital ability to support new  
5 construction or renovated construction. And there is  
6 a reference in the Staff Report that as we began to  
7 start looking at the alternatives that the costs --  
8 now, we're talking about the capital costs of the  
9 program, the facilities and the infrastructure -- were  
10 just well beyond our ability at that point in time  
11 given all that's happened in the economic situation  
12 and with volumes as well over time.

13           So two years ago, I think had I been  
14 here, I would have still been advocating that this  
15 program be renovated in place at the Berteau site.  
16 But in the recent assessment that was done -- and it  
17 really was when we began to start doing the facilities  
18 planning for the renovation. We actually went down  
19 the path of looking at the renovation costs at the  
20 Berteau site and tripped over a substantial number of  
21 infrastructure flaws that we were not previously aware  
22 of. And again, I think the economy over the last  
23 couple of years, you see it in charity care, you see  
24 it in the Medicaid population has been growing as

1 well. So that our underpinnings in ability to finance  
2 this and still remain true to our financial bond  
3 covenants with the bonding agencies really puts a very  
4 severe limitation on our ability to afford these  
5 massive capital infusions and renovations.

6 MS. OLSON: Thank you for that  
7 explanation. I didn't mean it negatively.

8 CHAIRMAN GALASSIE: Member Carvalho.

9 MR. CARVALHO: Thank you. You're the  
10 second hospital in a row that seeks to eliminate their  
11 long term care service and so I had a question about  
12 that.

13 The -- I've heard from many hospitals that  
14 one of the challenges that they have, especially with  
15 an unsponsored patient, someone that is uninsured, is  
16 when they're no longer in need of medical care,  
17 there's no place they can discharge them to because no  
18 long term care facility will take them without an  
19 insurance source. And so I thought that hospitals who  
20 had their own long term care beds, at least they had  
21 something other than a med/surg bed that that person  
22 could occupy. And anecdotally, I've heard of places  
23 that have had persons in a med/surg bed for a hundred  
24 days because they had no place to discharge them.

1                   What will you do now when you have an  
2   unsponsored person or someone you cannot place in a  
3   nursing home if you eliminate your long term care  
4   beds?

5                   MR. DANIELS: Remember, this is a subacute  
6   rehab unit. And this was mentioned before. Marianjoy  
7   has been a partner with us for many, many years, and  
8   their expressed interest is making sure that we can  
9   provide coverage to all of our patients.

10                  MR. CARVALHO: Without regard to -- even  
11   if they're unsponsored?

12                  MR. DANIELS: Correct.

13                  MR. AXEL: David, in addition, there have  
14   been twelve -- is it twelve or --

15                  MS. DUNLEY: Seventeen.

16                  MR. AXEL: Seventeen transfer agreements  
17   in place with area skilled care providers that are  
18   providing subacute services now -- subacute rehab  
19   services, the same services that we provided. And in  
20   fact -- and you may have picked it up in the SAR --  
21   there are 338 licensed skilled care providers within  
22   45 minutes of this hospital.

23                  MR. CARVALHO: Well, it's never been an  
24   issue of the number of providers. There's probably

1 338 that won't take a patient who's uninsured.

2 MR. AXEL: The transfer agreements that  
3 we've put in place have a provision where the long  
4 term care facility has agreed to take patients  
5 regardless of payer source.

6 MR. CARVALHO: That's great. Thanks.

7 MR. URSO: Mr. Chairman, I do have a  
8 question. According to the State Agency Report -- and  
9 I think it goes back to a couple of the other members'  
10 questions -- it states here the applicants are no  
11 longer accepting admissions to these units. Is that  
12 true?

13 MR. DANIELS: That is correct.

14 MR. URSO: So that's your statement that  
15 on the long term care unit as well as the AMI unit?

16 MR. DANIELS: That is correct. And part  
17 of the reason for that was to make sure that we had a  
18 date certain so that we could appropriately plan and  
19 be transparent with our patients, their families, and  
20 our staff, so that we were able to provide those  
21 services at the level that we have always historically  
22 provided them up until a certain period of time. And  
23 that was at the end of February.

24 CHAIRMAN GALASSIE: I think that just

1 reiterates Member Olson's issue. When we discuss our  
2 rules, we should have a dialogue about this.

3 MR. URSO: Well, my concern is we might  
4 have a potential compliance issue here that the Board  
5 can take a look at. If they would like to make a  
6 referral to Legal, you can do that of your own motion  
7 in terms of our taking a look at the facts here and  
8 perhaps obtaining more facts to determine if in fact  
9 there is a compliance issue.

10 MR. CONSTANTINO: Mr. Chairman, they  
11 submitted a temporary suspension letter to us,  
12 February 29th I believe, where they temporarily  
13 suspended the two services.

14 MR. URSO: Okay.

15 MR. AXEL: In accordance with your rules.

16 CHAIRMAN GALASSIE: Lawyer down.

17 MR. CONSTANTINO: I apologize. I should  
18 have put it in the State Agency Report.

19 MR. URSO: .Okay. Thank you for that  
20 clarification.

21 CHAIRMAN GALASSIE: Thank you. Any other  
22 questions?

23 (No response)

24 CHAIRMAN GALASSIE: Seeing none, may I

1 have a motion to approve Project 12-006 for the  
2 discontinuation of long term care and acute mental  
3 illness services at Elmhurst Memorial Hospital known  
4 as the Berteau Avenue Campus in Elmhurst, Illinois?

5 MR. SEWELL: So moved.

6 MR. HILGENBRINK: Seconded.

7 CHAIRMAN GALASSIE: Moved and seconded.

8 MR. ROATE: Motion made by Mr. Sewell,  
9 seconded by Mr. Hilgenbrink.

10 Dr. Burden?

11 DR. BURDEN: Yes.

12 MR. ROATE: Mr. Eaker?

13 MR. EAKER: A reluctant yes.

14 MR. ROATE: Justice Greiman?

15 MR. GREIMAN: A pensive yes.

16 MR. ROATE: Mr. Hayes?

17 VICE CHAIRMAN HAYES: Yes.

18 MR. ROATE: Mr. Hilgenbrink?

19 MR. HILGENBRINK: Yes..

20 MR. ROATE: Ms. Olson?

21 MS. OLSON: Yes.

22 MR. ROATE: Mr. Penn?

23 MR. PENN: No. I haven't read or heard  
24 anything that gives this application a positive

DRAFT

1 finding.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: Yes.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: Yes.

6 MR. ROATE: That's eight votes in the  
7 affirmative, one vote in the negative.

8 CHAIRMAN GALASSIE: Motion passes. Good  
9 luck.

10 Can we continue forward a little bit and  
11 then take a break after the next one? Is that a yes?

12 Okay. We're going to take a break now for  
13 about ten minutes. It's 11:15. We'll try and pull it  
14 back here at 11:25.

15 (A recess was taken from 11:15 a.m.  
16 until 11:27 a.m.)

17 CHAIRMAN GALASSIE: I would like to pull  
18 the meeting back to order, please. Thank you very  
19 much.

20 We're moving forward to Item H-03, Project  
21 11-104, McAllister Nursing & Rehab in Tinley Park.

22 Good morning. Would you please introduce  
23 yourselves, spell your names to our recorder, and then  
24 we'll do a collective swearing in.

**DRAFT**

1 MR. KNIERY: Mr. Chairman, my name is John  
2 Kniery, K-n-i-e-r-y.

3 MR. ATKIN: Good morning, Mr. Chairman.  
4 My name is Elisha Atkin, E-l-i-s-h-a, Atkin,  
5 A-t-k-i-n. I'm the manager of McAllister Nursing &  
6 Rehab.

7 MR. SALK: Arthur Salk, S-a-l-k.

8 MR. FOLEY: Mr. Chairman, Charles Foley,  
9 F-o-l-e-y.

10 CHAIRMAN GALASSIE: Recorder, is that a  
11 better spot for you?

12 COURT REPORTER: Yes. Thank you.

13 CHAIRMAN GALASSIE: Good.

14 Thank you. We'll do a collective swearing  
15 in.

16 (Oath given.)

17 CHAIRMAN GALASSIE: Thank you very much.  
18 Staff Report, please.

19 MR. CONSTANTINO: Thank you, Mr. Chairman.  
20 The applicants are proposing to modernize a 111-bed  
21 facility and add 89 long term care beds. The total  
22 cost of the project is approximately \$24.9 million.  
23 The anticipated project completion date is January  
24 31st, 2015.

**DRAFT**

1           There was no public hearing requested and  
2 no letters of opposition were received by the State  
3 Board Staff.

4           Thank you, Mr. Chairman.

5           CHAIRMAN GALASSIE: Thanks, Mike.

6           Comments for the Board?

7           MR. KNIERY: I do have a brief comment  
8 with Mike if I can. First of all, we're trying to  
9 present a project different from the first two  
10 projects. We're maintaining and trying to add beds.  
11 I believe we submitted additional information that was  
12 extending our completion date to 2016, and I can talk  
13 to Mike about working -- explaining that.

14           CHAIRMAN GALASSIE: Mike, are we  
15 comfortable with that?

16           MR. CONSTANTINO: Yes, I can take care of  
17 that. Thank you, Mr. Chairman.

18           CHAIRMAN GALASSIE: Appreciate that  
19 clarification. Helpful for the Board.

20           MR. KNIERY: And I'd like Mr. Atkin to  
21 make some comments relating to the State Agency  
22 Report.

23           CHAIRMAN GALASSIE: Please do.

24           MR. ATKIN: Good morning again. Thank you

DRAFT

1 again for the staff, your conscientious review of this  
2 project.

3           Given that the project was found in  
4 conformance with Part 1110, a portion of the project,  
5 I will limit my comments to the not in conformance of  
6 Part 1120, the financials, and a brief history which  
7 helps explain our situation.

8           You will note that on page 22 of the State  
9 Agency Report there are ratios for the ownership  
10 entity and the operating entity. The issue is that  
11 looking at ratios separately, instead of on a  
12 consolidated basis, does not tell the whole story.  
13 The ownership entity will always carry the full debt  
14 and the operations will always have the income.

15           From the time in 2008 when we took over  
16 ownership and operations of McAllister Nursing &  
17 Rehab, we have been able to improve the financial  
18 position and strength of the facility by the year 2010  
19 to the point of meeting the State's ratios but on a  
20 combined basis, and that strength continues today.  
21 The ratios for the projected year are only a  
22 follow-through of our current position, taking into  
23 account the proposed project. The ratios on a  
24 combined basis were provided to the Board in the

1 application and again in the applicant's March 5th  
2 submission of additional requested information.

3 It should be noted that the historical  
4 ratios, even on a combined basis, are not in total  
5 compliance in partial year 2008 and full year 2009.  
6 However, there's a reason for it. Which brings in the  
7 brief history of the applicant with McAllister Nursing  
8 & Rehab.

9 The building is a long, narrow structure,  
10 measuring some 600 feet in length. The original  
11 structure was constructed in 1964 with an addition in  
12 1978 and again in 1998. My family purchased this  
13 facility in 2008. Since that time, we have been able  
14 to improve the facility's census from 68 percent in  
15 2008 to 87.7 percent in 2011, with over 80 percent of  
16 our residents being Medicaid residents.

17 However, with the limitations of the  
18 building's shortcomings, the building really has to be  
19 replaced. With the existing mortgage and the ongoing  
20 investments into the building and the operations, the  
21 only way to make this project financially feasible is  
22 with the addition of beds and modernization.

23 The 7-E planning area has recently lost  
24 over 1200 beds over the past few years. There is also

DRAFT

1 an outstanding need for an additional 339 nursing care  
2 beds within this planning area. I feel that it would  
3 be irresponsible of me to add to that issue.

4 Therefore, we have the project that is proposed.

5 This will enable me to provide, first and  
6 foremost, state of the art patient care in an  
7 environment friendly for patients, employees, and  
8 families. And we are reaching the bronze level in  
9 green certification with our design through mechanical  
10 design and materials used.

11 Finally, I would like to note again that a  
12 public hearing was not requested and there was not any  
13 opposition to this project.

14 Thank you for your time and consideration.  
15 At this time I'd be happy to entertain any questions  
16 the Board might have.

17 CHAIRMAN GALASSIE: Thank you for your  
18 comments.

19 Member Penn, if you'd lead off, please.

20 MR. PENN: I heard you say 2016. Is it  
21 January 2016 or when in '16?

22 MR. KNIERY: I think we just extended it  
23 one year from the original date but --

24 MR. PENN: Okay. And then I --

1 MR. KNIERY: It is January.

2 MR. PENN: January 2016, okay. And then  
3 what is your Medicare star rating?

4 MR. ATKIN: It is currently 2. When I  
5 took over the facility, it was actually on a special  
6 focus list. We've -- we were able to get off that  
7 list within one year and improve the rating  
8 continuously throughout.

9 MR. PENN: So when you talk about state of  
10 the art care for the patients, how do you plan to go  
11 forward with this rating?

12 MR. ATKIN: I believe at the -- well,  
13 first of all, the new star rating hasn't come out yet.  
14 There's going to be a new system.

15 But we just finished our survey, which was  
16 a good survey. With staffing ratios we are coming  
17 into threes and improving steadily. The new building  
18 will also allow us to attract new and better staff  
19 members and help increase the jobs in that area, and  
20 we'll be able to provide more staffing and, therefore,  
21 increase our star rating.

22 MR. PENN: Through better and more  
23 staffing?

24 MR. ATKIN: Yes, sir.

DRAFT

1 MR. PENN: Okay. Thank you.

2 CHAIRMAN GALASSIE: Member Sewell.

3 MR. SEWELL: Mr. Constantino --

4 CHAIRMAN GALASSIE: Then Mr. Pelletier.

5 MR. SEWELL: -- this issue of financial  
6 ratios that the applicant says would've been more  
7 favorable had we looked at combined financial  
8 statements, can you speak to this in relation to what  
9 the rules compel us to do with the analysis?

10 MR. CONSTANTINO: The rules state that we  
11 need the financial ratios for each applicant and  
12 that's what we provided the State Board Members.

13 MR. KNIERY: May I add to that?

14 MR. SEWELL: Sure.

15 MR. KNIERY: Mike's absolutely correct, as  
16 usual. There -- it's unique I guess somewhat with  
17 long term care, because typically an applicant is an  
18 owner and they carry all of the debt typically, and  
19 then you have another applicant, co-applicant, who is  
20 an operator, different entity. It's just a legal  
21 structure for the -- how they provide their entities.  
22 And the operator usually carries, you know, all the  
23 income. To look at the picture as a whole with long  
24 term care, it does make sense to -- yes, you need for

DRAFT

1 both entities, but also to take into consideration  
2 maybe the combined -- on a combined basis.

3 MR. SEWELL: Do you have the ratios that  
4 are analogous to what's on Table Six for the  
5 combined --

6 MR. KNIERY: Yes. They were provided in  
7 the original application, and in the revised  
8 information January 12th of 2012, of this year, they  
9 were provided in there. We typically do a -- you  
10 know, what is required, but then we also put in the  
11 extra year, which is on a combined basis. That was  
12 also on the website. I can share that with you. I  
13 can pull this out and hand it to you if you want to  
14 look at it.

15 MR. SEWELL: That's okay. I can find it.

16 CHAIRMAN GALASSIE: Michael.

17 MR. PELLETIER: In increasing your bed  
18 capacity from 111 to 200, is it in your business plan  
19 to significantly increase admissions for persons with  
20 primary mental health -- mental illness diagnoses  
21 beyond your historical utilization?

22 MR. ATKIN: We typically have a very low  
23 utilization of residents with MI. I believe currently  
24 we have resident -- maybe one or two residents under

**DRAFT**

1 the age of 55, and I believe total we have ten  
2 residents with a secondary diagnosis of MI, no primary  
3 diagnosis of MIs in the building. So historically,  
4 that's not been our target population.

5           What we'd like to do with the new facility  
6 -- and we spent a lot of time speaking with the local  
7 hospital, South Suburban Hospital, who is our closest  
8 and immediate response hospital. There is a  
9 tremendous need in our area for in-house dialysis.  
10 Today, typically if I have a resident who requires  
11 dialysis, I would be lucky to be able to set up an  
12 appointment for them at 10 p.m. where they would have  
13 availability to see them in the outpatient dialysis  
14 units in our area. So there's a tremendous need  
15 there. We've done a market study and we believe that  
16 we can accommodate up to 40 residents that will  
17 require dialysis.

18           CHAIRMAN GALASSIE: In-house?

19           MR. ATKIN: In-house dialysis.

20           We don't typically turn away MI residents.  
21 If there's a PASRR screening where proper  
22 certification that they require nursing home care and  
23 we can provide for their care and meet their needs, we  
24 will accept that resident.

1                   We've never turned away any residents who  
2   are Public Aid pending who do not have the financial  
3   ability. As a matter of fact, McAllister -- even  
4   though we do not provide like hospital charitable  
5   work, McAllister Nursing & Rehab last year donated  
6   over \$100,000 to charity. So we are big advocates and  
7   big proponents of the Medicaid population.

8                   CHAIRMAN GALASSIE: Any other questions  
9   from Board Members?

10                  David.

11                  MR. CARVALHO: I just have one question.  
12   There are pieces of information throughout the State  
13   Agency Report that I wanted to pull together into one  
14   question. You mentioned -- your percentage of  
15   Medicaid did you say is 75 percent?

16                  MR. ATKIN: No, it's currently over 80  
17   percent.

18                  MR. CARVALHO: Over 80.

19                  MR. ATKIN: We are on expedited payments.

20                  MR. CARVALHO: In the very early part of  
21   the State Agency Report it indicates that your  
22   anticipated pretax return on equity was -- was it 13?  
23   14?

24                  MR. CONSTANTINO: 14.

**DRAFT**

1 MR. CARVALHO: 14. So in Springfield we  
2 often hear that the Medicaid reimbursement rate is  
3 wholly inadequate. And so I was trying to reconcile  
4 those two pieces of information that the reimbursement  
5 rate is wholly inadequate and that your pretax return  
6 with over 80 percent Medicaid is over 13 percent. How  
7 do I reconcile those two pieces of information?

8 MR. ATKIN: I can't answer for how other  
9 nursing homes spend their money. We were able to  
10 increase our reimbursement rate since we took over  
11 from approximately \$101 per patient per day to \$131  
12 per patient per day. And we're able to do it. I just  
13 can't explain it. We are profitable. We're content  
14 with the reimbursement rate. And if the bed tax does  
15 get passed, McAllister, because of historic low  
16 reimbursement, would be looking at a \$250,000 Medicaid  
17 reimbursement increase.

18 MR. CARVALHO: Thank you.

19 MR. GREIMAN: Mr. Chairman.

20 CHAIRMAN GALASSIE: Judge.

21 MR. GREIMAN: Yes. There's been  
22 discussion as to charities and Medicaid and whatnot,  
23 and we have on occasion added that as a condition of  
24 passage. Is that possible in this case, a continued

**DRAFT**

1 -- that they would have continued action in that area?

2 Mr. Chairman, is that possible?

3 CHAIRMAN GALASSIE: Yes.

4 MR. GREIMAN: I would suggest that we do  
5 that.

6 MR. MORADO: Just speaking to Justice  
7 Greiman's suggestion, there would need to be a motion  
8 with that condition and the applicant -- we would ask  
9 that you accept that condition on the record if such a  
10 motion was made.

11 CHAIRMAN GALASSIE: And why don't we --

12 DR. BURDEN: Can we have that repeated?

13 CHAIRMAN GALASSIE: Give the condition.

14 DR. BURDEN: What is the condition,  
15 please? Thank you.

16 MR. MORADO: Well, if I understand Justice  
17 Greiman correctly, the condition would be to provide a  
18 -- is it a dollar amount of charity care continuing  
19 going forward?

20 MR. GREIMAN: Just continued recognition  
21 of that and accept that, charity care as well.

22 CHAIRMAN GALASSIE: To continue acceptance  
23 of charity care, Judge?

24 MR. GREIMAN: Yes.

DRAFT

1 CHAIRMAN GALASSIE: Okay.

2 MR. ATKIN: I'm happy to do that. It's  
3 very difficult to put a dollar figure to that. The  
4 previous year we were able to donate about \$70,000 in  
5 charitable. Last year it was about a hundred thousand  
6 dollars. But it all depends on the cash flow. We --

7 MR. GREIMAN: We're not -- I wouldn't  
8 suggest a dollar amount.

9 MR. ATKIN: It is my commitment to  
10 continue to provide charity care.

11 MR. GREIMAN: You can't close the door.  
12 That's all.

13 MR. ATKIN: Exactly. Of course.

14 MR. GREIMAN: That's basically you can't  
15 close the door.

16 MR. ATKIN: Of course that is our  
17 intention.

18 MR. GREIMAN: I'll a make motion on that.

19 CHAIRMAN GALASSIE: Are we ready to accept  
20 a motion? I will make a motion -- may I have a motion  
21 to approve Project 11-104 to discontinue an existing  
22 111-bed LTC facility and construct a 200-bed  
23 replacement facility in Tinley Park, Illinois, with a  
24 commitment to continue accepting charity care?

**DRAFT**

1 MS. OLSON: So moved.

2 MR. HILGENBRINK: Second.

3 CHAIRMAN GALASSIE: Moved and seconded.

4 MR. ROATE: Motion made by Ms. Olson,  
5 seconded by Mr. Hilgenbrink.

6 Dr. Burden?

7 DR. BURDEN: Yes.

8 MR. ROATE: Mr. Eaker?

9 MR. EAKER: Yes.

10 MR. ROATE: Justice Greiman?

11 MR. GREIMAN: Yes.

12 MR. ROATE: Mr. Hayes?

13 VICE CHAIRMAN HAYES: Yes.

14 MR. ROATE: Mr. Hilgenbrink?

15 MR. HILGENBRINK: Yes.

16 MR. ROATE: Ms. Olson?

17 MS. OLSON: Yes.

18 MR. ROATE: Mr. Penn?

19 MR. PENN: Yes.

20 MR. ROATE: Mr. Sewell?

21 MR. SEWELL: No.

22 MR. ROATE: Chairman Galassie.

23 CHAIRMAN GALASSIE: Yes.

24 MR. ROATE: That's eight votes in the

DRAFT

1 affirmative, one vote in the negative.

2 CHAIRMAN GALASSIE: Motion passes. Thank  
3 you very much.

4 Let the Board Members note, I think that  
5 may be one of the few times we've heard ownership  
6 comment that they were content with the reimbursement  
7 rate.

8 MR. ATKIN: I'm counting on that increase.

9 CHAIRMAN GALASSIE: We are moving forward  
10 to Project H-04, Holy Family Villa in Palos Park. We  
11 have no public comment to my knowledge. So we're  
12 welcoming you folks to the table and we'll ask you to  
13 speak into the mike, introducing yourself, spelling  
14 your name, and then we'll do a collective swearing in.

15 MONSIGNOR POLAND: I'm Monsignor Mike  
16 Boland. That's B-o-l-a-n-d.

17 MR. RYAN: John Ryan, R-y-a-n.

18 MS. MAGURANY: Roberta Magurany,  
19 M-a-g-u-r-a-n-y.

20 MR. VELDMAN: John Veldman, V-e-l-d-m-a-n.

21 MR. OURTH: And Joe Ourth, O-u-r-t-h.

22 CHAIRMAN GALASSIE: Thank you very much.  
23 And a collective swearing in.

24 (Oath given.)

**DRAFT**

1 CHAIRMAN GALASSIE: Thank you. Staff  
2 Report, please.

3 MR. CONSTANTINO: Thank you, Mr. Chairman.  
4 The applicants are proposing to add 30 long term care  
5 beds to its 99-bed complement. The cost of the  
6 project is approximately \$10.8 million. The  
7 anticipated project completion date is March 1st,  
8 2014.

9 There was no public hearing requested and  
10 no letters of opposition were received by the State  
11 Board Staff.

12 Thank you, Mr. Chairman.

13 Mr. Chairman, I was wondering if I could  
14 make a comment. There's a gentleman here today that  
15 provides George and I an awful lot of support, works  
16 for the department. He happened to stop in on his way  
17 to Chicago, Henry Kowalenko. He's sitting right there  
18 in the first row in the orange shirt.

19 CHAIRMAN GALASSIE: Henry, we appreciate  
20 recognizing you.

21 MR. KOWALENKO: Thank you.

22 CHAIRMAN GALASSIE: Thanks for stopping  
23 by. Appreciate your efforts. Mike needs all the help  
24 he can get. Thank you very much.

**DRAFT**

1 MR. CONSTANTINO: And he provides it.

2 CHAIRMAN GALASSIE: Thank you. We  
3 appreciate that.

4 Having heard the Staff Report, any  
5 comments for the Board? Monsignor.

6 MONSIGNOR BOLAND: Mr. Chairman, I'd like  
7 to just thank each of you for this opportunity to be  
8 able to speak to you today. We also are very  
9 appreciative of the State Agency Report and would like  
10 to thank Mr. Rote and Mr. Constantino for their work.

11 I think all of us are very excited to be  
12 here today. As you know, it's a long journey to try  
13 to -- ten years ago we came before the Board to open  
14 up a brand new facility there, and right now we're  
15 coming back to see if we could possibly extend the  
16 facilities at Holy Family, which is located in Palos  
17 Park and is a part of the Catholic Charities of the  
18 Archdiocese of Chicago, which is really Cook County  
19 and Lake County.

20 As you might know, Catholic Charities is  
21 one of the largest providers of social service in the  
22 State of Illinois and the Midwest. We serve a little  
23 over a billion people a year, whether that's to serve  
24 food, shelter, clothes, and all kinds of emergency

DRAFT

1 services. But one of the major efforts we have done  
2 in the past 25 years has been focusing in on senior  
3 services and senior residences. We have 20 senior  
4 residences in Cook County which are dedicated to low  
5 income seniors. In fact, there's one right next to  
6 our building at Holy Family Villa which has 81  
7 apartments for low income seniors. So Catholic  
8 Charities is very committed to serving the population  
9 of seniors and reaching out and caring for them.

10 We've noticed that for a long time now --  
11 Holy Family does have 99 beds, but we operate really  
12 at about a 96 percent occupancy, which as you know is  
13 almost functionally at full capacity. Our waiting  
14 list today has now grown to almost two years. We  
15 would like to expand our ministry and care for  
16 additional residents.

17 We've been planning for this for a long  
18 time and have been fundraising. One of the great  
19 parts of Holy Family Villa's existence is that our  
20 fundraising really tries to focus in on enhancing the  
21 quality of life of our residents. And this past year  
22 we received also a will which allowed us to be able to  
23 realize that this dream of extending Holy Family would  
24 become -- could become a reality. So that we will not

**DRAFT**

1 have to borrow any money to be able to extend this  
2 facility.

3 Today we have about 57 percent Medicaid  
4 residents. And it is really a faith-based place where  
5 many of our residents and families call home. In our  
6 area there's also just been recently a number of  
7 nursing homes that have gotten out of the geriatric  
8 care and really gone into short-term Medicare because  
9 of the higher reimbursement rate. They also might not  
10 have to pay the bed tax. But it also does on  
11 residents like ours put more strain on a place that  
12 already has almost a two-year waiting list.

13 The State Agency Report finds that our  
14 project complies with all of the Board reviews and  
15 criteria except one and that was where the report  
16 found that we were high on construction costs by about  
17 50 cents per square foot. We've included in the  
18 application an explanation of our construction project  
19 costs. In short, it really comes down to the fact  
20 that when you add on an existing building, it is more  
21 expensive than actually new construction.

22 By allowing us this expansion it would  
23 really help us to, first of all, make more public  
24 space for our residents. There should be a large hall

1 there which would allow us to bring all of our  
2 residents together to increase their quality of life,  
3 a place where they and their families can all come  
4 together. We hope to expand our therapy in one area,  
5 have one wing dedicated solely for therapy for our  
6 residents. And also it will help us to rectify --  
7 obviously, when the building was built ten years ago.  
8 This will allow us to be able to rectify some of the  
9 issues where there might not be enough space for the  
10 laundry or other services that support the residents.

11 In conclusion, we'd ask the Board for  
12 support of our project. This project fulfills both  
13 your rules and our ministry to the elderly. We've  
14 worked with the City of Palos Park. They have given  
15 us their approval and at public meetings there's never  
16 been any opposition to this expansion.

17 We'd like to thank the Board for its  
18 consideration and we're pleased to address any  
19 questions that you might have.

20 CHAIRMAN GALASSIE: Thank you, Monsignor.

21 Questions from the Board?

22 You know, I just have to quickly ask  
23 because I'm very familiar with the area and I just  
24 can't picture where it is. I mean I looked at the map

DRAFT

1 but --

2 MONSIGNOR BOLAND: It's on Will Cook Road  
3 and McCarthy Road. It's 123rd. It's west of  
4 LaGrange. It's west of Wolf Road. It's right  
5 actually between Lemont and Palos.

6 CHAIRMAN GALASSIE: Could you use some  
7 wild geese for that property?

8 MONSIGNOR BOLAND: We have plenty we're  
9 trying to get rid of ourselves.

10 CHAIRMAN GALASSIE: Any other questions  
11 from Board Members?

12 Mr. Carvalho.

13 MR. CARVALHO: Just one quick observation.  
14 According to our State Agency Report, your Medicare  
15 star rating is 5 and we don't see that very often, but  
16 it's great that you can show an example that this can  
17 be done under existing reimbursement rates and with a  
18 commitment to mission. Our Agency contributes a  
19 little to that because our inspections that we do are  
20 a factor and so you've obviously done well in our  
21 inspections. But also your staffing and things like  
22 that contribute to that, so we -- just the page of the  
23 State Agency Report that shows all the other available  
24 beds shows all 1s and 2s and 3s. And so anything that

1 can be done to provide additional capacity at a place  
2 that's able to operate like that is clearly a good  
3 thing for the public.

4 MONSIGNOR BOLAND: Thank you.

5 CHAIRMAN GALASSIE: Dr. Burden.

6 DR. BURDEN: Just as an aside to the good  
7 Monsignor that -- this is meant as an aside and not an  
8 observation of substance. But you might -- there's  
9 reasons for noncompliance listed here, and  
10 Mr. Constantino I believe is a good churchgoing Roman  
11 Catholic and he might rescind that if you would  
12 threaten him with some kind of retribution. Excuse  
13 me. That's meant as a joke. I don't mean it any  
14 other way.

15 MS. OLSON: I thought you were going to  
16 ask if they did tubal ligations.

17 CHAIRMAN GALASSIE: Apparently we're ready  
18 for a motion. I'm sorry.

19 MR. SEWELL: I just have one question. In  
20 your presentation you're contributing exceeding the  
21 standard to I guess the complexity of constructing and  
22 renovating an existing site. Is that essentially it  
23 or was there some extravagance or something that added  
24 to this?

DRAFT

1                   MONSIGNOR BOLAND:    No, it's just again  
2    adding onto the building.  The building when it was  
3    built was -- it just lacks a lot of public space.  And  
4    what we're trying to do is we do have numerous times  
5    throughout the month where we bring all the residents  
6    together and their families, and there's no place to  
7    do that.  And if we do it downstairs -- it's a  
8    two-story building -- the residents on the other floor  
9    sometimes don't feel they're a part of what's going  
10   on.  So by allowing this one section for public, it  
11   will allow us to do more things with the residents and  
12   their families.

13                   MR. GREIMAN:  Mr. Chairman.

14                   CHAIRMAN GALASSIE:  Yes, sir, Judge.

15                   MR. GREIMAN:  I'm sure this is not you,  
16    but some of your -- we'll call them competitors or  
17    companions in the trade take people who are sort of  
18    homeless and stick them in a bed for three days over a  
19    weekend and collect \$2,000 from the State of Illinois  
20    for that.  Which is too bad because we can put them up  
21    in a great, you know, hotel room downtown.  You don't  
22    have anything to do with stuff like that, though?

23                   MONSIGNOR BOLAND:  No, not at all.

24                   MR. GREIMAN:  Do you know if your brothers

~~DRAFT~~

1 have anything to do with it? Not your religious  
2 brothers, brothers in the industry.

3 MONSIGNOR BOLAND: No. I think it's  
4 important that we chose to build a low-income housing  
5 building on the property, hoping that -- knowing that  
6 the residents -- they could use this facility. So,  
7 you know, our intentionality is always to take care of  
8 the poor.

9 We do that in many ways. We do have an  
10 assisted living, supportive living in the State of  
11 Illinois on the north side of the city, and we have a  
12 number of buildings that are also for the physically  
13 disabled. We have one for veterans on the south side  
14 of the city. So we do a lot of things and that's  
15 really our niche is to take care of -- for the most  
16 part, is to take care of low-income seniors in the  
17 State.

18 CHAIRMAN GALASSIE: Hearing no other  
19 questions, may I have a motion to approve Project  
20 12-003 for the addition of 30 long term care beds to  
21 an existing 99-bed long term care facility in Palos  
22 Park, Illinois?

23 MR. HILGENBRINK: So moved.

24 MR. PENN: Second.

DRAFT

1 CHAIRMAN GALASSIE: Moved and seconded.

2 MR. ROATE: Motion made by Mr. Penn,  
3 seconded by --

4 CHAIRMAN GALASSIE: Actually, made by  
5 Hilgenbrink, seconded by Penn.

6 MR. ROATE: Thank you.

7 Dr. Burden?

8 DR. BURDEN: Yes.

9 MR. ROATE: Mr. Eaker?

10 MR. EAKER: Yes.

11 MR. ROATE: Justin Greiman?

12 MR. GREIMAN: Yes.

13 MR. ROATE: Mr. Hayes?

14 VICE CHAIRMAN HAYES: Yes.

15 MR. ROATE: Mr. Hilgenbrink?

16 MR. HILGENBRINK: Yes.

17 MR. ROATE: Ms. Olson?

18 MS. OLSON: Yes.

19 MR. ROATE: Mr. Penn?

20 MR. PENN: Yes.

21 MR. ROATE: Mr. Sewell?

22 MR. SEWELL: Yes.

23 MR. ROATE: Chairman Galassie?

24 CHAIRMAN GALASSIE: Yes.

1 MR. ROATE: That's nine votes in the  
2 affirmative.

3 CHAIRMAN GALASSIE: Motion passes.  
4 Congratulations. Thank you very much.

5 MONSIGNOR BOLAND: Thank you very much.

6 CHAIRMAN GALASSIE: We are moving on to  
7 Project Number H-05, Project Number 12-005, Hickory  
8 Point Christian Village in Forsyth. I have no public  
9 comment requests, so we would ask for those  
10 individuals representing Hickory Point to come up to  
11 the table and upon your ease in sitting down introduce  
12 yourselves to our recorder, spelling your names, then  
13 we'll do a collective swearing in.

14 MR. OURTH: Joe Ourth, O-u-r-t-h.

15 MS. BROWN: Laurie Brown, L-a-u-r-i-e,  
16 Brown, B-r-o-w-n.

17 MR. HULTS: Mike Hults, H-u-l-t-s.

18 MR. LONGENECKER: Mark Longenecker,  
19 L-o-n-g-e-n-e-c-k-e-r.

20 CHAIRMAN GALASSIE: Thank you. Collective  
21 swearing in.

22 (Oath given.)

23 CHAIRMAN GALASSIE: Thank you very much.  
24 And the Staff Report, please.

1 MR. CONSTANTINO: Thank you, Mr. Chairman.

2 The applicants are proposing to add 17  
3 long term care beds to a 47-bed facility in Forsyth,  
4 Illinois. The cost of the project is \$2.25 million.  
5 The anticipated project completion date is April 1st,  
6 2014.

7 No opposition letters were received and no  
8 request for a public hearing was received by the State  
9 Board Staff.

10 Thank you, Mr. Chairman.

11 CHAIRMAN GALASSIE: Thank you.

12 Comments for the Board?

13 MR. BROWN: Mr. Chairman and Members of  
14 the Board, my name is Laurie Brown and I am the Senior  
15 Executive Director with Christian Homes. I represent  
16 the Decatur area. We have Fair Havens Christian Home  
17 in Decatur and then we also built the Hickory Point  
18 Christian Village in Forsyth.

19 Christian Homes has over 14 communities  
20 and representing three states. And about three years  
21 ago we came before you and asked for you to give us  
22 permission to build a 47-bed addition off of an  
23 existing assisted living community, which also has 50  
24 condominiums which are our garden homes independent

1 living. So we got our Medicare certification in  
2 October and we were able to fill the community  
3 successfully within about three months. We are  
4 running over the 90-percent occupancy.

5 And a little -- probably about six,  
6 seven, eight months ago the Decatur Memorial Hospital  
7 quit beds, they discontinued long term care beds, and  
8 with the reexamination of the existing beds that are  
9 needed in our community, it was determined that beds  
10 are needed. And we think now is the time for us to  
11 add onto our existing community.

12 We have always wanted to do this. We had  
13 planned the first community so that we could add on  
14 another household and we have a household that has  
15 dining in it and we're trying to be very resident  
16 center focused in our care and providing a community  
17 in which people are proud and want to be a part of.

18 So we did have some negative comments off  
19 of the report and Joe wanted to address those today.

20 MR. OURTH: Thank you, Laurie.

21 Really only there were two negative  
22 findings on that. One of them had to do with the site  
23 preparation where the site preparation was at ten  
24 percent approximately rather than at five percent.

1 And the reason for that, quite simply, is because it's  
2 a simple add-on addition, the construction cost is  
3 fairly low in comparison to site preparation cost.

4 Laurie has with us Mike Hults, who can  
5 explain all of the detail about site preparation costs  
6 and why they have not -- being exorbitant on site  
7 preparation costs if you would like.

8 The second part is the other one having to  
9 do with historic utilization, the fact that there was  
10 not historic utilization of the facility. That's part  
11 of your criteria as to whether something is added on.  
12 And as Laurie has explained, there isn't -- there's  
13 limited historical perspective when we filed the  
14 application because the home only opened in late 2011.

15 There was also a comment in there on the  
16 same review criteria relating to utilization at other  
17 homes. Actually, if you look at page 14 of your State  
18 Agency Report, you'll see that the utilization is  
19 really quite high in comparison to state averages.  
20 The lowest home in there is the Eastern Star Home and  
21 that is -- under your rules you have defined  
22 population, which is Eastern Star is restricted to  
23 women of good repute from the Eastern Star. And I  
24 think that Laurie will tell you that all of the women

1 at Hickory Point are women of good repute but they are  
2 not all members of the Eastern Star, so they are not  
3 eligible for that. The second lowest population was  
4 the hospital, St. Mary's. The services they offer are  
5 really more compaitive than competitive, and they in  
6 fact wrote a letter of support on that.

7 The number that you probably want to look  
8 the closest at is, as Laurie said, the number for Fair  
9 Havens in Decatur, which operates at 97.7 percent,  
10 which is the sister facility. And in recognition of  
11 Laurie, that was where she was the administrator of  
12 before she came over to open up Hickory Point. And I  
13 think that you'll see the same thing that happened  
14 there where in three months where that home has now  
15 exceeded your 90 percent capacity.

16 So with that, we think this is a project  
17 that meets your rules. It meets the mission of  
18 Christian Homes. And the team would be happy to  
19 address any questions you may have.

20 CHAIRMAN GALASSIE: Thank you, Joe.

21 Questions from Board Members?

22 MS. OLSON: I have just one. Do you  
23 anticipate that most of your referrals will come  
24 internally with your existing facility, your sheltered

1 care?

2 MR. BROWN: We have had -- looking at the  
3 past few months, we've probably had about ten that  
4 have come from the existing community, which has been  
5 a blessing for them to be right there on the campus,  
6 and so we do anticipate that that will continue.

7 MS. OLSON: Thank you. That's it.

8 CHAIRMAN GALASSIE: Do you know if Counsel  
9 wanted to find good reputes for the Board?

10 MR. MORADO: No.

11 CHAIRMAN GALASSIE: Other questions from  
12 Board Members?

13 MR. SEWELL: On one of the State Agency  
14 Report findings, in the discussion I think there's a  
15 requirement for you to solicit referral letters and  
16 apparently you didn't do that. So do you want to say  
17 something about that?

18 MR. OURTH: I would let them talk about  
19 that, referral letters. On some projects I know that  
20 there's been a requirement and some that there haven't  
21 been on this.

22 In this one the thought was that because  
23 it's in the open house process, how do you get  
24 referral letters to talk about the extra 17 without

1 the others? The other as we were hoping as it  
2 continues to fill up is that the real numbers would  
3 show from the actual occupancy and which has been  
4 borne out is that now that it's operating at 90  
5 percent, it shows that we were able to fill up. It  
6 wasn't an intent not to do that, but how do you  
7 explain, okay, are those going to fill up or not on  
8 that.

9 MR. SEWELL: Can you address that?

10 MR. CONSTANTINO: Yeah. We don't have the  
11 2011 information yet, so we couldn't make any  
12 judgments about whether or not they're at 90 percent.

13 MR. SEWELL: Okay. Thank you.

14 CHAIRMAN GALASSIE: Seeing no other  
15 questions, I will ask for a motion to approve Project  
16 12-005 for the addition of 17 long term care beds to  
17 an existing 47-bed long term care facility in Forsyth,  
18 Illinois.

19 MR. EAKER: So moved.

20 MR. SEWELL: Seconded.

21 CHAIRMAN GALASSIE: Moved and seconded.

22 MR. ROATE: Motion made by Mr. Eaker,  
23 seconded by Mr. Sewell.

24 Dr. Burden?

1 DR. BURDEN: Yes.

2 MR. ROATE: Mr. Eaker?

3 MR. EAKER: Yes.

4 MR. ROATE: Justice Greiman?

5 MR. GREIMAN: Yes.

6 MR. ROATE: Mr. Hayes?

7 VICE CHAIRMAN HAYES: Yes.

8 MR. ROATE: Mr. Hilgenbrink?

9 MR. HILGENBRINK: Yes.

10 MR. ROATE: Ms. Olson?

11 MS. OLSON: Yes.

12 MR. ROATE: Mr. Penn?

13 MR. PENN: Yes.

14 MR. ROATE: Mr. Sewell?

15 MR. SEWELL: Yes.

16 MR. ROATE: Chairman Galassie?

17 CHAIRMAN GALASSIE: Yes.

18 MR. ROATE: That's nine votes in the

19 affirmative.

20 CHAIRMAN GALASSIE: Motion passes.

21 Congratulations.

22 MS. BROWN: Thank you.

23 MR. OURTH: Thank you.

24 CHAIRMAN GALASSIE: Thank you.

DRAFT

1 I'm going to recommend that we move into  
2 Project 12-007, and then after that project, we'll  
3 probably break for lunch. 12:30. Maybe we'll see how  
4 time goes.

5 Docket H-06, Project 12-007, Park Place  
6 Christian Community of Elmhurst. We have three or  
7 four public comment requests. We will ask those folks  
8 to come to the front, please.

9 MR. OURTH: Actually, I think there's one  
10 public comment request and the other three are the  
11 applicant, so it -- and -- that filled out the form,  
12 so I think it will be one.

13 CHAIRMAN GALASSIE: That one public  
14 comment would be Michael Hedderman?

15 MR. HEDDERMAN: Yes.

16 CHAIRMAN GALASSIE: Good morning, sir.

17 MR. HEDDERMAN: Good morning.

18 CHAIRMAN GALASSIE: If you would just feel  
19 free to give us your comments.

20 MR. HEDDERMAN: Thank you. Good morning.  
21 My name is Mike Hedderman. I'm the CFO at Marianjoy  
22 Rehab Hospital in Wheaton. I'm here to support the  
23 opening of the 32 beds at Park Place.

24 For the past 15 years Marianjoy has had a

DRAFT

1 management contract to oversee and provide medical  
2 leadership and therapists for Providence's skilled  
3 nursing facilities in the Downers Grove and Palos  
4 area. As you approved earlier today with the Elmhurst  
5 project for the closing of their unit, Elmhurst did  
6 initiate conversations with the Marianjoy staff, as  
7 mentioned earlier, to confirm that comparable  
8 Marianjoy affiliated programs were available in the  
9 area and that these programs had the capacity to  
10 absorb the Elmhurst patients, and that is indeed the  
11 case.

12 Park Place is located directly across the  
13 street from the new Elmhurst facility and our medical  
14 director at Elmhurst Hospital will be the medical  
15 director for rehabilitation services at Park Place  
16 Services.

17 Thank you for the opportunity to discuss.

18 CHAIRMAN GALASSIE: Thank you for your  
19 comments. We appreciate them.

20 Representatives from Park Place. Good  
21 morning. Standard introduction for our recorder,  
22 spelling your names, please. And then we will swear  
23 you all in.

24 MR. SCHUTT: My name is Richard Schutt,

**DRAFT**

1 S-c-h-u-t-t, CEO of Providence.

2 MR. HEMPHILL: Ray Hemphill,  
3 H-e-m-p-h-i-l-l, Executive Vice President with  
4 Providence.

5 MR. NOLDEN: Richard Nolden, N-o-l-d-e-n.

6 CHAIRMAN GALASSIE: Thank you very much.

7 (Oath given.)

8 CHAIRMAN GALASSIE: Thank you.

9 And Staff Report, please.

10 MR. CONSTANTINO: Thank you, Mr. Chairman.

11 The project you have in front of you was  
12 originally approved as Project 07-071 and this project  
13 is not yet complete. The applicants have stated that  
14 if Project 12-007 is approved, the applicants will  
15 abandon Permit Number 07-701.

16 Essentially, the applicants are proposing  
17 the establishment of a 37-bed long term care facility.  
18 The cost of the project -- of the total project is  
19 \$142 million. No public hearing was requested and no  
20 letter of oppositions were received.

21 Essentially, the applicants are requesting  
22 that the Board approve the removal of the CCRC  
23 variance that is a part of Project 07-071.

24 CHAIRMAN GALASSIE: 32-bed or 37-bed?

**DRAFT**

1 MR. CONSTANTINO: 37-bed.

2 CHAIRMAN GALASSIE: Thank you very much.

3 Comments for the Board?

4 MR. SCHUTT: Yes. Mr. Chairman and

5 Members of the Board, thank you for the opportunity to

6 be here today and to respond to this exciting project.

7 We're really pleased to present Park Place

8 of Elmhurst because we believe that it's a unique

9 solution for the Elmhurst community. It is a

10 continuing care retirement community and it's

11 sponsored by Providence Life Services, which is a

12 faith-based not-for-profit organization. Most of

13 Providence's communities have some form of continuum

14 on their campus, but others admittedly are a single

15 purpose site. And together all of our facilities

16 throughout Illinois, Chicago metro area primarily,

17 amount to 1500 people that we're serving daily.

18 They're sponsored by over 70 different congregations

19 in Chicagoland of the Reform and Christian Reform

20 Church persuasion. And we've been providing senior

21 services since 1914.

22 The Review Board originally approved this

23 Park Place project in April of '08, and as we speak

24 today, the project has been fully financed through

DRAFT

1 bonds issued by the Illinois Finance Authority, and  
2 the physical structure is largely complete and ready  
3 for occupancy. Park Place is a CCRC located adjacent  
4 to two of our sponsoring congregations, two of those  
5 70, as well as being across a residential street from  
6 the new Elmhurst Memorial Hospital. It amounts to 183  
7 independent living apartments, 46 assisted living  
8 units, 20 memory support, and 37 skilled care beds.  
9 And it's particularly those skilled care beds that  
10 we're interested in talking about today.

11           Since the original application, there has  
12 obviously been a change in the overall economy and  
13 that has caused two different things to happen. First  
14 of all, construction costs are significantly lower  
15 than what we anticipated that they would be due to  
16 bidders coming in lower than original thoughts were,  
17 but borrowing costs unfortunately are significantly  
18 higher. Those two factors have offset each other a  
19 bit and we'll talk about those a little later.

20           Outside of those two changes, the project  
21 is essentially the same from its very beginning in  
22 terms of facility design and its construction.

23           The skilled care component was originally  
24 approved as a CCRC variance limitation and this is a

1 provision that affords retirees who pay their entrance  
2 fee and monthly fees in a continuing care retirement  
3 continue to stay within that community and on that  
4 site for their remaining years. Given that there is  
5 now an indicated calculated bed need in the area,  
6 we're hoping that that CON can be open for use to the  
7 broader public and we believe that that would be  
8 effective for our program.

9           It's our hope to remove that CCRC  
10 limitation and it has always been our intention. When  
11 we were previously approved, we had hoped to receive  
12 the CON without that, but at that time there was one  
13 project that was ahead of ours, and as a result, we  
14 accepted the CCRC variance limitation as the best  
15 option that was available at that time. As Board  
16 transcripts will show, we accepted that permit with  
17 the CCRC limitation with the understanding from the  
18 Board that Park Place would work with staff to try and  
19 find a mechanism to remove that hopefully at some time  
20 in the future.

21           Since then, three things have happened.  
22 First, the State's calculated bed need has increased,  
23 indicating that there's a large need for additional  
24 beds in this subregion. Second, the project that was

1 ahead of us in that original review has since  
2 abandoned its CON and construction licensure. And  
3 third, as we heard earlier this morning, that Elmhurst  
4 Hospital, which is located across the street from us,  
5 has given up from its Berteau Campus roughly the same  
6 number of beds that we're hoping to bring into an open  
7 service provision here.

8 We believe that the approval of this CON  
9 will allow us to fill that determined bed need with  
10 physical capital that's already been built, already  
11 been financed and historically approved, and it will  
12 be a more efficient program for Park Place to be able  
13 to open its CCRC and admit, while contractual  
14 provisions allow for the CCRC clients, the open CON  
15 allowing people to come in and utilize those  
16 facilities that already exist.

17 I have with me Ray Hemphill, who will talk  
18 about the State Agency Report.

19 MR. HEMPHILL: Thanks, Rich.

20 I'd like to address the areas where the  
21 State Agency Report highlighted areas in which they  
22 could not arrive at a positive finding.

23 The first one is the size of the project.  
24 The report indicates that we are approximately ten

1 percent larger in square feet than the standard. This  
2 is in part due to the planning we took -- that took  
3 place as a result of the clients and their needs of  
4 what they said they were expecting as far as private  
5 rooms in that particular area.

6 It should be noted that the previous CON  
7 -- we have not changed the size of the project from  
8 the approval of the previous CON, so the size of the  
9 project has not changed.

10 Second, the fact that there's no  
11 historical occupancy data, and it's obvious in the  
12 fact that we're still under construction at this point  
13 in time and due to open within a couple of -- within  
14 60 days or so. However, the adjacent hospital's  
15 closing, as you already approved earlier, their  
16 skilled care section at the time of this request.  
17 Therefore, the determined -- and the fact that there's  
18 a bed need in the area shows proof that our 37 beds  
19 would be of valid use and it would not change the bed  
20 calculation of the Board's calculation.

21 Third, site preparation cost. Our site  
22 cost -- and Rich alluded to this in his testimony that  
23 the fact that our project costs have gone down as far  
24 as construction is concerned. Our site preparation

1 did not go down, which makes it a larger percentage,  
2 and it actually comes out to 5.98 percent versus the  
3 standard of 5 percent. And the fact that just as our  
4 project was approved in financing and started  
5 construction, we had to deal with a couple of 100-year  
6 rains in Elmhurst and that caused some site  
7 preparation additional costs.

8 Fourth, the financial ratios. Like many  
9 of the projects, we do not -- we do not meet all the  
10 financial ratios. We are a not-for-profit  
11 organization and we -- therefore, profit is not our  
12 main goal. However, we have been able to be financed.  
13 The money has been obtained for the project, and as I  
14 earlier stated, it is under construction and due to be  
15 completed very, very shortly. And one of the reasons  
16 for these financial ratios is to make sure that a  
17 project can be financed. We have passed that bridge  
18 already and are in completion of the project. We did  
19 get our financing through the Illinois Health  
20 Facilities Planning Authority.

21 We're excited to see Park Place come to  
22 fruition. We currently are open on our independent  
23 living side and thus far we have about 60 residents  
24 living there, very happy residents. They're very

DRAFT

Page 111

1 pleased to see that we'll be opening up our healthcare  
2 building very, very soon. And we feel the opening and  
3 the -- the opening up of our CON access to the  
4 community would be a very great benefit to this  
5 community.

6 Thank you. We'll be glad to answer any  
7 questions you may have.

8 CHAIRMAN GALASSIE: Great. Thank you very  
9 much.

10 I'd like to open it up to Board Members  
11 for questions starting with Dr. Burden.

12 DR. BURDEN: I'm always asking this  
13 question and remain a little bit confused. You  
14 mentioned earlier, Mr. Constantino, that we have  
15 20,000 excess beds in the state.

16 MR. CONSTANTINO: Yeah.

17 DR. BURDEN: And yet here in this  
18 community we're a shortfall of 900 long term beds.  
19 How do I correlate this confusion contrary kind of  
20 presentations that I hear? I mean obviously this is a  
21 presentation based on --

22 MR. CONSTANTINO: In this planning area,  
23 yeah.

24 DR. BURDEN: Tell me how it is the

1 planning area has this limitation but across the state  
2 we have 20,000 excess beds. Is that correct? Did I  
3 hear that?

4 MR. CONSTANTINO: From the data that's  
5 being reported to us by the long term care facilities,  
6 yeah, there's 20,000 excess beds, beds that are not  
7 being used.

8 DR. BURDEN: Well, could we evaluate this  
9 applicant, as we have prior ones, based on the  
10 interpretation of the need in the local community  
11 period, notwithstanding that we have an enormous  
12 overload throughout the state?

13 MR. CONSTANTINO: This is a ten-year bed  
14 calculation.

15 DR. BURDEN: When you resume counting  
16 again, do you think you'll be closer to what the need  
17 is?

18 MR. CONSTANTINO: Well, this is based on  
19 the 2000 census. Okay?

20 DR. BURDEN: I'm sorry to bug you, but are  
21 we going to get a better count somewhere so we know  
22 where we are?

23 MR. CONSTANTINO: I'm trying to give you  
24 an explanation, but I see I'm not doing well.

DRAFT

1 DR. BURDEN: No, you're not. Maybe it's  
2 me.

3 MR. CONSTANTINO: Yeah. We are in the  
4 process of looking at doing a revised inventory based  
5 on the 2010 census and hopefully that will reflect  
6 different numbers.

7 DR. BURDEN: Thank you.

8 CHAIRMAN GALASSIE: Mr. Carvalho.

9 MR. CARVALHO: Just to amplify and put  
10 into context some of the conversations that we've had  
11 before, there's two factors that are leading to this  
12 disconnect between the one measure of need, namely the  
13 inventory, and the other looking at how many beds are  
14 actually being used now. I think Michael's  
15 observation of 20,000 excess beds means of the beds  
16 that we have out there, 20,000 are --

17 MR. CONSTANTINO: Not being used.

18 MR. CARVALHO: -- empty.

19 MR. CONSTANTINO: Yeah.

20 MR. CARVALHO: Empty. So when you look at  
21 those occupancy rates, those utilization rates,  
22 they're so low. And part of it is now our census data  
23 have gotten out of date and the projections made in  
24 2005 as to where we were going to be in 2010 have been

1 overtaken by circumstances and the population isn't  
2 growing as fast as in 2005 people thought.

3 But the other part is, if you recall,  
4 until five or six years ago, the statute said that you  
5 look five years out and you use the number how many  
6 beds do we think we're going to need based on the  
7 population five years out and allow people to build to  
8 that today, partly on the theory that it takes a while  
9 to get buildings up and running and all of that. And  
10 about five years ago the statute was changed to say,  
11 no, look ten years out.

12 So we are compelled by the statute to  
13 tell you how many beds do we think are going to be  
14 necessary ten or sometimes as time elapses, eight,  
15 nine, seven years out, and then tell you that's what  
16 we're -- our inventory says is needed today. And we  
17 all know, you know, that that probably doesn't make  
18 sense, but the statute tells us to do it.

19 So one of the measures he gives you is  
20 dictated by statute and also influenced by outdated  
21 population projections, and then the other number he  
22 gives you is the reality of how many beds are still  
23 being -- are actually occupied today. And I guess,  
24 you know, sometimes reality conflicts with statutory

1 reality.

2 MR. EAKER: I have a question for  
3 Mr. Carvalho. With what you just shared, are there  
4 projections of changes in legislation to reflect  
5 what's going on with the assisted living community and  
6 what that's doing to cause the effect of the 20,000  
7 surplus beds?

8 MR. CARVALHO: That's a longer  
9 conversation and I try not to do those in Board  
10 meetings.

11 MR. EAKER: Okay.

12 MR. CARVALHO: Maybe at -- since it  
13 doesn't impact this applicant, maybe toward the end of  
14 the meeting when -- if you have time at the end of the  
15 meeting, I can go into that a little bit more.

16 MS. OLSON: Chairman Galassie.

17 CHAIRMAN GALASSIE: Yes. Hold on.

18 MR. URSO: I just wanted to let the Board  
19 know that there is a bill in the General Assembly that  
20 reverses the ten-year projection back to a five-year  
21 projection.

22 CHAIRMAN GALASSIE: That's good to hear.

23 MR. URSO: But, of course, that's pending  
24 right now and we don't know where that's going to go,

**DRAFT**

Page 116

1 but we're hoping that that's part of the way in which  
2 we can realign these numbers is by going back to the  
3 five-year population projections.

4 CHAIRMAN GALASSIE: That's good to hear  
5 that. Appreciate that comment.

6 Member Olson.

7 MS. OLSON: Yes, I just want to be sure I  
8 got all my questions answered here.

9 07-071 you said is largely complete and  
10 it's your intention to abandon that if we approve  
11 12-007. So the fact that this new project costs \$5  
12 million more, I couldn't in my head factor why you  
13 would want to pay \$5 million to remove the variance  
14 but that would have in effect happened anyway, the \$5  
15 million, and it's mostly interest is what you're  
16 saying?

17 MR. SCHUTT: Uh-huh.

18 MS. OLSON: Thank you.

19 CHAIRMAN GALASSIE: Any other questions?

20 (No response)

21 CHAIRMAN GALASSIE: Hearing none, may I  
22 have a motion to approve Project 12-007 for the  
23 establishment of a 37-bed long term care nursing unit  
24 on the campus of Park Place Christian Community of

**DRAFT**

1 Elmhurst in Elmhurst, Illinois, and abandon Permit  
2 Number 07-071.

3 MS. OLSON: So moved.

4 DR. BURDEN: Second.

5 CHAIRMAN GALASSIE: Moved and seconded.

6 MR. ROATE: Motion made by Ms. Olson,  
7 seconded by Dr. Burden.

8 Dr. Burden?

9 DR. BURDEN: Yes.

10 MR. ROATE: Mr. Eaker?

11 MR. EAKER: Yes.

12 MR. ROATE: Justice Greiman?

13 MR. GREIMAN: Yes.

14 MR. ROATE: Mr. Hayes?

15 VICE CHAIRMAN HAYES: Yes.

16 MR. ROATE: Mr. Hilgenbrink?

17 MR. HILGENBRINK: Yes.

18 MR. ROATE: Ms. Olson?

19 MS. OLSON: Yes.

20 MR. ROATE: Mr. Penn?

21 MR. PENN: Yes.

22 MR. ROATE: Mr. Sewell?

23 MR. SEWELL: No. Financial viability  
24 questions.

DRAFT

1 MR. ROATE: Chairman Galassie?

2 CHAIRMAN GALASSIE: Yes.

3 MR. ROATE: Eight votes in the  
4 affirmative, one vote in the negative.

5 CHAIRMAN GALASSIE: Motion passes.  
6 Congratulations. Good luck.

7 We will forge ahead with Item Number H-07,  
8 Project 11-111. We have three public comments if  
9 that's correct for those of you interested in making  
10 public comments on the IVF Center at RMI, Oak Brook.  
11 Public comment folks first and then I'll ask for  
12 representatives to come forward.

13 Good afternoon, folks.

14 MR. GILMAN: Good afternoon.

15 CHAIRMAN GALASSIE: Mr. Alfonso del  
16 Granado?

17 MR. del GRANADO: Yes.

18 CHAIRMAN GALASSIE: Good afternoon. I'll  
19 just move on from you. Feel free to make your  
20 comments.

21 MR. del GRANADO: Actually, Mr. Gilman  
22 will be first to speak.

23 COURT REPORTER: Could I have the spelling  
24 of your name first, please?

**DRAFT**

1 MR. del GRANADO: My name is Alfonso,  
2 A-l-f-o-n-s-o, last name is d-e-l space G-r-a-n-a-d-o.

3 CHAIRMAN GALASSIE: Is only Mr. Gilman  
4 going to be speaking?

5 MR. GILMAN: No. Paul Gilman will speak  
6 and next to me to my right is Tom Rachubinski as well.

7 CHAIRMAN GALASSIE: You've got two minutes  
8 each, gentlemen. And this is testimony to oppose the  
9 project?

10 MR. GILMAN: Yes, that's correct,  
11 Chairman.

12 My name is Paul Gilman. I'm an attorney  
13 licensed in the State of Illinois. I am counsel to  
14 Oak Brook Surgical Centre, as well as the owner of the  
15 building in which this project is situated. These  
16 comments are presented on behalf of Oak Brook Surgical  
17 Centre and the owner.

18 Oak Brook Surgical Centre today currently  
19 operates a fully licensed Ambulatory Surgery Center  
20 located at 2425 West 22nd Street. It has four  
21 surgical suites. One of the surgical suites is  
22 connected to the applicant's suite of the proposed  
23 facility. Oak Brook Surgical Centre wants to point  
24 out several issues with the application that we don't

**DRAFT**

1 believe are fully disclosed in the application.

2 First, I want to direct your attention to  
3 Section 4 of the lease of the premises between the  
4 owner and an entity known as Reproductive Medicine  
5 Institute, LLC. That's found at pages 63 and 64 of  
6 the application. Section 4 of the lease prohibits the  
7 tenant from using or occupying the premises for any  
8 purposes which compete with the services of other  
9 tenants in the building.

10 Oak Brook Surgical Centre and the owner  
11 contend that the operation of a licensed Ambulatory  
12 Surgery Center at the premises is a direct violation  
13 of the lease and the services rendered by Oak Brook  
14 Surgical Centre at the premises. If the applicant  
15 obtains the license contemplated by the application,  
16 the owner has put the tenant on notice that it's  
17 contemplating legal action and a potential termination  
18 of their lease. In a letter dated October 31, 2011,  
19 the owner notified Ms. Lisa Rinehart, who's connected  
20 with the project, that the project violates the terms  
21 of the lease.

22 Second, according to the application, the  
23 applicant is Oak Brook Fertility Center, Limited, an  
24 entity which is not a party to the lease. We

1 understand that Reproductive Medicine Institute  
2 entered into a sublease agreement, which is included  
3 in the application, but according to the lease, on  
4 pages 91 and 92 of the application, any sublease  
5 requires the consent of the owner, and the owner has  
6 not given the consent to that sublease.

7 MR. MORADO: 30 seconds.

8 MR. GILMORE: Thus, the application -- in  
9 our opinion, the applicant is without authority to  
10 occupy the premises.

11 The owner of the building also believes  
12 that substantial renovations are required, and you'll  
13 hear that from Mr. del Granado, and those renovations  
14 to the space in order to comply with the Ambulatory  
15 Surgery Treatment Center license requirements will  
16 require the approval of the owner and the owner is not  
17 prepared to grant his consent to those modifications.

18 So for these reasons and the reasons that  
19 you'll hear from the others on this panel, we  
20 respectfully request that the Board deny this  
21 application.

22 CHAIRMAN GALASSIE: Thank you, sir.

23 Who'd like to speak next?

24 MR. RACHUBINSKI: Tom Rachubinski. I'm

**DRAFT**

1 the CEO for Oak Brook Surgical Centre and we oppose  
2 this project.

3 Referring to the State Agency Report, page  
4 6, the Oak Brook Surgical Centre was never listed as  
5 an existing ASTC within the market area. We presume  
6 that was done because we are in the same building, the  
7 same floor, the same location as the proposed site.  
8 To be more specific, Oak Brook Surgical has designed  
9 its fourth operating room both adjacent and connected  
10 to the practice's layout to accommodate their work.  
11 The fourth OR and the IVF lab are -- have a  
12 pass-through window keeping them connected.

13 Page 7, Summary of Support and Opposition,  
14 it stated only one letter of opposition was received  
15 with only one quote from that opposition. This is not  
16 the case, since we Oak Brook Surgical provided a  
17 letter opposing the project to the State Board on  
18 March 30th of 2011.

19 Page 10, under the Purpose of the Project,  
20 the applicant stated that the purpose is to combine  
21 existing assisted reproductive technology services  
22 into one IVF facility. This is already the case as  
23 Oak Brook Surgical is set up with the fourth operating  
24 room mentioned before to accomplish that.

1                   Page 15 of the report says that the  
2 proposed utilization found only fills utilization of  
3 one-third of an operating room while they're proposing  
4 two. Oak Brook Surgical has accommodated this  
5 practice and will continue to do so.

6                   Page 16. Your rules explicitly state that  
7 the applicant can set their own market area, but it  
8 should have a minimum of 30-minute drive and a maximum  
9 of 60 minutes.

10                   MR. MORADO: 30 seconds.

11                   MR. RACHUBINSKI: The service is so  
12 specialized that the proposed center will be a  
13 regional -- will not be a regional provider, as you  
14 recently approved a CON for a similar service in  
15 Naperville.

16                   And under the projected volume, 1374  
17 procedures were identified, which only accounts for  
18 906 hours, which is less than your 1500-hour maximum  
19 for a single operating room.

20                   Page 18 and 19. This criterion requires a  
21 request for impact statements from the AST. Only  
22 seven have been issued as far as we know. And that  
23 there have been already written correspondence between  
24 us and the applicant regarding the impact.

DRAFT

1                   And the staff only acknowledged one  
2 existing facility providing the same service, again  
3 ignoring the one you approved last year.

4                   MR. MORADO: Please conclude your  
5 comments.

6                   MR. RACHUBINSKI: Thank you.

7                   CHAIRMAN GALASSIE: Thank you.

8                   MR. del GRANADO: Thank you, Members of  
9 the Board. My name's Alfonso del Granado and I am the  
10 Associate Administrator for Compliance Affairs at the  
11 Oak Brook Surgical Centre. I present this letter and  
12 appear today before the Board to express opposition to  
13 this project for the following reasons.

14                   At our request, the architectural firm of  
15 Jensen and Halstead performed a review of the plan for  
16 the IVF center. A copy of the report is attached to  
17 this letter and submitted for your review. But if I  
18 may briefly summarize, they found five broad areas of  
19 significant failure to conform to Illinois licensing  
20 requirements. Three of them are:

21                   Section 205.1360 Clinical Facilities.  
22 There are no provisions for an examination room. The  
23 procedure rooms have a clear area of only 137 square  
24 feet, while licensure requires a minimum of 250 square

DRAFT

1 feet, and that they have a maximum dimension of 13  
2 feet, which is short of the 14-foot minimum required  
3 dimension. Regulation requires six recovery bays for  
4 the two procedure rooms, but the IVF plans do not meet  
5 minimum clearance requirements, and in the space  
6 allocated, a maximum of only two compliant bays can be  
7 put in place.

8           On Section 205.1370 Support Service Areas,  
9 we see no provision for any of the following: soiled  
10 workroom for surgical staff's exclusive use; clean  
11 workroom in the sterile area; anesthesia storage  
12 facilities; surgical suite equipment and supply  
13 storage; and male and female staff changing areas that  
14 provide one-way traffic from non-sterile to sterile  
15 area.

16           And finally, Section 205.1400 Details and  
17 Finishes. There are no eight-foot corridors or aisles  
18 for existing patients on stretchers. All doors appear  
19 to be three feet wide, short of the minimum three foot  
20 eight inch clearance needed to safely transport  
21 patients on stretchers.

22           MR. MORADO: 30 seconds.

23           MR. del GRANADO: The review concludes  
24 that there is no way to make this facility compliant

DRAFT

1 with the Ambulatory Surgical Treatment Center  
2 licensing requirements without a major renovation of  
3 the space, including demolishing and rebuilding a  
4 minimum of 2500 square feet, at an estimated cost of  
5 over \$400,000.

6 In the interest of patient safety and the  
7 public good, we urge the Board to deny this CON. And  
8 thank you for your attention.

9 CHAIRMAN GALASSIE: Thank you, gentlemen.  
10 We appreciate your comments.

11 Having heard the comments in opposition, I  
12 would ask that any representative from Project 11-111  
13 The IVF Center at RMI in Oak Brook please come  
14 forward, introducing yourselves, spelling your names,  
15 and then we'll have you sworn in.

16 Good afternoon, folks.

17 MR. PREBIL: Good afternoon. I'm Richard  
18 Prebil, P-r-e-b-i-l.

19 DR. DMOWSKI: W. Paul Dmowski,  
20 D-m-o-w-s-k-i.

21 MS. RINEHART: I'm Lisa Rinehart,  
22 R-i-n-e-h-a-r-t.

23 CHAIRMAN GALASSIE: Thank you.  
24 Swearing in, please.

**DRAFT**

1 (Oath given.)

2 CHAIRMAN GALASSIE: Thank you. Staff  
3 Report.

4 MR. CONSTANTINO: The applicant proposes  
5 to license an existing In-Vitro Fertilization facility  
6 as an Ambulatory Surgery Treatment Center. The  
7 estimated cost of the project is approximately \$1.4  
8 million. The anticipated completion date for this  
9 project is April 1st, 2013.

10 No public hearing was requested. We did  
11 receive letters of support and opposition.

12 The applicants do not meet the following  
13 criteria: Project Service Utilization, they cannot  
14 justify the two rooms; Treatment Room Needs  
15 Assessment; Impact on Other Facilities; and  
16 Establishment of New Facilities.

