1 HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
2 Springfield, Illinois 62761
217-782-3516
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9 BOARD MEETING
10 (May 14, 2013)
11
12 Regular Session of the meeting of the State of
13 Illinois Health Facilities and Services Review Board
14 was held on May 14, 2013, at the Bolingbrook Golf
15 Club, 2001 Rodeo Drive, Bolingbrook, Illinois.
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1 PRESENT:
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Dale Galassie - Chairman
3 Mike Jones
Matthew Hammoduh
4 Alan Greiman
Alexis Kendrick
5 Frank Urso
Courtney Avery
6 Richard Sewell
Kathy Olson
7 James Burden
Deanna DeMuzio
8 David Carvalho
9
10 The Court Reporter:
11
12 Pamela K. Needham, IL CSR, MO CCR
Midwest Litigation Services
13 711 North 11th Street
St. Louis, MO 63101
14 314-644-2191
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1 P R O C E E D I N G S
2 * * * * *
3 (On the record at 10:02 a.m.)
4 CHAIRMAN DALE GALASSIE: Good morning,
5 ladies and gentlemen. I'm going to attempt to call
6 us to order. Welcome here on this beautiful summer
7 day. Or so we're told. We are a little disjointed
8 in our agenda this morning, we will soon be doing
9 the formalities of agenda and minutes. Alexis will
10 guide us through public participation, there are
11 nine or ten folks here who have signed up for public
12 participation in which, if you're new to the room,
13 we have moved up into the beginning of the meeting
14 for multiple sakes. We also have guidelines
15 regarding public participation, trying to respect
16 your time lines, as well as the time lines of the
17 Board and staff and everyone involved. We
18 appreciate your staying within those guidelines, and
19 if, in fact, we have to interrupt you during public
20 participation, we certainly mean to do it
21 respectfully, but we also respect everyone else's
22 time in the room, so we will, in fact, do it. Thank
23 you for that.
24 We will then be going into an Executive
25 Session, which we felt we needed to move up into the

1 beginning of the meeting for, for reasons that I
2 will not articulate right now. And I, and we
3 anticipate our Executive Session to be half hour, 45
4 minutes. So after public participation, we will go
5 in on Executive Session, we will need to clear the
6 room, and you can anticipate a half hour to 45
7 minutes if you want to go out there and get golf
8 lessons or something.
9 That having been said -- oh. Let me
10 welcome Nelson Agbodo, our new Health Data Manager;
11 welcome Nelson, we're happy to have you here, a new
12 face in the room. If those of you that are regulars
13 haven't met Nelson, please introduce yourselves
14 during the day.
15 I would like to have a call to order.
16 Roll call.
17 MR. GEORGE ROATE: Certainly. Chairman
18 Dale Galassie.
19 CHAIRMAN DALE GALASSIE: Here.
20 MR. GEORGE ROATE: Vice-Chairman John
21 Hayes.
22 CHAIRMAN DALE GALASSIE: Absent.
23 MR. GEORGE ROATE: Phillip Bradley.
24 MR. PHILLIP BRADLEY: Here.
25 MR. GEORGE ROATE: Dr. James Burden.

1 DR. JAMES BURDEN: Here.
2 MR. GEORGE ROATE: Senator Deanna
3 DeMuzio.
4 SENATOR DEANNA DeMUZIO: Here.
5 MR. GEORGE ROATE: Justice Allen
6 Grieman.
7 JUSTICE ALLEN GRIEMAN: Here.
8 MR. GEORGE ROATE: Kathy Olson.
9 MS. KATHY OLSON: Here.
10 MR. GEORGE ROATE: David Penn.
11 MR. MR. DAVID PENN: Here.
12 MR. GEORGE ROATE: Richard Sewell.
13 MR. RICHARD SEWELL: Here.
14 MR. GEORGE ROATE: Eight members
15 present.
16 CHAIRMAN DALE GALASSIE: Now we're going
17 to put members through a freshman year project. If
18 you could find a piece of paper and just do a
19 fourfold and print your last name on there, we have
20 a new recorder, and I think she would be very
21 appreciative if you would, please, place a folded
22 sheet in front of you. We apologize, we forgot the
23 name pens.
24 That having been said, can I have an
25 approval of the agenda? Prior to approval, I think

1 there's a change to the agenda?
2 MR. MIKE CONSTANTINO: Yes, sir.
3 Riverside Medical Center has deferred project Number
4 12-089.
5 CHAIRMAN DALE GALASSIE: Very good;
6 Riverside has, in fact, deferred. May I have an
7 approval of the agenda with the Riverside deferral,
8 please?
9 MR. RICHARD SEWELL: So moved.
10 CHAIRMAN DALE GALASSIE: We need a
11 second.
12 MS. KATHY OLSON: Second.
13 CHAIRMAN DALE GALASSIE: Moved and
14 seconded. All in favor?
15 (All in favor voted in the affirmative.)
16 CHAIRMAN DALE GALASSIE: Opposed?
17 (None opposed.)
18 CHAIRMAN DALE GALASSIE: Hearing none,
19 motion passes, thank you very much.
20 Approval of the minutes. Do I have a
21 motion to approve, put the minutes on the table?
22 SENATOR DEANNA DeMUZIO: So moved.
23 CHAIRMAN DALE GALASSIE: Motion. Thank
24 you, Senator.
25 MS. KATHY OLSON: Second.

1 CHAIRMAN DALE GALASSIE: Motion and a
2 second. Any questions, comments or changes on the
3 minutes?
4 (No comments.)
5 CHAIRMAN DALE GALASSIE: Hearing none,
6 motion to approve. All in favor?
7 (All in favor voted in the affirmative.)
8 CHAIRMAN DALE GALASSIE: Opposed?
9 (None opposed.)
10 CHAIRMAN DALE GALASSIE: Hearing none,
11 thank you very much. Minutes are approved.
12 We will now move into public
13 participation, and I will turn it over to Mrs.
14 Kendrick for both advising our public rules, and
15 then following through with public participation.
16 We will, in fact, invite people up four or five at a
17 time, if you will. You will not have to be sworn in
18 for public participation, but when you do speak, we
19 would ask that you advise us if you are in support
20 or opposed to the issue, and if, in fact, you would
21 please spell your name for our reporter. Alexis,
22 it's all yours.
23 MS. ALEXIS KENDRICK: Thank you,
24 Mr. Chairman. I'm going to read some guidelines for
25 public participation. The Open Meetings Act

1 requires that any person shall be permitted an
2 opportunity to address public officials under the
3 rules established and recorded by the public body.
4 Each speaker will be allotted two minutes to provide
5 their comments about agenda items listed on today's
6 agenda. Please understand, when signalled, you must
7 conclude your comments. Inflammatory or derogatory
8 comments are prohibited. Comments should not be
9 personal, and not be disruptive to the Board's
10 proceedings. Again, please make sure that your
11 comments are focused and relevant to the specific
12 projects on the current day's agenda.
13 We actually only have four speakers
14 today, so I'm going to call all four speakers to the
15 table. John Burger, Nathian Llewellyn, Edwin Cook,
16 and Gihad Ali.
17 In light of the deferral, those who
18 signed up for 12-089 will not speak today. And
19 we'll begin with Project 12-096, Jonathan Burger and
20 Nathian Llewellyn.
21 CHAIRMAN DALE GALASSIE: Good morning,
22 folks. Welcome.
23 MR. JONATHAN BURGER: Good morning, I'm
24 speaking in opposition; my name is Burger,
25 B-U-R-G-E-R.

1 CHAIRMAN DALE GALASSIE: Thank you.
2 MR. JONATHAN BURGER: Good morning, my
3 name is John Burger, and I'm the Medical Director
4 for the Emergency Department at Presence St.
5 Joseph's Medical Center in Joliet, and I'm here
6 today to express my opposition to Silver Cross
7 Hospital's proposed free-standing emergency center.
8 Presence St. Joseph is a non-for-profit hospital and
9 a member of the Presence Health System, and with the
10 moving of Silver Cross to New Lenox, it's the only
11 remaining hospital in Joliet.
12 As this Board is aware, early in 2012
13 Silver Cross relocated from Joliet to the more
14 affluent community of New Lenox. Their FEC has
15 proposed to be located in Frankfort, again, one of
16 the more affluent communities within the suburban
17 area. This is important to recognize not only
18 because of the obvious financial benefits to Silver
19 Cross, but because of the impact on other area
20 providers, including Presence St. Joseph Medical
21 Center, which has elected to stay and serve in
22 Joliet.
23 Silver Cross insists that these
24 residents of Frankfort are somehow their patients.
25 As a result, other area hospitals, five of which

1 have been deemed underutilized by a report from your
2 staff, will not be directly impacted. That position
3 is not supported by the current state of affairs.
4 Since its relocation and opening of its Homer Glen
5 FEC, Silver Cross has already gained market share
6 and competitive advantage in that area. When one
7 provider's share goes up, the other provider's share
8 invariably goes down. The vast majority of patients
9 are free to seek care wherever they choose, and that
10 includes providers other than Silver Cross. We,
11 along with every other hospital in the area, treat
12 patients in the Frankfort community for a 12-month
13 period ending in June of 2012, our area took care of
14 over 190 patients from the Frankfort area, just as
15 we treated every other patient in the community,
16 specifically those who are most financially
17 disadvantaged. More importantly, so did every other
18 hospital in the area. For Silver Cross to say they
19 fully anticipate that no other provider will be
20 impacted by the proposed FEC simply does not make
21 sense.
22 Lastly, Presence St. Joseph has recently
23 developed a relationship as a highly respected FQAC,
24 which is also building a clinic on the former Silver
25 Cross Hospital site, not avoiding services. We

1 would encourage Silver Cross to also develop cost
2 effective services commensurate with the appropriate
3 levels of care for communities most in need,
4 particularly -- particularly those that are
5 financially disadvantaged and underserved
6 populations.
7 Thank you again for considering the
8 negative impact this project will have on the area
9 hospitals.
10 CHAIRMAN DALE GALASSIE: Thank you, Dr.
11 Burger.
12 MR. NATHIAN LLEWELLYN: Nathian
13 Llewellyn.
14 CHAIRMAN DALE GALASSIE: Good morning
15 Mr. Llewellyn.
16 MR. NATHIAN LLEWELLYN: Good morning.
17 The first name is N-A-T-H-I-A-N; the last name
18 L-L-E-W-E-L-L-Y-N.
19 I am here today on behalf of Advocate
20 South Suburban Hospital in Hazel Crest, Illinois, to
21 oppose the proposed Silver Cross Hospital
22 Free-Standing Emergency Center in Frankfort.
23 Considering the current financial situation in
24 Illinois, we believe that providers should continue
25 to work with the State to lower costs and coordinate

1 care, not promote a greater rate of transitory
2 Emergency Department utilization.
3 Conservatively, about 56 percent or 67
4 million of US ED visits are potentially avoidable
5 each year. Unnecessary Emergency Department usually
6 accounts for about $40 billion in basic US health
7 care spending each year. While there may be a
8 small, isolated set of numbers that show FEC's
9 provide a marginally cheaper care than acute care
10 hospital Emergency Departments, treatment at a
11 free-standing emergency facility still is
12 significantly more expensive than the care provided
13 by a primary care physician. According to a study
14 commissioned by the Agency for Health Care Research
15 and Quality, the average cost of an ED visit is
16 $580.00 more than the cost of a primary physician
17 office based health care visit. In an area already
18 well served by existing emergency care facilities,
19 urgent care centers and primary care physicians,
20 there seems no need to facilitate greater access to
21 a higher cost option.
22 In addition, experts believe that for
23 nonemergency patients, the ED simply cannot provide
24 the continuity of care that the primary care system
25 offers. The episodic nature of ED care lacks the

1 benefits associated with a primary care provider,
2 including enhanced clinical diagnostic accuracy and
3 treatment, disease prevention, and patient
4 compliance to treatment regimens.
5 As we continue to work with the
6 Government to find effective solutions to our
7 growing health care crisis, it has become clear that
8 decreasing unnecessary Emergency Department visits
9 and coordinating care through primary care
10 physicians are our foundations.
11 For these reasons, we are confident that
12 an FEC is not the right thing for the area at this
13 time. We urge the Board to stand by its previous
14 decision to deny the application for a free-standing
15 Emergency Department in Frankfort. Thank you.
16 CHAIRMAN DALE GALASSIE: Thank you.
17 Good morning. If you could just pull
18 that mike up close to you, please? Thank you.
19 MS. GIHAD ALI: Good morning, Chairman
20 Galassie and members of the board and staff, my name
21 is Gihad Ali, G-I-H-A-D, last name A-L-I, and I'm an
22 American Muslim born and raised in Chicago. As a
23 staff member of the Arab American Action Network, a
24 non-profit organization that networks primarily with
25 Muslim families, I am here today to support

1 Preferred Surgicenter's Certificate of Need permit
2 application and express how it would greatly benefit
3 American Muslims of all backgrounds, whether Arab,
4 South Asian, African American, Latino, white
5 converts, or others. If you grant a CON, Preferred
6 Surgicenter would become the first health care
7 facility in Illinois that is responsive to the needs
8 of American Muslims who want to follow the
9 principles of Islamic law regarding health care
10 services.
11 My Muslim mother was a cancer patient
12 for five years before she passed. Together we
13 visited close to 1000 hospitals across Chicagoland.
14 The hospital gowns she had to wear were far from
15 appropriate for a Muslim whose religion teaches her
16 to dress conservatively and wear hijabs, and she
17 missed many obligatory prayers, not because of her
18 health, but because there were no facilities to make
19 the necessary cleansing before prayer. The
20 hospitals offered religious services, but never
21 Muslim ones, and there were often Bibles in the
22 room, but never a Koran or Muslim prayer rug.
23 The Pew Forum on Religion and Public
24 Life predicts that the number of US Muslims will
25 grow from 2.6 million today to 6.2 million in 2030.

1 Here we have one the largest populations of Muslims
2 in the country with close to 500,000 living across
3 greater Chicago. As an American, I should not have
4 to leave my religion at the door when I utilize
5 health services. Preferred Surgicenter will allow
6 me to receive care from professionals who understand
7 my specific needs.
8 As you know, a delay in receiving
9 medical care today would increase the cost of care
10 in the future. For 18 years, our organization has
11 advocated for community members, and we have found
12 that, unfortunately, many American Muslims do not
13 seek treatment because existing providers are
14 unfamiliar with their cultural and religious customs
15 and practices. We must immediately address the
16 needs of the growing American Muslim population.
17 Please help Preferred Surgicenter be an agent for
18 positive social change and vote yes to approve this
19 proposal. Thank you very much.
20 CHAIRMAN DALE GALASSIE: Thank you,
21 Ms. Ali. Good morning.
22 MR. EDWIN COOK: Good morning. Hello,
23 Mike.
24 CHAIRMAN DALE GALASSIE: Could you pull
25 that mike closer, please? Thank you very much.

1 MR. EDWIN COOK: Good morning, my name
2 is Dr. Edwin Cook, that's E-D-W-I-N, C-O-O-K. I am
3 a practicing nephrologist in the Chicago area for
4 over 30 years, I'm here in support of the proposal
5 to establish West Side Dialysis.
6 In over 30 years of practice, I have
7 seen the number of cases of end stage renal disease
8 skyrocket. From 1980 when I began, to 2010, the
9 number of recorded end stage renal disease cases in
10 the United States has increased nearly tenfold, from
11 around 60,000 to about 600,000. This increase is
12 due in a large part to the epidemic in diabetes and
13 hypertension fueled by the obesity epidemic in our
14 country. One of the results of the higher obesity
15 rates is the increased prevalence of diabetes and
16 hypertension, which together account for about
17 two-thirds of the end stage renal disease we see.
18 In fact, diabetes accounts for about 44 percent of
19 all new cases of kidney failure, and hypertension
20 causes about 25,000 new cases of kidney failure
21 annually. The number of individuals with diabetes
22 and hypertension continues to rise. The incidence
23 and prevalence of kidney failure will continue to
24 increase for the foreseeable future.
25 African Americans are particularly at

1 risk for the high incidence of chronic kidney
2 disease, and the hazard ratio of 1.83 for developing
3 end stage renal disease means they're almost twice
4 as likely as the general population to need
5 dialysis, or transplantation. African Americans
6 with chronic kidney disease are two times likely to
7 need renal replacement therapy prior to death than
8 the general population.
9 In my years as a nephrologist I've been
10 part of a vast improvement in the quality of renal
11 care provided to patients. While the nephrology
12 community can take a lot of credit for improvements
13 in dialysis protocols, DaVita is responsible for
14 implementing many processes in the quality at issue
15 such as Kidney Smart Impact and CathAway, which are
16 aimed at improving patient education and outcomes.
17 Kidney Smart classes and the accompanying website
18 educate individuals on treating kidney disease, how
19 to better manage their health and slow the
20 progression of the disease, and available treatment
21 options.
22 MS. ALEXIS KENDRICK: Thirty seconds.
23 MR. EDWIN COOK: Since we've been
24 associated with DaVita, our patients have benefited
25 from the rigorous and robust quality assurance

1 program that we, as individual providers, utilize
2 constantly. We are incessant in measuring and
3 remeasuring outcomes and providing evidence-based
4 protocols and adjusting those protocols that truly
5 do improve outcomes. Thank you.
6 CHAIRMAN DALE GALASSIE: Thank you,
7 Dr. Cook.
8 MS. ALEXIS KENDRICK: Just for board
9 members, that was project 12-102, it's Item E-06 on
10 the agenda.
11 MR. DAVID PENN: Say that again.
12 MS. ALEXIS KENDRICK: 12-102, West Side
13 Dialysis, and it's Item E-06.
14 And that concludes our public
15 participation.
16 CHAIRMAN DALE GALASSIE: That having
17 been said, we will be moving into Executive Session.
18 I need a motion to move into Executive Session. If
19 Counsel Urso will read that, please.
20 MR. MR. MR. MR. FRANK URSO: The Board
21 has requested to go into Executive Session pursuant
22 to Section 2C-11 and 2C-21 of the Open Meetings Act.
23 CHAIRMAN DALE GALASSIE: Can I have a
24 motion and a second on that?
25 SENATOR DEANNA DeMUZIO: So moved.

1 MS. KATHY OLSON: Second.
2 CHAIRMAN DALE GALASSIE: A motion and a
3 second. I need a -- all in favor of the motion.
4 (All in favor voted in the affirmative.)
5 CHAIRMAN DALE GALASSIE: Opposed?
6 (None opposed.)
7 CHAIRMAN DALE GALASSIE: Hearing none,
8 we'll go into Executive Session. Thank you for
9 clearing the room.
10
11 (The Board went into Executive Session at 10:20
12 a.m.)
13 (Executive Session bound under separate cover.)
14 (Recess)
15
16 (Open session resumed at 10:54 a.m.)
17 CHAIRMAN DALE GALASSIE: We are out of
18 Executive Session, thank you very much, we
19 appreciate your compliance.
20 We are moving forward to Item Number 7
21 on the agenda, Compliance Issues, Settlement
22 Agreements and Final Orders. We have three actions.
23 Okay, the motion will read: To refer three
24 projects, Project Number 1, Project Number 10-031,
25 Pecatonica Pavilion, LLC, comma, to refer Morrison

1 Community Hospital Re: Annual Hospital
2 Questionnaire, comma, and to refer Van Matre
3 HealthSouth Rehabilitation Hospital Re: Annual
4 Hospital Questionnaire. That is a motion to refer
5 all three of those items.
6 MR. PHILLIP BRADLEY: So moved.
7 CHAIRMAN DALE GALASSIE: Yeah, Frank's
8 going to elaborate.
9 MR. FRANK URSO: What we're seeking,
10 Mr. Chair and Board Members, is a motion to refer
11 these matters to legal counsel for review and filing
12 of any notices of noncompliance, which may include
13 sanctions that are detailed and specified in the
14 Board's act and the Board rolls. Thank you.
15 CHAIRMAN DALE GALASSIE: Do I have a
16 motion and a second on that?
17 SENATOR DEANNA DeMUZIO: Motion.
18 MS. KATHY OLSON: Second.
19 CHAIRMAN DALE GALASSIE: Moved and
20 seconded. Roll call, please?
21 MR. GEORGE ROATE: Motion made by
22 Senator DeMuzio, seconded by Ms. Olson. Mr.
23 Bradley?
24 MR. PHILLIP BRADLEY: Yes.
25 MR. GEORGE ROATE: Dr. Burden?

1 DR. JAMES BURDEN: Yes.
2 MR. GEORGE ROATE: Senator DeMuzio?
3 SENATOR DEANNA DeMUZIO: Yes.
4 MR. GEORGE ROATE: Justice Greiman?
5 JUSTICE ALLEN GRIEMAN: Yes.
6 MR. GEORGE ROATE: Ms. Olson?
7 MS. KATHY OLSON: Yes.
8 MR. GEORGE ROATE: Mr. Penn?
9 MR. DAVID PENN: Yes.
10 MR. GEORGE ROATE: Mr. Sewell?
11 MR. RICHARD SEWELL: Yes.
12 MR. GEORGE ROATE: Chairman Galassie?
13 CHAIRMAN DALE GALASSIE: Yes.
14 MR. GEORGE ROATE: That's eight votes in
15 the affirmative.
16 CHAIRMAN DALE GALASSIE: Thank you very
17 much; motion passes.
18 Moving on to 7B, final orders. Mr.
19 Urso?
20 MR. FRANK URSO: Mr. Chair and Board
21 Members, I request approval on final order for
22 Sherman Hospital, which is Docket Number 13-02. We
23 need a final order of approval on than particular
24 matter. Thank you.
25 CHAIRMAN DALE GALASSIE: May I have a

1 motion and a second?
2 MR. RICHARD SEWELL: So moved.
3 SENATOR DEANNA DeMUZIO: Second.
4 CHAIRMAN DALE GALASSIE: Moved and
5 seconded. Roll call, please?
6 MR. GEORGE ROATE: Motion made by
7 Mr. Sewell, seconded by Senator DeMuzio.
8 Mr. Bradley?
9 MR. PHILLIP BRADLEY: Yes.
10 MR. GEORGE ROATE: Dr. Burden?
11 DR. JAMES BURDEN: Yes.
12 MR. GEORGE ROATE: Senator DeMuzio?
13 SENATOR DEANNA DeMUZIO: Yes.
14 MR. GEORGE ROATE: Justice Greiman?
15 JUSTICE ALLEN GRIEMAN: Yes.
16 MR. GEORGE ROATE: Ms. Olson?
17 MS. KATHY OLSON: Yes.
18 MR. GEORGE ROATE: Mr. Penn?
19 MR. DAVID PENN: Yes.
20 MR. GEORGE ROATE: Mr. Sewell?
21 MR. RICHARD SEWELL: Yes.
22 MR. GEORGE ROATE: Chairman Galassie?
23 CHAIRMAN DALE GALASSIE: Yes.
24 MR. GEORGE ROATE: Eight votes in the
25 affirmative.

