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HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

OPEN SESSION

SEPTEMBER 11, 2012

ORIGINAL

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

OPEN SESSION
(September 11, 2012)

Regular session of the meeting of the State of
Illinois Health Facilities and Services Review Board was
held on September 11 and 12, 2012, at the Marriott
Bloomington-Normal Hotel & Conference Center, 201 Broadway
Street, Normal, Illinois.

1 PRESENT:

2 Dale Galassie - Chairman (present September 11 only)
John Hayes - Vice-Chairman (presided on September 12)
3 Ronald Eaker
James Burden
4 Alan Greiman
Kathy Olson
5 Richard Sewell
David Penn
6 Deanna Demuzio

7 ALSO PRESENT:

Courtney Avery - Administrator
8 Catherine Clark - Board Staff
Frank Urso - General Counsel
9 Juan Morado - Assistant Counsel
Alexis Kendrick - Board Staff
10 Claire Burman - Board Staff
11 Michael Constantino - IDPH Staff
12 George Roate - IDPH Staff
13 David Carvalho - IDPH
14 Bill Dart - IDPH
15 Michael C. Jones - DHFS
16 Michael Pelletier - DHS (present September 11 only)
17 Bonnie Hills - IDPH Staff (present September 11 only)

18

19 Reported by:

20 Karen K. Keim
21 CRR, RPR, CSR-IL, CRR-MO
22 Midwest Litigation Services
23 401 N. Michigan Avenue
24 Chicago, IL 60611

1 START TIME: 10:10 A.M.

2

3 CHAIRMAN GALASSIE: Good morning. I will
4 call the meeting to order. Welcome to everyone. My name
5 is Dale Galassie, and I have the honor of serving as Chair
6 with this Board. We welcome you here, and we appreciate
7 our colleagues from the Bloomington-Normal area inviting us
8 here today. It was a beautiful drive and very attractive
9 drive in. It's been a few years for me since I've been to
10 Bloomington-Normal, so it's a pleasure to be here, and
11 thank you to our hosts. We appreciate that. And a special
12 thanks to Sonja Reece. Sonja, are you out there?

13 (Applause)

14 CHAIRMAN GALASSIE: Thank you.

15 I'd like to ask that we take a moment of
16 reflection for all of us to remember the horror we lived
17 through eleven years ago, and I'm sure we'll never ever
18 forget, and there's no doubt in my mind, we all know
19 exactly where we were when it occurred, and I would ask
20 that we all reflect in our own way for a moment.

21 (Pause)

22 CHAIRMAN GALASSIE: Thank you very much.

23 Moving forward, I will ask for a roll call.

24 George, would you please do that?

1 MR. ROATE: Dr. Burden?

2 CHAIRMAN GALASSIE: He's on his way.

3 MR. ROATE: Mr. Eaker?

4 MR. EAKER: Here.

5 MR. ROATE: Justice Greiman?

6 MR. GREIMAN: Here.

7 MR. ROATE: Mr. Hayes?

8 MR. HAYES: Here.

9 MR. ROATE: Ms. Demuzio?

10 MS. DEMUZIO: Here.

11 MR. ROATE: Ms. Olson?

12 MS. OLSON: Here.

13 MR. ROATE: Mr. Penn?

14 MR. PENN: Here.

15 MR. ROATE: Mr. Sewell?

16 MR. SEWELL: Here.

17 MR. ROATE: Chairman Galassie?

18 CHAIRMAN GALASSIE: Here.

19 We have a forum, and, when Dr. Burden arrives,
20 we will let the record so show.

21 Can I have a motion for approval of the
22 agenda?

23 MR. CONSTANTINO: Mr. Chairman, we have a
24 couple changes to the agenda. E-01 has been withdrawn.

1 CHAIRMAN GALASSIE: E-01 is withdrawn. Okay.

2 MR. CONSTANTINO: And I-01 has been deferred.

3 CHAIRMAN GALASSIE: Fresenius?

4 MR. CONSTANTINO: Yes.

5 CHAIRMAN GALASSIE: Okay.

6 MR. CONSTANTINO: And 7-A on the first page
7 should read "70 beds" instead of "128". It's the first
8 page of the agenda, down at the bottom, 7-A.

9 CHAIRMAN GALASSIE: Bear with me. I'm a
10 little slow. 7-A.

11 MR. CONSTANTINO: Should be "70" instead of
12 "128".

13 CHAIRMAN GALASSIE: Okay. Sorry. Say that
14 again, Mike.

15 MR. CONSTANTINO: Okay. It reads, "Establish
16 a 128-bed." That should read "70-bed".

17 CHAIRMAN GALASSIE: Seven zero. Great.
18 Thank you.

19 Any other changes in the agenda?

20 (Pause)

21 CHAIRMAN GALASSIE: Hearing none, I'm going
22 to ask for a motion and a voice vote to approve the agenda.
23 May I have a motion, please?

24 MS. OLSON: So moved.

1 MR. SEWELL: Seconded.

2 CHAIRMAN GALASSIE: Moved and seconded. All
3 in favor?

4 ("Ayes" heard)

5 CHAIRMAN GALASSIE: Any nays? Any opposed?

6 (No response)

7 CHAIRMAN GALASSIE: Hearing none, motion
8 passes. Thank you.

9 Can I have a motion for approval of the
10 minutes?

11 MR. EAKER: So moved.

12 MR. GREIMAN: Second.

13 CHAIRMAN GALASSIE: Moved and seconded. Any
14 issues on the minutes?

15 (Pause)

16 CHAIRMAN GALASSIE: Hearing none, a voice
17 vote for approval. All in favor?

18 ("Ayes" heard)

19 CHAIRMAN GALASSIE: Opposed?

20 (No response)

21 CHAIRMAN GALASSIE: Hearing none, the minutes
22 are approved. Thank you very much.

23 Moving into Agenda Item No. 6, Post Permit
24 Items Approved by the Chair, we have eight, I believe, and

1 I'll ask Mr. Constantino, Staff, to address those for the
2 Board. After he has addressed those, if there are any
3 questions, we'd be happy to entertain those questions.

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

5 These items have been approved by the chairman
6 of the State Board.

7 Project No. 11-002, Apollo Healthcare,
8 obligation extension.

9 Project 11-002, Apollo Healthcare, permit
10 renewal request for 18 months.

11 Project No. 10-077, Heartland Regional Medical
12 Center, permit renewal request, 3 months.

13 Project No. E-006-12, Fresenius Medical Care,
14 Glendale Heights, approved to add 4 stations.

15 Project No. 11-095, Palos Hills Surgery
16 Center, approved for permit renewal.

17 Project No. 12-023, Advanced Eye Surgery and
18 Laser Center, permit renewal request, four months.

19 Project No. 10-065, South Elgin Healthcare and
20 Rehabilitation Center, permit removal to May 31st, 2014, 20
21 months.

22 Project No. 10-065, South Elgin Healthcare and
23 Rehabilitation Center, extension of obligation to June
24 14th, 2013.

1 Thank you, Mr. Chairman.

2 CHAIRMAN GALASSIE: Thank you, Michael. Any
3 questions from Board members on these items?

4 (Pause)

5 CHAIRMAN GALASSIE: No motion is necessary.
6 Hearing no questions, moving on. Thank you very much.

7 We will now be entertaining a motion to go
8 into Executive Session. For all members that will not be
9 participating in Executive Session, I would anticipate
10 approximately 30 minutes. I have 10:15. I would
11 guesstimate we'll be back in session in about 30 to maybe 40
12 minutes, hopefully.

13 I need a motion to go into Executive Session.

14 MR. PENN: So moved.

15 MS. OLSON: Second.

16 CHAIRMAN GALASSIE: Moved and seconded. We
17 will go into Executive Session, pursuant to Sections
18 20(c)(1), 20(c)(5) and 20(c)(11) of the Open Meetings
19 Act -- 2(c)(1), 2(c)(5), and 2(c)(11).

20 George, we need a roll call.

21 MR. ROATE: Mr. Eaker?

22 MR. EAKER: Yes.

23 MR. ROATE: Justice Greiman?

24 MR. GREIMAN: Yes.

1 MR. ROATE: Mr. Hayes?
2 MR. HAYES: Yes.
3 MR. ROATE: Ms. Demuzio?
4 MS. DEMUZIO: Yes.
5 MR. ROATE: Ms. Olson?
6 MS. OLSON: Yes.
7 MR. ROATE: Mr. Penn?
8 MR. PENN: Yes.
9 MR. ROATE: Mr. Sewell?
10 MR. SEWELL: Yes.
11 MR. ROATE: Chairman Galassie?
12 CHAIRMAN GALASSIE: Yes.
13 MR. ROATE: That's 8 votes in the affirmative.
14 CHAIRMAN GALASSIE: We're going into
15 Executive Session.
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17 EXECUTIVE SESSION HELD
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1 THE FOLLOWING PROCEEDINGS WERE HELD IN OPEN SESSION:

2

3 CHAIRMAN GALASSIE: I'd like to call the
4 meeting back to order. I apologize that our 30 minutes
5 were a little long.

6 I failed to introduce our newest esteemed
7 member, Senator Deanna Demuzio, who we are very happy to
8 have here, from Carlinville. She is new to the Board.
9 She's certainly not new to our process and issues and
10 policies that exist. She was an active member, while in
11 the Senate, on the CON process and many of the issues that
12 we deal with. So, we're pleased to have her here and look
13 forward to having her input.

14 We are moving into Unfinished Business, which
15 is on my agenda Item 8-a. On your agenda, I believe it's
16 7. My apologies. We'll get that -- it's number 8 on the
17 official agenda. And we have public comment that has been
18 requested. We have ten, initially, listed, and we will be
19 calling up four or five people at a time. You do not have
20 to be sworn in, but we will ask you to introduce yourself
21 for our reporter and to briefly spell your name, if you
22 would, and if I mispronounce the derivation of your name, I
23 apologize upfront.

24 Mr. Mike Mulay, speaking in opposition; Tonya

1 Lucchetti-Hudson, speaking in opposition; Trent Gordon,
2 speaking in opposition; Dan Colby, speaking in support; and
3 Tom Jensen, speaking in support. If you five folks are
4 here, would you please come up front. There's going to be
5 a portable mic in front of you that probably needs to be
6 turned on, and as you introduce yourself and make your
7 comments, if you would pass the mic on to your left, and
8 then the next individual will be able to introduce themself
9 and make their comments.

10 Good morning to the five of you. This is
11 number 7 on the official agenda.

12 Mr. Mulay.

13 MR. MULAY: Good morning. My name is Mike
14 Mulay (spells last name). I'm the Comptroller for Sherman
15 Health in Elgin. I'm here today to remind the members of
16 the Review Board that you did the right thing last December
17 by voting to deny Mercy's plans for a hospital in Crystal
18 Lake. Thank you. There is no need for an additional
19 hospital.