17 I would like to make a comment on these  
18 opposition and support letters. If someone submits an  
19 opposition or support letter on the last day of public  
20 comment, there is no way we can get those comments  
21 into the State Agency Report. They're in your packet.  
22 However, they will not be mentioned in the State  
23 Agency Reports because we have to get these reports  
24 over to the print shop so in order to get them to you

1 as soon as we can.

2           Regarding the lease that the opponents  
3 brought up, if this facility does not meet ASTC  
4 licensing requirements, they'll need to abandon the  
5 permit if you should approve this project.

6           CHAIRMAN GALASSIE: Thank you, Michael.

7           MR. CONSTANTINO: Yes, sir.

8           CHAIRMAN GALASSIE: Appreciate that.

9           Folks, would someone like to make a  
10 comment to the Board?

11           MR. PREBIL: We would. Thank you,  
12 Mr. Chairman. We'll be hopefully brief before lunch.

13           We are here to allow the existing facility  
14 to be licensed as an Ambulatory Surgery Center.  
15 Because it's already existing, there wouldn't be any  
16 additional cost. Because the facility would just  
17 continue to perform the same procedures it already is,  
18 there'd be no impact on other ASTCs. And there's a  
19 trend towards licensure of -- nationally of these  
20 types of services as ASTCs, as has been mentioned,  
21 that this Board has done in the past year with another  
22 IVF center for a single-physician practice.

23           I'm going to turn this to Paul Dmowski,  
24 who's a founding Member of RMI, who's going to really

1 explain the services.

2 DR. DMOWSKI: Good afternoon, ladies and  
3 gentlemen. My name is Dr. Paul Dmowski. I am one of  
4 the founding members of RMI, as you just have heard.

5 And RMI is applying for a CON for the  
6 single-specialty surgery center dedicated exclusively  
7 to the performance of in vitro fertilization  
8 procedures, that's oocyte aspiration and embryo  
9 transfer. Those procedures are done under local or  
10 conscious sedation anesthesia. They do not require  
11 general anesthesia.

12 Yes, our facilities do have small  
13 treatment rooms for that specific purpose. Those  
14 treatment rooms are too small to perform general  
15 anesthesia surgical procedures. As a matter of fact,  
16 full-size operating rooms that are in neighboring  
17 surgery centers are too large for our procedures.  
18 They are difficult to maintain positive pressure,  
19 which comes in from the laboratory, from the connected  
20 laboratory, and then, most importantly, they are too  
21 expensive.

22 In order to give some credibility to what  
23 I am going to say, I would like to tell you a little  
24 bit about myself and how am I involved in this area.

**DRAFT**

1 I've prepared a script which I'm going to stay away  
2 from in order to save some time. I have both M.D. and  
3 Ph.D. degrees. I am board certified in obstetrics and  
4 gynecology and in reproductive endocrinology and  
5 fertility. I have an academic career that spans more  
6 than four decades. I have held faculty appointments  
7 at the University of Chicago, University of Arkansas,  
8 and currently I am a tenured professor at Rush Medical  
9 College.

10 I have witnessed this specialty,  
11 reproductive endocrinology, develop from its infancy  
12 to where it is right now. Our first IVF procedures  
13 were performed in the operating rooms in major  
14 institutions, typically academic institutions.  
15 With advances in technology, they have moved to small  
16 ultrasound facilities, providing a much less expensive  
17 and much simpler procedures.

18 I have developed the IVF center practice  
19 between St. Luke's in 1982, at the Grant Hospital in  
20 1987, and in both of these places were using operating  
21 room facilities for the purpose of those procedures.  
22 Then in 1990 I developed an IVF facility in Oak Brook  
23 using that pass-through window that you have heard  
24 about. We were doing about 20 to 30 percent of

1 procedures doing laparoscopy in the surgery center.  
2 Right now, less than one percent of our procedures are  
3 done in the operating room, and we still intend to use  
4 that pass-through window that you have heard about.  
5 We are increasing the number of surgical procedures in  
6 the surgery center because we have increased the  
7 number of patients that are utilizing our facilities.

8 If I may say, the current situation as far  
9 as this type of procedure is as follows:

10 IVF procedures are still performed, some  
11 of them, in major hospitals and academic centers, in  
12 large operating rooms, typically attached to the  
13 laboratories. They have good success rates, but those  
14 procedures are usually quite expensive and many of the  
15 academic institutions subsidize the cost of these  
16 procedures.

17 There are also many office-based IVF  
18 centers performed in REI offices in order to save  
19 costs. In those offices procedures are performed in a  
20 semi-sterile environment and the laboratory --  
21 embryology laboratories meet only minimum  
22 requirements. Such programs, although economically  
23 viable, typically have less than optimal success  
24 rates, with high risk of multiple pregnancy rates.

1 Finally, they are not fully certified.

2 In Illinois, which is a mandated state and  
3 insurance companies are required to cover the cost of  
4 providing IVF, there is a recent trend to dis-enroll  
5 those physician-based facilities from the -- from the  
6 -- from enrollment.

7 The new trend, which is represented by our  
8 facilities, is a fully certified IVF center that meets  
9 all the quality control, all the requirements, that  
10 serves several REI physicians. In such centers  
11 procedures are performed in the OR-like environment  
12 but in a much smaller space. There is no need for the  
13 stretcher because patients are taken by the wheelchair  
14 following the procedure. Procedures are performed  
15 under conscious sedation or local anesthesia, and  
16 there is no need for the rest of the facilities  
17 involving the surgical.

18 Most importantly, however, this is a  
19 question of the cost. The cost of IVF procedures  
20 performed in OR suites in a surgery center or  
21 operating room of the hospital is prohibitive to most  
22 patients or requires specific contractual agreements  
23 between the surgery center or the hospital and the  
24 insurance companies. In private REI offices that I

1 mentioned there is generally no charge for the  
2 facility fee, no payment, and consequently, procedures  
3 are performed inexpensively, frequently under less  
4 than optimal conditions. Such facilities are not  
5 licensed and you don't hear them coming over for  
6 approval to your committee.

7 Our facilities meet JCAHO and ASPC  
8 standards, and we're expecting to hopefully receive  
9 the Illinois state license. If so, we could expect  
10 reimbursement of our costs from the insurance  
11 companies. These costs include costs of supplies,  
12 costs of personnel, costs of anesthesia, but these  
13 costs are less than 50 percent lower than comparable  
14 costs of procedures performed in large operating  
15 rooms. Thus, our goal is to establish a fully  
16 certified, quality conscious, single-specialty  
17 facility providing services at a significant cost  
18 savings to both patients and the insurance.

19 Thank you for listening.

20 CHAIRMAN GALASSIE: Thank you, Doctor.

21 Any other comments?

22 MS. RINEHART: Hi, my name is Lisa  
23 Rinehart. I'm the Chief Operating Officer for  
24 Reproductive Medicine Institute, which manages and

DRAFT

1 operates The IVF Center at RMI. I'd like to thank you  
2 for the opportunity. And I know it's getting on to  
3 lunchtime, so let me just give you a little bit of the  
4 highlights.

5 I've been a nurse for over 30 years. I've  
6 been an attorney for 16, working in healthcare law and  
7 reproductive law. And I've seen a lot of the advances  
8 and changes moving from academic and hospital type  
9 settings to private settings, adding regulation, as  
10 well as increased social acceptance of IVF. And one  
11 of the key things that we're faced with these days, as  
12 most healthcare providers are, is reduction in  
13 reimbursement. And the insurers are not only doing  
14 that in our specialty, but they're also asking us to  
15 show that we have increased access and that we have  
16 good outcomes.

17 Our specialty has long been known to have  
18 to prove that we can get our patients pregnant, and  
19 one of the things that insurers are now asking us is,  
20 how does your physical plant actually improve patient  
21 outcomes, get your patients pregnant, by reducing the  
22 amount of IVF cycles they're going to have to go  
23 through?

24 And so part of the reason that we're here

1 today asking for a Certificate of Need is because we  
2 also believe the physical plant makes a difference,  
3 and it was the reason that RMI decided to remodel and  
4 consolidate two IVF centers into one.

5 A snapshot of our pregnancy rate shows  
6 that we've gone from 2010 to today in our remodeled  
7 facility of an increase of 40 percent in our success  
8 rate, meaning that 60 to 70 percent of our patients  
9 today go home with a positive pregnancy.

10 The suggestion that we should be able to  
11 do this in a surgery center, whether it's adjoining or  
12 not, is one that has been proven historically to not  
13 be cost-effective, as Dr. Dmowski has told you.  
14 Historically, hospitals have divested themselves of  
15 their IVF centers because of the huge losses that they  
16 saw and also because of the complexities of managing  
17 such a subspecialty. Data support, as Dr. Dmowski  
18 said, that it would be 50 percent higher in costs to  
19 do them in a surgical center.

20 The surgical centers may also be saying  
21 and be concerned about, as I would be in their  
22 position, that they may be losing patients if we're  
23 granted a single-specialty license. However, we have  
24 proven that our relationship with surgery centers,

1 particularly Oak Brook Surgery Centre, as we had  
2 promised them, would show an increase in procedures.  
3 And from 2009 until 2011 we've shown a 40 percent  
4 increase in the utilization of strictly operative  
5 procedures at Oak Brook Surgery Centre because with  
6 our new laboratory and IVF facility we've attracted  
7 more patients for IVF, some of which require operative  
8 procedures.

9           But I don't want you to walk away thinking  
10 finances is the only motive. We have six physicians  
11 in our group, many of whom have over 30 years in  
12 fertility. And this is not the time when they would  
13 be investing money in something just to make more  
14 money. They're investing in this because they're very  
15 concerned, as they have been, in building IVF centers  
16 and leaving a legacy to the fertility healthcare  
17 industry as a whole.

18           The infertile population is growing. We  
19 can watch and see that with economic trends it  
20 changes. But once downturns in economies start to  
21 pick up, we see the birth rate rise. And indications  
22 in population are by the year 2015 that there will be  
23 an even higher ratio of women of childbearing age,  
24 which tells us fertility services are going to be

1 necessary.

2           With our experiences in this particular  
3 field, with starting the programs at the Mayo Clinic,  
4 at Harvard's Brigham and Women's Hospital, at Rush  
5 University, and Evanston Hospital, all of which our  
6 physicians were integrally involved in, we've learned  
7 how to do it right, how to make these programs run  
8 with the most amount of success and the least amount  
9 of cost.

10           And again, we're at a point in our  
11 profession and our physicians are where we can give  
12 back, and charity care is important in our field. We  
13 last year, with reduced fees and discounts for our  
14 patients who had either no insurance, reduced  
15 insurance, or undue hardship, donated \$400,000 to see  
16 that people could actually attempt to have a family.

17           We're part and have been for the last ten  
18 years of the Livestrong Organization, formerly Fertile  
19 Hope, that provides free or reduced-cost care to  
20 cancer patients who are trying to provide or store  
21 their gametes so that they can become parents after  
22 their cancer treatment.

23           We provide special services to our  
24 military families, and I will say police and firemen

1 are some of our favorite patients.

2 And finally, every year for the past 15  
3 years our organization has donated equipment and  
4 medical supplies to medical missions in Bolivia, the  
5 Philippines, and Kenya through the Joliet Diocese.

6 But at the end of the day, it's the  
7 patients that matter to us, it's our field that  
8 matters to us. And having worked in hospitals for so  
9 long, I have to go back to what it's like to be a  
10 nurse to these patients. I've worked in oncology.  
11 I've been a nursing supervisor. And I will say that  
12 fertility patients are some of the most interesting  
13 and intense patients I have ever worked with in my  
14 whole entire life. The drive to become a parent is an  
15 amazing drive and the disappointment when it doesn't  
16 work is huge. Being able to take care of these  
17 patients in a setting that is geared specifically to  
18 their needs, not mixing with the general milieu of an  
19 OR population, exposure to illness, and sensitivity to  
20 the financial cost is one of the most important things  
21 that we can bring. There's nothing better than having  
22 a patient bring their baby back and saying thank you.

23 And with that, I say thank you very much.

24 CHAIRMAN GALASSIE: Thank you very much.

DRAFT

1 I'm going to move us forward to questions  
2 from the Board if I may. I suspect you're going to  
3 have many, so I'm going to open it up to the Board.  
4 Judge.

5 MR. GREIMAN: Yeah. What one of the  
6 opposition folks suggested that if you went through  
7 this with another party where you had a sublease that  
8 that violated the lease and the landlord was opposed  
9 to that. Explain that to me. Where are you on that?

10 MR. PREBIL: We'll have to take care of  
11 that, obviously. It's the first I've heard of it.

12 MS. RINEHART: We had not been told that  
13 there was any concern that the corporate umbrella that  
14 we were using to apply for the CON was going to be a  
15 problem for the landlord. The Oak Brook Fertility  
16 Center, doing business as The IVF Center of RMI is the  
17 same facility and owners, with the addition of three,  
18 that have been there for the last 20 years.

19 MR. GREIMAN: Well, I think --

20 MS. RINEHART: It hasn't changed at all.

21 MR. GREIMAN: If you sublet it, you would  
22 still be liable on the lease.

23 MS. RINEHART: Correct.

24 MR. GREIMAN: So your -- so we're not

**DRAFT**

1 giving to some party that's just new without any --

2 MS. RINEHART: You're correct.

3 Absolutely.

4 MR. PREBIL: Within the same corporate  
5 family, same owners.

6 CHAIRMAN GALASSIE: Dr. Burden.

7 DR. BURDEN: Yeah, I've got concerns that  
8 we're listening to an argument brewing big time. And  
9 I really think that it was brought up earlier by  
10 Mr. Constantino that this data that regarding the  
11 argument that's pursuing -- I'm not a lawyer. I've  
12 got a couple children that are. But I have a feel  
13 that we should be careful about agreeing to much here  
14 today other than seeing more of the information we  
15 need to make a reasonable conclusion. I'm going to  
16 suggest that we -- I'll ask Frank to comment on it.  
17 We have a comment on the floor that said if this lease  
18 is valid, there may be an issue regarding what we  
19 approve to go forward, and we're going to be stuck  
20 with more arguments back and forth. I don't sense  
21 this is a situation legally that's clear enough for me  
22 to act on, but I'd like to have Frank Urso comment  
23 from a lawyer's perspective based on what Mike  
24 Constantino has given us. One, we don't have prior

DRAFT

1 opportunity to review the documents necessary to come  
2 to a reasonable conclusion. That's my concern. I  
3 want to hear you comment.

4 CHAIRMAN GALASSIE: Well, let me just --  
5 and then Frank will comment, Dr. Burden. But I think  
6 what we did here is -- this news -- the lease problem  
7 is news to them.

8 MS. RINEHART: Uh-huh.

9 CHAIRMAN GALASSIE: And that presents a  
10 problem in and of itself. But I think we're all  
11 sitting here with the question the Judge raised. If  
12 your landlord is not going to allow you to do it, why  
13 are you even in front of us?

14 DR. DMOWSKI: In answer to this question,  
15 we've been doing this for the last 20 years. We have  
16 not changed anything.

17 CHAIRMAN GALASSIE: Doctor, I don't think  
18 we're in a position to get in between you and your  
19 landlord.

20 DR. BURDEN: Not at all.

21 CHAIRMAN GALASSIE: From a public health  
22 standpoint, I will tell you I really like hearing what  
23 you're proposing. I think it has great potential, not  
24 understanding all of it by any means, with your

DRAFT

1 experience and background.

2 That having been said, it also feels to me  
3 as though you're significantly ahead of the  
4 requirements. And until those requirements change, I  
5 think this body is going to have a difficult time  
6 approving what it is you're requesting, from my own  
7 personal perspective. I'm not speaking for the Board  
8 at this stage.

9 Did you want to comment?

10 MR. URSO: Sure. I can tell from the  
11 State Agency Report that because there's some open  
12 questions here that this applicant has an opportunity  
13 to defer this project if they wanted to. That doesn't  
14 mean the Board can't defer it on its own if the  
15 applicant didn't want to do that. But in similar  
16 circumstances where the Board has determined that  
17 there's some open questions here, some clarification  
18 needs to be made and perhaps some more information  
19 needs to be provided to Board Staff so that they can  
20 then inform the Board fully of the relationship  
21 between the lessor and the lessee here, there are some  
22 options that this Board has. So I will just leave  
23 that open if you --

24 MR. PREBIL: That would be our intent

**DRAFT**

1 right now. There are unanswered questions, there are  
2 things mostly to licensure, which really isn't your  
3 purview, but we should clear them up before we come  
4 back.

5 CHAIRMAN GALASSIE: Let me just ask  
6 because I'm a little confused. I apologize. You  
7 mentioned your intent. I see the options, as Frank is  
8 suggesting, for the Board would be to approve, to  
9 defer, or deny. One of those three I suspect will  
10 occur in the next moment or two.

11 Are you interested in proposing to the  
12 Board that you would request to defer?

13 MR. PREBIL: We would defer but allow --  
14 if there's any questions on the program if you want to  
15 take care of at this meeting, go ahead and do that.

16 CHAIRMAN GALASSIE: Well, there's a bunch  
17 of questions on the program I think we need to come  
18 back to. I'm going to suggest a motion to the Board  
19 to approve, to defer, or to deny. You know, I'm just  
20 -- for the record, if you have a request for an  
21 action --

22 MR. PREBIL: We will request deferral.

23 CHAIRMAN GALASSIE: You're requesting a  
24 deferral?

DRAFT

1 MR. PREBIL: Yes.

2 MR. URSO: So I think at this point in  
3 time I think it would be prudent on your part to  
4 provide additional information back to the Board in a  
5 written fashion so that Board Staff has an opportunity  
6 to clarify what this situation is.

7 MS. OLSON: Could I ask a question on  
8 this? You said that this was the first you've heard  
9 about this, the problems with the owner of the  
10 building, but he referred to a letter that you had  
11 received or sent stating that you knew that this was  
12 going to be a violation of the lease. Is that letter  
13 not true?

14 MS. RINEHART: No. We did get a letter.  
15 He and I spoke about it. He knew that this was -- he  
16 read our application before we turned it in and there  
17 was no concern about it at that time and nothing was  
18 said.

19 MS. OLSON: So you knew it might have been  
20 a violation of the lease but he didn't express concern  
21 over it?

22 MS. RINEHART: He said that it wouldn't be  
23 a problem but none of that was documented. So all I  
24 have is the letter documentation.

1 MR. PREBIL: And actually, that opponent  
2 submitted the letter on the last day, and the lease  
3 issues, although it's a long letter --

4 MS. OLSON: Yeah, we have that letter.

5 MR. PREBIL: -- are not in there, so --

6 MS. OLSON: No, the lease issues are not  
7 in here.

8 MS. RINEHART: No, they're not, at all.

9 CHAIRMAN GALASSIE: I'm going to suggest a  
10 motion to the Board, again keeping in mind the Board  
11 has the option of approving, deferring, or denying,  
12 but based upon the conversation, I will recommend a  
13 motion to the Board to accept the applicant's request  
14 for deferral and to get back to the Board in X amount  
15 of time and I think we'll let them fill in X, three  
16 months, six months.

17 MR. GREIMAN: So moved.

18 DR. BURDEN: Second.

19 CHAIRMAN GALASSIE: Moved and seconded  
20 for --

21 MR. PENN: When's the X?

22 CHAIRMAN GALASSIE: -- for the motion to  
23 accept the applicant's request to defer and come back  
24 to the Board of Health within -- did you say six

DRAFT

1 months?

2 MR. PENN: Six months is fine.

3 CHAIRMAN GALASSIE: Within six months.

4 DR. DMOWSKI: Three months is fine.

5 MS. RINEHART: Six months.

6 CHAIRMAN GALASSIE: Within three -- I'm  
7 sorry, within six months.

8 MR. PENN: Within. Within.

9 MS. RINEHART: Right. We can do it  
10 sooner.

11 MR. CONSTANTINO: You're going to do the  
12 preparation within six months, so you're going to go  
13 past that six-month time frame.

14 CHAIRMAN GALASSIE: Okay. So can you do  
15 what you need to do in three months?

16 MS. RINEHART: Yes, we can.

17 CHAIRMAN GALASSIE: So within three  
18 months.

19 MR. CONSTANTINO: It won't be on the June  
20 meeting. That's closed. So it would have to be the  
21 August meeting.

22 MR. URSO: So will you have -- if you were  
23 given 30 days to provide additional information, is  
24 that ample time to provide additional information back

**DRAFT**

1 to the Board Staff so that we can review it?

2 MS. RINEHART: Yes, I believe we can.

3 MR. PENN: Mike, I believe it's September.

4 MR. CONSTANTINO: Do we have an August  
5 meeting?

6 MR. PENN: It's September on our calendar.

7 MR. CONSTANTINO: Oh, excuse me, July. I  
8 apologize.

9 CHAIRMAN GALASSIE: Well, why don't we  
10 just defer this to the July meeting?

11 MR. CONSTANTINO: July, okay.

12 CHAIRMAN GALASSIE: From the motion we'll  
13 remove the 60-day time frame and state specific to the  
14 July meeting.

15 MS. OLSON: Actual questions about the  
16 program would happen at that time?

17 CHAIRMAN GALASSIE: Actual questions about  
18 the program would happen at that time.

19 There's a motion --

20 DR. BURDEN: Is there a motion on the  
21 table?

22 MR. SEWELL: This is a comment on the  
23 motion. I think we should all realize there's some  
24 other issues here than just the lease.

**DRAFT**

1                   CHAIRMAN GALASSIE: Yeah. And you don't  
2 have to accept this motion. You know, if the motion  
3 doesn't pass, there's other options the Board can do.  
4 If the Board wishes to move to deny, so be it. But  
5 right now I think there -- there is a motion that's  
6 been moved and seconded on the table.

7                   MR. SEWELL: To defer.

8                   CHAIRMAN GALASSIE: To defer and come back  
9 to the July meeting.

10                  MR. ROATE: Motion made by Justice  
11 Greiman, seconded by Dr. Burden.

12                  MR. PENN: Now, there's a question -- I'm  
13 going to have a question on this motion. It goes back  
14 to what Richard was saying. There's still other  
15 things I would like to discuss yet today. And we can  
16 do it prior to this motion being called for or I'd  
17 like an opportunity to question briefly after this  
18 some of the other comments.

19                  CHAIRMAN GALASSIE: Then I think we should  
20 table the motion. Because it could impact it, why  
21 don't we table the motion and reopen to Board  
22 questions.

23                  MR. PENN: That's fine with me.

24                  CHAIRMAN GALASSIE: Do we need a motion to

1 table it?

2 MR. PENN: The person who made the motion  
3 needs to withdraw the motion. Whoever that was.

4 CHAIRMAN GALASSIE: Judge, will you  
5 withdraw the motion?

6 MR. GREIMAN: Yeah, I withdraw it.

7 CHAIRMAN GALASSIE: Thank you. The motion  
8 is withdrawn.

9 Board Member questions pertaining to this  
10 applicant again, please.

11 Mr. Sewell or --

12 MR. SEWELL: No, I was just saying that  
13 broadly.

14 CHAIRMAN GALASSIE: Sure. Understood.

15 Mr. Penn.

16 MR. PENN: I do have a couple questions  
17 about what was raised from the opposition about the  
18 construction, about the number of bays from -- their  
19 saying by our standard six bays, you have two, the  
20 square footage is not adequate, and you did make a  
21 comment about the one-way traffic, you did not need a  
22 gurney or stretcher.

23 And I guess, Mike, I don't know if you  
24 need to make a comment on our -- our standards, if

1 they're saying they're not going to do it, they don't  
2 need to do it, and we're saying that they do need to  
3 do it.

4 MR. CONSTANTINO: If the Board should  
5 approve this project, it has to be approved by  
6 licensing also. And if they don't meet licensing  
7 requirements, they will have to abandon this permit  
8 should the Board approve this.

9 MR. PENN: Okay. And I just want to be  
10 clear at the outset that you are saying that, because  
11 that's what I understood to be true.

12 MR. CONSTANTINO: That's true.

13 MR. PENN: So if you're not going to  
14 conform to what we're asking about the traffic and the  
15 space and the gurneys and the bays and so on and so  
16 forth, I think that's important information as you go  
17 back and re-prepare this or prepare to come back in  
18 July.

19 MR. PREBIL: Those are -- I view those  
20 really as licensing issues, though, that we need to  
21 deal with IDPH on those.

22 MR. CONSTANTINO: Right. And we assumed  
23 when you submitted your costs that you had spoken to  
24 an architect.

**DRAFT**

1 MR. PREBIL: Yeah.

2 CHAIRMAN GALASSIE: But again, as an  
3 individual Board Member, it certainly feels to me as  
4 though you need to address the licensing issues prior  
5 to this request, because I, for one, can't give you a  
6 supportive vote knowing going into it you're not going  
7 to get licensure.

8 I don't disagree with what you're trying  
9 to do. The concept of it sounds perhaps it's like a  
10 good thing. But it feels like the cart's in front of  
11 the horse.

12 MR. CONSTANTINO: Dale, when we look at  
13 these applications, we assume the applicant's spoken  
14 to an architect.

15 CHAIRMAN GALASSIE: Sure.

16 MR. CONSTANTINO: So they can get an  
17 adequate idea how much this is going to cost. We  
18 assume that architect has told them they have to meet  
19 licensing requirements and to do that they have to  
20 spend this much money. That's always the assumption  
21 we make when we have these budgets and costs submitted  
22 to us. If we have issues, we talk to Henry.

23 CHAIRMAN GALASSIE: Okay. Again, I'm  
24 going to --

**DRAFT**

1 MS. OLSON: Can I just say --

2 CHAIRMAN GALASSIE: Yes.

3 MS. OLSON: Is part of what we're dealing  
4 with here, based on your presentation, that we're  
5 trying to put a square peg in a round hole? Because,  
6 Doctor, you're saying a regular OR is too big for this  
7 procedure and too expensive, yet there's issues  
8 involved with a regular Ambulatory Surgery Center. So  
9 what you're ideally looking for is something brand new  
10 in the market that's smaller than those things, yet it  
11 allows you to be close to your lab. I assume you're  
12 going to have to meet these licensing requirements.  
13 But is that sort of what we're looking at? We're  
14 trying to put a square peg in a round hole here?

15 DR. DMOWSKI: What we're looking at is  
16 treatment rooms which meets the ASTC requirements for  
17 the treatment that does not require general  
18 anesthesia. Those are the rooms. The place for  
19 gurney has not been used for this purpose because  
20 patients do not require gurneys. They're moved on  
21 wheelchairs back and out of the procedure rooms.

22 MS. OLSON: But you understand that that's  
23 -- I mean you still have to -- I mean those rules are  
24 there. I mean even though you don't need -- it sounds

1 like you may have to do that anyway I guess is what  
2 you're being told, and I just want to make sure that  
3 we're clear on that.

4 MR. PREBIL: Yeah, I think -- they will  
5 meet and what they intend to meet is the licensure  
6 requirements for treatment rooms, for procedure rooms.  
7 They know they will not meet the requirements for full  
8 operating rooms.

9 MS. OLSON: So you want to make a  
10 distinction between a procedure room and an OR.

11 MS. RINEHART: Correct.

12 MR. PREBIL: And we understand that. And  
13 that's one of the reasons why we're not having impact  
14 on any other ASTCs because you can't do it.

15 MS. OLSON: Well, why does it have to be  
16 an ASTC? Why can't you just make a procedure room  
17 that works for your procedure and not even have to go  
18 through the whole --

19 MR. PREBIL: Well, two reasons.

20 First one is this client welcomes  
21 licensure and regulation. They're already accredited  
22 by the Joint Commission. They want to be accredited,  
23 fully accredited.

24 Second, it's easier for some facility

**DRAFT**

1 needs for an ASTC. Just because again we don't fit  
2 into -- we don't fit into a box for them and they tell  
3 us get in this box and we'll be happy with you. And  
4 you've already done it in the State.

5 MS. RINEHART: Well, and as I said, that's  
6 what the insurance companies are looking for. They're  
7 looking at what your facility looks like and what your  
8 outcomes are.

9 MS. OLSON: But if you can show your  
10 outcomes are so much better based on your facility, it  
11 seems to me that they --

12 MS. RINEHART: Right.

13 MS. OLSON: -- would have to start playing  
14 along.

15 MS. RINEHART: Which is why across the  
16 country facilities are starting to look at licensure  
17 in their districts in order to prove that they have  
18 what they need in order to maintain health insurance  
19 contracts.

20 MS. OLSON: Well, I'm with Chairman  
21 Galassie. Don't abandon ship. Because what you're  
22 talking about is from a public health and from a  
23 pregnancy standpoint a wonderful concept. We've just  
24 got to figure out a way to make it work.

1 CHAIRMAN GALASSIE: Dr. Burden.

2 DR. BURDEN: I don't want to belabor it.  
3 I made my point earlier. But you people recognize  
4 that we had a relatively recent approval of an  
5 in-vitro service akin to yours and we didn't have  
6 anything like this in terms of our discussion. But  
7 you're close. I mean Ms. Olson is correct. At this  
8 moment, denying this application and starting all over  
9 again is a very appealing thought to me. I was  
10 willing to accept that you need to just come back, but  
11 there's an awful lot of factors here that I really  
12 think are brand new and haven't been looked at  
13 carefully enough by us or the State Agency. And I'm  
14 not sure that they -- that what we have as a prior  
15 approval was a -- not a struggling application and  
16 approval at all. But it didn't have half the things  
17 that I've been hearing here.

18 This may be innovative, but I'm not --  
19 we're not an innovative Board at this moment. We've  
20 got to have more facts. We've got to have a lot more  
21 approval. I'm dismayed that we're spending as much  
22 time on an issue that appears to me needs to come  
23 back, whether it comes back in denial or just comes  
24 back in six months, but we need a lot more

DRAFT

1 information. I do personally.

2 CHAIRMAN GALASSIE: Respecting that  
3 dismay, I'm going to put a motion on the floor, again  
4 reminding Board Members this motion is to defer. If  
5 you do not agree with deferral, you do not want to  
6 support the motion. You may then have an option --  
7 you then have an option to make a motion to deny. I  
8 will put the motion on the floor again to accept the  
9 applicant's request for deferral on this Project  
10 Number 11-111 coming back to the Board at the July  
11 2012 Board meeting.

12 MR. SEWELL: So moved.

13 MS. OLSON: Second.

14 CHAIRMAN GALASSIE: It's moved and  
15 seconded.

16 MR. ROATE: Motion made by Mr. Sewell,  
17 seconded by Ms. Olson.

18 Dr. Burden?

19 DR. BURDEN: I approve. I agree, yes.  
20 But I certainly feel that I've said enough to make it  
21 clear that we're -- we need more information. We need  
22 to have this applicant do a much more complete job  
23 regarding what they attempt to do under the  
24 circumstances they currently are living, period.

1 MR. ROATE: Mr. Eaker?

2 MR. EAKER: Yes.

3 MR. ROATE: Justice Greiman?

4 MR. GREIMAN: Yes.

5 MR. ROATE: Mr. Hayes?

6 VICE CHAIRMAN HAYES: Yes.

7 MR. ROATE: Mr. Hilgenbrink?

8 MR. HILGENBRINK: Yes.

9 MR. ROATE: Ms. Olson?

10 MS. OLSON: Yes.

11 MR. ROATE: Mr. Penn?

12 MR. PENN: Yes. I do appreciate your

13 professional presentation and I do look forward to

14 seeing you guys back in July.

15 MR. ROATE: Mr. Sewell?

16 MR. SEWELL: Yes.

17 MR. ROATE: Chairman Galassie?

18 CHAIRMAN GALASSIE: Yes.

19 MR. ROATE: That's nine votes in the

20 affirmative.

21 CHAIRMAN GALASSIE: Motion passes. Good

22 luck. We'll see you again.

23 Checking with staff, it's five after 1.

24 Are we prepared to break? We're prepared to break for

1 30 minutes. Board Members are going to be staying in  
2 this room. We're going to try and be back here at 25  
3 till 2.

4 (A recess was taken from 1:05 p.m.  
5 until 1:48 p.m.)

6 CHAIRMAN GALASSIE: We do have a quorum.  
7 Thank you for being timely. We'll try leaving the  
8 doors open for a while so everyone can enjoy a bit of  
9 the fresh air.

10 Moving forward to Item H-08, Project  
11 11-113, the Pavilion Foundation Hospital of Champaign.  
12 We do not have any public comment requests to my  
13 knowledge.

14 Hearing none, representatives from the  
15 Pavilion, if you would please come forward. Good  
16 afternoon, folks. If you'll utilize the microphones  
17 and introduce yourselves and spell your names for our  
18 recorder, please.

19 MR. RAINY: Mike Rainey, R-a-i-n-e-y.

20 MR. SHEEHY: Joe Sheehy, S-h-e-e-h-y.

21 MR. MARK: Jeffrey Mark, M-a-r-k.

22 MR. REPETTO: Martin Repetto,

23 R-e-p-e-t-t-o.

24 CHAIRMAN GALASSIE: Thank you, gentlemen.

1 (Oath given.)

2 CHAIRMAN GALASSIE: Thank you. Staff  
3 Report.

4 MR. CONSTANTINO: Thank you, Mr. Chairman.  
5 The applicants propose to increase its  
6 current Acute Mental Illness bed complement from 47 to  
7 69 beds. Cost of the project is \$8.2 million.

8 There was no public hearing requested and  
9 no opposition received.

10 The anticipated project completion date is  
11 April 1st, 2013.

12 CHAIRMAN GALASSIE: Thank you, sir.

13 Comments for the Board?

14 MR. SHEEHY: Yes, thank you, Mr. Chairman.

15 My name is Joe Sheehy. I'm the CEO of Pavilion  
16 Foundation Hospital. I want to thank you,  
17 Mr. Chairman and Members of the Board, for the  
18 opportunity to present the merits of this addition and  
19 expansion project for the Pavilion Foundation  
20 Hospital. I also wish to thank the Board's staff for  
21 its technical assistance in the preparation of this  
22 application.

23 First, let me introduce you to the  
24 Pavilion Foundation Hospital. We are a specialized

1 psychiatric facility providing comprehensive services  
2 to adults, adolescents, and children.

3           In addition to our inpatient and  
4 outpatient hospital services, the Pavilion provides  
5 non-hospital treatment through our Residential  
6 Treatment Center, or RTC, which is licensed by the  
7 Department of Children and Family Services and is  
8 approved as a childcare institution. The Pavilion RTC  
9 is a program for children and adolescents ages 10 to  
10 18 with severe emotional and psychiatric disorders  
11 requiring long-term care with lengths of stay up to 18  
12 months.

13           We also offer day programs to adults,  
14 adolescents, and youths by way of partial  
15 hospitalization for those in need of intermediate  
16 psychiatric services.

17           Additionally, we have a private day  
18 school, which provides educational services to more  
19 than 80 students. The school serves children with  
20 behavioral and learning disorders with the goal of  
21 successful reintegration back to his or her home  
22 school.

23           Another specialized service we provide is  
24 addictions treatment. Addiction services include

1 medical detoxification, dual diagnosis treatment for  
2 addictions and psychiatric diagnosis, and residential  
3 treatment for ongoing addictions recovery.

4           The provision of mental health services in  
5 Illinois is underserved. Additionally, the State of  
6 Illinois is proposing to further cut funded mental  
7 health and acute care services. The Pavilion  
8 Foundation is the only psychiatric specialty hospital  
9 in the region and only one of two psychiatric programs  
10 in the HSA region, with the other being St. Mary's in  
11 Decatur, which is 55 minutes away.

12           While we are located in Champaign and HSA  
13 Region IV, the Pavilion provides care for patients  
14 throughout central and southern Illinois. As our  
15 referral letters indicate, we serve patients living up  
16 to 200 miles from Champaign. Among the distant  
17 communities we serve are Marion, Robinson, Mt. Vernon,  
18 Bloomington, and Pontiac.

19           The Pavilion is also a major provider of  
20 care to Medicaid recipients. Approximately 55 percent  
21 of our inpatients have been Medicaid recipients, with  
22 anticipation that this number will surpass 60 percent  
23 upon completion of our project.

24           I am pleased to note that this project

**DRAFT**

1 received no opposition and that no public hearing was  
2 requested. Additionally, no letters of opposition  
3 were submitted.

4 The project has received widespread  
5 support, including letters of support from Congressman  
6 Timothy Johnson, State Senator Frerichs, State  
7 Representatives Jakobsson and Rose, the mayors of  
8 Champaign and Rantoul, a number of county mental  
9 health departments and several mental health agencies.

10 As to the State Agency Report, the staff  
11 found that our application met the Board's rules and  
12 is in conformance with all criteria under 1120 and all  
13 but two criteria under 1110.

14 In both cases under Rule 1110, the  
15 nonconformance was identical and due to one number.  
16 Specifically in both cases, the applicant is required  
17 to have an annual average occupancy rate equal to or  
18 higher than the Board's target of 85 percent. Since  
19 our application was submitted in December of last  
20 year, we included three years of historical occupancy,  
21 including 2009, 2010, and an estimated 2011 based upon  
22 ten months of data. According to those numbers, the  
23 Pavilion has exceeded the Board's targets in both 2010  
24 and '11. We have recently submitted our utilization

DRAFT

1 to the Board in its 2011 annual questionnaire. With  
2 the final tally for the calendar year 2011, the  
3 Pavilion exceeded the Board's target in 2010 at 86  
4 percent and for the entirety of 2011 at 89 percent.  
5 In our first quarter of 2012 occupancy has been 93  
6 percent.

7 In summary, based upon the most current  
8 data, we are in conformance with all the Board's  
9 criteria.

10 As documented in our application, from  
11 January 2010 through November 2011, the Pavilion  
12 foundation has had to turn away 1,151 persons in need  
13 of hospital -- inpatient hospital services. This  
14 deflection was because of unavailability of beds. So  
15 far this year, for the first three months, we've had  
16 to turn away 163 patients due to unavailability of  
17 beds.

18 I respectfully request that the Board  
19 approve our project so that we may serve our community  
20 and other communities in need of our services. We are  
21 available to respond to any questions and thank you  
22 for your consideration.

23 CHAIRMAN GALASSIE: Thank you.

24 I'll open it up to the Board for

1 questions.

2 Dr. Burden, please.

3 DR. BURDEN: What do you do with the 163  
4 people that you turn away? Where do they go?

5 MR. SHEEHY: Some, Doctor, don't get  
6 services at all. We recapture a small amount. Some  
7 might get services in some of the other regions --  
8 hospitals in the region. Some have to go farther, you  
9 know, a lot farther away than even where we're at.  
10 But like I said, a number of them just don't get  
11 services. They're from very dysfunctional families,  
12 broken family structures. So they just kind of  
13 disappear and might reappear, you know, a week later  
14 in crisis again at an ER.

15 DR. BURDEN: Do you think this application  
16 that you were to approve -- be approved, 22 beds will  
17 make a substantive difference in the numbers of people  
18 that don't get care in your community?

19 MR. SHEEHY: Absolutely, Doctor.

20 DR. BURDEN: I have one other question for  
21 Mike while he's resting over there. He was taking a  
22 break. What is -- the Board Staff identified  
23 compliance issues and the Board legal counsel resolved  
24 them. What was the -- is there -- what was that all

1 about?

2 MR. CONSTANTINO: That had to do with  
3 prior compliance issues with UHS Hartgrove, and  
4 they've been identified and corrected. And I think  
5 Frank and his staff have reached a conclusion which  
6 was approved by the Board.

7 MR. URSO: We haven't -- the Board hasn't  
8 issued a final decision yet.

9 DR. BURDEN: I haven't seen it. That's  
10 why I'm asking about it.

11 MR. CONSTANTINO: Oh, okay.

12 MR. URSO: Yeah, there are three  
13 facilities of UHS that we have compliance issues with.  
14 They had to do with failure to provide final cost  
15 reports and notice of completions. Those are very  
16 close to being resolved. We are in fact putting  
17 together the settlement agreement as we speak. Well,  
18 not as we speak. But we have been working on the  
19 settlement agreement. It's what we thought was a very  
20 good resolution and we'll probably be bringing it to  
21 the Board for final decision at the next meeting.

22 DR. BURDEN: Thank you.

23 MR. URSO: So we're very close.

24 CHAIRMAN GALASSIE: Other questions from

1 the Board?

2 MR. PENN: Are you at liberty to tell us  
3 why you were delinquent or is it something we have to  
4 wait to hear from you, why they -- they were  
5 delinquent with these reports? Is that a fair  
6 question now or do we need to wait?

7 MR. URSO: Are you talking about the  
8 compliance issues?

9 MR. PENN: Yeah.

10 MR. URSO: Yes. There was apparently a  
11 miscommunication in their staff, as I recall, and the  
12 proper reports and notifications weren't filed in a  
13 timely manner. So we're going to -- we have spoken  
14 with their staff. We had a joint meeting trying to  
15 see exactly what the compliance issue was and how it  
16 happened, and it was, you know, an oversight on their  
17 part. And so we -- we moved forward and are now  
18 resolving that matter.

19 MR. PENN: Okay. Good.

20 MR. PELLETIER: If I may.

21 CHAIRMAN GALASSIE: Michael has a comment.

22 MR. PELLETIER: I just want to go on  
23 record that the Department of Mental Health always  
24 supports increasing capacity in the community and

1 hopes that the applicant adheres to at least their  
2 projected use of a significant amount of these beds  
3 for the adult population.

4 CHAIRMAN GALASSIE: Can I entertain a  
5 motion to approve Project 11-113?

6 MR. GREIMAN: Question.

7 CHAIRMAN GALASSIE: Judge, I'm sorry.

8 MR. GREIMAN: That's all right.

9 So when the line is outside, all trying to  
10 get in, do you make a choice between a priority for  
11 people who have a credit card or people who have an  
12 insurance card as opposed to people who have nothing?

13 MR. SHEEHY: No. A lot of times, sir, it  
14 depends, like if they're in our building, then that's  
15 the patients we'll take care of first and then usually  
16 just the most immediate. If someone's in the ER, you  
17 know, that they're in such crisis, we will take them  
18 first versus someone that maybe is, you know, just at  
19 their home and parents can put a safety plan --

20 MR. GREIMAN: If I came with my Medicare  
21 card and State of Illinois insurance policy but I had  
22 two people in front of me who were charity cases,  
23 you'd take them first; right?

24 MR. SHEEHY: Medicaid's our largest number

DRAFT

1 of patients we serve.

2 MR. GREIMAN: And when you -- you have  
3 approximately 1.9 I believe of charity cases. Will  
4 your percentage of charity cases remain the same or  
5 get better when you -- they won't go down  
6 proportionately; will they?

7 MR. SHEEHY: It could easily increase,  
8 especially with adult services, you know, which we're  
9 proposing to add ten more beds. Because that's a  
10 population where you really see more of the unfunded  
11 patients. So absolutely.

12 MR. GREIMAN: Okay.

13 MR. PENN: And I would go on the record  
14 saying I'm very familiar with your facility. I've  
15 taken people there, picked people up from there, also  
16 with our Chestnut facility and Proctor's, and they do  
17 service central Illinois very well. Very pleased with  
18 the service you guys provide.

19 MR. SHEEHY: Thank you, sir.

20 CHAIRMAN GALASSIE: Member Sewell.

21 MR. SEWELL: Yeah.

22 CHAIRMAN GALASSIE: And then Mr. Carvalho.

23 MR. SEWELL: At first I thought I  
24 understood this, but maybe I don't. This requirement

1 that they're not in compliance with is the maintenance  
2 of the target occupancy rate for three years.

3 MR. CONSTANTINO: No, two years.

4 MR. SEWELL: Two years.

5 MR. CONSTANTINO: Yeah. We didn't have  
6 the -- we don't have the 2011 information. We have  
7 2010.

8 MR. SEWELL: Okay. But this isn't the  
9 same issue that we deal with on demand where --

10 MR. CONSTANTINO: No.

11 MR. SEWELL: -- we deal with 2000 census  
12 and all that?

13 MR. CONSTANTINO: No, no.

14 MR. SEWELL: Okay.

15 MR. CONSTANTINO: No.

16 MR. SEWELL: Well, the other thing is that  
17 in the applicant's testimony they are citing, you  
18 know, having to turn people away. So it would appear  
19 that if you look at the time period after the data we  
20 have there's pretty high occupancy. Yeah. Okay.  
21 Okay. Now I think I understand.

22 CHAIRMAN GALASSIE: Thank you.

23 Mr. Carvalho.

24 MR. CARVALHO: Just a quick question. You

DRAFT

1 mentioned that you see patients who come in through  
2 your emergency room.

3 MR. SHEEHY: No, through an emergency  
4 room, sir. We don't have an emergency room, but we  
5 get many calls from other hospitals who don't have  
6 psychiatric services, so they will call us then.

7 MR. CARVALHO: Okay. So not through your  
8 emergency room, through other people's emergency  
9 rooms.

10 MR. SHEEHY: Correct, correct.

11 MR. CARVALHO: Okay.

12 CHAIRMAN GALASSIE: Thank you. May I  
13 have --

14 MR. CARVALHO: How is it you don't have an  
15 emergency room?

16 MR. SHEEHY: We're a standby. That's what  
17 we're considered.

18 MR. CARVALHO: Oh, you're a standby?

19 MR. SHEEHY: Correct.

20 MR. CARVALHO: Okay. Do you ever see  
21 patients through your standby emergency room?

22 MR. SHEEHY: We do get people that just  
23 show up without an appointment, so that does happen  
24 fairly often.

**DRAFT**

1 MR. CARVALHO: And they are admitted for  
2 services or just treated on an ambulatory basis?

3 MR. SHEEHY: Depending how -- the  
4 severity, they could be admitted immediately, sure.

5 MR. CARVALHO: The reason I ask is  
6 recently a different type of specialty hospital got  
7 the law changed so that they wouldn't even need  
8 standby because they said that persons who come to  
9 standby never need the kind of care that is provided  
10 on an inpatient basis. So that wouldn't be the case  
11 in your -- some people in the standby do wind up  
12 needing --

13 MR. SHEEHY: Absolutely. Absolutely.

14 MR. CARVALHO: Okay. Thanks.

15 CHAIRMAN GALASSIE: Thank you.

16 Hearing no other questions, may I have a  
17 motion to approve Project 11-113 for the addition of  
18 22 AMI beds to an existing 47-bed AMI hospital in  
19 Champaign, Illinois?

20 MR. EAKER: So moved.

21 MS. OLSON: Second.

22 CHAIRMAN GALASSIE: Moved and seconded.

23 MR. ROATE: Motion made by Mr. Penn,  
24 seconded by Ms. Olson.

**DRAFT**

1 Dr. Burden?

2 DR. BURDEN: Yes.

3 MR. ROATE: Mr. Eaker?

4 MR. EAKER: Yes.

5 MR. ROATE: Justice Greiman?

6 MR. GREIMAN: Yes.

7 MR. ROATE: Mr. Hayes?

8 VICE CHAIRMAN HAYES: Yes.

9 MR. ROATE: Mr. Hilgenbrink?

10 MR. HILGENBRINK: Yes.

11 MR. ROATE: Ms. Olson?

12 MS. OLSON: Yes.

13 MR. ROATE: Mr. Penn?

14 MR. PENN: Yes. I did not make the

15 motion. I'm voting yes for the applicant. Mr. Eaker

16 made the motion.

17 MR. ROATE: Mr. Eaker did. My apologies.

18 Mr. Sewell?

19 MR. SEWELL: Yes.

20 MR. ROATE: Chairman Galassie?

21 CHAIRMAN GALASSIE: Yes.

22 MR. ROATE: That's nine votes in the

23 affirmative.

24 CHAIRMAN GALASSIE: Motion passes. And

**DRAFT**

1 it's a pleasure to see an increase in AMI beds. Thank  
2 you. Good luck.

3 Moving on to Item H-09, Project 12-002,  
4 Rehab Institute of Chicago. We have no public  
5 comments to our knowledge.

6 Welcome you folks to the table. Good  
7 afternoon. Those of you presenting, we'll have you  
8 spell your name for our recorder, please.

9 MR. CASE: My name's Ed Case, C-a-s-e.

10 MS. PARIDY: Nancy Paridy, P-a-r-i-d-y.

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

12 MS. SKINNER: Honey Skinner.

13 MR. FLEISCHER: Barry Fleischer,  
14 F-l-e-i-s-c-h-e-r.

15 MR. ATKINSON: Mont Atkinson,  
16 A-t-k-i-n-s-o-n.

17 MR. EICKEN: Todd Eicken, E-i-c-k-e-n.

18 CHAIRMAN GALASSIE: I feel like you're the  
19 man behind the curtain, or woman in your case.

20 (Oath given.)

21 CHAIRMAN GALASSIE: Thank you very much.

22 And we'll ask for a Staff Report.

23 MR. CONSTANTINO: Thank you, Mr. Chairman.

24 The applicant is asking the Board to

DRAFT

1 approve a project to expend funds in excess of the  
2 capital expenditure minimum for the purpose of  
3 planning a new replacement hospital located two blocks  
4 south of the existing hospital. The total cost of the  
5 project is approximately \$26.3 million. The  
6 anticipated Master Design Project completion date is  
7 August 31st, 2013.

8 There's no public hearing request and we  
9 did not receive any opposition letters.

10 Thank you, Mr. Chairman.

11 CHAIRMAN GALASSIE: Thank you, Mike.

12 Comments for the Board, please?

13 MR. CASE: Afternoon, Mr. Chairman,  
14 Members of the Board, staff of the Illinois Health  
15 Facilities and Services Review Board. I'm Ed Case,  
16 Executive Vice President of the Rehabilitation  
17 Institute of Chicago, or RIC.

18 I, along with other members of the RIC  
19 team, am here to present the hospital's application  
20 for a Master Design Permit. That permit is sought  
21 because the planning process will require RIC to spend  
22 in excess of the Agency's \$11.8 million threshold.

23 Once our planning process concludes, we  
24 intend to file a Certificate of Need for permission to

1 establish our proposed hospital and to discontinue the  
2 existing facility. We expect that application to be  
3 filed in November of this year. We expect that the  
4 new facility will admit its first patients in 2015 or  
5 2016.

6           RIC was founded in 1954 and since that  
7 time has served the Chicago community, the State of  
8 Illinois, the country, and now has an international  
9 presence. We provide a unique set of services that  
10 are targeted to the rehabilitation needs of a very  
11 specialized group. We have extensive programs to deal  
12 with adults as well as pediatrics and have special  
13 relationships with the military through arrangements  
14 through the Department of Defense.

15           RIC has been ranked number one in US News  
16 and World Report for 21 consecutive years, and most  
17 recently was rated as number one National Institutes  
18 of Health's funded research organization in funding  
19 for rehabilitation research. We're all the only  
20 hospital in the country to hold seven designations of  
21 research excellence, running from spinal cord through  
22 pediatrics and a number of other very specialized  
23 designations.

24           One of the things that has been really at

1 the core of what we do is dealing with innovation. As  
2 our application for a Master Design Permit details,  
3 our clinical care works hand in hand with the  
4 extraordinary research teams that are based at the  
5 hospital. We have over \$75 million in single and  
6 multiyear grants, representing the largest  
7 rehabilitation research organization in the world.  
8 Over 200 researchers and 30 principal investigators  
9 conduct research at RIC, as well as through  
10 collaborations with academic partners at Northwestern  
11 University, the University of Chicago, University of  
12 Illinois Chicago, and other international partners.  
13 Our research is patient centered, meaning that  
14 researchers work directly with patient subjects,  
15 applying engineering and technology solutions to real  
16 patient problems.

17 RIC also operates the largest medical  
18 education program in physical medicine and  
19 rehabilitation. We train physicians at RIC who go on  
20 across the country to both staff as well as lead other  
21 major rehabilitation centers.

22 Our existing facility was built in 1974.  
23 At that time contemporary design was not part of the  
24 rules. We have 165 licensed beds. We only have 45

1 beds that are private rooms. And at that time the  
2 original design actually included three and four-bed  
3 wards. We abandoned the use of those some years ago,  
4 which is why some of our utilization statistics are  
5 based upon 159 licensed beds as opposed to 165.

6 We have limited therapy space, no  
7 additional space for rehab. We have a hundred  
8 thousand square feet of space that is off the main  
9 campus. And we have no space for families and no  
10 space to grow. We lack the inpatient capacity to care  
11 for patients who need our care. We operate regularly  
12 at over 90 percent occupancy. We only have, as I  
13 mentioned, 45 private rooms. In fiscal 2011, three  
14 out of four days we were over 90 percent occupied and  
15 actually one out of every five days we were above 95  
16 percent occupancy.

17 This Master Design Project proposes the  
18 planning of a 272-bed inpatient rehabilitation  
19 facility, which will be entirely private rooms.  
20 Planning a facility of this type in the City of  
21 Chicago is unique. Our site is 1.5 acres, so it'll be  
22 a very tall patient tower as opposed to an extended  
23 suburban campus.

24 The new facility will include research and

1 clinical spaces developed around a concept that we  
2 have called ability labs, which are designed to  
3 specifically integrate patient care and research in a  
4 single site, bringing together researchers  
5 collaborating closely with clinicians in developing  
6 and applying new treatments.

7 It will include space for outpatient  
8 services, as well as inpatient, whereas today some of  
9 our outpatient services are out of the main facility.

10 Applied research will also be a component  
11 of what we do as we'll have spaces where we'll be  
12 doing developmental research as well as spaces that  
13 we'll be doing applied research.

14 We're excited to finalize our planning and  
15 look forward to coming back to this Board with our  
16 final application. I'm grateful for the opportunity  
17 to speak with you about our plans and I would be happy  
18 to answer any questions that you might have.

19 CHAIRMAN GALASSIE: Thank you very much.  
20 Appreciate that.

21 I'm going to open it up to the Board for  
22 questions.

23 Member Penn, then Dr. Burden.

24 DR. BURDEN: Number one --

**DRAFT**

1 MR. PENN: I --

2 DR. BURDEN: Excuse me. Go ahead.

3 MR. PENN: Could you speak further about  
4 your special relationship with the military?

5 MR. CASE: Yes. Nancy, do you want to  
6 talk about that?

7 MS. PARIDY: Sure. I'd be happy to. We  
8 have developed and are continuing to work with the  
9 Department of Defense. We actually have developed  
10 what's known as a bionic arm where it's a device that  
11 -- basically, there are nerve endings still left if  
12 you lose your arm, and our physicians have been able  
13 to utilize those nerve endings and actually develop a  
14 mechanical device so that when a person thinks to move  
15 their finger the finger moves. It's a thought process  
16 as opposed to a mechanical device. So we've developed  
17 this and this has been important with the military.  
18 And we've actually gone to Bethesda and done these  
19 types of operations, assisting with the placement of  
20 bionic arms.

21 We've also treated some of the most  
22 catastrophic individuals who have come back,  
23 particularly in the field of traumatic brain injury.  
24 As many of you know, that has become a signature of

**DRAFT**

1 this particular war. And so we actually developed a  
2 baseline screening for actually the national defense,  
3 the State of Illinois National Guard, before they go  
4 over, they have a baseline and so that when they come  
5 back, we can test for that. That has also been  
6 adopted by different portions of the Department of  
7 Defense. So it's both from a clinical, research, and  
8 innovative perspective that we've developed these  
9 relationships.

10 We also have a number of multiyear grants  
11 through the Department of DARPA, which is a unique arm  
12 of the military.

13 MR. PENN: Thank you.

14 CHAIRMAN GALASSIE: Dr. Burden.

15 DR. BURDEN: That was fascinating. I'm  
16 privileged to listen to this and to vote on this  
17 application. But I'm dismayed that one of my very  
18 favorite attorneys, Patty O'Brien Sheehan, isn't here  
19 to greet me. I go back with her, her father, her  
20 uncle, my daughter -- attorney daughter's closest  
21 friend. They're like sisters. I just love her. It's  
22 got nothing to do with the application. I had to get  
23 that plug in for my girlfriend.

24 MS. PARIDY: I will tell her that. She is

1 the best. She's worked at RIC for over ten years and  
2 she's fabulous.

3 MR. CASE: We needed her to mind the store  
4 while we took Nancy away.

5 CHAIRMAN GALASSIE: Other questions?

6 (No response)

7 CHAIRMAN GALASSIE: Hearing none, may I --

8 MR. HILGENBRINK: Mr. Chairman.

9 Do you plan to incorporate any green  
10 technology or green energy efficiency in your new --  
11 in your planning stages in this?

12 MR. CASE: Yes. As we go through the  
13 planning process, there's a number of initiatives that  
14 will be focused. We're looking at a minimum level of  
15 at least silver. We'll be incorporating green roofs  
16 and other types of air handling technology supportive  
17 of green concepts.

18 MR. HILGENBRINK: Is that on your own  
19 initiative or is the City of Chicago requiring that?

20 MR. CASE: It's on our own initiative.  
21 There are some base requirements that the City of  
22 Chicago has but on our own initiative. We believe  
23 it's important.

24 The facility also incorporates, assuming

**DRAFT**

1 the current plan goes forward, an outdoor area. We'll  
2 have an outdoor garden that will be accessible to the  
3 public and will also provide space for patients to go  
4 for unique therapies so we can then -- again, when  
5 you're in an urban setting and you have, you know, a  
6 big, tall building -- one of the key things is for  
7 patients to be able to experience different  
8 environments, different surfaces. So we'll be able to  
9 do some work there, which is providing a green  
10 environment but also providing surfaces that will  
11 allow patients to understand how do you go across  
12 streets, how do you get up curbs, without actually  
13 having to go down to street level and do that.

14 CHAIRMAN GALASSIE: What happens in the  
15 existing hospital?

16 MR. CASE: At the existing hospital people  
17 go on the road. We -- you know, the existing hospital  
18 is a very small footprint, has no parking  
19 incorporated, has a little lot in front. And we do  
20 take people out into the Chicago community and assist  
21 them in managing that type of activity. It is not a  
22 very effective way to do it.

23 CHAIRMAN GALASSIE: No. I mean what  
24 happens to the physical plant when you build the new?

1 MR. CASE: Oh, I'm sorry. I thought you  
2 meant the rehab.

3 CHAIRMAN GALASSIE: That's quite all  
4 right.

5 MR. CASE: The existing facility, we  
6 actually own the building. The land is owned by  
7 Northwestern University. It's an integral building  
8 within the campus and we anticipate that we'll work  
9 out a relationship with Northwestern University for  
10 them to assume ownership of it.

11 CHAIRMAN GALASSIE: Thank you.  
12 Member Hayes.

13 VICE CHAIRMAN HAYES: What is the -- how  
14 many stories will be the new hospital?

15 MR. CASE: We're looking at, you know, as  
16 we stand in planning today, the new hospital will  
17 stand about 25 stories. That will incorporate seven  
18 floors of parking and then on top of that will be the  
19 hospital. So the 25 stories will include the parking,  
20 so the hospital itself will be 18.

21 VICE CHAIRMAN HAYES: So you have seven  
22 floors of parking then.

23 MR. CASE: Correct.

24 VICE CHAIRMAN HAYES: Because currently

1 you don't have any parking at all.

2 MR. CASE: We do not have any parking.

3 VICE CHAIRMAN HAYES: Essentially.

4 MR. CASE: We basically have about 20  
5 spaces out front and then we run a valet service in  
6 order to allow patients to drop off at the front of  
7 the facility and then we park their cars for them and  
8 bring them back.

9 We will in the new facility have a very  
10 convenient way to access under the building parking  
11 for people who want to directly access the building or  
12 continue to provide valet for patients who have  
13 special needs to get out and have their caregiver take  
14 them into the building and then we'll continue a valet  
15 service.

16 VICE CHAIRMAN HAYES: Now, sometimes with  
17 these -- where you are is a very congested urban area.  
18 And in the past, people have come in front of this  
19 Board basically talking about zoning issues with the  
20 City of Chicago. How are you addressing those right  
21 now? Because how much will this hospital cost? And  
22 then the zoning issues involved in it, which are most  
23 likely to occur.

24 MR. CASE: Right. We've been a very I

1 would say enjoyed community asset within the Chicago  
2 community, and we recognize that this building, which  
3 will be larger than the existing facility, will create  
4 some additional traffic issues or some additional  
5 concerns. We've been working very closely with  
6 Alderman Reilly and his staff to coordinate our  
7 planning activities. We'll be planning community  
8 meetings in the coming months as we move through both  
9 this process today -- we wanted to make sure that we  
10 were not in any way prematurely going out and talking  
11 about a project without having your blessing that you  
12 were going to allow us to continue with the plan. So  
13 we will have a series of those meetings that will  
14 occur. And we will be sensitive in incorporating some  
15 of those design elements into the facility.

16 One of the things that will be, though,  
17 very important is the ability to integrate within our  
18 facility the parking and some of the traffic that is  
19 now dispersed around the community because of the need  
20 to have people dropped off and then cars are going two  
21 or three blocks to garages and having to run people  
22 back and forth. So we think that it will be both a  
23 responsive design that will be we feel very well  
24 embraced by the community.

DRAFT

1 VICE CHAIRMAN HAYES: Now, the site is  
2 what, 1.5 acres, and you've already identified a site?

3 MR. CASE: Yes, the site is two blocks  
4 south of our existing site. It's the site of the  
5 former CBS studios. It's adjacent to the Northwestern  
6 University garage. The site has been cleared, so it's  
7 a vacant site just waiting for us to put a building on  
8 it.

9 VICE CHAIRMAN HAYES: And what would be  
10 the approximate cost then of that?

11 MR. CASE: We're still in the planning  
12 stages, but right now we look at construction costs  
13 it'll be between 330 to perhaps 350 million. And  
14 those would be the hard costs of construction.

15 VICE CHAIRMAN HAYES: And when do you --  
16 you plan on this hospital opening in, what, 2015 or  
17 2016?

18 MR. CASE: Our goal would be late 2015,  
19 early 2016.

20 VICE CHAIRMAN HAYES: That's about four  
21 years from now with the planning and everything else.

22 MR. CASE: Yes. It's an extensive  
23 process. And again, when you're building a tall  
24 building, it has -- it has some time constraints that

1 are different than if you could spread out and build  
2 over a larger campus.

3 VICE CHAIRMAN HAYES: And sometimes with  
4 the zoning the real issue that I think the neighbors  
5 will say is that you're taking away their site views  
6 of Lake Michigan and even of, you know, the city  
7 itself even to the west.

8 MR. CASE: Sure.

9 VICE CHAIRMAN HAYES: Because this is a  
10 25-story building and that is likely to be the bottom  
11 line of many of their concerns, you know, you're  
12 taking away their sunlight.

13 MS. PARIDY: What is interesting is the  
14 location of this. As Ed indicated, there's a parking  
15 garage on one side and it isn't the typical condo  
16 scenario around it. It is on the edge of the  
17 Northwestern University campus. So there are some  
18 condo buildings to the east of it that looks out onto  
19 the lake, but this is actually west of there as well.  
20 But we certainly are cognizant of that and believe  
21 that it is important to keep that in mind and that's  
22 why the community meetings will also be important as  
23 we go ahead with our planning.

24 VICE CHAIRMAN HAYES: Okay. Thank you.

DRAFT

1 CHAIRMAN GALASSIE: Member Penn.

2 MR. PENN: Since we are talking about the  
3 new hospital facility and the \$350 million cost, I'm  
4 always concerned about, you know, cost overruns and  
5 completion dates because by statute we can come back  
6 and put a -- you know. You guys understand that. So  
7 I'm hoping that you build in some type of a bonus if  
8 they finish early and some type of a penalty if they  
9 don't, so you can recover -- if we decide to put some  
10 type of fine on you --

11 MR. CASE: Right.

12 MR. PENN: -- that you could recover those  
13 monies from the contractor for not being done on time  
14 or on budget.

15 MR. CASE: Those are good points. And as  
16 we go through this master planning process and as we  
17 come back to you with a formal application, we'll be  
18 able to discuss how those will be dealt with.

19 MR. PENN: I'm always uncomfortable, you  
20 know, with good facilities -- you know, putting fines  
21 on good companies, good hospitals.

22 CHAIRMAN GALASSIE: May I have a motion to  
23 approve Project 12-002 for the approval of a Master  
24 Design Project in Chicago, Illinois?

1 MR. SEWELL: So moved.

2 MR. HILGENBRINK: Second.

3 CHAIRMAN GALASSIE: Moved and seconded.

4 MR. ROATE: Motion made by Mr. Sewell,  
5 seconded by Mr. Hilgenbrink.

6 Dr. Burden?

7 DR. BURDEN: Yes.

8 MR. ROATE: Mr. Eaker?

9 MR. EAKER: Yes.

10 MR. ROATE: Justice Greiman?

11 MR. GREIMAN: Yes.

12 MR. ROATE: Mr. Hayes?

13 VICE CHAIRMAN HAYES: Yes.

14 MR. ROATE: Mr. Hilgenbrink?

15 MR. HILGENBRINK: Yes.

16 MR. ROATE: Ms. Olson?

17 MS. OLSON: Yes. And I look forward to  
18 seeing what you're going to bring. It's exciting.

19 MR. ROATE: Mr. Penn?

20 MR. PENN: Yes.

21 MR. ROATE: Mr. Sewell?

22 MR. SEWELL: Yes.

23 MR. ROATE: Chairman Galassie?

24 CHAIRMAN GALASSIE: Yes.

1 MR. ROATE: Nine votes in the affirmative.

2 CHAIRMAN GALASSIE: Motion passes.

3 Congratulations. Good luck.

4 MR. CASE: Thank you.

5 MS. PARIDY: Thank you very much.

6 CHAIRMAN GALASSIE: Look forward to seeing  
7 you again.

8 Moving to Docket A-10, Project 12-011,  
9 Rush University Medical Center. We have no public  
10 comment requests. The representatives are moving up  
11 to the table.

12 Good afternoon, folks. Spell your name to  
13 our recorder, please.

14 MR. BUTLER: Peter Butler, B-u-t-l-e-r.

15 (Oath given.)

16 CHAIRMAN GALASSIE: Would you like to have  
17 someone sit with you? Because you're the only person  
18 who's been by yourself today. We don't want you to  
19 feel alone.

20 MR. BUTLER: I will take all the arrows.

21 So, I'm Peter Butler, I'm President and  
22 Chief Operating Officer --

23 CHAIRMAN GALASSIE: We're actually going  
24 to ask for Staff Report and then we'll come right back

DRAFT

1 to you, Mr. Butler.

2 MR. BUTLER: I'm sorry.

3 CHAIRMAN GALASSIE: That's quite all  
4 right.

5 MR. BUTLER: Maybe I do need some help.

6 CHAIRMAN GALASSIE: Thank you for your  
7 patience.

8 MR. CONSTANTINO: Thank you, Mr. Chairman.

9 The applicant is proposing the  
10 modernization of med/surg, OB, and pediatric beds, as  
11 well as surgery, endoscopic procedure rooms, PACU's,  
12 and prep recovery stations. The cost of this project  
13 is \$46.2 million. This project is considered part of  
14 the Master Design Permit previously approved by the  
15 State Board. The anticipated project completion date  
16 of this project is June 30th, 2016.

17 No request for a public hearing was  
18 received and there was no opposition letters received  
19 by the State Board Staff.

20 CHAIRMAN GALASSIE: Thanks, Michael.

21 Mr. Butler, all yours.

22 MR. BUTLER: Okay. I'm Peter Butler and  
23 I'm President and Chief Operating Officer.

24 And I believe this is my fourth time

1 before you on our campus transformation project. I  
2 was first -- I was just a young man in 2006 when we  
3 ourselves had our Master Design Project presented to  
4 you and since then we've come back several times. The  
5 first time was for the infrastructure, the power  
6 plant, the orthopedic building. The next time was for  
7 the major new facility that we just successfully  
8 opened in January. And importantly, now this time is  
9 another phase of -- and the last important phase.

10 So the Master Plan was helpful and the  
11 process has been good because we've stuck to it.  
12 We've pretty much done exactly what we said in the  
13 time frame we set when we laid out the Master Design  
14 Plan six years ago.

15 So this phase is not new or something  
16 different, but it does complete important work. Part  
17 of it is getting the remaining patient care activities  
18 out of buildings that will be demolished. Part of it  
19 is co-locating OB in the atrium facility next to the  
20 newly completed LDRs and neonatal intensive care unit  
21 so we can make that fully functional. And part of it  
22 is the needed upgrade in two facilities, one being 30  
23 years old and the other one being 54 years old. So  
24 the -- this is -- then makes way for demolition of

1 some of the buildings that date back to the 1880s on  
2 the west end of our campus when this is done.

3 We did have one negative staff finding  
4 with respect to the square footage in post-anesthesia  
5 recovery so that there's about 1700 square feet that  
6 are over the standard, and I would just comment that  
7 part of that is that this is existing post-anesthesia  
8 recovery space that it didn't make a lot of sense to  
9 shrink it just for shrinkage space.

10 Secondly, it does accommodate, as IDPH  
11 now provides, patients and families to visit in that  
12 space, does provide for hand washing, and the  
13 electronic medical records work station, things that  
14 we think are great for patient safety and families.  
15 So -- but those are the explanations for being  
16 slightly over on that square footage.

17 Other than that, I welcome any questions  
18 or comments. And I have appreciated these past six  
19 years working with you and watching this important  
20 project progress.