1 CHAIRMAN DALE GALASSIE: Motion passes;
2 thank you very much.
3 Moving on to Item 8, Post Permit Items
4 Approved By the Chair. Mr. Constantino, if you
5 could share those with us, please. And if board
6 members have any questions, of course, we'll
7 entertain them.
8 MR. MIKE CONSTANTINO: Thank you,
9 Mr. Chairman. The first item is an exemption,
10 Fresenius Medical Care Naperville North was approved
11 to add 7 ESRD stations.
12 A permit renewal for Fresenius Medical
13 Care Holdings, Inc., approved for the renewal of
14 permits until May, 2014. This transaction involved
15 a corporate restructuring by Fresenius of 21
16 facilities.
17 Third item, Permit Alteration, St.
18 Joseph Hospital Medical Office Building approved for
19 an alteration to permit to increase the leased gross
20 square footage. There is no change in the total
21 cost of this project. This was approved May 4th,
22 2013.
23 The final item was a Permit Alteration
24 for Manor Court of Freeport. The permit holders
25 increased the gross square footage and the project

1 cost. Thank you, Mr. Chairman.
2 CHAIRMAN DALE GALASSIE: Thank you. Any
3 questions from board members?
4 (No questions.)
5 CHAIRMAN DALE GALASSIE: Hearing none,
6 moving on to Item Number 9, Items For State Board
7 Action. Permit Renewal Requests, we have none.
8 Extension Requests, we have none.
9 9C, we have two presentations, updates
10 for the Board. And the first, if we have any
11 representatives here from SwedishAmerican Regional
12 Cancer Center.
13 Good morning, folks. If you will come
14 up and introduce yourselves, spelling your names for
15 our recorder, and we'll then have you sworn in.
16 DR. BILL GORSKI: Thank you, Mr.
17 Chairman, I'm Dr. Bill Gorski, G-O-R-S-K-I, I'm the
18 CEO of SwedishAmerican Health System, and I will let
19 my colleagues introduce themselves.
20 MR. TOM MYERS: I'm Tom Myers,
21 M-Y-E-R-S, I'm Vice-president of Strategy at
22 SwedishAmerican Health System.
23 MR. ROCKY EPHRAIM: Good morning, Rocky
24 Ephraim, last name is E-P, as in Paul, H-R-A-I-M,
25 Director of Performance Improvement.

1 CHAIRMAN DALE GALASSIE: Thank you,
2 gentlemen. If you would swear them in.
3 (All were sworn.)
4 CHAIRMAN DALE GALASSIE: Comments for
5 the Board, Doctor?
6 MR. BILL GORSKI: Thank you,
7 Mr. Chairman. Good morning, everyone. It was a
8 little over a year ago that we were here and you
9 were gracious enough to approve our project for the
10 Regional Cancer Center, which is under way, and I'll
11 give you a report on that in a moment. I believe
12 that the major intent of being here, and I think it
13 was Dr. Burden back then who expressed an interest
14 in our affiliation with the University of Wisconsin
15 in Madison, and I'd be happy to give you an update
16 on that if the Chair, if that's okay with you, sir.
17 CHAIRMAN DALE GALASSIE: Sure.
18 MR. BILL GORSKI: So this affiliation
19 agreement is approximately three years old. The
20 intent at that time remains the same, it was to --
21 was and is to have secured a relationship with a
22 very well respected academic medical center actually
23 very close to Rockford in proximity. The driving
24 time is a little over an hour, and the relationship
25 has worked out very well.

1 Actually, in our market, University of
2 Wisconsin in Madison is the most popular place for
3 tertiary and quarternary care to be delivered on the
4 market. It isn't actually Chicago or Milwaukee, or
5 even academic centers in other states. So we know
6 and in the course of that relationship sought to
7 develop this relationship to further that, that
8 tertiary and quarternary relationship with patients.
9 The other thing that we have seen over
10 the years is that self-referral or health migration
11 is relatively common. And again, from the very
12 beginning in our relationship with UW was the intent
13 that this relationship would not foster further out
14 migration, but actually keep more patients in the
15 Rockford area and the SwedishAmerican. So that has
16 been a cornerstone of that relationship from the
17 very beginning, and I would have to say that our
18 partners at UW are very in tune with that and
19 understand that that's the intent.
20 So far, three years in, there have been
21 a variety of things that we have done with UW. We
22 have a telestroke relationship with them, any of you
23 who may be familiar with telestroke, which is the
24 electronic way you can assess the status of a stroke
25 patient in an emergency room, has worked out very

1 very well. It has added to our own capability of
2 delivering prompt care to stroke patients.
3 We also have an electronic ICU
4 relationship with UW, which again is a telemedicine
5 way to allow oversight 24/7 to our ICU from the
6 intensive care specialists at UW, again to augment
7 the care that we are already delivering. We have a
8 complex congestive heart failure clinic at
9 SwedishAmerican where a UW expert comes down monthly
10 and meets with our congestive heart failure
11 patients. That's also worked out very well.
12 Clearly the cornerstone of the
13 relationship has been the Regional Cancer Center.
14 We have recently provided a status report to you on
15 the progress of that project, and with blessings for
16 their mild winter, we had up until about February or
17 so, the project's on time and is on budget. By the
18 time the snow came down, we were under roof and well
19 under way. The facility, itself, is magnificent,
20 and again, we're very grateful for your approval,
21 approval last year.
22 With respect to how UW enters into that
23 project, UW has a nationally known cancer center
24 called the Carbone Cancer Center, and with that
25 relationship we have forged with them, we now will

1 have access to their protocols so that patients who
2 enter into our cancer center will have the benefit
3 of knowing that they are getting the latest top
4 notch recommendation that they might. We also will
5 be looking to UW to provide medical direction and
6 leadership to this program. There will be, as
7 needed, onsite physician clinics to be determined,
8 and then robust telemedicine services with UW to
9 allow us to augment our multi-disciplinary treatment
10 teams, which include cancer of the breast and lung.
11 So again, the goal with the
12 relationship, particularly with this cornerstone of
13 the cancer center, is to keep more patients in our
14 area to receive cancer treatment here rather than
15 out migrating to UW.
16 So really, in summary, three years in
17 it's been a very gratifying situation with them,
18 we're appreciative of their expertise, and believe
19 that it will augment the care of patients in
20 Illinois.
21 CHAIRMAN DALE GALASSIE: Thank you,
22 Doctor. Any questions from the Board for Dr. Gorski
23 or Mr. Myers or Ephraim?
24 Yes, Dr. Burden?
25 DR. JAMES BURDEN: I appreciate very

1 much what you had to say, since I was, what I
2 oftentimes have to say has little to do with the
3 applicants, sometimes it does. I try and stay on
4 course occasionally, but I'm getting on in years,
5 but I grew up in Chicago, I spent a lot of time on
6 farms of relatives in the northwest part of the
7 state, and I remember hearing when I was late
8 grammar school the only clinic to go to for care was
9 the Mayo Clinic. I grew up with an inboard
10 prejudice, knowing now there is an option, and I
11 wasn't aware that UW, from my intern days, became
12 Executive Chief of Neurology which I became, of
13 course, so I was aware of what was going on at that
14 institution, but I am now more cognizant, maybe it's
15 personal, maybe it's my paranoia, I think there are
16 other medical centers besides the Mayo Clinic that
17 render excellent care, not just to me that great
18 institution both historically has grown to immense
19 influence in the medical community period, but --
20 and that's what I had in mind was a sole member kind
21 of comment, I wanted to know if, indeed, from
22 Rockford one could get to Madison and not
23 necessarily have to travel all the way around the
24 state to get first rate opinions for medical
25 problems. I appreciate what you just said, thank

1 you much.
2 MR. BILL GORSKI: Thank you, Doctor.
3 Appreciate it.
4 CHAIRMAN DALE GALASSIE: Gentlemen,
5 thank you very much for the update, we appreciate
6 it. Good luck with your venture, it's good to hear.
7 It's good for the community.
8 Moving on to Item 9C(2), Cook County
9 Health and Hospital System, I believe we have some
10 folks here who again would like to give an update to
11 the Board regarding the Cook County Health System,
12 and most specifically Oak Forest, I believe.
13 If you could introduce yourselves, spell
14 your name for our recorder, and then we'll have you
15 sworn in.
16 DR. JOHN SHANNON: Good morning,
17 Chairman Galassie, my name is Dr. John J. Shannon,
18 S-H-A-N-N-O-N, I'm the Chief of Clinical Integration
19 for Cook County Health and Hospital System.
20 DR. CLAUDIA FEGAN: My name is
21 Dr. Claudia Fegan, F as in father, E-G-A-N, I am the
22 Executive Medical Director for the Cook County
23 Health and Hospital System.
24 CHAIRMAN DALE GALASSIE: Thank you
25 Dr. Fegan.

1 MR. ANTHONY RAJKUMAR: Good morning, my
2 name is Anthony Rajkumar, that's R-A-J-K-U-M-A-R,
3 I'm the Chief Business Officer for the Cook County
4 Health and Hospital System.
5 CHAIRMAN DALE GALASSIE: Thank you, Mr.
6 Rajkumar.
7 DR. JOHN SHANNON: Members of the Board,
8 we're here to --
9 CHAIRMAN DALE GALASSIE: Pardon me,
10 Doctor, we'll just swear you in.
11 DR. JOHN SHANNON: Oh, I'm sorry.
12 CHAIRMAN DALE GALASSIE: That's all
13 right.
14 (All were sworn.)
15 MR. MIKE CONSTANTINO: Mr. Chairman?
16 CHAIRMAN DALE GALASSIE: Yes, Mike.
17 MR. MIKE CONSTANTINO: We passed out
18 this morning a recent handout that we received from
19 Cook County.
20 CHAIRMAN DALE GALASSIE: We did.
21 MR. MIKE CONSTANTINO: I just wanted to
22 remind you that that --
23 CHAIRMAN DALE GALASSIE: I also got a
24 letter from them that Mike handed out dated May 16th
25 addressed to Ms. Avery. And it was emailed last

1 week, as I recall.
2 Very good. Dr. Shannon.
3 DR. JOHN SHANNON: Yes, thank you,
4 Chairman. We're here to update the Board about our
5 continuing transformation of Oak Forest into a
6 regional outpatient center for Cook County Health
7 and Hospital System. As you're all aware, it was
8 approximately two years ago that this Board approved
9 the closure of inpatient services of Oak Forest
10 Hospital. We have continued to work with the
11 community and within the constructs of our own
12 health system and its strategic plan to continue to
13 make Oak Forest Health Center a vibrant part of the
14 community. As you know, on September 1st, Oak
15 Forest Hospital completed a successful survey with
16 IDPH for final closure, and beginning that very same
17 day, signage was changed to inform and reflect to
18 the community the fact that it was no longer a
19 hospital campus.
20 As I believe you're also aware, the
21 emergency room transformed to an immediate --
22 intermediate care center -- an immediate care center
23 on September the 1st, the same day. We had, in
24 building up to that transition, informed regional
25 health care providers, health care facilities,

1 ambulance services, the fire department and so on on
2 the change of scope for Oak Forest at that time, and
3 we, running up to September 1st of 2011 and
4 subsequently have continued to work with community
5 partners to keep them abreast of developments and
6 investments that we're making in Oak Forest as a
7 regional outpatient center.
8 We transformed the center not only with
9 the expansion of ambulatory, primary and specialty
10 services, but we've also continued to consolidate
11 services there with the movement of the immediate
12 care center to the E Building, which is where the
13 primary care and specialty ambulatory services are
14 all, also held, both for ease of use for patients,
15 ease of wave finding, and ease for the community.
16 So since February of 2012, the immediate care center
17 has been in the E Building.
18 Guiding principles that were established
19 not only by health system leadership, but also by
20 our Community Advisory Board, were used to help make
21 a patient center campus, and we've continued to work
22 on that, and I'll share with the Board some
23 photographs that we can pass around -- and maybe
24 Tom, can you share those -- just to give you a sense
25 of what we're doing with wave finding and

1 beautification of the area as we continue to expand
2 services there and continue to invest in particular
3 kinds of services, particularly diagnostic and
4 specialty services. Those services importantly
5 include upgrades to diagnostic facilities at Oak
6 Forest, and specifically since August of last year
7 we've been working very hard to upgrade the
8 laboratory and radiology services at that facility.
9 That includes bringing state-of-the-art plain
10 imaging, ultrasound imaging, and CT scanning, and
11 that upgraded radiology facility is slated to open
12 in August of this year. We're hoping very quickly
13 after the opening to have Ax capability, which many
14 of you are familiar with is the archiving system
15 that allows distant retrieval of these increasingly
16 complex images, and off-site reading and so on. So
17 again, that radiology expansion is slated to open in
18 August of this year, and we're very excited about
19 that. And we hope down the road, and we've built
20 into the planning for that radiology, to have onsite
21 MRI capability to also serve the neighborhood
22 better.
23 So we're also happy to say that we've
24 had a continuing upgrade and expansion of again both
25 primary care -- primary care and specialty services.

1 As you're all familiar, late last year Cook County
2 Health and Hospital System was given a waiver by CMS
3 that gave us an opportunity to early enroll single
4 adults who are going to be eligible for Medicaid
5 coverage under the Affordable Care Act starting in
6 January of next year. The development of Oak Forest
7 as a regional outpatient center is going to be an
8 integral part of that, and as we expand the ability
9 to have specialty services there, as well as expand
10 our primary care services, we're doing that using
11 the patient center medical home model. I am happy
12 to inform the Board that today approximately 125
13 staff at Oak Forest Health Center are serving about
14 26,000 unique individuals. In the last year they've
15 provided approximately 85,000 primary and specialty
16 care visits, and those include all of the visits to
17 the facility, again, including primary care,
18 specialty care, physical therapy services, and
19 visits to the immediate care center.
20 Included in this has also been working
21 with community partners to consolidate services
22 where it made sense, so to give you just a couple of
23 examples of that, we have moved over the Chest and
24 TB Clinic from Harvey, Illinois, to the E Building,
25 and we now have expanded, expanded pulmonary

1 services there, which include not only general
2 pulmonary services, but also tuberculosis treatment,
3 and we've also expanded and included diagnostic and
4 specialty services for persons who have sleep
5 disordered breathing, so we do diagnostic testing of
6 that type there.
7 The infectious disease services continue
8 to be provided in that area, including the
9 incorporation of the South Suburban HIV/AIDS
10 Regional Coalition, it's now providing continued
11 services to patients with HIV in the E Building in
12 the specialty center.
13 I'd also point out, as we go through,
14 that we have, as I mentioned earlier, continued to
15 engage and involve the community there, and I've got
16 details that I'm happy to share with you if I can,
17 but just to let you know, the Southland Ministerial
18 Health Network meets on a regular basis on our
19 facility and continues to give us advice, as does
20 the Southland Health Advisory Council, which was
21 initiated by President Preckwinkle in anticipation
22 of the closing of Oak Forest as a hospital facility
23 and its transformation to a regional outpatient
24 center.
25 So I'm here today with my colleagues

1 just to give you that update to let you know that
2 we're very interested in the continued well-being of
3 the community that we serve in that area, the
4 investments that we continue to make in primary
5 care, specialty care, and diagnostic services at Oak
6 Forest Health Center we think are a meaningful
7 contribution to the mission of Cook County Health
8 and Hospital System. And with that, I'll close my
9 comments, and we'd be happy to answer any questions
10 that you might have.
11 CHAIRMAN DALE GALASSIE: Thank you.
12 It's good news to hear. Any comments or questions
13 from board members?
14 DR. JAMES BURDEN: I have one.
15 CHAIRMAN DALE GALASSIE: Dr. Burden?
16 And I have one myself.
17 DR. JAMES BURDEN: I appreciate this
18 response. As you are well aware, it was very testy
19 at the time this Board voted for what subsequently
20 has become a significant upgrade in my judgment. As
21 a former intern in 1959 at Cook County Hospital, I
22 migrated through Oak Forest in those years, it
23 sounds like a tremendous improvement that you
24 provided to the community. The community is very
25 upset, as you're well aware, I'm happy to hear the

1 relationship with you has been so positive, and to
2 go forward I expect to even hear more improvements
3 that you are, as you have already related to us
4 today. I think that's great.
5 DR. JOHN SHANNON: Thank you, Doctor.
6 CHAIRMAN DALE GALASSIE: Well,
7 Dr. Burden beat me, I was going to comment that I
8 volunteered at Oak Forest way back in 1965. Of
9 course, I was only 12.
10 I do have a question, pardon me. The
11 letter that you sent on May 6 to Courtney advising
12 us that there was going to be a temporary suspension
13 of the third shift at the Immediate Care Center from
14 April 27th, do you have a sense of how long of a
15 suspension is this, do we know?
16 DR. JOHN SHANNON: We don't know at the
17 present time. It was prompted by the loss of three
18 providers who gave services on that overnight shift.
19 These were natural changes, two of them retired, one
20 resigned. So we have a process whereby we have
21 ongoing reassessment of what's going on with those
22 services, those physicians still exist, they have
23 been reposted. But we continue to try and see what
24 we can do to expand those services. And as an
25 example, the, bringing on the expanded diagnostic

capacity we hope is, in fact, going to provide better services. One of the things I was a little chagrin to find out when I came back to Cook County in the early part of this year is that even those overnight services were sometimes less effective than they could be, because we didn't have radiology, and we didn't have laboratories, so there wasn't a whole lot that we could do. So we're continuing to reassess that, but we did lose those positions, and as it stands, we, we're going to have to play that on an ongoing basis.

CHAIRMAN DALE GALASSIE: This is a sole member comment, but because there was such interest from the community, as Dr. Burden pointed out, on this project, and as I recall, there was a commitment on Cook County's part to maintain a 24-hour presence, I would ask perhaps not another formal presentation, but perhaps six months down the road if you could give an update to staff and staff would update us as to the status of the third shift.

DR. JOHN SHANNON: We'd be happy to do that.

CHAIRMAN DALE GALASSIE: I would appreciate that. I think the Board in general would appreciate that.

1 Any other comments or questions?
2 (No comments or questions.)
3 CHAIRMAN DALE GALASSIE: Hearing none,
4 thank you very much, we appreciate it.
5 DR. JOHN SHANNON: Thank you all.
6 CHAIRMAN DALE GALASSIE: And keep up the
7 good work.
8 And let the record note, please, that
9 Member Carvalho did leave the room due to his
10 affiliation with the Cook County System.
11 Moving forward, thank you very much.
12 Item 9D, Alteration Requests. We have none.
13 We are moving to Item 9E, Applications
14 Subject to Initial Review. Garfield Park Hospital.
15 Do we have representatives here from Garfield Park
16 Hospital?
17 We'll ask you to come up and introduce
18 yourselves, spelling your names, and we will have
19 you sworn in. Good morning. If you could just
20 spell your names, introducing yourself.
21 MR. KEITH KUHN: My name is Keith Kuhn,
22 last name is spelled K-U-H-N, I am the CEO of
23 Garfield Park Hospital.
24 MR. STEPHEN AIRHART: My name is Stephen
25 Airhart, A-I-R-H-A-R-T, CEO of Hartgrove Hospital.

1 MR. JEFFREY MARK: And my name is
2 Jeffrey Mark, M-A-R-K, and I'm a consultant to
3 Garfield.
4 CHAIRMAN DALE GALASSIE: Thank you very
5 much. Staff report?
6 MR. MIKE CONSTANTINO: Thank you,
7 Mr. Chairman. The applicants are proposing a change
8 of ownership of Garfield Park Hospital, an 88-bed
9 acute mental illness hospital in Chicago, Illinois.
10 There is no cost to this transaction, there was no
11 public hearing, and no letters of opposition were
12 received. The anticipated completion date is July
13 1st, 2013. Thank you, Mr. Chairman.
14 CHAIRMAN DALE GALASSIE: Thank you, sir.
15 Comments for the Board?
16 JUSTICE ALLEN GRIEMAN: I have a
17 question.
18 CHAIRMAN DALE GALASSIE: Yes.
19 JUSTICE ALLEN GRIEMAN: What does
20 limited liability organization mean in the context
21 of your operation? What does that mean?
22 MR. STEPHEN AIRHART: Essentially what
23 we're doing is separating it from Hartgrove Hospital
24 as its own entity. So as it was initially approved
25 by the Board as an element of Hartgrove Hospital,

1 we're just simply making it a stand alone facility
2 under its own TID.
3 JUSTICE ALLEN GRIEMAN: So it's
4 liability, limited liability that normally
5 services --
6 MR. STEPHEN AIRHART: Absolutely, yes,
7 sir. Absolutely.
8 JUSTICE ALLEN GRIEMAN: All right, thank
9 you.
10 MR. STEPHEN AIRHART: Sure.
11 CHAIRMAN DALE GALASSIE: Did you have
12 comments for the Board?
13 MR. KEITH KUHN: Garfield Park Hospital
14 is an 88-bed adolescent and child acute psychiatric
15 facility. We currently -- we currently provide
16 acute mental health care there, inpatient care, and
17 are looking to provide partial hospitalization there
18 in the coming months. We locally employ both nurses
19 and mental health specialists there and are very
20 well connected to the community and continue to make
21 efforts to do so, engaging in strong working
22 relationships with the Chicago Public School System,
23 as well as the Chicago Police Department. We're
24 developing specialized programming to assist schools
25 with potentially violent patients and potentially

1 violent students, and in the wake of Newtown and
2 Columbine, it seems even more relevant now days for
3 psychiatric facilities to try to hone programs to
4 help with that kind of a threat. And so we are
5 looking to do that here in the future.
6 We also specialize with traumatized
7 youth and are looking to make an impact both in the
8 community in which we currently reside, but then
9 also we are one of just two new hospitals in the
10 inner city of Chicago and look to really try to make
11 an impact in helping our community, our family
12 members in that area, and the, the youth that are
13 attending school in that area, as well, too.
14 I'd like to thank the Board for their
15 review and for your consideration of this
16 application.
17 CHAIRMAN DALE GALASSIE: Thank you very
18 much. Any questions or comments from the board
19 members? Dr. Burden?
20 DR. JAMES BURDEN: I have one that
21 probably is not relevant to your application, but
22 it's curious. Table 4, Riveredge Hospital, had a
23 tremendous increase in cost of charity care, I don't
24 know whether you can even answer that question, I
25 can't understand it, it went from 5,000 to 404,000