20 As you know, nothing related to this
21 application has changed. Bed capacity still exists in the
22 Service Area. The continuing trend of inpatient services
23 being shifted to the outpatient setting is driving down
24 admission use rates both nationally and here in the state

1 of Illinois. The decline in use rates eliminates the need
2 for additional beds. It is already at excess capacity in
3 the Planning Area where mercy is looking to build. Based
4 on current patient volumes and projections, showing
5 inpatient use rates will continue to decline, a struggling
6 economy, and excess capacity already in the Service Area,
7 there is no need to build the proposed hospital.

8 I urge this Board to uphold its "no" vote on
9 the application for the proposed Mercy Hospital in Crystal
10 Lake. Thank you.

11 CHAIRMAN GALASSIE: Thank you, Mr. Mulay.

12 Moving forward, Tonya Lucchetti-Hudson. Good
13 morning.

14 MS. LUCCHETTI-HUDSON: (Spells last name.) I
15 am speaking today on behalf of Rick Floyd, President and
16 CEO of Sherman Health in Elgin.

17 I urge this Board to affirm its denial of the
18 Mercy Crystal Lake Hospital and Medical Center. This is a
19 case of plenty of want but no need. Hospital utilization
20 rates, as you heard, are declining. If you take the
21 volumes of the six existing hospitals surrounding the
22 proposed site -- the two Centegra Hospitals, Advocate Good
23 Shepherd Hospital, St. Alexius Medical Center, and Provena
24 St. Joseph and Sherman in Elgin -- their volumes for

1 inpatient cases from 2009 to 2011 have declined by more
2 than 900. On a state-wide basis, inpatient cases have
3 declined by 45,000 over the same time frame. This is not
4 just a sour economy. This is a long-term trend, and as
5 healthcare reform continues, hospital utilization will
6 decline further.

7 At a most basic level, the role of healthcare
8 reform is to encourage providers to deliver smarter, more
9 efficient healthcare, not simply more care in terms of
10 volume. This trend will continue, which is exactly why you
11 need to provide more efficient care rather than duplicate
12 existing capacity in the form of another hospital in
13 McHenry County.

14 Please do not condemn local hospitals to a
15 future of insufficient volume. I urge you again to deny
16 this application. Thank you.

17 CHAIRMAN GALASSIE: Thank you.

18 Mr. Gordon.

19 MR. GORDON: Good morning. My name is Trent
20 Gordon (spells last name), and I am the Director of
21 Strategic Planning at Advocate Good Shepherd Hospital in
22 Barrington. I'm here in opposition of the Mercy project.

23 Planning Area A-10 has changed since Mercy was
24 last heard in front of this Board in December. With the

1 approval of the Centegra-Huntley Hospital two months ago,
2 there are now 128 more beds in the Planning Area, a 50
3 percent gain of beds in the Planning Area from just three
4 months ago. Adding this large number of beds to the area
5 effectively eliminates any need for additional beds in
6 McHenry County. The need for med/surg and OB beds -- the
7 calculated need has disappeared. In fact, not only is
8 there no need, there's a calculated excess for those
9 services now.

10 But there's also another clear reason to vote
11 against the Mercy Crystal Lake hospital. The proposed
12 facility clearly does not meet one of your criteria for a
13 new facility in a suburban area. That criteria states that
14 a new hospital must be at least 100 med/surg beds. While
15 Mercy's original hospital that they proposed in December of
16 2010 was 128 beds, they have since revised their proposed
17 hospital to just 70 beds -- clearly, less than 100 set by
18 this Board.

19 Finally, the people of Crystal Lake have
20 plenty of access to healthcare, whether they need inpatient
21 care, immediate care, or outpatient services. Advocate
22 Good Shepherd Hospital is located less than 7 miles and
23 less than 15 minutes from the proposed Mercy site, and
24 within Crystal Lake, there are two immediate care centers,

1 offering weekend and extended hours, there are two major
2 imaging centers, and there are numerous physician offices.

3 In summary, there are a number of reasons to
4 affirm your previous decision and vote against this
5 project. Thank you for your time this morning.

6 CHAIRMAN GALASSIE: Thank you.

7 Mr. Colby.

8 MR. COLBY: Thank you, Mr. Chairman. My name
9 is Dan Colby (spells last name). I'm Vice-President for
10 Mercy System. I live in Harvard, Illinois, and I've been
11 working in the state for over 20 years. I've done several
12 turnarounds hospitals, including one in Shelbyville.

13 I'm speaking now because Crystal Lake does
14 need a hospital. Mercy has an admirable track record,
15 providing needed medical services in Illinois, most of them
16 in McHenry County. For over 20 years, Mercy has created 13
17 multi-specialty clinics in 10 communities in McHenry
18 County. We employ nearly 600 partners, including 100
19 physicians.

20 In 2003, the Health Facilities Planning Board
21 approved Mercy's partnership with Harvard Memorial
22 Hospital. It was a struggling hospital, serving the most
23 diverse and indigent populations in McHenry County. Mercy
24 has invested over \$20 million in Mercy Harvard Hospital,

1 saving it in creating its facilities and medical equipment.
2 We've expanded and upgraded the emergency departments and
3 operating rooms, added numerous physicians and specialties
4 and new medical and surgical services. With the commitment
5 of Mercy, the Harvard community has now the advantage of
6 24-hour services, inpatient, outpatient hospital services
7 today that they would not otherwise have had. Mercy has
8 also sponsored hundreds of public health screenings and
9 programs in McHenry County, and we have touched the lives
10 of over 100,000 people each year in our voluntary
11 commitment to the community.

12 While the efforts to save Harvard Hospital and
13 to bring other needed services to McHenry County are
14 substantial, the fact remains that one entity controls 95
15 percent of the hospital services delivered in the county
16 today. Centegra wants to keep its 95 percent control of
17 all of the services, and it is opposing our application.
18 But our application is now 70 beds --

19 MR. MORADO: Thirty seconds.

20 MR. COLBY: -- to stay within the Planning
21 Area, and will generate 650 to 800 construction jobs. It
22 will take -- it will happen two years before the Centegra
23 project, and we will have an industry sales impact of \$102
24 million in the first year of operation and \$257 million in

1 five years. Our employment will grow from 729 FTE's to
2 1,330 FTE's in year five.

3 MR. MORADO: Please conclude your comments.

4 MR. COLBY: Okay. Of course, it will generate
5 income taxes for the state and for the county. But I would
6 like to point out that with our most recently-reaffirmed A2
7 bond rating from Moody's Financial Services, and our
8 current overall financial position, we can offer every
9 assurance to the Board that we have the wherewithal to get
10 this project done sooner and have it on line now.

11 Thank you very much.

12 CHAIRMAN GALASSIE: Thank you, Mr. Colby.

13 Mr. Jensen.

14 MR. JENSEN: Good morning. Thank you very
15 much for taking the time to hear me today. I'm Tom Jensen
16 (spells last name).

17 I'm here to speak in favor of the Mercy
18 Crystal Lake Hospital and Medical Center application. The
19 stack of papers in front of me is a copy of the letters and
20 petitions of support that come from residents, businesses,
21 local governments, and all of those who have taken the time
22 to voice their support for this much-needed project. In
23 fact, more than 6,000 people who signed petitions, and more
24 than 800 letters supporting it, are in front of me here.

1 Of note are resolutions of support from the Village of
2 Cary, the City of Crystal Lake, the Crystal Lake Fire and
3 EMS Department, McHenry County College, Ziegler Investment
4 Services, the City of Crystal Lake Economic Development
5 Committee, David Eisenstadt, PhD from Microeconomic
6 Consulting and Research Associates from Washington, DC, and
7 Susan Mayfield, McHenry County College Administrator. They
8 all believe in this project. They have all been believers
9 in this project through the thick and the thin.

10 We ask that you believe in this project as
11 well, and please vote to approve this project and move it
12 forward. Thank you.

13 CHAIRMAN GALASSIE: Thank you very much.
14 Appreciate your comments. Thank you.

15 Moving forward, we will Invite Ralph Topinka,
16 Sonja Reece, Tom Zanck, Dan Lawler, and Elyse Forkosh
17 Cutler. If you'll please come up and take the mic,
18 introduce yourselves, spelling your name. Make your
19 comments within our three-minute limitation -- thank you
20 very much -- and then pass the mic on to the person on your
21 left.

22 Mr. Topinka.

23 MR. TOPINKA: My name is Ralph Topinka (spells
24 last name). No relation to Judy Barr, as far as I know.

1 I'm with Mercy Health System. I want to talk
2 briefly about bed need. Of the 40 Planning Areas in the
3 state of Illinois, McHenry County ranked second in the need
4 for med/surg beds. Even after the approval the Board gave
5 to the Centegra Hospital in July, there is still a
6 significant need. McHenry County ranks. Third neighboring
7 Kane County rates second in bed need.

8 By contrast, the Planning Area where the
9 recently-approved Shiloh Hospital will be located has an
10 access capacity of 550 beds. McHenry County currently
11 remains third for (inaudible) out-migration and second for
12 population growth. This is true even with the new hospital
13 that you approved last month. McHenry County continues to
14 grow, not at the rate that was once predicted, and that's
15 why we reevaluated our project. We reduced the size and
16 scope of the project to agree with collaboration
17 projections, even though it's a fast-growing county. We
18 reevaluated the marketplace and in particular the potential
19 negative impact a project of the original size and scope
20 would have had on existing providers, and we assessed our
21 ability to positively affect the existing safety net
22 services in the A-10 *** Planning Area.

23 Among the positive impacts of the proposal
24 before you today is a significant reduction on any

1 potential negative impact on physician referrals and
2 admissions to other area hospitals (unintelligible) as well
3 as reduction in operating expenses. With the smaller
4 facility --

5 MR. MORADO: Thirty seconds.

6 MR. TOPINKA: -- we believe this creates
7 opportunities to collaborate with other facilities.

8 We believe the facts support approval of our
9 project. The Health Facilities Planning Act requires the
10 Board to make consistent decisions and, therefore, we ask
11 that you give Mercy the same positive consideration you
12 afforded the other applicant in July.

13 Thank you very much.

14 CHAIRMAN GALASSIE: Thank you, Mr. Topinka.
15 Sonja Reece.

16 MS. REECE: I'm Sonja Reece, Director of
17 Health Facility Planning at Advocate Healthcare. I'm here
18 to urge you to affirm your two previous votes against the
19 Mercy Crystal Lake project and for a third time vote "no"
20 on a new hospital in McHenry County.

21 This is a straightforward decision for you.
22 You have no new information that would cause you to change
23 your mind. First, there is existing capacity at area
24 hospitals to meet the healthcare needs of McHenry County

1 residents. For example, in their 2011 profile, Centegra
2 Woodstock's OB unit was operating at 47 percent capacity,
3 and Centegra McHenry's OB unit was operating at 30 percent
4 occupancy. Now, with the approval of the Centegra-Huntley
5 facility, there are an additional 20 OB beds. So, there is
6 no more need for OB in this Service Area.