21 CHAIRMAN GALASSIE: Thank you for those  
22 comments and that information.

23 Let's open it up to questions from the  
24 Board.

**DRAFT**

1 Dr. Burden and then Mr. Sewell.

2 DR. BURDEN: I was going to wait for  
3 someone else to make a comment, because I, like you,  
4 have been accustomed to seeing Goodman, et cetera, and  
5 about ten other guys with you when you show up. I  
6 have to report to my friend Andy Hedberg about, "This  
7 time, Andy, only one guy showed up." Okay?

8 MR. BUTLER: He was there for the first  
9 time. I've been here every time.

10 CHAIRMAN GALASSIE: Mr. Sewell.

11 MR. SEWELL: I just want to confirm my  
12 understanding on this size for post-anesthesia  
13 recovery. Since you're renovating an existing space,  
14 they were already -- the old ones were oversized, so  
15 you're arguing that it made no sense to shrink them to  
16 come into compliance with that in the plans for the  
17 new one. Is that --

18 MR. BUTLER: That's one of the reasons.  
19 The other is in fact we're making good use of the  
20 space because we can accommodate families, an  
21 electronic medical records work station, and putting  
22 in the, you know, sinks for hand washing, so the space  
23 is, you know, being well utilized.

24 CHAIRMAN GALASSIE: Other comments from

1 Board Members? Questions, rather.

2 MS. OLSON: I just wanted to comment. I  
3 give you kudos for your inpatient hospice program. I  
4 think that's an essential part of hospitals these days  
5 and I appreciate the fact that you're adding that into  
6 your design.

7 MR. BUTLER: Thank you.

8 MR. HILGENBRINK: Just a quick question on  
9 the space. Does that transition into any additional  
10 cost then or is it offset by --

11 MR. BUTLER: No, no additional cost  
12 related to that space. It exists. No. In fact,  
13 there would be additional cost if we tried to shrink  
14 it, given the configuration that we have.

15 MR. HILGENBRINK: The additional amenities  
16 won't increase the cost?

17 MR. BUTLER: No.

18 CHAIRMAN GALASSIE: Seeing no other  
19 questions, may I have a motion to approve project  
20 12-011 for the modernization of Rush University  
21 Medical Center in Chicago?

22 MR. HILGENBRINK: So moved.

23 CHAIRMAN GALASSIE: Moved by Member  
24 Hilgenbrink.

1 MS. OLSON: Second.  
2 CHAIRMAN GALASSIE: Seconded by Member  
3 Olson.  
4 MR. ROATE: Motion by Justice Greiman,  
5 seconded by Ms. Olson.  
6 Dr. Burden?  
7 DR. BURDEN: Yes.  
8 MR. ROATE: Mr. Eaker?  
9 MR. EAKER: Yes.  
10 MR. ROATE: Justice Greiman?  
11 MR. GREIMAN: Yep.  
12 MR. ROATE: Mr. Hayes?  
13 VICE CHAIRMAN HAYES: Yes.  
14 MR. ROATE: Mr. Hilgenbrink?  
15 MR. HILGENBRINK: Yes.  
16 MR. ROATE: Ms. Olson?  
17 MS. OLSON: Yes.  
18 MR. ROATE: Mr. Penn?  
19 MR. PENN: Yes.  
20 MR. ROATE: Mr. Sewell?  
21 MR. SEWELL: Yes.  
22 MR. ROATE: Chairman Galassie?  
23 CHAIRMAN GALASSIE: Yes.  
24 MR. ROATE: That's nine votes in the

1 affirmative.

2 CHAIRMAN GALASSIE: Congratulations,  
3 Mr. Butler. Good luck.

4 MR. BUTLER: Thank you very much.

5 CHAIRMAN GALASSIE: Moving to project H-11  
6 -- Project 12-013, excuse me, Agenda Item H-11,  
7 Project 12-013, Swedish American Regional Cancer  
8 Center in Rockford.

9 Good afternoon, folks.

10 MR. URSO: Mr. Chair, I just wanted to say  
11 for the record that Ms. Olson is going to recuse  
12 herself because of a significant relationship between  
13 her employer and this applicant.

14 CHAIRMAN GALASSIE: Good afternoon. I  
15 will ask you to -- if you're going to be speaking,  
16 then please introduce yourselves and spell your name  
17 to our recorder.

18 DR. GORSKI: I'm Dr. Bill Gorski,  
19 G-o-r-s-k-i.

20 MR. HARING: Don Haring, H-a-r-i-n-g.

21 MR. MYERS: Tom Myers, M-y-e-r-s.

22 MR. ANDREWS: Dr. Samuel Andrews,  
23 A-n-d-r-e-w-s.

24 MS. SCOVILLE: Diane Scoville, D-i-a-n-e

DRAFT

1 S-c-o-v-i-l-l-e.

2 MR. EVANS: Glenn Evans, E-v-a-n-s.

3 MR. EPHRAIM: Rocky Ephraim,

4 E-p-h-r-a-i-m.

5 CHAIRMAN GALASSIE: Thank you very much.

6 And a collective swearing in, please.

7 (Oath given.)

8 CHAIRMAN GALASSIE: Staff Report.

9 MR. CONSTANTINO: Thank you, Mr. Chairman.

10 The applicant is proposing the  
11 construction of a freestanding outpatient cancer  
12 center in approximately 63,000 gross square feet of  
13 space in Rockford, Illinois, at a cost of  
14 approximately \$38.6 million. The anticipated project  
15 completion date is June 30th, 2014.

16 No public hearing was requested and we did  
17 receive one letter of opposition. We did receive --  
18 also receive letters of support regarding this  
19 project.

20 Thank you, Mr. Chairman.

21 CHAIRMAN GALASSIE: Thank you. Appreciate  
22 that, Mike.

23 And who would like to make comments for  
24 the Board? Thank you.

**DRAFT**

Page 199

1 DR. GORSKI: Thank you, Mr. Chairman. I'm  
2 Dr. Bill Gorski. I'm the CEO of Swedish American  
3 Health System. In contradiction to Rush, we have  
4 several people here as you can mention. Just briefly,  
5 I'll announce that to my left is Don Haring, our CFO;  
6 to my right is Mr. Tom Myers, who's our Director -- VP  
7 of Strategic Planning; and to his right is Dr.  
8 Andrews, who's a radiation oncologist at Swedish  
9 American. Behind me, Diane Scoville is the Director  
10 of our Regional Cancer Center; Mr. Rocky Ephraim, who  
11 is the Director of Process Improvement; and Mr. Glenn  
12 Evans, who's the Director of Property and  
13 Construction.

14 We are very excited to be here today.  
15 This -- today represents approximately two years of  
16 culmination of an awful lot of planning for Swedish  
17 American and the prospect of being able to move  
18 forward is very exciting to us.

19 This project is intended to enhance the  
20 care of the oncology patients in our region. We have  
21 at Swedish American currently very disparate geography  
22 with respect to how we deliver our cancer services.  
23 We actually have three geographically dispersed sites  
24 of care, two medical oncology areas of care and one

**DRAFT**

1 radiation oncology site of care. It's been our goal  
2 for many years to attempt to bring these areas  
3 together. With this project we would do that.

4           The fact that we have these disparate area  
5 of care is dissatisfier for patients, obviously. It  
6 is not a good patient care experience, as well as for  
7 staff. It is inefficient and really doesn't provide  
8 the best opportunity to address the needs of the  
9 patient and, frankly, the staff.

10           Certainly, the unique -- we believe the  
11 unique aspect of this project is our partnership with  
12 the University of Wisconsin in Madison. We're very  
13 excited about this partnership. From the very  
14 beginning of our relationship with UW the Cancer  
15 Center has been front and center with respect to the  
16 possibilities of that partnership.

17           I would just like to say to the Board,  
18 understanding that in our part of the world in  
19 Rockford basically tertiary and quaternary care  
20 patient orientation is strongly oriented to the north.  
21 I practiced in the area for 20 years, and even as a  
22 practicing physician I can tell you that patients and  
23 physicians simply are used to referring to the north  
24 as opposed to Chicago, and that has been the case for

1 quite some time.

2           The intent of the project is basically to  
3 keep more patients in our area who otherwise would  
4 outmigrate. And outmigration to our area occurs not  
5 only through physician referral but through  
6 self-referral. And in this Cancer Center we intend to  
7 provide services in conjunction with UW that will do  
8 just that. So whether or not it's treatment  
9 protocols, access to research, care planning, care  
10 teams, telemedicine, the intent is to stem the  
11 outmigration of patients which naturally occurs to our  
12 north through the creation of this facility. So,  
13 again, we're very excited about that.

14           As mentioned, we've had a number of  
15 letters of public support from public officials,  
16 private citizens, and the support in our market has  
17 been actually overwhelming.

18           I've noticed the fact that the staff found  
19 three basic issues with our proposal and they all have  
20 a common theme. There's square footage issues in a  
21 medical imaging area and a radiation oncology area  
22 which exceed the State standards for a medical office  
23 building. In addition to that, there were some  
24 questions regarding the cost, which again is related

1 to the square footage argument that is made  
2 previously.

3 Our comments and our reply to that has  
4 been, as you have noted, that the services and  
5 technology in this facility is really an admixture of  
6 not only office-based services but hospital-based  
7 services. Ergo, you see a combination of services  
8 offered in the facility which actually puts us right  
9 about in the middle between medical office building  
10 and hospital-related facility, both on square footage  
11 and cost.

12 So having said that, we're very excited to  
13 move forward and any of us will be happy to answer any  
14 questions the Board might have.

15 CHAIRMAN GALASSIE: Thank you, Dr. Gorski.

16 Let's open it up to the Board Members who  
17 have questions.

18 MR. PENN: I have a comment.

19 CHAIRMAN GALASSIE: Mr. Penn.

20 MR. PENN: I'm familiar with people living  
21 in the Rockford area and they -- I used to be on a  
22 healthcare board, and you're right, we had a -- one of  
23 our biggest problems is this mass exodus going north  
24 into Wisconsin, which caused us on the Board Health

DRAFT

1 and Welfare Plan people out of network, trying to  
2 provide out-of-state services, and we were doing  
3 everything possible to try to get people to stay in  
4 that Rockford area. So I really applaud this effort,  
5 what you're doing and to keep the services available  
6 and keep people in Illinois for these services.

7 DR. GORSKI: Thank you.

8 CHAIRMAN GALASSIE: And will that be a  
9 two-way street?

10 DR. GORSKI: Patients coming from  
11 Wisconsin to Illinois?

12 CHAIRMAN GALASSIE: Yeah.

13 DR. GORSKI: Well, it's very interesting  
14 the -- obviously, there's a border and that border is  
15 a zone in which patients tend to flux back and forth.  
16 I think it could be. You know, the travel distances  
17 from the border of Wisconsin to us are 15 or 20  
18 minutes as opposed to about an hour and ten minutes  
19 north, so I could see it happening.

20 CHAIRMAN GALASSIE: Yeah. Thank you.  
21 Mr. Sewell.

22 MR. SEWELL: So you propose a PET scan?

23 DR. GORSKI: PET/CT, yes.

24 MR. SEWELL: PET/CT. Now, on this issue

1 of space, did you look at other locations where they  
2 have this technology? And what did you find in terms  
3 of the space allocated there? Was it more in line  
4 with what you're proposing or were any of them within  
5 our standards?

6 DR. GORSKI: I'm going to ask, Glenn, if  
7 you could perhaps comment on that.

8 MR. EVANS: We actually did -- we took a  
9 number of site visits with our architect and checked  
10 other facilities, and they're really right in line  
11 with where we are. It's -- what really makes us  
12 unique and I think it was mentioned in our report --  
13 or, response to your questions is our hot lab and the  
14 fact that we need that type of setup because it is a  
15 PET/CT Sim, and so our physicians are trying to  
16 provide all the services to our patients that are  
17 required, you know, that -- trying to be a full  
18 service, one-stop shop.

19 CHAIRMAN GALASSIE: Dr. Burden.

20 DR. BURDEN: Thank you very much, Dr.  
21 Gorski. I appreciate it. I would love it if you  
22 would respond. And my first question that I'd ask,  
23 though, I'm not aware -- perhaps you can straighten me  
24 out -- of out-of-state relationships with major

1 teaching environments such as you're proposing here  
2 with Wisconsin. Perhaps there has been. I can go  
3 around the country and think about places I have  
4 either visited or been a visiting professor at. I  
5 can't think of one that I encountered. California,  
6 Nebraska, Louisiana, or Baltimore, et cetera. Is this  
7 novel, unique, and that different, or is it something  
8 proposed that will lead to efficiencies in care? As  
9 you point out, humans like birds migrate north and  
10 south. That I understand. Like Florida and et  
11 cetera, New York. Tell me. I've never heard this or  
12 seen it. Enlighten me.

13 DR. GORSKI: Well, Dr. Burden, I'm aware  
14 that in the Chicagoland area that a variety of health  
15 systems have looked to academic centers to strike up  
16 particular specific or niche product line  
17 affiliations.

18 I'm a little bit unaware, frankly, from a  
19 nationwide perspective if there's something completely  
20 analogous to what we've done because with UW we have  
21 actually an overarching affiliation agreement with  
22 which, for instance, we have done eICU and TeleStroke.  
23 We've done some other things with them that have  
24 brought services to our area that we otherwise

1 couldn't have provided by ourselves. So this is an  
2 overarch agreement under which the Cancer Center  
3 falls.

4           So we -- because of this outmigration  
5 that occurs from our area, we and they felt that there  
6 was a common mission, a common purpose in northern  
7 Illinois to keep patients locally. And so under this  
8 umbrella agreement -- of which I'm not too familiar  
9 with, you know, is that present in other parts of the  
10 country. Frankly, I don't know. We think it's  
11 special. It is a right of first refusal type of  
12 affiliation agreement, such that we have to agree with  
13 each other that it's a service that enhances the  
14 quality and the access to care in northern Illinois  
15 before we would move ahead. So the Cancer Center is  
16 more or less the centerpiece of that, but it's a  
17 larger agreement which perhaps could be somewhat  
18 unique.

19           DR. BURDEN: The Cancer Center appears to  
20 be just the beginning and you will be expanding it.  
21 That's my -- perhaps I'm being intuitive here, but it  
22 seems to me logical that if the Cancer Center progress  
23 -- relationship works, there'll be further it would  
24 appear. Am I wrong on that or do you think it

1 strictly will be confined to your treatment of cancer  
2 and diagnosis, treatment of cancer patients?

3 DR. GORSKI: I think it truly is to be  
4 determined. We have within our affiliation agreement  
5 the agreement that every year we'll produce an annual  
6 work plan. What that would mean is that we would sit  
7 down strategically and decide what types of services  
8 may be missing in northern Illinois that we could help  
9 provide with their help. I mentioned the TeleStroke  
10 and the eICU. And, yes, indeed, I think that there  
11 will be more. At the moment, there's nothing quite as  
12 big as this one.

13 DR. BURDEN: Well, I agree. I mean it's  
14 something that we've never seen before. I mean proton  
15 beam cancer treatment was presented, a lot of  
16 discussion here when that came up, and they're up and  
17 running and not north of you.

18 DR. GORSKI: That's correct.

19 DR. BURDEN: As far as I know, there  
20 hasn't been any plans at the University of Wisconsin  
21 to put up a proton beam. And I really don't endorse  
22 that. That's not my role to endorse that.

23 DR. GORSKI: I'm unaware.

24 DR. BURDEN: But I would ask you this

**DRAFT**

1 question, your competitors, of course, are concerned a  
2 little bit about what's up too because there's a lot  
3 going on in the Rockford Hospital arena. And some of  
4 it's calmed down, but I don't think for long.

5 Answer and help me on this question which  
6 does distress me, will the proposed project threaten  
7 to reduce access for public aid and charity care  
8 patients? I think that's a crucial thing for this  
9 group. We are concerned about those group of patients  
10 for sure.

11 DR. GORSKI: Absolutely. You know, let me  
12 first of all state that our organization's commitment  
13 to this population, the population which is challenged  
14 and vulnerable in our community I think is one that we  
15 can be proud of. Our central location, our  
16 affiliation with our FQHC, Crusader Community Health,  
17 is well known. We're virtually a hundred percent of  
18 the provider to that FQHC and we partner with them on  
19 almost a daily basis.

20 Much effort was gone into or went into the  
21 process of identifying location. And as you've seen  
22 in our part and as Mr. Evans could document, we  
23 diligently looked at the other possibilities,  
24 attempting to remain closer to the central core of the

1 city. If you've been to our campus -- I suspect you  
2 haven't -- we're very landlocked and it became really  
3 unrealistic to attempt to find a location in close  
4 proximity to us.

5           The location we have chosen -- two things  
6 are very important in that location because of the  
7 concern that you have raised. The city has agreed to  
8 run a bus route to that location, which heretofore has  
9 not been present. But we don't think that that's good  
10 enough. In February of this year our Foundation Board  
11 approved and a plan was approved moving forward for  
12 fundraising which would fund a personalized shuttle  
13 service for any patient who is challenged by virtue of  
14 transportation issues where we would, irrespective of  
15 location, would provide transportation for that  
16 patient to get to the center. So if it's picking them  
17 up in their home, if it's picking them up at the front  
18 door of the hospital, at no charge to them we will  
19 make sure that anyone who is vulnerable with respect  
20 to their transportation and is challenged in getting  
21 to this facility -- Rockford isn't that far  
22 geographically, but for some person the four or five  
23 miles could be a really big deal, and we find that not  
24 acceptable to not provide an alternative even to a bus

**DRAFT**

1 to that. So our Foundation is actively engaged in a  
2 fundraising campaign to address that specific need.

3 CHAIRMAN GALASSIE: Member Penn.

4 MR. PENN: I'd like to make a comment  
5 about the shuttle service. And I know Judge often  
6 asks about charity care. In my understanding, any  
7 charity care outside of that property, outside those  
8 walls, you do not get credit for providing charity as  
9 free transportation and things back to the hospital.  
10 You're just doing it out of the goodwill without  
11 putting that cost over at your charity care  
12 percentages. I believe that to be true.

13 DR. GORSKI: I believe that's true.

14 MR. PENN: That is true. You have to give  
15 your charity care inside the walls of your facility.  
16 So you are offering other services --

17 DR. GORSKI: Yes.

18 MR. PENN: -- charity --

19 DR. GORSKI: Yes.

20 MR. PENN: -- without getting credit for  
21 it.

22 DR. GORSKI: Yes.

23 CHAIRMAN GALASSIE: Other questions from  
24 Board Members?

1 VICE CHAIRMAN HAYES: Mr. Chairman.

2 CHAIRMAN GALASSIE: Yes, sir.

3 VICE CHAIRMAN HAYES: When you go to --  
4 with your affiliation agreement with U of W, do you  
5 ever transfer patients there to the hospital in  
6 Madison?

7 DR. GORSKI: Yes.

8 VICE CHAIRMAN HAYES: And do they have a  
9 different charity policy and are there differences?  
10 Because they're a state-sponsored university medical  
11 center and an out-of-state state-sponsored university  
12 center. Are there some patients that would not be  
13 accepted by U of W that come from your facility?

14 DR. GORSKI: Would you like to address  
15 that?

16 MR. HARING: Sure. Their charity policy  
17 is almost identical to ours. We accept patients up to  
18 600 percent of the federal poverty guidelines and they  
19 I believe are at 500 percent, so very close in terms  
20 of charity care.

21 DR. GORSKI: I also might mention that I  
22 have with me, understanding that our competitor has  
23 raised that concern, a letter from Mr. Jim Dechene,  
24 who is the interim CEO of UW Health, outlining UW's

**DRAFT**

1 position with respect to Illinois State Medicaid, the  
2 percentage of patients that they have -- of their  
3 volume that comes from Illinois State Medicaid, and  
4 stating, as Mr. Haring has just stated, their charity  
5 care policy. So if the Board would be interested in  
6 that document, I do have that.

7 VICE CHAIRMAN HAYES: You're talking about  
8 the letter dated, what, March -- no, not the letter  
9 March 27th, but a charity care policy; is that --

10 DR. GORSKI: This is something that you do  
11 not have. This is a letter that I have with me today  
12 from the CEO of one of the divisions of UW Health  
13 outlining their approach to Illinois State Medicaid  
14 and charity care patients.

15 VICE CHAIRMAN HAYES: In your application  
16 did you include the affiliation agreement with the  
17 University of Wisconsin?

18 DR. GORSKI: I don't believe we did. I  
19 don't believe we did.

20 MR. HARING: No.

21 VICE CHAIRMAN HAYES: Would you be willing  
22 to provide that as well?

23 DR. GORSKI: Yes.

24 VICE CHAIRMAN HAYES: Thank you.

1                   CHAIRMAN GALASSIE: Are we on record just  
2 asking for that or do you want that incorporated into  
3 a motion?

4                   VICE CHAIRMAN HAYES: I'd like to have it  
5 incorporated into a motion.

6                   CHAIRMAN GALASSIE: Seeing no other  
7 questions --

8                   MR. HILGENBRINK: Mr. Chairman.

9                   CHAIRMAN GALASSIE: Yes.

10                  MR. HILGENBRINK: Does the affiliation  
11 with University of Wisconsin affect any clinical  
12 experiences that you provide for education to Illinois  
13 colleges or universities?

14                  DR. GORSKI: No, it does not. You may be  
15 aware that Swedish American is the sole sponsor of the  
16 family medicine residency program at the University of  
17 Illinois College of Medicine in Rockford, and that  
18 relationship is specifically honored by UW, and there  
19 is no intent to disrupt that.

20                  MR. HILGENBRINK: Thank you.

21                  MR. PENN: Good, good.

22                  CHAIRMAN GALASSIE: Seeing no other  
23 questions, I will entertain a motion to approve  
24 Project 12-013 for the establishment of a cancer

1 treatment center in Rockford, Illinois, requiring a  
2 copy of the UW/Swedish American regional  
3 cooperating --

4 DR. GORSKI: Affiliation agreement.

5 CHAIRMAN GALASSIE: Affiliation agreement.

6 Thank you.

7 MR. PENN: So moved.

8 MR. GREIMAN: Second.

9 MR. SEWELL: Second.

10 DR. BURDEN: May I make a comment about  
11 what we're about to vote on? Is this the proper time  
12 or not?

13 CHAIRMAN GALASSIE: It is. But just  
14 before we vote, let me just put a caveat, within 90  
15 days, is that acceptable, for the --

16 DR. GORSKI: Absolutely.

17 CHAIRMAN GALASSIE: -- agreement?

18 Doctor.

19 DR. BURDEN: This is an unusual  
20 arrangement, I think they would agree, since there's  
21 no precedent that we are mutually aware of. I would  
22 wonder if we shouldn't have an opportunity to review  
23 this situation say in a year asking them if you'd be  
24 kind enough to come back and say, Doc, you were

DRAFT

1   misinformed, this worked great, this blah, blah, blah.  
2   I'd like to see in some form of formal communique that  
3   the relationship that I have some anxiety about, they  
4   appear to be very strong about it, and I'm not unhappy  
5   with that, but I am not unhappy with anything, but I  
6   would like to know if this is a program that's going  
7   to have legs and will it survive and will it probably  
8   lead to other types of relationships in other parts of  
9   the country. That's -- and I would like to have them  
10  come back if you don't mind.

11                   CHAIRMAN GALASSIE:  Would you and the  
12  applicant be comfortable -- we have a motion to  
13  approve with the caveat of within 90 days of receiving  
14  the agreement.  Can we be on record that the applicant  
15  would be willing to come back a year from now to give  
16  an update to the Board, rather than having to change  
17  the motion?  On record that the applicant would agree  
18  to come back --

19                   DR. GORSKI:  Yes, sir.

20                   CHAIRMAN GALASSIE:  -- and give the Board  
21  an update in twelve months?

22                   DR. GORSKI:  Yes, absolutely.

23                   CHAIRMAN GALASSIE:  Satisfactory?

24                   DR. BURDEN:  Satisfactory.

**DRAFT**

1 CHAIRMAN GALASSIE: Thank you.  
2 We have a motion and a second on the  
3 floor.  
4 MR. ROATE: Yes. Motion made by Mr. Penn,  
5 seconded by Justice Greiman.  
6 Dr. Burden?  
7 DR. BURDEN: Yes.  
8 MR. ROATE: Mr. Eaker?  
9 MR. EAKER: Yes.  
10 MR. ROATE: Justice Greiman?  
11 MR. GREIMAN: Yes.  
12 MR. ROATE: Mr. Hayes?  
13 VICE CHAIRMAN HAYES: Yes.  
14 MR. ROATE: Mr. Hilgenbrink?  
15 MR. HILGENBRINK: Yes.  
16 MR. ROATE: Ms. Olson? She recused  
17 herself.  
18 Mr. Penn?  
19 MR. PENN: Yes.  
20 MR. ROATE: Mr. Sewell?  
21 MR. SEWELL: Yes.  
22 MR. ROATE: Chairman Galassie?  
23 CHAIRMAN GALASSIE: Yes.  
24 MR. ROATE: That's eight votes in the

1 affirmative.

2 CHAIRMAN GALASSIE: Congratulations.

3 DR. GORSKI: Thank you.

4 CHAIRMAN GALASSIE: Thank you very much.

5 Look forward to seeing you next year.

6 DR. GORSKI: Yes, sir. Thank you.

7 CHAIRMAN GALASSIE: Moving forward to  
8 Project 11-099, FMC Prairie Meadows in Libertyville.

9 We have no public comment to our  
10 knowledge.

11 Welcome, good afternoon, folks. You can  
12 do an introduction of yourselves again and spell your  
13 names for our recorder, please.

14 MR. BRANDENBERG: Brian Brandenburg,  
15 B-r-a-n-d-e-n-b-e-r-g.

16 MS. WRIGHT: Lori Wright, W-r-i-g-h-t.

17 MS. RANALLI: Claire Ranalli,  
18 R-a-n-a-l-l-i.

19 CHAIRMAN GALASSIE: Welcome back.  
20 Collective swearing in.

21 (Oath given.)

22 CHAIRMAN GALASSIE: Thank you very much.  
23 Staff Report, please.

24 MR. CONSTANTINO: Thank you, Mr. Chairman.

1           The applicants are proposing the  
2    establishment of a 12-station ESRD facility located in  
3    approximately 7,000 gross square feet of leased space  
4    in Libertyville, Illinois. The cost of the project is  
5    approximately \$3 million. We note that this project  
6    was deferred to the April 2012 State Board meeting.  
7    And the anticipated project completion date is March  
8    31st, 2014.

9           No public hearing was requested and no  
10   letters of opposition were received by the State Board  
11   Staff. Letters of support for this project were  
12   received, which we note in the report.

13           Thank you, Mr. Chairman.

14           CHAIRMAN GALASSIE: Thank you, Michael.  
15   Appreciate that.

16           Comments for the Board?

17           MR. BRANDENBERG: Yes. I'm Brian  
18   Brandenberg. I'm the Regional Vice President for  
19   Fresenius Medical Care and responsible for the  
20   proposed Prairie Meadows project.

21           This facility will serve a growing end  
22   stage renal disease population in Lake County, more  
23   specifically the Grayslake/Libertyville area. We have  
24   support from Advocate Condell Medical Center in

1 Libertyville and Pathway Senior Living in Vernon  
2 Hills. They are, too, witness to the epidemic of  
3 diabetes due to the aging population in Lake County.

4 Our goal is to bring our UltraCare model  
5 of dialysis therapy to these residents. The UltraCare  
6 model is unique to Fresenius Medical Care and  
7 represents our commitment to deliver excellent care to  
8 patients through innovative programs, such as  
9 Treatment Options and Right Start, the latest  
10 technology. We continue to develop new equipment to  
11 deliver the highest quality treatment, continuous  
12 quality improvement, a team of healthcare  
13 professionals improving lives by monitoring patient  
14 treatment adequacy, nutrition, catheter reduction,  
15 hospitalization reduction, and patient satisfaction,  
16 and is focused on superior custom service. UltraCare  
17 is delivered by a highly trained staff and  
18 demonstrated through dedication, leadership, and  
19 compassion by every team member every day.

20 In the supplemental information we  
21 submitted, we showed on page 4 that, according to The  
22 Renal Network, the ESRD population in this HSA grew  
23 five percent in 2011, which is higher than the State  
24 average of three percent and the national average of

1 around two percent. Lake County itself also saw five  
2 percent growth of ESRD patients last year. The higher  
3 rate of end stage renal disease due to these -- due to  
4 three factors also charted on page 4.

5 The general population of HSA VIII grew 17  
6 percent in the last decade and Lake County's  
7 population increased by nine percent. In comparison,  
8 the state only grew by three percent. The population  
9 over age 65 in HSA VIII increased 101 percent and Lake  
10 County's aged population increased by 155 percent.  
11 The Hispanic population of HSA VIII increased by 60  
12 percent overall and by 51 percent in Lake County.

13 Dr. Trob, who practices in this area, will  
14 be the medical director for the proposed Prairie  
15 Meadows facility. He approached me with his concerns  
16 about his growing practice. He's a Harvard-trained  
17 nephrologist who's currently serving on the Executive  
18 Committee of the Scientific Advisory Board of the  
19 National Kidney Foundation of Illinois. He is  
20 currently the medical director at a 16-station Lake  
21 Bluff facility which is operating at 97 percent  
22 utilization. He's witnessed the patients in his  
23 practice double since 2009 from 95 to 215. The  
24 majority of his new patients reside in or near

1 Libertyville, Round Lake, or Grayslake. The map on  
2 page 1 of the supplemental materials gives you a  
3 bird's-eye view of where these patients are coming  
4 from in relation to the proposed facility.

5 As I mentioned, the Lake Bluff facility is  
6 operating at 97 percent utilization and we are  
7 planning on adding two additional stations to that  
8 facility as per the Board rules. As this facility  
9 approaches capacity, we hope that the two stations  
10 will avoid the initiation of a fourth shift of  
11 patients, which the Board has heard is a treatment  
12 time late at night and does not end until after  
13 midnight. However, even with the two station  
14 addition, the facility will be heavily utilized at 86  
15 percent. We do not expect the Prairie Meadows  
16 facility to be operational within 18 to 24 months from  
17 now. Therefore, we're providing what access to  
18 treatment we can now while planning for the future.

19 As you can see on Table Four of the Board  
20 Staff report, there's only one facility within  
21 30-minute travel time that would realistically serve  
22 the 119 patients that Dr. Trob will be referring for  
23 dialysis in the next few years. The only reasonable  
24 choice of facilities with capacity is the Mundelein

1 facility, which was just given certification on  
2 Friday.

3           While this facility might seem like a good  
4 alternative for Dr. Trob's patients, Dr. Patel and Dr.  
5 Nora from North Shore Nephrology certify that 86  
6 patients from their practice would be referred to that  
7 facility in the next two years. Not one of Dr. Trob's  
8 patients identified to go to the Prairie Meadows  
9 facility were used in support of the Mundelein  
10 project.

11           Area Fresenius facilities are highly  
12 utilized, offering patients lower choice of treatment  
13 shifts. Round Lake, Gurnee, and Lake Bluff are  
14 nearing or above capacity and are serving between 11  
15 and 21 percent Medicaid patients. The two closest  
16 facilities, Round Lake and Gurnee, have each expanded  
17 and cannot expand any further.

18           Adding to the lack of access due to high  
19 utilization is the transportation issues faced by  
20 dialysis patients. Pace Bus services are limited and  
21 where available travel only on major thoroughfares.  
22 Most medical transportation services utilized by  
23 Medicaid patients do not operate after 4 p.m., making  
24 the morning treatment shift, which is not always

1 available, the only option assuring these patients a  
2 ride home. This often leads patients to rely on  
3 family members for rides. This can entail traveling  
4 long distances between communities that are spread out  
5 across the county, which sometimes requires two round  
6 trips in one day.

7           The Prairie Meadows facility will not be  
8 in operation until 2014. By that time, all the  
9 patients identified for the newly opened Mundelein  
10 facility will have begun dialysis, and Dr. Trob's  
11 patients will be requiring access to dialysis  
12 services. Given current area utilizations and  
13 evidenced growth of ESRD in Lake County, additional  
14 stations will be needed. It takes 18 to 24 months to  
15 bring a facility to full operation from CON to  
16 permittal. It is, therefore, not prudent to wait  
17 until all facilities are above the 80 percent  
18 utilization mark to plan for active communications.

19           In closing, I want to thank the Board and  
20 the Board Staff for the time and attention in  
21 reviewing the data supporting the Prairie Meadows ESRD  
22 facility.

23           CHAIRMAN GALASSIE: Thank you.

24           I'll open it up to questions from the

**DRAFT**

1 Board.

2 (No response)

3 CHAIRMAN GALASSIE: Seeing none --

4 MR. GREIMAN: Well, wait.

5 CHAIRMAN GALASSIE: Judge.

6 MR. GREIMAN: We previously made a --  
7 placed upon you the obligation I think to contact the  
8 doctors who refer patients to you -- you don't have  
9 charity people who, you know, we know about that you  
10 employ, and I think we had you advise them, the  
11 doctors, that you took charity patients. That's my  
12 recollection. I could be wrong, but that's my  
13 recollection. And so would you object to that being  
14 part of our motion here?

15 MS. RANALLI: No. And you are correct  
16 that was -- what you're recalling is results of change  
17 of ownership. And if you're asking that we speak with  
18 Dr. Trob and his practice -- of course, he is already  
19 working with us at Lake Bluff, so he's aware of our  
20 policy, but we will communicate that that is a  
21 requirement --

22 MR. GREIMAN: Right.

23 MS. RANALLI: -- as well.

24 MR. GREIMAN: How many doctors refer

1 patients?

2 MR. BRANDENBERG: Well, for this  
3 particular project we have Dr. Trob and the partner  
4 within his practice who would be the main referral  
5 sources.

6 MR. GREIMAN: Well, that's fine. So if  
7 you would do that, that's fine.

8 MR. BRANDENBERG: Of course.

9 CHAIRMAN GALASSIE: Are we asking them --  
10 just to make sure I understand, are we asking them to  
11 ask Dr. Trob to accept Public Aid?

12 MR. GREIMAN: No, just to advise him that  
13 they're willing to take Public Aid.

14 CHAIRMAN GALASSIE: That they take Public  
15 Aid?

16 MR. GREIMAN: Yeah, right.

17 MR. BRANDENBERG: Which we do.

18 MR. URSO: So you're asking -- I think  
19 what you're asking is that the doctors who will be  
20 referring to this particular facility accept  
21 Fresenius's policy --

22 MR. GREIMAN: Right.

23 MR. URSO: -- about accepting Public Aid  
24 patients.

**DRAFT**

1 MR. GREIMAN: Yeah. We didn't make it as  
2 a -- that the doctor has to be. We just generally  
3 said it was their obligation to advise the doctors  
4 that they were prepared to take that.

5 MR. URSO: So you're willing to do that?

6 MR. BRANDENBERG: Of course.

7 MR. URSO: I see shaking heads. You need  
8 to --

9 MR. BRANDENBERG: Yes, yes.

10 CHAIRMAN GALASSIE: Okay. So noted in the  
11 record.

12 Another question, Mr. Sewell?

13 MR. SEWELL: So your argument around the  
14 State Agency Report on need in the area is the rapid  
15 population growth and how long it takes for new  
16 service to come on line?

17 MR. BRANDENBERG: Yes.

18 MR. SEWELL: Essentially. Okay. And what  
19 did you say the growth in the Hispanic population has  
20 been in the planning area? I think I heard you give a  
21 planning area figure and then a --

22 MR. BRANDENBERG: HSA -- the Hispanic  
23 population in HSA VIII has increased by 60 percent  
24 overall and by 51 percent in Lake County. So there's

DRAFT

1 been a significant increase.

2 MR. SEWELL: Okay.

3 CHAIRMAN GALASSIE: Ms. Olson.

4 MS. OLSON: Are you actually going to  
5 build this building? Because it seems like you're  
6 saying it's going to take way longer to open this one  
7 than a lot of the other ones that we've seen. Are you  
8 going to build a building or why is it taking so long?

9 MR. BRANDENBERG: It's in an existing  
10 space, but based on CON approval to Medicare  
11 certification, which is a significant component to  
12 that timeline, we expect it to take that long.

13 MS. OLSON: So you're suggesting that's  
14 how long they should all take?

15 MR. BRANDENBERG: I'm suggesting that what  
16 we're seeing right now is this is the length of time  
17 that it's taking to put these facilities in place and  
18 to get them up and running. We're receiving our first  
19 patient prior to that, but we can't admit all patients  
20 within the community until we receive Medicare  
21 certification.

22 MR. PENN: I'm going to refer to Table  
23 Three, page 10, Safety Net Impact Statement. Charity  
24 care 2008, 2009, 2010, there is a downward trend,

1 looks like we're about to fall off the page here with  
2 the number of patients, treatments, and uncomp cost.  
3 Can you comment on that?

4 MS. RANALLI: Yes. We actually have  
5 received that question before, and Lori may be able to  
6 speak to this, but the reference is due to two issues.  
7 One is the number of patients that are increasing  
8 their coverage and availability for Medicaid. We're  
9 working very actively with our patient population to  
10 get them enrolled in Medicaid. The other is the  
11 enrollment of patients through the American Kidney  
12 Foundation. But what Lori did some mathematical  
13 analysis on, because it was something that we wanted  
14 to drill down on as well, is the real -- the numbers  
15 when you look at them on the chart in the way they're  
16 presented appear rather different than when you look  
17 at the actual patient population. There are a very  
18 small number of patients that aren't eligible for  
19 Medicare, Medicare, private pay, or AKF coverage. So  
20 the actual increase in the patients on Medicaid is 1.8  
21 percent and the decrease in the patients who are  
22 receiving charity care, which in our world is  
23 uncompensated care, is just .6 percent. When you look  
24 at it in percentages based upon the total number of

**DRAFT**

1 patients, it looks much different than when you look  
2 just at the numbers as they're presented on the chart.

3 CHAIRMAN GALASSIE: Any other questions  
4 from Board Members?

5 (No response)

6 CHAIRMAN GALASSIE: Hearing none, may I  
7 have motion to approve Project 11-099 for the  
8 establishment of a 12-station ESRD facility in  
9 Libertyville, Illinois?

10 MS. OLSON: So moved.

11 DR. BURDEN: Second.

12 CHAIRMAN GALASSIE: Moved and seconded.

13 MR. ROATE: Motion made by Ms. Olson,  
14 seconded by Dr. Burden.

15 Dr. Burden?

16 DR. BURDEN: Yes.

17 MR. ROATE: Mr. Eaker?

18 MR. EAKER: Yes.

19 MR. ROATE: Justice Greiman?

20 MR. GREIMAN: Yes.

21 MR. ROATE: Mr. Hayes?

22 VICE CHAIRMAN HAYES: I'm going to vote no  
23 because of the calculated excess of 16 stations in the  
24 HSA VIII ESRD service area and also the utilization of

1 four facilities within a 30-minute drive radius. So

2 I'm going to vote no.

3 MR. ROATE: Mr. Hilgenbrink?

4 MR. HILGENBRINK: Yes.

5 MR. ROATE: Ms. Olson?

6 MS. OLSON: No, based on excess capacity.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: No, based on excess capacity.

9 MR. ROATE: Mr. Sewell?

10 MR. SEWELL: No, for the reasons Mr. Hayes

11 stated.

12 MR. ROATE: Chairman Galassie?

13 CHAIRMAN GALASSIE: No, for similar

14 reasons, not to be redundant.

15 MR. ROATE: That's five votes in the

16 negative, four votes in the positive.

17 CHAIRMAN GALASSIE: Motion fails. Good

18 luck.

19 MR. URSO: You'll receive an Intent to

20 Deny and have an opportunity to come to the full Board

21 and submit additional information.

22 MR. BRANDENBERG: Thank you.

23 CHAIRMAN GALASSIE: Thank you.

24 We're down to Item I on the agenda,

1 Applications Subsequent To Intent To Deny.

2 We have one public comment request by  
3 Esther Corpuz, if I'm pronouncing that correctly.

4 MS. CORPUZ: Close enough.

5 CHAIRMAN GALASSIE: Thank you very much.  
6 Apologize.

7 MS. CORPUZ: That's all right.

8 CHAIRMAN GALASSIE: Good afternoon.

9 MS. CORPUZ: Good afternoon.

10 CHAIRMAN GALASSIE: If you could just  
11 spell your name for our recorder.

12 MS. CORPUZ: Sure.

13 CHAIRMAN GALASSIE: We'll be happy to  
14 listen to you.

15 MS. CORPUZ: Esther Corpuz, E-s-t-h-e-r  
16 C-o-r-p-u-z.

17 CHAIRMAN GALASSIE: Thank you.

18 MS. CORPUZ: Good afternoon. My name is  
19 Ester Corpuz, and I'm the Regional Vice President for  
20 Government and Community Affairs for Vanguard Health  
21 Chicago, and I'm here today to speak on behalf of  
22 Fresenius's facility in Cicero.

23 The Cicero facility is very important to  
24 this largely Hispanic, predominantly Mexican

1 population, which is more likely to develop diabetes  
2 and high blood pressure leading to kidney failure.  
3 The commitment by Fresenius to add a facility to this  
4 federally-designated medically underserved area speaks  
5 to their concern for quality of patient care. It is  
6 that quality that is most at risk if this facility is  
7 not approved today.

8           In the healthcare profession we often  
9 speak about continuity of care. While on the surface  
10 it's easy to say that patients can dialyze elsewhere,  
11 patients would lose their continuity of care because  
12 they would not be able to treat with their  
13 nephrologist, Dr. Lohmann or Dr. Andersen, and would  
14 likely have to go to an unfamiliar hospital for blood  
15 draws, x-rays, and emergency services.

16           Dialysis patients, as you know, require  
17 treatment three days a week for three to four hours a  
18 day. Relationships are built during those hours with  
19 doctors, nurses, and clinicians. Perhaps most  
20 importantly in this market, patients would lose access  
21 to their providers who are able to communicate with  
22 them in Spanish. They lose their continuity of care  
23 as they lose their support to bridge these cultural  
24 and linguistic barriers.

DRAFT

1 My concern and experience regarding this  
2 issue is very personal, as both my parents have had or  
3 have had diabetes. Unfortunately, my dad died at 42  
4 of heart disease. My uncle received dialysis and  
5 eventually passed away from kidney failure. The one  
6 thing that was constant throughout his years of  
7 treatment was his continuity of care. As a family, we  
8 were able to rest more easily knowing that we were  
9 able -- that we were comfortable and in a stable  
10 environment as his treatment progressed. It is this  
11 same environment that I ask that you consider for  
12 potential patients of the Cicero facility today.

13 Thank you for the opportunity to speak  
14 before you.

15 CHAIRMAN GALASSIE: Thank you very much  
16 for your comments. Have a good day.

17 Representatives for Project 11-096, FMC  
18 Cicero in Cicero, Illinois. Good afternoon. Those of  
19 you that have not been sworn in, if you would give  
20 your names to our recorder, spell your name, and then  
21 we'll collectively swear you in.

22 MS. MORRISON: Abbie Morrison, A-b-b-i-e  
23 M-o-r-r-i-s-o-n.

24 DR. ANDERSON: Dr. Matthew Andersen,

**DRAFT**

1 A-n-d-e-r-s-e-n.

2 MS. MULDOON: Colleen Muldoon, Regional  
3 Vice President of Fresenius Medical Care,  
4 M-u-l-d-o-o-n.

5 (Oath given.)

6 CHAIRMAN GALASSIE: Thank you.  
7 Staff Report.

8 MR. CONSTANTINO: Thank you, Mr. Chairman.  
9 The applicants are proposing the  
10 establishment of a 16-station ESRD facility located in  
11 8,000 gross square feet of leased space in Cicero,  
12 Illinois. The cost of the project is approximately \$4  
13 million.

14 The applicants received an Intent to Deny  
15 at the January 10th, 2012, State Board meeting.  
16 Additional information was provided to the State Board  
17 Staff by the applicants on February 10th, 2012.

18 No public hearing was requested and no  
19 opposition letters were received.

20 Thank you, Mr. Chairman.

21 CHAIRMAN GALASSIE: Thank you, sir.  
22 Comments for the Board?

23 MS. MORRISON: Hello. My name is Abbie  
24 Morrison, and I'm the Director of Operations for

1 Fresenius Berwyn Dialysis Clinic. I'm a registered  
2 nurse and I've been in the dialysis field for over 20  
3 years working with the same company, which is now  
4 Fresenius Medical Care.

5 I'm here today to support the Cicero  
6 Dialysis Clinic, which is also being supported by many  
7 local organizations, such as Access Community Health  
8 Network, the FQHC in the community; Vanguard Systems  
9 MacNeal Hospital, which serves Cicero; PCC Community  
10 Wellness Center, serving the west side of Chicago and  
11 the near west suburbs including Cicero; and Corazon  
12 Community Services, also serving the Cicero area.

13 The town of Cicero lies just east of our  
14 Berwyn unit where we're providing dialysis services  
15 both in center and home to patients from Berwyn,  
16 Cicero, and the surrounding communities. We educate  
17 patients and families in the area about treatment  
18 options available to them, offering Spanish language  
19 and weekend sessions as well. We've seen a lot of  
20 success from these programs, resulting in patients  
21 pursuing kidney transplant or home dialysis for  
22 treatment. We currently have about 30 patients on the  
23 active transplant waiting list at the Berwyn clinic,  
24 and last year 13 of the patients there were

1 transplanted.

2 Of course, transplant and home therapy are  
3 not options for every patient, which creates a dilemma  
4 for us to keep pace with the growing needs for  
5 dialysis. At Berwyn we've seen a steady growth over  
6 the past 27 years and at this point we're at capacity.  
7 We're currently treating 165 patients there.

8 Aside from providing services to patients  
9 in these communities, we hire our staff from the same  
10 areas. Fresenius Medical Care employs over 2200  
11 people in Illinois from communities surrounding each  
12 clinic, many that are underserved areas, such as  
13 Cicero. The Cicero clinic will employ approximately  
14 20 people to start with who reside in that community,  
15 speak that language of many of the patients, and  
16 understand their cultural differences. These staff  
17 will attend a rigorous in-house training program to  
18 prepare them to meet competency standards and  
19 certification requirements which contribute to the  
20 company's commitment of a well-trained work force.

21 There's an anticipated growth in the  
22 number of dialysis patients as the incidence of  
23 diabetes and hypertension increases, and this is  
24 especially a concern for the Hispanic population,

1 which has an overall increased incidence of both  
2 diabetes and hypertension. Cicero has the highest  
3 number and percent to population of Hispanics of all  
4 the zip codes within a 30-minute travel time. At our  
5 Berwyn facility approximately 60 percent of the  
6 patient population is Hispanic.

7 Many of our patients are senior citizens  
8 and most are from low income families and just don't  
9 have the means to pay for transportation to the clinic  
10 or to clinics further away from their homes. Most of  
11 the patients rely on public transportation or rides  
12 from relatives and friends to get to medical care  
13 providers. Access to care is very important to  
14 meeting the needs of these patients. This is true for  
15 patients who are elderly, undocumented, or cannot read  
16 or speak English, and these disadvantages make  
17 navigating out of their healthcare service area a  
18 tremendous issue that leads to a lot of anxiety for  
19 these patients who have to get to and from treatment  
20 three times per week 52 weeks per year.

21 The Cicero facility would alleviate the  
22 patients' barriers to healthcare by allowing them to  
23 treat right in the community that they're familiar  
24 with. I ask you to consider the growing needs of the

1 patients in this community and allow us to expand the  
2 services to this medically underserved area.

3 Thank you for your time and I encourage  
4 you to approve this community-based dialysis center in  
5 Cicero. Thank you.

6 CHAIRMAN GALASSIE: Thank you for your  
7 comments.

8 MS. MORRISON: Thank you.

9 DR. ANDERSON: My name is Matthew  
10 Andersen. I'm a nephrologist serving the Berwyn area  
11 for the past four years or so. I work with Dr.  
12 Lohmann, who has been serving the same area for the  
13 past 30 years. We work predominantly out of the  
14 Berwyn dialysis unit and we strive to provide the best  
15 care possible for our patients, be it transplant, home  
16 dialysis, or outpatient hemodialysis.

17 Even with one of the highest transplant  
18 rates in the area, our clinic is at full capacity.  
19 Most of our patients come from Berwyn and Cicero.  
20 However, we do have a few patients from the other  
21 surrounding suburbs and Chicago. Over the past year  
22 we have transferred several of our patients to a new  
23 clinic that has opened near Midway Airport. But  
24 despite this option, our clinic remains at capacity.

1 With increasing rates of CKD due to diabetes and  
2 hypertension, there is strong evidence that our  
3 patient population will continue to grow.

4 Our patients are like traditional dialysis  
5 patients in that they are dependent upon Medicare and  
6 have multiple co-morbidities. However, they are  
7 different from other patients in the area because many  
8 of them are of extremely limited economic means, come  
9 from a federally-designated underserved area, and  
10 speak Spanish as a primary language. The Berwyn  
11 clinic has been blessed with a staff that recognizes  
12 this and has made many strides to optimally care for  
13 its unique population. I'm proud to say that over  
14 half of our staff speak Spanish and have no difficulty  
15 communicating with the patients. This has led to  
16 consistent delivery of responsive care as patient  
17 issues are readily identified and addressed. Other  
18 clinics struggle with this since they do not have  
19 staff readily available to care for non-native English  
20 speakers. I personally have worked in other units  
21 where Spanish speaking patients are unable to  
22 communicate with staff and it has led to suboptimal  
23 care. This is frustrating and a preventable problem.

24 Most of our patients are elderly or have

1 co-morbidities that preclude them from using English.  
2 For example, some of my patients have suffered  
3 strokes, have uremia which impairs their thinking, and  
4 others have been blinded by diabetic retinopathy.

5 Another major barrier to care is the  
6 burden of transportation three times weekly for  
7 dialysis. Many of them are relying upon family,  
8 friends, other dialysis patients, members of their  
9 church for transportation. Some rely on public  
10 transport, but many are far too ill for this as a  
11 viable option. For example, door-to-door service via  
12 the Suburban Bus System in our area is not allowed to  
13 provide assistance on and off the vehicle. This is  
14 not practical for many of our patients, including the  
15 elderly and disabled. It's not uncommon for patients  
16 to wait hours for a ride, as one household shares a  
17 car among several adults. On several occasions I  
18 myself have served as the transportation, taking them  
19 to the hospital or even home on occasion.

20 The proposed clinic in Cicero would be  
21 able to address the particular needs of this  
22 underserved population. We would hire  
23 Spanish-speaking staff to ensure effective  
24 communication, improved delivery of care, and avoid

DRAFT

1 cost associated with missed or delayed diagnoses. By  
2 being located within the community it serves, the  
3 Cicero clinic would ease the transportation burden for  
4 patients and families.

5 And for these reasons, I urge you to  
6 consider approving the Certificate of Need.

7 CHAIRMAN GALASSIE: Thank you very much.

8 MS. RANALLI: Chairman Galassie, I  
9 apologize, I know it's -- we want to be in interest of  
10 time. Because this is pending an Intent to Deny, we  
11 wanted to take one more minute of your time to talk  
12 about this application and the patient population  
13 being served. We get, after being here for the past  
14 half a year, that you're very concerned about excess  
15 capacity as it relates to this particular service and,  
16 of course, as it relates to all the services that come  
17 before you generally. We respect that and we  
18 certainly support your consistent application of  
19 objective criteria along those lines. There's no way  
20 we can argue with it, although sometimes we might like  
21 to. But there are -- if it was just a checklist where  
22 if we didn't meet the criteria for excess capacity or  
23 maldistribution, we wouldn't have an opportunity to be  
24 here before you. That's not the way the process

1 works.

2 We are presented an opportunity because  
3 there are times based upon the law and the rules that  
4 you are able to exercise discretion based upon  
5 particular facts if you determine that for whatever  
6 reason, despite the challenges with respect to  
7 capacity, the project might have merit. I would  
8 submit to you that this is definitely a project that  
9 has merit.

10 The patients here -- excuse me, truly I  
11 get worked up about this patient population. They  
12 truly have barriers to access that are not the same  
13 for us. I think it's fair to sometimes say that  
14 certain patients could traverse outside of a  
15 particular locale to another clinic that might have a  
16 station available for dialysis. There are patients  
17 who are equipped to do that and the hardship for them  
18 in doing so may not be as great as other patients.

19 This particular patient population has  
20 significant barriers to access that make it difficult  
21 for them to do that. They don't speak the language.  
22 They have economic challenges. Continuity of care is  
23 therefore that much more important to them. When they  
24 see another doctor and they can't speak the language

1 as well, that's a big difference between someone else  
2 going to a new clinic, dealing with new people who  
3 can't speak the same language. It truly impacts the  
4 quality of care and it also increases the cost of  
5 care, because it's been proven that in chronic patient  
6 populations if continuity to care is broken, there are  
7 more complications associated with that chronic care  
8 that the patient receives, thus increasing the cost.

9 So in this particular situation where you  
10 have the Berwyn clinic that's stuffed to the gills and  
11 has been for a long time, what would happen is if this  
12 clinic isn't approved, it would have to open a fourth  
13 shift. Because if we tell a patient, well, you could  
14 go to Congress Parkway and they say I'm not going to  
15 do it, we're not going to -- we're not going to tell  
16 that patient they have to. We'll open a fourth shift  
17 at Berwyn. And that's not optimal either for patient  
18 care or for our staff or employees.

19 So that's why we're really urging that  
20 this particular clinic be looked at, certainly with  
21 the capacity issues that we've identified, but there  
22 is a need in HSA VII and HSA VI, so we just want you  
23 to consider that. And we have a map which we blew up,  
24 we don't do that often, but it really shows where

1 these patients are coming from and how concentrated  
2 they are in this area.

3 MS. WRIGHT: I think at the last meeting  
4 Mr. Sewell asked where the Hispanic population lived  
5 in the area and -- sorry, I don't mean to put this in  
6 front of you. This is the 30-minute travel zone, the  
7 shaded area, and Cicero is right here and that's 87  
8 percent Hispanic and this is --

9 MR. JONES: What do you mean by shaded  
10 area?

11 MS. WRIGHT: Well, this is the 30-minute  
12 zone right here, wherever you see white or --

13 MR. JONES: Okay.

14 MS. WRIGHT: And Cicero is 87 percent  
15 Hispanic. This zip code here is 84 percent Hispanic.  
16 And this is the medically underserved area and  
17 underserved populations are right in here. And that's  
18 the community we're serving, and I think that's  
19 significant because the Hispanic population is more  
20 prone to diabetes and hypertension. So we're trying  
21 to put the clinic where it's most needed. And as you  
22 see, as you go out to the outskirts, there's not --

23 CHAIRMAN GALASSIE: The yellow dot is the  
24 site of the clinic?

1 MS. WRIGHT: Yeah, it's kind of -- it's  
2 highlighting it, yeah. And this is just a radius.  
3 There's kind of a hole there. The City of Chicago  
4 there's numerous clinics, as you can see, all around.  
5 There's just kind of a hole right in the middle there  
6 around Cicero and right in the middle is the  
7 underserved area and that's where we want to try to  
8 serve the patients.

9 MR. URSO: So does your whole staff speak  
10 the language?

11 MS. WRIGHT: I think we said over half.

12 DR. ANDERSEN: Yeah, at the Berwyn clinic  
13 approximately half of the staff speak Spanish.

14 MS. WRIGHT: The manager, the secretary,  
15 the social worker, the dietitian, nurses. We would  
16 likely hire the same type of staff for the Cicero  
17 clinic because we hire from the community. The  
18 community is 87 percent Hispanic, so -- patients treat  
19 in their community. They're -- the people who work  
20 there are from the community, so they understand the  
21 problems that these patients face.

22 MR. HILGENBRINK: Can I see the chart one  
23 more time? You said the white area is the 30-minute  
24 drive time?

**DRAFT**

1 MS. WRIGHT: Yeah. Wherever it's shaded  
2 out here. I didn't put a circle around it because  
3 it's kind of jagged.

4 MR. URSO: What's the black circle?

5 MS. WRIGHT: That's just the pocket here  
6 around Cicero where there's no dialysis clinics.

7 CHAIRMAN GALASSIE: So we're saying you  
8 can drive from Chicago to Cicero in 30 minutes?  
9 Depending on time of day.

10 MS. WRIGHT: Pardon?

11 CHAIRMAN GALASSIE: That's saying you're  
12 going to drive from Chicago to Cicero in 30 minutes?

13 MS. WRIGHT: This is -- well, according to  
14 MapQuest.

15 CHAIRMAN GALASSIE: Yeah.

16 MS. WRIGHT: 30 minutes.

17 CHAIRMAN GALASSIE: But MapQuest isn't  
18 driving at 4:00.

19 MS. WRIGHT: Right. That's according to  
20 MapQuest.

21 MR. HILGENBRINK: I have a question.

22 MS. OLSON: I have a question. Okay.

23 MR. HILGENBRINK: I thought you had  
24 another engineering company do a drive time study.

1 MS. WRIGHT: We did and it knocked off  
2 quite a few of the clinics that the State Agency  
3 Report says are within 30 minutes. It wasn't -- I  
4 mean they didn't drive to each clinic. They kind of  
5 just did a radius of it would be a little bit closer  
6 to the reality.

7 MR. HILGENBRINK: So how does that relate  
8 to the map and the question of the time of day? I  
9 guess I'm confused.

10 MS. WRIGHT: Well, the map is just a what  
11 -- what the State Agency Report shows as being within  
12 30 minutes.

13 MR. HILGENBRINK: By MapQuest.

14 MS. WRIGHT: Because the State Agency,  
15 while they showed you the information on the travel  
16 study we did, they didn't accept it as an official  
17 travel study because it wasn't drive times to each  
18 clinic.

19 CHAIRMAN GALASSIE: And it's giving you a  
20 better sense of the ethnicity immediately surrounding  
21 the clinic.

22 MS. OLSON: I have a question. I am  
23 sensitive to what you're saying about patient  
24 populations. But with 29 facilities, maybe not

1 arguable quite that many within a 30-minute radius, I  
2 would think if you're going to serve your patient  
3 population what you would do is hire staff at some of  
4 those clinics that aren't at capacity to speak  
5 Spanish. I don't understand why we have to build a  
6 whole new facility just so we have people in the  
7 facility who speak Spanish. Why wouldn't we -- if  
8 you're sensitive to your patient population, which  
9 clearly you are, why would you not staff some of these  
10 other clinics who might take some of the overflow with  
11 some Spanish-speaking staff? It just seems certainly  
12 cheaper than --

13 DR. ANDERSEN: If I can address that  
14 there.

15 MS. OLSON: Please.

16 DR. ANDERSEN: There are some Spanish  
17 speakers at some of the other local clinics where I  
18 also go to. However, the staff who speak Spanish  
19 isn't always there at the same time as the Spanish  
20 speakers due to the variability in the scheduling.  
21 So we can't reliably have someone there to speak  
22 Spanish to those patients. That happens at multiple  
23 clinics in the area. They do have some Spanish  
24 speakers but not enough of them to reliably have

1 people there all the time to translate if needed.

2 MS. RANALLI: And also, while we could  
3 hire people at all 29 clinics, the doctors who see  
4 these patients as they progress in kidney disease many  
5 times through years and years that they develop  
6 relationships with could not round at all those  
7 clinics. I mean they can only go in the areas that  
8 they serve.

9 MS. OLSON: But that situation exists  
10 regardless of what language the patients speak.

11 MS. RANALLI: It does, but for patients  
12 who speak Spanish and have relationships with  
13 physicians -- and it's true, you're right, it affects  
14 continuity of care for everyone because it affects  
15 clinical issues. But it's even more challenging for  
16 patients who don't speak the language.

17 And also, again, this is an economically  
18 -- again it's a medically underserved area. It's an  
19 economically challenged patient population. So  
20 navigating outside of the healthcare area does have  
21 costs. Whether it's taking three or four bus trips  
22 instead of one or whether it's cab fare that increases  
23 significantly if you're going longer distances, or gas  
24 if a friend or relative is taking you, those are

DRAFT

1 challenges for this particular patient population that  
2 some patient populations in different areas may not  
3 have if they have to travel further distances.

4 MS. OLSON: Well, Medicare and Medicaid  
5 has no provision for transportation to dialysis?

6 MS. RANALLI: Well, Medicaid offers free  
7 transportation but not outside -- it won't take a  
8 patient who lives in Cicero to the West Metro Clinic  
9 at Norwegian American Hospital where I suspect there  
10 may be people who speak Spanish.

11 MS. WRIGHT: A lot of those transportation  
12 services don't run after 4 p.m. as well, and a patient  
13 on the third shift of the day starts at 2 or 3:00 and  
14 wouldn't end until 7:00 in the evening, would have to  
15 find a different ride home.

16 Also, I think in our Berwyn clinic and the  
17 Cicero area, there's a higher percent of Hispanic  
18 patients than there are in some of our other clinics.

19 MS. OLSON: I understand that.

20 MS. WRIGHT: Yeah. So that's where we see  
21 the need.

22 You know, one other thing, I know that the  
23 application -- or, the State Agency Report talks about  
24 the 56 clinics, which sounds like a lot of clinics

1 within 30 minutes. But the City of Chicago has nearly  
2 6,000 ESRD patients and Cook County as a whole has  
3 9,000 ESRD patients. So that's -- that's significant.  
4 I think that correlates a little better with the 56  
5 clinics.

6 CHAIRMAN GALASSIE: Member Penn has a  
7 question I believe.

8 MR. PENN: I've had some experience with  
9 Spanish-speaking workers, employees, and I find that  
10 there's different dialects in the Latino community.  
11 Is that a challenge for you guys? You say that you  
12 speak Spanish, but there's Mexican Spanish, Central  
13 American Spanish.

14 MS. MORRISON: Yeah.

15 MR. PENN: There's South American Spanish.  
16 Is that a challenge?

17 MS. MORRISON: That definitely is a  
18 challenge. I actually have had that experience with  
19 -- when I've talked with the dietitian and social  
20 worker and the clinic manager at the Berwyn facility  
21 that times patients are using terms when they're  
22 talking about the special diet needs of dialysis  
23 patients that they may not be familiar with. So I  
24 think the staff are sensitive to that, the staff that

DRAFT

1 are Spanish-speaking are sensitive to that, that there  
2 are some dialect issues or maybe region issues with  
3 language and so they are careful to clear up those  
4 terms, you know. That comes up quite a bit, but I  
5 think they're all sensitive to that, those that are  
6 Spanish-speaking.

7 MR. PENN: I know we're not playing  
8 checkers here, and so as people come in for medical  
9 services, because some of the people I work with and  
10 represent it is an issue finding the right facility  
11 where they can communicate what their symptoms are to  
12 be treated and get the right medications and  
13 understanding when they walk out the door that  
14 everybody has done what they're supposed to do. So  
15 you have enough staff that is taking care of all these  
16 different dialects or --

17 DR. ANDERSEN: Yeah. I think there's  
18 enough staff that patients can always be understood.  
19 And sometimes even if they can't, they can always  
20 speak to one of their other patients and sometimes  
21 they can get the point across that way as well. I  
22 comprehend Spanish fairly well and sometimes I have  
23 struggles with the way certain people speak, due to  
24 medical disease sometimes, due to a multitude of

**DRAFT**

1 issues. But usually there's someone around who would  
2 be able to help translate, be it staff or even other  
3 patients sometimes are helpful.

4 CHAIRMAN GALASSIE: Aren't you bound under  
5 Medicaid rules and guidelines not to utilize anyone  
6 other than the patient for a dialogue?

7 DR. ANDERSEN: Well, the patients  
8 sometimes will actually go to other patients on their  
9 own just to make sure that their point was being put  
10 across. Sometimes the patients go out to the waiting  
11 room afterwards and then the other patient will come  
12 up and say, you know, just to make sure everyone's on  
13 the same page, you know, this is what they were  
14 saying, just to clarify things. Because there's a  
15 tight-knit community. They take care of one another.

16 CHAIRMAN GALASSIE: If you're audited by  
17 Medicaid and I walk through that door and you're not  
18 serving me in my language of choice, not dialect but  
19 language, you're on the hook.

20 DR. ANDERSEN: Yeah, but we are speaking  
21 language to them, but sometimes there -- there are  
22 different dialects and it may not be crystal clear  
23 between the patient --

24 CHAIRMAN GALASSIE: I thought you said

1 sometimes you have Spanish-speaking staff there,  
2 sometimes they're not.

3 DR. ANDERSEN: Oh, no. At Berwyn clinic  
4 there's always someone around who speaks Spanish.

5 MS. WRIGHT: We also have a translation  
6 service. If we have a patient who comes in and nobody  
7 -- I remember one time when I was in the clinic there  
8 was a patient that spoke Farsi and, you know, we were  
9 able to pick up the phone and get somebody who could  
10 translate for them.

11 CHAIRMAN GALASSIE: AT&T. Yeah, I  
12 remember that.

13 DR. ANDERSEN: One other point about the  
14 transportation issue -- sorry to go back to this but  
15 -- recently one of our patients at the Midway clinic  
16 had an issue where it wasn't dialysis service related  
17 but his access for dialysis was malfunctional, and he  
18 had to go back into the local hospital, MacNeal, to  
19 have this addressed. He didn't have transportation  
20 set up, so he had to take a cab, and he didn't have  
21 any money because he'd just moved, he was just out of  
22 a nursing home, so we covered the cab for him. And a  
23 round trip cab from the Midway clinic to Berwyn was  
24 \$36. So for someone who's on a very fixed income, you

1 know, doing that more than once a month is a stretch.

2 CHAIRMAN GALASSIE: Sure. Sure.

3 Any other questions by Board Members?

4 VICE CHAIRMAN HAYES: Chairman.

5 MR. GREIMAN: Mr. Chairman.

6 CHAIRMAN GALASSIE: We're going to work  
7 our way from right to left.

8 Member Hayes.

9 VICE CHAIRMAN HAYES: Thank you. You  
10 know, this is going to be on Cicero Avenue and I want  
11 to get a little bit straight. It's at 3600 on South  
12 Cicero Avenue. Is that -- isn't that correct? 3679 I  
13 believe.

14 MS. WRIGHT: It's actually I think 3050.  
15 We've got a range between 3000 and 3076 South Cicero.  
16 I think it'll probably end up being 3050.

17 VICE CHAIRMAN HAYES: Okay. Now, what is  
18 there right now? Is that a vacant land?

19 MS. MORRISON: It's actually a strip mall.  
20 There's a part of the strip mall that's not occupied  
21 by anyone at this point in time.

22 VICE CHAIRMAN HAYES: And is this in  
23 Chicago or --

24 MS. MORRISON: No, it's in Cicero.

1 VICE CHAIRMAN HAYES: In Cicero.

2 MS. MORRISON: Yes.

3 VICE CHAIRMAN HAYES: Now, the bus service  
4 and transportation there, is that by the City of  
5 Chicago or is it by Pace?

6 MS. MORRISON: I think it would be a  
7 combination depending on where the patient is coming  
8 from. Because if the patient lives on the east side  
9 of Cicero, they may be needing to use some City of  
10 Chicago bus service, but if they live in the suburbs  
11 in the far west side of Cicero, they may need to use  
12 Pace.

13 VICE CHAIRMAN HAYES: Well, if they were  
14 in the far west side of Cicero, wouldn't they go to  
15 the Berwyn clinic?

16 MR. MORADO: Depending on how far it is or  
17 how -- what the ease of access is. In other words, if  
18 they needed to take two buses to get to Berwyn and one  
19 bus to get to the Cicero location, they may choose to  
20 take one bus to get to Cicero because of ease of  
21 accessing the clinic.

22 VICE CHAIRMAN HAYES: Now, I think that in  
23 this area, though, there is a significant amount of  
24 public transportation by both the City of Chicago and

1 the -- by the CTA and Suburban. You have a CTA -- a  
2 couple of lines or specifically you have one line that  
3 goes to 54th and Cermak Road and that's a CTA where  
4 they could go all over the city through that line  
5 there. You have a significant amount of Suburban  
6 buses that go down Cicero -- certainly Cicero -- maybe  
7 not Cicero, but they go down the other cross streets  
8 there. And the Berwyn facility is on the extreme part  
9 of Berwyn and you do receive a significant amount of  
10 patients I think from North Riverside and places like  
11 that. So it is -- it's a little bit -- you know, so  
12 there is a significant amount of transportation.

13 And before we talked about the FMC Midway,  
14 FMC Austin, you know, and these are all -- FMC Midway  
15 is only at less than 50 percent occupancy and wouldn't  
16 they be able to go to that clinic very easily?

17 MS. WRIGHT: We are referring patients to  
18 that clinic. As Dr. Andersen said, he has started  
19 sending patients over there. That clinic now is at 61  
20 percent with 44 patients. It has not been open yet  
21 two years. In August it'll be two years when the  
22 Board -- according to state standards it should be at  
23 80 percent and it has grown just significantly, and  
24 Dr. Andersen and Dr. Lohmann are going to continue to

1 refer patients there because Berwyn is full. So we  
2 don't expect it will be long, probably August, before  
3 that facility is above 80 percent as well.

4 DR. ANDERSEN: Yeah, the Midway clinic has  
5 grown very quickly. They just opened a  
6 Tuesday/Thursday first shift and that has filled up  
7 within a few months. So, in short order, they're  
8 going to be opening a second shift, which they're not  
9 eager to do but they're going to need to do soon. So  
10 it's been filling up really rapidly over the past  
11 month or two.

12 VICE CHAIRMAN HAYES: And don't you even  
13 have Spanish-speaking staff there?

14 DR. ANDERSEN: There are some, and they're  
15 trying to hire more, but at this point they're still  
16 fairly limited. And a large number of those patients  
17 there are Spanish speakers as well.