1 in one year. No comment?
2 MR. STEPHEN AIRHART: No comment, no,
3 sir. Mr. Mark, you don't have a comment either
4 about that?
5 MR. JEFFREY MARK: Dr. Burden, if you so
6 wish, we could get back to you on that.
7 DR. JAMES BURDEN: No, that's fine, it
8 really has little to do with your application, it's
9 just something I noticed, thank you.
10 CHAIRMAN DALE GALASSIE: Yes.
11 MS. KATHY OLSON: I just wondered if you
12 could speak to the recent DCFS hold on your
13 facility. Could you explain that?
14 MR. KEITH KUHN: Certainly.
15 MR. DAVID PENN: Mr. Chairman, are these
16 mikes on? I'm having a hard time hearing the
17 questions.
18 CHAIRMAN DALE GALASSIE: Yeah, if we
19 could just pull the mikes closer to our faces,
20 please?
21 MS. KATHY OLSON: I asked if he could
22 speak to the recent DCFS hold to the facility.
23 MR. DAVID PENN: Thank you.
24 MR. KEITH KUHN: We have, we have no
25 contractual relationship with DCFS, they are just

1 simply a referring body, and as guardians or wards
2 of this state, like a parent, they can kind of
3 choose who they would like to, to refer to. And so
4 they are, they are simply choosing at this point in
5 time to hold referrals for us, and we are currently
6 working on issues that we've addressed with them in
7 the past related to communication. And it's
8 communication breakdown between the hospital and,
9 and a couple of particular cases workers, as well,
10 too. So we are looking and looking forward to
11 reestablishing that relationship very quickly, and
12 certainly I can answer any other questions you may
13 have about that.
14 MS. KATHY OLSON: That's fine. Thank
15 you.
16 CHAIRMAN DALE GALASSIE: Any other
17 questions? Mr. Carvalho?
18 MR. DAVE CARVALHO: Thank you. Could
19 you draw a picture, right now you have a common
20 ownership, common ownership of this and several
21 other hospitals, correct?
22 MR. KEITH KUHN: Correct.
23 MR. DAVE CARVALHO: So at the end of
24 this transaction, how will that organization change?
25 MR. STEPHEN AIRHART: As noted in the

1 application, basically again what this change means
2 is it allows Garfield Park Hospital to function as
3 an independent stand-alone facility versus as part
4 of an extension of Hartgrove Hospital, so it simply
5 allows it to function as a stand-alone facility.
6 MR. DAVE CARVALHO: But it's still owned
7 under the --
8 MR. STEPHEN AIRHART: Yes, absolutely.
9 Absolutely. They are all still wholly and fully
10 owned by Universal Health services.
11 MR. DAVE CARVALHO: Now the item that is
12 also referenced, at least as described in the
13 newspapers, wasn't merely a preference, it was the
14 DCFS actually saying some pretty scathing things
15 about safety and concern about patients. Does this
16 isolate liability in some way, or what --
17 MR. STEPHEN AIRHART: Not at all.
18 MR. DAVE CARVALHO: -- is this tied in
19 any way to the DCFS action or the issues about
20 concern about quality of the hospital.
21 MR. STEPHEN AIRHART: No, sir, this was,
22 this action began far before that action was taken.
23 MR. DAVE CARVALHO: So this is
24 unrelated.
25 MR. STEPHEN AIRHART: Completely

1 unrelated, yes, sir.
2 MR. DAVE CARVALHO: Thank you.
3 CHAIRMAN DALE GALASSIE: Any other
4 questions or comments?
5 (No comments.)
6 CHAIRMAN DALE GALASSIE: Hearing none,
7 may I have a motion to approve project 13-009,
8 Garfield Park Hospital, for change of ownership at
9 its hospital in Chicago, Illinois?
10 MR. RICHARD SEWELL: So moved.
11 DR. JAMES BURDEN: Second.
12 CHAIRMAN DALE GALASSIE: Moved and
13 seconded. Roll call, please.
14 MR. GEORGE ROATE: Motion made by Mr.
15 Sewell, seconded by Dr. Burden.
16 Mr. Bradley?
17 MR. PHILLIP BRADLEY: Yes.
18 MR. GEORGE ROATE: Dr. Burden?
19 DR. JAMES BURDEN: Yes.
20 MR. GEORGE ROATE: Senator DeMuzio?
21 SENATOR DEANNA DeMUZIO: Yes.
22 MR. GEORGE ROATE: Justice Greiman?
23 JUSTICE ALLEN GRIEMAN: Yes.
24 MR. GEORGE ROATE: Ms. Olson?
25 MS. KATHY OLSON: Yes.

1 MR. GEORGE ROATE: Mr. Penn?
2 MR. DAVID PENN: Yes.
3 MR. GEORGE ROATE: Mr. Sewell?
4 MR. RICHARD SEWELL: Yes.
5 MR. GEORGE ROATE: Chairman Galassie?
6 CHAIRMAN DALE GALASSIE: Yes.
7 MR. GEORGE ROATE: Eight votes in the
8 affirmative.
9 CHAIRMAN DALE GALASSIE: Motion passes.
10 Congratulations. Thank you very much.
11 Moving on to Item Number 13-012,
12 Elmhurst Memorial Hospital of Elmhurst. This is the
13 first of a half dozen applications today that we
14 have coming in front of us that have no opposition,
15 and they have met all of our criteria. There are no
16 negative findings.
17 I will have you introduce yourselves and
18 be sworn in. You are welcome to give a presentation
19 to the Board. If you so choose, you can also waive
20 that presentation for any questions that may be
21 there by the Board due to no opposition and no
22 findings.
23 That having been said, if you could
24 introduce yourselves, please?
25 MR. JAMES DOYLE: My name is James

1 Doyle, D-O-Y-L-E, I'm the Acting Chief Executive
2 Officer of Elmhurst Memorial.
3 MR. JACK AXEL: Jack Axel, Axel &
4 Associates.
5 MS. GAIL WARNER: Gail Warner, G-A-I-L,
6 W-A-R-N-E-R, Vice-president for Strategic Planning
7 at Elmhurst Memorial.
8 CHAIRMAN DALE GALASSIE: Thank you very
9 much. If we could have you sworn in.
10 (All were sworn.)
11 CHAIRMAN DALE GALASSIE: Thank you.
12 Mike, comments for the Board?
13 MR. MIKE CONSTANTINO: Thank you, Mr.
14 Chairman. The applicants are proposing to relocate
15 their oncology-related programs from the Berteau
16 Avenue campus to the new Elmhurst Memorial Hospital
17 campus on East Brush Hill Road in Elmhurst,
18 Illinois. The anticipated cost of the project is
19 approximately $21.7 million.
20 This project was originally approved as
21 Project 12-019 at a cost of approximately $19.2
22 million. Subsequently, the applicants made a, made
23 a change that increased the cost of the project
24 above the alteration threshold of 5 percent,
25 therefore, requiring them to submit a new

1 application for permit. They are here before you
2 today to, seeking approval of the same project --
3 essentially the same project. There was no
4 opposition; no public hearing was requested. Thank
5 you, Mr. Chairman.
6 CHAIRMAN DALE GALASSIE: Thank you.
7 Would you like to make comments to the Board?
8 MR. JAMES DOYLE: Mr. Chairman, we'll
9 pass on that on a favorable staff report.
10 CHAIRMAN DALE GALASSIE: Thank you very
11 much. Questions from board members for these
12 applicants?
13 (No questions.)
14 CHAIRMAN DALE GALASSIE: Hearing none,
15 may I have a motion to approve Project 13-012,
16 Elmhurst Memorial Hospital, to relocate oncology
17 services at its hospital in Elmhurst, Illinois?
18 SENATOR DEANNA DeMUZIO: Motion.
19 MR. RICHARD SEWELL: Second.
20 CHAIRMAN DALE GALASSIE: Motion and
21 second. Roll call, please.
22 MR. GEORGE ROATE: Motion made which
23 Senator DeMuzio; seconded by Mr. Sewell.
24 Mr. Bradley?
25 MR. PHILLIP BRADLEY: Yes.

1 MR. GEORGE ROATE: Dr. Burden?
2 DR. JAMES BURDEN: Yes.
3 MR. GEORGE ROATE: Senator DeMuzio?
4 SENATOR DEANNA DeMUZIO: Yes.
5 MR. GEORGE ROATE: Justice Greiman?
6 JUSTICE ALLEN GRIEMAN: Yes.
7 MR. GEORGE ROATE: Ms. Olson?
8 MS. KATHY OLSON: Yes.
9 MR. GEORGE ROATE: Mr. Penn?
10 MR. DAVID PENN: Yes.
11 MR. GEORGE ROATE: Mr. Sewell?
12 MR. RICHARD SEWELL: Yes.
13 MR. GEORGE ROATE: Chairman Galassie?
14 CHAIRMAN DALE GALASSIE: Yes.
15 MR. GEORGE ROATE: That's eight votes in
16 the affirmative.
17 CHAIRMAN DALE GALASSIE: Motion passes.
18 Congratulations. Thank you very much.
19 Moving forward Item 13-005, Southern
20 Illinois Healthcare Cancer Center in Carterville.
21 Good morning, folks.
22 The same example applies here, this is
23 another application that has no opposition and no
24 findings. We'll ask you to introduce yourselves and
25 be sworn in, please.

1 MS. JENNIFER BADIU: Good morning,
2 Jennifer Badiu, B-A-D-I-U, and I'm the
3 Administrative Director of the SH Cancer Institute.
4 MR. PHILIP SCHAEFER: Good morning, I'm
5 Philip Schaefer, S-C-H-A-E-F-E-R, and I'm
6 Vice-President of Ambulatory and Physician Services.
7 MR. BART MILLSTEAD: I'm Bart Millstead,
8 I'm the Administrator for Memorial Hospital of
9 Carbondale, last name is M-I-L-L-S-T-E-A-D.
10 CHAIRMAN DALE GALASSIE: Thank you very
11 much, folks. May we have them sworn in, please?
12 (All were sworn.)
13 CHAIRMAN DALE GALASSIE: Staff report.
14 MR. MIKE CONSTANTINO: Thank you, Mr.
15 Chairman. The applicants are proposing the
16 construction of a free-standing outpatient cancer
17 center in approximately 44,000 gross square feet of
18 space in Carterville, Illinois, at a cost of
19 approximately $24.5 million. There was no
20 opposition comments, no findings, and no public
21 hearing requested. The anticipated project
22 completion date is March 31st, 2016. Thank you Mr.
23 Chairman.
24 CHAIRMAN DALE GALASSIE: Appreciate
25 that. Would you like to make comments to the Board?

1 MR. PHILIP SCHAEFER: We would, just a
2 brief comment.
3 CHAIRMAN DALE GALASSIE: Sure. Please
4 do.
5 MR. PHILIP SCHAEFER: Good morning. Our
6 present CEO, Rex Budde, apologizes he couldn't be
7 here today, he's caring for a close family member
8 who, ironically, has just been diagnosed with
9 cancer.
10 CHAIRMAN DALE GALASSIE: I'm sorry to
11 hear that.
12 MR. PHILIP SCHAEFER: The Cancer Center
13 will be located in Carterville, which is seven miles
14 from our hospital in Carbondale and centrally
15 located within our service area. We're about six
16 hours south of Chicago.
17 As you know, our application in the
18 staff report, from the staff report, we're the only
19 hospital-affiliated provider in the area that offers
20 these services. Today over 40 percent of the cancer
21 patients in our region leave the area for cancer
22 care. Many of them leave the state of Illinois.
23 We're privileged to care for these individuals, and
24 we believe that an integrated cancer center will
25 allow us to keep more people at home.

1 We thank the staff for their positive
2 review of our application; we'd be pleased to answer
3 any questions that you might have. Thank you.
4 CHAIRMAN DALE GALASSIE: Thank you very
5 much. I would like to open up to board members if
6 there are any questions.
7 MR. DAVID PENN: I have a question.
8 CHAIRMAN DALE GALASSIE: Mr. Penn was
9 it?
10 MR. DAVID PENN: Yes. Do you have a
11 start date? Do you have costs? Do you have a
12 completion date? And we also have our compliance
13 rules. If you could not complete this on time, if
14 you go past your estimated costs, do you have a
15 safety net built in where you can withhold money
16 from the general contractor to recoup whatever fines
17 would be put on your hospital?
18 MR. PHILIP SCHAEFER: We have not bid
19 the project yet, and that certainly could be a
20 contingency within the bid process. You bet.
21 MR. DAVID PENN: This is a question
22 we'll probably be asking a lot in the future,
23 because most of the fines we put on people because
24 of cost overruns are not completed on time.
25 MR. PHILIP SCHAEFER: Sure.

1 MR. DAVID PENN: And I hate to get into
2 your pocket when the contractor isn't completing his
3 obligations.
4 MR. PHILIP SCHAEFER: We intend, first
5 of all, to be compliant; and second, we intend for
6 the contractors to help us remain compliant, and
7 yes, sir.
8 MR. DAVID PENN: Good language in
9 contracts also helps that happen. Thank you.
10 CHAIRMAN DALE GALASSIE: Other questions
11 from board members?
12 (No questions.)
13 CHAIRMAN DALE GALASSIE: Hearing none,
14 may I have a motion to approve Project 13-005,
15 Southern Illinois Healthcare Center -- Southern
16 Illinois Healthcare Cancer Center to establish a
17 free-standing cancer center in Carterville,
18 Illinois?
19 JUSTICE ALLEN GRIEMAN: So moved.
20 MS. KATHY OLSON: Second.
21 CHAIRMAN DALE GALASSIE: Moved and
22 second. Roll call, please?
23 MR. GEORGE ROATE: Motion made by
24 Justice Greiman, seconded by Ms. Olson.
25 Mr. Bradley?

1 MR. PHILLIP BRADLEY: Yes.
2 MR. GEORGE ROATE: Dr. Burden?
3 DR. JAMES BURDEN: Yes.
4 MR. GEORGE ROATE: Senator DeMuzio?
5 SENATOR DEANNA DeMUZIO: Yes.
6 MR. GEORGE ROATE: Justice Greiman?
7 JUSTICE ALLEN GRIEMAN: Yes.
8 MR. GEORGE ROATE: Ms. Olson?
9 MS. KATHY OLSON: Yes.
10 MR. GEORGE ROATE: Mr. Penn?
11 MR. DAVID PENN: Yes.
12 MR. GEORGE ROATE: Mr. Sewell?
13 MR. RICHARD SEWELL: Yes.
14 MR. GEORGE ROATE: Chairman Galassie?
15 CHAIRMAN DALE GALASSIE: Yes.
16 MR. GEORGE ROATE: Eight votes in the
17 affirmative.
18 CHAIRMAN DALE GALASSIE: Motion passes.
19 Congratulations.
20 MR. PHILIP SCHAEFER: Thank you very
21 much.
22 CHAIRMAN DALE GALASSIE: Good luck with
23 the project.
24 Moving forward to Item 13-007, Preferred
25 Surgicenter in Orland Park. Good morning, folks.

1 If you would introduces yourselves and spell your
2 names, and then we'll have you sworn in.
3 MR. NASER RUSTOM: My name Naser Rustom,
4 N-A-S-E-R, first name; last name Rustom,
5 R-U-S-T-O-M, and I'm the owner and the applicant for
6 the Preferred Surgicenter.
7 MR. JOSEPH HYLAK-REINHOLTZ: Joseph
8 Hylak-Reinholtz, it's H-Y-L-A-K, hyphen,
9 R-E-I-N-H-O-L-T-Z, legal counsel for the applicant.
10 MS. ROBIN FINA: My name is Robin Fina,
11 F-I-N-A, and I am the manager of the Post-surgery
12 Center.
13 CHAIRMAN DALE GALASSIE: Thank you.
14 Swear these ladies and gentlemen in.
15 (All were sworn.)
16 CHAIRMAN DALE GALASSIE: Thank you.
17 Staff report, Mike?
18 MR. MIKE CONSTANTINO: Mr. Chairman, I
19 had forgotten mention to the Board this morning that
20 one of your members was recently elected Mayor of
21 Carlinville, and I think it's very important that we
22 now have a place where we can hold our meetings free
23 from any interference with the legal authorities.
24 And then finally --
25 CHAIRMAN DALE GALASSIE: Congratulations,

1 Mayor.
2 MR. MIKE CONSTANTINO: Since we last
3 met, our oldest member had another birthday, and
4 unfortunately, it will not keep him quiet, so.
5 CHAIRMAN DALE GALASSIE: We'll leave
6 that anonymous.
7 DR. JAMES BURDEN: No comment.
8 CHAIRMAN DALE GALASSIE: Happy birthday,
9 Dr. Burden.
10 MR. MIKE CONSTANTINO: Thank you, Mr.
11 Chairman. The applicant is proposing to establish a
12 multispecialty ASTC in Orland Park, Illinois. The
13 anticipated cost of the project is approximately
14 $5.5 million. The anticipated project completion
15 date is July 1st, 2014.
16 There were oppositions to the --
17 opposition to this project. There were findings
18 related to this project. Thank you, Mr. Chairman.
19 CHAIRMAN DALE GALASSIE: Thank you. And
20 board members have copies of those. Comments for
21 the Board?
22 MR. NASER RUSTOM: Good morning,
23 Chairman Galassie and other distinguished member of
24 the State Board. My name Naser Rustom, and I'm the
25 owner of the Preferred Surgicenter, LLC, the company

1 proposing to establish a multispecialty service
2 center in Orland Park, Illinois. Our discussion for
3 the surgery center which, upon your approval, will
4 be the first health facility, health care facility
5 of its design, and I'm ready to address the special
6 needs of Muslim American. Our Preferred Surgicenter
7 will address the immense needs of the growing Arab
8 population, but will also serve the needs of all.
9 For this reason and many others, I'm asking you, you
10 to support our CON permit for application.
11 Ms. Fina now will present you with a
12 discussion about the project, if you don't mind.
13 CHAIRMAN DALE GALASSIE: Thank you.
14 Please do.
15 MS. ROBIN FINA: Thank you for allowing
16 me to provide a brief summary of the project. We
17 are proposing the establishment of a multispecialty
18 surgery center, which will be located in Orland
19 Park, Illinois. Our surgery center will initially
20 provide three surgical specialties,
21 gastroenterology, pain management, and general
22 surgery. The ASTC will have five treatment rooms,
23 consisting of three operating rooms and two
24 procedure rooms. The surgery center will be
25 constructed in 11,000 gross square feet of space. I

1 want to stress that our project's primary purpose is
2 to establish a surgery center that meets the needs
3 of all persons living in our proposed service area.
4 Our surgery center will provide the highest quality
5 of care, use the latest technology, and offer the
6 most advanced procedures from surgeons who are
7 respected in their areas of practice. We will
8 provide services to patients without regard to their
9 income level, ethnicity, cultural background, or
10 religious faith. We will make every effort to
11 assure that our surgery center is appealing to the
12 population, as a whole.
13 In addition, our surgery center will
14 save money, as surgery centers on average are about
15 30 percent less costly than equivalent hospital
16 care. Moreover, we want our surgery center to be
17 the first health care facility in Illinois that
18 takes into account the special needs of Arab
19 American patients who practice the Islam faith. It
20 is vitally important to have health care in the
21 southwest suburbs that has physicians and staff who
22 are aware of the needs and desires of patients who
23 practice the Islamic faith.
24 Dr. Rustom and I have heard countless
25 stories from Muslim American patients who feel that

1 our nation's health care system is failing to
2 adequately address their needs. In fact, two
3 reports that we included with our CON application
4 explain that failing to provide health care services
5 to Muslim American patients in a manner that
6 understands and respects their culture and beliefs
7 often leads to increased health disparities. Health
8 disparities can result when an Arab American patient
9 has a negative experience with a health care
10 provider, which discourages the patient from
11 obtaining health care treatments and services in the
12 future. The failure to obtain vital health care
13 services, or the delay of such care, often leads to
14 poor health outcomes. At the proposed surgery
15 center, we hope to address many of the needs and
16 desires of Muslim American patients who live in our
17 service area.
18 First, we selected the project site in
19 Orland Park because it is centrally located among
20 communities with growing Arab American populations.
21 On the build-out site when we modernize the existing
22 space, we plan to include features in the design and
23 construction that will appeal to Muslim Americans.
24 For example, we plan to build private recovery rooms
25 to offer our Muslim American patients an enhanced

1 level of privacy following their surgery. We also
2 plan to include additional space to ensure that our
3 patients, as well as our physicians, nurses and
4 staff, have adequate room to complete their daily
5 prayers, which are required five times each day. In
6 addition, the surgery center is being designed to
7 have more washing areas than a typical surgery
8 center. Muslims must wash their hands and other
9 body parts as part of the daily prayers, so it is
10 important to have a sufficient number of washing
11 areas to meet this special need. It is also
12 important that we hire or contract with physicians
13 and staff who understand the special needs of
14 Muslims. We intend to hire nurses and other staff
15 who are viable in one or more of the Arabic
16 languages. We will make every effort to make our
17 surgery center as multilingual as possible.
18 In addition, we plan to recruit female
19 surgeons who will be able to provide
20 gender-sensitive services to female patients who
21 practice Islamic law. According to the teachings of
22 Islam, caring for the sick and the weak is a
23 collective societal responsibility. Because of this
24 tenet, the surgery center will be enrolled as a
25 vendor in the Illinois Medicaid program. We will

1 also establish a charity care program. We will make
2 all reasonable efforts to care for as many of our
3 service area's needy patients as we are financially
4 able to accommodate. We make that commitment here
5 today before this board. Indeed, the primary
6 purpose of the project is to establish a surgery
7 center that meets the needs of all persons in our
8 service area, but because the Chicagoland area does
9 not have a single health care facility that is
10 designed or operated to address the special needs of
11 Muslim Americans, we plan to establish a surgery
12 center that provides culturally sensitive care from
13 an understanding and well trained staff. We firmly
14 believe that our plan will encourage Muslim
15 Americans to access health care services when
16 needed, which should reduce the problems of health
17 disparities among this demographic group.
18 For the reasons mentioned here today, we
19 believe there is a very clear need for our proposed
20 surgery center. I urge each of you to vote yes and
21 grant Preferred Surgicenter a CON permit. Please,
22 give us an opportunity to make a difference in the
23 communities that we hope to serve. Thank you very
24 much for your time, and we're ready for any
25 questions that you might have.