7 Furthermore, Mercy already operates Mercy
8 Harvard within McHenry County. That's the same Planning
9 Area as this proposed Mercy Crystal Lake hospital, and,
10 according to their 2011 profile, they had a med/surg
11 occupancy of 31 percent and an ICU occupancy of 11 percent.
12 Let me repeat. Mercy's operating a facility in the same
13 Planning Area with an acute care occupancy of less than 32
14 percent.

15 Area hospitals already have access to
16 facilities. The residents can choose from Advocate Good
17 Shepherd Hospital, Sherman, St. Alexius Medical Center are
18 also there, with a long tradition of serving these
19 residents.

20 MR. MORADO: Thirty seconds.

21 MS. REECE: Finally, in this era of cost
22 control, adding a new hospital with beds that are not
23 needed goes against the tenets of health reform. For these
24 reasons, I ask you to vote "no" on this project.

1 CHAIRMAN GALASSIE: Thank you, Ms. Reece.
2 Elyse Cutler.

3 MS. CUTLER: Hi. I'm Elyse Forkosh Cutler
4 (spells name) -- no relation to the quarterback --
5 Vice-President of Strategic Planning and Network
6 Development at Advocate Healthcare.

7 This is the third time this proposed project
8 has been heard and the third time representatives from
9 Advocate are testifying against it. As you likely know, we
10 are here today due to the misfiling of a document during
11 the Board's initial consideration process. A new hospital
12 in Crystal Lake is not needed and will harm existing area
13 providers and the patients we serve.

14 I ask that the Board affirm its earlier
15 decision. Nothing has changed since the last vote that
16 would support approving a new hospital in this area. In
17 fact, the rationale for not building a new hospital has
18 become even stronger. For example, there's been no
19 increase in utilization. Mercy (unintelligible) suggests
20 that a need for its project by projecting an increase in
21 demand. Inpatient volumes are not increasing in the
22 project's proposed Service Area. In fact, last year the
23 admission volume in the Service Area proposed by Mercy for
24 its Crystal Lake facility has declined for both med/surg

1 and obstetrics. With inpatient volumes sagging, the new
2 hospital will take volume from area providers, leading to
3 lower utilization at existing facilities and a more
4 inefficient health system overall.

5 Additionally, new legislation will reduce bed
6 need calculation. Senate Bill 2934, legislation initiated
7 by this Board and its Staff, provides that need will be
8 based on 5-year calculation projections rather than 10-year
9 calculations projections.

10 MR. MORADO: Thirty seconds.

11 MS. CUTLER: When using the 5-year projection,
12 population growth is not sufficient to justify this
13 project.

14 Thirdly, the State budget crisis has forced
15 Illinois Medicaid to reduce hospital reimbursement. A new
16 hospital would further lower utilization and exacerbate the
17 financial impact of these cuts.

18 In closing, as we told you before, for
19 Advocate, a reduction in utilization at Good Shepherd means
20 a reduction in our performance as a system. It is the
21 financial performance of our hospitals in places like
22 Barrington that enables Advocate to maintain and invest its
23 operations in the more economically-distressed areas we
24 serve. So, damage to Good Shepherd will also damage

1 Advocate Trinity Hospital on Chicago's south side. We ask
2 you to keep this in mind as you move forward today.

3 CHAIRMAN GALASSIE: Thank you very much.

4 Mr. Zanck.

5 MR. ZANCK: Thank you. Thanks for this
6 opportunity. My name is Tom Zanck (spells last name), and
7 I reside in between Crystal Lake and Woodstock in rural
8 McHenry County. I've owned a business in downtown Crystal
9 Lake since 1974.

10 I wanted to address the Krentz report. The
11 Krentz report does not justify Mercy's project, and it
12 should be denied. First, the report was based on Mercy's
13 original 128-bed project, but Mercy abandoned that project
14 with a subsequent modification that now proposes 70 beds.
15 The Krentz report is not based on the modified project and
16 cannot justify the approval of this modified project.

17 Second, if the report were to be considered,
18 it shows a greater negative impact than the report that
19 was -- has been removed from the record. The negative
20 impact on the other area hospitals is almost 30 percent
21 higher than the impact calculated in the other Krentz
22 report. This negative impact is a reason to deny the Mercy
23 project.

24 Third, the bed need in the Planning Area A-10

1 is now less than what Krentz relied on. The report
2 referenced a need for 83 med/surg beds, but that need is
3 now down to just 38 beds. The need for OB beds has dropped
4 to only 2 beds. The Regulations require minimum sizes of
5 100-bed med/surg units and 20-bed OB units. Mercy's
6 modified project no longer meets those minimum size
7 requirements, and there's no bed need for even the
8 under-sized unit that Mercy wants.

9 Finally, the Krentz report notes that almost
10 90 percent of Mercy's patient referrals must come from just
11 two existing hospitals. This did not change in the
12 modified application. Approval of the Mercy project would
13 destroy the viability of two existing hospitals that have
14 served the Crystal Lake area for over a hundred years.

15 MR. MORADO: Thirty seconds.

16 MR. ZANCK: Mercy should be denied for these
17 reasons.

18 Thanks for your time.

19 CHAIRMAN GALASSIE: Thank you, Mr. Zanck.

20 And, finally, Mr. Lawler.

21 MR. LAWLER: Chairman Galassie, I'll stand on
22 our prior written submissions.

23 CHAIRMAN GALASSIE: Thank you. We appreciate
24 that.

1 We do not have any other public comment
2 requests. Are any in the room that we missed?

3 (Pause)

4 CHAIRMAN GALASSIE: Seeing none, I will move
5 us forward, inviting representatives from Mercy Crystal
6 Lake Hospital and Medical Center to the table.

7 (Pause)

8 CHAIRMAN GALASSIE: Good morning, gentlemen.
9 Again, you probably know the drill by now. If you'll
10 introduce yourselves and spell your names, and then we will
11 have you sworn in. Welcome again.

12 MR. BEA: Javon Bea (spells last name), CEO of
13 Mercy Health System.

14 MR. GRUBER: Richard Gruber (spells name),
15 Vice-President of Mercy Health System.

16 MR. GRIKIS: Linus Grikis (spells last name),
17 with Polsinelli & Shughart, outside legal counsel for
18 Mercy.

19 (Oath given)

20 CHAIRMAN GALASSIE: Thank you.

21 Staff report, Mike? Any?

22 MR. CONSTANTINO: No.

23 CHAIRMAN GALASSIE: Hearing none, gentlemen,
24 if you would like to address the Board. Mr. Bea.

1 MR. BEA: Thank you.

2 Mercy is speaking with you today about the
3 Mercy Crystal Lake Hospital and Medical Center in Crystal
4 Lake, Illinois. The data shows that there is a clear need
5 for the hospital for the citizens in Crystal Lake,
6 Illinois. The need in Crystal Lake exists today. A
7 hospital in Crystal Lake will serve an existing 160,000
8 underserved people who have a very difficult time in that
9 congested marketplace going to Woodstock or to other
10 cities, especially the underserved and the elderly.

11 Last month, the Board approved a CON for a
12 hospital on projected, projected need out into the future.
13 The same reasoning and logic the Board used to approve the
14 Huntley project applies multiple times more for the
15 hospital in Crystal Lake, where the need exists today and
16 is much, much larger. Crystal Lake is dealing with a
17 reality that is now -- not a maybe out into the future --
18 in Huntley.

19 Several years ago, when Centegra would not,
20 Mercy agreed with the CON Board to take on and revitalize
21 an old dilapidated hospital in the corner of Harvard,
22 Illinois that was about to close. The hospital served an
23 area with a large low income and highly ethnic, diverse
24 population. Mercy invested over \$20 million in this

1 facility and continues to this day to serve the poor and
2 indigent in the Harvard, Illinois area. The Health
3 Facilities Planning Board has to be happy that Mercy did
4 what it did for the low income community of Harvard.

5 Mercy is also in ten other Illinois
6 communities with multi-specialty centers where Mercy
7 employs just about 100 physicians and over 500 allied
8 health workers. The proposed Mercy Hospital in Crystal
9 Lake, Illinois is proposed at 70 beds -- 56 med/surg, 10
10 OB, 4 intensive care units -- with an emergency room.

11 Mercy's integrated health system is very
12 unique. It fits in perfectly with the new Affordable Care
13 Act in that the Affordable Care Act is trying to develop
14 competent care organizations for communities. Mercy's goal
15 is to take its 100 physicians with the 70-bed,
16 properly-sized hospital and serve the 160,000 people in the
17 Crystal Lake area. The project would employ 1,200
18 permanent positions and 600 construction jobs, or 1,800 new
19 jobs, 1,800 new jobs.

20 Of the negative findings, there are only four.
21 The one, as you heard in the early comments, was not
22 meeting the 100-bed minimum review criteria. As you might
23 recall, the slow-down in population growth throughout
24 McHenry County is what caused Mercy to exercise good and

1 effective health planning and reduce its application from
2 128 beds down to 70 beds. Mercy is asking the Board to
3 simply take the same action and the same discretion that it
4 took when it busted a 100-year rural criteria in approving
5 the hospital in Shiloh.

6 With respect to the other only other three
7 negative findings, these are the exact same three negative
8 findings that exist for Centegra's project and focus on
9 what happens when this facility -- after the facility is
10 open. You all felt that Consultant Mr. Lee Piekarz from
11 Deloitte aptly addressed those concerns at your last
12 meeting in July. In reviewing Mr. Piekarz' brief
13 testimony, the few specifics he gave regarding the Krentz
14 report apply equally to the Mercy project as it did to the
15 Centegra project. Further, his ultimate conclusion applies
16 ; equally to Mercy's project as well; namely, that the Krentz
17 report provides no basis upon which to deny Mercy's
18 project. And to the contrary, the report raises issues
19 that validate the need for Mercy's hospital.

20 Further, the Krentz report focused on impacts
21 of a 128-bed hospital; as you just heard, and Mercy's
22 70-bed hospital. Any amount of findings in the Krentz
23 report would be greatly and significantly less as compared
24 to the 128 beds proposed by the Centegra project. The

1 Illinois Planning Act does mandate that the Board make
2 consistent decisions. Mercy is a financially strong
3 organization with a current Moody's A-2 bond rating, much
4 stronger bond rating and much more financially secure than
5 the hospital you approved in your last meeting in July.
6 That same organization, Centegra, that you approved for a
7 hospital in July, abandoned, abandoned its CON for a
8 Woodstock women's health facility, that you approved,
9 because it was not financially secure enough to obtain
10 affordable financing, despite its very high occupancy.
11 With Centegra's lower bond rating, expert analysis by B.C.
12 Ziegler Healthcare Financing, who recently studied our
13 current financial condition, reports that there is a
14 significant likelihood that this will happen again with
15 respect to the Huntley hospital you just approved. It's
16 one thing for you to approve a hospital. It's another
17 thing for it to actually be able to be built.