18 VICE CHAIRMAN HAYES: Well, that's what I  
19 mean. They certainly are --

20 DR. ANDERSEN: They're in the midst of  
21 trying to hire new staff.

22 VICE CHAIRMAN HAYES: And FMC Midway is  
23 located where exactly?

24 DR. ANDERSEN: 63rd and Melvina.

1 VICE CHAIRMAN HAYES: Okay.

2 DR. ANDERSEN: So about 6200 block just  
3 roughly.

4 VICE CHAIRMAN HAYES: All right. Thank  
5 you.

6 CHAIRMAN GALASSIE: Member Sewell.

7 MR. SEWELL: Yeah.

8 CHAIRMAN GALASSIE: And then Judge  
9 Greiman.

10 MR. SEWELL: Oh, go ahead.

11 DR. BURDEN: No, I didn't say anything.  
12 I'm quiet for a change.

13 MR. SEWELL: You just looked like you  
14 wanted to say something.

15 CHAIRMAN GALASSIE: Member Sewell and then  
16 Judge Greiman.

17 MR. SEWELL: I was looking at our  
18 discussion when you were here before, and I think I  
19 was having a normal dialogue with Mr. Constantino  
20 about this occupancy thing, and, you know, some of  
21 these stations that have recently come on line show up  
22 in the chart with zero percent occupancy. And you  
23 know, when I look at the new -- well, the more recent  
24 State Agency Report, it seems like all these zero

1 percent occupancy places are pretty far away from  
2 Cicero. I mean so even if they came on line, you  
3 know, I don't know if they would help with this  
4 problem you're identifying. They seem to be, you  
5 know, in HSA VI but -- you know, I'm looking at places  
6 like FMC Logan Square and Grand Crossing. I mean I  
7 don't see that really doing much for you.

8 DR. ANDERSEN: Logan Square is on the  
9 north side of the city.

10 MR. SEWELL: Yeah, it's quite a ways away.

11 DR. ANDERSON: I'm not even sure where the  
12 other one is even located.

13 MR. SEWELL: That's not going to help you.  
14 But it's relevant, because when you were here last,  
15 one of the problems was that, you know, the overall  
16 occupancy didn't look good, but that's because we had  
17 some recently approved stations and they're showing up  
18 as zero percent occupancy. So this -- it doesn't look  
19 like things have changed much that would put something  
20 proximate to the Cicero population that you're talking  
21 about that might help with this -- this problem.

22 And I guess I wanted to ask about this  
23 MapQuest versus -- what is it -- a radius drive study.  
24 And for even and fair application, we just use

1 MapQuest.

2 MR. CONSTANTINO: If they submit a drive  
3 time study by an engineer, licensed engineer,  
4 certified by that engineer, we will accept it, but  
5 they have to drive to each facility.

6 MR. SEWELL: And they used a radius.

7 MR. CONSTANTINO: They used a radius, yes.

8 MR. SEWELL: I see.

9 MR. CONSTANTINO: That's why we wouldn't  
10 accept it.

11 MR. SEWELL: Okay.

12 MS. WRIGHT: It was more or less just  
13 informational.

14 MR. SEWELL: Sure.

15 MS. WRIGHT: The study.

16 MR. SEWELL: Yeah, but, you know, I can --  
17 I was trying to think about what has changed since the  
18 last presentation. And I think the thing that's  
19 changed is maybe some of the old zero percent places  
20 are showing a little bit of occupancy as they come on  
21 line.

22 And then I saw this study as something  
23 new, but it's really not helping that much because we  
24 don't -- you know, we want you to drive. You wouldn't

1 necessarily have to use MapQuest, but you'd have to  
2 have a study where you were driving if we were going  
3 to negate the 30-minute travel time standard. Okay.

4 MR. CONSTANTINO: We had the December 31st  
5 data this time.

6 CHAIRMAN GALASSIE: Judge Greiman.

7 MR. GREIMAN: Yeah. Can we put in the  
8 Greiman amendment that you'll talk to your doctors and  
9 tell them you accept charity cases?

10 DR. ANDERSEN: Yeah. I mean we were just  
11 speaking about this earlier. To be frank, I'm not  
12 even sure what insurance that most of my patients  
13 have. Maybe I'm naive or just too young at this.  
14 But, yeah, we treat who comes to us.

15 MR. GREIMAN: Well, there may be other  
16 doctors besides you down the line.

17 DR. ANDERSEN: Well, true. My partner,  
18 Dr. Lohmann, he holds the same stance. He actually  
19 prides himself on that. So I don't think that that  
20 would be a problem at all for us to take on --

21 MR. GREIMAN: All right.

22 DR. ANDERSEN: -- underserved.

23 MR. GREIMAN: So it's a condition of our  
24 approval that you will advise your doctors that you

1 take charity cases.

2 I have another question too for you. Out  
3 of this number, you at FMC -- there's 53 of them and  
4 you own 31 -- 58 of them and you own 31 -- 32 of them.  
5 So when there comes a time in the future when you own  
6 them all, are you going to just let them put them all  
7 together in one big place or what will you do?

8 MS. RANALLI: Is there a particular aspect  
9 of that you want me to address?

10 MR. GREIMAN: No. I guess I'm just  
11 raising the fact that there comes a time when somebody  
12 in your accounting says, you know, we have 52 -- we  
13 own all 52 within this huge range. Why don't we cut  
14 it down and have 20 and just have bigger --

15 CHAIRMAN GALASSIE: They're like  
16 McDonald's, Judge.

17 MR. GREIMAN: Huh?

18 CHAIRMAN GALASSIE: They're like  
19 McDonald's.

20 MR. GREIMAN: Yeah.

21 CHAIRMAN GALASSIE: They want to be  
22 ubiquitous. They don't want to be in a central  
23 facility. They want to be ubiquitous.

24 MR. GREIMAN: All right. That may be so.

1 CHAIRMAN GALASSIE: And if we think  
2 there's a lot now, look at five years.

3 MS. RANALLI: Yeah. I mean it's -- I mean  
4 we do care about access and the best way to provide  
5 access is to do just what we're doing here, which is  
6 go right in the community where there are a large  
7 number of patients who require the care.

8 MR. GREIMAN: All right.

9 MS. RANALLI: And, you know, I don't think  
10 as a company the model would be such that we would  
11 disavow that community commitment. We recognize it  
12 kind of rubs sometimes against what you all do, but in  
13 this particular situation, coming back to what I said,  
14 I think this is a unique project that does -- does  
15 have merit.

16 CHAIRMAN GALASSIE: I'm going to entertain  
17 a motion --

18 MR. MORADO: Chairman Galassie, I'm sorry,  
19 I have one question and maybe a comment.

20 I didn't realize where the location of  
21 this was going to be on 30th and Cicero, and that's  
22 directly across from probably Chicago's second largest  
23 Latino neighborhood, Little Village. I don't see from  
24 the Table Four that DaVita has a Little Village

1 Dialysis Center. I don't see one for Fresenius. Do  
2 you anticipate a lot of patients coming from that  
3 community? It seems as though you'd be serving two  
4 major Hispanic communities, both Little Village and  
5 Cicero.

6 MS. MORRISON: I expect that we'll  
7 probably see some patients from that neighborhood move  
8 to the Cicero location if it's approved. I think that  
9 the doctor can probably speak to where his patient  
10 population comes from, so I'll pass the microphone.

11 DR. ANDERSEN: Yes, we do have patients  
12 from that area, but I would imagine that the patients  
13 are already in an established relationship with their  
14 dialysis unit. I would assume that they would stay  
15 where they're at as long as they're happy with things.

16 Again going back to that continuity of  
17 care issue, we see our patients once a week and you  
18 kind of forge a bond with people. So, you know, you  
19 want to stick with your doctor.

20 MR. MORADO: And I listened to your  
21 comments regarding this Midway facility and, you know,  
22 I was thinking it out in my head, I don't know if  
23 there's any way to get there without taking at least  
24 two buses, perhaps a bus, a train, and a bus. So it

**DRAFT**

1 doesn't seem like it would be awfully convenient to  
2 get there.

3 MS. MORRISON: And then certainly not for a  
4 dialysis patient who's ill.

5 CHAIRMAN GALASSIE: I'll entertain a  
6 motion to approve Project 11-096 for the establishment  
7 of a 16-station ESRD facility in Cicero, Illinois,  
8 also asking the applicant to advise their referring  
9 physicians that they too should be taking charity  
10 care.

11 MR. SEWELL: So moved.

12 MR. EAKER: Second.

13 DR. BURDEN: Second.

14 CHAIRMAN GALASSIE: Moved and seconded.

15 MR. ROATE: Motion made by Mr. Sewell,  
16 seconded by Dr. Burden.

17 Dr. Burden?

18 DR. BURDEN: I'm going to vote yes, but  
19 with just a little -- we've spent a lot of time  
20 listening to -- I've shut up. I want to say what I  
21 think is really going on eventually.

22 In 1973, when Richard Nixon signed the  
23 so-called expansive bipartisan approval for end stage  
24 renal disease treatment, it was expected to have

1 35,000 patients and cost a billion dollars. I don't  
2 want to go into the numbers now. It's about 20 times  
3 what was originally signed on and it was the beginning  
4 of what we think to be socialized care. Your answers  
5 are not -- just providing stations I don't think is  
6 going to be going on forever. There has to be a  
7 better solution. I'm going to vote yes. Don't  
8 misunderstand. I just want to get that out.

9 CHAIRMAN GALASSIE: Thank you.

10 MR. ROATE: Mr. Eaker?

11 MR. EAKER: Yes.

12 MR. ROATE: Justice Greiman?

13 MR. GREIMAN: Yes.

14 MR. ROATE: Mr. Hayes?

15 VICE CHAIRMAN HAYES: Yes.

16 MR. ROATE: Mr. Hilgenbrink?

17 MR. HILGENBRINK: Yes.

18 MR. ROATE: Ms. Olson?

19 MS. OLSON: No, based on excess capacity.

20 MR. ROATE: Mr. Penn?

21 MR. PENN: Yes.

22 MR. ROATE: Mr. Sewell?

23 MR. SEWELL: Yes. I don't see -- I don't

24 see a solution for this other than putting one in

1 Cicero. The Berwyn one is on the western end of  
2 Berwyn and you just can't get there from here. So I  
3 vote yes. It's killing me, but I vote yes.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: Yes.

6 MR. ROATE: That's eight votes in the  
7 affirmative, one vote in the negative.

8 CHAIRMAN GALASSIE: Motion passes.  
9 Congratulations.

10 MS. RANALLI: Thank you for your time.

11 CHAIRMAN GALASSIE: You're welcome.

12 Folks, it's 20 till 4. We have a 10 or  
13 15-minute executive session and then a few items for  
14 Frank. Do you want to a five-minute stretch or do you  
15 want to blaze on?

16 DR. BURDEN: I vote to blaze on.

17 CHAIRMAN GALASSIE: Blaze on?

18 DR. BURDEN: I've got catheters for those  
19 who can't make it.

20 CHAIRMAN GALASSIE: All right. The Chair  
21 might step out for a moment, but let's go. All right.

22 May I have a motion to go into Executive  
23 Session pursuant to Section 2(c)(1), 2(c)(5), and  
24 2(c)(11) of the Open Meetings Act?

**DRAFT**

1 MR. EAKER: So moved.

2 VICE CHAIRMAN HAYES: Second.

3 CHAIRMAN GALASSIE: Moved and seconded.

4 All in favor?

5 (A voice vote was taken.)

6 CHAIRMAN GALASSIE: Thank you very much.

7 We are in Executive Session.

8 (The Board met in Executive Session

9 from 3:42 p.m. until 4:06 p.m.)

10 FOLLOWING EXECUTIVE SESSION, THE FOLLOWING WAS HELD IN

11 OPEN SESSION:

12 CHAIRMAN GALASSIE: We're in open session.

13 We're on number 9 on the agenda, Compliance Issues/

14 Settlement Agreements/Final Orders.

15 Mr. Urso.

16 MR. URSO: Mr. Chair and Board Members,

17 can we have a motion to approve Final Order on Oak

18 Park Eye Center, HFPB 08-44, which we previously

19 discussed?

20 DR. BURDEN: So moved.

21 MS. OLSON: Second.

22 CHAIRMAN GALASSIE: Voice or roll?

23 MR. URSO: Voice is fine.

24 CHAIRMAN GALASSIE: Voice is fine. All in

1 favor?

2 (A voice vote was taken.)

3 CHAIRMAN GALASSIE: Opposed?

4 (No response)

5 CHAIRMAN GALASSIE: Hearing none, it  
6 passes.

7 MR. URSO: The next one is a motion --  
8 requesting a motion to approve Final Order on Lakewood  
9 Plainfield Properties and Beecher Properties, HFSRB  
10 07-87 and HFSRB 09-07.

11 MS. OLSON: So moved.

12 MR. SEWELL: Second.

13 CHAIRMAN GALASSIE: Moved and seconded.

14 All in favor?

15 (A voice vote was taken.)

16 CHAIRMAN GALASSIE: Opposed?

17 (No response)

18 CHAIRMAN GALASSIE: Hearing none, motion  
19 passes.

20 MR. URSO: Mr. Chair and Board Members, I  
21 have one more motion that is a referral to Legal  
22 Services in regards to Project Number 08-006, Grand  
23 Avenue Surgery Center. I'm requesting that this  
24 matter be referred to the Board's legal counsel for

1 review and the filing of any notices of noncompliance,  
2 which may include sanctions detailed in the Board's  
3 Act and Code.

4 MR. EAKER: So moved.

5 DR. BURDEN: Second.

6 CHAIRMAN GALASSIE: Moved and seconded.

7 All in favor?

8 (A voice vote was taken.)

9 CHAIRMAN GALASSIE: Opposed?

10 (No response)

11 CHAIRMAN GALASSIE: Hearing none, motion  
12 passes.

13 MR. URSO: That's all I have,  
14 Mr. Chairman.

15 CHAIRMAN GALASSIE: Thank you very much.  
16 Moving on, Rules Development, none;  
17 Unfinished Business, none; New Business, none --  
18 maybe.

19 MR. URSO: Unfinished Business, I just  
20 want to request that anybody that hasn't turned in  
21 their ethics training and their Open Meetings Act  
22 training or for the Board Members who haven't  
23 completed their statement of economic interest to  
24 please, please get those in. I don't want anybody

**DRAFT**

1 being penalized or anything like that, so please get  
2 those documents in to myself or Cathy Clarke who  
3 hasn't already done that. Okay? Thank you.

4 CHAIRMAN GALASSIE: We'll also be sending  
5 you out e-mails with draft dates for next year's  
6 meeting dates.

7 Item number 9, Legislative Update, do we  
8 have anything on that? Legislative Update? I think  
9 she already gave us that.

10 MS. KENDRICK: It's getting passed around  
11 right now.

12 DR. BURDEN: Ms. Avery, are there any  
13 additions? Is this the next date, June 5th? June  
14 5th, is that right?

15 MS. AVERY: Yes.

16 DR. BURDEN: In good old Bolingbrook  
17 Country Club?

18 MS. AVERY: Back in Bolingbrook.  
19 Depending on what goes on with Frank, it may be a  
20 two-day, but we'll keep you posted.

21 MR. PENN: Can we have the second day in  
22 Bloomington?

23 MR. SEWELL: Sounds like at least nine  
24 holes to me. I don't know.

1 DR. BURDEN: Boy, Sewell, you're moving up  
2 in my estimation. Get something out of this crew.

3 MR. SEWELL: Work hard, play hard.

4 MS. KENDRICK: Should I --

5 CHAIRMAN GALASSIE: Please do.  
6 Legislative.

7 MS. KENDRICK: So there's a couple bills  
8 that we have been following.

9 Senate Bill 2934 that's sponsored by  
10 Senator Garrett that made it out of the Senate. It's  
11 now sponsored by Representative Davis and  
12 Representative Dugan in the House. As of yesterday --  
13 this says it was in the Rules Committee. It's now in  
14 the Human Services Committee. It's been amended a  
15 couple times now with some concerns from the public  
16 about -- William McNary raised some concern about it,  
17 so we amended the bill based on public feedback.

18 Senate Bill 3614 has been amended to  
19 include language that we suggested with HCCI. It says  
20 now that the Long Term Care Subcommittee has the  
21 authority to develop a program about the buying and  
22 selling of beds and that they have the authority to  
23 determine the terms for that program if they should  
24 decide to do that.

1                   House Bill 4563, this was similar to  
2   Senate Bill 2887. We reached an agreement with the  
3   Center for Developmental Disabilities Advocacy &  
4   Community Supports. Originally the bill said that  
5   ID/DD facilities would no longer be under the  
6   jurisdiction of the Board. Now it's just that if they  
7   reduce the number of beds in a facility they don't  
8   have to come before the Board. But if they were to  
9   establish a facility, they still have to come before  
10   the Board. And Board Staff is going to work to  
11   develop an annual survey to their liking. And then  
12   they also have to report to DHS when they close or  
13   reduce the number of beds in a facility.

14                   Those are kind of the main bills. There's  
15   a couple other bills on here.

16                   Senate Bill 2124 has currently been  
17   postponed and Senator Garrett is trying to come up  
18   with some other solutions for that bill because she's  
19   received some feedback that there are people in the  
20   House that aren't supportive of the bill.

21                   House Bill 5142 --

22                   CHAIRMAN GALASSIE: Well, let me stay on  
23   2124. That got through the Senate but it stalled in  
24   the House?

1 MS. KENDRICK: It has not made it out of  
2 the Senate yet. It's postponed in the Senate  
3 currently. So she's working with some policy advisers  
4 in the House. She's already heard concerns that  
5 there's going to be concerns with -- she can't get a  
6 sponsor in the House right now, so she's waiting to  
7 hopefully get some support on maybe what an amendment  
8 would be before she moves forward on it.

9 CHAIRMAN GALASSIE: Okay.

10 MS. AVERY: Do you want to briefly talk  
11 about the change in the structure? Because before it  
12 was a salary and now she switched it to a stipend.

13 MS. KENDRICK: Well, that's not -- it  
14 hasn't happened yet. Well, there's --

15 MS. AVERY: There may be some changes in  
16 the structure of the fees.

17 MS. KENDRICK: Well, it could be -- for  
18 2124?

19 MS. AVERY: Yeah. .

20 MS. KENDRICK: Is that what you're talking  
21 about?

22 MS. AVERY: Yeah.

23 MS. KENDRICK: That instead of a salary,  
24 there could be a stipend for days worked at a Board

**DRAFT**

1 meeting or at a public hearing. She's still trying to  
2 get feedback about what that might be, but that hasn't  
3 been officially adopted or proposed.

4 CHAIRMAN GALASSIE: But the stipend went  
5 from \$4500 to 350?

6 MS. KENDRICK: Yeah.

7 CHAIRMAN GALASSIE: Board Members should  
8 understand that.

9 MS. KENDRICK: But that's not official  
10 yet. So I mean there's definitely chances that that  
11 does not actually end up happening.

12 MS. OLSON: It's a slap in the face.

13 MS. KENDRICK: But previously the Board  
14 received a stipend, so that's where that idea came  
15 from.

16 MR. PENN: When did we get a stipend?

17 DR. BURDEN: Not in my time.

18 MR. URSO: Alexis, what's the latest on  
19 the VA bill?

20 MS. KENDRICK: The VA bill did not make it  
21 out of the House. And I've tried to get feedback from  
22 Tony Kolbeck at IDVA and from Representative Phelps  
23 who was sponsoring the bill, and I haven't heard  
24 anything.

DRAFT

Page 277

1 But it's our belief that Madigan basically  
2 told people they could only get three bills out of the  
3 House before the last session ended, and so people had  
4 to make priorities about what bills they were going to  
5 push with, and maybe this wasn't a priority for  
6 Representative Phelps.

7 CHAIRMAN GALASSIE: Sure. I couldn't see  
8 them opposing it.

9 MR. URSO: I'd like to ask the Board  
10 Members a question. Alexis is doing a great job in  
11 terms of staying on top of legislation that affects  
12 the Board. Mr. Hilgenbrink has requested a copy of  
13 the status reports that Alexis does every once in a  
14 while. Would other Board Members like to be cc'd on  
15 that?

16 MS. OLSON: That would be awesome.

17 MR. EAKER: Sure.

18 DR. BURDEN: Sure.

19 MR. GREIMAN: Sure.

20 MR. URSO: Okay. So we'll put a cc to all  
21 of you.

22 CHAIRMAN GALASSIE: Is that it, Alexis?

23 MS. KENDRICK: Yes.

24 CHAIRMAN GALASSIE: Thank you very much.

1 No other business, motion to adjourn?  
2 Questions about the fiscal report?  
3 (No response)  
4 CHAIRMAN GALASSIE: Hearing none, motion  
5 to adjourn?  
6 MR. SEWELL: So moved.  
7 CHAIRMAN GALASSIE: Thank you very much.  
8 (The meeting adjourned at 4:14 p.m.)  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

DRAFT

1 CERTIFICATE OF REPORTER

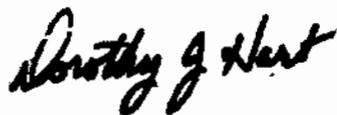
2 STATE OF ILLINOIS )

3 ) ss

4 COUNTY OF SANGAMON )

5 I, DOROTHY J. HART, a Certified  
6 Shorthand Reporter, Registered Professional Reporter  
7 and Notary Public within and for the State of  
8 Illinois, do hereby certify that the foregoing  
9 proceedings were taken by me to the best of my ability  
10 and thereafter reduced to typewriting under my  
11 direction; that I am neither counsel for, related to,  
12 nor employed by any of the parties involved in this  
13 proceeding, and further that I am not a relative or  
14 employee of any attorney or counsel employed by the  
15 parties thereto, nor financially or otherwise  
16 interested in the outcome of the action.

17



18

19

20

Notary Public in and for

21

the State of Illinois

22

23

OFFICIAL SEAL  
Dorothy J Hart  
Notary Public, State of Illinois  
My Commission Expires 6/24/2015

24

<p><b>A</b></p> <p><b>abandon</b> 104:15  116:10 117:1  128:4 150:7  154:21</p> <p><b>abandoned</b>  108:2 177:3</p> <p><b>abandonment</b>  26:20</p> <p><b>Abbie</b> 233:22  234:23</p> <p><b>ability</b> 10:4 28:2  28:7 62:4,10  63:1,4 78:3  178:2 185:17  279:9</p> <p><b>able</b> 6:6 28:3,6,8  28:9 29:20  30:6 38:18  42:7 65:20  71:17 72:13  74:6,20 77:11  79:9,12 81:4  85:8 86:22  87:1 88:8 90:2  96:2 100:5  108:12 110:12  135:10 138:16  179:12 182:7,8  188:18 199:17  228:5 232:12  232:21 233:8,9  240:21 242:4  253:2 254:9  257:16</p> <p><b>abortion</b> 23:2,9</p> <p><b>abortions</b> 23:11  28:23,24</p> <p><b>about</b> 22:19 23:9  23:18 24:24  25:1,18 30:22  31:4 34:21  35:14 36:14  39:15 42:22  43:8 44:17  46:7 57:13,20  58:16 59:1</p>	<p>61:19 62:8  63:11 66:2  68:13 70:13  74:9 81:4,5  86:12 87:3,16  95:20 96:3,5  97:5 99:3,17  99:18,24  100:12 106:10  106:19 108:18  110:23 114:10  129:24 130:24  130:24 131:4  135:21 140:13  144:9,15,17  147:15,17  149:17,17,18  149:21 150:14  154:22 165:1  165:10 166:7  178:17 179:3,6  183:17 184:4  184:19 185:11  186:20 188:2,4  193:5 194:5,6  200:13 201:13  202:9 203:18  205:3 208:2,9  210:5,6 212:7  214:10,11  215:3,4 220:16  224:9 225:23  228:1 232:9  235:17,22  241:12,14  242:11 247:23  250:23 251:22  254:13 257:13  259:2,20  260:21,22  261:17 262:11  264:4 267:2  273:16,16,21  275:11,21  276:2 277:4  278:2  <b>above</b> 177:15</p>	<p>222:14 223:17  258:3</p> <p><b>Absent</b> 4:1</p> <p><b>absolutely</b> 28:21  61:5 75:15  140:3 164:19  168:11 171:13  171:13 208:11  214:16 215:22</p> <p><b>absorb</b> 103:10</p> <p><b>academic</b> 130:5  130:14 131:11  131:15 134:8  176:10 205:15</p> <p><b>accelerators</b>  55:18</p> <p><b>accept</b> 19:3  37:11 42:8  53:8 77:24  80:9,21 81:19  145:13,23  148:2 155:10  156:8 211:17  225:11,20  247:16 261:4  261:10 262:9</p> <p><b>acceptable</b>  209:24 214:15</p> <p><b>acceptance</b>  80:22 134:10</p> <p><b>accepted</b> 42:2  107:14,16  211:13</p> <p><b>accepting</b> 65:11  81:24 225:23</p> <p><b>access</b> 11:12  12:1 13:15  18:12 20:23  21:10 29:12  111:3 134:15  184:10,11  201:9 206:14  208:7 221:17  222:18 223:11  232:20 235:7  237:13 242:12  242:20 254:17</p>	<p>256:17 264:4,5</p> <p><b>accessibility</b>  53:14 54:20</p> <p><b>accessible</b> 11:5  182:2</p> <p><b>accessing</b> 256:21</p> <p><b>accommodate</b>  38:12 77:16  122:10 193:10  194:20</p> <p><b>accommodated</b>  123:4</p> <p><b>accomplish</b> 6:6  17:19 122:24</p> <p><b>accomplishme...</b>  17:15</p> <p><b>accordance</b>  66:15</p> <p><b>according</b> 65:8  89:14 120:22  121:3 162:22  219:21 246:13  246:19 257:22</p> <p><b>account</b> 71:23</p> <p><b>accounting</b>  263:12</p> <p><b>accounts</b> 123:17</p> <p><b>accredited</b>  153:21,22,23</p> <p><b>accurate</b> 11:21</p> <p><b>accustomed</b>  194:4</p> <p><b>achievable</b> 21:7</p> <p><b>achieve</b> 35:18</p> <p><b>acknowledged</b>  124:1</p> <p><b>acquisition</b>  17:12</p> <p><b>acres</b> 177:21  186:2</p> <p><b>across</b> 21:1  36:13 103:12  106:5 108:4  112:1 154:15  176:20 182:11  223:5 252:21  253:10 264:22</p>	<p><b>act</b> 5:13 32:5  140:22 268:24  271:3,21</p> <p><b>action</b> 8:11 80:1  120:17 143:21  279:16</p> <p><b>actions</b> 58:16</p> <p><b>active</b> 223:18  235:23</p> <p><b>actively</b> 210:1  228:9</p> <p><b>activities</b> 185:7  192:17</p> <p><b>activity</b> 182:21</p> <p><b>actual</b> 100:3  147:15,17  228:17,20</p> <p><b>actually</b> 23:5,10  42:3,9 44:16  45:12 57:17  60:16 62:18  74:5 87:21  89:5 93:4  97:17 102:9  110:2 113:14  114:23 118:21  134:20 137:16  145:1 177:2,15  179:9,13,18  180:1,2 182:12  183:6 187:19  190:23 199:23  201:17 202:8  204:8 205:21  227:4 228:4  251:18 253:8  255:14,19  262:18 276:11</p> <p><b>acute</b> 36:9 48:13  49:8 50:21  52:22 53:11,15  54:2,8 60:11  67:2 159:6  161:7</p> <p><b>add</b> 35:11 69:21  70:10 73:3  75:13 84:4</p>
--	---	---	--	--

87:20 95:2 96:11,13 168:9 232:3 <b>added</b> 79:23 90:23 97:11 <b>Addiction</b> 160:24 <b>addictions</b> 160:24 161:2,3 <b>adding</b> 35:9 91:2 134:9 195:5 221:7 222:18 <b>addition</b> 34:15 52:17 64:13 72:11,22 92:20 95:22 97:2 100:16 139:17 159:18 160:3 171:17 201:23 221:14 <b>additional</b> 24:13 37:10 70:11 72:2 73:1 86:16 90:1 107:23 110:7 128:16 144:4 146:23,24 177:7 185:4,4 195:9,11,13,15 221:7 223:13 230:21 234:16 <b>Additionally</b> 160:17 161:5 162:2 <b>additions</b> 272:13 <b>address</b> 5:15 7:15 16:21,23 88:18 96:19 98:19 100:9 108:20 151:4 200:8 210:2 211:14 240:21 248:13 263:9 <b>addressed</b> 31:15 239:17 254:19 <b>addressing</b> 184:20	<b>add-on</b> 97:2 <b>adequacy</b> 219:14 <b>adequate</b> 149:20 151:17 <b>adhere</b> 5:19 <b>adheres</b> 167:1 <b>adjacencies</b> 58:2 58:6 <b>adjacent</b> 106:3 109:14 122:9 186:5 <b>adjoining</b> 135:11 <b>adjourn</b> 278:1,5 <b>adjourned</b> 278:8 <b>adjust</b> 45:8 <b>adjusted</b> 45:10 45:10 <b>administration</b> 45:6 <b>administrative</b> 11:14 45:3 <b>administrator</b> 2:7 13:8 98:11 124:10 <b>admission</b> 35:22 40:18 41:1 <b>admissions</b> 65:11 76:19 <b>admit</b> 108:13 175:4 227:19 <b>admitted</b> 40:23 171:1,4 <b>admittedly</b> 105:14 <b>admixture</b> 202:5 <b>adolescents</b> 160:2,9,14 <b>adopted</b> 180:6 276:3 <b>adult</b> 167:3 168:8 <b>adults</b> 53:1 59:7 59:8 160:2,13 175:12 240:17 <b>advances</b> 130:15	134:7 <b>adverse</b> 37:21 <b>advise</b> 224:10 225:12 226:3 262:24 266:8 <b>advisers</b> 275:3 <b>Advisory</b> 220:18 <b>Advocacy</b> 274:3 <b>Advocate</b> 218:24 <b>advocates</b> 78:6 <b>advocating</b> 62:14 <b>Affairs</b> 124:10 231:20 <b>affect</b> 25:13 31:2 31:3,3 35:19 213:11 <b>affects</b> 249:13 249:14 277:11 <b>affiliate</b> 17:7 25:13 <b>affiliated</b> 12:14 54:11 103:8 <b>affiliation</b> 9:15 10:2,9,13,16 11:1,14,19,23 12:16,18 13:11 13:23 16:16,22 19:14,17,20 20:13,15 21:9 22:4 25:5 205:21 206:12 207:4 208:16 211:4 212:16 213:10 214:4,5 <b>affiliations</b> 205:17 <b>affirmative</b> 31:24 68:7 83:1 94:2 101:19 118:4 157:20 172:23 190:1 197:1 217:1 268:7 <b>afford</b> 63:4 <b>affordable</b> 11:5 <b>affords</b> 107:1	<b>after</b> 10:13 16:21 35:1 48:15 68:11 102:2 137:21 148:17 157:23 169:19 221:12 222:23 241:13 250:12 <b>afternoon</b> 118:13,14,18 126:16,17 129:2 158:16 173:7 174:13 190:12 197:9 197:14 217:11 231:8,9,18 233:18 <b>afterwards</b> 253:11 <b>again</b> 12:3 15:16 38:7 54:15 57:3 61:24 62:22 70:24 71:1 72:1,12 73:11 91:1 112:16 124:2 137:10 145:10 149:10 151:2 151:23 154:1 155:9 156:3,8 157:22 164:14 182:4 186:23 190:7 201:13 201:24 217:12 249:17,18 265:16 <b>against</b> 264:12 <b>age</b> 77:1 136:23 220:9 <b>aged</b> 220:10 <b>agencies</b> 63:3 162:9 <b>agency</b> 24:3,24 36:3 37:3,18 37:24 42:9 44:8 65:8 66:18 70:21	71:9 78:13,21 85:9 87:13 89:14,18,23 97:18 99:13 108:18,21 122:3 127:21 127:23 142:11 155:13 162:10 226:14 247:2 247:11,14 250:23 259:24 <b>agency's</b> 25:15 26:6 174:22 <b>agenda</b> 3:12 4:16 5:12,22 6:7,18 7:12,13 8:10 22:24 32:8 197:6 230:24 269:13 <b>agendas</b> 8:13 <b>ages</b> 160:9 <b>aging</b> 219:3 <b>ago</b> 10:23 17:18 25:17 27:8 36:15 46:8 61:21 62:13 85:13 88:7 95:21 96:6 114:4,10 177:3 192:14 <b>agree</b> 156:5,19 206:12 207:13 214:20 215:17 <b>agreed</b> 18:19 65:4 209:7 <b>agreeing</b> 140:13 <b>agreement</b> 21:9 121:2 165:17 165:19 205:21 206:2,8,12,17 207:4,5 211:4 212:16 214:4,5 214:17 215:14 274:2 <b>agreements</b> 49:2 53:15,18 54:2 54:5,14 61:6
--	---	--	--	---

<p>64:16 65:2          132:22  <b>Agreements/F...</b>          269:14  <b>ahead</b> 12:18          13:3 107:13          108:1 118:7          142:3 143:15          179:2 187:23          206:15 259:10  <b>aid</b> 78:2 208:7          225:11,13,15          225:23  <b>air</b> 3:6 158:9          181:16  <b>Airport</b> 238:23  <b>aisles</b> 125:17  <b>Ajay</b> 14:22,22          15:22  <b>AKF</b> 228:19  <b>akin</b> 155:5  <b>Alan</b> 2:4  <b>Alderman</b> 185:6  <b>Alexis</b> 2:9          276:18 277:10          277:13,22  <b>Alfonso</b> 118:15          119:1 124:9  <b>aligned</b> 20:14  <b>aligning</b> 23:24  <b>alive</b> 56:13  <b>alleviate</b> 237:21  <b>allocated</b> 34:22          44:15,20 45:12          125:6 204:3  <b>allotted</b> 6:7  <b>allow</b> 14:2 74:18          88:1,8 91:11          108:9,14 114:7          128:13 141:12          143:13 182:11          184:6 185:12          238:1  <b>allowed</b> 5:23          6:13 7:5 86:22          240:12  <b>allowing</b> 87:22</p>	<p>91:10 108:15          237:22  <b>allows</b> 152:11  <b>alluded</b> 55:4          109:22  <b>almost</b> 27:6          44:15,23 86:13          86:14 87:12          208:19 211:17  <b>alone</b> 190:19  <b>along</b> 154:14          174:18 241:19  <b>already</b> 5:24          30:4 34:5          61:18 87:12          108:10,10,16          109:15 110:18          122:22 123:23          128:15,17          153:21 154:4          186:2 194:14          224:18 265:13          272:3,9 275:4  <b>alteration</b> 7:20          7:23  <b>Alterations</b> 32:3  <b>alternative</b>          55:23 209:24          222:4  <b>alternatives</b> 62:7  <b>although</b> 131:22          145:3 241:20  <b>always</b> 11:11          19:3 25:16          58:15 65:21          71:13,14 92:7          96:12 107:10          111:12 151:20          166:23 188:4          188:19 222:24          248:19 252:18          252:19 254:4  <b>amazing</b> 138:15  <b>ambulatory</b>          119:19 120:11          121:14 126:1          127:6 128:14</p>	<p>152:8 171:2  <b>amended</b> 273:14          273:17,18  <b>amendment</b>          262:8 275:7  <b>amenities</b> 58:5          195:15  <b>American</b> 197:7          199:2,9,17,21          213:15 214:2          228:11 250:9          251:13,15  <b>AMI</b> 59:5 65:15          171:18,18          173:1  <b>among</b> 161:16          240:17  <b>amount</b> 7:21          34:18 80:18          81:8 105:17          134:22 137:8,8          145:14 164:6          167:2 256:23          257:5,9,12  <b>amounts</b> 106:6  <b>ample</b> 146:24  <b>amplify</b> 113:9  <b>analogous</b> 76:4          205:20  <b>analysis</b> 75:9          228:13  <b>analytics</b> 18:13  <b>Andersen</b>          232:13 233:24          238:10 245:12          248:13,16          252:17 253:7          253:20 254:3          254:13 257:18          257:24 258:4          258:14,20,24          259:2 260:8          262:10,17,22          265:11  <b>ANDERSON</b>          233:24 238:9          260:11</p>	<p><b>Andrews</b> 33:2,2          33:24 34:1,4          38:24 41:19,21          42:20 44:1,9          44:12 46:9,11          47:13 197:22          197:22 199:8  <b>Andy</b> 194:6,7  <b>and/or</b> 6:2  <b>anecdotally</b>          63:22  <b>anesthesia</b>          125:11 129:10          129:11,15          132:15 133:12          152:18  <b>announce</b> 199:5  <b>annual</b> 162:17          163:1 207:5          274:11  <b>another</b> 35:3          49:6 56:21          75:19 96:14          128:21 139:7          160:23 192:9          226:12 240:5          242:15,24          246:24 253:15          263:2  <b>answer</b> 20:8          22:7 23:13          30:22 38:22          41:2 54:22          55:13 79:8          111:6 141:14          178:18 202:13          208:5  <b>answered</b> 24:18          116:8  <b>answers</b> 26:7          28:17 267:4  <b>anticipate</b> 23:12          49:17 98:23          99:6 183:8          265:2  <b>anticipated</b> 30:8          33:19 50:24</p>	<p>52:12 62:2          69:23 78:22          84:7 95:5          106:15 127:8          159:10 174:6          191:15 198:14          218:7 236:21  <b>anticipating</b>          24:19 41:9  <b>anticipation</b>          161:22  <b>anxiety</b> 215:3          237:18  <b>anxious</b> 58:24  <b>anybody</b> 271:20          271:24  <b>anyone</b> 7:6 8:16          50:1 209:19          253:5 255:21  <b>anything</b> 11:10          55:8 67:24          89:24 91:22          92:1 141:16          155:6 215:5          259:11 272:1,8          276:24  <b>anyway</b> 116:14          153:1  <b>apartments</b> 86:7          106:7  <b>apologies</b> 172:17  <b>apologize</b> 8:13          9:1 32:20          66:17 143:6          147:8 231:6          241:9  <b>apparently</b>          90:17 99:16          166:10  <b>appealing</b> 155:9  <b>appear</b> 124:12          125:18 169:18          206:24 215:4          228:16  <b>appearance</b>          51:20  <b>appears</b> 155:22</p>
--	--	--	---	--

<p>206:19  <b>applaud</b> 203:4  <b>applicant</b> 72:7  75:6,11,17,19  80:8 102:11  112:9 115:13  120:14,23  121:9 122:20  123:7,24 127:4  142:12,15  149:10 156:22  162:16 167:1  172:15 173:24  191:9 197:13  198:10 215:12  215:14,17  266:8  <b>applicants</b> 26:21  27:12 33:15  50:20 65:10  69:20 84:4  95:2 104:13,14  104:16,21  127:12 159:5  218:1 234:9,14  234:17  <b>applicant's</b> 72:1  119:22 145:13  145:23 151:13  156:9 169:17  <b>application</b> 16:6  20:4 22:7 23:2  27:10 67:24  72:1 76:7  87:18 97:14  106:11 119:24  120:1,6,15,22  121:3,4,8,21  144:16 155:8  155:15 159:22  162:11,19  163:10 164:15  174:19 175:2  176:2 178:16  180:17,22  188:17 212:15  241:12,18</p>	<p>250:23 260:24  <b>applications</b>  32:8 151:13  231:1  <b>application's</b>  55:7  <b>applied</b> 178:10  178:13  <b>apply</b> 139:14  <b>applying</b> 129:5  176:15 178:6  <b>appointment</b>  77:12 170:23  <b>appointments</b>  130:6  <b>appreciate</b> 34:4  40:14,16 70:18  84:19,23 85:3  103:19 116:5  126:10 128:8  157:12 178:20  195:5 198:21  204:21 218:15  <b>appreciated</b>  193:18  <b>appreciation</b>  20:3  <b>appreciative</b>  85:9  <b>approach</b> 21:19  212:13  <b>approached</b>  20:8 220:15  <b>approaches</b>  221:9  <b>appropriate</b>  3:12 21:4  <b>appropriately</b>  65:18  <b>approval</b> 4:24  17:4 34:16  35:10,16 88:15  108:8 109:8  121:16 133:6  155:4,15,16,21  188:23 227:10  262:24 266:23</p>	<p><b>approve</b> 4:15  26:24 30:12  46:3 51:5  61:17 67:1  81:21 92:19  100:15 104:22  116:10,22  128:5 140:19  143:8,19 150:5  150:8 156:19  163:19 164:16  167:5 171:17  174:1 188:23  195:19 213:23  215:13 229:7  238:4 266:6  269:17 270:8  <b>approved</b> 5:10  7:14,18,24 8:2  23:2 55:7  57:15,16 103:4  104:12,14  105:22 106:24  107:11 108:11  109:15 110:4  123:14 124:3  150:5 160:8  164:16 165:6  191:14 209:11  209:11 232:7  243:12 260:17  265:8  <b>approving</b> 142:6  145:11 241:6  <b>approximate</b>  186:10  <b>approximately</b>  34:20 40:5  44:22 52:23  56:10,18 69:22  79:11 84:6  96:24 108:24  127:7 161:20  168:3 174:5  198:12,14  199:15 218:3,5  234:12 236:13</p>	<p>237:5 245:13  <b>April</b> 1:13,16  8:2 15:8 95:5  105:23 127:9  159:11 218:6  <b>Archdiocese</b>  85:18  <b>architect</b> 150:24  151:14,18  204:9  <b>architectural</b>  124:14  <b>area</b> 9:12 19:3  36:24 37:2  38:1,5,14 39:7  40:12 41:6,12  49:1 52:9  53:10,15 54:7  59:6 60:14  64:17 72:23  73:2 74:19  77:9,14 80:1  87:6 88:4,23  95:16 103:4,9  105:16 107:5  109:5,18  111:22 112:1  122:5 123:7  124:23 125:11  125:15 129:24  182:1 184:17  200:4,21 201:3  201:4,21,21  202:21 203:4  205:14,24  206:5 218:23  220:13 222:11  223:12 226:14  226:20,21  229:24 232:4  235:12,17  237:17 238:2  238:10,12,18  239:7,9 240:12  244:2,5,7,10  244:16 245:7  245:23 248:23</p>	<p>249:18,20  250:17 256:23  265:12  <b>areas</b> 18:9 38:3  108:20,21  124:18 125:8  125:13 199:24  200:2 236:10  236:12 249:7  250:2  <b>arena</b> 208:3  <b>arguably</b> 248:1  <b>argue</b> 241:20  <b>arguing</b> 194:15  <b>argument</b> 140:8  140:11 202:1  226:13  <b>arguments</b>  140:20  <b>Arkansas</b> 130:7  <b>arm</b> 179:10,12  180:11  <b>arms</b> 22:2  179:20  <b>around</b> 41:5,14  178:1 185:19  187:16 205:3  220:1 226:13  245:4,6 246:2  246:6 253:1  254:4 272:10  <b>arrangement</b>  214:20  <b>arrangements</b>  175:13  <b>array</b> 21:10  <b>arrive</b> 108:22  <b>arrows</b> 190:20  <b>art</b> 73:6 74:10  <b>Arthur</b> 69:7  <b>aside</b> 26:4 90:6,7  236:8  <b>asked</b> 42:22  61:17 95:21  244:4  <b>asking</b> 56:11  111:12 134:14</p>
--	---	--	--	---

<p>134:19 135:1 150:14 165:10 173:24 213:2 214:23 224:17 225:9,10,18,19 266:8 asks 6:16 210:6 ASPC 133:7 aspect 29:3 200:11 263:8 aspects 43:15 aspiration 129:8 Assembly 115:19 assessment 62:16 127:15 asset 185:1 assist 182:20 assistance 16:5 21:21 34:12 159:21 240:13 Assistant 2:8,9 assisted 92:10 95:23 106:7 115:5 122:21 assisting 179:19 Associate 124:10 associated 44:24 56:15 57:6 241:1 243:7 Associates 50:8 assume 151:13 151:18 152:11 183:10 265:14 assumed 150:22 assuming 181:24 assumption 151:20 assure 41:21 53:12 assuring 223:1 AST 123:21 ASTC 122:5 128:3 152:16 153:16 154:1 ASTCs 128:18 128:20 153:14</p>	<p>Atkin 69:3,4,4 70:20,24 74:4 74:12,24 76:22 77:19 78:16,19 79:8 81:2,9,13 81:16 83:8 Atkinson 173:15 173:15 atrium 192:19 attached 124:16 131:12 attempt 137:16 156:23 200:2 209:3 attempting 208:24 attend 236:17 attention 54:21 120:2 126:8 223:20 attorney 119:12 134:6 180:20 279:14 attorneys 180:18 attract 74:18 attracted 136:6 AT&amp;T 254:11 audited 253:16 August 146:21 147:4 174:7 257:21 258:2 Austin 257:14 authority 106:1 110:20 121:9 273:21,22 availability 77:13 228:8 available 11:6 15:21 16:1 29:13,14,22,23 37:10,11 38:12 41:13 49:1 89:23 103:8 107:15 163:21 203:5 222:21 223:1 235:18 239:19 242:16</p>	<p>Avenue 48:15 49:4 54:10 55:6 67:4 255:10,12 270:23 average 37:11 38:12 40:24 44:22 52:23 53:1 59:3 162:17 219:24 219:24 averages 97:19 Avery 2:7 272:12,15,18 275:10,15,19 275:22 avoid 221:10 240:24 aware 23:22 24:12 48:13 62:21 204:23 205:13 213:15 214:21 224:19 away 52:4 60:23 77:20 78:1 130:1 136:9 161:11 163:12 163:16 164:4,9 169:18 181:4 187:5,12 233:5 237:10 260:1 260:10 awesome 277:16 awful 84:15 155:11 199:16 awfully 266:1 Axel 50:8,8,8 56:9 64:13,16 65:2 66:15 173:11,11 A-b-b-i-e 233:22 A-j-a-y 14:23 A-l-f-o-n-s-o 119:2 A-n-d-e-r-s-e-n 234:1 A-n-d-r-e-w-s</p>	<p>33:3 197:23 A-t-k-i-n 69:5 A-t-k-i-n-s-o-n 173:16 A-x-e-l 50:9 173:11 A-10 190:8 a.m 3:1 68:15,16 ----- -- <b>B</b> ----- baby 138:22 back 29:8 34:24 56:5 60:5,11 62:2 65:9 68:14,18 85:15 115:20 116:2 137:12 138:9 138:22 140:20 143:4,18 144:4 145:14,23 146:24 148:8 148:13 150:17 150:17 152:21 155:10,23,23 155:24 156:10 157:14 158:2 160:21 178:15 179:22 180:5 180:19 184:8 185:22 188:5 188:17 190:24 192:4 193:1 203:15 210:9 214:24 215:10 215:15,18 217:19 254:14 254:18 264:13 265:16 272:18 background 51:23 142:1 bad 91:20 balance 17:14 56:2 Baltimore 205:6 barrier 240:5 barriers 232:24 237:22 242:12</p>	<p>242:20 Barry 173:13 base 12:22 181:21 based 38:7 39:17 39:20,21 40:6 61:18 111:21 112:9,18 113:4 114:6 140:23 145:12 152:4 154:10 162:21 163:7 176:4 177:5 227:10 228:24 230:6,8 242:3,4 267:19 273:17 baseline 180:2,4 basic 61:1 201:19 basically 25:1,9 44:14 45:13 81:14 179:11 184:4,19 200:19 201:2 277:1 basis 25:8 29:19 57:2 71:12,20 71:24 72:4 76:2,11 171:2 171:10 208:19 bays 125:3,6 149:18,19 150:15 beam 207:15,21 Bear 41:22 beautiful 3:5 became 209:2 become 17:5 86:24,24 137:21 138:14 179:24 bed 35:8,13,21 37:21 53:9 63:21,23 76:17 79:14 87:10 91:18 107:5,22 108:9 109:18</p>
--	--	--	--	--

<p>109:19 112:13 159:6 <b>beds</b> 7:24,24 27:9,14,20 35:9,12,13,15 35:17 36:13,23 37:9,11 38:3 38:12 39:6,11 39:14,17 40:6 40:15 53:11,12 57:13 59:2,5,6 63:20 64:4 69:21 70:10 72:22,24 73:2 84:5 86:11 89:24 92:20 95:3 96:7,7,8,9 100:16 102:23 106:8,9 107:24 108:6 109:18 111:15,18 112:2,6,6 113:13,15,15 114:6,13,22 115:7 159:7 163:14,17 164:16 167:2 168:9 171:18 173:1 176:24 177:1,5 191:10 273:22 274:7 274:13 <b>Beecher</b> 270:9 <b>before</b> 7:9 9:13 10:14,24 27:10 27:12 36:21 51:20 56:16 59:21 64:6 85:13 95:21 98:12 113:11 122:24 124:12 128:12 143:3 144:16 180:3 192:1 206:15 207:14 214:14 228:5 233:14 241:17,24</p>	<p>257:13 258:2 259:18 274:8,9 275:8,11 277:3 <b>beg</b> 27:12 <b>began</b> 17:19 18:20 62:6,17 <b>begin</b> 7:9 20:2 <b>beginning</b> 106:21 200:14 206:20 267:3 <b>begun</b> 223:10 <b>behalf</b> 10:24 13:10 119:16 231:21 <b>behavioral</b> 53:20 160:20 <b>behind</b> 15:24 32:14,19 49:19 173:19 199:9 <b>being</b> 19:10 30:8 42:7 49:5 53:5 58:4 61:17 72:16 97:6 106:5 112:5,7 113:14,17 114:23 138:16 148:16 153:2 158:7 161:10 165:16 188:13 192:22,23 193:15 194:23 199:17 206:21 224:13 235:6 241:2,13,13 247:11 253:9 255:16 272:1 <b>belabor</b> 155:2 <b>belief</b> 277:1 <b>believe</b> 10:12 11:13,20,23 32:10 40:1 42:24 47:16 58:20 66:12 70:11 74:12 76:23 77:1,15 90:10 105:8 107:7 108:8</p>	<p>120:1 135:2 147:2,3 168:3 181:22 187:20 191:24 200:10 210:12,13 211:19 212:18 212:19 251:7 255:13 <b>believed</b> 25:16 <b>believes</b> 121:11 <b>benefit</b> 21:12 111:4 <b>benefits</b> 14:1,2 18:7 21:6 <b>Berteau</b> 48:14 49:4 50:23 51:6 54:10 55:6,8,9 56:4,7 57:11 61:22 62:15,20 67:4 108:5 <b>Berwyn</b> 235:1 235:14,15,23 236:5 237:5 238:10,14,19 239:10 243:10 243:17 245:12 250:16 251:20 254:3,23 256:15,18 257:8,9 258:1 268:1,2 <b>besides</b> 262:16 <b>best</b> 11:12,14 12:17 13:1 18:11,12 58:21 107:14 181:1 200:8 238:14 264:4 279:9 <b>Bethesda</b> 179:18 <b>better</b> 10:13 69:11 74:18,22 112:21 138:21 154:10 168:5 247:20 251:4 267:7 <b>between</b> 13:11</p>	<p>13:21 37:9,10 89:5 113:12 120:3 123:23 130:19 132:23 141:18 142:21 153:10 167:10 186:13 197:12 202:9 222:14 223:4 243:1 253:23 255:15 <b>beyond</b> 25:3 62:10 76:21 <b>bidders</b> 106:16 <b>big</b> 78:6,7 140:8 152:6 182:6 207:12 209:23 243:1 263:7 <b>bigger</b> 263:14 <b>biggest</b> 202:23 <b>bill</b> 2:12 115:19 197:18 199:2 273:9,17,18 274:1,2,4,16 274:18,20,21 276:19,20,23 <b>billion</b> 85:23 267:1 <b>bills</b> 273:7 274:14,15 277:2,4 <b>bionic</b> 179:10,20 <b>bipartisan</b> 266:23 <b>birds</b> 205:9 <b>bird's-eye</b> 221:3 <b>birth</b> 136:21 <b>bit</b> 34:13 51:23 68:10 106:19 111:13 115:15 129:24 134:3 158:8 205:18 208:2 247:5 252:4 255:11 257:11 261:20 <b>black</b> 246:4 <b>blah</b> 215:1,1,1 <b>blaze</b> 268:15,16</p>	<p>268:17 <b>bled</b> 42:7 <b>blessed</b> 239:11 <b>blessing</b> 99:5 185:11 <b>blew</b> 243:23 <b>blinded</b> 240:4 <b>block</b> 259:2 <b>blocks</b> 174:3 185:21 186:3 <b>blood</b> 41:8,22 42:5 232:2,14 <b>Bloomington</b> 161:18 272:22 <b>Bluff</b> 220:21 221:5 222:13 224:19 <b>board</b> 1:2,15 2:7 3:8,14 5:18,24 6:1,6,16 7:3,7 7:10 8:5,11 10:15 15:10,14 15:22 16:3 17:6 20:8 22:5 22:10 24:17 26:18 27:9,11 33:23 39:1,5 41:9 43:5,17 45:17 51:3,4 51:11,21 55:1 58:13 59:4,18 61:11 66:4 70:3,6,19 71:24 73:16 75:12 78:9 83:4 84:11 85:5,13 87:14 88:11,17,21 89:11 95:9,12 95:14 98:21 99:9,12 104:22 105:3,5,22 107:15,18 111:10 115:9 115:18 121:20 122:17 124:9 124:12 126:7</p>
---	---	---	---	--

128:10,21 130:3 139:2,3 142:7,14,16,19 142:20,22 143:8,12,18 144:4,5 145:10 145:10,13,14 145:24 147:1 148:3,4,21 149:9 150:4,8 151:3 155:19 156:4,10,11 158:1 159:13 159:17 163:1 163:18,24 164:22,23 165:6,7,21 166:1 173:24 174:12,14,15 178:15,21 184:19 191:15 191:19 193:24 195:1 198:24 200:17 202:14 202:16,22,24 209:10 210:24 212:5 215:16 215:20 218:6 218:10,16 220:18 221:8 221:11,19 223:19,20 224:1 229:4 230:20 234:15 234:16,22 255:3 257:22 269:8,16 270:20 271:22 274:6,8,10,10 275:24 276:7 276:13 277:9 277:12,14 <b>Board's</b> 6:19 7:6 28:18 109:20 159:20 162:11 162:18,23 163:3,8 270:24	271:2 <b>boat</b> 43:11 <b>Bob</b> 14:15 15:19 16:17 17:2 19:22 23:8 <b>body</b> 5:16 142:5 <b>Boland</b> 83:16 85:6 89:2,8 90:4 91:1,2,3 92:3 94:5 <b>Bolingbrook</b> 272:16,18 <b>Bolivia</b> 138:4 <b>bolster</b> 10:5 <b>bolt</b> 43:2 <b>bond</b> 24:5 25:1 25:13 63:2 265:18 <b>bonding</b> 63:3 <b>bonds</b> 106:1 <b>Bonnie</b> 2:11 <b>bonus</b> 188:7 <b>border</b> 203:14 203:14,17 <b>born</b> 10:23 <b>borne</b> 100:4 <b>borrow</b> 87:1 <b>borrowing</b> 106:17 <b>both</b> 10:10 12:13 20:14,21 21:7 60:9 61:8 76:1 88:12 122:9 130:2,20 133:18 162:14 162:16,23 176:20 180:7 185:8,22 202:10 233:2 235:15 237:1 256:24 265:4 <b>bothered</b> 41:7 <b>bottom</b> 187:10 <b>bound</b> 253:4 <b>box</b> 154:2,3 <b>Boy</b> 273:1 <b>Boyd</b> 8:23 9:11	<b>brain</b> 61:14 179:23 <b>brand</b> 85:14 152:9 155:12 <b>Brandenberg</b> 217:14,14 218:17,18 225:2,8,17 226:6,9,17,22 227:9,15 230:22 <b>break</b> 32:21 68:11,12 102:3 157:24,24 164:22 <b>brewing</b> 140:8 <b>Brian</b> 217:14 218:17 <b>bridge</b> 110:17 232:23 <b>brief</b> 51:18 70:7 71:6 72:7 128:12 <b>briefly</b> 124:18 148:17 199:4 275:10 <b>Brigham</b> 137:4 <b>bring</b> 20:9 88:1 91:5 108:6 138:21,22 184:8 189:18 200:2 219:4 223:15 <b>bringing</b> 165:20 178:4 <b>brings</b> 32:7 72:6 <b>broad</b> 53:24 124:18 <b>broaden</b> 17:17 <b>broader</b> 38:4 107:7 <b>broadly</b> 149:13 <b>broke</b> 34:24 <b>broken</b> 164:12 243:6 <b>bronze</b> 73:8 <b>Brook</b> 118:10	119:14,16,18 119:23 120:10 120:13,23 122:1,4,8,16 122:23 123:4 124:11 126:13 130:22 136:1,5 139:15 <b>brothers</b> 91:24 92:2,2 <b>brought</b> 128:3 140:9 205:24 <b>Brown</b> 94:15,15 94:16 95:13,14 99:2 101:22 <b>bucks</b> 39:8 <b>budget</b> 188:14 <b>budgets</b> 151:21 <b>bug</b> 112:20 <b>build</b> 57:5 92:4 95:22 114:7 182:24 187:1 188:7 227:5,8 248:5 <b>building</b> 1:17 58:10 60:13,14 72:9,18,20 74:17 77:3 86:6 87:20 88:7 91:2,2,8 92:5 111:2 119:15 120:9 121:11 122:6 136:15 144:10 167:14 182:6 183:6,7 184:10 184:11,14 185:2 186:7,23 186:24 187:10 192:6 201:23 202:9 227:5,8 <b>buildings</b> 57:3 92:12 114:9 187:18 192:18 193:1 <b>building's</b> 72:18 <b>built</b> 58:1,6 88:7	91:3 95:17 108:10 176:22 232:18 <b>bunch</b> 143:16 <b>burden</b> 2:3 3:19 3:20 4:18 22:11,12,16,18 23:13,20 24:8 24:15 30:20,21 31:8,18 39:2 40:3,9,13 46:14,16,18,19 55:1,3 56:5,9 56:11 57:12,18 57:21 58:11 61:18 67:10,11 80:12,14 82:6 82:7 90:5,6 93:7,8 100:24 101:1 111:11 111:12,17,24 112:8,15,20 113:1,7 117:4 117:7,8,9 140:6,7 141:5 141:20 145:18 147:20 148:11 155:1,2 156:18 156:19 164:2,3 164:15,20 165:9,22 172:1 172:2 178:23 178:24 179:2 180:14,15 189:6,7 194:1 194:2 196:6,7 204:19,20 205:13 206:19 207:13,19,24 214:10,19 215:24 216:6,7 229:11,14,15 229:16 240:6 241:3 259:11 266:13,16,17 266:18 268:16 268:18 269:20
---	--	---	--	---

271:5 272:12 272:16 273:1 276:17 277:18 <b>Burden's</b> 28:16 31:15 <b>Burman</b> 2:11 <b>bus</b> 209:8,24 222:20 240:12 249:21 256:3 256:10,19,20 265:24,24 <b>buses</b> 256:18 257:6 265:24 <b>business</b> 15:23 36:8 38:19 39:9 43:7 58:18 76:18 139:16 271:17 271:17,19 278:1 <b>businesses</b> 9:20 10:11 <b>Butler</b> 190:14,14 190:20,21 191:1,2,5,21 191:22,22 194:8,18 195:7 195:11,17 197:3,4 <b>buying</b> 273:21 <b>B-o-l-a-n-d</b> 83:16 <b>B-r-a-n-d-e-n-...</b> 217:15 <b>B-r-o-w-n</b> 94:16 <b>B-u-t-l-e-r</b> 190:14	<b>calculation</b> 109:20,20 112:14 <b>calculations</b> 27:13 37:22 <b>calendar</b> 147:6 163:2 <b>California</b> 205:5 <b>call</b> 3:17,18 4:15 87:5 91:16 170:6 <b>called</b> 148:16 178:2 <b>calling</b> 3:12 <b>calls</b> 170:5 <b>calmed</b> 208:4 <b>came</b> 27:10 46:7 85:13 95:21 98:12 167:20 207:16 260:2 276:14 <b>camel's</b> 34:24 <b>campaign</b> 210:2 <b>campus</b> 48:15 48:16,18 49:4 49:16 51:6,7 52:20 54:10,10 55:22 57:11 61:9,22,23 67:4 99:5 105:14 108:5 116:24 177:9 177:23 183:8 187:2,17 192:1 193:2 209:1 <b>cancer</b> 55:17,21 137:20,22 197:7 198:11 199:10,22 200:14 201:6 206:2,15,19,22 207:1,2,15 213:24 <b>capabilities</b> 18:1 <b>capacities</b> 42:14 <b>capacity</b> 37:7,8 38:11,13 49:18	59:1,9,11 76:18 86:13 90:1 98:15 103:9 166:24 177:10 221:9 221:24 222:14 230:6,8 236:6 238:18,24 241:15,22 242:7 243:21 248:4 267:19 <b>capital</b> 33:1,1,1 33:5 52:15 62:4,8 63:5 108:10 174:2 <b>capitalize</b> 18:8 <b>Capitol</b> 2:21 <b>car</b> 240:17 <b>card</b> 167:11,12 167:21 <b>care</b> 10:5 12:2 13:15 16:12 17:12,14,20 18:4 19:2,7 20:17,24,24 21:1,3,4,14,19 21:20 32:5 33:16 34:10 36:8,9,12 37:4 37:16 39:17 40:6,7,10,15 40:19 41:18 43:4,10,21,22 48:5,6,11,13 48:14 49:8,10 49:11 50:22 52:2 53:3,8,12 53:16 54:8 55:15 59:23 60:2,7,11 62:23 63:11,16 63:18,20 64:3 64:17,21 65:4 65:15 67:2 69:21 70:16 73:1,6 74:10 75:17,24 77:22	77:23 80:18,21 80:23 81:10,24 84:4 86:15 87:8 92:7,15 92:16,20,21 95:3 96:7,16 99:1 100:16,17 104:17 105:10 106:8,9,23 107:2 109:16 112:5 116:23 137:12,19 138:16 139:10 143:15 160:11 161:7,13,20 164:18 167:15 171:9 176:3 177:10,11 178:3 192:17 192:20 199:20 199:24,24 200:1,5,6,19 201:9,9 205:8 206:14 208:7 210:6,7,11,15 211:20 212:5,9 212:14 218:19 219:6,7 227:24 228:22,23 232:5,9,11,22 233:7 234:3 235:4 236:10 237:12,13 238:15 239:12 239:16,19,23 240:5,24 242:22 243:4,5 243:6,7,18 249:14 252:15 253:15 264:4,7 265:17 266:10 267:4 273:20 <b>career</b> 130:5 <b>careful</b> 140:13 252:3 <b>carefully</b> 155:13 <b>caregiver</b> 184:13	<b>caring</b> 86:9 <b>carries</b> 75:22 <b>carry</b> 71:13 75:18 <b>cars</b> 184:7 185:20 <b>cart's</b> 151:10 <b>Carvalho</b> 2:13 27:2,3 28:15 28:22 29:24 30:10 63:8,9 64:10,23 65:6 78:11,18,20 79:1,18 89:12 89:13 113:8,9 113:18,20 115:3,8,12 168:22 169:23 169:24 170:7 170:11,14,18 170:20 171:1,5 171:14 <b>case</b> 49:2 54:9 79:24 103:11 122:16,22 171:10 173:9,9 173:19 174:13 174:15 179:5 181:3,12,20 182:16 183:1,5 183:15,23 184:2,4,24 186:3,11,18,22 187:8 188:11 188:15 190:4 200:24 <b>cases</b> 162:14,16 167:22 168:3,4 262:9 263:1 <b>cash</b> 81:6 <b>catastrophic</b> 179:22 <b>category</b> 33:17 46:4 50:21,22 <b>catheter</b> 219:14 <b>catheters</b> 268:18 <b>Catholic</b> 22:19
<hr/> <b>C</b> <hr/> <b>C</b> 2:14 8:15 30:23 <b>cab</b> 249:22 254:20,22,23 <b>cafeteria</b> 45:5 <b>calculated</b> 41:12 107:5,22 229:23				

22:20 85:17,20 86:7 90:11 <b>Cathy</b> 2:8 272:2 <b>cause</b> 115:6 <b>caused</b> 22:23 106:13 110:6 202:24 <b>caveat</b> 214:14 215:13 <b>CBS</b> 186:5 <b>cc</b> 277:20 <b>CCRC</b> 104:22 106:3,24 107:9 107:14,17 108:13,14 <b>cc'd</b> 277:14 <b>celebrates</b> 20:18 <b>census</b> 37:12 38:13 39:20,21 40:21,22 41:5 44:22 52:23 59:3 72:14 112:19 113:5 113:22 169:11 <b>center</b> 7:20 8:2 8:16,17 15:8 16:8 19:2,3 20:6 21:22,23 30:14 55:19,21 96:16 118:10 119:19 120:12 120:23 121:15 123:12 124:16 126:1,13 127:6 128:14,22 129:6 130:18 131:1,6 132:8 132:20,23 134:1 135:11 135:19 139:16 139:16 152:8 160:6 190:9 195:21 197:8 198:12 199:10 200:15,15 201:6 206:2,15 206:19,22	209:16 211:11 211:12 214:1 218:24 235:10 235:15 238:4 265:1 269:18 270:23 274:3 <b>centered</b> 176:13 <b>centerpiece</b> 206:16 <b>centers</b> 129:17 131:11,18 132:10 135:4 135:15,20,24 136:15 176:21 205:15 <b>central</b> 45:6 161:14 168:17 208:15,24 251:12 263:22 <b>Centre</b> 119:14 119:17,18,23 120:10,14 122:1,4 124:11 136:1,5 <b>cents</b> 87:17 <b>CEO</b> 15:19,20 17:3 34:1 51:16 104:1 122:1 159:15 199:2 211:24 212:12 <b>Cermak</b> 257:3 <b>certain</b> 10:8 29:4 65:18,22 242:14 252:23 <b>certainly</b> 151:3 156:20 187:20 200:10 241:18 243:20 248:11 257:6 258:19 266:3 <b>Certificate</b> 14:3 16:7 20:5 22:6 135:1 174:24 241:6 279:1 <b>certification</b> 73:9 77:22	96:1 222:1 227:11,21 236:19 <b>certified</b> 58:4 130:3 132:1,8 133:16 261:4 279:5 <b>certify</b> 222:5 279:8 <b>cesarean</b> 30:2 <b>cesareans</b> 29:7 <b>cetera</b> 22:23 194:4 205:6,11 <b>CFO</b> 102:21 199:5 <b>Chaffin</b> 14:15 14:15,18 15:19 16:17 17:1,2 20:7 23:10,19 <b>chagrined</b> 30:22 <b>chain</b> 18:10 <b>chair</b> 7:15 27:9 197:10 268:20 269:16 270:20 <b>Chairman</b> 2:2,2 3:3 4:3,12,13 4:17,19,22 5:3 5:6,9 6:9 7:11 8:3,4,8,20 9:7 10:18 12:5 13:4 14:4,17 15:3,5,11,12 15:21 16:24 19:21,23 22:9 22:13 24:16,22 24:23 26:8,10 26:16,17,19,23 27:1 30:11,16 30:17 31:10,21 31:22 32:1,20 33:9,12,14,21 33:22 34:3 38:23 39:2 40:17 43:16 44:3,4,4,5,6,10 44:13 45:11,15 45:16,23 46:2	46:9,10,12 47:1,10,11,15 49:24 50:14,17 50:19 51:9,10 51:13,14 54:23 55:3 58:12 59:17,19,20 61:10 63:8 65:7,24 66:10 66:16,21,24 67:7,17 68:4,5 68:8,17 69:1,3 69:8,10,13,17 69:19 70:4,5 70:14,17,18,23 73:17 75:2,4 76:16 77:18 78:8 79:19,20 80:2,3,11,13 80:22 81:1,19 82:3,13,22,23 83:2,9,22 84:1 84:3,12,13,19 84:22 85:2,6 88:20 89:6,10 90:5,17 91:13 91:14 92:18 93:1,4,14,23 93:24 94:3,6 94:20,23 95:1 95:10,11,13 98:20 99:8,11 100:14,21 101:7,16,17,20 101:24 102:13 102:16,18 103:18 104:6,8 104:10,24 105:2,4 111:8 113:8 115:16 115:17,22 116:4,19,21 117:5,15 118:1 118:2,5,15,18 119:3,7,11 121:22 124:7 126:9,23 127:2	128:6,8,12 133:20 138:24 140:6 141:4,9 141:17,21 143:5,16,23 145:9,19,22 146:3,6,14,17 147:9,12,17 148:1,8,19,24 149:4,7,14 151:2,15,23 152:2 154:20 155:1 156:2,14 157:6,17,18,21 158:6,24 159:2 159:4,12,14,17 163:23 165:24 166:21 167:4,7 168:20,22 169:22 170:12 171:15,22 172:8,20,21,24 173:18,21,23 174:10,11,13 178:19 180:14 181:5,7,8 182:14,23 183:3,11,13,21 183:24 184:3 184:16 186:1,9 186:15,20 187:3,9,24 188:1,22 189:3 189:13,23,24 190:2,6,16,23 191:3,6,8,20 193:21 194:10 194:24 195:18 195:23 196:2 196:13,22,23 197:2,5,14 198:5,8,9,20 198:21 199:1 202:15,19 203:8,12,20 204:19 210:3 210:23 211:1,1
---	--	---	---	--