1 CHAIRMAN DALE GALASSIE: Thank you for
2 those comments. I will open it up to board members
3 for questions. Mr. Sewell.
4 MR. RICHARD SEWELL: Yes, I wanted to
5 ask, what do you anticipate as the proportion of
6 your patients that are Muslim?
7 MR. JOSEPH HYLAK-REINHOLTZ: Thank you.
8 We are looking to serve -- let me start with some
9 general demographic information. Our proposed
10 geographic service area has about 4.6 million
11 persons that live in the area. Of this, about 2
12 percent are persons of Arabic descent, so there's
13 100,000 individuals who are, who on the census form
14 identify as being Arabic. Because of that, and
15 because we will be the first not only in the state
16 of Illinois, but the first ever health care facility
17 in the nation that takes into account the special
18 needs of Muslim American patients, we believe that
19 there will be a, I can't give you a specific
20 percentage, but there will be a good number of our
21 patients will be Muslim American, because we're
22 going to be the only, only facility that will give
23 them the services that they're looking for.
24 MR. RICHARD SEWELL: I had a follow-up
25 question. I heard some design specifications that

1 would be sensitive to Islamic culture, but what
2 about the more subjective kinds of things in terms
3 of how people are received with respect to their
4 dignity? Are you testifying that the other
5 multispecialty ambulatory surgery treatment centers
6 sort of lack this sensitivity, or have they just not
7 done the architectural work and they don't have the
8 staff that is sensitive or knowledgeable about the
9 differences?
10 MR. JOSEPH HYLAK-REINHOLTZ: We --
11 actually, it's both issues. The, it's a bricks and
12 mortar build-out issue when it comes to, typical
13 surgery center will have open recovery areas where
14 females can see males and, and that, to someone who
15 practices Shari'a law is problematic. So compared
16 to your normal surgery center, we're going to have
17 enhanced privacy areas by having more privacy areas
18 when it comes to those types of places.
19 But what we've heard quite often from
20 Dr. Rustom's patients and other Muslim American
21 patients, and like individuals like Gihad Ali who
22 spoke this morning, that existing health care
23 providers in Chicago and in, across our nation, are
24 not giving -- they're not mindful of the individual
25 regional religious or ethnic diversity that is

1 within the Arab culture, and because of that,
2 they're getting care that they feel is, does not
3 address their special needs and will take into
4 account their religious practices. So at this
5 proposed surgery center, we're going to have staff
6 that are multilingual in Arabic, Arabic languages,
7 or Persian, or other Middle Eastern languages that
8 are spoken among Arabic populations or Muslim
9 American populations. We're going to have
10 physicians and other health care staff that are
11 trained and are aware of the, of the special needs
12 that are, that they need to know of. It's going to
13 be -- it's never possible to know everything,
14 because Shari'a law is very, it's a very -- there's
15 no textbook on it, there's no case book that says
16 this is what it is. Shari'a law varies between
17 every Middle Eastern country, you've got one
18 interpretation in Syria, you've got another
19 interpretation in Saudi Arabia. So we're going to
20 be sensitive to those needs and do everything we can
21 that's reasonable to address those needs, but on the
22 other side of that, we also are mindful of US law
23 such as the Civil Rights Act that prohibits separate
24 legal treatment of individuals, and other
25 antidiscrimination laws, state-based laws. So we

1 will first and foremost comply with US-based law,
2 Illinois law, but do what we can to address the
3 needs of Muslim Americans, as well.
4 CHAIRMAN DALE GALASSIE: Thank you.
5 Judge Greiman?
6 JUSTICE ALLEN GREIMAN: Yeah, I just
7 wanted to sort of ask you about it says on the notes
8 you provide culturally sensitive health care
9 services, that's what you're saying you're going to
10 do.
11 What does that mean? What are the
12 services that you will provide that are culturally
13 sensitive that you wouldn't have in some other
14 place?
15 MR. JOSEPH HYLAK-REINHOLTZ: Thank you,
16 Justice Greiman. Culturally sensitive -- again, I'm
17 turning back to the comments made by Gihad earlier
18 today about just, something as simple as hospital
19 gowns. Make sure that they, we provide some sort of
20 clothing or, or privacy that, that they're looking
21 for. So we, on the front end, before care is
22 provided, will make reasonable efforts to determine
23 what they want to see or receive from their health
24 care provider, and then we will do everything that's
25 reasonable in our, within our power to accommodate

1 those special needs. So it might be, it might be
2 nothing more than a hospital gown, but it also could
3 be preference to be treated by a female-only staff.
4 So nurses and female physicians.
5 JUSTICE ALLEN GREIMAN: And will the
6 hospital stop working because it's time for prayer?
7 MR. JOSEPH HYLAK-REINHOLTZ: We would
8 not stop in the middle of a surgical procedure to
9 have our daily prayer met, but there is a need to
10 have space for that, because we will have a large
11 number of Muslim American staff members, physicians,
12 and we would want to give them ample space to
13 maintain their daily prayers.
14 JUSTICE ALLEN GREIMAN: And tell me,
15 Shari's? Shari's law?
16 MR. JOSEPH HYLAK-REINHOLTZ: Shari'a
17 law, Your Honor.
18 JUSTICE ALLEN GREIMAN: Shari'a law. So
19 is there anything in Shari'a's law more religious,
20 or religious, more of the law of Islam that
21 contradicts the law of the state of Illinois and how
22 doctors and hospitals and what, view that medical
23 care should be delivered?
24 MR. JOSEPH HYLAK-REINHOLTZ: Your Honor,
25 good question. And there might be instances where

1 Shari'a law may, in essence, conflict with either
2 federal or state law.
3 JUSTICE ALLEN GRIEMAN: Can you give me
4 an example of what it might be?
5 MR. JOSEPH HYLAK-REINHOLTZ: Well, let's
6 say we wanted to -- under Shari'a law, if you went
7 to a health care facility say in the Middle East, in
8 Saudi Arabia.
9 JUSTICE ALLEN GRIEMAN: Yeah.
10 MR. JOSEPH HYLAK-REINHOLTZ: You may
11 have two separate waiting rooms, one female, one
12 male. We obviously can't do that in the United
13 States. Civil Rights Act and Brown vs. Board of
14 Education, and a long history of case decisions have
15 been very clear on that. So we will, first and
16 foremost, adhere to federal law and state of
17 Illinois law. But then we will make reasonable
18 efforts to accommodate Muslim Americans that follow
19 Shari'a law. And it's law that governs most
20 activities of daily living, both secular and
21 nonsecular practices.
22 JUSTICE ALLEN GREIMAN: Any other
23 examples you can give us of a conflict?
24 MR. JOSEPH HYLAK-REINHOLTZ: Another
25 example of conflict other than discrimination might

1 be dealing with -- I -- well, again, you, it's
2 challenging, because again, Shari'a law, there's so
3 many different perceptions of what Shari'a law is,
4 but for example, oftentimes Shari'a law will govern
5 political, how you should act in politics, or how
6 you should act in your moral code, so, you know,
7 obviously we wouldn't be able to handle situations
8 where individuals may want to, us to do things that
9 aren't allowed under other types of state laws, but
10 the primary and the foremost thing that we've heard
11 has been --
12 JUSTICE ALLEN GREIMAN: And how will
13 your employees know that Illinois' law is number
14 three or number one? What kind of training will you
15 give them to know that?
16 MR. JOSEPH HYLAK-REINHOLTZ: We will
17 develop a training protocol for the facility staff
18 that trains them on religious practices and other
19 types of major, the major tenets of what Shari'a law
20 is, but other than the training, there also will be
21 an assessment of each patient as they're coming to
22 the surgery center to try to understand what they,
23 what their view of Shari'a law is and the needs and
24 desires that they want to have from their particular
25 care, from their physicians and from their staff.

1 JUSTICE ALLEN GREIMAN: Okay, thank you.
2 CHAIRMAN DALE GALASSIE: Do you have any
3 sense of what -- Dr. Burden and Mr. Carvalho.
4 DR. JAMES BURDEN: Thank you. You
5 recognize this is more than the first in the state
6 of Illinois, this is a ground breaking request that
7 you're asking of us to consider, which is much
8 greater than any prior application, the impact of
9 it, than anything I've experienced in my five and a
10 half years on this Board. But I have a question or
11 two that relates.
12 I respectfully understand why this has
13 been, but if I might, as a retired surgeon, what
14 happens to, in hospitals? I must admit, I was not
15 aware that 500,000 Muslim, Muslim Americans exist in
16 the Chicagoland community. Are they traveling to
17 another state for medical care, or do they live with
18 Illinois law at our institutions that we currently
19 have? Would this institution solve that issue, or
20 would it enhance the acceptance of what exists now?
21 I'm totally unaware, if you can tell me, that
22 Shari'a law has evidence-based activity in any
23 institution in our state. But maybe it is, I'd like
24 to know that. Over and above what your application
25 presents. Can you answer that?

1 MR. JOSEPH HYLAK-REINHOLTZ: Well, there
2 were a number, a few questions in there, so --
3 DR. JAMES BURDEN: Yes.
4 MR. JOSEPH HYLAK-REINHOLTZ: For
5 starters, the, there is, the location is central for
6 Orland Park, and that was strategically chosen
7 because it's geographically central in one of the
8 largest areas of Arabic, the growing Arabic
9 population in the Chicagoland area. In fact, one
10 out of three Muslims live in one of six major area
11 urban centers in the country, Chicago being the
12 third largest major city where Arabic residents are
13 residing, choosing to reside. The -- and even
14 before -- and even greater than that is the Detroit
15 area.
16 And it's interesting, because I want to,
17 I pretty -- it makes sense when you look at it from
18 a demographic perspective and a population-shifting
19 perspective, because Detroit actually is one of the
20 largest Arabic populations in the country, and it
21 has been there, that way for close to 100 years. A
22 lot of it, there's a lot of family members that, in
23 the Chicago, in the suburbs that have family that
24 also live in the south, southern part of Michigan,
25 so they're locating along the southern, the south

1 and southwest suburb, because it's geographically
2 convenient to get to Interstate 80 and other access
3 main roads to get into Indiana and to, and into
4 South Michigan. And it's true, we will be, what we
5 are proposing to do is the first ever of its kind
6 surgery center, and what we've heard from patients,
7 what Dr. Rustom has heard from his patients, and
8 Robin also as an administrative of surgery centers,
9 and she's heard the same thing, is that patients
10 just are feeling underserved. And those patients
11 are underserved in the sense that they try to
12 communicate their desires to, if they go to a
13 hospital, for example, or another surgery center,
14 there might be language barriers that they can't get
15 across to convey what they want or what they need.
16 In other cases there are experiences patients have
17 had where, where the staff has just been insensitive
18 to their needs, and they felt either offended by it
19 or, or just hurt, or just a number of different
20 feelings that they may have. And what we've seen --
21 we don't have studies in Illinois, but, and that's
22 why we concluded two studies that were both
23 conducted in the state of Michigan, both which
24 conclude that health disparities result because
25 Muslim Americans who have had experiences are

1 choosing to forego future health care services based
2 on a prior bad experience. So that's why we, we are
3 pretty strong about the need for this surgery center
4 to do this in our community.
5 DR. JAMES BURDEN: One last question,
6 then I'll defer. You recognize there are several
7 state board standards that were not met, and not the
8 least of which was the impact on other facilities
9 which, which in a way I presume you're trying to
10 evade by saying that we will only accept Muslim
11 Americans so that we'll, we will not by force of our
12 appeal, so that we will not impact the other
13 competing ambulatory surgery centers will of course
14 object not to Muslim Americans, but they object to
15 your presence, period, because you may affect their
16 overall census. Now I think that's a reasonable
17 objection, I wonder how you can explain away the
18 fact that just because you're there, forget the fact
19 that you are implying to us, to me, that we're going
20 to, we're going to attract Muslim Americans, you're
21 still going to be in a community, in a hospital
22 service area that is being well served currently,
23 and doesn't really need your services based on what
24 I see here in the state board findings.
25 So help me, if you're, if you're

1 attempting to evade that criteria by saying: We're
2 attracting Muslim Americans who normally wouldn't
3 come to this area for medical care, even though they
4 live there by your statement, I have a little
5 conflict there. Something you -- help straighten it
6 out in terms of what I'm saying. Am I aware that
7 you are not attracting Muslim Americans in the
8 community, they're going to come from all over
9 period, because there is no other Muslim American
10 facility specifically for them in the country? I,
11 there seems to be a possibility that you would
12 attract people who don't normally come to this area
13 for medical care. Does that enhance your
14 application's acceptance to us to review that in
15 that, in that way? Am I wrong, or am I overstepping
16 by making that statement?
17 MR. JOSEPH HYLAK-REINHOLTZ: I thank you
18 for the question, Doctor. First and foremost, we do
19 plan to be a surgery center that treats all
20 residents of our geographic service area. We are
21 not going to be a Muslim only or Arabic only health
22 care facility. So we will, we will be treating
23 individuals who, no matter what their religious
24 background and cultural background, would like to
25 get care provided in our surgery center. We'd just

1 like to take that extra step forward, though, and
2 Dr. Rustom wants to be a pioneer and do something
3 unique in the southwest suburbs which also, you walk
4 in, it will seem like a normal surgery center, but
5 will also, we will have the staff and the resources
6 and the, and the structure, the physical structure
7 of the building to address the needs of Muslim
8 Americans. So we will, yes, be looking to serve all
9 residents of the geographic service area no matter
10 what their religious background.
11 I also think it's very -- it's common
12 from what I've seen, and I've been doing this
13 process a long time, in fact, I actually spoke to a
14 member of the board here a long time ago in the mid
15 2000's, and I remember it being very common to see
16 that surgery centers would raise issues with the
17 proposals because of an impact of, on existing
18 providers. What always troubled me with that, with
19 that thought was we, as every service center
20 applicant must do, have referring physicians, and
21 those referring physicians must commit on a
22 notarized statement that we will refer X number of
23 patients to the surgery center as proposed, and
24 those referrals help build our volume, justify our
25 OR's, and a number of different elements within the

1 CON permit application. So we, based on our
2 referral numbers, should not have a negative impact
3 on the other surgery centers, because we're not
4 taking the referrals away from, from other, from
5 other -- well, we do have some, some coming from
6 decisions offices and some have been treated in the
7 past from other centers, but I think that the impact
8 will be minimal and is no, really not much different
9 than what we see in a number of other surgery center
10 applications that have come before this Board and
11 been approved.
12 I think of another interesting --
13 CHAIRMAN DALE GALASSIE: I'm going to
14 actually interrupt and move to Mr. Cavalho's
15 questions.
16 MR. DAVE CARVALHO: And just on your
17 point, Joe, referral centers are a snapshot in time,
18 I mean nobody can tell you how they're going to be
19 referring a year from now, two years from now, three
20 years from now, this facility is going to be around
21 for quite a long period of time.
22 The conversation, what, remember where
23 we are here, the application has been found
24 deficient on three of the first part, three on the
25 financial part findings, and so we aren't talking

1 that -- this whole conversation about the community
2 served and the fashion of serving is in the context
3 of an application that has those negative six -- six
4 negative findings. Now it would be interesting if
5 it weren't, because I think some of the
6 conversation's been a little confused. When you say
7 you're going to comply with Shari'a law, you don't
8 mean that you're going to -- you mean the
9 opportunity within the Illinois law to do something,
10 there may be things that the religious law says
11 don't do, and you won't do them, just like a
12 Catholic hospital won't do certain things that the
13 law allows them to do; and on the flip side there
14 are certain things that you will do that the law
15 doesn't require you to do, just like Mt. Sinai will
16 serve kosher meals, even though the law doesn't
17 require them to do it. So that aspect of the law is
18 not controversial, and I don't think your
19 application in any way suggests that where there are
20 conflicts where Illinois law requires you to do
21 something, you're not going to do it, or where
22 Illinois prohibits from you doing something, you
23 are. So that's not controversial at all, and that's
24 very straight forward, and I think that's what
25 you're asking.

1 But the reason why I noted that you have
2 all those negatives, and so wondering why we're
3 having this other conversation, I was imagining 100
4 years ago if St. Joseph's wanted to be built and
5 Northwestern said there's no need, and St. Joseph's
6 was saying: Well, our community isn't being served.
7 Or if Mt. Sinai said: Our community isn't being
8 served. Or Provident Hospital, which was built in
9 1890's because the African American community wasn't
10 being served. So if there had been a planning board
11 100 years ago what that conversation would have
12 looked like in this context.
13 If the normal process under our rules,
14 if unique criteria hasn't been met, but there's an
15 articulation of some other need that isn't being
16 served, is there, if -- there are rules on that,
17 there is a way to make a case under those rules.
18 Now do you assert that you have made the case under
19 those rules, or is this just a discussion of
20 adjectives and nouns that's kind of stirring the
21 pot. Have you literally made the case under our
22 rules for an exception, notwithstanding the other
23 findings that you don't have the need? And the if
24 so, could you articulate how?
25 MR. JOSEPH HYLAK-REINHOLTZ: Thank you,

1 Dave. The application as we presented it, I, you're
2 absolutely, you are right, it has some negative
3 findings. Some of those negative findings, one, for
4 example, we were off on one of the building
5 components by .6 percent, so that resulted in a
6 negative finding. We have another finding that our
7 financials were not sufficient, that we needed to
8 demonstrate that a, something like tax returns --
9 MR. DAVE CARVALHO: In the interest of
10 time, could you focus on the need ones? Because
11 those are the ones where there's a possible
12 exception.
13 MR. JOSEPH HYLAK-REINHOLTZ: Right,
14 okay.
15 CHAIRMAN DALE GALASSIE: Focus -- for my
16 sake at least, focus on the referral problem.
17 MR. JOSEPH HYLAK-REINHOLTZ: Right, the
18 referral problem. As this Board generally looks at
19 proposed surgery centers, there are qualifying
20 referrals and nonqualifying referrals. For
21 referrals to be qualified or acceptable to the
22 Board, those referrals need to either historically
23 have been from hospitals or from other surgery
24 centers. So if you have a referral coming from a
25 physician's office, these would not be qualified

1 referrals, and we wouldn't be allowed to count those
2 towards justifying the number of OR's. So we are
3 presenting five treatment room surgery center. We
4 have sufficient data to justify four of those based
5 on the hospital and surgery center referrals. The
6 fifth OR, however, is based on office-based
7 referrals, but I happen to -- I've had this Board
8 have -- I've seen this Board in the past accept that
9 office-based referrals have, can justify OR's,
10 operating rooms. For example, Howell Surgery Center
11 was entirely based on office-based referrals and was
12 approved by this Board.
13 So in that sense we are substantially
14 compliant with the referral rule, four out of our
15 five OR's meet the surgery center for hospital
16 referral requirement in this Board's rules, it's the
17 fifth OR that we are using to justify the, or 20
18 percent basically of our interest case load would be
19 in the nonqualifying referral range.
20 CHAIRMAN DALE GALASSIE: Mike, did you
21 want to comment to the Board on that?
22 MR. MIKE CONSTANTINO: Yeah, just for a
23 minute. The reason we do not accept referrals from
24 office-based physician is because this Board has no
25 jurisdiction over those entities. You have

1 jurisdictions over ASTC's and hospitals only, not
2 office-based procedures.
3 CHAIRMAN DALE GALASSIE: I appreciate
4 that.
5 MR. MIKE CONSTANTINO: Thank you, Mr.
6 Chairman.
7 CHAIRMAN DALE GALASSIE: Clarification.
8 MR. JOSEPH HYLAK-REINHOLTZ: So now Mr.
9 Chairman, that does result in a negative finding,
10 but we can justify a number of ours that we
11 requested, despite there being a negative finding in
12 the report.
13 CHAIRMAN DALE GALASSIE: Well, again,
14 sir, I have to say respectfully, in your opinion you
15 can justify that.
16 MR. JOSEPH HYLAK-REINHOLTZ: Well --
17 CHAIRMAN DALE GALASSIE: I find
18 myself --
19 MR. JOSEPH HYLAK-REINHOLTZ: And we
20 certify it, too.
21 CHAIRMAN DALE GALASSIE: I find myself
22 empathic to your mission and the need that you are,
23 have determined is there. I'll stop at that
24 comment. Any other questions?
25 (No questions.)

1 CHAIRMAN DALE GALASSIE: Hearing none --
2 DR. NASER RUSTOM: If I may address the
3 Board, if you don't mind, for a second. About the,
4 what we're trying to accomplish with this project --
5 CHAIRMAN DALE GALASSIE: Can you pull
6 that mike a little closer, sir?
7 MR. NASER RUSTOM: What we're trying to
8 accomplish with this project actually address the
9 serious needs for the community. Now when we
10 mention about two studies attached to the
11 application, these are serious studies done by
12 reputable organization and research programs. One
13 of them is, if I may read, is done by --
14 CHAIRMAN DALE GALASSIE: Sir, I'm sorry,
15 I'm going to interrupt you, only because -- the
16 Board has the information you're discussing. If
17 there's a poignant comment you'd like to make, I'd
18 ask you to make it, but I think, I think there's
19 ample understanding here of what you're trying to
20 do.
21 DR. NASER RUSTOM: Well, what we're
22 trying to do is address the issue of the need of the
23 community. There was a question from a
24 distinguished board member about these needs, and,
25 and there was another question about is Shari'a law

1 is going to change or break any Illinois law. This
2 in fact, is not what we're trying to establish. We
3 are trying to establish very simply address the
4 serious need of the community, and I can give you an
5 example. I know it's mentioned already, and I know
6 you hear it earlier before, but serious example, it
7 has to do with the culture, and we are talking about
8 specific culture, Muslim culture, Muslim American
9 culture; and yes, Muslim American culture they do
10 have needs. These needs when it's dealt with with
11 the providers, how they deal with these people, with
12 the Muslim American, we have some issues, and these
13 issues can be very serious issues with the, which
14 affect the outcome of the treatment of this, of
15 these patients. The patients are consumer, and the
16 provider is not able to meet their needs for very
17 simple things, do not understand, and this is the
18 key issue here, their culture. The issue as simple
19 as the clothing, issue as simple as the prayer,
20 issue as simple as the dietary, these are serious
21 issues for the Muslim community, and yes, need to be
22 addressed in the -- and if it was addressed in the
23 set-up of the surgery center, yes, the patient will
24 be feeling, will be feeling much more comfortable
25 continuing with their treatment, or feeling they're

1 welcome. And we can mention here and numerous
2 example of about how issues came from providers not
3 understanding these, these basic basic cultural
4 needs.
5 And what you mention here is yes,
6 there's an issue of deposition, there's an issue of
7 dietary, there's an issue of maintaining as much
8 possible as privacy, these issues are simple issues
9 can be accomplished in this proposed surgery center,
10 and I can assure you, it's not going to break any
11 state or federal law. The bulk of it look into the
12 needs of the community. When we are part of the
13 community and these are our needs.
14 Another question was asked earlier, was
15 there another, another surgery center who does
16 something like that or, or do objection because of
17 that. Well, the community members basically do not
18 find any other surgery center who is willing to do
19 these small things which, when you put it
20 collectively together in the set-up, it will be a
21 very culturally sensitive to their culture. It does
22 not exist. And this, this is where we are coming
23 with this project.
24 Now are we going to be in the process of
25 admitting the other member of the community? We

1 assure you that we are open for everybody, and we
2 are not going to be distinguish between any person
3 who come to the facility based on religion or, or
4 background, or cultural background, or gender, or
5 sex or, name it, we're going to make sure that we
6 don't have that. But I think it's very, and I think
7 very strongly about it; yes, there is needs; and
8 yes, there is needs for our community; and yes,
9 there is ignorance sometimes in the community, not
10 in our community at least -- well, partially maybe
11 yes, but in general, to see these needs and address
12 these needs. And what we are applying here in this
13 project is really will help addressing these needs.
14 I'm sorry to say this, but I...
15 CHAIRMAN DALE GALASSIE: I think we
16 understand your desire, and I think we understand
17 the need you have articulated.
18 I will now ask for a, a vote on a motion
19 to approve Projects 13-007, Preferred Surgicenter.
20 MR. DAVID PENN: Dale, I don't believe
21 we made the motion.
22 CHAIRMAN DALE GALASSIE: No, I'm making
23 the motion now.
24 MR. DAVID PENN: Oh, I'm sorry.
25 CHAIRMAN DALE GALASSIE: I'm sorry,

1 perhaps I misspoke. Thank you, Mr. Penn.
2 I'm proposing a motion to approve
3 Project 13-007, Preferred Surgicenter, to establish
4 a Multispecialty Ambulatory Surgery Treatment Center
5 in Orland Park, Illinois.
6 DR. JAMES BURDEN: So moved.
7 CHAIRMAN DALE GALASSIE: Moved.
8 MR. DAVID PENN: Second.
9 CHAIRMAN DALE GALASSIE: And seconded.
10 Roll call, please.
11 MR. GEORGE ROATE: Motion made by
12 Dr. Burden, seconded by Mr. Penn.
13 Mr. Bradley?
14 MR. PHILLIP BRADLEY: Mr. Chairman?
15 CHAIRMAN DALE GALASSIE: Yes, sir.
16 MR. PHILLIP BRADLEY: These people have
17 come forward with a report that an application that
18 addresses 16 of our standards, 7 of the standards
19 are not met, according to the staff review. I am
20 particularly concerned by the fact that the
21 standards on the impact on other facilities and the
22 establishment of a new facility are not met. What
23 this means is that this application contains 7 out
24 of 16 items which are substandard.
25 Now going back to Dr -- to Mr.