18 The residents of southern McHenry County can't
19 afford to gamble on whether the organization you approved
20 for a hospital last month can fulfill its obligations.
21 They need the assurance that they will have access to a
22 hospital that's much more needed in the Crystal Lake area.
23 Your approval of the Mercy project is that assurance. With
24 Mercy's strong bond rating and strong financial condition,

1 open it up to questions from the Board.

2 MR. HAYES: Yes. When you mentioned that
3 the -- in your application in December, the anticipated
4 project completion date is July 30th of 2014. Is that
5 still attainable?

6 MR. BEA: It would be two years from when the
7 Board approves our project.

8 MR. HAYES: So you're looking at December
9 31st of 2014?

10 MR. GRUBER: This is -- what we were
11 projecting is, it will be two years from the date the Board
12 approves the project, that we will be complete. So, that
13 will be two years from today, hopefully.

14 CHAIRMAN GALASSIE: Turn key, two years?

15 MR. GRUBER: Turn key, two years, yes.

16 MR. HAYES: Why is that significantly less?
17 You mentioned financing and you mentioned other -- the size
18 of the hospital and the size of the project. Why is that
19 significantly -- about two years before the Centegra
20 project.

21 MR. BEA: Financing is absolutely key in
22 today's environment. An organization that does not have a
23 strong bond rating has a very difficult time getting access
24 to financing. Bond holders today aren't quick to want to

1 lend out, in this environment since 2008, \$200 million to
2 an organization that they know can't pay it back. The
3 reason we have an A-2 bond rating from Moody's is because
4 they recognized that Mercy is, and has been, an accountable
5 care organization and are affordable care, for over 20
6 years, employing all of its own physicians and having all
7 of the components for healthcare. So, finance is
8 absolutely key.

9 The other is that we, I guess you might say,
10 developed a real expertise. We just opened a large
11 multi-specialty facility, stand-alone emergency room in
12 four months that's been highly successful. We've got this
13 down to a science in being able to open facilities very
14 efficiently, sir.

15 CHAIRMAN GALASSIE: Other questions from
16 Board members?

17 MS. OLSON: I have a question for Mike,
18 Mr. Constantino. Have we recalculated the bed need in the
19 area since July? Do you know what it is currently?

20 MR. CONSTANTINO: I don't know what it is
21 currently, but we do do that recalculation, yes. I'm
22 sorry. I don't have that number in front of me.

23 MR. HAYES: Mike, with the approval of the
24 other project here, just from my memory is that there's

1 still a need, or is it there's not a need?

2 MR. CONSTANTINO: Off the top of my head, I
3 think there is still a need for beds in that area.

4 MS. OLSON: 10 OB and 58 med/surg.

5 MR. BEA: 56.

6 MR. PENN: I didn't hear Kathy's question.

7 MS. OLSON: The current need in the area is 10
8 OB and 56 med/surg.

9 CHAIRMAN GALASSIE: That's clear? Other
10 questions.

11 Mr. Carvalho, comment or question?

12 MR. CARVALHO: Just a question. Mike, is that
13 need based on the 10-year time frame or the 5-year time
14 frame under the statute?

15 MR. CONSTANTINO: 10-year.

16 MR. CARVALHO: When does the 5-year kick in?

17 MR. CONSTANTINO: Well, as soon as we can get
18 the population projections and the estimate calculated.
19 We're probably looking at another 18 months before the
20 5-year data will be available.

21 MR. CARVALHO: So, we're in an awkward
22 situation where the statute says use 5 years, but we won't
23 have the data to actually do that for another 18 months?

24 MR. CONSTANTINO: Quite possibly, yes.

1 CHAIRMAN GALASSIE: Other comments or
2 questions.

3 We're just trying to pull up the more detailed
4 answer to Member Olson's question, and the font is way too
5 small for me. So, George, you better --

6 MR. URSO: For a point of clarification, the
7 change in the projections will not affect this application,
8 because, according to the revisions in the Health
9 Facilities Planning Act, this application came in prior to
10 the enactment of the new revisions. So, therefore, the
11 10-year projections would apply to this particular
12 application, unless they reapplied.

13 MR. CARVALHO: The reason why I raised the
14 10-year versus the 5-year wasn't because I thought that the
15 5-year applied to the current application, but, rather,
16 that when the Board has in front of it a State Agency
17 Report that identifies negative findings, the reason why
18 the Board doesn't simply just say "no" every time it
19 happens is because it usually happens, and the Board has to
20 use their judgment and their discretion and their
21 consideration of all of the factors in deciding whether to
22 disregard the negative findings in the State Agency Report.

23 One of the things that I thought might be
24 of -- useful to the Board to consider in deciding whether

1 to disregard the negative findings was whether the picture
2 that we have of need and the picture that we will have of
3 need going forward in this area is going to be changing,
4 and so, as Mike indicated in his response, over the next
5 year and a half, we will be moving from a 10-year analysis
6 to a 5-year analysis, and that would be the analysis that
7 would be effective with applications going forward.

8 CHAIRMAN GALASSIE: Thank you.

9 Do we have more detail or, Kathy, are you
10 comfortable with what you received?

11 MS. OLSON: I'm good.

12 CHAIRMAN GALASSIE: They're going to give you
13 some additional numbers.

14 MS. OLSON: Perfect.

15 MR. ROATE: The August 24th update to the Bed
16 Need Inventory shows there's an excess of 32 med/surg beds,
17 a need for 15 ICU beds, an excess of 27 OB beds, and a need
18 for 12 rehab beds in that Service Area. Thank you.

19 CHAIRMAN GALASSIE: Thank you. Any other
20 questions or comments from Board members?

21 (Pause)

22 CHAIRMAN GALASSIE: Hearing none, I'll move
23 forward and ask Staff to read the two individual motions.

24 MR. URSO: There's a motion to correct Mercy

1 Crystal Lake Hospital/Medical Center's record, Project
2 10-089, and for the Board to accept that corrected record.

3 MR. EAKER: So moved.

4 MR. GREIMAN: Seconded.

5 CHAIRMAN GALASSIE: Motion and second. Roll
6 call, please.

7 MR. ROATE: Motion made by Mr. Eaker, seconded
8 by Justice Greiman.

9 Dr. Burden?

10 MR. BURDEN: Yes.

11 MR. ROATE: Mr. Eaker?

12 MR. EAKER: Yes.

13 MR. ROATE: Justice Greiman?

14 MR. GREIMAN: Yes.

15 MR. ROATE: Mr. Hayes?

16 MR. HAYES: Yes.

17 MR. ROATE: Senator Demuzio?

18 MS. DEMUZIO: Yes.

19 MR. ROATE: Ms. Olson?

20 MS. OLSON: Yes.

21 MR. ROATE: Mr. Penn?

22 MR. PENN: Yes.

23 MR. ROATE: Mr. Sewell?

24 MR. SEWELL: Yes.

1 MR. ROATE: Chairman Galassie?

2 CHAIRMAN GALASSIE: Chair votes yes.

3 MR. ROATE: That's 9 votes in the affirmative.

4 CHAIRMAN GALASSIE: Motion passes. Thank you
5 very much.

6 Moving on.

7 MR. URSO: Mr. Chairman, Board Members, the
8 second motion is a motion to approve Project 10-089, Mercy
9 Crystal Lake hospital, and Medical Center, with the
10 corrected record, to establish a 70-bed acute care hospital
11 and multi-specialty physician clinic.

12 CHAIRMAN GALASSIE: So we understand, a vote
13 of "yes" is approving, voting to approve this project.
14 That having been said, can I have a motion?

15 MR. PENN: So moved.

16 MR. SEWELL: Seconded.

17 CHAIRMAN GALASSIE: Moved and seconded.

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

20 Dr. Burden?

21 MR. BURDEN: I've been on this Board for about
22 five years as a volunteer, as is everybody else on the
23 Board. There have been prior times when we've had very
24 complicated material to cover. This is certainly one. I

1 voted "no" on the two prior application appearances, and,
2 indeed, it's difficult, but I will stick with my original
3 "no" vote. I vote no.

4 MR. ROATE: Mr. Eaker?

5 MR. EAKER: I've heard nothing to cause me to
6 change my vote. I vote no.

7 MR. ROATE: Justice Greiman?

8 MR. GREIMAN: Sometime ago, I was a lonely
9 person voting, eight "no" and one "yes". So, I will
10 continue to vote yes.

11 MR. ROATE: Mr. Hayes?

12 MR. HAYES: You know, I'd like to compliment
13 the people from Mercy in being able to adjust their
14 hospital into a more manageable 70-bed facility. I believe
15 that there is a -- this will improve the competitive nature
16 in McHenry County. I also believe in the economic
17 development issues here of 1,800 new jobs, 600
18 construction, and approximately a thousand or 1,200
19 full-time. I also believe that the \$115 million that is
20 projected to be spent on this hospital -- I think will help
21 the economic development of the state of Illinois. I also
22 feel that this hospital may be able to meet and -- be built
23 and be able to meet the need in the area, and, thus, I will
24 confirm my vote of yes.

1 MR. ROATE: Senator Demuzio?

2 MS. DEMUZIO: Well, being new, my first
3 meeting here, and after much deliberation and looking at
4 all of the documents and looking at the -- listening to the
5 testimony, I do have a concern concerning the bed
6 requirement, and I know that you have adjusted that bed
7 requirement down to 70, but that still does not meet the
8 100-bed requirement that we ask. So I will vote no.

9 MR. ROATE: Ms. Olson?

10 MS. OLSON: I'm going to continue to vote no,
11 based on now even more excess capacity in the area and
12 potential harm to competing hospitals.

13 MR. ROATE: Mr. Penn?

14 MR. PENN: Based on their financial strength
15 and not having the information for the 5-year bed need
16 that's not available for another 18 months, I'm going to
17 vote yes for this project.

18 MR. ROATE: Mr. Sewell?

19 MR. SEWELL: I vote no, due to excess capacity
20 in the Planning Area.

21 MR. ROATE: Chairman Galassie?

22 CHAIRMAN GALASSIE: Chairman votes no for
23 reasons that have been cited.

24 MR. ROATE: That's 3 votes in the affirmative,

1 6 votes in the negative.

2 CHAIRMAN GALASSIE: Good luck.

3 (Pause)

4 CHAIRMAN GALASSIE: It's 12:12, and we have
5 lunch scheduled for 1:00, so I recommend we continue to
6 move forward.

7 That having been said, we're going to the
8 agenda. Exemption Requests: We have none. Declaratory
9 Rulings: We have none. Healthcare Worker Self-Referral
10 Act: We have none.

11 So we are going to Section D, Applications
12 Subsequent to Initial Review, and these are "No Finding"
13 with "No Opposition". So, Item D-01, Project 12-045,
14 Fullerton Kimball Medical and Surgical Center of Chicago.
15 Do we have anyone representing them? You're welcome to
16 come up.