211:2,3,8 212:7,15,21,24 213:1,4,6,8,9 213:22 214:5 214:13,17 215:11,20,23 216:1,13,22,23 217:2,4,7,19 217:22,24 218:13,14 223:23 224:3,5 225:9,14 226:10 227:3 229:3,6,12,22 230:12,13,17 230:23 231:5,8 231:10,13,17 233:15 234:6,8 234:20,21 238:6 241:7,8 244:23 246:7 246:11,15,17 247:19 251:6 253:4,16,24 254:11 255:2,4 255:4,5,6,9,17 255:22 256:1,3 256:13,22 258:12,18,22 259:1,4,6,8,15 262:6 263:15 263:18,21 264:1,16,18 266:5,14 267:9 267:15 268:4,5 268:8,11,17,20 269:2,3,6,12 269:22,24 270:3,5,13,16 270:18 271:6,9 271:11,14,15 272:4 273:5 274:22 275:9 276:4,7 277:7 277:22,24 278:4,7 <b>challenge</b> 25:4	26:2 251:11,16 251:18 <b>challenged</b> 208:13 209:13 209:20 249:19 <b>challenges</b> 11:16 25:4 63:14 242:6,22 250:1 <b>challenging</b> 249:15 <b>Chamber</b> 9:12 9:16 10:4,8 <b>Chamber's</b> 9:14 <b>Champaign</b> 158:11 161:12 161:16 162:8 171:19 <b>chances</b> 18:2,3 276:10 <b>change</b> 12:3 15:6 16:7 20:5 26:21 28:19 30:12 32:21 36:11 40:1,2,3 106:12 109:19 142:4 215:16 224:16 259:12 275:11 <b>changed</b> 109:7,9 114:10 139:20 141:16 171:7 260:19 261:17 261:19 <b>changes</b> 5:4 52:13 106:20 115:4 134:8 136:20 275:15 <b>changing</b> 125:13 <b>charge</b> 133:1 209:18 <b>charitable</b> 78:4 81:5 <b>charities</b> 79:22 85:17,20 86:8 <b>charity</b> 21:19,19 21:21 59:23,23 60:2 61:1,3	62:23 78:6 80:18,21,23 81:10,24 137:12 167:22 168:3,4 208:7 210:6,7,8,11 210:15,18 211:9,16,20 212:4,9,14 224:9,11 227:23 228:22 262:9 263:1 266:9 <b>Charles</b> 69:8 <b>chart</b> 228:15 229:2 245:22 259:22 <b>charted</b> 220:4 <b>charts</b> 59:24 <b>cheaper</b> 248:12 <b>checked</b> 204:9 <b>checkers</b> 252:8 <b>Checking</b> 157:23 <b>checklist</b> 241:21 <b>Chestnut</b> 168:16 <b>Chicago</b> 12:23 84:17 85:18 105:16 130:7 173:4 174:17 175:7 176:11 176:12 177:21 181:19,22 182:20 184:20 185:1 188:24 195:21 200:24 231:21 235:10 238:21 245:3 246:8,12 251:1 255:23 256:5 256:10,24 <b>Chicagoland</b> 105:19 205:14 <b>Chicago's</b> 264:22 <b>Chief</b> 19:24 133:23 190:22	191:23 <b>childbearing</b> 136:23 <b>childcare</b> 160:8 <b>children</b> 140:12 160:2,7,9,19 <b>Children's</b> 7:22 <b>choice</b> 167:10 221:24 222:12 253:18 <b>choose</b> 41:16 256:19 <b>choosing</b> 43:13 <b>chose</b> 17:8 92:4 <b>chosen</b> 209:5 <b>Christian</b> 94:8 95:15,16,18,19 98:18 102:6 105:19 116:24 <b>chronic</b> 243:5,7 <b>church</b> 105:20 240:9 <b>churchgoing</b> 90:10 <b>Cicero</b> 231:22 231:23 233:12 233:18,18 234:11 235:5,9 235:11,12,13 235:16 236:13 236:13 237:2 237:21 238:5 238:19 240:20 241:3 244:7,14 245:6,16 246:6 246:8,12 250:8 250:17 255:10 255:12,15,24 256:1,9,11,14 256:19,20 257:6,6,7 260:2,20 264:21 265:5,8 266:7 268:1 <b>circle</b> 246:2,4 <b>circumstances</b> 29:5 114:1	142:16 156:24 <b>citing</b> 169:17 <b>citizens</b> 9:24,24 11:6,11,18,21 41:14 201:16 237:7 <b>city</b> 9:17 10:22 10:24 11:4,10 23:23 55:13,24 56:1 60:17 88:14 92:11,14 177:20 181:19 181:21 184:20 187:6 209:1,7 245:3 251:1 256:4,9,24 257:4 260:9 <b>CKD</b> 239:1 <b>Claire</b> 2:11 217:17 <b>clarification</b> 43:20 44:7 66:20 70:19 142:17 <b>clarify</b> 144:6 253:14 <b>Clarke</b> 2:8 272:2 <b>clean</b> 125:10 <b>clear</b> 22:18 124:23 140:21 143:3 150:10 153:3 156:21 252:3 253:22 <b>clearance</b> 125:5 125:20 <b>cleared</b> 186:6 <b>clearly</b> 38:2 90:2 248:9 <b>client</b> 153:20 <b>clients</b> 108:14 109:3 <b>climate</b> 52:13 <b>clinic</b> 48:3 137:3 235:1,6,23 236:12,13 237:9 238:18 238:23,24
---	---	--	--	---

239:11 240:20 241:3 242:15 243:2,10,12,20 244:21,24 245:12,17 247:4,18,21 250:8,16 251:20 254:3,7 254:15,23 256:15,21 257:16,18,19 258:4 <b>clinical</b> 20:23 21:13 29:17 124:21 176:3 178:1 180:7 213:11 249:15 <b>clinicians</b> 178:5 232:19 <b>clinics</b> 237:10 239:18 245:4 246:6 247:2 248:4,10,17,23 249:3,7 250:18 250:24,24 251:5 <b>close</b> 11:3 17:20 18:4 27:7 29:16 41:10 81:11,15 152:11 155:7 165:16,23 209:3 211:19 231:4 274:12 <b>closed</b> 3:11 146:20 <b>closely</b> 178:5 185:5 <b>closer</b> 28:6,10 112:16 208:24 247:5 <b>closest</b> 77:7 98:8 180:20 222:15 <b>closing</b> 21:17 48:5,22 54:17 103:5 109:15 223:19	<b>closure</b> 55:5 <b>clothes</b> 85:24 <b>Club</b> 272:17 <b>code</b> 244:15 271:3 <b>codes</b> 237:4 <b>COE</b> 17:4 <b>cognizant</b> 187:20 <b>coincidental</b> 24:1 <b>collaborating</b> 178:5 <b>collaborations</b> 13:21 176:10 <b>collaborative</b> 20:16 <b>collect</b> 91:19 <b>collected</b> 21:14 <b>collective</b> 14:14 32:15 33:10 50:5,15 68:24 69:14 83:14,23 94:13,20 198:6 217:20 <b>collectively</b> 8:23 20:12 21:2 233:21 <b>Colleen</b> 234:2 <b>College</b> 130:9 213:17 <b>colleges</b> 213:13 <b>color</b> 39:8 <b>combination</b> 202:7 256:7 <b>combine</b> 122:20 <b>combined</b> 71:20 71:24 72:4 75:7 76:2,2,5 76:11 <b>come</b> 8:18,22 14:11 18:17 27:12 30:1 32:12 36:1 47:19 50:2 61:20 74:13 88:3 94:10	98:23 99:4 102:8 108:15 110:21 118:12 126:13 141:1 143:3,17 145:23 148:8 150:17 155:10 155:22 158:15 170:1 171:8 179:22 180:4 184:18 188:5 188:17 190:24 192:4 194:16 211:13 214:24 215:10,15,18 226:16 230:20 238:19 239:8 241:16 252:8 253:11 259:21 261:20 274:8,9 274:17 <b>comers</b> 38:17,17 <b>comes</b> 87:19 110:2 129:19 155:23,23 212:3 252:4 254:6 262:14 263:5,11 265:10 <b>comfortable</b> 11:22 47:20 70:15 215:12 233:9 <b>coming</b> 16:11 20:13 44:20 74:16 85:15 106:16 133:5 156:10 178:15 185:8 203:10 221:3 244:1 256:7 264:13 265:2 <b>comment</b> 3:11 5:12 6:14,23 8:19 14:6 32:11 47:17,18 60:6 61:12,23	70:7 83:6,11 84:14 94:9 97:15 102:7,10 102:14 116:5 118:11 127:17 127:20 128:10 140:16,17,22 141:3,5 142:9 147:22 149:21 149:24 158:12 166:21 190:10 193:6 194:3 195:2 202:18 204:7 210:4 214:10 217:9 228:3 231:2 264:19 <b>commenting</b> 3:9 <b>comments</b> 3:9 3:13 5:4,21,23 6:3,5,8,10,11 6:17,18 7:5,7 8:21 14:8 15:13 16:15 19:13 20:2 33:23 47:22 49:23 51:11,18 70:6,21 71:5 73:18 85:5 95:12 96:18 102:19 103:19 105:3 118:8,10 118:20 119:16 124:5 126:10 126:11 127:20 133:21 148:18 159:13 173:5 174:12 193:18 193:22 194:24 198:23 202:3 218:16 233:16 234:22 238:7 265:21 <b>Commerce</b> 9:12 <b>Commission</b> 23:14,22 24:12 153:22	<b>commitment</b> 21:19 53:20 54:13 81:9,24 89:18 208:12 219:7 232:3 236:20 264:11 <b>committed</b> 20:21 86:8 <b>committee</b> 12:15 133:6 220:18 273:13,14 <b>common</b> 20:14 201:20 206:6,6 <b>commonly</b> 56:24 <b>communicate</b> 224:20 232:21 239:22 252:11 <b>communicating</b> 239:15 <b>communication</b> 240:24 <b>communicatio...</b> 223:18 <b>communiqué</b> 215:2 <b>communities</b> 10:1 11:7 13:16 16:13 20:15 21:12 58:22 95:19 105:13 161:17 163:20 223:4 235:16 236:9 236:11 265:4 <b>community</b> 9:20 10:7 11:8,24 13:19 16:10 17:17 18:17 19:7,12,15,16 20:22 21:6 22:3 23:4 28:4 29:23 34:17 43:3,14 59:2 59:10,12 60:12 60:20 95:23 96:2,9,11,13 96:16 99:4
--	---	---	---	---

102:6 105:9,10 107:3 111:4,5 111:18 112:10 115:5 116:24 163:19 164:18 166:24 175:7 182:20 185:1,2 185:7,19,24 187:22 208:14 208:16 227:20 231:20 235:7,8 235:9,12 236:14 237:23 238:1 241:2 244:18 245:17 245:18,19,20 251:10 253:15 264:6,11 265:3 274:4 <b>community-ba...</b> 238:4 <b>companies</b> 132:3 132:24 133:11 154:6 188:21 <b>companions</b> 91:17 <b>company</b> 235:3 246:24 264:10 <b>company's</b> 236:20 <b>comparable</b> 48:24 103:7 133:13 <b>compared</b> 41:6 <b>comparing</b> 6:1 <b>comparison</b> 97:3 97:19 220:7 <b>compassion</b> 219:19 <b>compatitive</b> 98:5 <b>compel</b> 75:9 <b>compelled</b> 114:12 <b>compete</b> 120:8 <b>competencies</b> 20:10 <b>competency</b>	18:1 38:19 236:18 <b>competent</b> 10:3 <b>competitive</b> 98:5 <b>competitor</b> 211:22 <b>competitors</b> 91:16 208:1 <b>complement</b> 84:5 159:6 <b>complete</b> 104:13 106:2 116:9 156:22 192:16 <b>completed</b> 110:15 192:20 271:23 <b>completely</b> 205:19 <b>completing</b> 9:18 <b>completion</b> 15:8 33:20 50:24 69:23 70:12 84:7 95:5 110:18 127:8 159:10 161:23 174:6 188:5 191:15 198:15 218:7 <b>completions</b> 165:15 <b>complexities</b> 135:16 <b>complexity</b> 90:21 <b>compliance</b> 66:4 66:9 72:5 124:10 164:23 165:3,13 166:8 166:15 169:1 194:16 269:13 <b>compliant</b> 125:6 125:24 <b>complications</b> 243:7 <b>complies</b> 87:14 <b>comply</b> 7:4 121:14	<b>component</b> 106:23 178:10 227:11 <b>comprehend</b> 252:22 <b>comprehensive</b> 13:14 160:1 <b>compromise</b> 54:20 <b>computer</b> 27:3 <b>con</b> 6:24 14:7 51:24 107:6,12 108:2,8,14 109:6,8 111:3 123:14 126:7 129:5 139:14 223:15 227:10 <b>concentrated</b> 244:1 <b>concept</b> 151:9 154:23 178:1 <b>concepts</b> 181:17 <b>concern</b> 26:3,5,6 31:2,3 41:11 43:8,15 66:3 139:13 141:2 144:17,20 209:7 211:23 232:5 233:1 236:24 273:16 <b>concerned</b> 25:18 42:22 43:1 58:15 59:1 109:24 135:21 136:15 188:4 208:1,9 241:14 <b>concerns</b> 31:8 31:15,18 140:7 185:5 187:11 220:15 273:15 275:4,5 <b>conclude</b> 6:10 124:4 <b>concludes</b> 125:23 174:23 <b>conclusion</b> 17:21 39:13	54:17 88:11 140:15 141:2 165:5 <b>conclusions</b> 37:18 <b>Condell</b> 218:24 <b>condition</b> 79:23 80:8,9,13,14 80:17 262:23 <b>Conditional</b> 32:6 <b>conditions</b> 133:4 <b>condo</b> 187:15,18 <b>condominiums</b> 95:24 <b>conduct</b> 176:9 <b>conducted</b> 6:24 <b>confident</b> 10:4 54:19 <b>configuration</b> 195:14 <b>confined</b> 207:1 <b>confirm</b> 48:24 49:13 103:7 194:11 <b>conflicts</b> 114:24 <b>conform</b> 124:19 150:14 <b>conformance</b> 71:4,5 162:12 163:8 <b>confused</b> 111:13 143:6 247:9 <b>confusion</b> 35:24 111:19 <b>congested</b> 184:17 <b>Congratulations</b> 32:2 47:12 94:4 101:21 118:6 190:3 197:2 217:2 268:9 <b>congregations</b> 105:18 106:4 <b>Congress</b> 243:14 <b>Congressman</b>	162:5 <b>conjunction</b> 48:2 53:6 201:7 <b>connected</b> 119:22 120:19 122:9,12 129:19 <b>conscientious</b> 71:1 <b>conscious</b> 129:10 132:15 133:16 <b>consecutive</b> 175:16 <b>consent</b> 121:5,6 121:17 <b>consequently</b> 133:2 <b>consider</b> 17:21 30:24 37:23 41:15 233:11 237:24 241:6 243:23 <b>consideration</b> 73:14 76:1 88:18 163:22 <b>considered</b> 170:17 191:13 <b>considering</b> 18:20 <b>consist</b> 45:3,4 <b>consistent</b> 239:16 241:18 <b>consolidate</b> 135:4 <b>consolidated</b> 71:12 <b>constant</b> 233:6 <b>Constantino</b> 2:10 7:16 15:5 26:19 33:14 39:5,15 40:4 40:11 50:19 55:5 66:10,17 69:19 70:16 75:3,10 78:24
--	---	--	---	--

84:3 85:1,10 90:10 95:1 100:10 104:10 105:1 111:14 111:16,22 112:4,13,18,23 113:3,17,19 127:4 128:7 140:10,24 146:11,19 147:4,7,11 150:4,12,22 151:12,16 159:4 165:2,11 169:3,5,10,13 169:15 173:23 191:8 198:9 217:24 234:8 259:19 261:2,7 261:9 262:4 <b>constantly</b> 21:21 <b>constituents</b> 11:20 <b>constraints</b> 186:24 <b>construct</b> 81:22 <b>constructed</b> 72:11 <b>constructing</b> 90:21 <b>construction</b> 62:5,5 87:16 87:18,21 97:2 106:14,22 108:2 109:12 109:24 110:5 110:14 149:18 186:12,14 198:11 199:13 <b>consultant</b> 33:8 <b>consultations</b> 53:22 <b>contact</b> 224:7 <b>contemplated</b> 120:15 <b>contemplating</b> 120:17	<b>contemporary</b> 176:23 <b>contend</b> 120:11 <b>content</b> 79:13 83:6 <b>context</b> 25:15 113:10 <b>continue</b> 10:4 13:18 16:12 21:8,18 22:3 27:18 28:12 29:14,20,22 53:21,24 58:20 59:4,11 68:10 80:22 81:10,24 99:6 107:3 123:5 128:17 184:12,14 185:12 219:10 239:3 257:24 <b>continued</b> 36:17 52:19 79:24 80:1,20 <b>continues</b> 25:21 71:20 100:2 <b>continuing</b> 18:23 80:18 105:10 107:2 179:8 <b>continuity</b> 60:7 232:9,11,22 233:7 242:22 243:6 249:14 265:16 <b>continuous</b> 219:11 <b>continuously</b> 37:14 74:8 <b>continuum</b> 21:1 54:1 105:13 <b>contract</b> 48:9 103:1 <b>contractor</b> 188:13 <b>contracts</b> 154:19 <b>contractual</b> 48:19 108:13	132:22 <b>contradiction</b> 199:3 <b>contrary</b> 111:19 <b>contribute</b> 89:22 236:19 <b>contributes</b> 89:18 <b>contributing</b> 90:20 <b>control</b> 15:7 132:9 <b>convenience</b> 18:6 <b>convenient</b> 184:10 266:1 <b>conversation</b> 19:8 115:9 145:12 <b>conversations</b> 48:23 103:6 113:10 <b>convert</b> 7:23 <b>conveying</b> 25:16 <b>Cook</b> 85:18 86:4 89:2 251:2 <b>cool</b> 3:6 <b>cooperating</b> 214:3 <b>coordinate</b> 47:24 185:6 <b>coordinated</b> 21:14 <b>coordination</b> 20:24 <b>copy</b> 124:16 214:2 277:12 <b>Corazon</b> 235:11 <b>cord</b> 175:21 <b>core</b> 38:19,19 176:1 208:24 <b>corporate</b> 17:5 18:8 139:13 140:4 <b>Corpuz</b> 231:3,4 231:7,9,12,15 231:15,18,19	<b>correct</b> 44:19 45:14 56:3,8 61:5 64:12 65:13,16 75:15 112:2 118:9 119:10 139:23 140:2 153:11 155:7 170:10 170:10,19 183:23 207:18 224:15 255:12 <b>corrected</b> 165:4 <b>correctly</b> 80:17 231:3 <b>correlate</b> 111:19 <b>correlates</b> 251:4 <b>correspondence</b> 123:23 <b>corridors</b> 125:17 <b>cost</b> 33:19 50:23 57:10 69:22 84:5 95:4 97:2 97:3 104:18 109:21,22 126:4 127:7 128:16 131:15 132:3,19,19 133:17 137:9 138:20 151:17 159:7 165:14 174:4 184:21 186:10 188:3,4 191:12 195:10 195:11,13,16 198:13 201:24 202:11 210:11 218:4 228:2 234:12 241:1 243:4,8 267:1 <b>costly</b> 52:12 <b>costs</b> 17:18 18:6 45:2,13 62:7,8 62:19 87:16,19 97:5,7 106:14 106:17 109:23 110:7 116:11 131:19 133:10	133:11,11,12 133:12,13,14 135:18 150:23 151:21 186:12 186:14 249:21 <b>cost-effective</b> 135:13 <b>counsel</b> 2:8,9 99:8 119:13 164:23 270:24 279:11,14 <b>count</b> 35:13 112:21 <b>counties</b> 38:1,6 <b>counting</b> 39:12 83:8 112:15 <b>country</b> 36:13 154:16 175:8 175:20 176:20 205:3 206:10 215:9 272:17 <b>county</b> 13:9 14:1 37:21 38:2,3 39:16,17 41:18 85:18,19 86:4 162:8 218:22 219:3 220:1,12 223:5,13 226:24 251:2 279:4 <b>County's</b> 220:6 220:10 <b>couple</b> 17:24 58:4 62:23 65:9 109:13 110:5 140:12 149:16 257:2 273:7,15 274:15 <b>course</b> 36:6 81:13,16 115:23 208:1 224:18 225:8 226:6 236:2 241:16 <b>COURT</b> 2:17 9:5 32:17
--	--	--	--	---

<p>69:12 118:23  <b>Courtney</b> 2:7  <b>covenants</b> 63:3  <b>cover</b> 132:3  <b>coverage</b> 19:5          64:9 228:8,19  <b>covered</b> 254:22  <b>co-applicant</b>          75:19  <b>co-locating</b>          192:19  <b>co-morbidities</b>          239:6 240:1  <b>crashed</b> 27:4  <b>create</b> 25:24          185:3  <b>creates</b> 236:3  <b>creation</b> 201:12  <b>credibility</b>          129:22  <b>credit</b> 167:11          210:8,20  <b>crew</b> 273:2  <b>crisis</b> 60:9          164:14 167:17  <b>criteria</b> 36:5          87:15 97:11,16          127:13 162:12          162:13 163:9          241:19,22  <b>criterion</b> 123:20  <b>cross</b> 7:17 257:7  <b>Crossing</b> 260:6  <b>Crowhurst</b> 8:24          12:6,7,8  <b>crucial</b> 208:8  <b>Crusader</b>          208:16  <b>crystal</b> 253:22  <b>CSR</b> 2:18,19  <b>CTA</b> 257:1,1,3  <b>culminated</b> 19:9  <b>culmination</b>          199:16  <b>cultural</b> 232:23          236:16  <b>curbs</b> 182:12</p>	<p><b>curious</b> 23:6,18          57:13  <b>current</b> 6:18          25:3 52:18          60:14 71:22          131:8 159:6          163:7 182:1          223:12  <b>currently</b> 10:22          30:9 55:15,20          56:19 74:4          76:23 78:16          110:22 119:18          130:8 156:24          183:24 199:21          220:17,20          235:22 236:7          274:16 275:3  <b>curtain</b> 173:19  <b>custom</b> 219:16  <b>cut</b> 30:4 41:7,22          42:5 43:20,23          161:6 263:13  <b>cuts</b> 43:9  <b>cutting</b> 9:22  <b>cutting-edge</b>          17:11  <b>CyberKnife</b>          55:18  <b>cycles</b> 134:22  <b>C-a-s-e</b> 173:9  <b>C-h-a-f-f-i-n</b>          14:18  <b>C-o-r-p-u-z</b>          231:16</p> <hr/> <p style="text-align: center;"><b>D</b></p> <hr/> <p><b>D</b> 32:3  <b>dad</b> 233:3  <b>daily</b> 37:11          38:13 59:3          105:17 208:19  <b>Dale</b> 2:2 151:12  <b>Daniels</b> 50:6,6          51:12,15,15          54:24 55:10          56:8,14 57:16</p>	<p>57:20,23 60:4          60:16,21 61:1          61:5,24 64:5          64:12 65:13,16  <b>DARPA</b> 180:11  <b>Dart</b> 2:12  <b>data</b> 109:11          112:4 113:22          135:17 140:10          162:22 163:8          169:19 223:21          262:5  <b>date</b> 15:8 33:20          37:13 43:1          51:1 65:18          69:23 70:12          73:23 84:7          95:5 113:23          127:8 159:10          174:6 191:15          193:1 198:15          218:7 272:13  <b>dated</b> 120:18          212:8  <b>dates</b> 188:5          272:5,6  <b>daughter</b> 180:20  <b>daughter's</b>          180:20  <b>David</b> 2:5,13          64:13 78:10  <b>Davis</b> 273:11  <b>DaVita</b> 264:24  <b>day</b> 3:5 5:12          34:21 39:8          79:11,12          127:19 138:6          145:2 160:13          160:17 219:19          223:6 232:18          233:16 246:9          247:8 250:13          272:21  <b>days</b> 63:24 91:18          109:14 134:11          146:23 177:14          177:15 195:4</p>	<p>214:15 215:13          232:17 275:24  <b>dead</b> 26:12          61:18  <b>deal</b> 35:20 41:11          110:5 150:21          169:9,11          175:11 209:23  <b>dealing</b> 152:3          176:1 243:2  <b>dealt</b> 188:18  <b>debt</b> 71:13 75:18  <b>decade</b> 220:6  <b>decades</b> 130:6  <b>Decatur</b> 95:16          95:17 96:6          98:9 161:11  <b>December</b>          162:19 262:4  <b>Dechene</b> 211:23  <b>decide</b> 188:9          207:7 273:24  <b>decided</b> 25:12          135:3  <b>decision</b> 15:17          28:18 34:8          41:10 49:20          54:18 165:8,21  <b>decisions</b> 21:23          58:19  <b>Declaratory</b>          32:4  <b>decline</b> 27:24          36:20  <b>declines</b> 25:3  <b>decrease</b> 36:15          36:17 228:21  <b>dedicated</b> 86:4          88:5 129:6  <b>dedication</b>          219:18  <b>deep</b> 43:8  <b>defense</b> 175:14          179:9 180:2,7  <b>defer</b> 142:13,14          143:9,12,13,19          145:23 147:10</p>	<p>148:7,8 156:4  <b>deferral</b> 143:22          143:24 145:14          156:5,9  <b>deferred</b> 218:6  <b>deferring</b> 145:11  <b>defined</b> 59:5          97:21  <b>definitely</b> 242:8          251:17 276:10  <b>definition</b> 38:5  <b>deflection</b>          163:14  <b>degree</b> 25:23,24  <b>degrees</b> 130:3  <b>del</b> 118:15,17,21          119:1 121:13          124:8,9 125:23  <b>delayed</b> 241:1  <b>delinquent</b>          166:3,5  <b>deliver</b> 199:22          219:7,11  <b>delivered</b> 219:17  <b>delivery</b> 11:17          21:14 58:16          239:16 240:24  <b>demand</b> 28:9          169:9  <b>demands</b> 11:16          28:14  <b>demolished</b>          192:18  <b>demolishing</b>          126:3  <b>demolition</b>          192:24  <b>demonstrated</b>          219:18  <b>demonstrates</b>          20:16  <b>denial</b> 155:23  <b>deny</b> 121:20          126:7 143:9,19          148:4 156:7          230:20 231:1          234:14 241:10</p>
---	--	---	--	---

<p><b>denying</b> 145:11 155:8</p> <p><b>department</b> 1:16 13:9,10,18 14:6 53:24 84:16 160:7 166:23 175:14 179:9 180:6,11</p> <p><b>departments</b> 162:9</p> <p><b>dependent</b> 239:5</p> <p><b>depending</b> 171:3 246:9 256:7,16 272:19</p> <p><b>depends</b> 81:6 167:14</p> <p><b>derogatory</b> 6:11</p> <p><b>design</b> 58:3,5 73:9,10 106:22 174:6,20 176:2 176:23 177:2 177:17 185:15 185:23 188:24 191:14 192:3 192:13 195:6</p> <p><b>designated</b> 59:7</p> <p><b>designations</b> 175:20,23</p> <p><b>designed</b> 122:8 178:2</p> <p><b>desire</b> 13:18 34:8</p> <p><b>despite</b> 11:13 238:24 242:6</p> <p><b>detail</b> 97:5</p> <p><b>detailed</b> 271:2</p> <p><b>details</b> 19:19 125:16 176:2</p> <p><b>determine</b> 66:8 242:5 273:23</p> <p><b>determined</b> 96:9 108:9 109:17 142:16 207:4</p> <p><b>detoxification</b> 161:1</p> <p><b>develop</b> 20:21 130:11 179:13</p>	<p>219:10 232:1 249:5 273:21 274:11</p> <p><b>developed</b> 49:3 52:14 57:2 130:18,22 178:1 179:8,9 179:16 180:1,8</p> <p><b>developing</b> 55:23 178:5</p> <p><b>development</b> 9:17 15:23 271:16</p> <p><b>developmental</b> 178:12 274:3</p> <p><b>device</b> 179:10,14 179:16</p> <p><b>DHS</b> 274:12</p> <p><b>diabetes</b> 219:3 232:1 233:3 236:23 237:2 239:1 244:20</p> <p><b>diabetic</b> 240:4</p> <p><b>diagnoses</b> 76:20 241:1</p> <p><b>diagnosis</b> 77:2,3 161:1,2 207:2</p> <p><b>diagnostic</b> 55:17</p> <p><b>dialect</b> 252:2 253:18</p> <p><b>dialects</b> 251:10 252:16 253:22</p> <p><b>dialogue</b> 23:21 66:2 253:6 259:19</p> <p><b>dialysis</b> 77:9,11 77:13,17,19 219:5 221:23 222:20 223:10 223:11 232:16 233:4 235:1,2 235:6,14,21 236:5,22 238:4 238:14,16 239:4 240:7,8 242:16 246:6 250:5 251:22</p>	<p>254:16,17 265:1.14 266:4</p> <p><b>dialyze</b> 232:10</p> <p><b>Diane</b> 197:24 199:9</p> <p><b>dictated</b> 114:20</p> <p><b>died</b> 233:3</p> <p><b>diet</b> 251:22</p> <p><b>dietary</b> 45:5</p> <p><b>dietitian</b> 245:15 251:19</p> <p><b>difference</b> 135:2 164:17 243:1</p> <p><b>differences</b> 211:9 236:16</p> <p><b>different</b> 8:13 12:22 57:3,4 59:8 60:20 62:3,3 70:9 75:20 105:18 106:13 113:6 171:6 180:6 182:7,8 187:1 192:16 205:7 211:9 228:16 229:1 239:7 250:2,15 251:10 252:16 253:22</p> <p><b>differentiate</b> 59:6</p> <p><b>differently</b> 7:14</p> <p><b>difficult</b> 54:18 58:19 81:3 129:18 142:5 242:20</p> <p><b>difficulty</b> 35:20 239:14</p> <p><b>dignity</b> 21:24</p> <p><b>dilemma</b> 236:3</p> <p><b>diligently</b> 208:23</p> <p><b>dimension</b> 125:1 125:3</p> <p><b>dining</b> 96:15</p> <p><b>Diocese</b> 138:5</p> <p><b>direct</b> 44:17</p>	<p>120:2,12</p> <p><b>directed</b> 39:4</p> <p><b>direction</b> 279:11</p> <p><b>directions</b> 5:12</p> <p><b>directly</b> 44:18 103:12 176:14 184:11 264:22</p> <p><b>director</b> 9:11 15:23 45:5 95:15 103:14 103:15 199:6,9 199:11,12 220:14,20 234:24</p> <p><b>directors</b> 43:6</p> <p><b>Disabilities</b> 274:3</p> <p><b>disabled</b> 92:13 240:15</p> <p><b>disadvantages</b> 237:16</p> <p><b>disagree</b> 151:8</p> <p><b>disappear</b> 164:13</p> <p><b>disappointment</b> 138:15</p> <p><b>disavow</b> 264:11</p> <p><b>discharge</b> 54:4 63:17,24</p> <p><b>discharged</b> 48:12 49:7</p> <p><b>disclosed</b> 120:1</p> <p><b>disconnect</b> 113:12</p> <p><b>discontinuation</b> 33:16 34:9 35:11 37:20 54:19 67:2</p> <p><b>discontinuatio...</b> 53:13</p> <p><b>discontinue</b> 46:3 50:20 61:22 81:21 175:1</p> <p><b>discontinued</b> 45:9 96:7</p> <p><b>discontinuing</b> 53:19</p>	<p><b>discounts</b> 137:13</p> <p><b>discretion</b> 242:4</p> <p><b>discuss</b> 48:4 66:1 103:17 148:15 188:18</p> <p><b>discussed</b> 269:19</p> <p><b>discussing</b> 17:19</p> <p><b>discussion</b> 79:22 99:14 155:6 207:16 259:18</p> <p><b>disease</b> 218:22 220:3 233:4 249:4 252:24 266:24</p> <p><b>dismay</b> 156:3</p> <p><b>dismayed</b> 155:21 180:17</p> <p><b>disorders</b> 160:10 160:20</p> <p><b>disparate</b> 199:21 200:4</p> <p><b>dispersed</b> 185:19 199:23</p> <p><b>disrupt</b> 213:19</p> <p><b>disruptive</b> 6:19</p> <p><b>dissatisfier</b> 200:5</p> <p><b>distance</b> 29:17 38:6</p> <p><b>distances</b> 203:16 223:4 249:23 250:3</p> <p><b>distant</b> 161:16</p> <p><b>distinction</b> 153:10</p> <p><b>distraction</b> 26:1 26:3,6</p> <p><b>distress</b> 208:6</p> <p><b>districts</b> 154:17</p> <p><b>dis-enroll</b> 132:4</p> <p><b>divested</b> 135:14</p> <p><b>Division</b> 58:14</p> <p><b>divisions</b> 212:12</p> <p><b>Dmowski</b> 126:19 126:19 128:23</p>
--	--	--	---	---

129:2,3 135:13 135:17 141:14 146:4 152:15 <b>Doc</b> 214:24 <b>Docket</b> 102:5 190:8 <b>doctor</b> 13:5 133:20 141:17 152:6 164:5,19 214:18 226:2 242:24 265:9 265:19 <b>doctors</b> 224:8,11 224:24 225:19 226:3 232:19 249:3 262:8,16 262:24 <b>document</b> 208:22 212:6 <b>documentation</b> 144:24 <b>documented</b> 144:23 163:10 <b>documents</b> 141:1 272:2 <b>doing</b> 23:12 27:4 28:24 29:1 32:16 35:18 62:17 112:24 113:4 115:6 130:24 131:1 134:13 139:16 141:15 178:12 178:13 203:2,5 210:10 242:18 255:1 260:7 264:5 277:10 <b>dollar</b> 80:18 81:3,8 <b>dollars</b> 81:6 267:1 <b>Don</b> 197:20 199:5 <b>donate</b> 81:4 <b>donated</b> 78:5 137:15 138:3 <b>done</b> 9:3 29:10	36:10 42:8,9 62:1,16 77:15 86:1 89:17,20 90:1 122:6 128:21 129:9 131:3 154:4 179:18 188:13 192:12 193:2 205:20,22,23 252:14 272:3 <b>door</b> 81:11,15 209:18 252:13 253:17 <b>doors</b> 125:18 158:8 <b>door-to-door</b> 240:11 <b>Dorothy</b> 2:18 279:5 <b>dot</b> 244:23 <b>double</b> 220:23 <b>down</b> 14:13 18:6 28:12 31:4 42:7 45:10 62:18 66:16 87:19 94:11 109:23 110:1 168:5 182:13 207:7 208:4 228:14 230:24 257:6,7 262:16 263:14 <b>Downers</b> 103:3 <b>downstairs</b> 91:7 <b>downtown</b> 91:21 <b>downturns</b> 136:20 <b>downward</b> 227:24 <b>Dr</b> 3:19,20 4:18 12:6,8 22:11 22:12,16,18 23:13,20 24:8 24:15 28:16 30:20,21 31:8 31:14,18 39:2 40:3,9,13	46:14,16,18,19 55:1.3 56:5,9 56:11 57:12,18 57:21 58:11 61:18 67:10,11 80:12,14 82:6 82:7 90:5,6 93:7,8 100:24 101:1 111:11 111:12,17,24 112:8,15,20 113:1,7 117:4 117:7,8,9 126:19 129:2,3 135:13,17 140:6,7 141:5 141:14,20 145:18 146:4 147:20 148:11 152:15 155:1.2 156:18,19 164:2,3,15,20 165:9,22 172:1 172:2 178:23 178:24 179:2 180:14,15 189:6,7 194:1 194:2 196:6,7 197:18,18,22 199:1,2,7 202:15 203:7 203:10,13,23 204:6,19,20,20 205:13,13 206:19 207:3 207:13,18,19 207:23,24 208:11 210:13 210:17,19,22 211:7,14,21 212:10,18,23 213:14 214:4 214:10,16,19 215:19,22,24 216:6,7 217:3 217:6 220:13 221:22 222:4,4	222:4,7 223:10 224:18 225:3 225:11 229:11 229:14,15,16 232:13,13 233:24,24 238:9,11 245:12 248:13 248:16 252:17 253:7,20 254:3 254:13 257:18 257:24,24 258:4,14,20,24 259:2,11 260:8 260:11 262:10 262:17,18,22 265:11 266:13 266:16,17,18 268:16,18 269:20 271:5 272:12,16 273:1 276:17 277:18 <b>draft</b> 7:1 272:5 <b>draws</b> 232:15 <b>dream</b> 86:23 <b>drill</b> 228:14 <b>drive</b> 37:4,24 41:13,16 123:8 138:14,15 230:1 245:24 246:8,12,24 247:4,17 260:23 261:2,5 261:24 <b>driving</b> 38:6 246:18 262:2 <b>drop</b> 37:14 184:6 <b>dropped</b> 41:5 185:20 <b>drove</b> 56:13 <b>dual</b> 161:1 <b>due</b> 106:15 109:2,13 110:14 162:15 163:16 219:3	220:3,3 222:18 228:6 239:1 248:20 252:23 252:24 <b>Dugan</b> 273:12 <b>duly</b> 21:12 <b>Dunley</b> 50:12,12 64:15 <b>during</b> 25:4 52:4 232:18 <b>dysfunctional</b> 164:11 <b>D-a-n-i-e-l-s</b> 50:7 <b>d-e-l</b> 119:2 <b>D-i-a-n-e</b> 197:24 <b>D-m-o-w-s-k-i</b> 126:20 <b>D-u-n-l-e-y</b> 50:13 <hr/> <b>E</b> <hr/> <b>each</b> 5:24 6:7,14 11:20 75:11 85:7 106:18 119:8 206:13 222:16 236:11 247:4,17 261:5 <b>eager</b> 258:9 <b>Eaker</b> 2:3 3:21 3:22 5:2 31:6,7 40:17,18,24 41:4,20 42:19 43:8 46:20,21 67:12,13 82:8 82:9 93:9,10 100:19,22 101:2,3 115:2 115:11 117:10 117:11 157:1,2 171:20 172:3,4 172:15,17 189:8,9 196:8 196:9 216:8,9 229:17,18 266:12 267:10 267:11 269:1
---	---	---	--	---

<p>271:4 277:17  <b>earlier</b> 103:4,7                  108:3 109:15                  110:14 111:14                  140:9 155:3                  262:11  <b>early</b> 51:23                  78:20 186:19                  188:8  <b>earmarked</b> 42:3  <b>case</b> 94:11 241:3                  256:17,20  <b>easier</b> 40:14                  61:20 153:24  <b>easily</b> 168:7                  233:8 257:16  <b>east</b> 187:18                  235:13 256:8  <b>Eastern</b> 97:20                  97:22,23 98:2  <b>easy</b> 232:10  <b>economic</b> 9:17                  24:4 52:13                  62:3,11 136:19                  239:8 242:22                  271:23  <b>economically</b>                  131:22 249:17                  249:19  <b>economies</b>                  136:20  <b>economy</b> 10:10                  12:1 62:22                  106:12  <b>Ed</b> 33:7 173:9                  174:15 187:14  <b>edge</b> 9:22 187:16  <b>educate</b> 235:16  <b>education</b> 18:23                  176:18 213:12  <b>educational</b>                  12:21 160:18  <b>effect</b> 37:21                  115:6 116:14  <b>effective</b> 107:8                  182:22 240:23  <b>effectively</b> 55:7</p>	<p><b>efficacy</b> 21:13  <b>efficiencies</b> 58:3                  58:6 205:8  <b>efficiency</b> 21:13                  181:10  <b>efficient</b> 108:12  <b>effort</b> 203:4                  208:20  <b>efforts</b> 21:22                  35:1 84:23                  86:1  <b>Eicken</b> 173:17                  173:17  <b>eICU</b> 28:5                  205:22 207:10  <b>eight</b> 29:15,16                  31:23 41:1                  44:21,22 57:20                  68:6 82:24                  96:6 114:14                  118:3 125:20                  216:24 268:6  <b>eight-foot</b>                  125:17  <b>either</b> 29:6                  32:14 137:14                  205:4 243:17  <b>elapses</b> 114:14  <b>elderly</b> 88:13                  237:15 239:24                  240:15  <b>elect</b> 49:9  <b>elective</b> 23:9                  29:19 30:1  <b>electrical</b> 57:7  <b>electronic</b>                  193:13 194:21  <b>elements</b> 185:15  <b>eleven</b> 35:4                  36:19 43:20,23  <b>eligible</b> 98:3                  228:18  <b>eliminate</b> 63:10                  64:3  <b>Elisha</b> 69:4  <b>Ellen</b> 32:24  <b>Elmhurst</b> 47:17</p>	<p>47:24 48:6,10                  48:12 49:8,12                  49:14 50:1,23                  51:16,17,19                  55:24 60:15,17                  67:3,4 102:6                  103:4,5,10,13                  103:14 105:8,9                  106:6 108:3                  110:6 117:1,1  <b>elsewhere</b>                  232:10  <b>embraced</b> 22:2                  185:24  <b>embryo</b> 129:8  <b>embryology</b>                  131:21  <b>emerge</b> 25:4  <b>emergency</b> 29:6                  30:23 53:23                  60:10 85:24                  170:2,3,4,8,8                  170:15,21                  232:15  <b>emotional</b>                  160:10  <b>emphasize</b> 21:17  <b>employ</b> 53:22                  224:10 236:13  <b>employed</b>                  279:12,14  <b>employee</b> 42:1                  48:3 279:14  <b>employees</b> 10:11                  12:13 73:7                  243:18 251:9  <b>employer</b> 197:13  <b>employs</b> 236:10  <b>empty</b> 55:8                  113:18,20  <b>enable</b> 73:5  <b>enabled</b> 21:15  <b>encountered</b>                  205:5  <b>encourage</b> 238:3  <b>end</b> 29:5 65:23                  115:13,14</p>	<p>138:6 193:2                  218:21 220:3                  221:12 250:14                  255:16 266:23                  268:1 276:11  <b>ended</b> 277:3  <b>endings</b> 179:11                  179:13  <b>endocrinology</b>                  130:4,11  <b>endorse</b> 207:21                  207:22  <b>endoscopic</b>                  191:11  <b>energy</b> 181:10  <b>engaged</b> 16:9                  210:1  <b>engagement</b>                  26:2  <b>engineer</b> 261:3,3                  261:4  <b>engineering</b>                  176:15 246:24  <b>English</b> 237:16                  239:19 240:1  <b>enhance</b> 13:14                  20:11 199:19  <b>enhanced</b> 18:13                  21:20  <b>enhances</b> 206:13  <b>enhancing</b> 86:20  <b>enjoy</b> 158:8  <b>enjoyed</b> 18:15                  185:1  <b>Enlighten</b>                  205:12  <b>enormous</b>                  112:11  <b>enough</b> 88:9                  140:21 155:13                  156:20 209:10                  214:24 231:4                  248:24 252:15                  252:18  <b>enrolled</b> 228:10  <b>enrollment</b>                  132:6 228:11</p>	<p><b>ensure</b> 6:3 21:3                  54:7 60:7                  240:23  <b>ensuring</b> 11:5                  21:23  <b>entail</b> 223:3  <b>enter</b> 61:6  <b>entered</b> 53:14                  121:2  <b>entertain</b> 73:15                  167:4 213:23                  264:16 266:5  <b>entire</b> 19:12                  21:1 57:5                  138:14  <b>entirely</b> 177:19  <b>entirety</b> 163:4  <b>entities</b> 75:21                  76:1  <b>entity</b> 71:10,10                  71:13 75:20                  120:4,24  <b>entrance</b> 107:1  <b>environment</b>                  18:14 73:7                  131:20 132:11                  182:10 233:10                  233:11  <b>environments</b>                  182:8 205:1  <b>Ephraim</b> 198:3                  198:3 199:10  <b>Epic</b> 21:16  <b>epidemic</b> 219:2  <b>equal</b> 44:15                  162:17  <b>equipment</b>                  125:12 138:3                  219:10  <b>equipped</b> 242:17  <b>equity</b> 78:22  <b>ER</b> 164:14                  167:16  <b>Ergo</b> 202:7  <b>error</b> 35:24  <b>Eschbach</b> 8:24                  10:19,20,21</p>
---	---	--	--	---

<p><b>especially</b> 32:18 63:14 168:8 236:24 <b>espouses</b> 22:20 <b>ESRD</b> 218:2 219:22 220:2 223:13,21 229:8,24 234:10 251:2,3 266:7 <b>essential</b> 195:4 <b>essentially</b> 90:22 104:16,21 106:21 184:3 226:18 <b>establish</b> 133:15 175:1 274:9 <b>established</b> 5:16 265:13 <b>establishment</b> 104:17 116:23 127:16 213:24 218:2 229:8 234:10 266:6 <b>Ester</b> 231:19 <b>Esther</b> 231:3,15 <b>estimated</b> 126:4 127:7 162:21 <b>estimation</b> 273:2 <b>et</b> 22:22 194:4 205:6,10 <b>ethics</b> 43:7 271:21 <b>ethnicity</b> 247:20 <b>evaluate</b> 112:8 <b>evaluating</b> 48:21 <b>Evans</b> 198:2,2 199:12 204:8 208:22 <b>Evanston</b> 137:5 <b>even</b> 10:5 41:18 57:10 59:2 64:10 72:4 78:3 136:23 141:13 152:24 153:17 164:9 171:7 187:6,7</p>	<p>200:21 209:24 221:13 238:17 240:19 249:15 252:19 253:2 258:12 260:2 260:11,12,24 262:12 <b>evening</b> 250:14 <b>eventually</b> 233:5 266:21 <b>ever</b> 138:13 170:20 211:5 <b>every</b> 9:21 21:4 21:5,24 42:1 43:10 138:2 177:15 194:9 207:5 219:19 219:19 236:3 277:13 <b>everybody</b> 252:14 <b>everyone</b> 158:8 249:14 <b>everyone's</b> 253:12 <b>everything</b> 23:23 36:4 186:21 203:3 <b>ever-changing</b> 18:9,14 <b>evidence</b> 239:2 <b>evidenced</b> 223:13 <b>evolving</b> 20:19 <b>exactly</b> 81:13 166:15 192:12 258:23 <b>examination</b> 124:22 <b>examined</b> 12:16 <b>example</b> 55:15 89:16 240:2,11 <b>exceed</b> 201:22 <b>exceeded</b> 98:15 162:23 163:3 <b>exceeding</b> 90:20 <b>excellence</b></p>	<p>175:21 <b>excellent</b> 11:5,11 17:13 219:7 <b>except</b> 87:15 <b>exception</b> 52:1 55:10 <b>exceptional</b> 16:12 <b>excess</b> 38:2 39:6 40:5 53:11 111:15 112:2,6 113:15 174:1 174:22 229:23 230:6,8 241:14 241:22 267:19 <b>excessive</b> 39:10 <b>excited</b> 85:11 110:21 178:14 199:14 200:13 201:13 <b>exciting</b> 105:6 189:18 199:18 <b>exclusive</b> 125:10 <b>exclusively</b> 129:6 <b>excuse</b> 19:24 90:12 147:7 179:2 197:6 242:10 <b>executive</b> 9:11 12:15 20:1 95:15 104:3 174:16 220:17 268:13,22 269:7,8,10 <b>exemption</b> 8:12 11:2 13:3 14:3 16:7 20:5 22:6 30:13 <b>exercise</b> 242:4 <b>exist</b> 108:16 <b>existence</b> 55:12 86:19 <b>existing</b> 72:19 81:21 87:20 89:17 90:22 92:21 95:23</p>	<p>96:8,11 98:24 99:4 100:17 122:5,21 124:2 125:18 127:5 128:13,15 171:18 174:4 175:2 176:22 182:15,16,17 183:5 185:3 186:4 193:7 194:13 227:9 <b>exists</b> 49:18 195:12 249:9 <b>exited</b> 202:12 <b>exodus</b> 202:23 <b>exorbitant</b> 97:6 <b>expand</b> 86:15 88:4 222:17 238:1 <b>expanded</b> 222:16 <b>expanding</b> 206:20 <b>expansion</b> 87:22 88:16 159:19 <b>expansive</b> 266:23 <b>expect</b> 26:19 28:2,11 133:9 175:2,3 221:15 227:12 258:2 265:6 <b>expected</b> 27:18 266:24 <b>expecting</b> 109:4 133:8 <b>expedited</b> 34:15 42:23 78:19 <b>expend</b> 174:1 <b>expenditure</b> 174:2 <b>expensive</b> 87:21 129:21 130:16 131:14 152:7 <b>experience</b> 12:22 58:9 142:1 182:7</p>	<p>200:6 233:1 251:8,18 <b>experienced</b> 52:14 <b>experiences</b> 137:2 213:12 <b>expertise</b> 18:9 <b>explain</b> 34:8 45:1 71:7 79:13 97:5 100:7 129:1 139:9 <b>explained</b> 97:12 <b>explaining</b> 70:13 <b>explanation</b> 63:7 87:18 112:24 <b>explanations</b> 193:15 <b>explicitly</b> 123:6 <b>exposure</b> 138:19 <b>express</b> 9:13 31:7,14 124:12 144:20 <b>expressed</b> 11:18 31:8 64:8 <b>extend</b> 13:11 85:15 87:1 <b>extended</b> 73:22 177:22 <b>extending</b> 20:3 70:12 86:23 <b>extension</b> 8:12 <b>extensive</b> 175:11 186:22 <b>extent</b> 26:2 <b>extra</b> 76:11 99:24 <b>extraordinarily</b> 58:24 <b>extraordinary</b> 39:11 41:23 176:4 <b>extravagance</b> 90:23 <b>extreme</b> 257:8 <b>extremely</b> 239:8</p>
--	---	---	--	---

<b>Eye</b> 269:18	69:21 71:18	43:13 58:2	72:12 83:10	140:12 156:20
<b>E-d</b> 33:7	72:13 74:5	64:20 66:8	85:16 86:6,11	173:18 185:23
<b>E-i-c-k-e-n</b> 173:17	77:5 81:22,23	78:3 86:5	86:19,23	190:19
<b>E-l-i-s-h-a</b> 69:4	85:14 87:2	87:19 97:9	137:16 140:5	<b>feels</b> 12:17 142:2
<b>E-l-l-e-n</b> 33:1	92:6,21 95:3	98:6 109:10,12	160:7 164:12	151:3,10
<b>e-mails</b> 272:5	97:10 98:10,24	109:17,23	213:16 223:3	<b>fees</b> 107:2
<b>E-p-h-r-a-i-m</b> 198:4	100:17 103:13	110:3 116:11	233:7 240:7	137:13 275:16
<b>E-s-t-h-e-r</b> 231:15	104:17 106:22	129:15 165:16	<b>far</b> 109:4,23	<b>feet</b> 72:10 109:1
<b>E-v-a-n-s</b> 198:2	119:23 122:22	194:19 195:5	110:23 123:22	124:24 125:1,2
<b>E-001-12</b> 30:13	124:2 125:24	195:12 200:4	131:8 163:15	125:19 126:4
<hr/>	127:5 128:3,13	201:18 204:14	207:19 209:21	177:8 193:5
<b>F</b>	128:16 130:22	263:11	240:10 256:11	198:12 218:3
<b>fabulous</b> 181:2	133:2,17 135:7	<b>factor</b> 89:20	256:14,16	234:11
<b>face</b> 32:14	136:6 139:17	116:12	260:1	<b>felt</b> 17:7 206:5
245:21 276:12	153:24 154:7	<b>factors</b> 106:18	<b>fare</b> 249:22	<b>female</b> 22:22
<b>faced</b> 134:11	154:10 160:1	113:11 155:11	<b>Farsi</b> 254:8	125:13
222:19	168:14,16	220:4	<b>farther</b> 164:8,9	<b>Fertile</b> 137:18
<b>facilities</b> 1:2,15	175:2,4 176:22	<b>facts</b> 66:7,8	<b>fascinating</b>	<b>fertility</b> 120:23
5:18 7:2 28:20	177:19,20,24	155:20 242:5	180:15	130:5 136:12
37:6 38:14	178:9 181:24	<b>faculty</b> 130:6	<b>fashion</b> 144:5	136:16,24
43:22,22 48:20	183:5 184:7,9	<b>fails</b> 230:17	<b>fast</b> 114:2	138:12 139:15
52:17 58:23	185:3,15,18	<b>failure</b> 124:19	<b>father</b> 180:19	<b>fertilization</b>
62:9,17 85:16	188:3 192:7,19	165:14 232:2	<b>favor</b> 4:20 5:7	127:5 129:7
103:3 105:15	201:12 202:5,8	233:5	10:15 19:17	<b>few</b> 19:19 72:24
108:16 110:20	202:10 209:21	<b>fair</b> 95:16 98:8	269:4 270:1,14	83:5 99:3
112:5 124:21	210:15 211:13	166:5 242:13	271:7	221:23 238:20
125:12 127:15	218:2,21	260:24	<b>favorable</b> 75:7	247:2 258:7
127:16 129:12	220:15,21	<b>fairly</b> 97:3	<b>favorite</b> 138:1	268:13
130:16,21	221:4,5,8,8,14	170:24 252:22	180:18	<b>fiduciary</b> 18:16
131:7 132:5,8	221:16,20	258:16	<b>feasibility</b> 24:4	<b>field</b> 137:3,12
132:16 133:4,7	222:1,3,7,9	<b>faith-based</b> 87:4	<b>feasible</b> 52:16	138:7 179:23
154:16 165:13	223:7,10,15,22	105:12	72:21	235:2
174:15 188:20	225:20 229:8	<b>fall</b> 228:1	<b>February</b> 65:23	<b>figure</b> 81:3
192:22 204:10	231:22,23	<b>falls</b> 206:3	66:12 209:10	154:24 226:21
221:24 222:11	232:3,6 233:12	<b>familiar</b> 88:23	234:17	<b>file</b> 174:24
222:16 223:17	234:10 237:5	168:14 202:20	<b>federal</b> 23:14,21	<b>filed</b> 97:13
227:17 230:1	237:21 248:6,7	206:8 237:23	24:11 211:18	166:12 175:3
247:24 274:5	251:20 252:10	251:23	<b>federally-desi...</b>	<b>filing</b> 26:14
<b>facility</b> 28:13	257:8 258:3	<b>families</b> 10:6	232:4 239:9	53:18 271:1
34:10,10 35:12	261:5 263:23	65:19 73:8	<b>fee</b> 107:2 133:2	<b>fill</b> 42:10 96:2
43:11 49:10	265:21 266:7	87:5 88:3 91:6	<b>feedback</b> 273:17	100:2,5,7
55:6,8,9 56:7,7	274:7,9,13	91:12 137:24	274:19 276:2	108:9 145:15
56:9 58:1,7	<b>facility's</b> 35:15	164:11 177:9	276:21	<b>filled</b> 102:11
63:18 65:4	72:14	193:11,14	<b>feel</b> 12:24 25:9	258:6
	<b>facing</b> 52:16	194:20 235:17	45:11 73:2	<b>filling</b> 258:10
	<b>fact</b> 21:17 41:5,7	237:8 241:4	91:9 102:18	<b>fills</b> 123:2
	41:11 42:21	<b>family</b> 41:24,24	111:2 118:19	<b>final</b> 163:2 165:8

165:14,21 178:16 269:17 270:8 <b>finalize</b> 178:14 <b>finally</b> 73:11 125:16 132:1 138:2 <b>finance</b> 63:1 106:1 <b>financed</b> 105:24 108:11 110:12 110:17 <b>finances</b> 136:10 <b>financial</b> 10:10 11:13 24:4 63:2 71:17 75:5,7,11 78:2 110:8,10,16 117:23 138:20 <b>financially</b> 72:21 279:15 <b>financials</b> 71:6 <b>financing</b> 110:4 110:19 <b>find</b> 17:18,20 37:5 55:12 56:1 76:15 99:9 107:19 204:2 209:3,23 250:15 251:9 <b>finding</b> 68:1 108:22 193:3 252:10 <b>findings</b> 96:22 99:14 <b>finds</b> 87:13 <b>fine</b> 146:2,4 148:23 188:10 225:6,7 269:23 269:24 <b>finer</b> 188:20 <b>finger</b> 179:15,15 <b>finish</b> 188:8 <b>finished</b> 74:15 <b>Finishes</b> 125:17 <b>firemen</b> 137:24 <b>firestorm</b> 22:23	<b>firm</b> 124:14 <b>first</b> 14:23 29:12 34:11 42:12 51:20 59:21 70:8,9 73:5 74:13 84:18 87:23 96:13 106:13 107:22 108:23 118:11 118:22,24 120:2 130:12 139:11 144:8 153:20 159:23 163:5,15 167:15,18,23 168:23 175:4 192:2,5 194:8 204:22 206:11 208:12 227:18 258:6 <b>fiscal</b> 34:22 35:2 177:13 278:2 <b>fiscally</b> 35:5 <b>fit</b> 154:1,2 <b>Fitch</b> 25:2 <b>five</b> 8:6 37:8 44:18 48:8 53:15 96:24 114:4,5,7,10 124:18 157:23 177:15 209:22 219:23 220:1 230:15 264:2 <b>five-minute</b> 268:14 <b>five-year</b> 115:20 116:3 <b>fixcd</b> 254:24 <b>flaw</b> 61:15 <b>flaws</b> 62:21 <b>Fleischer</b> 173:13 173:13 <b>floor</b> 1:3 56:19 91:8 122:7 140:17 156:3,8 216:3 <b>floors</b> 183:18,22	<b>Florida</b> 205:10 <b>flow</b> 58:5 81:6 <b>flux</b> 203:15 <b>FMC</b> 217:8 233:17 257:13 257:14,14 258:22 260:6 263:3 <b>focus</b> 74:6 86:20 <b>focused</b> 6:17 13:19 96:16 181:14 219:16 <b>focuses</b> 20:22 <b>focusing</b> 29:2 86:2 <b>Foley</b> 69:8,8 <b>folks</b> 14:12 40:8 50:2 83:12 102:7 118:11 118:13 126:16 128:9 139:6 158:16 173:6 190:12 197:9 217:11 268:12 <b>follow</b> 28:16 <b>following</b> 5:17 52:9 54:4 124:13 125:9 127:12 132:14 269:10,10 273:8 <b>follows</b> 131:9 <b>follow-through</b> 71:22 <b>food</b> 85:24 <b>foot</b> 87:17 125:19 <b>footage</b> 149:20 193:4,16 201:20 202:1 202:10 <b>footprint</b> 182:18 <b>force</b> 58:19 236:20 <b>foregoing</b> 279:8 <b>foremost</b> 73:6 <b>forever</b> 267:6	<b>forge</b> 118:7 265:18 <b>forgot</b> 42:18 <b>form</b> 102:11 105:13 215:2 <b>formal</b> 188:17 215:2 <b>formalized</b> 31:5 <b>formed</b> 18:24 <b>former</b> 186:5 <b>formerly</b> 137:18 <b>formulas</b> 39:7 <b>Forsyth</b> 94:8 95:3,18 100:17 <b>forth</b> 140:20 150:16 185:22 203:15 <b>fortunate</b> 9:23 <b>forward</b> 11:22 12:4 22:2 25:11 30:5,11 68:10,20 74:11 80:19 83:9 118:12 126:14 139:1 140:19 157:13 158:10 158:15 166:17 178:15 182:1 189:17 190:6 199:18 202:13 209:11 217:5,7 275:8 <b>found</b> 37:8,10 71:3 87:16 120:5 123:2 124:18 162:11 201:18 <b>foundation</b> 158:11 159:16 159:19,24 161:8 163:12 209:10 210:1 220:19 228:12 <b>founded</b> 11:10 175:6 <b>founding</b> 128:24 129:4	<b>four</b> 8:5,21 37:10 40:21 59:12 102:7 119:20 130:6 177:14 186:20 209:22 221:19 230:1,16 232:17 238:11 249:21 264:24 <b>fourth</b> 110:8 122:9,11,23 191:24 221:10 243:12,16 <b>four-bed</b> 177:2 <b>FQHC</b> 208:16 208:18 235:8 <b>frame</b> 38:7 146:13 147:13 192:13 <b>Francis</b> 19:1 <b>frank</b> 2:8 140:16 140:22 141:5 143:7 165:5 262:11 268:14 272:19 <b>frankly</b> 200:9 205:18 206:10 <b>free</b> 102:19 118:19 137:19 210:9 250:6 <b>freestanding</b> 43:22 198:11 <b>frequently</b> 133:3 <b>Frerichs</b> 162:6 <b>Fresenius</b> 218:19 219:6 222:11 232:3 234:3 235:1,4 236:10 265:1 <b>Fresenius's</b> 225:21 231:22 <b>fresh</b> 158:9 <b>Friday</b> 40:21 222:2 <b>friend</b> 180:21 194:6 249:24 <b>friendly</b> 73:7
--	--	--	---	---

<p><b>friends</b> 237:12                  240:8  <b>from</b> 8:5 10:10                  11:24 12:21                  13:23 14:10                  16:18 21:12,14                  22:10 24:16,19                  26:18,21 27:4                  28:12 39:1                  40:7 43:16                  44:20 45:16                  48:12 49:5,8                  49:10 52:3,8                  53:5 54:8,9                  55:1 58:14                  60:9,9,21,22                  61:10,23 63:13                  68:15 70:9                  71:15 72:14                  73:23 76:18                  78:9 79:11                  88:21 89:11                  91:19 97:23                  98:21 99:4,11                  100:3 103:13                  103:20 106:5                  106:21 107:17                  108:4,5 109:7                  112:4 118:19                  120:7 121:13                  121:19 122:15                  123:21 125:14                  126:12 129:19                  129:19 130:2                  130:11 132:5,5                  132:6 133:10                  134:8 135:6                  136:3 139:2                  140:23 141:21                  142:6,10                  147:12 149:17                  149:18 154:22                  154:22 158:4                  158:14 159:6                  161:16 162:5                  163:10 164:11                  165:24 166:4</p>	<p>168:15 170:5                  175:21 180:7                  186:21 188:13                  193:23 194:24                  200:13 201:15                  203:10,17                  205:18 206:5                  210:23 211:13                  211:23 212:3                  212:12 215:15                  218:24 220:23                  221:4,16 222:5                  222:6 223:15                  223:24 229:4                  233:5 235:15                  235:20 236:8,9                  236:11 237:8                  237:10,12,19                  238:19,20                  239:7,9 240:1                  244:1 245:17                  245:20 246:8                  246:12 254:23                  255:7 256:8                  257:10 260:1                  264:22,23                  265:2,7,10,12                  268:2 269:9                  273:15 276:5                  276:15,21,22  <b>front</b> 102:8                  104:11 141:13                  151:10 167:22                  182:19 184:5,6                  184:18 200:15                  209:17 244:6  <b>fruition</b> 110:22  <b>frustrating</b>                  239:23  <b>FTC</b> 24:20 25:4  <b>fulfills</b> 88:12  <b>full</b> 13:11 21:10                  71:13 72:5                  86:13 153:7                  204:17 223:15                  230:20 238:18                  258:1</p>	<p><b>fully</b> 34:22                  105:24 119:19                  120:1 132:1,8                  133:15 142:20                  153:23 192:21  <b>full-size</b> 129:16  <b>functional</b>                  192:21  <b>functionally</b>                  86:13  <b>functioning</b>                  57:15  <b>fund</b> 209:12  <b>funded</b> 161:6                  175:18  <b>funding</b> 175:18  <b>fundraising</b>                  86:18,20                  209:12 210:2  <b>funds</b> 174:1  <b>funeral</b> 61:17  <b>further</b> 161:6                  179:3 206:23                  222:17 237:10                  250:3 279:13  <b>future</b> 11:15                  17:16 23:12                  27:19 29:11                  56:6 107:20                  221:18 263:5  <b>F-l-e-i-s-c-h-e-r</b>                  173:14  <b>F-o-l-e-y</b> 69:9</p> <hr/> <p style="text-align: center;"><b>G</b></p> <p><b>Gail</b> 50:10  <b>Galassie</b> 2:2 3:3                  4:12,13,19,22                  5:3,6,9 7:11                  8:4,8,20 9:7                  10:18 12:5                  13:4 14:4,17                  15:3,12 16:24                  19:21 22:9                  24:16,22 26:17                  26:23 30:11,17                  31:21,22 32:1</p>	<p>32:20 33:9,12                  33:22 34:3                  38:23 40:17                  43:16 44:3,5                  45:16,23 46:2                  46:10,12 47:10                  47:11,15 49:24                  50:14,17 51:10                  51:14 54:23                  58:12 59:17,20                  61:10 63:8                  65:24 66:16,21                  66:24 67:7                  68:4,5,8,17                  69:10,13,17                  70:5,14,18,23                  73:17 75:2,4                  76:16 77:18                  78:8 79:20                  80:3,11,13,22                  81:1,19 82:3                  82:22,23 83:2                  83:9,22 84:1                  84:19,22 85:2                  88:20 89:6,10                  90:5,17 91:14                  92:18 93:1,4                  93:23,24 94:3                  94:6,20,23                  95:11 98:20                  99:8,11 100:14                  100:21 101:16                  101:17,20,24                  102:13,16,18                  103:18 104:6,8                  104:24 105:2                  111:8 113:8                  115:16,17,22                  116:4,19,21                  117:5 118:1,2                  118:5,15,18                  119:3,7 121:22                  124:7 126:9,23                  127:2 128:6,8                  133:20 138:24                  140:6 141:4,9                  141:17,21</p>	<p>143:5,16,23                  145:9,19,22                  146:3,6,14,17                  147:9,12,17                  148:1,8,19,24                  149:4,7,14                  151:2,15,23                  152:2 154:21                  155:1 156:2,14                  157:17,18,21                  158:6,24 159:2                  159:12 163:23                  165:24 166:21                  167:4,7 168:20                  168:22 169:22                  170:12 171:15                  171:22 172:20                  172:21,24                  173:18,21                  174:11 178:19                  180:14 181:5,7                  182:14,23                  183:3,11 188:1                  188:22 189:3                  189:23,24                  190:2,6,16,23                  191:3,6,20                  193:21 194:10                  194:24 195:18                  195:23 196:2                  196:22,23                  197:2,5,14                  198:5,8,21                  202:15,19                  203:8,12,20                  204:19 210:3                  210:23 211:2                  213:1,6,9,22                  214:5,13,17                  215:11,20,23                  216:1,22,23                  217:2,4,7,19                  217:22 218:14                  223:23 224:3,5                  225:9,14                  226:10 227:3                  229:3,6,12</p>
---	---	---	---	--

230:12,13,17 230:23 231:5,8 231:10,13,17 233:15 234:6 234:21 238:6 241:7,8 244:23 246:7,11,15,17 247:19 251:6 253:4,16,24 254:11 255:2,6 259:6,8,15 262:6 263:15 263:18,21 264:1,16,18 266:5,14 267:9 268:4,5,8,11 268:17,20 269:3,6,12,22 269:24 270:3,5 270:13,16,18 271:6,9,11,15 272:4 273:5 274:22 275:9 276:4,7 277:7 277:22,24 278:4,7 <b>game</b> 42:21 43:5 <b>gametes</b> 137:21 <b>garage</b> 186:6 187:15 <b>garages</b> 185:21 <b>garden</b> 95:24 182:2 <b>Garrett</b> 273:10 274:17 <b>gas</b> 249:23 <b>gave</b> 272:9 <b>geared</b> 138:17 <b>gee</b> 42:6 <b>geese</b> 3:6 89:7 <b>general</b> 2:8 45:3 53:8 115:19 129:11,14 138:18 152:17 220:5 <b>generally</b> 133:1 226:2 241:17	<b>generated</b> 44:16 <b>gentleman</b> 84:14 <b>gentlemen</b> 3:4 15:13 36:10 38:10 119:8 126:9 129:3 158:24 <b>geographically</b> 199:23 209:22 <b>geography</b> 199:21 <b>George</b> 2:10 3:18 84:15 <b>geriatric</b> 87:7 <b>gets</b> 21:4 60:5 <b>getting</b> 40:7 42:23 134:2 192:17 209:20 210:20 272:10 <b>gift</b> 20:18 <b>gills</b> 243:10 <b>Gilman</b> 118:14 118:21 119:3,5 119:5,10,12 <b>GILMORE</b> 121:8 <b>girlfriend</b> 180:23 <b>give</b> 25:8 80:13 95:21 102:19 112:23 129:22 134:3 137:11 151:5 195:3 210:14 215:15 215:20 226:20 233:19 <b>given</b> 15:2 33:11 50:16 62:11 69:16 71:3 83:24 88:14 94:22 104:7 107:4 108:5 121:6 127:1 140:24 146:23 159:1 173:20 190:15 195:14 198:7 217:21	222:1 223:12 234:5 <b>gives</b> 41:11 67:24 114:19 114:22 221:2 <b>giving</b> 140:1 247:19 <b>glad</b> 111:6 <b>Glenn</b> 198:2 199:11 204:6 <b>go</b> 12:18 13:2 35:14 36:4 41:16 43:14 59:11 74:10 110:1 115:15 115:24 134:22 135:9 138:9 140:19 143:15 146:12 150:16 153:17 164:4,8 166:22 168:5 168:13 176:19 179:2 180:3,19 181:12 182:3 182:11,13,17 187:23 188:16 205:2 211:3 222:8 232:14 243:14 244:22 248:18 249:7 253:8,10 254:14,18 256:14 257:4,6 257:7,16 259:10 264:6 267:2 268:21 268:22 <b>goal</b> 110:12 133:15 160:20 186:18 200:1 219:4 <b>goals</b> 17:20 <b>goes</b> 65:9 102:4 148:13 182:1 257:3 272:19 <b>going</b> 3:5 24:2 25:11 26:11	27:20 28:6 30:5 31:4 39:10 50:3 55:8 57:22 61:22 68:12 74:14 80:19 90:15 91:9 100:7 102:1 112:21 113:24 114:6,13 115:5 115:24 116:2 119:4 128:23 128:24 129:23 130:1 134:22 136:24 139:1,2 139:3,14 140:15,19 141:12 142:5 143:18 144:12 145:9 146:11 146:12 148:13 150:1,13 151:6 151:6,17,24 152:12 156:3 158:1,2 166:13 178:21 185:10 185:12,20 189:18 190:23 194:2 197:11 197:15 202:23 204:6 208:3 215:6 227:4,6 227:8,22 229:22 230:2 243:2,14,15,15 246:12 248:2 249:23 255:6 255:10 257:24 258:8,9 260:13 262:2 263:6 264:16,21 265:16 266:18 266:21 267:6,6 267:7 274:10 275:5 277:4 <b>gone</b> 87:8 109:23 135:6	179:18 208:20 <b>Gonzalo</b> 14:24 15:1,21 <b>good</b> 3:3 9:9,10 10:12,19,20 12:7 13:7 14:12,19,22,24 15:16 17:2 19:23 25:21 28:18 34:2,3 47:19,23 58:9 58:10 68:8,22 69:3,13 70:24 74:16 90:2,6 90:10 97:23 98:1 99:9 102:16,17,20 103:20 115:22 116:4 118:6,13 118:14,18 126:7,16,17 129:2 131:13 134:16 151:10 157:21 158:15 165:20 166:19 173:2,6 188:15 188:20,21,21 190:3,12 192:11 194:19 197:3,9,14 200:6 209:9 213:21,21 217:11 222:3 230:17 231:8,9 231:18 233:16 233:18 260:16 272:16 <b>Goodman</b> 194:4 <b>goodwill</b> 210:10 <b>Gorski</b> 197:18 197:18 199:1,2 202:15 203:7 203:10,13,23 204:6,21 205:13 207:3 207:18,23 208:11 210:13
---	--	--	---	---