1 Carvalho's statement earlier, had we been asked to
2 approve a Catholic hospital and said: Oh, we'll
3 approve it for those people, but it's going to be
4 substandard. Or if we had been asked to approve a
5 Jewish hospital and had said: Well, yeah, we'll
6 approve it for those people, but it's going to be
7 substandard. I think that the 100-year board would
8 have been out of line on taking that approach. What
9 we are being asked to do today is to approve a
10 proposal for a particular group as the majority of
11 users, and that the proposal, itself, is
12 substandard. I don't think that it serves any
13 particular group well to say: Oh, yeah, we'll give
14 you this, but understand you're going to have a
15 substandard facility from the very beginning. And
16 for that reason, I vote no.
17 MR. GEORGE ROATE: Thank you.
18 CHAIRMAN DALE GALASSIE: Thank you,
19 Phil.
20 MR. GEORGE ROATE: Dr. Burden?
21 DR. JAMES BURDEN: I also have and share
22 Mr. Bradley's comments, there's no need to repeat
23 it, my feeling is I appreciate the attempts of Dr.
24 Rustom to be a pioneer in this area, but I am
25 concerned about the impact on other facilities when

1 establishing new facilities, the overall feeling of
2 what the State Board found out about those two
3 factors, and I am, as a consequence, vote no.
4 MR. GEORGE ROATE: Thank you. Senator
5 DeMuzio.
6 SENATOR DEANNA DeMUZIO: Yes, yes, I,
7 too, will be voting no due to the fact that there
8 are numerous proposals here that have not been met,
9 including in the issues of operating costs, project
10 costs, financing, then feasibility, among others.
11 So again, I understand and appreciate your, your
12 testimony here today, but in light of, of what I see
13 here in the report, and I agree with the, with
14 Mr. Bradley's comments that I appreciate your
15 bringing this forth, but again, I don't feel that we
16 can go ahead and give you a yes vote here today. I
17 vote no.
18 MR. GEORGE ROATE: Justice Greiman.
19 JUSTICE ALLEN GREIMAN: Well, my, I have
20 been impressed by Member Bradley's initial comments,
21 as well, but I wanted to make it clear I think that
22 the vote that I cast has nothing to do with the
23 goal, the, the overall goal.
24 CHAIRMAN DALE GALASSIE: Judge, can you
25 use your mike, please?

1 JUSTICE ALLEN GREIMAN: Yeah. It has
2 nothing to do with the overview that you wish to
3 have available for Muslims to be comfortable, I
4 think that is an appropriate goal, and I think, I
5 certainly respect your views on it, assuming that
6 Illinois's law and US government's laws will be
7 ahead of all that, but it's the other things that
8 you haven't met still, are still delinquent, and
9 that leads me to vote no, as well, but it's not
10 because of the basic goal that you have, I think
11 that is a goal that's acceptable.
12 MR. GEORGE ROATE: Ms. Olson.
13 MS. KATHY OLSON: I also vote no based
14 on the negative findings in the State Agency Report,
15 but I would like to say that this has been very
16 interesting to me, and I certainly think our health
17 care system needs to step up to the plate and be
18 much more sensitive, and it's certainly brought
19 awareness to my mind of issues that I was not aware
20 existed. But because of the negative impact,
21 especially of the other providers, I vote no.
22 MR. GEORGE ROATE: Mr. Penn.
23 MR. DAVID PENN: I'm voting no for the
24 negative impact finding by the State Board.
25 MR. GEORGE ROATE: Mr. Sewell.

1 MR. RICHARD SEWELL: I am aware of how
2 important cultural sensitivity is in patient care,
3 and I'm also aware of the extraordinary growth of
4 Islam in the Chicago metropolitan area, I heard
5 Cardinal George speak about three or four years ago
6 and he said there were more Muslims in the Chicago
7 metro area than there were Jews. And most people
8 don't know that. But I think for that reason, I
9 think market forces are going to force the issue of
10 cultural sensitivity, I think that I'm not willing
11 to ignore the impact on other facilities in
12 establishment of a new facility criteria that we
13 have.
14 I sort of trust that the advocacy of the
15 Islamic community to make providers more culturally
16 sensitive will have a greater long-term impact, and
17 we wouldn't just have this one ambulatory surgery
18 treatment facility that was sensitive to the needs
19 of Islam, we'd have all of them. So I vote no.
20 MR. GEORGE ROATE: Chairman Galassie.
21 CHAIRMAN DALE GALASSIE: For comments
22 that have already been made, and again I, I do
23 commend the pioneering vision and agree with the
24 need for appropriate sensitivity in that regard, but
25 this application simply doesn't carry muster for it,

1 so I'm voting no.
2 MR. GEORGE ROATE: That's eight votes in
3 the negative.
4 CHAIRMAN DALE GALASSIE: Motion fails.
5 MR. FRANK URSO: You're going to be
6 receiving an Intent To Deny. You'll have the
7 opportunity to come back before the Board, as well
8 as present additional information. Thank you.
9 CHAIRMAN DALE GALASSIE: Good luck with
10 your project.
11 We're going to move on to one more item,
12 and then we'll be breaking for lunch. And again,
13 this afternoon we have multiple no opposition, no
14 finding change of ownerships, so I will be
15 encouraging those of you, you're always welcome to
16 make a presentation to the Board, but it's probably
17 not going to help you very much, so we should be
18 able to move along with most of those this
19 afternoon. But you are welcome to if you so choose.
20 13-011, Presence St. Joseph's Hospital
21 Chicago. Good morning, folks.
22 For those of you at the table, if you'll
23 introduce yourselves, spelling your name, and we'll
24 have you sworn in.
25 DR. ROBERTA LUSKIN-HAWK: Hello, I'm

1 Dr. Roberta Luskin-Hawk, that's R-O-B-E-R-T-A, last
2 name is spelled L-U-S-K-I-N hyphen H-A-W-K, and I'm
3 the President and CEO of Presence St. Joseph's
4 Hospital, Chicago.
5 MR. JACK AXEL: Jack Axel, A-X-E-L, Axel
6 & Associates.
7 MS. CLAIR RANALLI: Clair Ranalli,
8 R-A-N-A-L-L-I, with McDermott, Will & Emery.
9 CHAIRMAN DALE GALASSIE: Thank you,
10 folks. Would you swear them in?
11 THE REPORTER: Yes.
12 (All were sworn.)
13 CHAIRMAN DALE GALASSIE: Staff report,
14 please?
15 MR. MIKE CONSTANTINO: Thank you, Mr.
16 Chairman. The applicants are proposing the
17 construction of a nine-story medical office building
18 consisting of 300 and -- approximately 311,000 gross
19 square feet of space adjacent and connected to the
20 existing acute care hospital. The anticipated
21 project cost is approximately $157 million. A
22 public hearing was held on this project, there were
23 opposition comments made, and we do have findings.
24 The anticipated project completion date is November
25 30th, 2016. Thank you, Mr. Chairman.

1 CHAIRMAN DALE GALASSIE: Thank you. In
2 making your comments to the Board, can I ask you to
3 try to address specifically the findings? I think
4 that would be helpful for the Board.
5 DR. ROBERTA LUSKIN-HAWK: Just first of
6 all, thank you for allowing us to present this
7 today, and because of the positive nature of our
8 SAR, I will keep the comments brief.
9 I have been affiliated with the St.
10 Joseph Hospital since 1985, first as a practicing
11 infectious disease specialist and faculty, and then
12 my role evolved with the addition of numerous
13 medical staff and hospital positions of leadership.
14 I've been the CEO since 2009.
15 Our hospital was founded in 1868 in
16 response it a cholera epidemic, and we have
17 continuously evolved since that time, providing not
18 only a broad array of health care services to the
19 communities we serve, but providing innovative
20 programming, including one of the first HIV/AIDS
21 inpatient treatment units in Chicago, and cutting
22 edge programming on addiction treatment. We have
23 strong teaching programs and currently host 143
24 residents through six independent residency
25 programs. We are also the clinical site for six

1 nursing programs, University of Illinois medical
2 students, and a variety of training programs,
3 including pharmacists, physical therapists, and
4 other health care professionals. We are a member of
5 Presence Health, the largest Catholic hospital
6 system in the state of Illinois. I will focus on
7 the findings shortly, I just wanted to give you some
8 framework on why this project is extremely important
9 to us.
10 It will it greatly assist us to continue
11 to provide our community the highest quality of
12 care. As laid out in our application, this project
13 has three clear and critical goals. They are; one,
14 to allow us to attract and retain quality physicians
15 to provide medical services needed in the community
16 through the provision of on-campus medical office
17 space. Two, to provide facilities and equipment
18 necessary to efficiently deliver outpatient services
19 in a patient-friendly fashion; and three, to
20 renovate the ancillary services within the existing
21 hospital to support both our inpatient care and our
22 educational mission.
23 The first two goals, provision of the
24 medical office space and outpatient services space,
25 will be accomplished through the construction of a

1 new building connected by a bridge to the existing
2 hospital. The third goal, renovation of
3 approximately 80,000 square feet within the existing
4 hospital, will be addressed primarily upon the
5 completion of the new building and relocation of
6 certain services to the building. The project does
7 not involve any additional beds, nor does it propose
8 any new categories of service or discontinuation of
9 any service.
10 The planning for this project was
11 participatory and included both our physicians and
12 community representatives, and been ongoing since
13 2009. The project, as we are proposing, has
14 undergone careful scrutiny not only by our own
15 health system, but within our community through both
16 the zoning and community planning processes, and has
17 received the endorsement of our alderman.
18 With the introduction of our plans, I
19 will go on to answer questions. I believe there
20 were two negative findings which, if you want, can
21 be addressed.
22 MR. JACK AXEL: I'll be happy to address
23 the negative findings, Chairman.
24 CHAIRMAN DALE GALASSIE: Thank you,
25 Jack.

1 MR. JACK AXEL: Sure, and actually,
2 there was one, it was the criteria that asks the
3 applicant to justify the project based on historical
4 utilization, and that can be found on Page 25 of the
5 SAR, and this project was found to be in compliance
6 with all of the different services with the
7 exception of two, the number of operate -- general
8 operating rooms, and the number of mammography
9 units, and on Page 21 of the application -- of the
10 SAR, there is another review criteria which compares
11 the proposed project on a service-by-service basis
12 to project the utilization. We were found to be in
13 compliance with all of those. So it's the one
14 negative finding. Thank you.
15 CHAIRMAN DALE GALASSIE: Good, thank
16 you. I'll open it up to questions or comments from
17 board members.
18 (No questions or comments.)
19 CHAIRMAN DALE GALASSIE: Seeing none,
20 may I have a motion to approve Project 13-011,
21 Presence St. Joseph's Hospital to construct a
22 nine-story medical office building in Chicago,
23 Illinois?
24 MR. PHILLIP BRADLEY: So moved.
25 MR. DAVID PENN: Second.

1 CHAIRMAN DALE GALASSIE: Moved and
2 seconded. Roll call, please.
3 MR. GEORGE ROATE: Motion made by Mr.
4 Bradley, seconded by Mr. Penn.
5 Mr. Bradley?
6 MR. PHILLIP BRADLEY: Yes.
7 MR. GEORGE ROATE: Dr. Burden?
8 DR. JAMES BURDEN: Yes.
9 MR. GEORGE ROATE: Senator DeMuzio?
10 Absent.
11 CHAIRMAN DALE GALASSIE: Stepped out.
12 MR. GEORGE ROATE: Justice Greiman?
13 JUSTICE ALLEN GRIEMAN: Yes.
14 MR. GEORGE ROATE: Ms. Olson?
15 MS. KATHY OLSON: Yes.
16 MR. GEORGE ROATE: Mr. Penn?
17 MR. DAVID PENN: Yes.
18 MR. GEORGE ROATE: Mr. Sewell?
19 MR. RICHARD SEWELL: Yes.
20 MR. GEORGE ROATE: Chairman Galassie?
21 CHAIRMAN DALE GALASSIE: Yes.
22 MR. GEORGE ROATE: That's seven votes in
23 the affirmative.
24 CHAIRMAN DALE GALASSIE: Motion passes.
25 Congratulations. Thank you.

1 I have 12:25 on my watch. We are going
2 to break, and then we'll return on Item 12-102. We
3 should be back here approximately about 20 after 1,
4 does that sound about right?
5 DR. JAMES BURDEN: Good.
6 CHAIRMAN DALE GALASSIE: 1:20 we'll try
7 to reconvene. Thank you very much.
8 (A lunch recess was taken at 12:25 p.m.)
9 (Lunch recess taken.)
10 (Back on the record at 1:29 p.m.)
11 CHAIRMAN DALE GALASSIE: Thank you for
12 being timely. We are moving into Item Number EO-6
13 12-102, DaVita West Side Dialysis.
14 Good afternoon. Welcome. We'll do a
15 spelling of your names after you introduce
16 yourselves, and then we'll have you sworn in.
17 DR. DON HOLLANDSWORTH: My name is Don
18 Hollandsworth, last name is
19 H-O-L-L-A-N-D-S-W-O-R-T-H.
20 MS. PENNY DAVIS: Penny Davis.
21 MR. CHUCK SHEETS: Chuck Sheets.
22 MR. JOE VANLEER: Joe Vanleer,
23 V-A-N-L-E-E-R.
24 CHAIRMAN DALE GALASSIE: Thank you.
25 Swear these folks in.

1 (All were sworn.)
2 CHAIRMAN DALE GALASSIE: Staff report,
3 please?
4 MR. MIKE CONSTANTINO: Thank you, Mr.
5 Chairman. The applicants are proposing to establish
6 a 12-station ESRD facility in approximately 6700
7 gross square feet of leased space in Chicago. The
8 cost of the project is approximately $2.7 million.
9 There was opposition to this project. There are
10 findings. The anticipated project cost --
11 completion date is September 30th, 2014. Thank you,
12 Mr. Chairman.
13 CHAIRMAN DALE GALASSIE: Appreciate it.
14 And whoever will be speaking to the Board, if you
15 could address the findings, we'd again appreciate
16 that.
17 MS. PENNY DAVIS: My name is Penny
18 Davis, and I'm the Division Vice-president for
19 DaVita in the Chicagoland area. With me today is
20 our Plan Medical Director of the facility, Dr. Don
21 Hollandsworth, and our legal counsel, Chuck Sheets
22 and Joe Vanleer.
23 We are proposing to establish a
24 12-station facility in the city of Chicago's Lower
25 West Side, close to two of the largest transplant

1 centers in the city. To put this in context, 12
2 stations will serve up to 72 patients running three
3 shifts six days a week. These additional stations
4 will improve access to a community in need of these
5 services most. This community exhibits a largely
6 Hispanic, 60 percent, and African American, 25
7 percent, population. Due to the socioeconomic
8 conditions in the city of Chicago's Lower West Side,
9 this population exhibits a higher prevalence of
10 obesity, diabetes and hypertension. Diabetes and
11 hypertension are the two leading causes of chronic
12 kidney disease and end stage renal disease. In
13 fact, the end stage renal disease incident rate
14 among the Hispanic population is one and a half
15 times greater than the non-Hispanic population, and
16 among African Americans it is three times greater.
17 This, coupled with the aging population, is expected
18 to increase utilization. Dr. Hollandsworth's
19 projected referrals demonstrate this.
20 While there maybe appear to be a large
21 number of facilities in the city of Chicago, I'd
22 like you to compare the 2011 facility data for
23 suburban Chicago, HSA7, to the city of Chicago. You
24 can see that the lower income parts of metro Chicago
25 have reduced access to dialysis care. While patient

1 numbers between each HSA are virtually the same,
2 with Chicago having slightly more, 4,685 patients as
3 of December 31st, 2011, versus 4,674 in the near
4 suburbs, the suburban patients have better access to
5 treatment with 990 stations for Chicago residents,
6 and 1,065 stations for suburban Cook and DuPage
7 Counties. Further, based upon the data gathered by
8 the Board for 2011, other patients treated in the
9 city of Chicago, 21 percent were Hispanic, and 67
10 percent were people of African American or nonwhite.
11 When it comes to health care services
12 access limitations, the city of Chicago is unlike
13 any other in the state of Illinois. Given these
14 access issues, we believe the facility is absolutely
15 necessary.
16 During the last hearing, there were some
17 discussions regarding clinical outcomes and clinical
18 research and innovation among dialysis companies.
19 While I do not want this to take away from the core
20 rationale from the project, I'd like to briefly
21 describe how DaVita will directly benefit this
22 community.
23 In the six-county Chicago area, we
24 provide dialysis care to approximately 3000
25 patients. In the most recent reporting from CMS, we

1 met all quality metrics. DaVita, as a whole, has
2 improved clinical outcomes 12 years in a row.
3 Adequacy of dialysis or how well we remove toxins
4 from the body has improved 72 percent since 2000.
5 Our catheter rate has dropped from 24 percent in
6 2007 to 13.6 percent today. It's the lowest in the
7 industry. Vaccination rates are nearly 92 percent,
8 which again is the highest in the industry. What do
9 these metrics mean? They mean that DaVita's
10 patients have the highest quality care in the nation
11 with the lowest mortality rate of any major dialysis
12 provider. Since 2001, the gross mortality rate of
13 DaVita's patients has decreased by 19 percent. This
14 means that we keep our patients healthier, and we
15 reduce the overall cost of health care.
16 With the Board's inventory identifying a
17 need for 15 dialysis stations in the city of
18 Chicago, we suggest these stations be placed in a
19 community that truly needs them.
20 I'll now turn it over to Dr.
21 Hollandsworth, who will discuss the project as it
22 relates to his patients.
23 CHAIRMAN DALE GALASSIE: Thank you,
24 Penny.
25 DR. DON HOLLANDSWORTH: Good afternoon.