17 (Pause)

18 CHAIRMAN GALASSIE: Good afternoon.

19 Again, we have no opposition and no findings.
20 Introduce yourself.

21 MR. ROGAL: I'm Ira Rogal, Shea, Paige &
22 Rogal, consultant.

23 CHAIRMAN GALASSIE: Thank you. Any comments
24 for the Board?

1 MR. ROGAL: No.

2 CHAIRMAN GALASSIE: Thank you very much.

3 Again, there's no opposition, and findings
4 have all been met. Any questions from Board members?

5 (Pause)

6 CHAIRMAN GALASSIE: Hearing none, may I have
7 a motion to approve Project 12-045, to authorize a change
8 of ownership at Fullerton Kimball Medical and Surgical
9 Center of Chicago, Illinois?

10 MR. SEWELL: So moved.

11 MS. OLSON: Second.

12 CHAIRMAN GALASSIE: Moved and seconded. Roll
13 call, please.

14 MR. ROATE: Motion made by Mr. Sewell,
15 seconded by Ms. Olson.

16 Dr. Burden?

17 MR. BURDEN: Yes.

18 MR. ROATE: Mr. Eaker?

19 MR. EAKER: Yes.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: Yes.

22 MR. ROATE: Mr. Hayes?

23 MR. HAYES: Yes.

24 MR. ROATE: Senator Demuzio?

1 MS. DEMUZIO: Yes.

2 MR. ROATE: Ms. Olson?

3 MS. OLSON: Yes.

4 MR. ROATE: Mr. Penn?

5 MR. PENN: Yes.

6 MR. ROATE: Mr. Sewell?

7 MR. SEWELL: Yes.

8 MR. ROATE: Chairman Galassie?

9 CHAIRMAN GALASSIE: Chair votes yes.

10 MR. ROATE: That's 9 votes in the affirmative.

11 CHAIRMAN GALASSIE: Thank you.

12 Similarly, moving on to Project D-02, Project
13 12-057, Methodist Hospital of Chicago. They have met all
14 State findings, and there has been no opposition in this
15 project.

16 : Good afternoon and welcome.

17 MR. MAYER: Good afternoon, Mr. Chairman.

18 Good afternoon, Esteemed Committee.

19 CHAIRMAN GALASSIE: If you'll introduce
20 yourself and spell your name.

21 MR. MAYER: My name is Wolfgang Mayer (spells
22 names), and I'm the COO and CFO of Methodist hospital of
23 Chicago.

24 MR. BENSEMA: Good afternoon. Frank Bensema

1 (spells last name), and I'm Administrator for Methodist
2 Hospital.

3 MR. MARK: I am Jeffrey Mark (spells last
4 name) with JSMA consultants.

5 CHAIRMAN GALASSIE: Thank you.

6 (Oath given)

7 CHAIRMAN GALASSIE: You've met all State
8 findings, and there is no opposition, but if you'd like to
9 make comments to the Board, this would be the time to do
10 so.

11 MR. MAYER: If there is no opposition, I'm
12 prepared to have some -- a few comments, but in the
13 interest of time, I'd be happy to accept any questions that
14 the Board might have of our request to decertify the 25
15 long-term care beds in lieu of adding med/surg beds for
16 Methodist Hospital in Chicago.

17 CHAIRMAN GALASSIE: As you meet all of the
18 findings and there is no opposition, we'll be happy to move
19 forward.

20 Any questions or comments from the Board
21 members on project 12-057, Methodist Hospital?

22 MR. EAKER: Yes. I guess I have a question
23 about where the residents that are currently at this
24 facility are going to be moved.

1 MR. MAYER: We have very, very, few residents
2 remaining in our facility. As the documentation will show,
3 we opened up our skilled nursing facility in 1989, at which
4 time most of the nursing homes did not have
5 Medicare-certified units. Now it is the vast majority do
6 have such a unit and no longer use our facility as a
7 step-down unit. We have an average census of four or five,
8 and we do have in our continuum of care both a nursing
9 facility as well as an assistant living facility, and the
10 residents would be safely moved to our facility, but most
11 of the residents -- and we're talking about a census of
12 four, maybe five patients -- will be moved back to the
13 skilled nursing facility or appropriate nursing home for
14 their needs.

15 MR. EAKER: Thank you.

16 CHAIRMAN GALASSIE: Any other comments or
17 questions?

18 (Pause)

19 CHAIRMAN GALASSIE: Hearing none, may I have
20 a motion to approve Project 12-057 to authorize the
21 discontinuation of a 23-bed, long-term care unit, Methodist
22 Hospital, Chicago, Illinois?

23 MR. PENN: So moved.

24 MR. SEWELL: Second.

1 MR. GALASSIE: Moved and seconded. Roll call,
2 please.
3 MR. ROATE: Motion made by Mr. Penn, seconded
4 by Mr. Sewell.
5 Dr. Burden?
6 MR. BURDEN: Yes.
7 MR. ROATE: Mr. Eaker?
8 MR. EAKER: Yes.
9 MR. ROATE: Justice Greiman?
10 MR. GREIMAN: Yes.
11 MR. ROATE: Mr. Hayes?
12 MR. HAYES: Yes.
13 MR. ROATE: Senator Demuzio?
14 MS. DEMUZIO: Yes.
15 MR. ROATE: Ms. Olson?
16 MS. OLSON: Yes.
17 MR. ROATE: Mr. Penn?
18 MR. PENN: Yes.
19 MR. ROATE: Mr. Sewell?
20 MR. SEWELL: Yes.
21 MR. ROATE: Chairman Galassie?
22 CHAIRMAN GALASSIE: Chairman votes yes.
23 MR. ROATE: Nine votes in the affirmative.
24 CHAIRMAN GALASSIE: Congratulations. Motion

1 passes. Thank you very much.

2 (Pause)

3 CHAIRMAN GALASSIE: Moving on to Project
4 12-050, Rehab & Care Center, Jackson County, Murphysboro,
5 we have -- or had -- four public comment requests. If
6 those four folks that asked public comment are still
7 here -- we're just doublechecking our public comment lists.
8 Elizabeth Purcell, please come forward; Will Stephens; Mike
9 Scavotto; and Nancy Fager. There should be a mic there.

10 Mike, you're first, if you'd like to go ahead
11 and introduce yourself. You do not have to be sworn in,
12 but if you'd spell your name for our reporter, and feel
13 free to make your comments.

14 MR. SCAVOTTO: Thank you.

15 MR. URSO: Mr. Chair, can I make a comment? I
16 just want to let the Board members know that Mr. Scavotto
17 is a member of our Long-Term Care Advisory Subcommittee and
18 has been putting in some really extra time to help us, and
19 I just wanted to bring that to the attention of the full
20 Board.

21 CHAIRMAN GALASSIE: But not on this project.
22 Thank you, sir. We appreciate the time you've put forth
23 and the counsel you've been lending us.

24 Now to this subject.

1 MR. SCAVOTTO: Thank you. My name is Michael
2 Scavotto (spells last name), and my company, Management
3 Performance Associates, has been the Manager of the Rehab
4 and Care Center in Jackson County since December 1st, 2010.
5 I will refer to the Rehab and Care Center as RCC in the
6 future remarks.

7 There are two items on your agenda today. One
8 concerns the closure of RCC of Jackson County; the other, a
9 new project by Unlimited Development, which I will refer to
10 as UDI. You will hear about the specifics of these
11 projects by other speakers.

12 I respectfully request that you centralize the
13 Jackson County and UDI application as one application, as
14 neither one could exist separately. Currently, there is a
15 surplus of 51 beds in the Jackson County Planning Area.
16 Assuming that RCC closes and that 120 beds are relocated to
17 nearby Carbondale, the effect will be to remove 58 beds
18 from the inventory, creating a mathematical negative 7.
19 This aspect of the project does not appear in the Staff
20 Report.

21 When you look at the projects in this light,
22 when you look at them combined, there are positive things
23 happening in Jackson County. 58 beds are being removed
24 from service. Residents are moving to a state-of-the-art

1 facility. Jackson County is providing occupancy to UDI,
2 meaning that no other facilities will be hurt as a result
3 of this particular action.

4 MR. MORADO: Thirty seconds.

5 MR. SCAVOTTO: In short, virtually all of the
6 concerns presented in the Staff Report are removed.

7 Secondly, when you take a look at the
8 facility, it's 52 years old. It's done its job well. It
9 is not competitive. Bathing facilities, in particular, are
10 hopelessly out of date. Every resident of the UDI facility
11 will have its own bathing facility, and will be
12 state-of-the-art. The biggest concern is the age fact. In
13 our opinion, there is no operator that can come in and make
14 capital investment in this facility and recover it, and all
15 of the analysis we've done indicates that replacement is
16 the best option.

17 Thank you.

18 CHAIRMAN GALASSIE: Thank you very much.

19 Before moving on -- and the Board does make a
20 practice of not asking questions of public comment. But,
21 Mike, did you want to comment to the technicality of
22 looking at these issues combined?

23 MR. CONSTANTINO: We don't consider this a
24 replacement facility. The new facility that's being

1 proposed is in the Carbondale area. We view these as two
2 separate projects. One is a discontinuation at Jackson
3 County Home that is before you now, and the next project is
4 the establishment of a new facility in Carbondale.

5 CHAIRMAN GALASSIE: So we would be asking the
6 Board, while they are linked, to look at them independently
7 in nature. Thank you.

8 Moving on, Ms. Purcell...

9 MS. PURCELL: Chairman Galassie and Members of
10 the Board, my name is Elizabeth Purcell, and I am a
11 Financial Power of Attorney, caregiver and daughter of
12 Wilma Purcell, who is a Jackson County Care Home resident.
13 My mother is 91 years old and loves her care home. She is
14 a life-long resident and taxpayer of the county. Her taxes
15 built and paid for the facility. Our family were stalwarts
16 of the community. They built St. Andrews Hospital, which
17 is the current St. Joe Memorial Hospital.

18 I am also the face of over 625 Petitioners
19 against the closure of Jackson County Rehab. I believe
20 that all three constituents, the residents, staff and
21 community are getting a bad deal. First of all, the
22 residents. The scientific research medical staff at the
23 Alzheimer's Dementia Association say the worse thing you
24 can do is move a dementia resident to another facility --

1 too much risk for disorientation, stress and anxiety.

2 Secondly, no staff member wants to take a pay
3 and benefit cut and increase travel expenses.

4 Thirdly, the community is losing jobs, and
5 taxpayers are not benefiting from the unbundling of the
6 beds and selling them at a huge discount.

7 MR. MORADO: Thirty seconds.

8 MS. PURCELL: Finally, you are allowing
9 residents to stay in the facility two more years. The
10 facility does not meet current Life Safety Code
11 requirements for the sprinkler system, handling system, and
12 back-up generators. The most sensible solution would be to
13 sell the business.

14 I urge you to deny the proposal. And thank
15 you for your consideration.

16 CHAIRMAN GALASSIE: Thank you, Ms. Purcell.
17 Mr. Stephens.

18 MR. STEPHENS: Thank you, Mr. Chairman. My
19 name is Will Stevens. I'm a member of the Jackson County
20 Board and also a member of the Rehab and Care Committee.
21 My last name is spelled S-t-e-p-h-e-n-s. I will try to
22 keep my comments as brief as possible.