<p>210:17,19,22 211:7,14,21 212:10,18,23 213:14 214:4 214:16 215:19 215:22 217:3,6 <b>gotten</b> 87:7 113:23 <b>governing</b> 20:8 <b>Government</b> 231:20 <b>Granado</b> 118:16 118:17,21 119:1 121:13 124:8,9 125:23 <b>Grand</b> 260:6 270:22 <b>grant</b> 11:2 121:17 130:19 <b>granted</b> 135:23 <b>grants</b> 176:6 180:10 <b>grateful</b> 178:16 <b>Grayslake</b> 221:1 <b>Grayslake/Lib...</b> 218:23 <b>great</b> 23:5 25:17 41:11 65:6 86:18 89:16 91:21 111:4,8 141:23 193:14 215:1 242:18 277:10 <b>greatest</b> 20:17 <b>green</b> 73:9 181:9 181:10,15,17 182:9 <b>greet</b> 180:19 <b>Greiman</b> 2:4 3:23 46:7,22 46:23 59:19,21 60:13,19,23 61:3 67:14,15 79:19,21 80:4 80:17,20,24 81:7,11,14,18 82:10,11 91:13</p>	<p>91:15,24 93:11 93:12 101:4,5 117:12,13 139:5,19,21,24 145:17 148:11 149:6 157:3,4 167:6,8,20 168:2,12 172:5 172:6 189:10 189:11 196:4 196:10,11 214:8 216:5,10 216:11 224:4,6 224:22,24 225:6,12,16,22 226:1 229:19 229:20 255:5 259:9,16 262:6 262:7,8,15,21 262:23 263:10 263:17,20,24 264:8 267:12 267:13 277:19 <b>Greiman's</b> 80:7 <b>grew</b> 219:22 220:5,8 <b>gross</b> 198:12 218:3 234:11 <b>group</b> 136:11 175:11 208:9,9 <b>Grove</b> 103:3 <b>grow</b> 28:9,12 58:1 177:10 239:3 <b>growing</b> 62:24 114:2 136:18 218:21 220:16 236:4 237:24 <b>grown</b> 86:14 257:23 258:5 <b>growth</b> 220:2 223:13 226:15 226:19 236:5 236:21 <b>Guard</b> 180:3 <b>guess</b> 61:13 75:16 90:21</p>	<p>114:23 149:23 153:1 247:9 260:22 263:10 <b>guidance</b> 16:5 51:22 <b>guidelines</b> 7:5 211:18 253:5 <b>Gurnee</b> 222:13 222:16 <b>gurney</b> 149:22 152:19 <b>gurneys</b> 150:15 152:20 <b>guy</b> 194:7 <b>guys</b> 157:14 168:18 188:6 194:5 251:11 <b>gynecology</b> 130:4 <b>G-a-i-</b> 150:10 <b>G-o-n-z-a-l-o</b> 15:1 <b>G-o-r-s-k-i</b> 197:19 <b>G-r-a-n-a-d-o</b> 119:2</p> <hr/> <p><b>H</b></p> <p><b>H</b> 32:7 <b>half</b> 27:6,7 155:16 239:14 241:14 245:11 245:13 <b>hall</b> 87:24 <b>Halstead</b> 124:15 <b>hand</b> 76:13 176:3,3 193:12 194:22 <b>handling</b> 181:16 <b>happen</b> 31:4 106:13 147:16 147:18 170:23 243:11 <b>happened</b> 62:11 84:16 98:13 107:21 116:14 166:16 275:14</p>	<p><b>happening</b> 41:10 203:19 276:11 <b>happens</b> 182:14 182:24 248:22 <b>happy</b> 14:5 16:23 38:21 47:22 54:22 73:15 81:2 98:18 110:24 154:3 178:17 179:7 202:13 231:13 265:15 <b>hard</b> 186:14 273:3,3 <b>hardship</b> 137:15 242:17 <b>Haring</b> 197:20 197:20 199:5 211:16 212:4 212:20 <b>Hart</b> 2:18 279:5 <b>Hartgrove</b> 165:3 <b>Hart-Scott-Ro...</b> 26:14 <b>Harvard's</b> 137:4 <b>Harvard-train...</b> 220:16 <b>Havens</b> 95:16 98:9 <b>having</b> 34:4 40:15 61:24 85:4 97:8 126:11 138:8 138:21 142:2 153:13 169:18 182:13 185:11 185:21 202:12 215:16 259:19 <b>Hayes</b> 2:2 4:2,3 4:17 24:23 26:8,10,16 30:16,19 31:9 31:10 44:4,5,6 44:10,13 45:11 45:15 46:24 47:1 67:16,17</p>	<p>82:12,13 93:13 93:14 101:6,7 117:14,15 157:5,6 172:7 172:8 183:12 183:13,21,24 184:3,16 186:1 186:9,15,20 187:3,9,24 189:12,13 196:12,13 211:1,3,8 212:7,15,21,24 213:4 216:12 216:13 229:21 229:22 230:10 255:4,8,9,17 255:22 256:1,3 256:13,22 258:12,18,22 259:1,4 267:14 267:15 269:2 <b>HCCI</b> 273:19 <b>head</b> 41:4 116:12 265:22 <b>heads</b> 226:7 <b>health</b> 1:2,15 5:18 7:2 11:16 11:17 13:9,19 14:6 20:20 24:6 25:5,10 25:24 32:4 34:1 38:5 53:20,21 55:16 58:15,21 60:4 76:20 110:19 141:21 145:24 154:18,22 161:4,7 162:9 162:9 166:23 174:14 199:3 202:24 205:14 208:16 211:24 212:12 231:20 235:7 <b>healthcare</b> 8:16 8:17 9:15,22</p>
---	---	--	---	--

10:3 11:6,12 12:23,24 13:14 15:6,7,18,20 16:8,20 18:18 18:21 20:1,6 20:11,20,22 21:11 25:7 28:8,10 30:14 36:16 51:17 61:7 111:1 134:6,12 136:16 202:22 219:12 232:8 237:17,22 249:20 <b>Health's</b> 175:18 <b>hear</b> 30:22 39:7 47:22 79:2 111:20 112:3 115:22 116:4 121:13,19 133:5 141:3 166:4 <b>heard</b> 16:16 19:14 63:13,22 67:23 73:20 83:5 85:4 108:3 126:11 129:4 130:23 131:4 139:11 144:8 205:11 221:11 226:20 275:4 276:23 <b>hearing</b> 5:6 6:2 8:8 15:9 16:14 26:23 33:18 34:15 42:23 46:2 51:2 70:1 73:12 84:9 92:18 95:8 104:19 116:21 127:10 141:22 155:17 158:14 159:8 162:1 171:16 174:8 181:7 191:17 198:16 218:9	229:6 234:18 270:5,18 271:11 276:1 278:4 <b>hearings</b> 5:21 6:24 7:1 <b>heart</b> 233:4 <b>heavily</b> 221:14 <b>Hedberg</b> 194:6 <b>Hedderman</b> 102:14,15,17 102:20,21 <b>held</b> 1:16 23:23 130:6 269:10 <b>Hello</b> 234:23 <b>help</b> 22:14 28:13 38:11 74:19 84:23 87:23 88:6 191:5 207:8,9 208:5 253:2 260:3,13 260:21 <b>helpful</b> 34:14 70:19 192:10 253:3 <b>helping</b> 261:23 <b>helps</b> 34:15 71:7 <b>hemodialysis</b> 238:16 <b>Hemphill</b> 104:2 104:2 108:17 108:19 <b>Henry</b> 84:17,19 151:22 <b>her</b> 32:14 160:21 180:19,19,19 180:21,24 181:3 197:13 <b>heretofore</b> 209:8 <b>herself</b> 197:12 216:17 <b>HFPB</b> 269:18 <b>HFSRB</b> 2:9 270:9,10 <b>Hi</b> 133:22 <b>Hickory</b> 94:7,10 95:17 98:1,12	<b>high</b> 13:13 59:22 87:16 97:19 131:24 169:20 222:18 232:2 <b>higher</b> 32:18 59:23 60:2 87:9 106:18 135:18 136:23 162:18 219:23 220:2 250:17 <b>highest</b> 219:11 237:2 238:17 <b>highlight</b> 9:22 <b>highlighted</b> 108:21 <b>highlighting</b> 245:2 <b>highlights</b> 134:4 <b>highly</b> 13:2 219:17 222:11 <b>high-level</b> 12:2 <b>Hilgenbrink</b> 2:4 4:4,5 27:1 31:11,12 47:2 47:3 67:6,9,18 67:19 82:2,5 82:14,15 92:23 93:5,15,16 101:8,9 117:16 117:17 157:7,8 172:9,10 181:8 181:18 189:2,5 189:14,15 195:8,15,22,24 196:14,15 213:8,10,20 216:14,15 230:3,4 245:22 246:21,23 247:7,13 267:16,17 277:12 <b>Hills</b> 2:11 219:2 <b>him</b> 90:12 225:12 254:22 <b>himself</b> 262:19 <b>hire</b> 236:9	240:22 245:16 245:17 248:3 249:3 258:15 258:21 <b>Hispanic</b> 220:11 226:19,22 231:24 236:24 237:6 244:4,8 244:15,15,19 245:18 250:17 265:4 <b>Hispanics</b> 237:3 <b>historic</b> 79:15 97:9,10 <b>historical</b> 39:19 72:3 76:21 97:13 109:11 162:20 <b>historically</b> 65:21 77:3 108:11 135:12 135:14 <b>history</b> 57:1 71:6 72:7 <b>Hohulin</b> 8:19 14:21,21 15:15 15:17 24:2,10 <b>hold</b> 18:6 42:10 115:17 175:20 <b>holds</b> 262:18 <b>hole</b> 152:5,14 245:3,5 <b>holes</b> 272:24 <b>Holy</b> 83:10 85:16 86:6,11 86:19,23 <b>home</b> 17:21 18:4 28:6,11 64:3 77:22 87:5 95:16 97:14,20 97:20 98:14 135:9 160:21 167:19 209:17 223:2 235:15 235:21 236:2 238:15 240:19 250:15 254:22	<b>homeless</b> 91:18 <b>homes</b> 42:14 79:9 87:7 95:15,19,24 97:17 98:18 237:10 <b>Honey</b> 173:12 <b>honored</b> 213:18 <b>hook</b> 253:19 <b>hope</b> 22:14 34:16 88:4 107:9 137:19 221:9 <b>hoped</b> 107:11 <b>hopefully</b> 26:7 107:19 113:5 128:12 133:8 275:7 <b>hopes</b> 167:1 <b>hoping</b> 92:5 100:1 107:6 108:6 116:1 188:7 <b>horse</b> 151:11 <b>hospice</b> 195:3 <b>hospital</b> 7:17,23 8:15,17 9:14 9:23 10:6,23 11:7,10 12:10 13:16 14:11 15:7 16:8 17:3 19:16 20:6 21:2 23:4,16 26:22 27:5 29:14 30:5,8 30:13 32:10 34:2 35:6 36:9 36:12 38:17 41:9,15,24 44:21 45:20 46:4 47:18 48:3,4,15,21 49:5,16 50:2 51:7,16,24 52:4,8,9,19 53:7 56:17 57:1,5,14,14
--	---	--	---	--

<p>59:15 60:3          61:8 63:10          64:22 67:3          77:7,7,8 78:4          96:6 98:4          102:22 103:14          106:6 108:4          130:19 132:21          132:23 134:8          137:4,5 158:11          159:16,20,24          160:4 161:8          163:13,13          171:6,18 174:3          174:4 175:1,20          176:5 182:15          182:16,17          183:14,16,19          183:20 184:21          186:16 188:3          208:3 209:18          210:9 211:5          232:14 235:9          240:19 250:9          254:18</p> <p><b>hospitalization</b>          160:15 219:15</p> <p><b>hospitals</b> 25:18          27:14 29:15,16          29:21 56:24          59:6,14 63:13          63:19 131:11          135:14 138:8          164:8 170:5          188:21 195:4</p> <p><b>hospital's</b> 11:23          48:1,6,10,13          48:14 49:8,20          52:3 109:14          174:19</p> <p><b>hospital-based</b>          35:3 43:21          202:6</p> <p><b>hospital-related</b>          202:10</p> <p><b>hot</b> 204:13</p> <p><b>hotel</b> 91:21</p>	<p><b>hour</b> 203:18</p> <p><b>hours</b> 123:18          232:17,18          240:16</p> <p><b>house</b> 99:23          273:12 274:1          274:20,21,24          275:4,6 276:21          277:3</p> <p><b>household</b> 96:14          96:14 240:16</p> <p><b>housekeeping</b>          45:5</p> <p><b>housing</b> 92:4</p> <p><b>HSA</b> 161:10,12          219:22 220:5,9          220:11 226:22          226:23 229:24          243:22,22          260:5</p> <p><b>huge</b> 135:15          138:16 263:13</p> <p><b>Huh</b> 263:17</p> <p><b>Hults</b> 94:17,17          97:4</p> <p><b>human</b> 22:22          273:14</p> <p><b>humans</b> 205:9</p> <p><b>hundred</b> 63:23          81:5 177:7          208:17</p> <p><b>hurry</b> 39:8</p> <p><b>hypertension</b>          236:23 237:2          239:2 244:20</p> <p><b>H-a-r-i-n-g</b>          197:20</p> <p><b>H-e-m-p-h-i-l-l</b>          104:3</p> <p><b>H-o-h-u-l-i-n</b>          14:21</p> <p><b>H-u-l-t-s</b> 94:17</p> <p><b>H-01</b> 32:9</p> <p><b>H-02</b> 47:16</p> <p><b>H-03</b> 68:20</p> <p><b>H-04</b> 83:10</p> <p><b>H-05</b> 94:7</p>	<p><b>H-06</b> 102:5</p> <p><b>H-07</b> 118:7</p> <p><b>H-08</b> 158:10</p> <p><b>H-09</b> 173:3</p> <p><b>H-11</b> 197:5,6</p> <hr/> <p style="text-align: center;"><b>I</b></p> <hr/> <p><b>ICU</b> 7:24</p> <p><b>idea</b> 151:17          276:14</p> <p><b>ideally</b> 152:9</p> <p><b>identical</b> 49:15          49:17 162:15          211:17</p> <p><b>identified</b> 37:3          54:14 123:17          164:22 165:4          186:2 222:8          223:9 239:17          243:21</p> <p><b>identifying</b>          208:21 260:4</p> <p><b>IDHFS</b> 2:14</p> <p><b>IDHS</b> 2:15</p> <p><b>IDPH</b> 2:10,10,11          2:11,12,13          38:5 150:21          193:10</p> <p><b>IDPH's</b> 39:22</p> <p><b>IDVA</b> 276:22</p> <p><b>ID/DD</b> 274:5</p> <p><b>ignoring</b> 124:3</p> <p><b>ill</b> 240:10 266:4</p> <p><b>Illinois</b> 1:1,4,15          1:16,18 2:19          2:22 5:13,17          30:14 46:5          50:23 67:4          81:23 85:22          91:19 92:11,22          95:4 100:18          105:16 106:1          110:19 117:1          119:13 124:19          132:2 133:9          161:5,6,14          167:21 168:17</p>	<p>171:19 174:14          175:8 176:12          180:3 188:24          198:13 203:6          203:11 206:7          206:14 207:8          212:1,3,13          213:12,17          214:1 218:4          220:19 229:9          233:18 234:12          236:11 266:7          279:2,8,21</p> <p><b>illness</b> 50:21          52:2,7,22          53:11,16 54:2          58:18 59:13          67:3 76:20          138:19 159:6</p> <p><b>imagine</b> 31:1          39:9 41:14          265:12</p> <p><b>imaging</b> 201:21</p> <p><b>immediate</b> 55:15          77:8 167:16</p> <p><b>immediately</b>          171:4 247:20</p> <p><b>impact</b> 11:24          21:3 28:17          36:24 37:2,5          37:16 42:16          43:2 48:5          53:14 58:16          59:3,9 115:13          123:21,24          127:15 128:18          148:20 153:13          227:23</p> <p><b>impacts</b> 243:3</p> <p><b>impairs</b> 240:3</p> <p><b>important</b> 18:4          37:15 92:4          137:12 138:20          150:16 179:17          181:23 185:17          187:21,22          192:9,16</p>	<p>193:19 209:6          231:23 237:13          242:23</p> <p><b>importantly</b>          129:20 132:18          192:8 232:20</p> <p><b>improve</b> 18:2,2          71:17 72:14          74:7 134:20</p> <p><b>improved</b> 17:10          20:23,24          240:24</p> <p><b>improvement</b>          13:20 18:13          199:11 219:12</p> <p><b>improving</b> 74:17          219:13</p> <p><b>inadequate</b> 79:3          79:5</p> <p><b>incentives</b> 36:11</p> <p><b>inch</b> 125:20</p> <p><b>incidence</b> 236:22          237:1</p> <p><b>include</b> 54:3          133:11 160:24          177:24 178:7          183:19 212:16          271:2 273:19</p> <p><b>included</b> 53:18          87:17 121:2          162:20 177:2</p> <p><b>including</b> 53:17          126:3 162:5,21          235:11 240:14</p> <p><b>income</b> 71:14          75:23 86:5,7          237:8 254:24</p> <p><b>incorporate</b>          181:9 183:17</p> <p><b>incorporated</b>          182:19 213:2,5</p> <p><b>incorporates</b>          181:24</p> <p><b>incorporating</b>          181:15 185:14</p> <p><b>increase</b> 7:20          25:21 27:20</p>
--	---	---	--	---

<p>28:1 35:8,22 35:22 74:19,21 76:19 79:10,17 83:8 88:2 135:7 136:2,4 159:5 168:7 173:1 195:16 227:1 228:20 <b>increased</b> 20:23 36:14,14,14 107:22 131:6 134:10,15 220:7,9,10,11 226:23 237:1 <b>increases</b> 236:23 243:4 249:22 <b>increasing</b> 76:17 131:5 166:24 228:7 239:1 243:8 <b>indeed</b> 49:2 103:10 207:10 <b>independence</b> 18:15 <b>independent</b> 29:19 95:24 106:7 110:22 <b>independently</b> 21:8 <b>indicate</b> 53:10 161:15 <b>indicated</b> 13:17 28:22 39:23 107:5 187:14 <b>indicates</b> 37:20 78:21 108:24 <b>indicating</b> 107:23 <b>indications</b> 136:21 <b>individual</b> 29:17 151:3 <b>individually</b> 11:20 <b>individuals</b> 8:21 10:6 15:24 20:3 94:10</p>	<p>179:22 <b>industry</b> 9:12 92:2 136:17 <b>inefficient</b> 200:7 <b>inexpensively</b> 133:3 <b>infancy</b> 130:11 <b>infertile</b> 136:18 <b>Inflammatory</b> 6:11 <b>influenced</b> 114:20 <b>inform</b> 142:20 <b>information</b> 9:19 16:4 18:10 24:13 39:19 40:7 70:11 72:2 76:8 78:12 79:4,7 100:11 140:14 142:18 144:4 146:23 146:24 150:16 156:1,21 169:6 193:22 219:20 230:21 234:16 247:15 <b>informational</b> 261:13 <b>infrastructure</b> 17:10 62:9,21 192:5 <b>infusion</b> 55:19 <b>infusions</b> 63:5 <b>Initial</b> 32:8 <b>initiate</b> 103:6 <b>initiated</b> 19:8 48:23 <b>initiation</b> 221:10 <b>initiative</b> 181:19 181:20,22 <b>initiatives</b> 13:19 181:13 <b>injury</b> 179:23 <b>ink</b> 35:2 <b>innovation</b> 176:1</p>	<p><b>innovative</b> 155:18,19 180:8 219:8 <b>inpatient</b> 51:6 52:1 53:16,19 53:23 54:6,14 55:21 56:3 57:8 58:21 60:4 160:3 163:13 171:10 177:10,18 178:8 195:3 <b>inpatients</b> 161:21 <b>inquiry</b> 27:23 <b>inside</b> 210:15 <b>inspections</b> 89:19,21 <b>installation</b> 21:15 <b>instance</b> 205:22 <b>instances</b> 27:6 <b>instead</b> 71:11 249:22 275:23 <b>Institute</b> 120:5 121:1 133:24 173:4 174:17 <b>Institutes</b> 175:17 <b>institution</b> 22:20 56:12 160:8 <b>institutions</b> 23:17 130:14 130:14 131:15 <b>instruction</b> 58:8 <b>insurance</b> 19:4 63:19 132:3,24 133:10,18 137:14,15 154:6,18 167:12,21 262:12 <b>insurers</b> 134:13 134:19 <b>integral</b> 183:7 <b>integrally</b> 137:6 <b>integrate</b> 178:3 185:17</p>	<p><b>integrated</b> 21:15 <b>intend</b> 3:16 131:3 153:5 174:24 201:6 <b>intended</b> 29:6 199:19 <b>intense</b> 138:13 <b>intensive</b> 192:20 <b>intent</b> 52:4 100:6 142:24 143:7 201:2,10 213:19 230:19 231:1 234:14 241:10 <b>intention</b> 81:17 107:10 116:10 <b>intentionality</b> 92:7 <b>interest</b> 11:4,12 12:17 20:16 23:24 64:8 116:15 126:6 241:9 271:23 <b>interested</b> 8:21 106:10 118:9 143:11 212:5 279:16 <b>interesting</b> 138:12 187:13 203:13 <b>interim</b> 211:24 <b>intermediate</b> 160:15 <b>internally</b> 98:24 <b>international</b> 175:8 176:12 <b>interpretation</b> 112:10 <b>interrupted</b> 3:7 <b>introduce</b> 8:18 14:12 32:12 50:3 68:22 94:11 158:17 159:23 197:16 <b>introduced</b> 34:5 <b>introducing</b> 83:13 126:14</p>	<p><b>introduction</b> 28:5 36:16 103:21 217:12 <b>intuitive</b> 206:21 <b>inventory</b> 38:8 40:1 113:4,13 114:16 <b>investigation</b> 23:22 <b>investigators</b> 176:8 <b>investing</b> 136:13 136:14 <b>investments</b> 72:20 <b>involved</b> 23:15 23:16 129:24 137:6 152:8 184:22 279:12 <b>involving</b> 132:17 <b>in-house</b> 77:9,18 77:19 236:17 <b>in-vitro</b> 127:5 155:5 <b>irrespective</b> 209:14 <b>irresponsible</b> 73:3 <b>isolated</b> 35:21 <b>issue</b> 6:16 22:14 26:12 30:24 64:24 66:1,4,9 71:10 73:3 75:5 140:18 155:22 166:15 169:9 187:4 203:24 233:2 237:18 252:10 254:14,16 265:17 <b>issued</b> 106:1 123:22 165:8 <b>issues</b> 52:17 88:9 119:24 145:3,6 147:24 150:20 151:4,22 152:7 164:23 165:3</p>
---	---	---	--	--

165:13 166:8 184:19,22 185:4 201:19 201:20 209:14 222:19 228:6 239:17 243:21 249:15 252:2,2 253:1 269:13 item 3:13 7:12 7:12,14 8:10 8:15 32:3,7,9 47:16 68:20 118:7 158:10 173:3 197:6 230:24 272:7 items 6:7 7:14 8:5,6,10 268:13 it'll 177:21 186:13 255:16 257:21 IV 161:13 IVF 118:10 122:11,22 124:16 125:4 126:13 128:22 130:12,18,22 131:10,17 132:4,8,19 134:1,10,22 135:4,15 136:6 136:7,15 139:16 <hr/> J <hr/> J 2:3,4,5,18 279:5 Jack 50:8 173:11 jagged 246:3 Jakobsson 162:7 James 2:3 January 69:23 73:21 74:1,2 76:8 163:11 192:8 234:15 JCAHO 133:7	Jefferson 1:3 Jeffrey 8:24 12:8 158:21 Jensen 124:15 Jim 211:23 Jo 32:24 job 156:22 277:10 jobs 74:19 Joe 83:21 94:14 96:19 98:20 158:20 159:15 John 2:2 24:22 69:1 83:17,20 Johnson 162:6 join 18:19 joining 17:21 18:7 joint 153:22 166:14 joke 90:13 Joliet 138:5 Jones 2:14 244:9 244:13 jot 14:13 journey 19:11 85:12 Juan 2:9 5:11 Judge 46:7 59:20 79:20 80:23 91:14 139:4 141:11 149:4 167:7 210:5 224:5 259:8,16 262:6 263:16 judgments 100:12 Julie 9:1 13:6,8 July 51:1 147:7 147:10,11,14 148:9 150:18 156:10 157:14 June 33:20 43:1 57:17 146:19 191:16 198:15 272:13,13	jurisdiction 274:6 just 3:15 9:8 17:24 23:6,18 24:1,18 31:8 34:6 35:4 38:2 40:11 41:22 43:12,19 59:10 59:10 60:17 61:12,23 62:10 65:24 73:22 74:15 75:20 78:11 79:12 80:6,20 85:7 87:6 88:22,23 89:13,22 90:6 90:19 91:1,3 98:22 102:18 110:3 113:9 115:3,18 116:7 118:19 128:16 129:4 134:3 136:13 140:1 141:4 142:22 143:5,19 147:10,24 149:12 150:9 152:1 153:2,16 154:1,23 155:10,23 164:10,12 166:22 167:16 167:18 169:24 170:22 171:2 180:21 186:7 192:2,7 193:6 193:9 194:11 195:2,8 197:10 199:4 200:17 201:8 206:20 210:10 212:4 213:1 214:13 214:14 222:1 225:10,12 226:2 228:23 229:2 231:10 235:13 237:8	241:21 243:22 245:2,5 246:5 247:5,10 248:6 248:11 253:9 253:12,14 254:21,21 257:23 258:5 259:2,13 260:24 261:12 262:10,13 263:6,10,14 264:5 266:19 267:5,8 268:2 271:19 274:6 Justice 2:4 3:23 46:22 67:14 80:6,16 82:10 101:4 117:12 148:10 157:3 172:5 189:10 196:4,10 216:5 216:10 229:19 267:12 justify 127:14 Justin 93:11 J-o 33:1 <hr/> K <hr/> Kathryn 2:5 keep 11:15 21:22 187:21 201:3 203:5,6 206:7 236:4 272:20 keeping 18:4 122:12 145:10 Kendrick 2:9 272:10 273:4,7 275:1,13,17,20 275:23 276:6,9 276:13,20 277:23 Kenya 138:5 Kerestes 9:1 13:6,7,8 14:5 Kevin 14:19 15:20 19:24	33:2,24 key 36:22 134:11 182:6 kidney 220:19 228:11 232:2 233:5 235:21 249:4 killing 268:3 kind 35:23 38:9 61:15,23 90:12 111:19 164:12 171:9 214:24 245:1,3,5 246:3 247:4 264:12 265:18 274:14 kindly 14:12 kinds 85:24 knew 144:11,15 144:19 Kniery 69:1,2 70:7,20 73:22 74:1 75:13,15 76:6 knocked 247:1 know 3:7,15 18:2 23:3,6 31:2 38:13 43:4 44:21,23 56:23 58:14 59:10 60:1 61:21 75:22 76:10 85:12,20 86:12 88:22 91:21,24 92:7 99:8,19 112:21 114:17,17,24 115:19,24 123:22 134:2 143:19 148:2 149:23 153:7 164:9,13 166:16 167:17 167:18 168:8 169:18 179:24 182:5,17 183:15 187:6
--	---	--	---	---

187:11 188:4,6 188:20,20 194:22,23 203:16 204:17 206:9,10 207:19 208:11 210:5 215:6 224:9,9 232:16 241:9 250:22 250:22 252:4,7 253:12,13 254:8 255:1,10 257:11,14 259:20,23 260:3,3,5,5,15 261:16,24 263:12 264:9 265:18,21,22 272:24 <b>knowing</b> 92:5 151:6 233:8 <b>knowledge</b> 83:11 158:13 173:5 217:10 <b>known</b> 67:3 120:4 134:17 179:10 208:17 <b>Kolbeck</b> 276:22 <b>Kowalenko</b> 84:17,21 <b>kudos</b> 195:3 <b>K-e-v-i-n</b> 33:2 <b>K-n-i-e-r-y</b> 69:2	<b>ladies</b> 3:3 36:10 38:10 129:2 <b>LaGrange</b> 89:4 <b>laid</b> 192:13 <b>lake</b> 85:19 187:6 187:19 218:22 219:3 220:1,6 220:9,12,20 221:1,5 222:13 222:13,16 223:13 224:19 226:24 <b>Lakewood</b> 270:8 <b>land</b> 183:6 255:18 <b>landlocked</b> 209:2 <b>landlord</b> 139:8 139:15 141:12 141:19 <b>landscape</b> 20:20 <b>language</b> 235:18 236:15 239:10 242:21,24 243:3 245:10 249:10,16 252:3 253:18 253:19,21 273:19 <b>laparoscopy</b> 131:1 <b>large</b> 87:24 107:23 129:17 131:12 133:14 258:16 264:6 <b>largely</b> 106:2 116:9 231:24 <b>larger</b> 28:8 109:1 110:1 185:3 187:2 206:17 <b>largest</b> 85:21 167:24 176:6 176:17 264:22 <b>LaSalle</b> 13:9 14:1 <b>last</b> 14:23 17:9	25:20 34:19,21 40:18 41:1 44:9,10 48:8 48:16 57:17 62:22 78:5 81:5 119:2 124:3 127:19 137:13,17 139:18 141:15 145:2 162:19 192:9 220:2,6 235:24 244:3 260:14 261:18 277:3 <b>late</b> 97:14 186:18 221:12 <b>later</b> 106:19 164:13 <b>latest</b> 219:9 276:18 <b>Latino</b> 251:10 264:23 <b>laundry</b> 45:4 88:10 <b>Laurie</b> 94:15 95:14 96:20 97:4,12,24 98:8,11 <b>law</b> 134:6,7 171:7 242:3 <b>lawyer</b> 66:16 140:11 <b>lawyer's</b> 140:23 <b>layout</b> 122:10 <b>LDRs</b> 192:20 <b>lead</b> 51:12 55:7 73:19 176:20 205:8 215:8 <b>leadership</b> 12:16 48:10 103:2 219:18 <b>leading</b> 55:2 113:11 232:2 <b>leads</b> 223:2 237:18 <b>learned</b> 137:6 <b>learning</b> 160:20	<b>lease</b> 120:3,6,13 120:18,21,24 121:3 128:2 139:8,22 140:17 141:6 144:12,20 145:2,6 147:24 <b>leased</b> 218:3 234:11 <b>least</b> 63:20 137:8 167:1 181:15 265:23 272:23 <b>leave</b> 142:22 <b>leaving</b> 42:11 136:16 158:7 <b>led</b> 239:15,22 <b>left</b> 179:11 199:5 255:7 <b>legacy</b> 136:16 <b>legal</b> 66:6 75:20 120:17 164:23 270:21,24 <b>legally</b> 140:21 <b>legislation</b> 115:4 277:11 <b>Legislative</b> 272:7,8 273:6 <b>legs</b> 36:12 215:7 <b>Lemont</b> 89:5 <b>length</b> 53:1 72:10 227:16 <b>lengths</b> 160:11 <b>less</b> 53:2 123:18 130:16 131:2 131:23 133:3 133:13 206:16 257:15 261:12 <b>lessee</b> 142:21 <b>lessor</b> 142:21 <b>let</b> 23:8 25:14 41:21 59:21 83:4 99:18 115:18 134:3 141:4 143:5 145:15 159:23 208:11 214:14 263:6 274:22	<b>letter</b> 26:20 42:16 66:11 98:6 104:20 120:18 122:14 122:17 124:11 124:17 127:19 144:10,12,14 144:24 145:2,3 145:4 198:17 211:23 212:8,8 212:11 <b>letters</b> 15:9 33:17 37:5 51:2 70:2 84:10 95:7 99:15,19,24 127:11,18 161:15 162:2,5 174:9 191:18 198:18 201:15 218:10,11 234:19 <b>let's</b> 193:23 202:16 268:21 <b>level</b> 27:24 36:17 39:10 49:11 65:21 73:8 181:14 182:13 <b>levels</b> 25:3 <b>liable</b> 139:22 <b>liberty</b> 166:2 <b>Libertyville</b> 217:8 218:4 219:1 221:1 229:9 <b>license</b> 51:8 120:15 121:15 127:5 133:9 135:23 <b>licensed</b> 27:9,21 51:7 64:21 119:13,19 120:11 128:14 133:5 160:6 176:24 177:5 261:3 <b>licensing</b> 124:19
--	---	---	--	---

**L**

126:2 128:4 150:6,6,20 151:4,19 152:12 <b>licensure</b> 108:2 124:24 128:19 143:2 151:7 153:5,21 154:16 <b>lies</b> 235:13 <b>life</b> 9:21 20:18 29:5 45:8 59:14 86:21 88:2 105:11 138:14 <b>lifelong</b> 10:21 <b>ligation</b> 29:8,9 30:24 <b>ligations</b> 29:18 90:16 <b>light</b> 20:19 <b>lightly</b> 36:7 <b>like</b> 3:17 16:3 17:6 20:2 22:5 27:10 28:5,16 34:11 41:7,16 51:4,21 59:10 61:22 66:5 68:17 70:20 73:11 77:5 78:4 85:6,9 86:15 87:11 88:17 89:21 90:2 91:22 97:7 108:20 110:8 111:10 121:23 127:17 128:9 129:23 134:1 138:9 140:22 141:22 148:15,17 151:9,10 153:1 154:7 155:6 164:10 167:14 173:18 180:21 190:16 194:3 198:23 200:17	205:9,10 210:4 211:14 213:4 215:2,6,9 222:3 227:5 228:1 239:4 241:20 250:24 257:10 259:13 259:24 260:6 260:19 263:15 263:18 266:1 272:1,23 277:9 277:14 <b>likely</b> 184:23 187:10 232:1 232:14 245:16 <b>liking</b> 274:11 <b>limit</b> 71:5 <b>limitation</b> 63:4 106:24 107:10 107:14,17 112:1 <b>limitations</b> 52:15 72:17 <b>limited</b> 55:16 97:13 120:23 177:6 222:20 239:8 258:16 <b>line</b> 167:9 187:11 204:3 204:10 205:16 226:16 257:2,4 259:21 260:2 261:21 262:16 <b>linear</b> 55:18 <b>lines</b> 241:19 257:2 <b>linguistic</b> 232:24 <b>liquidity</b> 25:3 <b>Lisa</b> 120:19 126:21 133:22 <b>list</b> 74:6,7 86:14 87:12 235:23 <b>listed</b> 5:22 6:15 90:9 122:4 <b>listen</b> 180:16 231:14 <b>listened</b> 265:20	<b>listening</b> 133:19 140:8 266:20 <b>Litigation</b> 2:20 <b>little</b> 3:6 30:22 32:17 34:13 68:10 85:22 89:19 96:5 106:19 111:13 115:15 129:23 134:3 143:6 182:19 205:18 208:2 247:5 251:4 255:11 257:11 261:20 264:23,24 265:4 266:19 <b>live</b> 22:1 43:3,4 256:10 <b>lived</b> 244:4 <b>lives</b> 219:13 250:8 256:8 <b>Livestrong</b> 137:18 <b>living</b> 92:10,10 95:23 96:1 106:7,7 110:23 110:24 115:5 156:24 161:15 202:20 219:1 <b>LLC</b> 120:5 <b>local</b> 10:7,9 14:6 77:6 112:10 129:9 132:15 235:7 248:17 254:18 <b>locale</b> 242:15 <b>locally</b> 206:7 <b>locate</b> 9:20 <b>located</b> 50:22 55:15,19 85:16 103:12 106:3 108:4 119:20 161:12 174:3 218:2 234:10 241:2 258:23 260:12 <b>location</b> 52:3	122:7 187:14 208:15,21 209:3,5,6,8,15 256:19 264:20 265:8 <b>locations</b> 52:18 55:13 204:1 <b>Logan</b> 260:6,8 <b>logical</b> 206:22 <b>Lohmann</b> 232:13 238:12 257:24 262:18 <b>long</b> 23:5 26:1 33:16 34:10 36:8,11 39:9 39:17 40:6,7,9 40:15,19 41:18 43:10,21,22 48:6,10,14 50:22 53:3,8 53:12,16 63:11 63:18,20 64:3 65:3,15 67:2 69:21 72:9 75:17,23 84:4 85:12 86:10,17 92:20,21 95:3 96:7 100:16,17 104:17 111:18 112:5 116:23 134:17 138:9 145:3 208:4 223:4 226:15 227:8,12,14 243:11 258:2 265:15 273:20 <b>Longenecker</b> 94:18,18 <b>longer</b> 25:11 51:5,7 52:16 52:20 63:16 65:11 115:8 227:6 249:23 274:5 <b>long-standing</b> 6:22 12:20 19:1 21:18	<b>long-term</b> 28:13 160:11 <b>look</b> 11:22 22:2 37:23 38:4,9 66:5,7 75:23 76:14 97:17 98:7 113:20 114:5,11 151:12 154:16 157:13 169:19 178:15 186:12 189:17 190:6 204:1 217:5 228:15,16,23 229:1 259:23 260:16,18 264:2 <b>looked</b> 31:1 40:10 75:7 88:24 155:12 205:15 208:23 243:20 259:13 <b>looking</b> 17:16 44:14 56:12 62:7,19 71:11 79:16 99:2 113:4,13 152:9 152:13,15 154:6,7 181:14 183:15 259:17 260:5 <b>looks</b> 41:7 154:7 187:18 228:1 229:1 <b>Lori</b> 217:16 228:5,12 <b>lose</b> 179:12 232:11,20,22 232:23 <b>losing</b> 39:7 135:22 <b>loss</b> 34:23 59:1,9 59:11,14 <b>losses</b> 135:15 <b>lost</b> 34:20 44:8 44:17 72:23 <b>lot</b> 34:16 57:3,6
---	---	---	---	---

58:2,9 77:6 84:15 91:3 92:14 134:7 155:11,20,24 164:9 167:13 182:19 193:8 199:16 207:15 208:2 227:7 235:19 237:18 250:11,24 264:2 265:2 266:19 <b>Louisiana</b> 205:6 <b>love</b> 20:18 180:21 204:21 <b>low</b> 76:22 79:15 86:4,7 97:3 113:22 237:8 <b>lower</b> 25:6 40:2 106:14,16 133:13 222:12 <b>lowest</b> 97:20 98:3 <b>low-income</b> 92:4 92:16 <b>LTC</b> 36:11 38:12 46:4 81:22 <b>luck</b> 68:9 118:6 157:22 173:2 190:3 197:3 230:18 <b>lucky</b> 11:8 77:11 <b>lucrative</b> 43:15 <b>Luke's</b> 130:19 <b>lunch</b> 102:3 128:12 <b>lunchtime</b> 134:3 <b>L-a-u-r-i-e</b> 94:15 <b>L-i-n-d-e-n</b> 33:6 <b>L-o-n-g-e-n-e...</b> 94:19	<b>made</b> 30:18 46:16 67:8 80:10 82:4 93:2,4 100:22 113:23 117:6 142:18 148:10 149:2 155:3 156:16 171:23 172:16 189:4 194:15 202:1 216:4 224:6 229:13 239:12 266:15 273:10 275:1 <b>Madigan</b> 277:1 <b>Madison</b> 200:12 211:6 <b>Magurany</b> 83:18 83:18 <b>main</b> 49:5 54:9 55:22 110:12 177:8 178:9 225:4 274:14 <b>maintain</b> 55:11 55:14 129:18 154:18 <b>maintaining</b> 17:13 54:12 57:8 70:10 <b>maintenance</b> 169:1 <b>major</b> 13:24 57:4,9,10 86:1 126:2 130:13 131:11 161:19 176:21 192:7 204:24 222:21 240:5 265:4 <b>majority</b> 220:24 <b>make</b> 3:13 6:16 11:11 32:21 38:15 47:20 65:17 66:5 70:21 72:21 75:24 81:18,20 84:14 87:23 100:11 110:16	114:17 118:19 125:24 127:17 128:9 136:13 137:7 140:15 149:20,24 151:21 153:2,9 153:16 154:24 156:7,20 164:17 167:10 172:14 185:9 192:21 193:8 194:3 198:23 209:19 210:4 214:10 225:10 226:1 237:16 242:20 253:9 253:12 268:19 276:20 277:4 <b>makes</b> 39:11 40:13 110:1 135:2 192:24 204:11 <b>making</b> 14:6 64:8 118:9 194:19 222:23 <b>maldistribution</b> 241:23 <b>male</b> 125:13 <b>malfunctional</b> 254:17 <b>mall</b> 255:19,20 <b>man</b> 173:19 192:2 <b>management</b> 13:17 18:10,11 48:9 103:1 <b>manager</b> 69:5 245:14 251:20 <b>manages</b> 133:24 <b>managing</b> 135:16 182:21 <b>mandated</b> 132:2 <b>manner</b> 166:13 <b>manuals</b> 58:8 <b>many</b> 18:7 25:17 39:13 56:23 58:13 60:10	63:13 64:7,7 87:5 92:9 110:8 113:13 114:5,13,22 131:14,17 136:11 139:3 170:5 179:24 183:14 187:11 200:2 224:24 235:6 236:12 236:15 237:7 239:7,12 240:7 240:10,14 248:1 249:4 <b>map</b> 88:24 221:1 243:23 247:8 247:10 <b>MapQuest</b> 246:14,17,20 247:13 260:23 261:1 262:1 <b>March</b> 7:24 38:7 53:18 72:1 84:7 122:18 212:8,9 218:7 <b>margin</b> 44:17 <b>Marianjoy</b> 48:2 48:3,8,17,23 49:10,19 53:7 53:17 54:12 64:6 102:21,24 103:6,8 <b>Marianjoy-aff...</b> 48:24 <b>Marion</b> 161:17 <b>mark</b> 14:21 15:16 17:1 19:12 33:4 94:18 158:21 158:21 223:18 <b>market</b> 38:11,13 77:15 122:5 123:7 152:10 201:16 232:20 <b>marks</b> 59:22 <b>Martin</b> 158:22 <b>Mary's</b> 98:4	161:10 <b>mass</b> 202:23 <b>massive</b> 63:5 <b>master</b> 174:6,20 176:2 177:17 188:16,23 191:14 192:3 192:10,13 <b>materials</b> 6:1 73:10 221:2 <b>mathematical</b> 228:12 <b>matter</b> 42:21 60:24 78:3 129:15 138:7 166:18 270:24 <b>matters</b> 138:8 <b>Matthew</b> 233:24 238:9 <b>maximum</b> 6:8 123:8,18 125:1 125:6 <b>may</b> 16:23 26:24 29:7 30:11 41:19 46:2 56:23 64:20 66:24 75:13 81:20 83:5 92:19 98:19 111:7 116:21 124:18 131:8 135:20,22 139:2 140:18 153:1 155:18 156:6 163:19 166:20 170:12 171:16 181:7 188:22 195:19 207:8 213:14 214:10 228:5 229:6 242:18 250:2,10 251:23 253:22 256:9,11,19 262:15 263:24 268:22 271:2 272:19 275:15
<hr/> <b>M</b> <hr/> <b>MacNeal</b> 61:7 235:9 254:18				

<p><b>maybe</b> 61:13,19 61:19 76:2,24 102:3 113:1 115:12,13 167:18 168:24 191:5 247:24 252:2 257:6 261:19 262:13 264:19 271:18 275:7 277:5 <b>Mayo</b> 137:3 <b>mayor</b> 10:22 12:5 <b>mayors</b> 162:7 <b>McAllister</b> 68:21 69:5 71:16 72:7 78:3,5 79:15 <b>McCarthy</b> 89:3 <b>McDonald's</b> 263:16,19 <b>McNary</b> 273:16 <b>Meadows</b> 217:8 218:20 220:15 221:15 222:8 223:7,21 <b>mean</b> 13:2 23:6 37:1 61:17 63:7 88:24 90:13 111:20 142:14 152:23 152:23,24 155:7 182:23 207:6,13,14 244:5,9 247:4 249:7 258:19 260:2,6 262:10 264:3,3 276:10 <b>meaning</b> 135:8 176:13 <b>means</b> 113:15 141:24 237:9 239:8 <b>meant</b> 90:7,13 183:2 <b>measure</b> 113:12 <b>measures</b> 41:23</p>	<p>114:19 <b>measuring</b> 72:10 <b>mechanical</b> 73:9 179:14,16 <b>mechanicals</b> 57:6 <b>mechanism</b> 54:3 107:19 <b>med</b> 35:24 <b>Medicaid</b> 43:9 62:24 72:16 78:7,15 79:2,6 79:16,22 87:3 161:20,21 212:1,3,13 222:15,23 228:8,10,20 250:4,6 253:5 253:17 <b>Medicaid's</b> 167:24 <b>medical</b> 7:19 8:1 12:11,12,14,15 12:17 18:22,23 19:2 21:15 45:7 48:9 63:16 103:1,13 103:14 130:8 138:4,4 161:1 176:17 190:9 193:13 194:21 195:21 199:24 201:21,22 202:9 211:10 218:19,24 219:6 220:14 220:20 222:22 234:3 235:4 236:10 237:12 252:8,24 <b>medically</b> 232:4 238:2 244:16 249:18 <b>medical/surgic...</b> 53:5 <b>Medicare</b> 35:2 36:15 43:9,20</p>	<p>45:19 74:3 87:8 89:14 96:1 167:20 227:10,20 228:19,19 239:5 250:4 <b>Medicare's</b> 36:11 <b>medications</b> 252:12 <b>medicine</b> 120:4 121:1 133:24 176:18 213:16 213:17 <b>med/surg</b> 27:6 35:12,15 56:20 57:13,21 63:21 63:23 191:10 <b>meet</b> 77:23 110:9 125:4 127:12 128:3 131:21 133:7 150:6 151:18 152:12 153:5,5 153:7 236:18 241:22 <b>meeting</b> 1:14 3:17 5:13 7:6,8 7:10 68:18 71:19 115:14 115:15 143:15 146:20,21 147:5,10,14 148:9 156:11 165:21 166:14 218:6 234:15 237:14 244:3 272:6 276:1 278:8 <b>meetings</b> 88:15 115:10 185:8 185:13 187:22 268:24 271:21 <b>meets</b> 98:17,17 132:8 152:16 <b>Melvina</b> 258:24 <b>member</b> 5:24</p>	<p>17:5 40:17 43:18 44:5 45:23 63:8 66:1 73:19 75:2 116:6 128:24 149:9 151:3 168:20 178:23 183:12 188:1 195:23 196:2 210:3 219:19 251:6 255:8 259:6,15 <b>members</b> 3:8,14 8:5 22:10 24:17 26:18 39:1 43:17 45:17 55:1 58:14 59:18 61:11 65:9 74:19 75:12 78:9 83:4 89:11 95:13 98:2,21 99:12 105:5 111:10 124:8 129:4 156:4 158:1 159:17 174:14 174:18 195:1 202:16 210:24 223:3 229:4 240:8 255:3 269:16 270:20 271:22 276:7 277:10,14 <b>Memorial</b> 7:23 23:17 26:22 47:18,24 48:6 48:10,12 49:8 50:2 51:16,17 67:3 96:6 106:6 <b>memory</b> 27:5 106:8 <b>mental</b> 50:21 52:2,7,22 53:11,15,20 54:2 58:15,17</p>	<p>58:21 59:13 60:4 67:2 76:20,20 159:6 161:4,6 162:8 162:9 166:23 <b>mention</b> 199:4 211:21 <b>mentioned</b> 19:13 20:7 23:20 24:3 25:2 45:3 54:11 55:22 56:16 64:6 78:14 103:7 111:14 122:24 127:22 128:20 133:1 143:7 170:1 177:13 201:14 204:12 207:9 221:5 <b>merger</b> 13:14 25:10,23 26:5 <b>merit</b> 242:7,9 264:15 <b>merits</b> 159:18 <b>message</b> 25:15 <b>met</b> 36:5 162:11 269:8 <b>methodologies</b> 53:10 <b>metro</b> 105:16 250:8 <b>Mexican</b> 231:24 251:12 <b>MI</b> 76:23 77:2 77:20 <b>Michael</b> 2:10,14 2:15 58:12 59:17 76:16 102:14 128:6 166:21 191:20 218:14 <b>Michael's</b> 113:14 <b>Michigan</b> 187:6 <b>microphone</b> 22:17 32:15 265:10</p>
--	---	--	--	--

<p><b>microphones</b> 158:16 <b>middle</b> 202:9 245:5,6 <b>midnight</b> 221:13 <b>midst</b> 258:20 <b>Midway</b> 238:23 254:15,23 257:13,14 258:4,22 265:21 <b>Midwest</b> 2:20 85:22 <b>might</b> 23:6 32:20 39:3 59:6 66:3 73:16 85:20 87:9 88:9,19 90:8,11 144:19 164:7,13 178:18 202:14 211:21 222:3 241:20 242:7 242:15 248:10 260:21 268:21 276:2 <b>migrate</b> 205:9 <b>mike</b> 7:15 32:22 39:4 40:16 47:21 55:4 70:5,8,13,14 83:13,15 84:23 94:17 97:4 102:21 140:23 147:3 149:23 158:19 164:21 174:11 198:22 <b>mikes</b> 3:14 <b>Mike's</b> 75:15 <b>miles</b> 52:4 60:23 61:8 161:16 209:23 <b>milieu</b> 138:18 <b>military</b> 137:24 175:13 179:4 179:17 180:12 <b>million</b> 7:21</p>	<p>34:21,23 44:8 44:17 69:22 84:6 95:4 104:19 116:12 116:13,15 127:8 159:7 174:5,22 176:5 186:13 188:3 191:13 198:14 218:5 234:13 <b>mind</b> 57:22 61:23 145:10 181:3 187:21 215:10 <b>minimum</b> 123:8 124:24 125:2,5 125:19 126:4 131:21 174:2 181:14 <b>ministry</b> 86:15 88:13 <b>minute</b> 241:11 <b>minutes</b> 4:24 5:4 5:10 6:8 7:9 46:8 64:22 68:13 119:7 123:9 158:1 161:11 203:18 203:18 246:8 246:12,16 247:3,12 251:1 <b>MI's</b> 77:3 <b>miscommunic...</b> 166:11 <b>misinformed</b> 215:1 <b>missed</b> 241:1 <b>missing</b> 207:8 <b>mission</b> 19:7 20:14,17 22:1 38:16 89:18 98:17 206:6 <b>missions</b> 138:4 <b>misunderstand</b> 267:8 <b>mixing</b> 138:18 <b>model</b> 219:4,6</p>	<p>264:10 <b>modernization</b> 72:22 191:10 195:20 <b>modernize</b> 69:20 <b>modifications</b> 121:17 <b>moment</b> 143:10 155:8,19 207:11 268:21 <b>money</b> 34:18 79:9 87:1 110:13 136:13 136:14 151:20 254:21 <b>monies</b> 188:13 <b>monitoring</b> 219:13 <b>Monsignor</b> 83:15,15 85:5 85:6 88:20 89:2,8 90:4,7 91:1,23 92:3 94:5 <b>Mont</b> 173:15 <b>month</b> 41:1 91:5 255:1 258:11 <b>monthly</b> 107:2 <b>months</b> 41:1 57:20 58:5 96:3,6 98:14 99:3 145:16,16 146:1,2,3,4,5,7 146:12,15,18 155:24 160:12 162:22 163:15 185:8 215:21 221:16 223:14 258:7 <b>Morado</b> 2:9 5:13 80:6,16 99:10 121:7 123:10 124:4 125:22 256:16 264:18 265:20 <b>more</b> 6:12 21:14 35:11 39:14</p>	<p>43:14 45:23 52:12 60:14 66:8 74:20,22 75:6 87:11,20 87:23 91:11 98:5 108:12 115:15 116:12 122:8 130:5 136:7,13 140:14,20 142:18 155:20 155:20,24 156:21,22 160:18 168:9 168:10 201:3 204:3 206:16 207:11 218:22 232:1 233:8 241:11 242:23 243:7 244:19 245:23 249:15 255:1 258:15 259:23 261:12 270:21 <b>morning</b> 3:3,4 9:9,10,13 10:19,20 12:7 13:7 14:9,12 14:19,22,24 15:16 16:4 17:2 19:23 34:2,3 36:2,21 47:19,23 68:22 69:3 70:24 102:16,17,20 103:21 108:3 222:24 <b>Morrison</b> 233:22,22 234:23,24 238:8 251:14 251:17 255:19 255:24 256:2,6 265:6 266:3 <b>mortgage</b> 72:19 <b>most</b> 27:24 36:18 38:8</p>	<p>53:17 56:24 58:9 59:24 92:15 98:23 105:12 129:20 132:18,21 134:12 137:8 138:12,20 163:7 167:16 175:16 179:21 184:22 222:22 232:6,19 237:8 237:10 238:19 239:24 244:21 262:12 <b>mostly</b> 116:15 143:2 <b>motion</b> 4:15,22 4:24 5:9 26:24 30:12,18 32:1 46:3,16 47:12 66:6 67:1,8 68:8 80:7,10 81:18,20,20,20 82:4 83:2 90:18 92:19 93:2 94:3 100:15,22 101:20 116:22 117:6 118:5 143:18 145:10 145:13,22 147:12,19,20 147:23 148:2,2 148:5,10,13,16 148:20,21,24 149:2,3,5,7 156:3,4,6,7,8 156:16 157:21 167:5 171:17 171:23 172:15 172:16,24 188:22 189:4 190:2 195:19 196:4 213:3,5 213:23 215:12 215:17 216:2,4 224:14 229:7</p>
--	---	--	--	--

229:13 230:17 264:17 266:6 266:15 268:8 268:22 269:17 270:7,8,18,21 271:11 278:1,4 <b>motive</b> 136:10 <b>move</b> 12:4 35:16 36:7 51:24 55:20 57:5 102:1 118:19 139:1 148:4 179:14 185:8 199:17 202:13 206:15 265:7 <b>moved</b> 4:17,19 5:1,3 30:15,17 46:14 48:15 55:24 67:5,7 82:1,3 92:23 93:1 100:19,21 117:3,5 130:15 145:17,19 148:6 152:20 156:12,14 166:17 171:20 171:22 189:1,3 195:22,23 214:7 229:10 229:12 254:21 266:11,14 269:1,3,20 270:11,13 271:4,6 278:6 <b>movement</b> 35:21 <b>moves</b> 179:15 275:8 <b>moving</b> 7:11 8:9 30:11 32:3 47:16 68:20 83:9 94:6 134:8 158:10 173:3 190:8,10 197:5 209:11 217:7 271:16 273:1 <b>Mt</b> 161:17	<b>much</b> 4:14,23 10:17 13:4 14:8 15:3 22:12 32:23 37:8 41:6 47:13 51:13 68:19 69:17 83:3,22 84:24 94:4,5,23 104:6 105:2 111:9 130:16 130:17 132:12 138:23,24 140:13 151:17 151:20 154:10 155:21 156:22 173:21 178:19 184:21 190:5 192:12 197:4 198:5 204:20 208:20 217:4 217:22 229:1 231:5 233:15 241:7 242:23 260:7,19 261:23 269:6 271:15 277:24 278:7 <b>Muldoon</b> 234:2 234:2 <b>multiple</b> 35:1 131:24 239:6 248:22 <b>multitude</b> 252:24 <b>multiyear</b> 176:6 180:10 <b>Mundelein</b> 221:24 222:9 223:9 <b>must</b> 6:9 7:8 <b>mutually</b> 214:21 <b>Myers</b> 197:21,21 199:6 <b>myself</b> 129:24 240:18 272:2 <b>M-a-g-u-r-a-n-y</b>	83:19 <b>M-a-r-k</b> 33:5 158:21 <b>M-o-r-r-i-s-o-n</b> 233:23 <b>M-u-l-d-o-o-n</b> 234:4 <b>M-y-e-r-s</b> 197:21 <b>M.D</b> 2:3 130:2 <hr/> <p style="text-align: center;"><b>N</b></p> <hr/> <b>naive</b> 262:13 <b>name</b> 9:3,8,10 10:20 12:8 13:7 14:15,23 14:23 15:16 17:24 32:13 47:23 69:1,4 83:14 95:14 102:21 103:24 118:24 119:1,2 119:12 129:3 133:22 159:15 173:8 190:12 197:16 231:11 231:18 233:20 234:23 238:9 <b>namely</b> 113:12 <b>names</b> 14:14 68:23 94:12 103:22 126:14 158:17 217:13 233:20 <b>name's</b> 19:23 124:9 173:9 <b>Nancy</b> 173:10 179:5 181:4 <b>Naperville</b> 123:15 <b>narrow</b> 72:9 <b>national</b> 36:17 175:17 180:2,3 219:24 220:19 <b>nationally</b> 128:19 <b>nationwide</b>	205:19 <b>Natural</b> 1:17,17 <b>naturally</b> 201:11 <b>nature</b> 60:19 <b>navigating</b> 237:17 249:20 <b>near</b> 56:6 220:24 235:11 238:23 <b>nearing</b> 222:14 <b>nearly</b> 251:1 <b>Nebraska</b> 205:6 <b>necessarily</b> 262:1 <b>necessary</b> 10:16 11:2,10 13:15 13:20 19:1 114:14 137:1 141:1 <b>need</b> 3:15 27:13 28:9 36:4 39:16 41:12 42:6 46:6 47:20 53:9 63:16 73:1 75:11,24 77:9 77:14 80:7 107:5,22,23 108:9 109:18 112:10,16 113:12 114:6 128:4 132:12 132:16 135:1 140:15 143:17 146:15 148:24 149:21,24 150:2,2,20 151:4 152:24 154:18 155:10 155:24 156:21 156:21 160:15 163:12,20 166:6 171:7,9 174:24 177:11 185:19 191:5 204:14 210:2 226:7,14 241:6 243:22 250:21	256:11 258:9 <b>needed</b> 96:9,10 114:16 125:20 181:3 192:22 223:14 244:21 249:1 256:18 <b>needing</b> 37:16 171:12 256:9 <b>needs</b> 20:11 77:23 84:23 109:3 127:14 138:18 142:18 142:19 149:3 154:1 155:22 175:10 184:13 200:8 236:4 237:14,24 240:21 251:22 <b>negate</b> 262:3 <b>negative</b> 37:2,19 68:7 83:1 96:18,21 118:4 193:3 230:16 268:7 <b>negatively</b> 63:7 <b>neighborhood</b> 264:23 265:7 <b>neighboring</b> 29:15 129:16 <b>neighbors</b> 187:4 <b>neither</b> 279:11 <b>Nelson</b> 47:19,23 47:24 49:24 <b>neonatal</b> 192:20 <b>nephrologist</b> 220:17 232:13 238:10 <b>Nephrology</b> 222:5 <b>nerve</b> 179:11,13 <b>nervous</b> 42:23 43:2 <b>Net</b> 227:23 <b>network</b> 203:1 219:22 235:8 <b>neurology</b> 17:23 <b>never</b> 19:6 23:11
--	---	--	--	--

<p>64:23 78:1 88:15 122:4 171:9 205:11 207:14 <b>new</b> 39:24 45:8 48:15 52:3,4 57:14,14 61:8 61:21 62:4 74:13,14,17,18 77:5 85:14 87:21 103:13 106:6 116:11 127:16 132:7 136:6 140:1 152:9 155:12 174:3 175:4 177:24 178:6 181:10 182:24 183:14,16 184:9 188:3 192:7,15 194:17 205:11 219:10 220:24 226:15 238:22 243:2,2 248:6 258:21 259:23 261:23 271:17 <b>newcomer</b> 62:1 <b>newer</b> 52:8 56:22 <b>newest</b> 57:10 <b>newly</b> 192:20 223:9 <b>news</b> 141:6,7 175:15 <b>next</b> 10:19 26:20 58:4 68:11 86:5 119:6 121:23 143:10 165:21 192:6 192:19 217:5 221:23 222:7 270:7 272:5,13 <b>niche</b> 92:15 205:16 <b>night</b> 221:12 <b>nine</b> 94:1 101:18</p>	<p>114:15 157:19 172:22 190:1 196:24 220:7 272:23 <b>nine-month</b> 7:18 <b>Nixon</b> 266:22 <b>nobody</b> 254:6 <b>Nolden</b> 104:5,5 <b>noncompliance</b> 90:9 271:1 <b>nonconforma...</b> 162:15 <b>none</b> 5:6 8:8 32:4,4,5,6 46:2 66:24 116:21 144:23 158:14 181:7 224:3 229:6 270:5,18 271:11,16,17 271:17 278:4 <b>non-for-profit</b> 13:24 <b>non-hospital</b> 160:5 <b>non-native</b> 239:19 <b>non-profit</b> 38:16 <b>non-sterile</b> 125:14 <b>Nora</b> 222:5 <b>normal</b> 259:19 <b>north</b> 28:12 55:13,23 92:11 200:20,23 201:12 202:23 203:19 205:9 207:17 222:5 257:10 260:9 <b>northern</b> 41:17 206:6,14 207:8 <b>northwest</b> 28:12 <b>Northwestern</b> 176:10 183:7,9 186:5 187:17 <b>Norwegian</b> 250:9 <b>Notary</b> 279:7,20</p>	<p><b>note</b> 7:6 46:6 51:4 71:8 73:11 83:4 161:24 218:5 218:12 <b>noted</b> 53:9 72:3 109:6 202:4 226:10 <b>notes</b> 39:5 <b>nothing</b> 24:7,8 138:21 144:17 167:12 180:22 207:11 <b>notice</b> 120:16 165:15 <b>noticed</b> 23:14 86:10 201:18 <b>notices</b> 271:1 <b>notifications</b> 166:12 <b>notified</b> 120:19 <b>notwithstandi...</b> 112:11 <b>not-for-profit</b> 105:12 110:10 <b>novel</b> 205:7 <b>November</b> 163:11 175:3 <b>number</b> 7:12,13 7:14,22 8:10 30:13 32:7,9 35:12,16,18 39:10,11 40:1 42:19 54:11 62:20 64:24 87:6 92:12 94:7,7 98:7,8 104:15 108:6 114:5,21 117:2 118:7 131:5,7 149:18 156:10 161:22 162:8 162:15 164:10 167:24 175:15 175:17,22 178:24 180:10 181:13 201:14</p>	<p>204:9 228:2,7 228:18,24 236:22 237:3 258:16 263:3 264:7 269:13 270:22 272:7 274:7,13 <b>numbered</b> 7:13 <b>numbers</b> 27:5 37:14 100:2 113:6 116:2 162:22 164:17 228:14 229:2 267:2 <b>numerous</b> 18:20 53:14 91:4 245:4 <b>nurse</b> 45:5 134:5 138:10 235:2 <b>nurses</b> 232:19 245:15 <b>nursing</b> 34:20 42:14 48:20 52:2 64:3 68:21 69:5 71:16 72:7 73:1 77:22 78:5 79:9 87:7 103:3 116:23 138:11 254:22 <b>nutrition</b> 29:4 219:14 <b>N-o-l-d-e-n</b> 104:5</p>	<p>83:24 94:22 104:7 127:1 159:1 173:20 190:15 198:7 217:21 234:5 <b>OB</b> 191:10 192:19 <b>object</b> 224:13 <b>objections</b> 24:19 <b>objective</b> 241:19 <b>obligation</b> 224:7 226:3 <b>observation</b> 89:13 90:8 113:15 <b>obstetrics</b> 130:3 <b>obtained</b> 110:13 <b>obtaining</b> 66:8 <b>obtains</b> 120:15 <b>obvious</b> 109:11 <b>obviously</b> 44:20 88:7 89:20 106:12 111:20 139:11 200:5 203:14 <b>occasion</b> 79:23 240:19 <b>occasions</b> 240:17 <b>occupancy</b> 57:21 86:12 96:4 100:3 106:3 109:11 113:21 162:17,20 163:5 169:2,20 177:12,16 257:15 259:20 259:22 260:1 260:16,18 261:20 <b>occupational</b> 55:16 <b>occupied</b> 56:19 114:23 177:14 255:20 <b>occupy</b> 63:22 121:10 <b>occupying</b> 120:7</p>
---	--	--	---	---

<p><b>occur</b> 143:10                  184:23 185:14  <b>occurred</b> 22:21  <b>occurring</b> 35:5  <b>occurs</b> 37:20                  201:4,11 206:5  <b>October</b> 96:2                  120:18  <b>odd</b> 39:17  <b>off</b> 3:15 8:13                  10:13 24:4                  27:24 41:7,22                  42:5 44:12,13                  51:12 55:2                  73:19 74:6                  95:22 96:18                  177:8 184:6                  185:20 228:1                  240:13 247:1  <b>offer</b> 17:17                  18:11 53:24                  98:4 160:13  <b>offered</b> 42:2                  202:8  <b>offering</b> 210:16                  222:12 235:18  <b>offers</b> 250:6  <b>office</b> 201:22                  202:9  <b>Officer</b> 20:1                  133:23 190:22                  191:23  <b>offices</b> 131:18,19                  132:24  <b>office-based</b>                  131:17 202:6  <b>official</b> 247:16                  276:9  <b>officially</b> 276:3  <b>officials</b> 5:15                  13:21 201:15  <b>offset</b> 106:18                  195:10  <b>often</b> 79:2 89:15                  170:24 210:5                  223:2 232:8                  243:24</p>	<p><b>oh</b> 9:4 147:7                  165:11 170:18                  183:1 254:3                  259:10  <b>okay</b> 8:14,20 9:9                  14:10 22:18                  26:8 32:16                  45:15 66:14,19                  68:12 73:24                  74:2 75:1                  76:15 81:1                  100:7,13                  112:19 115:11                  146:14 147:11                  150:9 151:23                  165:11 166:19                  168:12 169:8                  169:14,20,21                  170:7,11,20                  171:14 187:24                  191:22 194:7                  226:10,18                  227:2 244:13                  246:22 255:17                  259:1 261:11                  262:3 272:3                  275:9 277:20  <b>old</b> 2:21 49:16                  52:8,9,19                  56:17,18 57:7                  192:23,23                  194:14 261:19                  272:16  <b>oldest</b> 52:8,18                  56:16,17  <b>Olson</b> 2:5 4:6,7                  5:1 24:18                  31:13,14 43:18                  43:19 44:2                  46:15,17 47:4                  47:5 61:12                  63:6 67:20,21                  82:1,4,16,17                  90:15 93:17,18                  98:22 99:7                  101:10,11                  115:16 116:6,7</p>	<p>116:18 117:3,6                  117:18,19                  144:7,19 145:4                  145:6 147:15                  152:1,3,22                  153:9,15 154:9                  154:13,20                  155:7 156:13                  156:17 157:9                  157:10 171:21                  171:24 172:11                  172:12 189:16                  189:17 195:2                  196:1,3,5,16                  196:17 197:11                  216:16 227:3,4                  227:13 229:10                  229:13 230:5,6                  246:22 247:22                  248:15 249:9                  250:4,19                  267:18,19                  269:21 270:11                  276:12 277:16  <b>Olson's</b> 66:1  <b>once</b> 18:19 30:4                  31:4 136:20                  174:23 255:1                  265:17 277:13  <b>oncologist</b> 199:8  <b>oncology</b> 138:10                  199:20,24                  200:1 201:21  <b>one</b> 1:17 6:15                  8:12,14 13:1                  14:5,13,13                  16:13 18:21                  23:15,17 24:22                  32:13,13 35:24                  37:19 39:2                  40:4,12 42:21                  42:22 45:18                  47:17 56:22                  57:4,12 59:12                  60:6,17 63:14                  68:7,11 73:23                  74:7 76:24</p>	<p>78:11,13 83:1                  83:5 85:21                  86:1,5,18                  87:15 88:4,5                  89:13 90:19                  91:10 92:13                  96:22 97:8                  98:22 99:13,22                  102:9,12,13                  107:12 108:23                  110:15 113:12                  114:19 118:4                  119:21 122:14                  122:15,22                  124:1,3 129:3                  131:2 134:10                  134:19 135:4                  135:12 138:20                  139:5 140:24                  143:9 151:5                  153:13,20                  161:9 162:15                  164:20 175:15                  175:17,24                  177:15 178:24                  180:17 182:6                  185:16 187:15                  192:22,23                  193:3 194:7,17                  194:18 198:17                  199:24 202:22                  205:5 207:12                  208:14 212:12                  221:20 222:7                  223:6 227:6                  228:7 231:2                  233:5 238:17                  240:16 241:11                  245:22 249:22                  250:22 252:20                  253:15 254:7                  254:13,15                  256:18,20                  257:2 260:12                  260:15 263:7                  264:19 265:1                  267:24 268:1,7</p>	<p>270:7,21  <b>ones</b> 112:9                  194:14 227:7  <b>one-stop</b> 204:18  <b>one-third</b> 123:3  <b>one-way</b> 125:14                  149:21  <b>ongoing</b> 72:19                  161:3  <b>only</b> 7:8 8:14                  11:22 18:5                  21:20 35:24                  43:21 57:18                  71:21 72:21                  96:21 97:14                  119:3 122:14                  122:15 123:2                  123:17,21                  124:1,23 125:6                  131:21 134:13                  136:10 161:8,9                  175:19 176:24                  177:12 190:17                  194:7 201:5                  202:6 220:8                  221:20,23                  222:21 223:1                  249:7 257:15                  277:2  <b>onto</b> 91:2 96:11                  187:18  <b>oocyte</b> 129:8  <b>open</b> 1:12,14                  5:13 7:6 22:2,9                  30:4 57:14                  85:13 98:12                  99:23 107:6                  108:6,13,14                  109:13 110:22                  111:10 139:3                  142:11,17,23                  158:8 163:24                  178:21 193:23                  202:16 223:24                  227:6 243:12                  243:16 257:20                  268:24 269:11</p>
--	--	--	---	---