1 CHAIRMAN DALE GALASSIE: Good afternoon.
2 DR. DON HOLLANDSWORTH: My voice will
3 probably give out, so I may have to take a sip of
4 water periodically.
5 Good afternoon, I am Don, Dr. Don
6 Hollandsworth, and I practice nephrology in the city
7 of Chicago. I am pleased to support DaVita's
8 proposal to bring much needed dialysis services to
9 the Pilsen community. Over the years I have seen my
10 base of chronic kidney disease and end stage renal
11 disease patients steadily increase alongside the
12 rapidly growing population that suffers from
13 diabetes and hypertension, the two leading causes of
14 kidney disease, as Penny stated.
15 As I know many of you already
16 understand, there are basically two options for
17 patients once they reach end stage renal disease,
18 that is transplant or dialysis. Transplantation is
19 the ideal solution for patients with renal failure
20 when donor kidneys are not rejected. First,
21 however, many patients simply are not eligible to
22 receive a donor kidney. Generally patients must be
23 in satisfactory physical condition and not suffer
24 from other medical conditions that severely limit
25 life expectancy. Obese patients also will not

1 likely be eligible for transplant. Age is also a
2 factor for transplant. Historically, many of my
3 patients have been too old to qualify for a
4 transplant. This is less the case now, as the
5 average age of those suffering are entering new
6 onset end stage renal disease becomes lower.
7 Dialysis in many is viewed as a bridge to cross
8 until transplantation.
9 The proposed facility is close to
10 multiple transplant centers and will mitigate a lot
11 of the transportation problems we have had getting
12 patients to the transplant center. The bottom line
13 is there are many challenges associated with
14 transplant, so dialysis is an essential component of
15 kidney disease treatment for most end stage renal
16 disease patients.
17 I have witnessed DaVita's commitment to
18 improving its dialysis patients' quality of life by
19 an integrated care management approach. DaVita
20 works to educate patients formally and informally,
21 provide emotional support, coordinate care among
22 providers, and also to identify modalities that
23 allow patients to continue living their lives with
24 few interruptions as possible. In fact, DaVita has
25 the largest home peritoneal and home hemodialysis

1 program in the United States. One of the key
2 considerations with these programs, however, is
3 patients must have the tools to self-manage their
4 care, and an adequate support network at home.
5 Unfortunately, in the city of Chicago and other
6 communities with higher concentrations of minority
7 and low income population, patients are more often
8 without these tools. This is particularly true for
9 many of my chronic kidney disease patients. Over
10 the past 15 years, my partner and I have worked at
11 Cook County Provident Hospital Clinic taking care of
12 chronic kidney disease patients. However, we
13 provide all of renal care for some of the city of
14 Chicago's most vulnerable and social economically
15 disadvantaged patients, our Provident Hospital
16 patients are drawn from multiple zip codes around
17 the city, many from within 20 minutes of the
18 proposed site. Because most of them are uninsured,
19 and Provident is one of the few providers besides
20 Oak Forest and Stroger Hospital Outpatient Clinics
21 that will take them, after these patients initiate
22 dialysis, they need a provider like DaVita that will
23 take patients without regard to ability to pay.
24 I have been sending most of my patients
25 to DaVita's Emerald facility. This facility is

1 operating right now at about 90 percent occupancy
2 and can really not accommodate much more of my
3 patient base. Further, while Cook County's dialysis
4 facility has treated these patients for many years,
5 they're utilizing their space to basically continue
6 to treat their acutes, and the chronic patients that
7 are there, they are trying to find new locations for
8 them. There's no question that there's more
9 recipients than slots.
10 This is just one more reason we need the
11 West Side facility right now. Without that
12 facility, I will have to be sending patients to
13 other facilities where I do not round. When
14 patients are placed at dialysis facilities
15 throughout the city, direct patient contact is
16 compromised as a physician cannot physically see
17 each patient when he is rounding. We work with
18 these patients for years during the early stages of
19 chronic kidney disease through the development of
20 end stage renal disease. They have entrusted us
21 with the management of their health care. When we
22 tell them we will not be overseeing their dialysis,
23 it makes their transition much more difficult. If
24 patients were placed in a limited number of
25 facilities where the physician had privileges within

1 a much smaller geographic area, it would permit
2 the -- it would limit the time spent traveling
3 between these facilities and would allow the
4 physician to continue on with his continuity of
5 care.
6 Given DaVita's potential contributions
7 to this community and the documented need for 15
8 stations, I urge the Board to approve the West Side
9 facility.
10 CHAIRMAN DALE GALASSIE: Thank you,
11 Doctor.
12 MR. CHUCK SHEETS: Mr. Chairman, I'd
13 like to briefly, briefly address the negative
14 findings.
15 CHAIRMAN DALE GALASSIE: Appreciate
16 that.
17 MR. CHUCK SHEETS: We had a negative
18 finding regarding the size of the proposed facility.
19 The total gross square footage of the proposed
20 facility is 6700 square feet, which is 7 percent
21 more than the state standard. We've always, at
22 DaVita, they've always designed facilities to be in
23 accordance with the Board's, Board's rules, but
24 because of the site selection of the city of
25 Chicago, sometimes we're forced to get buildings

1 that don't quite fit within our ideal size, and this
2 one was a slightly larger, 7 percent larger
3 facility.
4 With regard to the construction cost on
5 the facility, that was actually due to an error in
6 the calculation of the construction costs. As they
7 exist right now, they exceed the standard by 5
8 percent, but what we did was we actually had a
9 contingency fee added in twice on the construction
10 budget, so we're actually at the Board's standards
11 in the real, in the real budget.
12 Finally, the other two negative findings
13 had to deal with area utilization, which I'm sure
14 you can see from the staff report, and I'm also sure
15 that you can understand that with dialysis, the
16 patients are where the doctors are. I mean they
17 have their physicians, and they want to go with
18 their physicians to get dialysis. In the city of
19 Chicago, using a 30-minute net is a very broad net.
20 In fact, in our area, for instance, we're
21 essentially just south of Roosevelt Road, the
22 proposed site, it's 13th Street and Ashland, and in
23 our area, there's, there's, you know, 4600 North,
24 that's in our area, and realistically we can't
25 expect people in the city of Chicago to get from

1 1300 South to 4600 North for dialysis. It's just
2 not practical.
3 With that said, we're here to answer any
4 questions you might have.
5 CHAIRMAN DALE GALASSIE: Is there, Mike,
6 any issues on his findings? Comments?
7 MR. MIKE CONSTANTINO: Regarding the
8 contingency cost, what that will do, they double --
9 evidently they doubled down on the contingency cost.
10 They will be, we would expect them to be under the
11 approved permit amount that they have submitted you
12 to date when they submit their final cost report.
13 CHAIRMAN DALE GALASSIE: Okay.
14 MR. MIKE CONSTANTINO: By that five
15 percent.
16 CHAIRMAN DALE GALASSIE: Very good.
17 MR. MIKE CONSTANTINO: At least five
18 percent.
19 MR. CHUCK SHEETS: Very good. Thank
20 you.
21 CHAIRMAN DALE GALASSIE: Thank you for
22 your comments, I'm going to open it up for any
23 questions from board members. Dr. Burden, Mr.
24 Carvalho.
25 DR. JAMES BURDEN: An unusual conundrum,

1 but I'm sure Mr. Sheets can straighten me out. How
2 is it, and Mike Constantino, I ask it because I
3 don't seem to learn. There's a need for 15 stations
4 in the planning area, but there are 35 facilities
5 that are not a target of occupancy within the usual
6 30 minutes. I always have trouble with that.
7 Obviously you think the need is greater than the
8 fact that 35 of them are not --
9 CHAIRMAN DALE GALASSIE: Dr. Burden,
10 could you pull your mike closer?
11 THE REPORTER: I'm sorry, Doctor, I
12 didn't hear the end of your comment.
13 DR. JAMES BURDEN: Oh, I said I presume
14 that they're going to claim, or identify the need of
15 15 stations in the area that the State Board has
16 stated, as opposed to the 35 existing facilities
17 that are in that target area that are not at the
18 target occupancy. And my question is how so?
19 MR. CHUCK SHEETS: I think Penny would
20 be the best one to address that.
21 MS. PENNY DAVIS: Right. When we look
22 at patient populations, I mean I understand that
23 there's a 30-minute rule for target occupancy at 80
24 percent, but because HSA-VI is so large, and if you
25 use Mapquest to get from, you know, the South Side

1 to the far North Side, it says it's 30 minutes.
2 However, in reality, it's not. And so there's a
3 need for 15 stations in HSA-VI, and it's our belief
4 that those stations should be in the area of highest
5 incidence of dialysis, end stage renal disease, and
6 in an area where a physician who practices at
7 Provident Hospital, he and his partner conveniently
8 can send those patients. So while the need of 15
9 stations is throughout the Chicagoland area, it
10 really, we want to target in the poorest
11 communities. And so where we find the need being
12 the highest, for where patients have the most
13 difficulty with transportation, and with getting to
14 their doctor. The only way they can see Dr.
15 Hollandsworth before they're on dialysis is to go to
16 Provident Hospital, that's where he practices. And
17 so for him to be able to round at a facility close
18 by, this facility would be close enough for him to
19 round at. He already goes to Emerald, and that
20 facility is full. I hope I answered the question,
21 but Chuck will --
22 MR. CHUCK SHEETS: I'm going to add one
23 thing, Doctor, and that is the projected -- I'm sure
24 Dave will talk about this, too -- the need is a
25 projection, so we're trying to look in the crystal

1 ball two years from now and three years from now to
2 figure out what's needed at that point. So that's
3 why that number doesn't always jive with utilization
4 of the area facilities.
5 But the one thing I wanted to point out
6 that struck me about this project was that we have
7 almost the exact same number of patients that need
8 dialysis in suburb Cook and DuPage County as in the
9 city of Chicago, and there are 75 more stations for
10 the suburban patients than there are for the city
11 patients. And to me, that goes to access, because
12 it's much more difficult for people in the city to
13 get around I think than it is for people in the
14 suburbs. So for me, it's a question of accessing
15 the community where it's needed.
16 DR. JAMES BURDEN: I think that's a
17 valid response. I am impressed as I age, getting
18 around is more of an issue, but I wanted to know
19 just as an aside, maybe anecdotally, what percentage
20 of patients actually take public transportation in
21 general in the communities that you round as opposed
22 to cabs and/or private automobile or whatever, cabs?
23 Is there a significant number on public
24 transportation?
25 DR. DON HOLLANDSWORTH: I wish that I

1 was a social worker at our facility, I could give
2 you the exact. I think it's probably about 15 to 20
3 percent. And that raises an issue in the 30,
4 30-mile -- or 30-minute. When you're taking public
5 transportation, and sometimes they have to have a
6 transfer on a bus, it certainly is much longer than
7 30 minutes for a lot of these folks traveling.
8 Especially the ones that we had to send to DaVita
9 that wanted the, wanted me to remain either their
10 nephrologist, they -- and don't live in the
11 neighborhood and take public transportation. So I
12 think that when we get this new facility, I think
13 there will be a great number of them that will be
14 taking public transportation.
15 CHAIRMAN DALE GALASSIE: Thank you. Mr.
16 Carvalho?
17 MR. DAVE CARVALHO: Two quick things.
18 First, I usually avoid a conflict with entities
19 involving the DaVita Health Systems. Are you a
20 doctor at Provident did you say?
21 DR. DON HOLLANDSWORTH: Yes, I am.
22 MR. DAVE CARVALHO: Employed by
23 Provident or...
24 DR. DON HOLLANDSWORTH: No. Well, yes,
25 I am, I -- part-time.

1 MR. DAVE CARVALHO: Okay. Well, then I
2 only have a neutral question. During your remarks,
3 you said uninsured patients, and Judge Greiman must
4 have raised this topic a dozen times in the last
5 several years with applicants from several
6 facilities when he looks at their charity care
7 numbers and their charity care numbers are almost
8 nonexistent, and they say it's because there aren't
9 any uninsured people in this particular subject,
10 because everybody, one way or another, winds up
11 getting covered by Medicare or Medicaid or something
12 for dialysis. So who are the uninsured you are
13 referring to with respect to dialysis, and, and I
14 guess why don't they show up at any of these health
15 facilities?
16 MS. PENNY DAVIS: I would be glad to
17 answer that question. First of all, when these
18 patients are coming to Provident, they are chronic
19 kidney disease, they may not be end stage renal
20 disease. At that point they have no insurance,
21 because their Medicare only covers the patient once
22 they become end stage renal disease. Same is true
23 with emergency Medicaid, so -- for the undocumented
24 patient. So they would be coming to Provident,
25 seeing Dr. Hollandsworth, they're uninsured at that

1 point. He refers them to us even prior to them
2 needing dialysis to provide what we call Kidney
3 Smart, which is our chronic disease -- chronic
4 kidney disease education programs, and we do those
5 for free, as well, there's no charge for anybody for
6 those programs. Then once they are referred for
7 dialysis, we will begin working with them to help
8 them get coverage, whether it's through Medicaid,
9 Medicare, a prior job, or maybe they have Cobra, and
10 so they are uninsured when they come to us.
11 Medicare doesn't kick in until 90 days, so those
12 patients are uninsured for that period of time.
13 We're also finding longer and longer
14 periods of time where they're undocumented to be
15 able to get emergency Medicaid, and, again, you
16 know, we have patients who it's taking five to six
17 months for Medicaid to kick in. So that is all
18 charity care at that point.
19 CHAIRMAN DALE GALASSIE: I'm going to
20 try and move this along. Any other questions?
21 (No questions.)
22 CHAIRMAN DALE GALASSIE: Seeing none,
23 may I have a motion to approve Project 12-102,
24 DaVita West Side Dialysis, for the establishment of
25 a 12-station end stage renal dialysis facility in

1 Chicago, Illinois?
2 MR. PHILLIP BRADLEY: So moved.
3 MS. KATHY OLSON: Second.
4 CHAIRMAN DALE GALASSIE: Moved and
5 seconded. Roll call, please.
6 MR. GEORGE ROATE: Motion made by Mr.
7 Bradley, seconded by Ms. Olson.
8 Mr. Bradley?
9 MR. PHILLIP BRADLEY: Yes.
10 MR. GEORGE ROATE: Dr. Burden?
11 DR. JAMES BURDEN: Yes.
12 MR. GEORGE ROATE: Senator DeMuzio?
13 SENATOR DEANNA DeMUZIO: Yes.
14 MR. GEORGE ROATE: Justice Greiman?
15 JUSTICE ALLEN GRIEMAN: Yes.
16 MR. GEORGE ROATE: Ms. Olson?
17 MS. KATHY OLSON: No, based on excess
18 capacity, there's eight facilities within ten
19 minutes, noncapacity.
20 MR. GEORGE ROATE: Mr. Penn?
21 MR. DAVID PENN: No; education services.
22 MR. GEORGE ROATE: Mr. Sewell?
23 MR. RICHARD SEWELL: No; reasons stated.
24 MR. GEORGE ROATE: Chairman Galassie?
25 CHAIRMAN DALE GALASSIE: No, excess.

1 MR. GEORGE ROATE: That's four votes in
2 the negative, four votes in the affirmative.
3 CHAIRMAN DALE GALASSIE: The motion does
4 not pass.
5 MR. FRANK URSO: You're going to be
6 getting an Intent To Deny, you'll have another
7 opportunity to come before the Board, as well as
8 submit additional information. Thank you.
9 CHAIRMAN DALE GALASSIE: Moving on to
10 Item 13-008 for City of Chicago Dialysis Center of
11 Chicago. There are no oppositions, but there are
12 some findings here.
13 Good afternoon, ladies. Welcome again.
14 You can do introductions, and then we'll have you
15 sworn in.
16 MS. CLAIR RANALLI: Absolutely. My name
17 again is Clair Ranalli, R-A-N-A-L-L-I. To my left
18 is Laurie Wright, W-R-I-G-H-T. On her left is
19 Coleen, C-O-L-E-E-N, Muldoon, M-U-L-D-O-O-N.
20 CHAIRMAN DALE GALASSIE: Thank you.
21 (All were sworn.)
22 CHAIRMAN DALE GALASSIE: Staff report?
23 MR. MIKE CONSTANTINO: Thank you, Mr.
24 Chairman. The applicants are proposing to
25 discontinue an existing 21-station ESRD facility in

1 Chicago, Illinois, and establish a 21-station
2 replacement facility in the same city. The
3 estimated cost of the project is $9.5 million, the
4 anticipated project completion date is December
5 31st, 2014. There was no opposition; however, there
6 were findings on this project.
7 Thank you, Mr. Chairman.
8 CHAIRMAN DALE GALASSIE: Thank you very
9 much. Can I ask again, I respectfully, or, and
10 humbly say this, I don't think the Board needs any
11 more 101 on dialysis. If you can address the
12 findings, we would be most appreciative.
13 MS. CLAIR RANALLI: Absolutely. Thank
14 you Mr. Chairman, and thank you, Mr. Constantino,
15 for the State Board report. The only -- well, there
16 were two negatives on this project, I'll dispense
17 with one very quickly, I hope very quickly. We were
18 four gross square feet over per station, which is a
19 very small amount, that's just one versus -- one
20 foot less than meet. So small amount per station,
21 hopefully that won't be too much of a problem.
22 The real negative amounts to the issue
23 which Dr. Burden raised previously. There are a
24 number of facilities in Chicago that are
25 underutilized. We were seeking to relocate a

1 clinic, we are not adding stations to the inventory,
2 we are simply relocating the clinic, because it's
3 been at its current location in Greek Town for 15
4 years, and the landlord would like to use the space
5 for other purposes, which is probably appropriate
6 given the nature of Greek Town and how it's changed
7 over the past 15 years. We located an ideal
8 location very close by with free parking and easy
9 access right off of Ashland Avenue. We considered
10 relocating and reducing the number of stations so we
11 would be at your 80 percent target utilization rate,
12 which wouldn't necessarily address the
13 maldistribution, because there are clinics in
14 Chicago that are underutilized, but because this is
15 a relocation, we thought that would help greatly.
16 It also, quite frankly, would help Fresenius with
17 respect to the cost the project, because we would be
18 using fewer gross square feet.
19 The problem with that and the reason we
20 did not decide to approach the project in that
21 manner is that this clinic sees 43 percent Medicaid
22 patients. It is the highest clinic that Fresenius
23 has in the state of Illinois, the highest level of
24 Medicaid patients. 53 percent of the remainder of
25 the patients are Medicare. In the past year the

1 clinic saw four wholeness patients. It is a
2 challenged patient population that this clinic
3 serves. The staff, quite frankly, is very proud of
4 that, they have good relationships with the patient
5 population, and the clinic works well with the
6 community of patients that it serves.
7 If we were to have reduced stations, the
8 first and second shifts are completely full. We run
9 one shift -- one third shift Monday, Wednesday and
10 Friday with ten patients on it, so what we would
11 have had to have done is shift a lot of those
12 patients on the first and second shift to the third
13 shift. That is doable, it can be done, but it does
14 create a great deal of patient hardship. And when
15 you have 43 percent of the patients on Medicaid,
16 it's not as easy for those patients to make
17 different travel arrangements as it might be for
18 other patients who don't rely on public
19 transportation, Medicaid transportation, you know,
20 the Medicaid cars that will take patients from
21 hospitals or from their homes to dialysis, they
22 don't run after 4 p.m., so the third shift is not an
23 option if patients who are Medicaid recipients rely
24 on that mode of transportation. That is the reason
25 we chose not to do that.

1 It is very important that we relocate
2 this clinic, we're going to be out in June of 2014.
3 To scatter these patients to all the other clinics
4 in Chicago would be very unfair to them, quite
5 frankly, as well as to the staff who's developed
6 good relationships with the patients of this clinic.
7 You know, we, we really would request that we not be
8 required to reduce the stations for the reasons that
9 we've stated, it just would bring up patient
10 hardship. Fresenius is not necessarily invested in
11 keeping those stations, but it is invested in making
12 sure that its patients don't face hardships,
13 particularly at this clinic. And the revenue
14 generated by this clinic does not exceed the
15 expenses; to the contrary. But we do want to make
16 sure our patient population is well served and most
17 of the patients can continue to dialyze on the first
18 and second shift. And we think the utilization will
19 increase when we move into a less congested area and
20 have more readily available parking; we can't
21 guarantee that we'll go to 80 percent. Thank you.
22 CHAIRMAN DALE GALASSIE: Thank you. Any
23 issues on the findings response?
24 MR. MIKE CONSTANTINO: None.
25 CHAIRMAN DALE GALASSIE: Thank you very

1 much. Any questions from board members?
2 DR. JAMES BURDEN: Quickly, I know
3 you're anxious to move along, Mr. Chairman, but
4 shouldn't -- Mr. Constantino, shouldn't we address
5 this problem at some point to maybe reduce the
6 target advocacy of dialysis units, because it's
7 creating it seems on a regular basis the issue of so
8 many of these units already here are not a target
9 occupancy, yet there seems to be the applications
10 continue to build more. I -- I wonder. I'm
11 sometimes confused. Maybe we need to drop that
12 target occupancy number to allow us to move more
13 quickly on this problem, I don't know. You tell me.
14 MR. MIKE CONSTANTINO: Well, I'm sure
15 we'd be very happy to take a look at it, that target
16 occupancy percentage, yes, we can do that. What --
17 DR. JAMES BURDEN: These low target
18 occupancies, are they still revenue central or
19 revenue neutral, I presume they're positive revenues
20 to the, Fresenius and DaVita or whoever owns it? I
21 mean I'm curious.
22 MS. CLAIR RANALLI: The 80 percent
23 target really has nothing to do with revenue. I
24 mean obviously the clinic is full, but even that, it
25 depends on the patient population and the payor mix.

1 DR. JAMES BURDEN: That truly supports
2 what I'm contending, and I'd like to hear, not now
3 perhaps, but later on, but that I think is a
4 worthwhile thing to pursue so we don't have this
5 ongoing discussion, save time and move more quickly.
6 That's my feeling.
7 MR. MIKE CONSTANTINO: Yes, sir.
8 CHAIRMAN DALE GALASSIE: And I'm sure
9 national models come into play with that whole
10 dialogue, so... Any other questions?
11 JUSTICE ALLEN GREIMAN: Yeah, I have.
12 How far, how far is it from the present location?
13 MS. CLAIR RANALLI: From the current
14 clinic site to the new site?
15 JUSTICE ALLEN GRIEMAN: Yes.
16 MS. CLAIR RANALLI: It's about ten
17 blocks. The current clinic site is at Jackson and
18 Hallstead, and the new site --
19 JUSTICE ALLEN GRIEMAN: In Greek Town
20 there.
21 MS. CLAIR RANALLI: Right, right at
22 Greek Town there, and the new site is on Hubbard
23 Street just west of Ashland, so it's about ten
24 blocks away.
25 JUSTICE ALLEN GREIMAN: And let me ask

1 you a question.
2 CHAIRMAN DALE GALASSIE: Judge, can you
3 use your mike, please?
4 JUSTICE ALLEN GRIEMAN: Oh, I'm sorry.
5 This may be a silly question to ask, and I apologize
6 if it's a silly question to the Board. So is this
7 next to a, the DaVita place?
8 MS. CLAIR RANALLI: No.
9 JUSTICE ALLEN GREIMAN: No. Where is
10 the nearest DaVita place?
11 MS. CLAIR RANALLI: Well, hold on one
12 minute.
13 JUSTICE ALLEN GREIMAN: I mean you guys
14 are obviously in competition with each other. You
15 spoke against their -- and I just wanted to know
16 between the two of you, you own 8 percent of the
17 facilities.
18 MS. CLAIR RANALLI: You're right, and
19 DaVita and Fresenius are the primary providers in
20 the service areas. The closest DaVita clinic,
21 according to the State Board report, is about ten
22 minutes away.
23 But again, this is just a relocation, we
24 aren't adding stations.
25 CHAIRMAN DALE GALASSIE: Other questions

1 from board members?
2 (No questions.)
3 CHAIRMAN DALE GALASSIE: Seeing none,
4 may I have a motion to approve Project 13-008,
5 Chicago Dialysis Center to relocate an existing
6 21-station end stage renal dialysis facility in
7 Chicago, Illinois?
8 SENATOR DEANNA DeMUZIO: Motion.
9 MS. KATHY OLSON: Second.
10 CHAIRMAN DALE GALASSIE: Moved and
11 seconded. Roll call, please?
12 MR. GEORGE ROATE: Motion made by
13 Senator DeMuzio, seconded by Ms. Olson.
14 Mr. Bradley?
15 MR. PHILLIP BRADLEY: Yes.
16 MR. GEORGE ROATE: Dr. Burden?
17 DR. JAMES BURDEN: Yes.
18 MR. GEORGE ROATE: Senator DeMuzio?
19 SENATOR DEANNA DeMUZIO: Yes.
20 MR. GEORGE ROATE: Justice Greiman?
21 JUSTICE ALLEN GRIEMAN: Yes.
22 MR. GEORGE ROATE: Ms. Olson?
23 MS. KATHY OLSON: Yes.
24 MR. GEORGE ROATE: Mr. Penn?
25 MR. DAVID PENN: Yes.

1 MR. GEORGE ROATE: Mr. Sewell?
2 MR. RICHARD SEWELL: No. Oh, you want a
3 reason? The maldistribution and the planning area
4 need.
5 MR. GEORGE ROATE: Thank you, sir.
6 Chairman Galassie?
7 CHAIRMAN DALE GALASSIE: No, for the
8 reasons stated.
9 MR. GEORGE ROATE: That's six votes in
10 the affirmative, two in the negative.
11 CHAIRMAN DALE GALASSIE: Motion passes,
12 thank you.
13 We are moving on to agenda letter F,
14 Exemptions, Number E-001-13 Sherman Hospital of
15 Elgin.
16 Good afternoon, gentlemen. Do
17 introductions, spelling your names, and we will then
18 have you sworn in.
19 MR. GERALD OURTH: Good afternoon.
20 CHAIRMAN DALE GALASSIE: Good afternoon,
21 welcome back.
22 MR. GERALD OURTH: Gerald Ourth,
23 O-U-R-T-H.
24 MR. RICK FLOYD: Rick Floyd, R-I-C-K,
25 F-L-O-Y-D.