23 To use a healthcare analogy, much like
24 surgery, nobody wants to do it. However, it has to be done

1 in order for the body to heal, and I know that the Chair
2 has a background in county government, and we simply, as a
3 county, can no longer afford to operate Jackson County
4 Rehab and Care Center. This was a process that took 8 to 9
5 months of deliberation. I believe that the Rehab and Care
6 Committee and the Board as a whole looked at all aspects of
7 this, and the proposal on the table to decertify the home
8 is the only option, without other things occurring
9 financially that will inevitably make the home not
10 feasible, just simply on paper, and so I don't know that
11 this is a decision that anyone wanted to come to, but we
12 just have to come to this conclusion, because of the
13 financial state of affairs. And so I would urge this
14 committee to approve the decertification of the Jackson
15 County Rehab and Care Center so we can continue to best
16 serve our residents in Jackson County.

17 Thank you.

18 CHAIRMAN GALASSIE: Thank you Mr. Stephens.
19 Appreciate your comments.

20 Ms. Fager.

21 MS. FAGER: My name is Nancy Fager (spells
22 last name). I'm here today concerning my aunt, for whom I
23 have Power of Attorney, and she has resided at the Rehab
24 and Care for over four years now. During this time, many

1 of the other residents and employees have become like
2 family to me. When the situation regarding the Rehab and
3 Care Center surfaced last fall, I felt the responsibility
4 to become informed and make sure that my Aunt Helen and the
5 other residents were going to continue to receive the best
6 care available. From last December through March, I became
7 involved with this issue with a passion as I have never
8 done before, by attending the public meetings and speaking
9 my concerns on the Rehab and Care Committee, as well as
10 phone calls and submitting personal letters of concern to
11 each County Board member. My greatest fear was that a
12 company would buy the facility and after a few months of
13 operation decide to close it. Then there would be no
14 suitable choice for my aunt's care available in Jackson
15 County.

16 Presentations were made by interested
17 companies, and it was narrowed down to two companies.
18 Wanting to make an informed decision of my own, I visited
19 the facilities in our region that are owned and operated by
20 the two prospective companies to see first hand the quality
21 of care provided. On March 21st, the Rehab and Care
22 Committee made the recommendations to the County Board, and
23 with a vote of 10 to 3, they accepted the offer from RFMS,
24 which would result in the future closure of the Rehab and

1 Care Center of Jackson County.

2 The Certificate of Need transfer that should
3 have taken place in July has now been pushed to September,
4 an additional two-month delay. This time has allowed
5 rumors to start, which are now festering through the
6 community by uninformed people.

7 MR. MORADO: Thirty seconds.

8 MS. EAGER: The people that are being hurt the
9 worst are the residents. They hear all the time by the
10 employees in the hallways and the rooms. It's bad enough
11 that they've been dragged through six months of
12 uncertainty. Then for three months they were able to look
13 forward again, now that there is someone that doesn't want
14 to accept the inevitable.

15 I really hate to see that the building has
16 become more important than the lives of the residents and
17 putting their healthcare at jeopardy. I indicated to the
18 County Board that the only choice for my aunt is the
19 company who would provide the best care and secure future.
20 The decision that they made will provide all of that and a
21 new facility. I am fully supportive of the closure of the
22 Rehab and Care Center of Jackson County, upon the
23 completion of the new facility.

24 Thank you.

1 CHAIRMAN GALASSIE: Thank you, Ms. Fager, and
2 thank you to all of you. Have a good afternoon.

3 (Pause)

4 CHAIRMAN GALASSIE: If we have members
5 representing Jackson County, Murphysboro, if you will come
6 up to the table and introduce yourselves, spell your name
7 for our reporter, and we will have you sworn in.

8 (Pause)

9 CHAIRMAN GALASSIE: Good afternoon.

10 MR. KNIERY: Good afternoon. My name is John
11 Kniery (spells last name) with Foley & associates.

12 MR. EVANS: My name is John Evans (spells
13 name). I'm the Jackson County Board chairman.

14 MS. TAYLOR: My name is Merle Taylor (spells
15 name). I'm the Administrator of the Rehab and Care Center
16 of Jackson County.

17 MR. BRENNER: Good afternoon. My name is
18 Daniel Brenner (spells last name). I am the Assistant
19 State's Attorney for the County of Jackson.

20 MR. KNIERY: Also with us are Mr. Will
21 Stephens, Board Member to the County; Mr. Bill Alstad,
22 he's a Board Member and Finance Chair for the County;
23 Mr. Greg Putmann, he's a Board Member and Chair of the
24 Rehab and Care Subcommittee; and also with the facility,

1 Regina Pierson, she's Environmental Services Director.

2 And I'd like everyone to be sworn in, in case
3 there's any questions.

4 CHAIRMAN GALASSIE: Welcome to all of you.

5 (Oath given)

6 CHAIRMAN GALASSIE: Mr. Constantino, Staff
7 report?

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

9 The applicant is proposing to discontinue a
10 178-bed long-term care facility located in Murphysboro,
11 Illinois. There is no cost to this project. The
12 anticipated project completion date is January 31st, 2014.

13 Thank you, Mr. Chairman.

14 CHAIRMAN GALASSIE: Thank you.

15 Would anyone like to address the Board?

16 MR. EVANS: Yes, sir. Good afternoon,
17 Mr. Chairman and Ladies and Gentlemen of the Board. I'd
18 like to thank the Board Staff for their conscientious
19 review of the project, resulting in no negative findings,
20 as reported in the State Agency Report.

21 To tell you our story, we can limit our
22 comments to those issues presented by the public comments.
23 The County Board does not want any of its communities to
24 lose a valued business, healthcare resource like Rehab and

1 Care. However, it became the Jackson County Board's intent
2 to assure accessibility and jobs for the existing nursing
3 home residents and employees in a manner that most closely
4 resembles that which the County has been providing. In
5 evaluating all proposals, UDI was the only proposal that
6 truly fit our proposal, but the proposal had an added
7 bonus. It would replace the County's nursing home with a
8 new, modern, and more efficient facility on a campus
9 setting that would allow the Jackson County residents to
10 age in a place through the continuum.

11 As the Chairman and the Board knows, county
12 boards and their actions are nothing if they are not slow,
13 methodical, and publicized. Again, we acknowledge that
14 Murphysboro is losing a business and a valued facility to
15 which the residents are emotionally attached, but the
16 current building cannot be maintained by us or by others in
17 a reasonable manner for the long term and without
18 significant cost. We, the Jackson County Board, desire not
19 to abandon our commitment to the elderly of the county and
20 sought out possible alternatives. We explored all
21 proposals put in front of us. We are trying to make the
22 hard choices while assuring and improving services to the
23 residents of Jackson County.

24 Thank you for your consideration of our

1 project, and I ask for your approval and remain available
2 to answer any questions that you may have.

3 CHAIRMAN GALASSIE: Thank you, Chairman
4 Evans.

5 Any other comments for the Board?

6 (Pause)

7 CHAIRMAN GALASSIE: Hearing none, can I open
8 it up to questions or comments from Board members or Staff?

9 MR. EAKER: Historically, counties got
10 involved in providing healthcare, especially long-term
11 care, to citizens of their community to provide care for
12 them when no one else was interested. That long,
13 historical thing is really being questioned in almost every
14 county that has a county nursing home ward. It grieves me
15 greatly to hear county boards over and over again saying,
16 "Because of the financial commitment, we want to bale and
17 run." My heart goes to those residents in that facility
18 and the people of that community who, through the years,
19 have invested in having a county that would support it.

20 I guess my question to you is, is that the
21 will of the County Board, is not to fulfill its historical
22 tradition, or it's just wanting to bail on the financial
23 difficulties?

24 MR. ALSTADT: Mr. Chair, may I speak on that?

1 CHAIRMAN GALASSIE: Certainly.

2 MR. ALSTADT: I'm William Alstad. I'm
3 Finance Chair of Jackson County Board.

4 Sir, I've been a life-long resident of Jackson
5 County. I've had many families members in that facility,
6 and I have current family members in that facility. In
7 order to ensure their well-being, along with the continued
8 employment of the current staff, this is what we need to
9 do. We -- last year, I was saying we had to get out of
10 this facility, because we no longer had the money to keep
11 the doors open. I was staying awake at night, thinking I
12 was going to put a bunch of people out of jobs, because the
13 payroll was going to stop. That's what we were projecting.
14 This corporation came in and said, "We have a suggestion.
15 If you'll get out of the business, we would provide you a
16 supporting new facility in Carbondale, and in doing so, we
17 will try to take as many of your residents that wants to
18 come, and we will let them stay there as long as they want.
19 Also, we'll try to bring as many staff members as we can."
20 Now, yes, they will not be paid what we pay them right now.
21 They will not have the benefits that we pay them right now,
22 but that's one of the reasons we can no longer stay in
23 business.

24 We are not bailing. We don't have a choice,

1 and that's just the way it is, sir. So, that is all I
2 have. So, thank you.

3 CHAIRMAN GALASSIE: Thank you for those
4 comments.

5 Other questions or comments from Board
6 members?

7 MR. GREIMAN: Yes. How much of a deficit in
8 your budget because of this?

9 MR. ALSTADT: Over the last several years,
10 we've lost as much as a \$1,000,000 a year, sir.

11 MR. GREIMAN: How many people are residents of
12 Jackson County?

13 MR. ALSTADT: Residents of the county, sir?

14 MR. GREIMAN: Yeah.

15 MR. ALSTADT: We have a little over 60,000.

16 MR. GREIMAN: No, no, in this facility.

17 MR. ALSTADT: I think the census is running
18 around 125 right now.

19 MR. GREIMAN: 125, and it's costing you a
20 \$1,000,000?

21 MR. ALSTADT: Excuse me, sir. They said the
22 census right now is 114.

23 MR. GREIMAN: So you will escape any payments
24 then for these people who are residents of your county; is

1 that right? You won't have to help them at all?

2 MR. ALSTADT: I don't grasp your question,
3 sir.

4 MR. GREIMAN: When you close this facility and
5 they go someplace else, wherever they have to go, you will
6 have no responsibility anymore; a closed facility; you
7 won't have to pay any money, right?

8 MR. ALSTADT: We will no longer have the
9 facility if we are -- we'll have the physical facility.
10 We'll not be in business. We will not have those
11 employees. We will not have those residents. But even if
12 we chose -- even if you chose today to say you are denying
13 this CON, we will still go out of business, sir, because we
14 do not have the money. We hardly have the money to keep
15 our other facilities going that we are mandated by law to
16 have, such as a jail, such as our Circuit Clerk, county --
17 and our courts and everything else. We cannot do this
18 anymore. We have to get out of this business, and we have
19 a way of doing it and trying to keep our residents
20 together, if they want to do that, and if our employees
21 want to go to this facility to work, they have an
22 opportunity to do so.