269:12 271:21 <b>opened</b> 57:17,18 97:14 192:8 223:9 238:23 258:5 <b>opening</b> 42:10 102:23 111:1,2 111:3 186:16 258:8 <b>operate</b> 86:11 90:2 177:11 222:23 <b>operates</b> 52:24 53:3 98:9 119:19 134:1 176:17 <b>operating</b> 21:8 25:19,19 44:17 71:10 100:4 122:9,23 123:3 123:19 129:16 130:13,20 131:3,12 132:21 133:14 133:23 153:8 190:22 191:23 220:21 221:6 <b>operation</b> 30:3 120:11 223:8 223:15 <b>operational</b> 221:16 <b>operations</b> 45:4 71:14,16 72:20 179:19 234:24 <b>operative</b> 136:4 136:7 <b>operator</b> 75:20 75:22 <b>opinion</b> 121:9 <b>opponent</b> 145:1 <b>opponents</b> 128:2 <b>opportunities</b> 6:22 18:11 56:1 <b>opportunity</b> 5:15 16:4 21:5	22:3 28:4,9 49:22 85:7 103:17 105:5 134:2 141:1 142:12 144:5 148:17 159:18 178:16 200:8 214:22 230:20 233:13 241:23 242:2 <b>oppose</b> 119:8 122:1 <b>opposed</b> 139:8 167:12 177:5 177:22 179:16 200:24 203:18 270:3,16 271:9 <b>opposing</b> 122:17 277:8 <b>opposition</b> 15:10 16:16 19:14 33:17 51:3 70:2 73:13 84:10 88:16 95:7 122:13,14 122:15 124:12 126:11 127:11 127:18,19 139:6 149:17 159:9 162:1,2 174:9 191:18 198:17 218:10 234:19 <b>oppositions</b> 104:20 <b>opt</b> 43:13 <b>optimal</b> 131:23 133:4 243:17 <b>optimally</b> 239:12 <b>option</b> 107:15 145:11 156:6,7 223:1 238:24 240:11 <b>options</b> 18:20,21 142:22 143:7 148:3 219:9	235:18 236:3 <b>oral</b> 6:23 <b>orange</b> 84:18 <b>order</b> 3:17 53:12 68:18 121:14 127:24 129:22 130:2 131:18 154:17,18 184:6 258:7 269:17 270:8 <b>Orders</b> 269:14 <b>organization</b> 6:13 18:17 105:12 110:11 137:18 138:3 175:18 176:7 <b>organizations</b> 16:11 20:13 21:8 235:7 <b>organization's</b> 208:12 <b>orientation</b> 200:20 <b>oriented</b> 200:20 <b>original</b> 52:3,14 52:20 60:9 72:10 73:23 76:7 106:11,16 108:1 177:2 <b>originally</b> 11:9 42:24 104:12 105:22 106:23 267:3 274:4 <b>orthopedic</b> 192:6 <b>OR-like</b> 132:11 <b>OSF</b> 9:15 11:1 11:14,23 12:21 12:24 13:12,12 13:17 15:6,18 15:20,23 16:20 17:4,8 18:8,21 18:22 19:6,6,9 20:1,20 21:1 21:10 22:1,1 22:18 25:6,9 25:16,24 26:4	28:23 29:2 <b>OSF's</b> 10:4,10 18:24 21:20 25:13 <b>other</b> 6:7 9:24 11:16 13:15 18:7 24:16 26:17,23 27:7 27:12,14 29:3 29:16,21 40:4 41:17 43:16 44:3 45:16 49:18 54:6 55:12 58:23 59:7,7,18 60:3 60:6,18 61:10 63:21 65:9 66:21 78:8 79:8 88:10 89:10,23 90:14 91:8 92:18 97:8,16 99:11 100:1,14 102:10 106:18 113:13 114:3 114:21 116:19 120:8 127:15 128:18 133:21 140:14 147:24 148:3,14,18 153:14 161:10 163:20 164:7 164:20 165:24 169:16 170:5,8 171:16 174:18 175:22 176:12 176:20 181:5 181:16 192:23 193:17 194:5 194:19,24 195:18 204:1 204:10 205:23 206:9,13 208:23 210:16 210:23 213:6 213:22 215:8,8 227:7 228:10	229:3 238:20 239:7,17,20 240:8 242:18 248:10,17 250:18,22 252:20 253:2,6 253:8,11 254:13 255:3 256:17 257:7 260:12 262:15 267:24 274:15 274:18 277:14 278:1 <b>others</b> 100:1 105:14 121:19 240:4 <b>otherwise</b> 21:7 201:3 205:24 279:15 <b>Ottawa</b> 8:15,16 9:12,14,17,23 10:5,12,21,22 10:23 11:1,4,8 11:9,15,21 12:9 13:12,12 13:15,17 14:10 15:7,19,22 16:8,10,13,18 16:19 17:3,5 17:15 18:16,18 19:5,12 20:6,8 20:20,22 21:1 21:6,10,16,18 21:20 22:3 23:3,11,16 24:7,9 29:10 29:13,17 30:7 30:13,14 <b>Ottawa's</b> 9:23 11:13 <b>ourselves</b> 89:9 192:3 206:1 <b>Ourth</b> 83:21,21 94:14,14 96:20 99:18 101:23 102:9 <b>out</b> 8:23 14:16
---	--	---	--	---

<p>36:23 37:4 43:13 52:11 55:19 57:9 74:13 76:13 86:9 87:7 100:4 102:11 110:2 113:16 113:23 114:5,7 114:11,15 119:24 152:21 154:24 177:14 177:15 178:9 182:20 183:9 184:5,13 185:10 187:1 187:18 192:13 192:18 203:1 204:24 205:9 210:10 223:4 237:17 238:13 244:22 246:2 252:13 253:10 254:21 263:2 265:22 267:8 268:21 272:5 273:2,10 275:1 276:21 277:2 <b>outcome</b> 279:16 <b>outcomes</b> 20:23 49:17 134:16 134:21 154:8 154:10 <b>outdated</b> 114:20 <b>outdoor</b> 182:1,2 <b>outlined</b> 21:9 <b>outlining</b> 211:24 212:13 <b>outmigrate</b> 201:4 <b>outmigration</b> 201:4,11 206:4 <b>outpatient</b> 54:1 54:4,13 55:11 56:2 60:12 77:13 160:4 178:7,9 198:11 238:16</p>	<p><b>outpatient-rel...</b> 55:14 <b>outset</b> 150:10 <b>outside</b> 3:6 106:20 167:9 210:7,7 242:14 249:20 250:7 <b>outskirts</b> 244:22 <b>outspeak</b> 3:5 <b>outstanding</b> 73:1 <b>out-of-state</b> 203:2 204:24 211:11 <b>over</b> 17:9,18 19:18 25:20 34:19 38:20 40:20,22 41:16 44:18,22 45:7 45:13 56:24 57:2,23 59:24 62:12,20,22 71:15 72:15,24 72:24 74:5 78:6,16,18 79:6,6,10 85:23 91:18 95:19 96:4 98:12 105:18 126:5 127:24 133:5 134:5 136:11 144:21 155:8 164:21 176:5,8 177:12 177:14 180:4 181:1 187:2 193:6,16 210:11 220:9 235:2 236:5,10 238:21 239:13 245:11 257:4 257:19 258:10 <b>overall</b> 35:13 53:21 106:12 220:12 226:24 237:1 260:15 <b>overarch</b> 206:2</p>	<p><b>overarching</b> 205:21 <b>overflow</b> 248:10 <b>overhead</b> 44:15 44:20 45:2,13 <b>overload</b> 112:12 <b>overruns</b> 188:4 <b>oversee</b> 48:9 103:1 <b>oversight</b> 166:16 <b>oversized</b> 194:14 <b>overstated</b> 39:24 <b>overtaken</b> 114:1 <b>overwhelming</b> 12:13 16:10 19:15 201:17 <b>own</b> 9:13 19:8 21:20 62:4 63:20 66:6 123:7 142:6,14 181:18,20,22 183:6 253:9 263:4,4,5,13 <b>owned</b> 183:6 <b>owner</b> 75:18 119:14,17 120:4,10,16,19 121:5,5,11,16 121:16 144:9 <b>owners</b> 139:17 140:5 <b>ownership</b> 12:4 16:7 20:5 26:22 28:19 30:12 71:9,13 71:16 83:5 183:10 224:17 <b>O'Brien</b> 180:18 <b>O-u-r-t-h</b> 83:21 94:14</p> <hr/> <p style="text-align: center;"><b>P</b></p> <hr/> <p><b>pace</b> 222:20 236:4 256:5,12 <b>package</b> 40:9 <b>packet</b> 127:21 <b>PACU's</b> 191:11</p>	<p><b>page</b> 37:18 71:8 89:22 97:17 122:3,13,19 123:1,6,20 219:21 220:4 221:2 227:23 228:1 253:13 <b>pages</b> 120:5 121:4 <b>Palmer</b> 8:24 9:9 9:10,11 10:18 <b>Palos</b> 83:10 85:16 88:14 89:5 92:21 103:3 <b>Pamela</b> 50:12 <b>panel</b> 121:19 <b>parcel</b> 42:15 <b>pardon</b> 46:6 246:10 <b>parent</b> 51:17 138:14 <b>parents</b> 137:21 167:19 233:2 <b>Paridy</b> 173:10 173:10 179:7 180:24 187:13 190:5 <b>park</b> 68:21 81:23 83:10 85:17 88:14 92:22 102:5,23 103:12,15,20 105:7,23 106:3 107:18 108:12 110:21 116:24 184:7 269:18 <b>Parkhurst</b> 33:7 33:7 <b>parking</b> 182:18 183:18,19,22 184:1,2,10 185:18 187:14 <b>Parkway</b> 243:14 <b>part</b> 28:8 36:8 37:2,15 42:13 42:15 52:18</p>	<p>55:13,24 56:1 56:16,17 57:10 58:9 60:17 65:16 71:4,6 78:20 85:17 91:9 92:16 96:17 97:8,10 104:23 109:2 113:22 114:3 116:1 134:24 137:17 144:3 152:3 166:17 176:23 191:13 192:16,18,21 193:7 195:4 200:18 208:22 224:14 255:20 257:8 <b>partial</b> 72:5 160:14 <b>participate</b> 6:22 <b>participated</b> 5:20 <b>participation</b> 6:3 7:7 <b>particular</b> 24:20 41:8 59:3 109:5 137:2 180:1 205:16 225:3,20 240:21 241:15 242:5,15,19 243:9,20 250:1 263:8 264:13 <b>particularly</b> 29:3 59:12 106:9 136:1 179:23 <b>parties</b> 11:3 25:12 279:12 279:15 <b>partly</b> 114:8 <b>partner</b> 16:19 16:20 64:7 208:18 225:3 262:17 <b>partners</b> 176:10</p>
--	---	--	--	--

176:12 <b>partnership</b> 19:16 200:11 200:13,16 <b>parts</b> 52:8 60:3 86:19 206:9 215:8 <b>party</b> 120:24 139:7 140:1 <b>PASRR</b> 77:21 <b>pass</b> 148:3 265:10 <b>passage</b> 79:24 <b>passed</b> 79:15 110:17 233:5 272:10 <b>passes</b> 4:22 5:9 32:1 47:12 68:8 83:2 94:3 101:20 118:5 157:21 172:24 190:2 268:8 270:6,19 271:12 <b>pass-through</b> 122:12 130:23 131:4 <b>past</b> 9:16 34:6 49:4 54:16 72:24 86:2,21 99:3 102:24 128:21 138:2 146:13 184:18 193:18 236:6 238:11,13,21 241:13 258:10 <b>Patel</b> 222:4 <b>path</b> 62:19 <b>Pathak</b> 14:22,22 15:22 <b>Pathway</b> 219:1 <b>patience</b> 191:7 <b>patient</b> 18:5 19:6 21:4 35:23 48:5 60:21,22 63:15 65:1 73:6	79:11,12 126:6 134:20 138:22 176:13,14,16 177:22 178:3 192:17 193:14 200:6,9,20 209:13,16 219:13,15 227:19 228:9 228:17 232:5 236:3 237:6 239:3,16 241:12 242:11 242:19 243:5,8 243:13,16,17 247:23 248:2,8 249:19 250:1,2 250:8,12 253:6 253:11,23 254:6,8 256:7 256:8 265:9 266:4 <b>patients</b> 12:18 17:20 19:7 20:12,15 21:12 21:22 28:6,10 35:21 37:12,13 40:23 42:8 48:12 49:3,7 49:15,21 52:24 53:4,8 54:3,9 60:11 61:4 64:9 65:4,19 73:7 74:10 103:10 125:18 125:21 131:7 132:13,22 133:18 134:18 134:21 135:8 135:22 136:7 137:14,20 138:1,7,10,12 138:13,17 152:20 161:13 161:15 163:16 167:15 168:1 168:11 170:1	170:21 175:4 177:11 182:3,7 182:11 184:6 184:12 193:11 199:20 200:5 200:22 201:3 201:11 203:10 203:15 204:16 206:7 207:2 208:8,9 211:5 211:12,17 212:2,14 219:8 220:2,22,24 221:3,11,22 222:4,6,8,12 222:15,20,23 223:1,2,9,11 224:8,11 225:1 225:24 227:19 228:2,7,11,18 228:20,21 229:1 232:10 232:11,16,20 233:12 235:15 235:17,20,22 235:24 236:7,8 236:15,22 237:7,11,14,15 237:19,22 238:1,15,19,20 238:22 239:4,5 239:7,15,21,24 240:2,8,14,15 241:4 242:10 242:14,16,18 244:1 245:8,18 245:21 248:22 249:4,10,11,16 250:18 251:2,3 251:21,23 252:18,20 253:3,7,8,10 254:15 257:10 257:17,19,20 258:1,16 262:12 264:7 265:2,7,11,12	265:17 267:1 <b>patient's</b> 19:4 61:18 <b>Patterson</b> 32:24 32:24 40:20 41:2 45:20 <b>Patty</b> 180:18 <b>Paul</b> 119:5,12 126:19 128:23 129:3 <b>Pavilion</b> 158:11 158:15 159:15 159:19,24 160:4,8 161:7 161:13,19 162:23 163:3 163:11 <b>pavilions</b> 56:22 <b>pay</b> 87:10 107:1 116:13 228:19 237:9 <b>payer</b> 65:5 <b>payment</b> 133:2 <b>payments</b> 35:3 78:19 <b>PCC</b> 235:9 <b>pediatric</b> 191:10 <b>pediatrics</b> 175:12,22 <b>peds</b> 7:24 <b>peg</b> 152:5,14 <b>Peggy</b> 47:18,19 47:24 <b>Pekin</b> 32:9,10,11 33:8 34:1 40:15 42:14 45:20 46:4,5 <b>Pelletier</b> 2:15 58:13 75:4 76:17 166:20 166:22 <b>penalized</b> 272:1 <b>penalty</b> 188:8 <b>pending</b> 78:2 115:23 241:10 <b>Penn</b> 2:5 4:8,9 31:16,17 45:18	45:22,24 46:1 47:6,7 67:22 67:23 73:19,20 73:24 74:2,9 74:22 75:1 82:18,19 92:24 93:2,5,19,20 101:12,13 117:20,21 145:21 146:2,8 147:3,6 148:12 148:23 149:2 149:15,16 150:9,13 157:11,12 166:2,9,19 168:13 171:23 172:13,14 178:23 179:1,3 180:13 188:1,2 188:12,19 189:19,20 196:18,19 202:18,19,20 210:3,4,14,18 210:20 213:21 214:7 216:4,18 216:19 227:22 230:7,8 251:6 251:8,15 252:7 267:20,21 272:21 276:16 <b>pensive</b> 67:15 <b>people</b> 32:18 37:16 42:5,9 42:10 43:4 85:23 91:17 96:17 105:17 108:15 114:2,7 137:16 155:3 164:4,17 167:11,11,12 167:22 168:15 168:15 169:18 170:22 171:11 182:16,20 184:11,18
---	---	--	---	---

185:20,21 199:4 202:20 203:1,3,6 224:9 236:11 236:14 243:2 245:19 248:6 249:1,3 250:10 252:8,9,23 265:18 274:19 277:2,3 <b>people's</b> 170:8 <b>Peoria</b> 12:24 19:2 23:24 41:17 <b>per</b> 41:1 79:11 79:11,12,12 87:17 221:8 237:20,20 <b>percent</b> 35:4,14 35:17 36:19 43:20,23 56:10 59:23 72:14,15 72:15 78:15,17 79:6,6 86:12 87:3 96:24,24 98:9,15 100:5 100:12 109:1 110:2,3 130:24 131:2 133:13 135:7,8,18 136:3 161:20 161:22 162:18 163:4,4,6 177:12,14,16 208:17 211:18 211:19 219:23 219:24 220:1,2 220:6,7,8,9,10 220:12,12,21 221:6,15 222:15 223:17 226:23,24 228:21,23 237:3,5 244:8 244:14,15 245:18 250:17 257:15,20,23	258:3 259:22 260:1,18 261:19 <b>percentage</b> 60:2 78:14 110:1 168:4 212:2 <b>percentages</b> 210:12 228:24 <b>perform</b> 128:17 129:14 <b>performance</b> 10:10 18:13 25:19,20 26:4 129:7 <b>performed</b> 124:15 130:13 131:10,18,19 132:11,14,20 133:3,14 <b>performing</b> 28:23 <b>perhaps</b> 8:22 66:8 142:18 151:9 186:13 204:7,23 205:2 206:17,21 232:19 265:24 <b>period</b> 3:11 26:1 44:18 55:12 65:22 112:11 156:24 169:19 <b>permission</b> 95:22 174:24 <b>permit</b> 7:14,17 7:18,19,20,20 7:22,23 8:1,2 8:11 10:16 11:2 12:3 36:23 43:6,7 51:24 104:15 107:16 117:1 128:5 150:7 174:20,20 176:2 191:14 <b>Permits</b> 32:6 <b>permittal</b> 223:16 <b>permitted</b> 5:14	29:2 30:7 <b>persistent</b> 58:17 <b>person</b> 5:14 21:24 35:24 42:11 63:21 64:2 149:2 179:14 190:17 209:22 <b>personal</b> 9:13 20:3 21:24 43:6 142:7 233:2 <b>personalized</b> 209:12 <b>personally</b> 22:15 156:1 239:20 <b>personnel</b> 133:12 <b>persons</b> 6:12 20:17 58:17,20 59:12 63:23 76:19 163:12 171:8 <b>perspective</b> 97:13 140:23 142:7 180:8 205:19 <b>persuasion</b> 105:20 <b>pertaining</b> 149:9 <b>PET</b> 203:22 <b>Peter</b> 50:6 51:15 190:14,21 191:22 <b>PET/CT</b> 203:23 203:24 204:15 <b>pharmaceutic...</b> 45:6 <b>phase</b> 192:9,9,15 <b>Phelps</b> 276:22 277:6 <b>Philippines</b> 138:5 <b>philosophy</b> 43:5 <b>phone</b> 254:9 <b>physical</b> 106:2 108:10 134:20	135:2 176:18 182:24 <b>physically</b> 92:12 <b>physician</b> 12:16 22:20 200:22 201:5 <b>physicians</b> 12:14 18:23,24 19:16 28:3 132:10 136:10 137:6 137:11 176:19 179:12 200:23 204:15 249:13 266:9 <b>physician-based</b> 132:5 <b>Ph.D</b> 130:3 <b>pick</b> 136:21 254:9 <b>picked</b> 64:20 168:15 <b>picking</b> 209:16 209:17 <b>picture</b> 75:23 88:24 <b>pieces</b> 78:12 79:4,7 <b>piece-by-piece</b> 57:2 <b>place</b> 41:15 54:6 62:15 63:17,24 64:2,17 65:3 87:4,11 88:3 90:1 91:6 102:5,23 103:12,15,20 105:7,23 106:3 107:18 108:12 109:3 110:21 116:24 125:7 152:18 227:17 263:7 <b>placed</b> 224:7 <b>placement</b> 179:19 <b>places</b> 11:15 27:7 57:4	63:22 130:20 205:3 257:10 260:1,5 261:19 <b>Plainfield</b> 270:9 <b>Plaintree</b> 58:4 <b>plan</b> 65:18 74:10 76:18 124:15 167:19 181:9 182:1 185:12 186:16 192:10 192:14 203:1 207:6 209:11 223:18 <b>planned</b> 96:13 <b>planning</b> 52:5 53:10 58:10 62:1,18 72:23 73:2 86:17 109:2 110:20 111:22 112:1 174:3,21,23 177:18,20 178:14 181:11 181:13 183:16 185:7,7 186:11 186:21 187:23 188:16 199:7 199:16 201:9 221:7,18 226:20,21 <b>plans</b> 27:19 52:11,14,16 55:20 125:4 178:17 194:16 207:20 <b>plant</b> 45:4 134:20 135:2 182:24 192:6 <b>play</b> 42:20 43:5 273:3 <b>playing</b> 154:13 252:7 <b>Plaza</b> 2:21 <b>please</b> 5:11 6:9 6:16 7:6 8:18 9:2 13:6 14:17 15:4 22:17
--	---	---	--	---

<p>33:13 50:18          68:18,22 69:18          70:23 73:19          80:15 84:2          94:24 102:8          103:22 104:9          118:24 124:4          126:13,24          149:10 158:15          158:18 164:2          173:8 174:12          190:13 197:16          198:6 217:13          217:23 248:15          271:24,24          272:1 273:5  <b>pleased</b> 19:9          22:7 37:1          88:18 105:7          111:1 161:24          168:17  <b>pleasure</b> 173:1  <b>plenty</b> 89:8  <b>plug</b> 180:23  <b>plumbing</b> 57:7  <b>pocket</b> 246:5  <b>podiatrist</b> 12:9  <b>point</b> 16:1 19:18          42:18 43:19          61:16 62:10          71:19 94:8,10          95:17 98:1,12          109:12 119:23          137:10 144:2          155:3 205:9          236:6 252:21          253:9 254:13          255:21 258:15  <b>points</b> 16:22          188:15  <b>POLAND</b> 83:15  <b>police</b> 137:24  <b>policy</b> 21:21          23:1 30:4          167:21 211:9          211:16 212:5,9          224:20 225:21</p>	<p>275:3  <b>political</b> 22:24  <b>Pontiac</b> 161:18  <b>poor</b> 92:8  <b>Poor's</b> 24:5  <b>population</b> 18:5          28:11 60:22          61:2 62:24          77:4 78:7 86:8          97:22 98:3          114:1,7,21          116:3 136:18          136:22 138:19          167:3 168:10          208:13,13          218:22 219:3          219:22 220:5,7          220:8,10,11          226:15,19,23          228:9,17 232:1          236:24 237:3,6          239:3,13          240:22 241:12          242:11,19          244:4,19 248:3          248:8 249:19          250:1 260:20          265:10  <b>populations</b>          59:7 243:6          244:17 247:24          250:2  <b>portion</b> 71:4  <b>portions</b> 180:6  <b>position</b> 11:15          34:23 37:17          42:2,6 71:18          71:22 135:22          141:18 212:1  <b>positions</b> 42:3,4  <b>positive</b> 11:24          13:20 57:24          67:24 108:22          129:18 135:9          230:16  <b>positively</b> 21:2          35:20 37:7</p>	<p><b>possibilities</b>          200:16 208:23  <b>possible</b> 24:1          30:23 55:5          79:24 80:2          203:3 238:15  <b>possibly</b> 40:2          85:15  <b>Post</b> 7:14  <b>posted</b> 7:2          272:20  <b>postponed</b>          274:17 275:2  <b>post-anesthesia</b>          193:4,7 194:12  <b>potential</b> 9:19          48:22 66:4          120:17 141:23          233:12  <b>poverty</b> 211:18  <b>power</b> 192:5  <b>practical</b> 52:21          240:14  <b>practice</b> 17:12          123:5 128:22          130:18 220:16          220:23 222:6          224:18 225:4  <b>practiced</b> 30:9          200:21  <b>practices</b> 18:12          58:18 220:13  <b>practice's</b>          122:10  <b>practicing</b> 12:8          22:19 200:22  <b>practitioners</b>          29:18,20  <b>Prairie</b> 217:8          218:20 220:14          221:15 222:8          223:7,21  <b>Prebil</b> 126:17,18          128:11 139:10          140:4 142:24          143:13,22          144:1 145:1,5</p>	<p>150:19 151:1          153:4,12,19  <b>precedent</b>          214:21  <b>preclude</b> 240:1  <b>predominantly</b>          231:24 238:13  <b>pregnancy</b>          131:24 135:5,9          154:23  <b>pregnant</b> 134:18          134:21  <b>prematurely</b>          185:10  <b>premises</b> 120:3          120:7,12,14          121:10  <b>prep</b> 191:12  <b>preparation</b>          96:23,23 97:3          97:5,7 109:21          109:24 110:7          146:12 159:21  <b>prepare</b> 150:17          236:18  <b>prepared</b> 34:12          121:17 130:1          157:24,24          226:4  <b>preparing</b> 16:6  <b>presence</b> 175:9  <b>present</b> 2:1,7          16:4 26:7          60:11 70:9          105:7 124:11          159:18 174:19          206:9 209:9  <b>presentation</b>          90:20 111:21          152:4 157:13          261:18  <b>presentations</b>          111:20  <b>presented</b>          119:16 192:3          207:15 228:16          229:2 242:2</p>	<p><b>presenting</b> 173:7  <b>presents</b> 141:9  <b>president</b> 12:10          15:17 51:16          104:3 174:16          190:21 191:23          218:18 231:19          234:3  <b>pressure</b> 129:18          232:2  <b>presume</b> 122:5  <b>pretax</b> 78:22          79:5  <b>pretty</b> 37:8          169:20 192:12          260:1  <b>preventable</b>          239:23  <b>previous</b> 5:23          6:2 81:4 109:6          109:8  <b>previously</b> 5:20          62:21 107:11          191:14 202:2          224:6 269:18          276:13  <b>pre-register</b> 7:8          7:9  <b>pricing</b> 18:12  <b>prides</b> 262:19  <b>primarily</b>          105:16  <b>primary</b> 16:22          17:11 38:16          76:20 77:2          239:10  <b>principal</b> 176:8  <b>print</b> 127:24  <b>prior</b> 41:10          112:9 140:24          148:16 151:4          155:14 165:3          227:19  <b>priorities</b> 277:4  <b>priority</b> 167:10          277:5  <b>private</b> 13:22</p>
--	--	--	---	--

<p>35:11,15 109:4          132:24 134:9          160:17 177:1          177:13,19          201:16 228:19  <b>privileged</b>          180:16  <b>prn</b> 42:9  <b>pro</b> 14:6  <b>probably</b> 36:22          64:24 96:5          98:7 99:3          102:3 114:17          165:20 215:7          255:16 258:2          264:22 265:7,9  <b>problem</b> 38:7          56:15 139:15          141:6,10          144:23 239:23          260:4,21          262:20  <b>problems</b> 22:21          144:9 176:16          202:23 245:21          260:15  <b>procedure</b> 5:17          124:23 125:4          131:9 132:14          152:7,21 153:6          153:10,16,17          191:11  <b>procedures</b>          29:13,21          123:17 128:17          129:8,9,15,17          130:12,17,21          131:1,2,5,10          131:14,16,19          132:11,14,19          133:2,14 136:2          136:5,8  <b>proceed</b> 10:17  <b>proceeding</b>          279:13  <b>proceedings</b>          6:20 279:9</p>	<p><b>process</b> 16:9          34:13,14 35:4          51:22 52:5          99:23 113:4          174:21,23          179:15 181:13          185:9 186:23          188:16 192:11          199:11 208:21          241:24  <b>Proctor's</b> 168:16  <b>produce</b> 207:5  <b>product</b> 205:16  <b>production</b>          20:24  <b>profession</b>          137:11 232:8  <b>professional</b>          157:13 279:6  <b>professionals</b>          219:13  <b>professor</b> 130:8          205:4  <b>profile</b> 62:3  <b>profit</b> 110:11  <b>profitable</b> 79:13  <b>program</b> 35:2          36:12 48:1          49:6 53:6          54:13 60:5          62:9,15 107:8          108:12 143:14          143:17 147:16          147:18 160:9          176:18 195:3          213:16 215:6          236:17 273:21          273:23  <b>programmatic...</b>          48:17 49:15  <b>programming</b>          55:11  <b>programs</b> 49:1          49:14,18 54:1          54:4,7,11,18          54:20 55:14,17          55:22 57:9</p>	<p>103:8,9 131:22          137:3,7 160:13          161:9 175:11          219:8 235:20  <b>progress</b> 193:20          206:22 249:4  <b>progressed</b>          233:10  <b>Progressive</b> 34:1  <b>prohibited</b> 6:12  <b>prohibitive</b>          132:21  <b>prohibits</b> 120:6  <b>project</b> 6:14,15          15:8 32:9          33:19,20 46:3          47:17 50:24,24          51:5 67:1          68:20 69:22,23          70:9 71:2,3,4          71:23 72:21          73:4,13 81:21          83:10 84:6,7          87:14,18 88:12          88:12 92:19          94:7,7 95:4,5          98:16 100:15          102:2,2,5          103:5 104:11          104:12,12,14          104:18,18,23          105:6,23,24          106:20 107:13          107:24 108:23          109:7,9,23          110:4,13,17,18          116:11,22          118:8 119:9,15          120:20,20          122:2,17,19          124:13 126:12          127:7,9,13          128:5 142:13          150:5 156:9          158:10 159:7          159:10,19          161:23,24</p>	<p>162:4 163:19          167:5 171:17          173:3 174:1,5          174:6 177:17          185:11 188:23          188:24 190:8          191:12,13,15          191:16 192:1,3          193:20 195:19          197:5,6,7          198:14,19          199:19 200:3          200:11 201:2          208:6 213:24          217:8 218:4,5          218:7,11,20          222:10 225:3          229:7 233:17          234:12 242:7,8          264:14 266:6          270:22  <b>projected</b> 39:19          71:21 123:16          167:2  <b>projecting</b> 39:16  <b>projection</b>          115:20,21  <b>projections</b>          39:18,23          113:23 114:21          115:4 116:3  <b>projects</b> 5:22          6:18,24 70:10          99:19 110:9  <b>promised</b> 136:2  <b>prone</b> 244:20  <b>pronouncing</b>          231:3  <b>proof</b> 109:18  <b>proper</b> 53:13          77:21 166:12          214:11  <b>Properties</b> 270:9          270:9  <b>property</b> 89:7          92:5 199:12          210:7</p>	<p><b>proponents</b> 78:7  <b>proportionately</b>          168:6  <b>proposal</b> 201:19  <b>propose</b> 50:20          159:5 203:22  <b>proposed</b> 53:13          71:23 73:4          119:22 122:7          123:2,12 175:1          205:8 208:6          218:20 220:14          221:4 240:20          276:3  <b>proposes</b> 127:4          177:17  <b>proposing</b> 15:6          33:15 35:8,9          69:20 84:4          95:2 104:16          123:3 141:23          143:11 161:6          168:9 191:9          198:10 204:4          205:1 218:1          234:9  <b>prospect</b> 199:17  <b>protocols</b> 201:9  <b>proton</b> 207:14          207:21  <b>proud</b> 17:15          58:1 96:17          208:15 239:13  <b>prove</b> 134:18          154:17  <b>proven</b> 13:13          135:12,24          243:5  <b>provide</b> 6:5,8,13          7:5,7 10:16          16:12 17:14,20          20:11 21:6          38:15,18 48:9          49:22 53:22          60:2 64:9          65:20 73:5          74:20 75:21</p>
--	--	--	---	---

77:23 78:4 80:17 81:10 90:1 103:1 125:14 137:20 137:23 144:4 146:23,24 160:23 165:14 168:18 175:9 182:3 184:12 193:12 200:7 201:7 203:2 204:16 207:9 209:15,24 212:22 213:12 238:14 240:13 264:4 <b>provided</b> 6:23 18:22 36:3 48:2,11 49:16 51:22 53:6 54:16 58:22 64:19 65:22 71:24 75:12 76:6,9 122:16 142:19 171:9 206:1 234:16 <b>Providence</b> 104:1,4 105:11 <b>Providence's</b> 103:2 105:13 <b>provider</b> 9:23 123:13 161:19 208:18 <b>providers</b> 10:3 13:22 17:23 37:3 53:16,17 54:2,6 64:17 64:21,24 85:21 134:12 232:21 237:13 <b>provides</b> 10:6 48:17 84:15 85:1 137:19 160:4,18 161:13 193:11 <b>providing</b> 13:13 43:13 64:18	96:16 105:20 124:2 130:16 132:4 133:17 160:1 182:9,10 210:8 221:17 235:14 236:8 267:5 <b>provision</b> 52:19 65:3 107:1 108:7 125:9 161:4 250:5 <b>provisions</b> 108:14 124:22 <b>proximate</b> 260:20 <b>proximity</b> 12:23 29:16 209:4 <b>prudent</b> 144:3 223:16 <b>psychiatric</b> 160:1,10,16 161:2,8,9 170:6 <b>psychiatrists</b> 53:22 <b>public</b> 3:10 5:11 5:15,16,21 6:2 6:3,14,21,23 7:1,7 8:19,21 13:21 14:1 15:9 16:14,15 19:13 32:10 33:18 47:17,18 51:2 70:1 73:12 78:2 83:11 84:9 87:23 88:15 90:3 91:3,10 94:8 95:8 102:7,10,13 104:19 107:7 118:8,10,11 126:7 127:10 127:19 141:21 154:22 158:12 159:8 162:1 173:4 174:8	182:3 190:9 191:17 198:16 201:15,15 208:7 217:9 218:9 225:11 225:13,14,23 231:2 234:18 237:11 240:9 256:24 273:15 273:17 276:1 279:7,20 <b>pull</b> 47:21 68:13 68:17 76:13 78:13 <b>pulmonology</b> 17:24 <b>purchased</b> 17:10 72:12 <b>purpose</b> 105:15 122:19,20 129:13 130:21 152:19 174:2 206:6 <b>purposes</b> 120:8 <b>pursuant</b> 268:23 <b>pursuing</b> 140:11 235:21 <b>purview</b> 143:3 <b>push</b> 277:5 <b>put</b> 54:5 58:3 65:3 66:18 76:10 81:3 87:11 91:20 113:9 120:16 125:7 152:5,14 156:3,8 167:19 186:7 188:6,9 207:21 214:14 227:17 244:5 244:21 246:2 253:9 260:19 262:7 263:6 277:20 <b>puts</b> 37:15 63:3 202:8 <b>putting</b> 165:16 188:20 194:21	210:11 267:24 <b>P-a-m-e-l-a</b> 50:12 <b>P-a-r-i-d-y</b> 173:10 <b>P-a-r-k-h-u-r...</b> 33:8 <b>P-a-t-h-a-k</b> 14:23 <b>P-a-t-t-e-s-o-n</b> 33:1 <b>P-r-e-b-i-l</b> 126:18 <b>p.m</b> 77:12 158:4 158:5 222:23 250:12 269:9,9 278:8 <hr/> <b>Q</b> <hr/> <b>quality</b> 9:21 13:13 17:14 21:3 35:19 86:21 88:2 132:9 133:16 206:14 219:11 219:12 232:5,6 243:4 <b>quarter</b> 163:5 <b>quaternary</b> 200:19 <b>question</b> 9:21 20:9 23:9,9 24:19 25:22 26:7 27:2,12 28:16,17 36:22 41:3 45:18 57:12 58:12 59:22 61:13 63:11 65:8 78:11,14 90:19 111:13 115:2 132:19 141:11 141:14 144:7 148:12,13,17 164:20 166:6 167:6 169:24 195:8 204:22	208:1,5 226:12 228:5 246:21 246:22 247:8 247:22 251:7 263:2 264:19 277:10 <b>questionnaire</b> 163:1 <b>questions</b> 5:4 8:5 16:1,23 22:8,10 24:16 26:17,24 27:3 38:21 39:1 43:16 44:3 45:16,23 54:22 55:1 59:18 61:10 65:10 66:22 73:15 78:8 88:19,21 89:10 92:19 98:19,21 99:11 100:15 111:7 111:11 116:8 116:19 117:24 139:1 142:12 142:17 143:1 143:14,17 147:15,17 148:22 149:9 149:16 163:21 164:1 165:24 171:16 178:18 178:22 181:5 193:17,23 195:1,19 201:24 202:14 202:17 204:13 210:23 213:7 213:23 223:24 229:3 255:3 278:2 <b>quick</b> 89:13 169:24 195:8 <b>quickly</b> 88:22 258:5 <b>quiet</b> 259:12 <b>quit</b> 96:7
---	---	---	--	---

<p><b>quite</b> 52:22                      57:24 58:7                      97:1,19 131:14                      183:3 191:3                      201:1 207:11                      247:2 248:1                      252:4 260:10  <b>quorum</b> 158:6  <b>quote</b> 122:15</p> <hr/> <p style="text-align: center;"><b>R</b></p> <hr/> <p><b>Rachubinski</b>                      119:6 121:24                      121:24 123:11                      124:6  <b>radiation</b> 199:8                      200:1 201:21  <b>radically</b> 41:6  <b>radius</b> 230:1                      245:2 247:5                      248:1 260:23                      261:6,7  <b>Rainey</b> 158:19                      158:19  <b>rains</b> 110:6  <b>raised</b> 141:11                      149:17 209:7                      211:23 273:16  <b>raising</b> 263:11  <b>Ranalli</b> 217:17                      217:17 224:15                      224:23 228:4                      241:8 249:2,11                      250:6 263:8                      264:3,9 268:10  <b>range</b> 255:15                      263:13  <b>ranked</b> 175:15  <b>Rantoul</b> 162:8  <b>rapid</b> 226:14  <b>rapidly</b> 20:19                      258:10  <b>rate</b> 79:2,5,10,14                      83:7 87:9                      135:5,8 136:21                      162:17 169:2                      220:3</p>	<p><b>rated</b> 175:17  <b>rates</b> 89:17                      113:21,21                      131:13,24,24                      238:18 239:1  <b>rather</b> 58:22                      96:24 195:1                      215:16 228:16  <b>rating</b> 24:5 25:2                      25:6,6,13,15                      26:6 45:19,21                      74:3,7,11,13                      74:21 89:15  <b>ratio</b> 136:23  <b>rational</b> 49:19  <b>ratios</b> 71:9,11,19                      71:21,23 72:4                      74:16 75:6,11                      76:3 110:8,10                      110:16  <b>Ray</b> 104:2                      108:17  <b>reached</b> 39:13                      165:5 274:2  <b>reaching</b> 73:8                      86:9  <b>read</b> 5:11 26:10                      67:23 144:16                      237:15  <b>readily</b> 41:12                      239:17,19  <b>reading</b> 58:8  <b>ready</b> 42:17                      81:19 90:17                      106:2  <b>real</b> 100:2                      176:15 187:4                      228:14  <b>realign</b> 116:2  <b>realistically</b>                      221:21  <b>reality</b> 62:3                      86:24 114:22                      114:24 115:1                      247:6  <b>realize</b> 86:23                      147:23 264:20</p>	<p><b>realized</b> 14:2                      45:7  <b>really</b> 17:15                      23:11 24:7,24                      27:15 35:9                      39:4 40:10                      61:16 62:2,17                      63:3 72:18                      85:18 86:11,20                      87:4,8,19,23                      92:15 96:21                      97:19 98:5                      105:7 128:24                      140:9 141:22                      143:2 150:20                      155:11 168:10                      175:24 200:7                      202:5 203:4                      204:10,11                      207:21 209:2                      209:23 243:19                      243:24 258:10                      260:7 261:23                      266:21  <b>reappear</b> 164:13  <b>reason</b> 56:21                      65:17 72:6                      97:1 134:24                      135:3 171:5                      242:6  <b>reasonable</b> 56:6                      140:15 141:2                      221:23  <b>reasons</b> 16:18                      42:22 57:4                      60:6 90:9                      110:15 121:18                      121:18 124:13                      153:13,19                      194:18 230:10                      230:14 241:5  <b>rebooting</b> 27:4  <b>rebuilding</b> 126:3  <b>recall</b> 114:3                      166:11  <b>recalling</b> 224:16  <b>recapture</b> 164:6</p>	<p><b>receive</b> 26:20                      34:9 41:18                      49:9,11 107:11                      127:11 133:8                      174:9 198:17                      198:17,18                      227:20 230:19                      257:9  <b>received</b> 5:24                      15:10 19:15                      33:18 34:12                      49:12 51:3,24                      70:2 84:10                      86:22 95:7,8                      104:20 122:14                      144:11 159:9                      162:1,4 191:18                      191:18 218:10                      218:12 228:5                      233:4 234:14                      234:19 274:19                      276:14  <b>receives</b> 243:8  <b>receiving</b> 58:21                      215:13 227:18                      228:22  <b>recent</b> 36:19                      38:8 62:16                      132:4 155:4                      259:23  <b>recently</b> 27:24                      72:23 87:6                      123:14 162:24                      171:6 175:17                      254:15 259:21                      260:17  <b>recess</b> 68:15                      158:4  <b>recipients</b>                      161:20,21  <b>recognition</b>                      80:20 98:10  <b>recognize</b> 56:13                      155:3 185:2                      264:11  <b>recognizes</b>                      239:11</p>	<p><b>recognizing</b>                      84:20  <b>recollection</b>                      224:12,13  <b>recommend</b>                      13:2 102:1                      145:12  <b>reconcile</b> 79:3,7  <b>record</b> 11:14                      23:5 28:19                      46:7 59:11                      80:9 143:20                      166:23 168:13                      197:11 213:1                      215:14,17                      226:11  <b>recorded</b> 5:16  <b>recorder</b> 9:3                      14:13 32:14,16                      50:4 68:23                      69:10 94:12                      103:21 158:18                      173:8 190:13                      197:17 217:13                      231:11 233:20  <b>records</b> 13:13                      21:16 45:7                      193:13 194:21  <b>recover</b> 188:9,12  <b>recovery</b> 125:3                      161:3 191:12                      193:5,8 194:13  <b>recruit</b> 18:3 28:3                      28:7  <b>recruitment</b>                      17:13  <b>rectify</b> 88:6,8  <b>recuse</b> 197:11  <b>recused</b> 216:16  <b>red</b> 35:2  <b>reduce</b> 17:18                      208:7 274:7,13  <b>reduced</b> 35:3                      137:13,14                      279:10  <b>reduced-cost</b>                      137:19</p>
--	---	---	--	---

<p><b>reduces</b> 35:23  <b>reducing</b> 35:12  134:21  <b>reduction</b> 27:9  36:19 134:12  219:14,15  <b>redundant</b>  230:14  <b>reexamination</b>  96:8  <b>refer</b> 224:8,24  227:22 258:1  <b>reference</b> 62:6  228:6  <b>referencing</b> 24:6  <b>referral</b> 12:21  66:6 99:15,19  99:24 161:15  201:5 225:4  270:21  <b>referrals</b> 60:8  98:23  <b>referred</b> 38:4  144:10 222:6  270:24  <b>referring</b> 54:9  122:3 200:23  221:22 225:20  257:17 266:8  <b>reflect</b> 113:5  115:4  <b>reflection</b> 39:6  <b>reform</b> 11:16  36:16 105:19  105:19  <b>refusal</b> 206:11  <b>refused</b> 19:6  <b>regard</b> 64:10  <b>regarding</b> 6:14  22:21 23:2  26:21 30:23  39:6 40:15  47:17 55:5  56:6 123:24  128:2 140:10  140:18 156:23  198:18 201:24</p>	<p>233:1 265:21  <b>regardless</b> 19:4  65:5 249:10  <b>regards</b> 270:22  <b>region</b> 161:9,10  161:13 164:8  199:20 252:2  <b>regional</b> 8:15,17  9:14,22,23  10:5,23 11:9  12:9 13:12,12  14:11 15:7,19  15:22 16:8,18  16:19 17:3,6  20:6,20 21:2  29:13 30:7,13  123:13,13  197:7 199:10  214:2 218:18  231:19 234:2  <b>regions</b> 164:7  <b>registered</b> 235:1  279:6  <b>regular</b> 152:6,8  <b>regularly</b> 177:11  <b>regulation</b> 125:3  134:9 153:21  <b>rehab</b> 52:7  54:13 64:6,18  68:21 69:6  71:17 72:8  78:5 102:22  173:4 177:7  183:2  <b>rehabilitating</b>  57:10  <b>rehabilitation</b>  48:1,2,4,11,22  49:9,14 53:4,7  54:7,12,15  103:15 174:16  175:10,19  176:7,19,21  177:18  <b>REI</b> 131:18  132:10,24  <b>Reilly</b> 185:6</p>	<p><b>reimbursement</b>  35:5 43:10  79:2,4,10,14  79:16,17 83:6  87:9 89:17  133:10 134:13  <b>reintegration</b>  160:21  <b>reiterates</b> 66:1  <b>relate</b> 247:7  <b>related</b> 5:21  10:11 52:17  57:12 195:12  201:24 254:16  279:11  <b>relates</b> 24:4  241:15,16  <b>relating</b> 70:21  97:16  <b>relation</b> 75:8  221:4  <b>relationship</b>  12:20 23:7  31:5 135:24  142:20 179:4  183:9 197:12  200:14 206:23  213:18 215:3  265:13  <b>relationships</b>  48:19 175:13  180:9 204:24  215:8 232:18  249:6,12  <b>relative</b> 24:13  25:22 26:5,14  62:1 249:24  279:13  <b>relatively</b> 155:4  <b>relatives</b> 237:12  <b>relevant</b> 6:17  260:14  <b>reliably</b> 248:21  248:24  <b>religious</b> 92:1  <b>relocate</b> 52:6  <b>relocating</b> 49:20</p>	<p><b>relocation</b> 56:1  <b>reluctant</b> 67:13  <b>rely</b> 223:2  237:11 240:9  <b>relying</b> 240:7  <b>remain</b> 53:21  55:9 58:15  63:2 111:13  168:4 208:24  <b>remained</b> 48:14  <b>remaining</b> 52:6  107:4 192:17  <b>remains</b> 22:24  238:24  <b>remember</b> 64:5  254:7,12  <b>remind</b> 59:4  <b>reminded</b> 6:5  <b>reminding</b> 156:4  <b>remodel</b> 135:3  <b>remodeled</b> 135:6  <b>remote</b> 58:23  <b>removal</b> 104:22  <b>remove</b> 107:9,19  116:13 147:13  <b>renal</b> 218:22  219:22 220:3  266:24  <b>rendered</b> 120:13  <b>renewal</b> 7:18 8:2  8:11  <b>renovated</b> 62:5  62:15  <b>renovating</b>  90:22 194:13  <b>renovation</b>  56:22 62:18,19  126:2  <b>renovations</b>  52:10 63:5  121:12,13  <b>reopen</b> 148:21  <b>repeat</b> 5:23  <b>repeated</b> 80:12  <b>repetitive</b> 6:4,5  6:19  <b>Repetto</b> 158:22</p>	<p>158:22  <b>replaced</b> 72:19  <b>replacement</b>  57:5 81:23  174:3  <b>reply</b> 202:3  <b>report</b> 15:4 24:3  24:24 33:13  34:7 37:1,18  37:19 44:7,8  50:18 62:6  65:8 66:18  69:18 70:22  71:9 78:13,21  84:2 85:4,9  87:13,15 89:14  89:23 94:24  96:19 97:18  99:14 104:9  108:18,21,24  122:3 123:1  124:16 127:3  127:21 142:11  159:3 162:10  173:22 175:16  190:24 194:6  198:8 204:12  217:23 218:12  221:20 226:14  234:7 247:3,11  250:23 259:24  274:12 278:2  <b>reported</b> 112:5  <b>reporter</b> 2:17  9:5 32:17 50:4  69:12 118:23  279:1,6,6  <b>reports</b> 32:6  127:23,23  165:15 166:5  166:12 277:13  <b>represent</b> 95:15  252:10  <b>representative</b>  58:14 126:12  273:11,12  276:22 277:6</p>
---	---	--	---	--

<p><b>representatives</b> 14:10 32:12 103:20 118:12 158:14 162:7 190:10 233:17</p> <p><b>represented</b> 132:7</p> <p><b>representing</b> 6:12 8:16 50:1 94:10 95:20 176:6</p> <p><b>represents</b> 199:15 219:7</p> <p><b>reproductive</b> 22:22,22 29:3 120:4 121:1 122:21 130:4 130:11 133:24 134:7</p> <p><b>repute</b> 97:23 98:1</p> <p><b>reputes</b> 99:9</p> <p><b>request</b> 11:2 16:14 29:10 35:16 95:8 102:10 109:16 121:20 123:21 124:14 143:12 143:20,22 145:13,23 151:5 156:9 163:18 174:8 191:17 231:2 271:20</p> <p><b>requested</b> 24:13 33:18 70:1 72:2 73:12 84:9 104:19 127:10 159:8 162:2 198:16 218:9 234:18 277:12</p> <p><b>requesting</b> 104:21 142:6 143:23 270:8 270:23</p> <p><b>requests</b> 8:11,12</p>	<p>8:12 9:18 94:9 102:7 158:12 190:10</p> <p><b>require</b> 49:9 77:17,22</p> <p>121:16 129:10 136:7 152:17 152:20 174:21 232:16 264:7</p> <p><b>required</b> 39:14 76:10 121:12 125:2 132:3 162:16 204:17</p> <p><b>requirement</b> 99:15,20 168:24 224:21</p> <p><b>requirements</b> 121:15 124:20 125:5 126:2 128:4 131:22 132:9 142:4,4 150:7 151:19 152:12,16 153:6,7 181:21 236:19</p> <p><b>requires</b> 5:14 30:2 77:10 121:5 123:20 124:24 125:3 132:22 223:5</p> <p><b>requiring</b> 54:15 160:11 181:19 214:1 223:11</p> <p><b>rescind</b> 90:11</p> <p><b>research</b> 175:18 175:19,21 176:4,7,9,13 177:24 178:3 178:10,12,13 180:7 201:9</p> <p><b>researchers</b> 176:8,14 178:4</p> <p><b>reside</b> 58:22 220:24 236:14</p> <p><b>residences</b> 86:3 86:4</p> <p><b>residency</b></p>	<p>213:16</p> <p><b>resident</b> 10:21 76:24 77:10,24 96:15</p> <p><b>residential</b> 106:5 160:5 161:2</p> <p><b>residents</b> 72:16 72:16 76:23,24 77:2,16,20 78:1 86:16,21 87:4,5,11,24 88:2,6,10 91:5 91:8,11 92:6 110:23,24 219:5</p> <p><b>resolution</b> 165:20</p> <p><b>resolved</b> 164:23 165:16</p> <p><b>resolving</b> 166:18</p> <p><b>resources</b> 1:17 1:17 12:21 20:10</p> <p><b>respect</b> 21:24 193:4 199:22 200:15 209:19 212:1 241:17 242:6</p> <p><b>respectfully</b> 121:20 163:18</p> <p><b>Respecting</b> 156:2</p> <p><b>respond</b> 9:19 25:15 27:15,17 41:19 105:6 163:21 204:22</p> <p><b>responded</b> 37:6 37:7</p> <p><b>respondents</b> 37:9</p> <p><b>responders</b> 42:15</p> <p><b>response</b> 3:24 5:5 8:7 9:21 36:10 37:5 42:12,13 66:23 77:8 116:20</p>	<p>181:6 204:13 224:2 229:5 270:4,17 271:10 278:3</p> <p><b>responses</b> 27:23</p> <p><b>responsibility</b> 18:16</p> <p><b>responsible</b> 9:18 218:19</p> <p><b>responsive</b> 185:23 239:16</p> <p><b>rest</b> 132:16 233:8</p> <p><b>resting</b> 164:21</p> <p><b>restricted</b> 97:22</p> <p><b>result</b> 10:9 13:24 21:13 107:13 109:3</p> <p><b>resulting</b> 52:15 235:20</p> <p><b>results</b> 224:16</p> <p><b>resume</b> 112:15</p> <p><b>retain</b> 10:2 18:3 28:3,6,7</p> <p><b>retinopathy</b> 240:4</p> <p><b>retired</b> 22:19</p> <p><b>retirees</b> 107:1</p> <p><b>retirement</b> 105:10 107:2</p> <p><b>retribution</b> 90:12</p> <p><b>return</b> 54:3 78:22 79:5</p> <p><b>reunite</b> 55:21</p> <p><b>revenue</b> 44:15 44:24</p> <p><b>reverses</b> 115:20</p> <p><b>review</b> 1:2,15 5:18 6:24 7:3 22:6 32:8 39:22,23 71:1 97:16 105:22 108:1 124:15 124:17 125:23 141:1 147:1 174:15 214:22</p>	<p>271:1</p> <p><b>reviewing</b> 223:21</p> <p><b>reviews</b> 87:14</p> <p><b>revised</b> 76:7 113:4</p> <p><b>re-prepare</b> 150:17</p> <p><b>RHS</b> 25:22</p> <p><b>RIC</b> 174:17,18 174:21 175:6 175:15 176:9 176:17,19 181:1</p> <p><b>Rich</b> 108:19 109:22</p> <p><b>Richard</b> 2:6 103:24 104:5 126:17 148:14 266:22</p> <p><b>rid</b> 89:9</p> <p><b>ride</b> 223:2 240:16 250:15</p> <p><b>rides</b> 223:3 237:11</p> <p><b>right</b> 21:4 26:12 27:14 34:6 36:22 42:14 47:19 61:14 84:17 85:14 86:5 89:4 99:5 115:24 119:6 130:12 131:2 137:7 143:1 146:9 148:5 150:22 154:12 167:8,23 183:4 184:20,24 186:12 188:11 190:24 191:4 199:6,7 202:8 202:22 204:10 206:11 219:9 224:22 225:16 225:22 227:16 231:7 237:23 244:7,12,17</p>
---	---	---	--	---

<p>245:5,6 246:19 249:13 252:10 252:12 255:7 255:18 259:4 262:21 263:24 264:6,8 268:20 268:21 272:11 272:14 275:6 <b>rights</b> 22:22 23:2 <b>rigorous</b> 236:17 <b>Rinehart</b> 120:19 126:21,21 133:22,23 139:12,20,23 140:2 141:8 144:14,22 145:8 146:5,9 146:16 147:2 153:11 154:5 154:12,15 <b>rise</b> 136:21 <b>risk</b> 35:23 57:6,8 131:24 232:6 <b>Riverside</b> 8:1 257:10 <b>RMH</b> 26:9 <b>RMI</b> 118:10 126:13 128:24 129:4,5 134:1 135:3 139:16 <b>RMS</b> 26:8,11 <b>road</b> 31:4 89:2,3 89:4 182:17 257:3 <b>Roate</b> 2:10 3:19 3:21,23 4:1,4,6 4:8,10,12 30:18 31:6,9 31:11,13,16,19 31:21,23 46:16 46:20,22,24 47:2,4,6,8,10 67:8,12,14,16 67:18,20,22 68:2,4,6 82:4,8 82:10,12,14,16</p>	<p>82:18,20,22,24 93:2,6,9,11,13 93:15,17,19,21 93:23 94:1 100:22 101:2,4 101:6,8,10,12 101:14,16,18 117:6,10,12,14 117:16,18,20 117:22 118:1,3 148:10 156:16 157:1,3,5,7,9 157:11,15,17 157:19 171:23 172:3,5,7,9,11 172:13,17,20 172:22 189:4,8 189:10,12,14 189:16,19,21 189:23 190:1 196:4,8,10,12 196:14,16,18 196:20,22,24 216:4,8,10,12 216:14,16,20 216:22,24 229:13,17,19 229:21 230:3,5 230:7,9,12,15 266:15 267:10 267:12,14,16 267:18,20,22 268:4,6 <b>Robert</b> 2:4 8:24 10:21 <b>Roberta</b> 83:18 <b>Robinson</b> 161:17 <b>Rockford</b> 23:15 23:17,18 24:6 25:5,9,10,24 26:22 197:8 198:13 200:19 202:21 203:4 208:3 209:21 213:17 214:1 <b>Rocky</b> 198:3</p>	<p>199:10 <b>role</b> 9:16 207:22 <b>roll</b> 3:18 269:22 <b>Roman</b> 90:10 <b>Ronald</b> 2:3 <b>roofs</b> 181:15 <b>room</b> 3:7 36:1 46:7 47:19 60:10 91:21 122:9,24 123:3 123:19 124:22 127:14 130:21 131:3 132:21 153:10,16 158:2 170:2,4 170:4,8,15,21 253:11 <b>rooms</b> 109:5 124:23 125:4 127:14 129:13 129:14,16 130:13 131:12 133:15 152:16 152:18,21 153:6,6,8 170:9 177:1,13 177:19 191:11 <b>Rose</b> 162:7 <b>Rote</b> 85:10 <b>roughly</b> 108:5 259:3 <b>round</b> 152:5,14 221:1 222:13 222:16 223:5 249:6 254:23 <b>route</b> 209:8 <b>row</b> 63:10 84:18 <b>RPR</b> 2:18 <b>RTC</b> 160:6,8 <b>rubberstamp</b> 41:9 <b>rubs</b> 264:12 <b>rule</b> 59:5 162:14 <b>rulemaking</b> 7:1 <b>rules</b> 5:16 37:3 37:24 38:1 66:2,15 75:9</p>	<p>75:10 88:13 97:21 98:17 123:6 152:23 162:11 176:24 221:8 242:3 253:5 271:16 273:13 <b>Rulings</b> 32:4 <b>run</b> 34:6 137:7 184:5 185:21 209:8 250:12 <b>running</b> 96:4 114:9 175:21 207:17 227:18 <b>Rush</b> 7:19 130:8 137:4 190:9 195:20 199:3 <b>Ryan</b> 83:17,17 <b>R-a-i-n-e-y</b> 158:19 <b>R-a-n-a-l-l-i</b> 217:18 <b>R-e-p-e-t-t-o</b> 158:23 <b>R-i-n-e-h-a-r-t</b> 126:22 <b>R-y-a-n</b> 83:17</p>	<p>168:4 169:9 233:11 235:3 236:9 238:12 242:12 243:3 245:16 248:19 253:13 262:18 <b>Samuel</b> 197:22 <b>sanctions</b> 271:2 <b>SANGAMON</b> 279:4 <b>SAR</b> 53:9 64:20 <b>satisfaction</b> 219:15 <b>Satisfactory</b> 215:23,24 <b>save</b> 34:17 130:2 131:18 <b>savings</b> 45:7,12 133:18 <b>saw</b> 135:16 220:1 261:22 <b>saying</b> 116:16 135:20 138:22 148:14 149:12 149:19 150:1,2 150:10 152:6 168:14 227:6 246:7,11 247:23 253:14 <b>says</b> 75:6 114:16 123:1 247:3 263:12 273:13 273:19 <b>scan</b> 203:22 <b>scarce</b> 18:3 <b>scenario</b> 187:16 <b>scheduled</b> 7:1,10 42:24 <b>scheduling</b> 248:20 <b>Schoeplein</b> 14:19,20 15:20 16:21 19:19,22 19:24 23:8 24:11,21 25:14 26:9,13 27:22 28:21 29:12</p>
---	---	---	--	--

<p>30:6  <b>school</b> 160:18,19          160:22  <b>Schutt</b> 103:24          103:24 105:4          116:17  <b>Scientific</b> 220:18  <b>Scoville</b> 197:24          197:24 199:9  <b>screening</b> 77:21          180:2  <b>script</b> 130:1  <b>seamless</b> 54:8          60:8  <b>second</b> 4:18,19          5:2 28:15 30:3          30:16 41:23          42:13 46:15          63:10 82:2          92:24 97:8          98:3 107:24          109:10 117:4          120:22 145:18          153:24 156:13          171:21 189:2          196:1 214:8,9          216:2 229:11          258:8 264:22          266:12,13          269:2,21          270:12 271:5          272:21  <b>secondary</b> 77:2  <b>seconded</b> 5:3          30:17,19 46:17          67:6,7,9 82:3,5          93:1,3,5          100:20,21,23          117:5,7 145:19          148:6,11          156:15,17          171:22,24          189:3,5 196:2          196:5 216:5          229:12,14          266:14,16          269:3 270:13</p>	<p>271:6  <b>Secondly</b> 193:10  <b>seconds</b> 121:7          123:10 125:22  <b>secretary</b> 245:14  <b>section</b> 91:10          109:16 120:3,6          124:21 125:8          125:16 268:23  <b>sections</b> 30:23  <b>secured</b> 23:7  <b>sedation</b> 129:10          132:15  <b>see</b> 3:5 14:5 21:5          36:13,17 43:23          62:23,23 77:13          85:15 89:15          97:18 98:13          102:3 110:21          111:1 112:24          125:9 136:19          136:21 137:15          143:7 157:22          166:15 168:10          170:1,20 173:1          202:7 203:19          215:2 221:19          226:7 242:24          244:12,22          245:4,22 249:3          250:20 260:7          261:8 264:23          265:1,7,17          267:23,24          277:7  <b>seeing</b> 35:4          36:15 66:24          100:14 140:14          157:14 189:18          190:6 194:4          195:18 213:6          213:22 217:5          224:3 227:16  <b>seek</b> 35:10  <b>seeking</b> 9:20          16:6 38:11  <b>seeks</b> 63:10</p>	<p><b>seem</b> 222:3          260:4 266:1  <b>seems</b> 61:15          154:11 206:22          227:5 248:11          259:24 265:3  <b>seen</b> 13:23 59:24          134:7 165:9          205:12 207:14          208:21 227:7          235:19 236:5  <b>selected</b> 16:20  <b>self-referral</b>          32:5 201:6  <b>selling</b> 273:22  <b>semiprivate</b>          35:13  <b>semi-sterile</b>          131:20  <b>Senate</b> 273:9,10          273:18 274:2          274:16,23          275:2,2  <b>Senator</b> 162:6          273:10 274:17  <b>sending</b> 257:19          272:4  <b>senior</b> 15:17          86:2,3,3 95:14          105:20 219:1          237:7  <b>seniors</b> 86:5,7,9          92:16  <b>sense</b> 75:24          114:18 140:20          193:8 194:15          247:20  <b>sensitive</b> 185:14          247:23 248:8          251:24 252:1,5  <b>sensitivity</b>          138:19  <b>sent</b> 37:4 144:11  <b>separately</b> 71:11  <b>September</b>          51:19 147:3,6  <b>series</b> 60:8</p>	<p>185:13  <b>serious</b> 58:17          59:13  <b>serve</b> 10:22          20:12,17 22:1          22:3 85:22,23          161:15,17          163:19 168:1          218:21 221:21          245:8 248:2          249:8  <b>served</b> 175:7          240:18 241:13  <b>serves</b> 132:10          160:19 235:9          241:2  <b>service</b> 16:12          33:17 34:9          35:11 36:24,24          37:2 38:5,18          41:8 43:14          46:4 50:21,22          58:16 63:11          85:21 108:7          123:11,14          124:2 125:8          127:13 155:5          160:23 168:17          168:18 184:5          184:15 204:18          206:13 209:13          210:5 219:16          226:16 229:24          237:17 240:11          241:15 254:6          254:16 256:3          256:10  <b>services</b> 1:2,15          2:20 5:18 7:2          17:12,17 21:11          28:10 29:3,22          45:8 48:12,18          51:6 52:1,6,18          52:20 55:17          56:2,3 58:21          60:12 64:18,19          64:19 65:21</p>	<p>66:13 67:3          86:1,3 88:10          98:4 103:15,16          105:11,21          120:8,13          122:21 128:20          129:1 133:17          136:24 137:23          160:1,4,7,16          160:18,24          161:4,7 163:13          163:20 164:6,7          164:11 168:8          170:6 171:2          174:15 175:9          178:8,9 199:22          201:7 202:4,6          202:7,7 203:2          203:5,6 204:16          205:24 207:7          210:16 222:20          222:22 223:12          232:15 235:12          235:14 236:8          238:2 241:16          250:12 252:9          270:22 273:14  <b>servicing</b> 59:8  <b>serving</b> 86:8          105:17 220:17          222:14 235:10          235:12 238:10          238:12 244:18          253:18 265:3  <b>session</b> 1:12,14          268:13,23          269:7,8,10,11          269:12 277:3  <b>sessions</b> 235:19  <b>set</b> 77:11 122:23          123:7 175:9          192:13 254:20  <b>setting</b> 26:4 36:9          138:17 182:5  <b>settings</b> 134:9,9  <b>settlement</b>          165:17,19</p>
---	--	---	--	--

269:14 <b>setup</b> 204:14 <b>seven</b> 37:13 38:1 38:3 40:22 96:6 114:15 123:22 175:20 183:17,21 <b>Seventeen</b> 64:15 64:16 <b>several</b> 12:22 15:24 17:9 25:17,20 27:22 119:24 132:10 162:9 192:4 199:4 238:22 240:17,17 <b>severe</b> 63:4 160:10 <b>severity</b> 171:4 <b>Sewell</b> 2:6 4:10 4:11 30:15,18 31:19,20 47:8 47:9 67:5,8 68:2,3 75:2,3,5 75:14 76:3,15 82:20,21 90:19 93:21,22 99:13 100:9,13,20,23 101:14,15 117:22,23 147:22 148:7 149:11,12 156:12,16 157:15,16 168:20,21,23 169:4,8,11,14 169:16 172:18 172:19 189:1,4 189:21,22 194:1,10,11 196:20,21 203:21,22,24 214:9 216:20 216:21 226:12 226:13,18 227:2 230:9,10 244:4 259:6,7	259:10,13,15 259:17 260:10 260:13 261:6,8 261:11,14,16 266:11,15 267:22,23 270:12 272:23 273:1,3 278:6 <b>sewn</b> 29:8 <b>shaded</b> 244:7,9 246:1 <b>shaking</b> 226:7 <b>share</b> 16:18,21 17:6 19:19 20:14 43:8 76:12 <b>shared</b> 115:3 <b>shares</b> 240:16 <b>Shechan</b> 180:18 <b>Shechy</b> 158:20 158:20 159:14 159:15 164:5 164:19 167:13 167:24 168:7 168:19 170:3 170:10,16,19 170:22 171:3 171:13 <b>sheet</b> 9:5 17:14 <b>shelter</b> 85:24 <b>sheltered</b> 98:24 <b>shift</b> 221:10 222:24 243:13 243:16 250:13 258:6,8 <b>shifts</b> 222:13 <b>ship</b> 154:21 <b>shirt</b> 84:18 <b>shop</b> 127:24 204:18 <b>Shore</b> 222:5 <b>short</b> 87:19 125:2,19 258:7 <b>shortage</b> 38:14 53:11 <b>shortcomings</b> 72:18	<b>shortfall</b> 111:18 <b>Shorthand</b> 279:6 <b>shortly</b> 110:15 <b>short-term</b> 52:24 87:8 <b>show</b> 89:16 100:3 107:16 134:15 136:2 154:9 170:23 194:5 259:21 <b>showed</b> 194:7 219:21 247:15 <b>showing</b> 260:17 261:20 <b>shown</b> 136:3 <b>shows</b> 89:23,24 100:5 109:18 135:5 243:24 247:11 <b>shrink</b> 193:9 194:15 195:13 <b>shrinkage</b> 193:9 <b>shrinking</b> 37:14 <b>shut</b> 266:20 <b>shuttle</b> 209:12 210:5 <b>side</b> 41:17 60:17 92:11,13 110:23 187:15 235:10 256:8 256:11,14 260:9 <b>signals</b> 6:9 <b>signature</b> 179:24 <b>signed</b> 3:10 266:22 267:3 <b>significant</b> 34:17 52:9 57:8 59:14 124:19 133:17 167:2 197:12 227:1 227:11 242:20 244:19 251:3 256:23 257:5,9 257:12 <b>significantly</b>	52:12 76:19 106:14,17 142:3 249:23 257:23 <b>sign-in</b> 9:5,8 <b>silver</b> 7:17 181:15 <b>Sim</b> 204:15 <b>similar</b> 48:18 123:14 142:15 230:13 274:1 <b>Similarly</b> 54:5 <b>simple</b> 61:23 97:2 <b>simpler</b> 130:17 <b>simply</b> 36:19 49:5 97:1 200:23 <b>since</b> 11:9 36:9 39:7 51:19 52:14 57:13,15 72:13 79:10 105:21 106:11 107:21 108:1 115:12 122:16 162:18 175:6 188:2 192:4 194:13 214:20 220:23 239:18 261:17 <b>single</b> 105:14 123:19 176:5 178:4 <b>single-physician</b> 128:22 <b>single-specialty</b> 129:6 133:16 135:23 <b>sinks</b> 194:22 <b>sir</b> 7:16 42:12 74:24 91:14 102:16 121:22 128:7 159:12 167:13 168:19 170:4 211:2 215:19 217:6 234:21	<b>sister</b> 98:10 <b>sisters</b> 180:21 <b>sit</b> 190:17 207:6 <b>site</b> 52:3 55:16 57:7,9 62:15 62:20 90:22 96:22,23 97:3 97:5,6 105:15 107:4 109:21 109:21,24 110:6 122:7 177:21 178:4 186:1,2,3,4,4,6 186:7 187:5 200:1 204:9 244:24 <b>sites</b> 55:23 199:23 <b>sitting</b> 15:24 84:17 94:11 141:11 <b>situated</b> 119:15 <b>situation</b> 29:24 40:14 62:11 71:7 131:8 140:21 144:6 214:23 243:9 249:9 264:13 <b>six</b> 9:16 61:8 76:4 96:5 114:4 125:3 136:10 145:16 145:24 146:2,3 146:5,7,12 149:19 155:24 192:14 193:18 <b>six-month</b> 146:13 <b>size</b> 108:23 109:7,8 194:12 <b>skilled</b> 34:20 42:11 48:20 52:2 64:17,21 103:2 106:8,9 106:23 109:16 <b>Skinner</b> 173:12 173:12
--	---	--	--	---