1 MR. SCOTT POWDER: Scott Powder,
2 P-O-W-D-E-R.
3 MR. RICK JAKLE: And Rick Jakle,
4 J-A-K-L-E.
5 CHAIRMAN DALE GALASSIE: Thank you,
6 gentlemen. Would you swear them in, please?
7 (All were sworn.)
8 CHAIRMAN DALE GALASSIE: Thank you very
9 much. Staff report?
10 MR. MIKE CONSTANTINO: Thank you, Mr.
11 Chairman. The applicants are proposing the
12 affiliation of Sherman Health System and Sherman
13 Hospital, a 250-bed acute care hospital located at
14 1425 North Randall Road in Elgin, Illinois. The
15 fair market value of the transaction is $412
16 million. The transaction involves a transaction
17 that results in a person obtaining control of a
18 health care facility's operation or a physical plant
19 and assets. The applicants have met all the
20 requirements for exemption involving a change of
21 ownership.
22 The public hearing was held on this
23 project, and there was opposition. Thank you, Mr.
24 Chairman.
25 CHAIRMAN DALE GALASSIE: Thank you,

1 Mike. And would someone like to address the Board?
2 MR. RICK FLOYD: I'd be grateful, thank
3 you, Chairman Galassie; and thank you Members of the
4 Board, for this opportunity to ask for your support
5 for this proposed affiliation between Sherman
6 Hospital and Advocate Health Care. And I just
7 wanted to point out that Rick Jakle, the Chair of
8 our Health Systems Board, is here with me today.
9 You know, across the last three years,
10 the perspective of Sherman's board has changed 180
11 degrees. We started believing that we could and
12 should remain independent, and today we're here to
13 ask for your permission to join the system. What
14 changed was our assumptions about the future. We
15 realized that American health care value needed to
16 be improved, that the fee-for-service world was
17 unsustainable, and that we were moving toward the
18 world of population management. The implications
19 for Sherman were that we were not prepared for that.
20 Huge investments in information technology and
21 physician integration infrastructure would be
22 required to be successful in this world. We see
23 today that by joining Advocate Health Care, we are
24 going to be not only better positioned to
25 participate in population management, but this will

1 accelerate our traditional commitment to quality, to
2 service, to safety, and it will allow us to take
3 advantage of economies scale. So we are here today
4 to ask for your support and approval of our proposed
5 affiliation.
6 CHAIRMAN DALE GALASSIE: Thank you
7 Mr. Floyd. Comments and questions from members?
8 Yes, Judge.
9 JUSTICE ALLEN GREIMAN: Yeah, you don't
10 have to be articulate or convincing in this, but I
11 want to know what was the -- it said that was
12 opposition at the hearing? What was the basis of
13 the opposition, please?
14 MR. GERALD OURTH: 100 percent of the
15 opposition came from Centegra Health Care, and you
16 were there, so you heard their various arguments,
17 and I guess my assessment is that I didn't think
18 there was much validity to those allegations or
19 concerns, in my humble opinion.
20 JUSTICE ALLEN GREIMAN: Okay.
21 CHAIRMAN DALE GALASSIE: Other
22 questions?
23 (No questions.)
24 CHAIRMAN DALE GALASSIE: Seeing and
25 hearing none, may I have a motion to approve

1 Exemption E-001-13, Sherman Hospital Elgin, for a
2 change in ownership?
3 MR. RICHARD SEWELL: So moved.
4 JUSTICE ALLEN GREIMAN: Seconded.
5 CHAIRMAN DALE GALASSIE: Moved and
6 second. Roll call, please.
7 MR. GEORGE ROATE: Motion made by Mr.
8 Sewell, seconded by Justice Greiman.
9 Mr. Bradley?
10 MR. PHILLIP BRADLEY: Yes.
11 MR. GEORGE ROATE: Mr. Burden?
12 DR. JAMES BURDEN: Yes.
13 MR. GEORGE ROATE: Senator DeMuzio?
14 SENATOR DEANNA DeMUZIO: Yes.
15 MR. GEORGE ROATE: Justice Greiman?
16 JUSTICE ALLEN GRIEMAN: Yes.
17 MR. GEORGE ROATE: Ms. Olson?
18 MS. KATHY OLSON: Yes.
19 MR. GEORGE ROATE: Mr. Penn?
20 MR. DAVID PENN: Yes.
21 MR. GEORGE ROATE: Mr. Sewell?
22 MR. RICHARD SEWELL: Yes.
23 MR. GEORGE ROATE: Chairman Galassie?
24 CHAIRMAN DALE GALASSIE: Yes.
25 MR. GEORGE ROATE: That's eight votes in

1 the affirmative.
2 CHAIRMAN DALE GALASSIE: Motion passes.
3 Congratulations. Hope all goes well going forward.
4 MR. GERALD OURTH: Thank you.
5 CHAIRMAN DALE GALASSIE: Moving on to
6 004-13, Oak Lawn Endoscopy of Oak Lawn. This is an
7 item that has no opposition and no findings.
8 We would ask that you introduce
9 yourselves, we'll swear you in, and if you would
10 like to make a presentation, you're welcome to.
11 MR. JOE OURTH: Joe Ourth, O-U-R-T-H.
12 MR. ROBERT McCULLOUGH: Rob McCullough,
13 M-C-C-U-L-L-O-U-G-H.
14 DR. THOMAS ARNDT: Dr. Thomas Arndt,
15 A-R-N-D-T.
16 MR. WAYNE LUE: Wayne Lue, L-U-E.
17 CHAIRMAN DALE GALASSIE: Thank you very
18 much.
19 (All were sworn.)
20 CHAIRMAN DALE GALASSIE: Thank you.
21 Staff report, Mr. Constantino?
22 MR. MIKE CONSTANTINO: Thank you, Mr.
23 Chairman. The applicants are proposing the purchase
24 of 51 percent ownership of the assets of Oak Lawn
25 Endoscopy, LLC. The anticipated acquisition price

1 is approximately $6.6 million. No letters of
2 support or opposition were received by the State,
3 State Board staff, and there was no request for a
4 public hearing. The applicants have met all the
5 requirements of the change of ownership exemption.
6 Thank you, Mr. Chairman.
7 CHAIRMAN DALE GALASSIE: Thank you.
8 Would you like to make comments to the Board?
9 MR. JOE OURTH: Picking up on the
10 chairman's hints there, we would be happy to forego
11 making any presentation at this time, but do have
12 Mr. Rob McCullough, Dr. Tom Arndt and others to
13 answer any questions that you may have.
14 CHAIRMAN DALE GALASSIE: And we welcome
15 all of you. Thank you. Comments or questions from
16 the Board, please?
17 (No comments or questions.)
18 CHAIRMAN DALE GALASSIE: Seeing none,
19 may I have a motion to approve Exemption E-004-13,
20 Oak Lawn Endoscopy of Oak Lawn, for a change in
21 ownership?
22 MR. RICHARD SEWELL: So moved.
23 MR. DAVID PENN: Second.
24 CHAIRMAN DALE GALASSIE: Moved and
25 seconded. Roll call, please?

1 MR. GEORGE ROATE: Motion made by
2 Mr. Sewell, seconded by Mr. Penn.
3 Mr. Bradley?
4 MR. PHILLIP BRADLEY: Yes.
5 MR. GEORGE ROATE: Dr. Burden?
6 DR. JAMES BURDEN: Yes.
7 MR. GEORGE ROATE: Senator DeMuzio?
8 SENATOR DEANNA DeMUZIO: Yes.
9 MR. GEORGE ROATE: Justice Greiman?
10 JUSTICE ALLEN GRIEMAN: Yes.
11 MR. GEORGE ROATE: Ms. Olson?
12 MS. KATHY OLSON: Yes.
13 MR. GEORGE ROATE: Mr. Penn?
14 MR. DAVID PENN: Yes.
15 MR. GEORGE ROATE: Mr. Sewell?
16 MR. RICHARD SEWELL: Yes.
17 MR. GEORGE ROATE: Chairman Galassie?
18 CHAIRMAN DALE GALASSIE: Yes.
19 MR. GEORGE ROATE: That's eight votes in
20 the affirmative.
21 CHAIRMAN DALE GALASSIE: Motion passes,
22 good luck.
23 MR. JOE OURTH: Thank you very much.
24 CHAIRMAN DALE GALASSIE: Thank you.
25 Have a good day.

1 Elmhurst Memorial Hospital of Elmhurst,
2 Number E-008-13. Again, a change of ownership
3 representing no opposition and no findings.
4 Good afternoon, folks. We'll do
5 introductions, please, welcoming you, and if you
6 would spell your name, we'll have you sworn in.
7 Thank you.
8 MR. JAMES DOYLE: Good afternoon, James
9 Doyle, Acting Chief Executive of Elmhurst Memorial.
10 D-O-Y-L-E.
11 MS. PAMELA DAVIS: Pamela Davis,
12 D-A-V-I-S.
13 MR. VINCE PRYOR: Vince Pryor,
14 P-R-Y-O-R.
15 MR. CHRIS MOLLET: Chris Mollet,
16 M-O-L-L-E-T.
17 (All were sworn.)
18 CHAIRMAN DALE GALASSIE: Thank you.
19 Staff report, please?
20 MR. MIKE CONSTANTINO: Thank you, Mr.
21 Chairman. The applicants are proposing a change of
22 ownership of Elmhurst Memorial Hospital. The fair
23 market value of the hospital is approximately $466
24 million. No letters of support or opposition were
25 received by the State Board staff, and there was no

1 request for a public hearing. The applicants have
2 met all the requirements for exemptions involving a
3 change of ownership. Thank you, Mr. Chairman.
4 CHAIRMAN DALE GALASSIE: Thank you, sir.
5 Would you folks like to make any comments to the
6 Board?
7 MS. PAMELA DAVIS: No; we'll be happy to
8 answer questions.
9 CHAIRMAN DALE GALASSIE: Thank you very
10 much, we appreciate that. I'd like to open this
11 item up for questions or comments from Board
12 Members.
13 JUSTICE ALLEN GREIMAN: Mr. Chairman?
14 CHAIRMAN DALE GALASSIE: Judge.
15 JUSTICE ALLEN GRIEMAN: Shouldn't we,
16 instead, pursue this one with the next one? I think
17 so, maybe we...
18 CHAIRMAN DALE GALASSIE: Well, I'm
19 assuming the same people are going to be at the
20 table, but we need to handle it in individual
21 motions.
22 JUSTICE ALLEN GREIMAN: I mean do we
23 have a change of ownership for one, but not the
24 other, is that ...
25 CHAIRMAN DALE GALASSIE: They're --

1 there's a change of ownership for both.
2 JUSTICE ALLEN GREIMAN: Yes, I know.
3 All right, well, nevermind.
4 CHAIRMAN DALE GALASSIE: They're just --
5 they're two separate applications. Mr. Constantino
6 can tell us why.
7 MR. MIKE CONSTANTINO: They're two
8 separate facilities, so therefore, they need to be
9 two separate applications. They're just one
10 transaction document, though.
11 CHAIRMAN DALE GALASSIE: Okay. So --
12 I'll leave that alone.
13 All right, let's just move forward and
14 handle these on two separate motions. They have
15 stated they didn't, don't have to make a
16 presentation, we're at questions. Any other
17 questions by Board Members?
18 (No questions.)
19 CHAIRMAN DALE GALASSIE: Seeing none,
20 may I have a motion to approve Exemption E-008-13,
21 Elmhurst Memorial Hospital of Elmhurst for a change
22 of ownership?
23 MR. PHILLIP BRADLEY: So moved.
24 DR. JAMES BURDEN: Second.
25 CHAIRMAN DALE GALASSIE: Moved and

1 seconded.
2 MR. GEORGE ROATE: Motion made by Mr.
3 Bradley, seconded by Dr. Burden.
4 Mr. Bradley?
5 MR. PHILLIP BRADLEY: Yes.
6 MR. GEORGE ROATE: Dr. Burden?
7 DR. JAMES BURDEN: Yes.
8 MR. GEORGE ROATE: Senator DeMuzio?
9 SENATOR DEANNA DeMUZIO: Yes.
10 MR. GEORGE ROATE: Justice Greiman?
11 JUSTICE ALLEN GRIEMAN: Yes.
12 MR. GEORGE ROATE: Ms. Olson?
13 MS. KATHY OLSON: Yes.
14 MR. GEORGE ROATE: Mr. Penn?
15 MR. DAVID PENN: Yes.
16 MR. GEORGE ROATE: Mr. Sewell?
17 MR. RICHARD SEWELL: Yes.
18 MR. GEORGE ROATE: Chairman Galassie?
19 CHAIRMAN DALE GALASSIE: Yes.
20 MR. GEORGE ROATE: Eight votes in the
21 affirmative.
22 CHAIRMAN DALE GALASSIE: Motion passes.
23 Congratulations.
24 Do you have anyone else coming to the
25 table?

1 MS. PAMELA DAVIS: No.
2 CHAIRMAN DALE GALASSIE: Thank you. I
3 have E-009-13, Elmhurst SurgiCenter of Elmhurst.
4 These folks are already sworn in. Staff report,
5 please?
6 MR. MIKE CONSTANTINO: Thank you, Mr.
7 Chairman. The applicants are proposing a change of
8 ownership of Elmhurst Outpatient Surgery Center,
9 LLC. No letters of support or opposition were
10 received by the State Board staff, and there was no
11 request for a public hearing. The applicants have
12 met all the requirements of a change of ownership.
13 Thank you, Mr. Chairman.
14 CHAIRMAN DALE GALASSIE: Thank you.
15 Comments, folks?
16 MS. PAMELA DAVIS: No, thank you.
17 CHAIRMAN DALE GALASSIE: Thank you for
18 that consideration.
19 Comments or questions from the Board?
20 (No comments or questions.)
21 CHAIRMAN DALE GALASSIE: Hearing none,
22 may I have a motion to approve Exemption E-009-13,
23 Elmhurst SurgiCenter of Elmhurst, for a change of
24 ownership?
25 MR. PHILLIP BRADLEY: So moved.

1 MR. DAVID PENN: Second.
2 CHAIRMAN DALE GALASSIE: Moved and
3 seconded. Motion please?
4 MR. GEORGE ROATE: Motion made by Mr.
5 Bradley, seconded by Mr. Penn.
6 Mr. Bradley?
7 MR. PHILLIP BRADLEY: Yes.
8 MR. GEORGE ROATE: Dr. Burden?
9 DR. JAMES BURDEN: Yes.
10 MR. GEORGE ROATE: Senator DeMuzio?
11 SENATOR DEANNA DeMUZIO: Yes.
12 MR. GEORGE ROATE: Justice Greiman?
13 JUSTICE ALLEN GRIEMAN: Yes.
14 MR. GEORGE ROATE: Ms. Olson?
15 MS. KATHY OLSON: Yes.
16 MR. GEORGE ROATE: Mr. Penn?
17 MR. DAVID PENN: Yes.
18 MR. GEORGE ROATE: Mr. Sewell?
19 MR. RICHARD SEWELL: Yes.
20 MR. GEORGE ROATE: Chairman Galassie?
21 CHAIRMAN DALE GALASSIE: Yes.
22 MR. GEORGE ROATE: That's eight votes in
23 the affirmative.
24 CHAIRMAN DALE GALASSIE: Motion passes.
25 Again, congratulations, and thank you.

1 MR. JAMES DOYLE: Thank you.
2 CHAIRMAN DALE GALASSIE: So while we're
3 transitioning to Item 011-13, Foster McGaw Hospital,
4 this is just a question not to be answered today, so
5 if we have two facilities, but it's one
6 application --
7 MR. MIKE CONSTANTINO: It has to do with
8 the way it was structured, Mr. Galassie. Okay, the
9 ultimate parent for Elmhurst, Edward Health System,
10 was going to become -- if I can get this right --
11 Elmhurst Health Care, Edward Health System was going
12 to be, control that system, and that Elmhurst Health
13 Care controlled those two entities. So there was
14 just one transaction that was involved, because the
15 affiliation was with Elmhurst Health Care. The
16 affiliation was between the ultimate parents I call
17 them, Edward Health Care, and Elmhurst Health Care.
18 CHAIRMAN DALE GALASSIE: So just bear
19 with me, then I'll leave it alone. So did they
20 submit two separate applications?
21 MR. MIKE CONSTANTINO: Oh, yes.
22 CHAIRMAN DALE GALASSIE: They did?
23 MR. MIKE CONSTANTINO: Oh, yes, yeah.
24 CHAIRMAN DALE GALASSIE: Understood,
25 okay. That just made my point easier. Thank you

1 very much.

2 Good afternoon. If you folks would

3 introduce yourselves and spell your names in order

4 to be sworn in.

5 MS. AGNUS HAGERTY: Agnus Hagerty,

6 H-A-G-E-R-T-Y.

7 MR. ED GREEN: Ed Green from Foley and

8 Martin.

9 CHAIRMAN DALE GALASSIE: And the

10 spelling of your last name, G-R-E-E-N?

11 MR. ED GREEN: Yes, just like the color.

12 CHAIRMAN DALE GALASSIE: Thank you,

13 appreciate that. If you could swear these ladies

14 and gentlemen in?

15 (All were sworn.)

16 MS. AGNUS HAGERTY: Good afternoon.

17 CHAIRMAN DALE GALASSIE: Pardon me,

18 thank you. Good afternoon to you. We'll just start

19 with the staff report.

20 MS. AGNUS HAGERTY: Okay.

21 MR. MIKE CONSTANTINO: Okay, there's

22 five transactions involved here, five separate

23 entities that are involved, five separate

24 applications.

25 CHAIRMAN DALE GALASSIE: Five separate

1 applications, which is why I was asking for five
2 separate entities, which I received.
3 MR. MIKE CONSTANTINO: And one
4 transaction document.
5 CHAIRMAN DALE GALASSIE: And one
6 transaction document.
7 MR. MIKE CONSTANTINO: Okay.
8 MS. KATHY OLSON: So we've got -- that
9 means we can't do it together.
10 CHAIRMAN DALE GALASSIE: Correct. We
11 can, we can review -- pardon me. Will you be
12 bringing anyone else to the table for this?
13 MS. AGNUS HAGERTY: No.
14 MR. ED GREEN: No.
15 CHAIRMAN DALE GALASSIE: So we'll do
16 separate motions, because there's a separate
17 application on each, but all five are no opposition
18 and no findings.
19 MR. MIKE CONSTANTINO: Yes.
20 CHAIRMAN DALE GALASSIE: Okay.
21 MR. PHILLIP BRADLEY: And the end result
22 when everything is finished will be what?
23 MS. AGNUS HAGERTY: Yeah, all five of
24 these applications are all related to subsidiaries
25 now of Trinity Health Corporation. This transaction

1 involves putting a parent above Trinity Health, so
2 really with respect to the local entities, there
3 won't be any change of ownership, it will still be
4 owned by the same corporate entities and still have
5 the same corporate parent. So this is above that
6 level, so it's one transaction, but removed from
7 corporate --
8 CHAIRMAN DALE GALASSIE: Thank you,
9 we'll come back to that if we need to. I apologize,
10 I was disjointed and lost my place.
11 Mr. Constantino's staffing report,
12 please?
13 MR. MIKE CONSTANTINO: Thank you, Mr --
14 CHAIRMAN DALE GALASSIE: Which we're
15 sure will be sterling.
16 MR. MIKE CONSTANTINO: Thank you very
17 much. The applicants are proposing -- I'm sorry.
18 CHE Trinity is proposing to become the sole
19 corporate member of Trinity Health Corporation and
20 Catholic Health East. More specifically, Trinity
21 and CH will consolidate under CH Trinity, Inc. This
22 transaction is a consolidation of two parent
23 entities and does not have a direct impact on any of
24 the facilities. However, on your, under our rules,
25 under -- control of those health care facilities is

1 changing. The ultimate parent is changing, so
2 control is changing. Therefore, they have to come
3 before you for a change of ownership.
4 The applicants for this transaction,
5 Foster G. McGaw Hospital-Loyola University Medical
6 Center, the applicants have met all of the
7 requirements for a, for an exemption for a change of
8 ownership. Thank you, Mr. Chairman.
9 CHAIRMAN DALE GALASSIE: Thank you. And
10 now I come back to you, pardon me for interrupting.
11 Did you want to amplify?
12 MS. AGNUS HAGERTY: No, we really would
13 like to just thank you and your staff, but in
14 interest of time, we'll leave it there, unless you
15 have any questions.
16 CHAIRMAN DALE GALASSIE: Okay. Any
17 questions -- thank you very much, I apologize. Any
18 questions from Board Members?
19 (No questions.)
20 CHAIRMAN DALE GALASSIE: Hearing none,
21 we're now going to have a --
22 MS. KATHY OLSON: I need a point of
23 clarification.
24 CHAIRMAN DALE GALASSIE: Go ahead.
25 MS. KATHY OLSON: I guess it's my simple

1 mind, but ... so if we vote yes on this first
2 application, we have just voted that Trinity can own
3 CF -- help me out. The parent parent can own this
4 other company. So what, how -- you can't not have
5 approved all of them. Because she said there's
6 no -- am I correct?
7 MS. AGNUS HAGERTY: Trinity Health
8 Corporation is the parent of Loyola University
9 Health System, which is the parent of the two
10 hospitals, Gottlieb and Loyola Medical Center, and
11 the Ambulatory Center, and it's also the parent of
12 Mercy Hospital. So Trinity Health Corporation is
13 the parent of those Illinois facilities, and will be
14 the parent for some time. It's above that for
15 another corporation, CHE Trinity, Inc.
16 MS. KATHY OLSON: So just play along
17 with me for a second. So let's say we approve the
18 first three of these, and then the fourth we don't
19 approve. We can't do that, right? Because if we
20 approve the first one, we've in effect approved all
21 of them.
22 MR. FRANK URSO: Well, there are five
23 different facilities.
24 MS. KATHY OLSON: It doesn't matter,
25 because it's owned by the same --

1 CHAIRMAN DALE GALASSIE: Mr.
2 Constantino.
3 MR. MIKE CONSTANTINO: Under your
4 exemption rules, if the applicants have provided all
5 the required information, you have to approve the
6 transaction. That's the statute.
7 CHAIRMAN DALE GALASSIE: So in answer to
8 your question --
9 MS. KATHY OLSON: Just shut my mouth, I
10 know.
11 CHAIRMAN DALE GALASSIE: We're doing a
12 side bar.
13 MR. MIKE CONSTANTINO: In this
14 transaction, the ultimate parent is changing. The
15 ultimate control of Trinity who controls those five
16 health care facilities is changing, okay?
17 CHAIRMAN DALE GALASSIE: So to get to
18 Kathy's point, we approve one, we have to approve
19 all.
20 MR. MIKE CONSTANTINO: Yeah, you,
21 under -- if they've provided us with all the
22 required information, by your rules and by statute,
23 you have to approve the exemption application.
24 MR. COURTNEY AVERY: Can you explain to
25 them why the COE was created?