23 MR. GREIMAN: Have you -- in the last five
24 years, have your real estate taxes increased?

1 MR. ALSTADT: Sir, if I were to -- they are
2 some of the highest in the area. We constantly have
3 complaints that "you cannot tax us anymore". We are a tax
4 capped county. We cannot go out without a referendum, and
5 to come up with the money that we need to keep these doors
6 open on this old facility, quite frankly, is impossible,
7 sir.

8 MR. GREIMAN: Okay. Thank you.

9 CHAIRMAN GALASSIE: Member Olson? And then
10 the chair has a question.

11 MS. OLSON: I just have a comment. It appears
12 to me -- and I appreciate you all taking the time to come
13 here, because I know it's a bit of a drive. It appears to
14 me that you have done your due diligence, and not only just
15 done your due diligence, but have done it with extreme
16 sensitivity to the individuals and the employees of that
17 facility. So, I, for one, would like to applaud your -- I
18 mean, clearly this is not something that any of you wanted
19 to do.

20 CHAIRMAN GALASSIE: Frankly, I think my
21 comments would be redundant of what Ms. Olson just said, in
22 the same vein. I commend you as well. Privatization in
23 the public sector is never popular, and it's never easy,
24 but it's also the reality of many situations today that

1 we're dealing with.

2 Other questions or comments on this item?

3 MR. HAYES: Mr. Chairman.

4 How far are you from Carbondale?

5 MR. ALSTADT: The facility is six miles from
6 Carbondale.

7 MR. HAYES: Is Carbondale in Jackson County?

8 MR. ALSTADT: Yes, it is.

9 MR. HAYES: Thank you.

10 CHAIRMAN GALASSIE: Seeing no other questions
11 or comments, may I have a motion to approve Project 12-050,
12 to authorize the discontinuation of a 170-bed long-term
13 care facility in Murphysboro, Illinois?

14 MS. DEMUZIO: Motion.

15 MS. OLSON: Second.

16 CHAIRMAN GALASSIE: Motion and second.

17 MR. ROATE: Motion made by Senator Demuzio,
18 seconded by Ms. Olson.

19 CHAIRMAN GALASSIE: Roll call, please.

20 MR. ROATE: Dr. Burden?

21 MR. BURDEN: Yes.

22 MR. ROATE: Mr. Eaker?

23 MR. EAKER: As you can tell, my frustration
24 level is quite high, when I see county boards not able to

1 continue a very rich tradition of providing help. I'm
2 going to vote no.

3 MR. ROATE: Justice Greiman?

4 MR. GREIMAN: I'll vote -- well, it appears
5 that there's a lot of available stuff close by to handle
6 these people. However, I think the County hasn't exactly
7 established a way out for these people. So I'll vote no at
8 this point. I'll vote no.

9 MR. ROATE: Mr. Hayes?

10 VICE-CHAIRMAN HAYES: I vote yes.

11 MR. ROATE: Senator Demuzio?

12 MS. DEMUZIO: Yes.

13 MR. ROATE: Ms. Olson?

14 MS. OLSON: Yes.

15 MR. ROATE: Mr. Penn?

16 MR. PENN: This is a hard vote for me, trying
17 to compare the next application that comes in behind it.
18 And in fairness to this applicant, I'll vote yes.

19 MR. ROATE: Mr. Sewell?

20 MR. SEWELL: I vote yes.

21 MR. ROATE: Chairman Galassie?

22 CHAIRMAN GALASSIE: Recognizing this as a
23 non-mandatory form of county government and a 100-year
24 tradition that they have provided, and things change over a

1 100-year period, other beds available in their area, the
2 chair votes yes.

3 MR. ROATE: That's seven votes in the
4 affirmative, two votes in the negative.

5 CHAIRMAN GALASSIE: Motion passes. Good luck
6 to your community.

7 Moving forward, Project 12-049, we have two
8 requests for public comment. Mr. Frank Puttman and William
9 Alstadd, you will have two minutes to address the Board in
10 support of your -- of this project. Good afternoon.

11 MR. PUTTMAN: Good afternoon. Frank Puttman
12 (spells last name).

13 CHAIRMAN GALASSIE: Thank you. You don't have
14 to be sworn in.

15 MR. PUTTMAN: I'm life-long resident of
16 Jackson County, and I've lived in Murphysboro all but two
17 of those years as well. I've been a member of the Jackson
18 County Board for 10 years now and served as Chairman of the
19 Rehab Committee.

20 When the County decided to get out of the
21 nursing home business, we set as our goals two things:
22 Number one, keep the patients together; number two, assure
23 that our employees had jobs. UDI stepped forward and said
24 that they could help us with this financial crisis. They

1 are willing to build a new, beautiful, modern facility only
2 seven miles away, in Carbondale, Illinois, and are willing
3 to accommodate our patients and employees. Our patients
4 will not be scattered all over southern Illinois. They
5 will be even closer to Carbondale Memorial Hospital and
6 just around the corner from numerous specialized medical
7 services.

8 I urge you to reward our patients and our
9 employees with this great opportunity.

10 CHAIRMAN GALASSIE: Thank you, Mr. Puttman.
11 We appreciate your comments.

12 Mr. Alstatd.

13 MR. ALSTATD: Yes. My name is William Alstatd
14 (spells last name). I'm the Jackson County Finance
15 Chairman, and I think you've just heard comments from me.
16 But the UDI project and their current manner of location is
17 a very beautiful area. I think it's going to serve our
18 community very well, and it keeps our employees together,
19 if they want to be, and as I said, the only drawback to
20 this whole thing is they're not going to be getting the
21 benefits that Jackson County has, but we're unable to
22 provide them right now for them anyway. So, it will
23 provide a job, and I would say we need to do this.

24 And thank you for your support.

1 CHAIRMAN GALASSIE: Thank you, Mr. Alstatd.

2 I will open this up to comments or questions
3 from Board members or Staff -- I'm sorry. Thank you for
4 your comments. I will call the applicant up. Excuse me.

5 (Pause)

6 CHAIRMAN GALASSIE: Those representatives
7 from Manor Court of Carbondale.

8 (Pause)

9 (Oath given)

10 CHAIRMAN GALASSIE: Staff report?

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

12 The applicants are proposing to establish a
13 120-bed long-term care facility in Carbondale, Illinois.
14 The total cost of the project is approximately \$13.8
15 million. The expected project completion date is January
16 31st, 2014. There was no public hearing on this project,
17 and we did not receive any opposition comments.

18 Thank you, Mr. Chairman.

19 CHAIRMAN GALASSIE: Thank you.

20 Mr. Kniery?

21 MR. KNIERY: Chairman Galassie and Members of
22 the Board, with me today is Don Fike (spells last name),
23 with the applicants, and to his left is Mr. Ron Wilson
24 (spells last name). We're here before you. I'll open it

1 up to questions. Just briefly, though, to address the
2 findings from the Staff, now that the other project has
3 been -- a discontinuation of the County nursing home has
4 been approved, all but one negative remains. All the other
5 negatives go away on this project, and that leaves the area
6 facilities having capacity. None of the facilities have --
7 I'd like to point out that none of them have provided any
8 opposition to this project, or to the closure project. This
9 facility actually rights the bed need in the Planning Area.
10 There is actually going to be a need for seven beds upon
11 completion of this project.

12 The other positive is that we're not stealing
13 residents. We're not competing, initially, for residents.
14 Those residents are already in the County home. We can
15 expand on that, if you desire, but our residents are in
16 place. We will be at over 90 percent optimum utilization
17 when we open. Thank you.

18 CHAIRMAN GALASSIE: Thank you.

19 I would like to open up to Board members for
20 questions or comments.

21 MR. EAKER: Just give me an overview, real
22 quick explanation, as to how you can build a new
23 state-of-the-art facility and the County Board can't.

24 MR. FIKE: That's a tough question. We -- the

1 applicant has had several years of experience in long-term
2 care, and I think you can answer that in several ways, but
3 probably the most difficult thing for a stand-alone county
4 home today is to have the resources available, not just the
5 financial resources, but the management resources and the
6 technical resources that are required today, which, as you
7 know, the nursing home business is a very highly-regulated
8 environment, and to balance that act, I think it's very
9 difficult for a stand-alone facility to be able to meet the
10 commitment to operate in the way that provides great care
11 but yet have cash flow.

12 This applicant has been involved in the county
13 area, I might add, for several years, with a retirement
14 campus that's located in Carbondale on the west side.
15 Currently has independent living and housing and for
16 several years, the plan was, if things would fall right, to
17 build a nursing home on that campus. So, one of the big
18 advantages, of course, is this will be part of a continuum
19 of care, and being in Carbondale, with Southern Illinois
20 University, we feel -- we've already felt that -- we know,
21 in fact, that we can bring people back to Carbondale when
22 they retire and want to come back, because now we'll have,
23 for the first time, a full-fledged continuum-of-care
24 campus.

1 MR. EAKER: Could I follow up?

2 CHAIRMAN GALASSIE: Sure.

3 MR. EAKER: One of the comments that was made
4 by the previous applicant was that employees were going to
5 be taken care of -- did not come right out and say it, but
6 sounded to me like at a much lower pay scale. Is that--

7 MR. FIKE: I don't know what he means by a
8 much lower pay scale. The County -- as part of this
9 process, they took the pay and the benefits of the current
10 County home, and then they took the pay and benefits of, I
11 think, three or four other facilities, and they compared
12 the pay and the benefits. The pay and the benefits for the
13 applicant are not exactly even with the existing home, but
14 they're not drastically different.

15 MR. EAKER: Okay. That answers my question.

16 CHAIRMAN GALASSIE: Judge, did you have a
17 question.

18 MR. GREIMAN: No.

19 CHAIRMAN GALASSIE: Mr. Sewell?

20 MR. SEWELL: I want to ask Staff about the
21 State Agency Report in terms of the occupancy of existing
22 facilities in the area. Now, your analysis had taken into
23 consideration the occupancy at the County home, because,
24 obviously, you didn't know until a few minutes ago--

1 MR. CONSTANTINO: That's correct, right.

2 MS. OLSON: I have a question of the
3 applicant.

4 CHAIRMAN GALASSIE: Member Olson, and then
5 Dr. Burden.

6 MS. OLSON: It says in the State Agency Report
7 that you're going to compensate the county at \$45,000 a
8 month, until a facility is built, to try to help them make
9 it through the transition; is that correct?

10 MR. FIKE: That's correct.

11 MS. OLSON: Thank you.

12 CHAIRMAN GALASSIE: Yes, Dr. Burden?

13 MR. BURDEN: I'm impressed with the 45 grand a
14 month, but I'm also impressed with Glenn Poshard, who was
15 once on this Board, as a strong recommendation for you.
16 But I am curious, if you can explain -- the two facilities,
17 Pekin and Centralia, had some violations, whatever Type A
18 violation is. Would you mind explaining that to me? I
19 don't know what a Type A violation is.