<p><b>slap</b> 276:12  <b>slightly</b> 28:1  193:16  <b>slot</b> 42:10  <b>slowness</b> 43:9  <b>small</b> 23:4 52:1  52:23 53:19  59:2 129:12,14  130:15 164:6  182:18 228:18  <b>smaller</b> 41:24  132:12 152:10  <b>snapshot</b> 135:5  <b>SNF</b> 45:9  <b>social</b> 85:21  134:10 245:15  251:19  <b>socialized</b> 267:4  <b>soiled</b> 125:9  <b>sole</b> 17:5 213:15  <b>solely</b> 88:5  <b>solicit</b> 99:15  <b>solidified</b> 17:11  <b>solution</b> 105:9  267:7,24  <b>solutions</b> 176:15  274:18  <b>some</b> 22:20 27:6  27:23 37:3,5  38:1,12 39:17  55:10,14,16,23  58:8 61:15  70:21 72:10  88:8 89:6  90:12,23 91:16  96:18 99:19,20  105:13 107:19  110:6 113:10  129:22 130:2  131:10 136:7  138:1,12 140:1  142:11,17,17  142:18,21  147:23 148:18  153:24 164:5,6  164:7,8 171:11  177:3,4 178:8</p>	<p>179:21 181:21  182:9 185:4,4  185:14,18  186:24 187:17  188:7,8,9  191:5 193:1  201:1,23  205:23 208:3  209:22 211:12  215:2,3 228:12  240:2,9 248:3  248:9,10,11,16  248:17,23  250:2,18 251:8  252:2,9 256:9  258:14 259:20  260:17 261:19  265:7 273:15  273:16 274:18  274:19 275:3,7  275:15  <b>somebody</b> 254:9  263:11  <b>someone</b> 30:1  63:15 64:2  127:18 128:9  167:18 190:17  194:3 243:1  248:21 253:1  254:4,24  <b>someone's</b>  167:16  <b>someplace</b> 29:9  <b>something</b> 23:23  37:22 61:19  63:21 90:23  97:11 99:17  136:13 152:9  166:3 192:15  205:7,19  207:14 212:10  228:13 259:14  260:19 261:22  273:2  <b>sometimes</b> 58:19  61:14 91:9  114:14,24</p>	<p>184:16 187:3  223:5 241:20  242:13 252:19  252:20,22,24  253:3,8,10,21  254:1,2 264:12  <b>somewhat</b> 30:22  75:16 206:17  <b>somewhere</b>  112:21  <b>soon</b> 39:24 111:2  128:1 258:9  <b>sooner</b> 146:10  <b>sorry</b> 7:12,13  9:4 39:22  90:18 112:20  146:7 167:7  183:1 191:2  244:5 254:14  264:18  <b>sort</b> 34:6,24  91:17 152:13  <b>sought</b> 16:19  27:9 174:20  <b>sound</b> 10:10  <b>sounds</b> 151:9  152:24 250:24  272:23  <b>source</b> 60:22  63:19 65:5  <b>sources</b> 225:5  <b>south</b> 2:21 55:24  60:16 77:7  92:13 174:4  186:4 205:10  251:15 255:11  255:15  <b>southern</b> 161:14  <b>so-called</b> 266:23  <b>space</b> 56:19  87:24 88:9  91:3 119:2  121:14 125:5  126:3 132:12  150:15 177:6,7  177:8,9,10  178:7 182:3</p>	<p>193:8,9,12  194:13,20,22  195:9,12  198:13 204:1,3  218:3 227:10  234:11  <b>spaces</b> 178:1,11  178:12 184:5  <b>Spanish</b> 232:22  235:18 239:10  239:14,21  245:13 248:5,7  248:16,18,19  248:22,23  249:12 250:10  251:12,12,13  251:15 252:22  254:4 258:17  <b>Spanish-speak...</b>  240:23 248:11  251:9 252:1,6  254:1 258:13  <b>spanned</b> 52:5  <b>spans</b> 130:5  <b>speak</b> 11:19 23:8  75:8 83:13  85:8 105:23  118:22 119:5  121:23 165:17  165:18 178:17  179:3 224:17  228:6 231:21  232:9 233:13  236:15 237:16  239:10,14  242:21,24  243:3 245:9,13  248:4,7,18,21  249:10,12,16  250:10 251:12  252:20,23  265:9  <b>speaker</b> 6:7,15  <b>speakers</b> 6:4 7:4  239:20 248:17  248:20,24  258:17</p>	<p><b>speaker's</b> 6:1  <b>speaking</b> 50:4  77:6 80:6  119:4 142:7  197:15 239:21  253:20 262:11  <b>speaks</b> 232:4  254:4  <b>special</b> 74:5  137:23 175:12  179:4 184:13  206:11 251:22  <b>specialists</b> 18:4  28:7  <b>specialized</b>  123:12 159:24  160:23 175:11  175:22  <b>specialty</b> 17:23  28:3 130:10  134:14,17  161:8 171:6  <b>specific</b> 6:17  122:8 129:13  132:22 147:13  205:16 210:2  <b>specifically</b>  138:17 162:16  178:3 213:18  218:23 257:2  <b>speed</b> 35:22  <b>spell</b> 9:2,8 14:16  32:13 68:23  158:17 173:8  190:12 197:16  217:12 231:11  233:20  <b>spelling</b> 83:13  94:12 103:22  118:23 126:14  <b>spend</b> 79:9  151:20 174:21  <b>spending</b> 155:21  <b>spent</b> 77:6  266:19  <b>spinal</b> 175:21  <b>spoke</b> 144:15</p>
--	---	--	--	--

<p>254:8  <b>spoken</b> 150:23  151:13 166:13  <b>sponsor</b> 213:15  275:6  <b>sponsored</b>  105:11,18  273:9,11  <b>sponsoring</b>  106:4 276:23  <b>spot</b> 69:11  <b>spread</b> 187:1  223:4  <b>Springfield</b> 1:4  1:18 2:22 79:1  <b>square</b> 87:17  109:1 124:23  124:24 126:4  149:20 152:5  152:14 177:8  193:4,5,16  198:12 201:20  202:1,10 218:3  234:11 260:6,8  <b>ss</b> 279:3  <b>St</b> 19:1 98:4  130:19 161:10  <b>stabilization</b>  53:1  <b>stable</b> 11:8 60:9  233:9  <b>staff</b> 2:9,10,10  2:11,11,12,13  6:1 12:9,11,13  12:14,17,19  15:4,11 16:5  18:22 19:17  33:12 34:5,7  39:5 42:7,23  43:1 48:23  50:18 51:3,21  62:6 65:20  69:18 70:3  71:1 74:18  84:1,11 85:4  94:24 95:9  103:6 104:9</p>	<p>107:18 124:1  125:13 127:2  142:19 144:5  147:1 157:23  159:2,20  162:10 164:22  165:5 166:11  166:14 173:22  174:14 176:20  185:6 190:24  191:19 193:3  198:8 200:7,9  201:18 217:23  218:11 219:17  221:20 223:20  234:7,17 236:9  236:16 239:11  239:14,19,22  240:23 243:18  245:9,13,16  248:3,9,11,18  251:24,24  252:15,18  253:2 254:1  258:13,21  274:10  <b>staffing</b> 74:16,20  74:23 89:21  <b>staff's</b> 39:23  125:10  <b>stage</b> 142:8  218:22 220:3  266:23  <b>stages</b> 181:11  186:12  <b>stalled</b> 274:23  <b>stance</b> 262:18  <b>stand</b> 183:16,17  <b>standard</b> 24:5  90:21 103:21  109:1 110:3  149:19 193:6  262:3  <b>standards</b> 133:8  149:24 201:22  204:5 236:18  257:22</p>	<p><b>standby</b> 170:16  170:18,21  171:8,9,11  <b>standpoint</b>  141:22 154:23  <b>standpoints</b> 12:1  <b>stand-alone</b>  34:20  <b>star</b> 45:19,21  74:3,13,21  89:15 97:20,22  97:23 98:2  <b>start</b> 3:1 8:23  62:7,17 136:20  154:13 219:9  236:14  <b>started</b> 27:24  36:15 110:4  257:18  <b>starting</b> 111:11  137:3 154:16  155:8  <b>starts</b> 250:13  <b>state</b> 1:1,14 2:21  8:10 15:10  16:5 24:3,23  37:18 40:6  43:11 44:7  51:3,4 65:8  66:18 70:2,21  71:8 73:6 74:9  75:10,12 78:12  78:21 84:10  85:9,22 87:13  89:14,23 91:19  92:10,17 95:8  97:17,19 99:13  108:18,21  111:15 112:1  112:12 119:13  122:3,17 123:6  127:21,22  132:2 133:9  142:11 147:13  154:4 155:13  161:5 162:6,6  162:10 167:21</p>	<p>175:7 180:3  191:15,19  201:22 208:12  212:1,3,13  218:6,10  219:23 220:8  226:14 234:15  234:16 247:2  247:11,14  250:23 257:22  259:24 279:2,7  279:21  <b>stated</b> 55:4  104:13 110:14  122:14,20  212:4 230:11  <b>statement</b> 23:15  65:14 227:23  271:23  <b>statements</b> 75:8  123:21  <b>states</b> 65:10  95:20  <b>State's</b> 71:19  107:22  <b>state-sponsored</b>  211:10,11  <b>stating</b> 144:11  212:4  <b>station</b> 193:13  194:21 221:13  242:16  <b>stations</b> 191:12  221:7,9 223:14  229:23 259:21  260:17 267:5  <b>statistic</b> 39:22  <b>statistics</b> 177:4  <b>status</b> 32:5  277:13  <b>statute</b> 114:4,10  114:12,18,20  188:5  <b>statutory</b> 114:24  <b>stay</b> 28:10 53:2  107:3 130:1  160:11 203:3</p>	<p>265:14 274:22  <b>staying</b> 39:9  158:1 277:11  <b>steadily</b> 74:17  <b>steady</b> 236:5  <b>stem</b> 35:1  201:10  <b>step</b> 268:21  <b>steps</b> 13:21  <b>sterile</b> 125:11,14  <b>Steve</b> 15:21  <b>Steven</b> 14:24  <b>stick</b> 91:18  265:19  <b>still</b> 8:14 22:24  30:24 58:7  62:14 63:2  109:12 114:22  131:3,10  139:22 148:14  152:23 179:11  186:11 258:15  274:9 276:1  <b>stipend</b> 275:12  275:24 276:4  276:14,16  <b>stop</b> 84:16  <b>stopped</b> 25:11  <b>stopping</b> 84:22  <b>storage</b> 125:11  125:13  <b>store</b> 137:20  181:3  <b>stories</b> 183:14  183:17,19  <b>story</b> 71:12  <b>straight</b> 255:11  <b>straighten</b>  204:23  <b>strain</b> 87:11  <b>Strategic</b> 15:23  199:7  <b>strategically</b>  207:7  <b>strategy</b> 25:17  42:4  <b>straw</b> 34:24</p>
--	---	--	--	--

<p><b>street</b> 1:3 103:13 106:5 108:4 119:20 182:13 203:9 <b>streets</b> 182:12 257:7 <b>strength</b> 71:18 71:20 <b>strengthening</b> 10:9 <b>stretch</b> 255:1 268:14 <b>stretcher</b> 132:13 149:22 <b>stretchers</b> 125:18,21 <b>strictly</b> 136:4 207:1 <b>strides</b> 239:12 <b>strike</b> 205:15 <b>strip</b> 255:19,20 <b>strive</b> 21:21 238:14 <b>strokes</b> 240:3 <b>strong</b> 11:13,18 19:8 215:4 239:2 <b>strongly</b> 6:21 19:17 200:20 <b>structure</b> 72:9 72:11 75:21 106:2 275:11 275:16 <b>structures</b> 164:12 <b>struggle</b> 43:12 239:18 <b>struggles</b> 252:23 <b>struggling</b> 155:15 <b>stuck</b> 57:3 140:19 192:11 <b>students</b> 160:19 <b>studios</b> 186:5 <b>study</b> 77:15 246:24 247:16 247:17 260:23</p>	<p>261:3,15,22 262:2 <b>stuff</b> 91:22 <b>stuffed</b> 243:10 <b>subacute</b> 48:1 48:11,18,22 49:9 52:7 53:4 53:6 54:6,8,15 64:5,18,18 <b>Subcommittee</b> 273:20 <b>subjects</b> 176:14 <b>sublease</b> 121:2,4 121:6 139:7 <b>sublet</b> 139:21 <b>submission</b> 72:2 <b>submit</b> 230:21 242:8 261:2 <b>submits</b> 127:18 <b>submitted</b> 5:21 16:14,15 66:11 70:11 124:17 145:2 150:23 151:21 162:3 162:19,24 219:21 <b>suboptimal</b> 239:22 <b>subregion</b> 107:24 <b>Subsequent</b> 32:8 231:1 <b>subsidize</b> 131:15 <b>subspecially</b> 135:17 <b>substance</b> 90:8 <b>substantial</b> 53:21 62:20 121:12 <b>substantive</b> 164:17 <b>suburban</b> 77:7 177:23 240:12 257:1,5 <b>suburbs</b> 48:20 235:11 238:21 256:10</p>	<p><b>success</b> 131:13 131:23 135:7 137:8 235:20 <b>successful</b> 160:21 <b>successfully</b> 96:3 192:7 <b>suffered</b> 240:2 <b>suffice</b> 43:12 <b>suggest</b> 80:4 81:8 140:16 143:18 145:9 <b>suggested</b> 139:6 273:19 <b>suggesting</b> 143:8 227:13,15 <b>suggestion</b> 80:7 135:10 <b>suite</b> 119:22 125:12 <b>suites</b> 119:21,21 132:20 <b>summarize</b> 124:18 <b>summary</b> 122:13 163:7 <b>summer</b> 48:16 <b>sunlight</b> 187:12 <b>superior</b> 10:5 219:16 <b>supervisor</b> 138:11 <b>supplemental</b> 219:20 221:2 <b>supplies</b> 133:11 138:4 <b>supply</b> 18:10 41:8,22 42:5 45:6 125:12 <b>support</b> 9:14 11:1,19 12:13 13:11 15:10,18 19:15 20:4 28:13 53:23 62:4 84:15 88:10,12 98:6 102:22 106:8</p>	<p>122:13 125:8 127:11,18,19 135:17 156:6 162:5,5 198:18 201:15,16 218:11,24 222:9 232:23 235:5 241:18 275:7 <b>supported</b> 19:12 37:17 235:6 <b>supporting</b> 223:21 <b>supportive</b> 16:11 92:10 151:6 181:16 274:20 <b>supports</b> 49:20 166:24 274:4 <b>supposed</b> 252:14 <b>sure</b> 6:16 11:11 38:15 41:20 60:7 64:8 65:17 75:14 91:15 110:16 116:7 142:10 149:14 151:15 153:2 155:14 171:4 179:7 185:9 187:8 208:10 209:19 211:16 225:10 231:12 253:9 253:12 255:2,2 260:11 261:14 262:12 277:7 277:17,18,19 <b>surface</b> 232:9 <b>surfaces</b> 182:8 182:10 <b>surgery</b> 119:19 120:12 121:15 127:6 128:14 129:6,17 131:1 131:6 132:20 132:23 135:11 135:24 136:1,5</p>	<p>152:8 191:11 270:23 <b>surgical</b> 119:14 119:16,18,21 119:21,23 120:10,14 122:1,4,8,16 122:23 123:4 124:11 125:10 125:12 126:1 129:15 131:5 132:17 135:19 135:20 <b>surpass</b> 161:22 <b>surplus</b> 115:7 <b>surrounding</b> 10:1 11:7 13:16 16:13 235:16 236:11 238:21 247:20 <b>survey</b> 74:15,16 274:11 <b>survive</b> 215:7 <b>suspect</b> 139:2 143:9 209:1 250:9 <b>suspended</b> 66:13 <b>suspension</b> 66:11 <b>sustain</b> 36:20 <b>sustainable</b> 20:21 <b>swear</b> 47:21 103:22 233:21 <b>swearing</b> 14:14 32:15 33:10 50:5,15 68:24 69:14 83:14,23 94:13,21 126:24 198:6 217:20 <b>Swedish</b> 197:7 199:2,8,16,21 213:15 <b>switched</b> 275:12 <b>sworn</b> 9:4 126:15 233:19</p>
--	---	---	--	---

<b>symptoms</b> 252:11	182:20 184:13 190:20 225:13	<b>target</b> 27:7,7 77:4 162:18	114:14 137:17 162:22 168:9	15:3,5,11,12 16:3,24 17:1
<b>system</b> 9:15 11:17 13:1 15:18,20 16:20 17:7,22 18:8 18:20,21 20:1 20:21,22 21:16 24:6 25:5,7,10 25:24 28:8,23 29:2 34:1 61:16 74:14 199:3 240:12	225:14 226:4 227:6,12,14 241:11 248:10 250:7 253:15 254:20 256:18 256:20 262:20 263:1	<b>targeted</b> 175:10 <b>targets</b> 162:23 <b>tax</b> 79:14 87:10 <b>Tazewell</b> 37:21 38:2 39:16 41:17 <b>teaching</b> 205:1 <b>team</b> 98:18 174:19 219:12 219:19	181:1 194:5 203:18 <b>tenant</b> 120:7,16 <b>tenants</b> 120:9 <b>tend</b> 203:15 <b>tenured</b> 130:8 <b>ten-year</b> 112:13 115:20 <b>term</b> 33:16 34:10 36:8,11 39:17 40:6,7 40:10,15,19 41:18 43:10,21 43:22 48:6,10 48:14 50:22 53:3,8,12,16 63:11,18,20 64:3 65:4,15 67:2 69:21 75:17,24 84:4 92:20,21 95:3 96:7 100:16,17 104:17 111:18 112:5 116:23 273:20	19:21,22 22:5 22:9,12 23:13 24:15 26:16 28:15 30:10 32:22 33:9,12 33:14,21,22,24 34:11 38:23 44:2 45:15 47:13,15 49:22 49:24 50:14,17 50:19 51:9,10 51:12,14,21 54:21,23 55:3 58:11 59:17 63:6,9 66:19 66:21 68:18 69:12,14,17,19 70:4,17,24 73:14,17 75:1 79:18 80:15 83:2,22 84:1,3 84:12,21,24 85:2,7,10 88:17,20 90:4 93:6 94:4,5,20 94:23 95:1,10 95:11 96:20 98:20 99:7 100:13 101:22 101:23,24 102:20 103:17 103:18 104:6,8 104:10 105:2,5 111:6,8 113:7 116:18 121:22 124:6,7,8 126:8,9,23 127:2 128:6,11 133:19,20 134:1 138:22 138:23,24 149:7 158:7,24 159:2,4,12,14 159:16,20 163:21,23
<b>systems</b> 12:23 13:24 35:3 59:15 205:15 235:8	<b>taken</b> 4:21 5:8 27:11 34:23 36:23 41:23 68:15 132:13 158:4 168:15 269:5 270:2,15 271:8 279:9	<b>teams</b> 176:4 201:10 <b>technical</b> 159:21 <b>technology</b> 17:11 18:10 28:5 122:21 130:15 176:15 181:10,16 202:5 204:2 219:10	43:22 48:6,10 48:14 50:22 53:3,8,12,16 63:11,18,20 64:3 65:4,15 67:2 69:21 75:17,24 84:4 92:20,21 95:3 96:7 100:16,17 104:17 111:18 112:5 116:23 273:20	58:11 59:17 63:6,9 66:19 66:21 68:18 69:12,14,17,19 70:4,17,24 73:14,17 75:1 79:18 80:15 83:2,22 84:1,3 84:12,21,24 85:2,7,10 88:17,20 90:4 93:6 94:4,5,20 94:23 95:1,10 95:11 96:20 98:20 99:7 100:13 101:22 101:23,24 102:20 103:17 103:18 104:6,8 104:10 105:2,5 111:6,8 113:7 116:18 121:22 124:6,7,8 126:8,9,23 127:2 128:6,11 133:19,20 134:1 138:22 138:23,24 149:7 158:7,24 159:2,4,12,14 159:16,20 163:21,23
<b>system's</b> 18:1 <b>S-a-l-k</b> 69:7 <b>S-c-h-o-e-p-l-e...</b> 14:20 <b>S-c-h-u-t-t</b> 104:1 <b>S-c-o-v-i-l-l-e</b> 198:1 <b>S-h-e-e-h-y</b> 158:20	<b>takes</b> 114:8 223:14 226:15 <b>taking</b> 22:5 66:7 71:22 164:21 187:5,12 227:8 227:17 240:18 249:21,24 252:15 265:23 266:9	<b>telemedicine</b> 201:10 <b>TeleStroke</b> 205:22 207:9 <b>tell</b> 12:12 71:12 97:24 111:24 114:13,15 129:23 141:22 142:10 154:2 166:2 180:24 200:22 205:11 243:13,15 262:9	104:17 111:18 112:5 116:23 273:20 <b>termination</b> 120:17 <b>terms</b> 59:9 62:4 66:7 106:22 120:20 155:6 204:2 211:19 251:21 252:4 273:23 277:11 <b>tertiary</b> 19:2 200:19 <b>test</b> 180:5 <b>testimony</b> 6:2,4 6:13,15 8:22 109:22 119:8 169:17 <b>thank</b> 4:14,22 5:10 7:10,11 8:3 9:8 10:17 10:18 12:4,5,7 13:3,4 14:3,4,8	85:2,7,10 88:17,20 90:4 93:6 94:4,5,20 94:23 95:1,10 95:11 96:20 98:20 99:7 100:13 101:22 101:23,24 102:20 103:17 103:18 104:6,8 104:10 105:2,5 111:6,8 113:7 116:18 121:22 124:6,7,8 126:8,9,23 127:2 128:6,11 133:19,20 134:1 138:22 138:23,24 149:7 158:7,24 159:2,4,12,14 159:16,20 163:21,23
<b>T</b>	<b>talents</b> 20:10 <b>talk</b> 70:12 74:9 99:18,24 106:19 108:17 151:22 179:6 241:11 262:8 275:10	<b>tells</b> 114:18 136:24 <b>temporarily</b> 66:12 <b>temporary</b> 66:11 <b>ten</b> 36:14 38:6 68:13 77:1 85:13 88:7 96:23 99:3 108:24 114:11	104:17 111:18 112:5 116:23 273:20 <b>termination</b> 120:17 <b>terms</b> 59:9 62:4 66:7 106:22 120:20 155:6 204:2 211:19 251:21 252:4 273:23 277:11 <b>tertiary</b> 19:2 200:19 <b>test</b> 180:5 <b>testimony</b> 6:2,4 6:13,15 8:22 109:22 119:8 169:17 <b>thank</b> 4:14,22 5:10 7:10,11 8:3 9:8 10:17 10:18 12:4,5,7 13:3,4 14:3,4,8	85:2,7,10 88:17,20 90:4 93:6 94:4,5,20 94:23 95:1,10 95:11 96:20 98:20 99:7 100:13 101:22 101:23,24 102:20 103:17 103:18 104:6,8 104:10 105:2,5 111:6,8 113:7 116:18 121:22 124:6,7,8 126:8,9,23 127:2 128:6,11 133:19,20 134:1 138:22 138:23,24 149:7 158:7,24 159:2,4,12,14 159:16,20 163:21,23
<b>table</b> 14:11 15:19 32:12 44:14 50:3 76:4 83:12 94:11 147:21 148:6,20,21 149:1 173:6 190:11 221:19 227:22 264:24	<b>talked</b> 251:19 257:13 <b>talking</b> 3:8 24:24 25:1 39:15 56:5 62:8 106:10 154:22 166:7 184:19 185:10 188:2 212:7 251:22 260:20 275:20	<b>ten</b> 36:14 38:6 68:13 77:1 85:13 88:7 96:23 99:3 108:24 114:11	104:17 111:18 112:5 116:23 273:20 <b>termination</b> 120:17 <b>terms</b> 59:9 62:4 66:7 106:22 120:20 155:6 204:2 211:19 251:21 252:4 273:23 277:11 <b>tertiary</b> 19:2 200:19 <b>test</b> 180:5 <b>testimony</b> 6:2,4 6:13,15 8:22 109:22 119:8 169:17 <b>thank</b> 4:14,22 5:10 7:10,11 8:3 9:8 10:17 10:18 12:4,5,7 13:3,4 14:3,4,8	85:2,7,10 88:17,20 90:4 93:6 94:4,5,20 94:23 95:1,10 95:11 96:20 98:20 99:7 100:13 101:22 101:23,24 102:20 103:17 103:18 104:6,8 104:10 105:2,5 111:6,8 113:7 116:18 121:22 124:6,7,8 126:8,9,23 127:2 128:6,11 133:19,20 134:1 138:22 138:23,24 149:7 158:7,24 159:2,4,12,14 159:16,20 163:21,23
<b>tactic</b> 27:11 <b>take</b> 36:7 38:17 42:6,17 43:4 63:18 65:1,4 66:5 68:11,12 70:16 76:1 91:17 92:7,15 92:16 138:16 139:10 143:15 167:15,17,23	<b>talks</b> 250:23 <b>tall</b> 177:22 182:6 186:23 <b>tally</b> 163:2	<b>temporary</b> 66:11 <b>ten</b> 36:14 38:6 68:13 77:1 85:13 88:7 96:23 99:3 108:24 114:11	104:17 111:18 112:5 116:23 273:20 <b>termination</b> 120:17 <b>terms</b> 59:9 62:4 66:7 106:22 120:20 155:6 204:2 211:19 251:21 252:4 273:23 277:11 <b>tertiary</b> 19:2 200:19 <b>test</b> 180:5 <b>testimony</b> 6:2,4 6:13,15 8:22 109:22 119:8 169:17 <b>thank</b> 4:14,22 5:10 7:10,11 8:3 9:8 10:17 10:18 12:4,5,7 13:3,4 14:3,4,8	85:2,7,10 88:17,20 90:4 93:6 94:4,5,20 94:23 95:1,10 95:11 96:20 98:20 99:7 100:13 101:22 101:23,24 102:20 103:17 103:18 104:6,8 104:10 105:2,5 111:6,8 113:7 116:18 121:22 124:6,7,8 126:8,9,23 127:2 128:6,11 133:19,20 134:1 138:22 138:23,24 149:7 158:7,24 159:2,4,12,14 159:16,20 163:21,23

165:22 168:19 169:22 170:12 171:15 173:1 173:21,23 174:10,11 178:19 180:13 183:11 187:24 190:4,5 191:6 191:8 193:21 195:7 197:4 198:5,9,20,21 198:24 199:1 202:15 203:7 203:20 204:20 212:24 213:20 214:6 216:1 217:3,4,6,22 217:24 218:13 218:14 223:19 223:23 230:22 230:23 231:5 231:17 233:13 233:15 234:6,8 234:20,21 238:3,5,6,8 241:7 255:9 259:4 267:9 268:10 269:6 271:15 272:3 277:24 278:7 <b>thanks</b> 40:16 59:16 65:6 70:5 84:22 108:19 171:14 191:20 <b>their</b> 6:8 11:22 18:5,6,12 25:19 26:3 29:10 33:16 37:5 41:18 51:21 59:14 63:10,20 64:8 65:19 75:21 77:23,23 79:9 85:10 88:2,3 88:15 91:6,12 103:5 105:14	107:1,4 109:3 109:15 120:18 122:10 123:7 135:15,21 137:21,22 138:18,22 149:18 154:17 166:11,14,16 167:1,19 179:15 184:7 184:13 187:5 187:11,12 207:9 209:17 209:20 211:16 212:2,4,13 222:6 226:3 228:8 232:5,11 232:12,21,22 232:23 236:16 237:10,17 240:3,8 245:19 252:11,20 253:8,9 265:13 266:8 271:21 271:21,23 274:11 <b>theme</b> 201:20 <b>themselves</b> 135:14 <b>theory</b> 114:8 <b>therapies</b> 182:4 <b>therapists</b> 103:2 <b>therapy</b> 88:4,5 177:6 219:5 236:2 <b>thereof</b> 19:5 <b>thereto</b> 279:15 <b>thing</b> 40:5 90:3 98:13 151:10 169:16 208:8 233:6 250:22 259:20 261:18 <b>things</b> 29:1 35:19 42:21 89:21 91:11 92:14 106:13 107:21 134:11	134:19 138:20 143:2 148:15 152:10 155:16 175:24 182:6 185:16 193:13 205:23 209:5 210:9 253:14 260:19 265:15 <b>think</b> 9:1 18:1 24:18 27:22 28:17 29:15 31:15 35:19 36:3,5,21 37:15 38:4,20 42:18 43:10 61:3,19,24 62:1,2,13,22 65:9,24 73:22 83:4 85:11 92:3 96:10 97:24 98:13,16 99:14 102:9,12 112:16 113:14 114:6,13 139:19 140:9 141:5,10,17,23 142:5 143:17 144:2,3 145:15 147:23 148:5 148:19 150:16 153:4 155:12 164:15 165:4 169:21 185:22 187:4 193:14 195:4 203:16 204:12 205:3,5 206:10,24 207:3,10 208:4 208:8,14 209:9 214:20 224:7 224:10 225:18 226:20 242:13 244:3,18 245:11 248:2 250:16 251:4 251:24 252:5 252:17 255:14	255:16 256:6 256:22 257:10 259:18 261:17 261:18 262:19 264:1,9,14 265:8 266:21 267:4,5 272:8 <b>thinking</b> 136:9 240:3 265:22 <b>thinks</b> 179:14 <b>third</b> 29:5 42:18 108:3 109:21 250:13 <b>thoroughfares</b> 222:21 <b>though</b> 17:16 29:24 60:1 78:4 91:22 142:3 150:20 151:4 152:24 185:16 204:23 256:23 265:3 <b>thought</b> 63:19 90:15 99:22 114:2 155:9 165:19 168:23 179:15 183:1 246:23 253:24 <b>thoughts</b> 106:16 <b>thousand</b> 81:5 177:8 <b>threaten</b> 90:12 208:6 <b>three</b> 6:12 34:19 40:23 44:9,10 44:14 48:19 52:4 60:23 91:18 95:20,20 96:3 98:14 102:6,10 107:21 118:8 124:20 125:19 125:19 139:17 143:9 145:15 146:4,6,15,17 162:20 163:15 165:12 169:2	177:2,13 185:21 199:23 201:19 219:24 220:4,8 227:23 232:17,17 237:20 240:6 249:21 277:2 <b>threes</b> 74:17 <b>three-year</b> 44:18 <b>threshold</b> 174:22 <b>through</b> 14:2 17:12,24 22:4 26:11 36:4 48:19 51:22 60:11 73:9 74:22 105:24 110:19 134:23 138:5 139:6 153:18 160:5 163:11 170:1,3 170:7,8,21 175:13,14,21 176:9 180:11 181:12 185:8 188:16 201:5,5 201:12 219:8 219:18 228:11 249:5 253:17 257:4 274:23 <b>throughout</b> 16:9 19:11 74:8 78:12 91:5 105:16 112:12 161:14 233:6 <b>tide</b> 35:1 <b>tight-knit</b> 253:15 <b>till</b> 158:3 268:12 <b>time</b> 3:1 7:8 10:17 16:2,17 17:7 18:17,19 21:5,5,11 22:6 22:8 23:5 24:7 26:5 27:8 29:7 37:4,24 38:6 41:13 45:8,13
---	--	---	--	---

47:14 55:12 57:2 62:10,12 65:22 71:15 72:13 73:14,15 77:6 86:10,18 96:10 102:4 107:12,15,19 109:13,16 114:14 115:14 130:2 136:12 140:8 142:5 144:3,17 145:15 146:13 146:24 147:13 147:16,18 155:22 169:19 175:7 176:23 177:1 186:24 188:13 191:24 192:5,6,8,13 194:7,9,9 201:1 214:11 221:12,21 223:8,20 227:16 237:4 238:3 241:10 241:11 243:11 245:23,24 246:9,24 247:8 248:19 249:1 254:7 255:21 261:3 262:3,5 263:5,11 266:19 268:10 276:17 <b>timeline</b> 227:12 <b>timely</b> 158:7 166:13 <b>times</b> 83:5 91:4 167:13 192:4 237:20 240:6 242:3 247:17 249:5 251:21 267:2 273:15 <b>Timothy</b> 162:6 <b>Tinley</b> 68:21 81:23	<b>today</b> 16:16 19:10,14 20:2 20:4 25:18,21 29:14 34:7 35:7,14 36:6 37:12 48:4 49:23 71:20 77:10 84:14 85:8,12 86:14 87:3 96:19 103:4 105:6,24 106:10 114:8 114:16,23 119:18 124:12 135:1,6,9 140:14 148:15 178:8 183:16 185:9 190:18 199:14,15 212:11 231:21 232:7 233:12 235:5 <b>today's</b> 5:22 <b>Todd</b> 173:17 <b>together</b> 16:11 18:24 20:9,10 20:13 78:13 88:2,4 91:6 105:15 165:17 178:4 200:3 263:7 <b>token</b> 37:23 <b>told</b> 42:5 135:13 139:12 151:18 153:2 277:2 <b>Tom</b> 119:6 121:24 197:21 199:6 <b>Tony</b> 276:22 <b>top</b> 183:18 277:11 <b>total</b> 69:21 72:4 77:1 104:18 174:4 228:24 <b>toward</b> 115:13 <b>towards</b> 128:19 <b>tower</b> 177:22	<b>town</b> 235:13 <b>track</b> 11:14 13:13 23:5 <b>trade</b> 23:14,21 24:11 91:17 <b>traditional</b> 239:4 <b>traffic</b> 125:14 149:21 150:14 185:4,18 <b>train</b> 176:19 265:24 <b>trained</b> 10:3 219:17 <b>training</b> 236:17 271:21,22 <b>transaction</b> 10:17 11:3 24:6,12,14,20 25:23 26:11,15 <b>transcripts</b> 107:16 <b>transfer</b> 19:6 49:2 53:15 54:1,5,14 61:6 64:16 65:2 129:9 211:5 <b>transferred</b> 238:22 <b>transfers</b> 19:4 <b>transform</b> 18:18 <b>transformation</b> 192:1 <b>transition</b> 54:8 195:9 <b>translate</b> 249:1 253:2 254:10 <b>translation</b> 254:5 <b>transparent</b> 65:19 <b>transplant</b> 235:21,23 236:2 238:15 238:17 <b>transplanted</b> 236:1	<b>transport</b> 125:20 240:10 <b>transportation</b> 209:14,15,20 210:9 222:19 222:22 237:9 237:11 240:6,9 240:18 241:3 250:5,7,11 254:14,19 256:4,24 257:12 <b>transported</b> 29:9 49:4,6 53:5 <b>traumatic</b> 179:23 <b>travel</b> 203:16 221:21 222:21 237:4 244:6 247:15,17 250:3 262:3 <b>traveling</b> 223:3 <b>traverse</b> 242:14 <b>treat</b> 232:12 237:23 245:18 262:14 <b>treated</b> 171:2 179:21 252:12 <b>treating</b> 236:7 <b>treatment</b> 121:15 126:1 127:6,14 129:13,14 137:22 152:16 152:17 153:6 160:5,6,24 161:1,3 201:8 207:1,2,15 214:1 219:9,11 219:14 221:11 221:18 222:12 222:24 232:17 233:7,10 235:17,22 237:19 266:24 <b>treatments</b>	178:6 228:2 <b>tremendous</b> 77:9,14 237:18 <b>trend</b> 128:19 132:4,7 227:24 <b>trends</b> 136:19 <b>tried</b> 195:13 276:21 <b>tries</b> 86:20 <b>trip</b> 254:23 <b>tripped</b> 62:20 <b>trips</b> 223:6 249:21 <b>Trob</b> 220:13 221:22 224:18 225:3,11 <b>Trob's</b> 222:4,7 223:10 <b>true</b> 56:24 63:2 65:12 144:13 150:11,12 210:12,13,14 237:14 249:13 262:17 <b>truly</b> 207:3 242:10,12 243:3 <b>trust</b> 19:1 <b>try</b> 32:21 34:8 35:1 38:22 68:13 85:12 107:18 115:9 158:2,7 203:3 245:7 <b>trying</b> 41:4 70:8 70:10 79:3 89:9 91:4 96:15 112:23 137:20 151:8 152:5,14 166:14 167:9 203:1 204:15 204:17 244:20 258:15,21 261:17 274:17 276:1 <b>tubal</b> 29:7,9,18
--	--	--	---	---

<p>30:23 90:16  <b>Tuesday/Thur...</b>                  258:6  <b>turn</b> 3:16 9:2                  19:18 38:20                  39:8 77:20                  128:23 163:12                  163:16 164:4                  169:18  <b>turned</b> 3:15                  52:11 78:1                  144:16 271:20  <b>turns</b> 57:9  <b>twelve</b> 52:23                  64:14,14                  215:21  <b>two</b> 6:8 8:13                  10:2 13:24                  17:18 20:13                  27:3 36:1 42:2                  44:18 52:6                  53:22 54:19                  56:15,18 61:6                  61:20 62:13                  66:13 70:9                  76:24 79:4,7                  86:14 96:21                  106:4,4,13,18                  106:20 113:11                  119:7 123:4                  125:4,6 127:14                  135:4 143:10                  149:19 153:19                  161:9 162:13                  167:22 169:3,4                  174:3 185:20                  186:3 192:22                  199:15,24                  209:5 220:1                  221:7,9,13                  222:7,15 223:5                  228:6 256:18                  257:21,21                  258:11 265:3                  265:24  <b>two-day</b> 272:20  <b>two-story</b> 91:8</p>	<p><b>two-way</b> 203:9  <b>two-year</b> 87:12  <b>type</b> 35:9 131:9                  134:8 171:6                  177:20 182:21                  188:7,8,10                  204:14 206:11                  245:16  <b>types</b> 128:20                  179:19 181:16                  207:7 215:8  <b>typewriting</b>                  279:10  <b>typical</b> 187:15  <b>typically</b> 58:24                  75:17,18 76:9                  76:22 77:10,20                  130:14 131:12                  131:23</p> <hr/> <p style="text-align: center;"><b>U</b></p> <p><b>U</b> 211:4,13  <b>ubiquitous</b>                  263:22,23  <b>UHS</b> 165:3,13  <b>Uh-huh</b> 116:17                  141:8  <b>UltraCare</b> 219:4                  219:5,16  <b>ultrasound</b>                  130:16  <b>umbrella</b> 139:13                  206:8  <b>un</b> 30:2  <b>unable</b> 36:19                  239:21  <b>unanswered</b>                  143:1  <b>unavailability</b>                  163:14,16  <b>unaware</b> 205:18                  207:23  <b>uncle</b> 180:20                  233:4  <b>uncomfortable</b>                  188:19  <b>uncommon</b></p>	<p>240:15  <b>uncomp</b> 228:2  <b>uncompensated</b>                  228:23  <b>under</b> 5:15 6:24                  28:22 29:2,4                  51:7 76:24                  89:17 97:21                  109:12 110:14                  122:19 123:16                  129:9 132:15                  133:3 156:23                  162:12,13,14                  184:10 206:2,7                  253:4 274:5                  279:10  <b>underneath</b>                  56:20  <b>underpinnings</b>                  63:1  <b>underserved</b>                  161:5 232:4                  236:12 238:2                  239:9 240:22                  244:16,17                  245:7 249:18                  262:22  <b>understand</b> 6:9                  37:22 40:13                  55:6 58:18                  80:16 121:1                  152:22 153:12                  169:21 182:11                  188:6 205:10                  225:10 236:16                  245:20 248:5                  250:19 276:8  <b>understanding</b>                  31:17 107:17                  141:24 194:12                  200:18 210:6                  211:22 252:13  <b>understands</b>                  49:19  <b>understood</b>                  43:24 149:14                  150:11 168:24</p>	<p>252:18  <b>underused</b> 34:9  <b>undesirable</b>                  43:3  <b>undocumented</b>                  237:15  <b>undue</b> 137:15  <b>unfamiliar</b>                  34:13 232:14  <b>Unfinished</b>                  271:17,19  <b>unfortunately</b>                  106:17 233:3  <b>unfunded</b>                  168:10  <b>unhappy</b> 215:4                  215:5  <b>uninsured</b> 63:15                  65:1  <b>unique</b> 75:16                  105:8 175:9                  177:21 180:11                  182:4 200:10                  200:11 204:12                  205:7 206:18                  219:6 239:13                  264:14  <b>unit</b> 34:19,20                  40:19 42:1,11                  44:12,13,16,21                  46:11,13 48:6                  48:11,14,22                  49:8,12 52:2,2                  52:7,7,22 53:1                  53:3,4,7,20                  59:2,8 60:1                  64:6 65:15,15                  103:5 116:23                  192:20 235:14                  238:14 265:14  <b>units</b> 48:13 53:5                  53:23 56:15,18                  56:21 65:11                  77:14 106:8                  239:20  <b>universities</b>                  213:13</p>	<p><b>university</b> 7:19                  130:7,7 137:5                  176:11,11,11                  183:7,9 186:6                  187:17 190:9                  195:20 200:12                  207:20 211:10                  211:11 212:17                  213:11,16  <b>unpredictably</b>                  30:2  <b>unrealistic</b> 209:3  <b>un-sponsored</b>                  63:15 64:2,11  <b>unsustainable</b>                  35:6  <b>until</b> 55:12                  65:22 68:16                  114:4 136:3                  142:4 158:5                  221:12 223:8                  223:17 227:20                  250:14 269:9  <b>unusual</b> 214:19  <b>update</b> 215:16                  215:21 272:7,8  <b>upgrade</b> 192:22  <b>upper</b> 56:19  <b>urban</b> 60:14                  182:5 184:17  <b>uremia</b> 240:3  <b>urge</b> 10:15 12:3                  126:7 241:5  <b>urged</b> 6:21  <b>urging</b> 243:19  <b>Urso</b> 2:8 22:16                  65:7,14 66:3                  66:14,19                  115:18,23                  140:22 142:10                  144:2 146:22                  165:7,12,23                  166:7,10                  197:10 225:18                  225:23 226:5,7                  230:19 245:9                  246:4 269:15</p>
---	---	---	---	---

<p>269:16,23 270:7,20 271:13,19 276:18 277:9 277:20 <b>use</b> 22:16 28:4 32:14,22 39:18 39:20 42:4 89:6 92:6 107:6 109:19 114:5 125:10 131:3 167:2 177:3 194:19 256:9,11 260:24 262:1 <b>used</b> 39:7 42:9 49:14 73:10 112:7 113:14 113:17 152:19 200:23 202:21 222:9 261:6,7 <b>using</b> 120:7 130:20,23 139:14 240:1 251:21 <b>usual</b> 75:16 <b>usually</b> 75:22 131:14 167:15 253:1 <b>utilization</b> 18:9 27:5 39:18,19 76:21,23 97:9 97:10,16,18 113:21 123:2,2 127:13 136:4 162:24 177:4 220:22 221:6 222:19 223:18 229:24 <b>utilizations</b> 27:18,20 223:12 <b>utilize</b> 3:16 108:15 158:16 179:13 253:5 <b>utilized</b> 194:23 221:14 222:12</p>	<p>222:22 <b>utilizing</b> 27:15 131:7 <b>UW</b> 200:14 201:7 205:20 211:24 212:12 213:18 <b>UW's</b> 211:24 <b>UW/Swedish</b> 214:2</p> <hr/> <p style="text-align: center;"><b>V</b></p> <hr/> <p><b>VA</b> 276:19,20 <b>vacant</b> 56:10,20 186:7 255:18 <b>valet</b> 184:5,12 184:14 <b>valid</b> 109:19 140:18 <b>VanderLIND...</b> 33:4,4,5 45:2 45:14 <b>Vanguard</b> 61:7 231:20 235:8 <b>variability</b> 248:20 <b>variance</b> 104:23 106:24 107:14 116:13 <b>variety</b> 205:14 <b>various</b> 13:19 <b>vehicle</b> 240:13 <b>Veldman</b> 83:20 83:20 <b>Vernon</b> 161:17 219:1 <b>versus</b> 36:1 110:2 167:18 260:23 <b>very</b> 4:14,23 13:4 14:8 15:3 22:12 25:20 32:22 35:19 41:6 47:13 51:13 54:18 56:12 58:1 59:22 62:2,3</p>	<p>63:3 68:18 69:17 76:22 78:20 81:3 83:3,22 84:24 85:8,11 86:8 88:23 89:15 94:4,5,23 96:15 104:6 105:2 106:21 110:15,15,24 110:24 111:2,2 111:4,8 136:14 138:23,24 155:9 164:11 165:15,19,23 168:14,17,17 173:21 175:10 175:22 177:22 178:19 180:17 182:18,22 184:9,17,24 185:5,17,23 190:5 197:4 198:5 199:14 199:18,21 200:12,13 201:13 202:12 203:13 204:20 209:2,6 211:19 215:4 217:4,22 228:9,17 231:5 231:23 233:2 233:15 237:13 241:7,14 254:24 257:16 258:5 269:6 271:15 277:24 278:7 <b>vested</b> 11:4 20:16 <b>veterans</b> 92:13 <b>VI</b> 243:22 260:5 <b>via</b> 240:11 <b>viability</b> 117:23 <b>viable</b> 56:12 131:23 240:11 <b>Vice</b> 2:2 4:3,17</p>	<p>15:17 24:23 26:8,10,16 30:16 31:10 44:4,6,10,13 45:11,15 47:1 67:17 82:13 93:14 101:7 104:3 117:15 157:6 172:8 174:16 183:13 183:21,24 184:3,16 186:1 186:9,15,20 187:3,9,24 189:13 196:13 211:1,3,8 212:7,15,21,24 213:4 216:13 218:18 229:22 231:19 234:3 255:4,9,17,22 256:1,3,13,22 258:12,18,22 259:1,4 267:15 269:2 <b>view</b> 13:20 20:12 150:19 221:3 <b>views</b> 187:5 <b>vigilant</b> 58:15 <b>VII</b> 243:22 <b>VIII</b> 220:5,9,11 226:23 229:24 <b>Villa</b> 83:10 86:6 <b>Village</b> 94:8 95:18 264:23 264:24 265:4 <b>Villa's</b> 86:19 <b>violated</b> 139:8 <b>violates</b> 120:20 <b>violation</b> 120:12 144:12,20 <b>virtually</b> 208:17 <b>virtue</b> 28:2 209:13 <b>visit</b> 193:11 <b>visited</b> 205:4 <b>visiting</b> 205:4</p>	<p><b>visits</b> 204:9 <b>vital</b> 11:7 21:18 <b>vitro</b> 129:7 <b>voice</b> 4:21 5:8 19:24 269:5,22 269:23,24 270:2,15 271:8 <b>voices</b> 32:18 <b>volume</b> 32:18 36:20 123:16 212:3 <b>volumes</b> 62:12 <b>vote</b> 4:21 5:8 10:15 14:3 30:21 31:3,7 46:21 68:7 83:1 118:4 151:6 180:16 214:11,14 229:22 230:2 266:18 267:7 268:3,3,7,16 269:5 270:2,15 271:8 <b>votes</b> 31:23 68:6 82:24 94:1 101:18 118:3 157:19 172:22 190:1 196:24 216:24 230:15 230:16 268:6 <b>voting</b> 172:15 <b>VP</b> 199:6 <b>vulnerable</b> 208:14 209:19 <b>V-a-n-d-e-r</b> 33:5 <b>V-e-l-d-m-a-n</b> 83:20</p> <hr/> <p style="text-align: center;"><b>W</b></p> <hr/> <p><b>W</b> 126:19 211:4 211:13 <b>wait</b> 166:4,6 194:2 223:16 224:4 240:16 <b>waiting</b> 42:3 86:13 87:12</p>
---	--	---	--	---

186:7 235:23 253:10 275:6 <b>walk</b> 136:9 252:13 253:17 <b>walls</b> 210:8,15 <b>want</b> 7:15 17:16 21:17 30:3 35:10 36:4 41:16 43:14 44:6 60:1,6 76:13 96:17 98:7 99:16 116:7,13 120:2 136:9 141:3 142:9,15 143:14 150:9 153:2,9,22 155:2 156:5 159:16 166:22 179:5 184:11 190:18 194:11 213:2 223:19 241:9 243:22 245:7 255:10 261:24 263:9 263:21,22,23 265:19 266:20 267:2,8 268:14 268:15 271:20 271:24 275:10 <b>wanted</b> 37:8 56:21 57:24 78:13 96:12,19 99:9 115:18 142:13 185:9 195:2 197:10 228:13 241:11 259:14 260:22 <b>wanting</b> 7:6 <b>wants</b> 119:23 <b>war</b> 180:1 <b>wards</b> 177:3 <b>Warner</b> 50:10 50:10 <b>washing</b> 193:12 194:22 <b>Washington</b>	22:23 <b>wasn't</b> 100:6 247:3,17 254:16 277:5 <b>watch</b> 136:19 <b>watching</b> 193:19 <b>way</b> 1:17 37:12 61:14 72:21 84:16 90:14 116:1 125:24 127:20 154:24 160:14 182:22 184:10 185:10 192:24 227:6 228:15 241:19 241:24 252:21 252:23 255:7 264:4 265:23 <b>ways</b> 17:18,20 92:9 260:10 <b>website</b> 7:3 76:12 <b>week</b> 26:20 53:2 164:13 232:17 237:20 265:17 <b>weekend</b> 40:20 40:22 91:19 235:19 <b>weekly</b> 240:6 <b>weeks</b> 237:20 <b>welcome</b> 3:4 173:6 193:17 217:11,19 268:11 <b>welcomes</b> 153:20 <b>welcoming</b> 83:12 <b>Welfare</b> 203:1 <b>well</b> 7:1 12:21 12:24 18:24 23:22 24:2 25:1 27:13 42:6 43:12,19 48:19 56:11 58:7 60:19 62:10,12 63:1	64:23 65:15 66:3 74:12 80:16,21 89:20 106:5 112:8,18 112:24 119:6 119:14 134:10 139:19 141:4 143:16 147:9 153:15,19 154:5,20 165:17 168:17 169:16 175:12 176:9,20 178:8 178:12 185:23 187:19 191:11 194:23 200:6 203:13 205:13 207:13 208:17 212:22 224:4 224:23 225:2,6 228:14 235:19 243:1,13 244:11 246:13 247:10 250:4,6 250:12 252:21 252:22 253:7 256:13 258:3 258:17,18 259:23 262:15 262:17 274:22 275:13,14,17 <b>Wellness</b> 235:10 <b>well-trained</b> 236:20 <b>went</b> 40:21 62:18 139:6 208:20 276:4 <b>were</b> 10:13 15:10 17:22,22 20:7 25:16,18 33:17 39:24 42:4,15,22,24 43:1 45:9 49:1 52:14 53:18 62:9,21 65:20 70:2 71:24 74:6 76:6,9	79:9 81:4 83:6 84:10 87:16 90:15 95:7 96:2,21 100:1 100:5 103:8 104:20 106:16 107:11 109:4 113:24 123:17 130:13,20,24 137:6 139:14 146:22 162:3 164:16 166:3,4 167:22 177:14 177:15 185:10 185:12 194:14 194:14 201:23 203:2 204:4 214:24 218:10 218:11 222:9 226:4 233:8,8 233:9 234:19 235:24 253:13 254:8 256:13 259:18 260:14 262:2,2,10 274:8 277:4 279:9 <b>weren't</b> 166:12 <b>west</b> 1:3 89:3,4 119:20 187:7 187:19 193:2 235:10,11 250:8 256:11 256:14 <b>western</b> 48:20 268:1 <b>Westlake</b> 61:7 <b>we'll</b> 8:8,22,23 9:8 14:14 18:2 18:12 22:7 28:8 32:15 33:9 50:5,14 68:13,24 69:14 74:20 83:12,14 91:16 94:13 102:2,3 106:19 111:1,6 126:15	128:12 139:10 145:15 147:12 154:3 157:22 158:7 165:20 167:15 173:7 173:22 178:11 178:11,13 181:15 182:1,8 183:8 184:14 185:7 188:17 190:24 207:5 231:13 233:21 243:16 265:6 272:4,20 277:20 <b>we're</b> 3:5 8:13 16:6 17:4,14 28:5 34:7,13 35:6,8,8,14 36:6,18 38:10 38:10 39:15,16 40:7 41:23,24 41:24 42:16,16 57:23,24 58:1 58:3,7 61:16 62:8 68:12,20 70:8,10 79:12 79:13 81:7 83:11 85:14 88:18 89:8 90:17 91:4 96:15 105:7,17 106:10 107:6 108:6 109:12 110:21 111:18 114:6,16 116:1 133:8 134:11 134:24 135:22 137:10,17 139:24 140:8 140:19 141:10 141:18 150:2 150:14 152:3,4 152:13,13,15 153:3,13 155:19,21 156:21 157:24
--	--	---	--	---

158:2 164:9 165:23 166:13 168:8 170:16 170:17 175:19 178:14 181:14 183:15 186:11 190:23 194:19 200:12 201:13 202:12 208:17 209:2 214:11 221:17 227:16 227:18 228:1,8 230:24 235:14 236:6,7 243:15 243:15,19 244:18,20 246:7 252:7 255:6 264:5 269:12,13 <b>we've</b> 12:20 17:9 19:11,14 34:12 34:22,23 36:3 36:5,7 39:13 42:3,8,8,9 65:3 74:6 77:15 78:1 83:5 86:10,17 87:17 88:13 99:3 105:20 113:10 135:6 136:3,6 137:6 141:15 154:23 155:19 155:20 163:15 179:16,18,21 180:8 184:24 185:5 192:4,11 192:12 201:14 205:20,23 207:14 227:7 235:19 236:5 243:21 255:15 266:19 <b>whatnot</b> 79:22 <b>Wheaton</b> 48:18 102:22 <b>wheelchair</b> 132:13	<b>wheelchairs</b> 152:21 <b>When's</b> 145:21 <b>while</b> 11:19 17:13 21:11,23 49:7 54:17 108:13 114:8 123:3 124:24 158:8 161:12 164:21 181:4 221:18 222:3 232:9 247:15 249:2 277:14 <b>white</b> 244:12 245:23 <b>whole</b> 40:9 71:12 75:23 136:17 138:14 153:18 245:9 248:6 251:2 <b>wholly</b> 79:3,5 <b>wide</b> 125:19 <b>widespread</b> 162:4 <b>wild</b> 89:7 <b>William</b> 273:16 <b>willing</b> 19:3 42:17 155:10 212:21 215:15 225:13 226:5 <b>wind</b> 171:11 <b>window</b> 122:12 130:23 131:4 <b>wing</b> 88:5 <b>Wisconsin</b> 200:12 202:24 203:11,17 205:2 207:20 212:17 213:11 <b>wish</b> 13:10 29:7 159:20 <b>wishes</b> 148:4 <b>withdraw</b> 149:3 149:5,6 <b>withdrawal</b> 29:4 <b>withdrawn</b> 26:13 149:8	<b>witness</b> 219:2 <b>witnessed</b> 130:10 220:22 <b>Wolf</b> 89:4 <b>woman</b> 173:19 <b>women</b> 29:6 97:23,24 98:1 136:23 <b>Women's</b> 137:4 <b>wonder</b> 23:20 39:12 214:22 <b>wondered</b> 23:3 <b>wonderful</b> 154:23 <b>wondering</b> 27:17 44:24 84:13 <b>words</b> 256:17 <b>work</b> 13:18 18:24 21:2 26:2 59:23 61:14 78:5 85:10 107:18 122:10 138:16 154:24 176:14 179:8 182:9 183:8 192:16 193:13 194:21 207:6 236:20 238:11,13 245:19 252:9 255:6 273:3 274:10 <b>worked</b> 88:14 138:8,10,13 181:1 215:1 239:20 242:11 275:24 <b>worker</b> 32:5 245:15 251:20 <b>workers</b> 251:9 <b>working</b> 8:13 58:7 70:13 134:6 165:18 185:5 193:19 224:19 228:9 235:3 275:3	<b>workroom</b> 125:10,11 <b>works</b> 42:1 84:15 153:17 176:3 206:23 242:1 <b>world</b> 175:16 176:7 200:18 228:22 <b>worth</b> 21:24 <b>wouldn't</b> 43:7 81:7 128:15 144:22 171:7 171:10 241:23 248:7 250:14 256:14 257:15 261:9,24 <b>would've</b> 75:6 <b>Wright</b> 217:16 217:16 244:3 244:11,14 245:1,11,14 246:1,5,10,13 246:16,19 247:1,10,14 250:11,20 254:5 255:14 257:17 261:12 261:15 <b>written</b> 5:21 6:2 6:23 16:15 19:13 123:23 144:5 <b>wrong</b> 206:24 224:12 <b>wrote</b> 98:6 <b>W-a-r-n-e-r</b> 50:11 <b>W-r-i-g-h-t</b> 217:16 <hr/> <b>X</b> <hr/> <b>X</b> 145:14,15,21 <b>x-rays</b> 232:15 <hr/> <b>Y</b> <hr/> <b>yeah</b> 24:23	26:13 42:19 100:10 111:16 111:23 112:6 113:3,19 139:5 140:7 145:4 148:1 149:6 151:1 153:4 165:12 166:9 168:21 169:5 169:20 203:12 203:20 225:16 226:1 245:1,2 245:12 246:1 246:15 250:20 251:14 252:17 253:20 254:11 258:4 259:7 260:10 261:16 262:7,10,14 263:20 264:3 275:19,22 276:6 <b>year</b> 34:22,23 37:13,13 44:8 44:23 57:17,19 57:23,23 59:13 71:18,21 72:5 72:5 73:23 74:7 76:8,11 78:5 81:4,5 85:23 86:21 124:3 128:21 136:22 137:13 138:2 162:20 163:2,15 175:3 207:5 209:10 214:23 215:15 217:5 220:2 235:24 237:20 238:21 241:14 <b>years</b> 9:16 10:23 12:10,19 17:9 17:18 18:22 19:5 25:17,20 27:8 34:19 36:15 44:9,11 48:8 56:18,24
---	---	--	--	---

59:24 61:21	\$101 79:11	1s 89:24	188:23	164:3
62:13,23 64:7	\$11.8 174:22	1st 33:20 51:19	12-003 92:20	165 176:24
72:24 85:13	\$131 79:11	84:7 95:5	12-005 94:7	177:5 236:7
86:2,14 88:7	\$142 104:19	127:9 159:11	100:16	17 1:13,16 53:16
95:20 102:24	\$2,000 91:19	1,151 163:12	12-006 47:17	95:2 99:24
107:4 114:4,5	\$2.25 95:4	1-800-280-3376	67:1	100:16 220:5
114:7,10,11,15	\$24.9 69:22	2:24	12-007 102:2,5	17th 8:2
134:5 136:11	\$250,000 79:16	1.5 177:21 186:2	104:14 116:11	1700 193:5
137:18 138:3	\$26.3 174:5	1.8 228:20	116:22	18 59:2 123:20
139:18 141:15	\$3 218:5	1.9 168:3	12-011 190:8	160:10,11
162:20 169:2,3	\$350 188:3	1:05 158:4	195:20	183:20 221:16
169:4 175:16	\$36 254:24	1:48 158:5	12-013 197:6,7	223:14
177:3 181:1	\$38.6 198:14	10 27:8 77:12	213:24	18-bed 50:21
186:21 192:14	\$4 234:12	122:19 160:9	12-018 32:9 46:3	183 106:6
192:23,23	\$400,000 126:5	227:23 268:12	12:30 102:3	1880s 193:1
193:19 199:15	137:15	10th 234:15,17	1200 72:24	1895 11:9
200:2,21	\$4500 34:21	10:00 3:1	123rd 89:3	19 123:20
221:23 222:7	276:5	100-year 110:5	127-bed 46:4	1914 105:21
233:6 235:3	\$46.2 191:13	101 220:9	13 78:22 79:6	1954 175:6
236:6 238:11	\$5 34:20 44:8	11 162:24	125:1 235:24	1964 72:11
238:13 249:5,5	116:11,13,14	222:14	133 37:9	1973 266:22
257:21,21	\$70,000 81:4	11-096 233:17	136 37:9	1974 176:22
264:2	\$75 176:5	266:6	137 124:23	1978 72:12
year's 272:5	\$8.1 7:21	11-099 217:8	1374 123:16	198 57:13
yellow 244:23	\$8.2 159:7	229:7	14 37:5 78:23,24	1982 130:19
Yep 196:11		11-104 68:21	79:1 95:19	1987 130:20
yesterday 40:21	#	81:21	97:17	1990 130:22
273:12	#07-125 7:19	11-111 118:8	14th 7:24	1993 36:9,12
York 205:11	#07-134 7:22	126:12 156:10	14-foot 125:2	1998 72:12
young 192:2	#07-148 7:17	11-113 158:11	15 2:21 27:8	
262:13	#08-091 8:1	167:5 171:17	46:7 102:24	2
youths 160:14	0	11:15 68:13,15	123:1 138:2	2 74:4 158:3
	002 38:5	11:25 68:14	203:17	250:13
<b>Z</b>	07-071 104:12	11:27 68:16	15th 38:8	2nd 1:3
zero 259:22,24	104:23 116:9	111 76:18	15-minute	2s 89:24
260:18 261:19	117:2	111-bed 69:20	268:13	2(c)(1) 268:23
zip 237:4 244:15	07-701 104:15	81:22	1500 105:17	2(c)(11) 268:24
zone 203:15	07-87 270:10	1110 71:4	1500-hour	2(c)(5) 268:23
244:6,12	08 57:16 105:23	162:13,14	123:18	20 86:3 106:8
zoning 184:19	08-006 270:22	1120 71:6	155 220:10	130:24 139:18
184:22 187:4	08-44 269:18	162:12	159 177:5	141:15 184:4
	084-001390 2:19	119 221:22	16 73:21 123:6	200:21 203:17
<b>\$</b>	09-07 270:10	12 7:23	134:6 229:23	235:2 236:14
\$1.4 127:7		12th 76:8	16-station	263:14 267:2
\$1.6 34:22	1	12-station 218:2	220:20 234:10	268:12
\$10.8 84:6	1 157:23 221:2	229:8	266:7	20,000 40:5
\$100,000 78:6		12-002 173:3	163 163:16	111:15 112:2,6

113:15,16 115:6 200 39:16 50:23 76:18 161:16 176:8 200-bed 81:22 2000 39:20,23 112:19 169:11 2005 113:24 114:2 2006 52:5 192:2 2006-7 62:2 2007 52:5 2008 51:23 57:15,15 71:15 72:5,13,15 227:24 2009 72:5 136:3 162:21 220:23 227:24 2010 39:21 51:20 71:18 113:5,24 135:6 162:21,23 163:3,11 169:7 227:24 2011 57:17 72:15 97:14 100:11 120:18 122:18 136:3 162:21 163:1,2 163:4,11 169:6 177:13 219:23 2012 1:13,16 7:24 8:2 15:9 33:20 35:2 38:8 51:1 76:8 156:11 163:5 218:6 234:15 234:17 2013 127:9 159:11 174:7 2014 84:8 95:6 198:15 218:8 223:8 2015 69:24 136:22 175:4	186:16,18 2016 70:12 73:20,21 74:2 175:5 186:17 186:19 191:16 205.1360 124:21 205.1370 125:8 205.1400 125:16 21 175:16 222:15 2124 274:16,23 275:18 215 220:23 217 2:23 217-782-3516 1:5 22 71:8 164:16 171:18 22nd 119:20 2200 236:10 23 19:5 35:14 24 221:16 223:14 2425 119:20 25 86:2 158:2 183:17,19 25th 57:17 25-story 187:10 250 124:24 2500 126:4 27 36:23 236:6 27th 212:9 27-bed 33:16 34:10 46:11,12 272-bed 177:18 2887 274:2 29 247:24 249:3 29th 66:12 2934 273:9 <hr/> 3 3 7:22 37:18 3s 89:24 3:00 250:13 3:42 269:9 30 7:9 84:4 92:20 121:7	123:10 125:22 130:24 134:5 136:11 146:23 158:1 176:8 192:22 235:22 238:13 246:8 246:12,16 247:3,12 251:1 30th 15:8 122:18 191:16 198:15 264:21 30-mile 29:16 30-minute 123:8 221:21 230:1 237:4 244:6,11 245:23 248:1 262:3 3000 255:15 3050 255:14,16 3076 255:15 31 12:10,19 120:18 263:4,4 31st 51:1 69:24 174:7 218:8 262:4 32 102:23 263:4 32-bed 104:24 330 186:13 338 64:21 65:1 339 73:1 35,000 267:1 350 186:13 276:5 3600 255:11 3614 273:18 3679 255:12 37 106:8 109:18 37-bed 104:17 104:24 105:1 116:23 38-bed 50:22 <hr/> 4 4 45:21,22 120:3 120:6 219:21 220:4 222:23 250:12 268:12	4:00 246:18 4:06 269:9 4:14 278:8 40 77:16 135:7 136:3 42 233:3 44 257:20 45 64:22 176:24 177:13 45-minute 37:4 37:24,24 41:13 4500 39:7 4563 274:1 46 106:7 47 159:6 47-bed 95:3,22 100:17 171:18 <hr/> 5 5 7:13,14 89:15 110:3 5th 72:1 272:13 272:14 5.98 110:2 50 37:3 87:17 95:23 133:13 135:18 257:15 500 211:19 501(c)(3) 38:16 51 220:12 226:24 5142 274:21 52 237:20 263:12,13 522-2211 2:23 525 1:3 53 37:10 263:3 54 192:23 54th 257:3 55 77:1 161:11 161:20 56 250:24 251:4 57 87:3 58 263:4 59 10:23 <hr/> 6	6 8:10 32:3 122:4 228:23 6,000 251:2 60 37:11 38:12 109:14 110:23 123:9 135:8 161:22 220:11 226:23 237:5 60-day 147:13 600 72:10 211:18 61 257:19 6200 259:2 62701 2:22 62761 1:4 63 120:5 63rd 258:24 63,000 198:12 64 120:5 65 220:9 68 35:17 72:14 69 159:7 <hr/> 7 7 7:12 122:13 7,000 218:3 7-E 72:23 7.8 37:13 7:00 250:14 70 105:18 106:5 135:8 700 10:2 75 78:15 <hr/> 8 8th 53:18 8,000 234:11 8.8 37:12 80 72:15 78:16 78:18 79:6 160:19 223:17 257:23 258:3 81 86:6 84 244:15 85 56:18 162:18 85-year 57:1 86 163:3 221:14
---	--	---	---	---

222:5 87 244:7,14 245:18 87.7 72:15 89 69:21 163:4 <hr/> <b>9</b> 9 269:13 272:7 9,000 251:3 90 56:10 98:15 100:4,12 177:12,14 214:14 215:13 90-percent 96:4 900 111:18 906 123:18 91 121:4 92 121:4 93 163:5 95 177:15 220:23 96 86:12 97 220:21 221:6 97.7 98:9 99 86:11 99-bed 84:5 92:21				
---	--	--	--	--