1 MR. MIKE CONSTANTINO: For a change of
2 ownership? It was -- to the best of my knowledge,
3 it was created to make the, you know, a need had
4 already been proved to the Board for these
5 facilities. The Board at some time had approved
6 need for these facilities. It was, it was a process
7 in statute that re -- to make it easier to do these
8 change of ownerships. So --
9 CHAIRMAN DALE GALASSIE: Easier than
10 what?
11 MR. MIKE CONSTANTINO: What's that?
12 CHAIRMAN DALE GALASSIE: Easier than
13 what?
14 MR. MIKE CONSTANTINO: Easier than going
15 through a Certificate of Need, proving need all
16 over.
17 CHAIRMAN DALE GALASSIE: Got it.
18 MR. MIKE CONSTANTINO: So we -- so that
19 in statute they created this process. Exempt from
20 the Certificate of Need process.
21 MR. FRANK URSO: There are specific
22 requirements for exemptions, which is getting a
23 permit, they have to meet certain financial
24 requirements and so on.
25 MR. MIKE CONSTANTINO: Yes, and they

1 have to meet need. And the Board at some time
2 determined that these facilities had met the need
3 requirements.
4 CHAIRMAN DALE GALASSIE: Thank you very
5 much. Are there any other questions? Because
6 unless our Counsel, Counsels begin twitching, I'm
7 going to do one long hopefully not too convoluted
8 motion and do a roll.
9 MR. FRANK URSO: All right.
10 CHAIRMAN DALE GALASSIE: I will ask for
11 a motion to approve Exemption E-011-13, Foster McGaw
12 Hospital and Loyola Medical Center of Maywood for a
13 change in ownership, comma, to approve Exemption
14 E-012-13, Gottlieb Memorial Hospital and Loyola
15 University Health -- Loyola University Health System
16 of Melrose Park, comma, and to approve Exemption
17 E-013-13, Loyola University Medical Center
18 Outpatient Dialysis Center of Maywood, comma, and to
19 approve Exemption E-014-13, Loyola University
20 Medical Center Ambulatory Surgery Center, Maywood,
21 comma, and to approve Exemption E-015-13, Mercy
22 Hospital and Medical Center of Chicago for changes
23 in ownership.
24 MR. RICHARD SEWELL: So moved.
25 MS. KATHY OLSON: Second.

1 CHAIRMAN DALE GALASSIE: Moved and
2 seconded. Roll call.
3 MR. GEORGE ROATE: Motion made by
4 Mr. Sewell, seconded by Ms. Olson.
5 Mr. Bradley?
6 MR. PHILLIP BRADLEY: Yes.
7 MR. GEORGE ROATE: Dr. Burden?
8 DR. JAMES BURDEN: Yes.
9 MR. GEORGE ROATE: Senator DeMuzio?
10 SENATOR DEANNA DeMUZIO: Yes.
11 MR. GEORGE ROATE: Justice Greiman?
12 JUSTICE ALLEN GRIEMAN: Yes.
13 MR. GEORGE ROATE: Ms. Olson?
14 MS. KATHY OLSON: Yes.
15 MR. GEORGE ROATE: Mr. Penn?
16 MR. DAVID PENN: Yes.
17 MR. GEORGE ROATE: Mr. Sewell?
18 MR. RICHARD SEWELL: Yes.
19 MR. GEORGE ROATE: Chairman Galassie?
20 CHAIRMAN DALE GALASSIE: Yes.
21 MR. GEORGE ROATE: That's eight votes in
22 the affirmative.
23 CHAIRMAN DALE GALASSIE: Motion passes,
24 and thank you for bearing with us, as well.
25 MS. AGNUS HAGERTY: Thank you.

1 MR. ED GREEN: Thank you.
2 CHAIRMAN DALE GALASSIE: A learning
3 experience.
4 MR. MIKE CONSTANTINO: Mr. Chairman?
5 CHAIRMAN DALE GALASSIE: Yes, sir.
6 MR. MIKE CONSTANTINO: Can I make one
7 additional comment?
8 CHAIRMAN DALE GALASSIE: Sure.
9 MR. MIKE CONSTANTINO: Previously we
10 would send all of these change of ownerships to the
11 Chairman of the Board for approval. However, when
12 the --
13 CHAIRMAN DALE GALASSIE: I'm with you so
14 far.
15 MR. MIKE CONSTANTINO: Okay. When the
16 Open Meetings Act changed and they have a -- and in
17 it or some person would have an opportunity to come
18 before you today and speak against a project, we had
19 to put these on the agenda.
20 CHAIRMAN DALE GALASSIE: I see.
21 MR. MIKE CONSTANTINO: I mean this is,
22 historically we have always sent these to the
23 Chairman for approval, and the Board would not see
24 them other than, than we would --
25 CHAIRMAN DALE GALASSIE: So unless you

1 folks want to be here very late, you should complain
2 to your elected representatives about the Open
3 Meetings Act.
4 MR. COURTNEY AVERY: Off the record.
5 CHAIRMAN DALE GALASSIE: Off the record.
6 It's afternoon, bear with the Chairman, thank you
7 very much.
8 Moving on to Item G: Applications
9 Subsequent To Intent To Deny. Item 12-055,
10 Fresenius Medical Care of Lockport, is withdrawn.
11 And Item 12-089, Riverside Medical Center of
12 Frankfort, is deferred.
13 Thus, moving on to Item 12-096 -- no?
14 Are we okay with that referral?
15 MR. MIKE CONSTANTINO: 12-096 -- I was
16 just going to mention, 12-096 has deferred also.
17 CHAIRMAN DALE GALASSIE: All right. And
18 the latest news is 12-096 is also deferred, Silver
19 Cross Emergency -- Emergicare Center. Thank you for
20 that.
21 We are moving on to Item H, Declaratory
22 Rulings and Other Business. There is a hospital
23 profile corrections. Somebody help me out here.
24 MS. COURTNEY AVERY: Mike.
25 CHAIRMAN DALE GALASSIE: Mike, do you

1 want to address these?
2 MR. MIKE CONSTANTINO: Mr. Chairman, we
3 want to discuss the declaratory rulings?
4 CHAIRMAN DALE GALASSIE: Whatever
5 comments you feel are necessary to ground the motion
6 that I will submit in front of the Board.
7 MR. MIKE CONSTANTINO: Okay. We, what
8 we're asking you to do -- I'm sorry. What we're
9 asking you to do to approve these six declaratory
10 rulings, to change the profile information, and I
11 believe you can take that in one motion, I thought
12 that's --
13 CHAIRMAN DALE GALASSIE: More like
14 internal documents of our own?
15 MR. MIKE CONSTANTINO: Right.
16 CHAIRMAN DALE GALASSIE: So may I have a
17 motion to improve the corrections of the hospital
18 profiles for -- do you want me to read all of these
19 or --
20 MR. FRANK URSO: Read them.
21 CHAIRMAN DALE GALASSIE: Read them?
22 For, number one, Advocate Good Shepherd
23 Hospital-Correct IDPH AHQ 2006-2011.
24 Number 2, Advocate Christ Medical
25 Center, correct IDPH AHQ 2005-2011.

1 Number 3, Advocate Trinity
2 Hospital-Correct IDPH AHQ 2009-2012.
3 Number 4, Vista Medical Center
4 East-Correct IDPH AHQ 2010-2011.
5 Number 5, Memorial Hospital of
6 Carbondale-Correct IDPH AHQ 2009-2011.
7 Number 6 and the final, St. Anthony
8 Memorial Hospital of Effingham-Correct IDPH AHQ
9 2011.
10 That's a motion. If I could get a
11 motion and a second.
12 MS. KATHY OLSON: So moved.
13 DR. JAMES BURDEN: Second.
14 CHAIRMAN DALE GALASSIE: Moved and a
15 second. That's a mouthful. Roll call, please.
16 MR. GEORGE ROATE: Motion made by
17 Ms. Olson, seconded by Dr. Burden.
18 Mr. Bradley?
19 MR. PHILLIP BRADLEY: Yes.
20 MR. GEORGE ROATE: Dr. Burden?
21 DR. JAMES BURDEN: Yes.
22 MR. GEORGE ROATE: Senator DeMuzio?
23 SENATOR DEANNA DeMUZIO: Yes.
24 MR. GEORGE ROATE: Justice Greiman?
25 JUSTICE ALLEN GRIEMAN: Yes.

1 MR. GEORGE ROATE: Ms. Olson?
2 MS. KATHY OLSON: Yes.
3 MR. GEORGE ROATE: Mr. Penn?
4 MR. DAVID PENN: Yes.
5 MR. GEORGE ROATE: Mr. Sewell?
6 MR. RICHARD SEWELL: Yes.
7 MR. GEORGE ROATE: Chairman Galassie?
8 CHAIRMAN DALE GALASSIE: Yes.
9 MR. GEORGE ROATE: That's eight votes in
10 the affirmative.
11 CHAIRMAN DALE GALASSIE: Motion passes.
12 Thank you very much.
13 MR. RICHARD SEWELL: Mr. Chairman, may I
14 ask a question?
15 CHAIRMAN DALE GALASSIE: Yes, sir.
16 MR. RICHARD SEWELL: Why does the Board
17 have to approve these?
18 CHAIRMAN DALE GALASSIE: That is a very
19 articulate question.
20 MR. RICHARD SEWELL: Why can't the staff
21 receive these and then send us an email --
22 CHAIRMAN DALE GALASSIE: Passed.
23 MR. RICHARD SEWELL: -- that the profile
24 has been changed? I mean it's not a policy issue,
25 is it?

1 MR. GEORGE ROATE: It's -- when these,
2 when these changes are presented, it is, it's
3 practice, it's common practice to bring it before
4 the Board, the Board be made aware of these changes,
5 and then ultimately make the decision to grant this
6 change.
7 MR. RICHARD SEWELL: But what would it
8 mean to say no to these? It wouldn't mean anything.
9 MR. GEORGE ROATE: Further inquiry on
10 both, both sides.
11 MR. RICHARD SEWELL: I see, okay.
12 CHAIRMAN DALE GALASSIE: You know,
13 another alternative would be to bring this to the
14 Chair, and we'd just so advise the Board it would be
15 in their packets. I think it might work for this
16 type of -- Mr. Carvalho is going to have a great
17 suggestion.
18 MR. DAVE CARVALHO: I'll try. George,
19 doesn't the Board approve the original?
20 MR. GEORGE ROATE: They do, sir.
21 MR. DAVE CARVALHO: The staff, the staff
22 presents you the original package of all of these
23 instant hospitals, and then it gets incorporated
24 into all of their analyses going forward. And so I
25 believe, since you acted to approve the original

1 set, they don't want to start doing analyses based
2 on information that they have changed without your
3 input, because I -- as you suggest, you're unlikely
4 to look at it and say: Wait a second, that hospital
5 should have a 37 instead of a 36 in Column 12.
6 However, just to cross T's and dot I's, since you
7 approved the original package, they don't want to
8 start out reading different data that you haven't
9 seen.
10 CHAIRMAN DALE GALASSIE: Which again, I
11 hear, but I think the Board would be comfortable
12 with empowering that change via the Chairman's
13 approval, so advising the Board at the next meeting.
14 Moving on. Item I, Health Care Worker
15 Self-Referral Act, no business.
16 Other business? Do we have any other
17 business? I have none on my agenda.
18 Item K, Rules Development, Number 1130
19 Rules, and Courtney is going to address that.
20 MR. COURTNEY AVERY: Okay, in your
21 packets you've received the latest Rules Development
22 for what we need to submit, for you to approve and
23 submit to Part 1130. I don't know if there are any
24 questions, but one of them just clarifies that, the
25 public comment period, and public hearings, and then

1 we had a conflict in the rule about ESRD's. So we
2 want to clarify those.
3 Did everybody receive that via email and
4 in your packets?
5 (No response.)
6 CHAIRMAN DALE GALASSIE: I'm going to
7 take that silence as no questions. Thank you very
8 much.
9 Moving on to Item N, New Business,
10 Financial Report, you have received a copy of the
11 Financial Report with your packets. If there are
12 any questions, staff will entertain them.
13 (No questions.)
14 CHAIRMAN DALE GALASSIE: Hearing none,
15 we'll move to Legislative Update, and I believe
16 we're getting a handout on that right now, and
17 Alexis will comment on this.
18 MS. ALEXIS KENDRICK: Courtney is
19 passing them out.
20 CHAIRMAN DALE GALASSIE: That's because
21 the Chair was holding onto them. I thought it was a
22 multipage document. Sorry.
23 MS. ALEXIS KENDRICK: This is just an
24 update on both of our initiatives and some bills
25 that amend our act or impact the Board.

1 House Bill 2423 is currently on second
2 reading in the Senate; it passed out of the House
3 previously this session. We worked out an amendment
4 in the Senate with IHA with some concerns that David
5 Carvalho raised about the language. That amendment
6 was adopted in the Public Health Committee, we
7 didn't have any issues with that.
8 House Bill 2812, which is the bill that
9 originally moved to no longer require state-operated
10 facilities to come out to require board approval
11 prior to establishment and modifications. That bill
12 is currently on second reading in the Senate, it
13 passed out of the House earlier this session, and it
14 passed out of the State's Government and Veterans
15 Affairs Committee earlier in April.
16 CHAIRMAN DALE GALASSIE: So, so they
17 would no longer have to come in front us for
18 modifications, but they would for discontinuations.
19 MS. ALEXIS KENDRICK: Yes, that was a
20 compromise we made with ASME that discontinuations
21 of facilities would still have to come before the
22 Board.
23 CHAIRMAN DALE GALASSIE: Thank you.
24 MS. ALEXIS KENDRICK: And if there's any
25 other questions about the other bills on the list,

1 please let me know.
2 CHAIRMAN DALE GALASSIE: On the 3468,
3 the appropriations, is this including the
4 longstanding instance route that was part of the,
5 what I'm going to call the Garrett legislation? I
6 apologize for calling it that.
7 MS. ALEXIS KENDRICK: The Center for
8 Comprehensive Health Planning?
9 CHAIRMAN DALE GALASSIE: Yeah. Did that
10 get in here?
11 MR. DAVE CARVALHO: Here, yes, that is
12 in, it was in the Governor's budget, and so if the
13 legislature approves the Governor's budget as it was
14 submitted with respect to this line, it will be
15 included in the final one.
16 CHAIRMAN DALE GALASSIE: Do we know, is
17 that a million, do we know what that is?
18 MR. DAVE CARVALHO: 900,000.
19 CHAIRMAN DALE GALASSIE: And once that's
20 in, exposing my ignorance, is there another 900,000
21 that comes out of next year GRF, does that come out
22 of our fund?
23 MR. DAVE CARVALHO: This only would
24 affect next year.
25 CHAIRMAN DALE GALASSIE: This was a

1 one-time initiative?
2 MR. DAVE CARVALHO: Well, it's one time
3 to get it up and running, and then the conversations
4 we've had is, among both the Board staff, the IDPH
5 staff and the Governor's office staff is under
6 current projections of the resources in the fund,
7 it's not likely that the Comprehensive -- Center For
8 Comprehensive Health Planning will be able to be
9 sustained from this fund. It works next year, it
10 may work a year or more after that, but ultimately
11 if the Government wants to continue to operate that
12 center, it needs to find an additional or
13 alternative source of funding for the center.
14 However, as you've pointed out, it's
15 been many years in the law and not started, it's
16 been something Senator Garrett was very anxious to
17 see started and something the Governor's office
18 would very much like to see started, so this is a
19 way to get it started.
20 CHAIRMAN DALE GALASSIE: And does IDPH
21 have to spend this whole 900,000 in that one year
22 appropriation?
23 MR. DAVE CARVALHO: We do not have to,
24 we would be authorized to, we could not spend more,
25 we could spend less.

1 CHAIRMAN DALE GALASSIE: I just thought,
2 because it's a beginning, could there be a
3 carryover?
4 MR. DAVE CARVALHO: Well, actually the
5 projection as to how much it would cost to operate
6 the center when it was up and running full-time for
7 a full year was 1.5 million, so the 900,000 already
8 reflects the ramp-up of a start-up. As you know,
9 and I guess implicit in your question, in government
10 when you start something, it takes a while to get --
11 well, I guess in any group it takes a while to get
12 up and running, but especially since the budget
13 isn't passed until July 1, you can't start hiring
14 people until 2, the 900,000 reflects the fact that
15 it would be a partial year and a ramp-up.
16 CHAIRMAN DALE GALASSIE: And I apologize
17 to belabor this, but has there, if I may ask, has
18 there been dialogue within IDPH about how this
19 center will interact, if it so does, with I Plan?
20 MR. DAVE CARVALHO: Yes, because as luck
21 would have it, I Plan and the center are both in my
22 office, so I've been talking to myself about that.
23 CHAIRMAN DALE GALASSIE: Well, don't
24 argue.
25 MS. ALEXIS KENDRICK: David, do you want

1 to give a background to some of the board members on
2 what the center... and how it would impact the
3 Board, for those who weren't around in 2009?
4 MR. DAVE CARVALHO: Sure. If the Chair
5 would like me to do that.
6 CHAIRMAN DALE GALASSIE: Yeah, please.
7 MR. DAVE CARVALHO: Okay. If you
8 recall, this Board used to be called the Health
9 Facilities Planning Board, and it was founded --
10 formed under the Health Facilities Planning Act.
11 However, when the Task Force on Health Facilities
12 Reform conducted its hearings about four or five
13 years ago, it recognized that the planning function
14 of the Planning Board under the Planning Act had
15 dissipated over time. In fact, it's a fitting
16 metaphor that Mr. Sewell had to step out, because he
17 had been part of that more robust planning function
18 20 years ago when there were regional planning
19 agencies, and the Federal Government financed it,
20 and people who now talk about that this is a slow
21 process used to have to go to those local boards
22 first and then come to this Board, so this may seem
23 slow compared to nothing, but it's certainly not
24 slowed compared to what used to be.
25 As that planning process phased out, it

1 was never really replaced, so the Task Force
2 concluded that we really need a comprehensive
3 planning function to look at what I sometimes call
4 the affirmative aspects of planning, not just the
5 negative. This isn't a criticism of the Board, but
6 the Board is mostly in a position to say no; it's
7 not in a position to go out and find something
8 that's needed and say: Hey, come in here and do
9 this. You can only say yes or no to things that
10 someone else has decided that they are going to take
11 the initiative to do.
12 What a Comprehensive Health Planning
13 Center could do is look around the state, what's
14 needed, see an area of something that doesn't exist,
15 and then work either with internal resources, or
16 with the legislature, to develop incentives for
17 things that need to exist, but aren't coming before
18 you to exist. The Center For Comprehensive Health
19 Planning could look at work force needs, could look
20 at health systems needs to go beyond your
21 jurisdiction.
22 You'll recall that earlier Michael
23 alluded to the fact that part of the reason why
24 referrals from facilities you don't regulate aren't,
25 don't count when someone makes an application here

1 is because you don't regulate them, you don't
2 inventory them, you don't know what they are. The
3 Center would be able to take a count of all the
4 facilities out there, and that's where the
5 comprehensive part comes from.
6 The idea was, is that the Center will
7 develop a Comprehensive Health Plan from a
8 facilities side and a work force side for Illinois
9 that will be available to you to then compare to the
10 applications that come before you so that you can
11 consider them in the context of overall health
12 planning, rather than the narrow context of the
13 types of things that you review and whether this is
14 needed to add or subtract from the types of things
15 that you review. So it would give a broader
16 picture, have a broader jurisdiction, but work very
17 closely with your activity to inform your activity.
18 And that's the sense in which it supports your
19 activity and why legally at least it's appropriate
20 to fund out of the Certificate of Need fund.
21 Whether it's appropriate or not, the
22 issue is whether there are enough funds there, and
23 that leads back to the earlier part of the
24 conversation, yes, there are enough funds to get it
25 up and running, but in the long-term there aren't

1 enough funds to sustain both activities, and this
2 center will have to take second seat to your needs
3 for medical.
4 CHAIRMAN DALE GALASSIE: I appreciate
5 that. That, number one, I appreciate the background
6 for board members, but the financial issue which
7 some of us discussed in the beginnings of it I never
8 opposed initially, because there's sufficient funds
9 in that fund, but when one looks out two or three
10 years, four years, if there isn't sufficient moneys
11 in the fund, then the center should become secondary
12 to the day-to-day function of the Board to maintain
13 the Board's presence in the world. It will be
14 interesting to see.
15 Any other questions or comments?
16 (No questions or comments.)
17 CHAIRMAN DALE GALASSIE: Hearing none,
18 thank you for that Legislative Update. And where
19 are we? We're on long-term care. Some of you want
20 to address these change of ownerships?
21 MR. MIKE CONSTANTINO: Thank you, Mr.
22 Chairman. We've provided you with a list of change
23 of ownerships for your information that were
24 reported to us by IDPH. Mt. Vernon Health Care
25 Center approved for change of ownership, White Oaks

1 Rehab Health Center, Casey Health Care Center
2 approved for a change of ownership, Flora Rehab and
3 Health Care Center, Palm Terrace of Mattoon, Toulon
4 Rehab and Health Care Center approved for a change
5 in ownership. Thank you, Mr. Chairman.
6 CHAIRMAN DALE GALASSIE: And moving on
7 to Number 4, we received the minutes, the closed
8 minutes through January, 2012. January through
9 December, 2012. I need a motion to continue those
10 minutes to be kept closed.
11 MS. KATHY OLSON: So moved.
12 MR. DAVID PENN: Second.
13 CHAIRMAN DALE GALASSIE: Moved and
14 second. All in favor?
15 (All in favor voted in the affirmative.)
16 CHAIRMAN DALE GALASSIE: Opposed?
17 (None opposed.)
18 CHAIRMAN DALE GALASSIE: Hearing none,
19 motion passes.
20 And can I get a motion to -- next
21 meeting is June 26 here in Bolingbrook, and then
22 we'll be moving central into
23 Springfield/Bloomington.
24 MR. COURTNEY AVERY: No, August.
25 CHAIRMAN DALE GALASSIE: Our next

1 meeting is June 26th in Bolingbrook.
2 Can I get a motion to adjourn at 2:45?
3 MS. KATHY OLSON: So moved.
4 CHAIRMAN DALE GALASSIE: Moved and
5 seconded. Thank you very much.
6 (The hearing was adjourned at 2:45 p.m.)
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1 CERTIFICATE OF REPORTER

2

3 I, Pamela K. Needham, Certified Court Reporter,
4 Notary Public within and for the State of Illinois,
5 do certify that the proceedings in the
6 above-entitled cause were taken by me to the best of
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12 parties thereto, nor financially or otherwise
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