20 MR. FIKE: Type A is -- the State categorizes
21 their violations by letter, by severity. I'm not sure what
22 those two violations were, and I'm not sure when they
23 occurred, but that's not unusual, for a facility to have a
24 violation occasionally.

1 MR. BURDEN: Oh, is that right?

2 MR. FIKE: Oh, yes. In our environment here,
3 we have more civil monetary penalties and violations in
4 Illinois, unfortunately, than any other state in the
5 country. That's not an excuse for having them, but we are
6 very heavily regulated.

7 MR. BURDEN: Another area, other than the
8 State being bankrupt, we now have violations in nursing
9 homes. You've helped my itinerary for arguments about
10 Illinois. I didn't know that.

11 CHAIRMAN GALASSIE: Mr. Carvalho?

12 MR. CARVALHO: I had a different question, but
13 I'll go into the Type A violation issue. In a typical
14 county-run nursing home, when a person doesn't have a
15 source of sponsorship -- they're not eligible for Medicare
16 or Medicaid -- the county homes continue to provide their
17 care. In a typical private home, that's not the case. Is
18 there any arrangement being made between the County and
19 your home as to, if you have residents who do not have a
20 payment source, whether the County will pay for them,
21 whether you will provide services, or whether you will seek
22 their discharge?

23 MR. WILSON: Well, most generally, any patient
24 that would be eligible to go into a skilled nursing

1 facility probably would be eligible for Medicaid. It would
2 be a very extreme example where someone would not be
3 approved for Medicaid. But in the case if they were not
4 approved for Medicaid, Unlimited Development is a 5(1)(c)
5 not-for-profit corporation, and part of its mission is to
6 provide charity care when the case needs to be done and
7 they can do that to the extent that it does not jeopardize
8 the financial well-being of the facility. But there would
9 be the ability for anybody that did not qualify for
10 Medicaid to receive assistance through the corporation.

11 MR. CARVALHO: So, you don't seek ITD's for --

12 MR. WILSON: Not for payment reasons. The
13 only time we would do that is if the resident was clearly
14 harmful to other residents and there would be a need for
15 discharge.

16 MR. CARVALHO: So, I'm not talking in code,
17 that's a good thing. As to the Type A, that's a bad thing.
18 It is true that we see more of them in Illinois than we
19 would like, and they are serious. They are the things
20 that -- they are our highest violation, and they do impact
21 those star ratings that you have seen from time to time as
22 a Board. They linger in the calculation for a couple of
23 years. So, you will see a negative impact on star ratings
24 for a Type A. So, I guess I can confirm both statements.

1 There are more than we would like to see, but they are
2 serious, and, certainly, our Department takes them very
3 serious.

4 MR. URSO: If I can just add to that, Mr.
5 Carvalho is absolutely correct. There are also Type Double
6 A. Type A is where there is serious harm and substantial
7 probability of death or serious harm to a group of
8 patients. So it is quite serious.

9 CHAIRMAN GALASSIE: Seeing no other comments
10 or questions, may I have a motion to approve Project
11 12-049, to authorize the establishment of a 120-bed
12 long-term care facility in Carbondale, Illinois?

13 MR. BURDEN: So moved.

14 MS. OLSON: Seconded.

15 CHAIRMAN GALASSIE: Moved and seconded. Roll
16 call, please.

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

19 Dr. Burden?

20 MR. BURDEN: Yes.

21 MR. ROATE: Mr. Eaker?

22 MR. EAKER: Yes.

23 MR. ROATE: Justice Greiman?

24 MR. GREIMAN: Yes.

1 MR. ROATE: Mr. Hayes?
2 MR. HAYES: Yes.
3 MR. ROATE: Senator Demuzio?
4 MS. DEMUZIO: Yes.
5 MR. ROATE: Ms. Olson?
6 MS. OLSON: Yes.
7 MR. ROATE: Mr. Penn?
8 MR. PENN: Yes.
9 MR. ROATE: Mr. Sewell?
10 MR. SEWELL: Yes.
11 MR. ROATE: Chairman Galassie?
12 CHAIRMAN GALASSIE: Chairman votes yes.
13 MR. ROATE: That's 9 votes in the affirmative.
14 CHAIRMAN GALASSIE: Motion passes.
15 Congratulations. Good luck to you.
16 ; (Pause)
17 CHAIRMAN GALASSIE: Prior to breaking for
18 lunch, the gentleman that just stood up walking out of the
19 door, I want to introduce David Raikes, who is also one of
20 our newer members on our long-term care committee. We
21 appreciate the time he's been putting in.
22 (Applause)
23 CHAIRMAN GALASSIE: It is -- we are going --
24 I have one o'clock. Everybody break for lunch, and we'll

1 try to be back here in about 45 or 50 minutes, is the plan.

2 Thank you very much.

3 (Lunch recess)

4 CHAIRMAN GALASSIE: I'd like to call us back
5 to order, please.

6 We are moving to Item D-05, Project 12-051.

7 We have one public comment, to my knowledge, from
8 Mr. Richard Endress -- good afternoon, sir -- speaking in
9 support of the project. If you would simply introduce
10 yourself and spell your name. We do not have to swear you
11 in. Welcome.

12 MR. ENDRESS: Thank you. My name is Richard
13 Endress (spells last name). I'm the President and founder
14 of the DuPage Health Coalition, which runs the Access
15 DuPage program, DuPage County.

16 Access DuPage last year provided comprehensive
17 medical care to about 14,400 low income, medically
18 uninsured residents in DuPage County. I'd like to talk to
19 you a little bit about the support of the DuPage Medical
20 Group for Access DuPage and medical care for folks in
21 DuPage County.

22 I will start by saying that DuPage Medical
23 Group was one of fourteen founding organizations of Access
24 DuPage back in 2001. Dr. Jim Dan, who was then President

1 of the DuPage Medical Group, was one of the chief
2 architects of Access DuPage and was the Chairman of our
3 board for the first five years of our existence, and from
4 the very start of Access DuPage, the DuPage Medical Group
5 made a corporate commitment to support Access DuPage. What
6 that means is that every new doctor that joins the DuPage
7 Medical Group agrees to see a certain number of Access
8 DuPage patients without compensation. Virtually every
9 physician in the DuPage Medical Group participates in
10 Access Dupage, and the result is, last year, in the 12
11 months ending June 30th, 2012, physicians of the DuPage
12 Medical Group delivered 15,278 individual services to
13 Access DuPage patients, with a retail value of slightly
14 over \$4.7 million. That support covers all medical
15 specialties, and we are particularly grateful to DuPage
16 Medical Group for providing special care in precisely those
17 areas where it's hardest to find specialty care.

18 So, in summary, we simply could not run a
19 program like Access DuPage in anywhere near its present
20 scope or effectiveness without the support of the DuPage
21 Medical Group. I am confident that if this new medical
22 center is approved, we will get the same kinds of support
23 we did at all of the other sites.

24 I would like to make one final comment about

1 the proposed location of the medical center. By the end of
2 this year, we will have five Federally-Qualified Health
3 Centers in DuPage County, but because of the way in which
4 the Federal regulations are configured, all five of those
5 FQHC's will be in the north part of the county. So, the
6 prospect of having a medical center in the south part of
7 the county, very convenient to a lot of our patients, many
8 who have difficulty with transportation in getting to
9 medical care, and particularly those patients who may need
10 to make multiple visits -- for example, those patients
11 needing cancer care -- is very attractive to us.

12 Thank you for the opportunity to comment.

13 CHAIRMAN GALASSIE: Thank you, Mr. Endress;
14 and, as I have in the past, I just want to compliment your
15 ability and your team's ability. Access DuPage is
16 absolutely a model.

17 No other public comment. Representatives from
18 the DuPage Medical Group, medical office building in Lisle,
19 if you would please come up. And good afternoon.

20 (Pause)

21 CHAIRMAN GALASSIE: The microphone should be
22 on, if the button is up. Introduce yourselves, spelling
23 your names, and then we'll have you folks sworn in.

24 (Pause)

1 MR. MERRICK: Dr. Paul Merrick (spells last
2 name).

3 MR. GOODMAN: Larry Goodman (spells last
4 name).

5 MR. KASPER: Michael Kasper (spells last
6 name).

7 MS. MURER: Cherilyn Murer (spells name).

8 CHAIRMAN GALASSIE: Thank you.

9 (Oath given)

10 CHAIRMAN GALASSIE: Thank you very much.

11 Mr. Constantino, Staff report, please.

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

13 The applicants are proposing a medical office
14 building in Lisle, Illinois that will provide radiation
15 oncology, chemotherapy, infusion therapy, and physician
16 offices. A linear accelerator would be installed in the
17 building and be owned and operated by DuPage Medical Group.
18 The projected cost of the project is approximately \$36.3
19 million, and the anticipated project completion date is
20 December 31st, 2012.

21 Thank you, Mr. Chairman.

22 CHAIRMAN GALASSIE: Thank you, sir.

23 And who would like to address the Board?

24 MS. MURER: I'll be happy to. Thank you,

1 Mr. Chairman. Thank you, Members of the Board.

2 This has been a journey that began many years
3 ago between DuPage Medical Group and Rush University
4 Medical Center, and it's been a regulatory journey as well,
5 since our involvement in January of this year. This is a
6 rather unprecedented and, I believe, a rather unprecedented
7 set of circumstances in that this building is owned and
8 operated and financed by physicians. It is not being built
9 on behalf of Rush University, which will occupy
10 approximately 15,000 of the 90,000 square feet, a little
11 less than 15 percent of the building. And so, as we began
12 the project, we did not believe that a Certificate of Need
13 was required, because there were two triggers, in our
14 discussion with the State, that brought us to the position
15 of responding and filing a CON May 30th of this year, and
16 that is whether the linear accelerator was under the
17 threshold.

18 If we look at the cost of the linear
19 accelerator and the incremental costs of the build-out,
20 both were made under the threshold of 3.1 million. Another
21 trigger may have been that this building was being built on
22 behalf of a hospital or a medical center, but given that
23 Rush is occupying approximately 15 percent of the building,
24 providing chemotherapy and infusion therapy, again, that

1 trigger was not evident.

2 We do not disagree with the State in terms of
3 filing a CON. We went ahead and did so, but it was rather
4 ambiguous at the time, and I think that's where it is
5 unprecedented, that a physician group is building this
6 facility, financing it entirely, paying for the linear
7 accelerator, if approved by you, without any support of a
8 hospital.

9 We also looked at and would like to make a
10 comment in regards to the State's evaluation of need of the
11 linear accelerator. We do want to bring to the attention
12 of the Board -- and we did file a letter in this regard --
13 that the statute dictates, the rules dictate, that the
14 Planning Area be utilized, rather than the thirty-mile
15 radius, which is applicable to other types of facilities,
16 such as the ambulatory surgery center. If we look at the
17 Health Planning Area, there are five facilities, five
18 hospitals, rather than eight, three of whom are meeting
19 standards, two of whom are almost meeting standards,
20 including Advocate Good Samaritan that is shy 344
21 treatments to the threshold for a second linear
22 accelerator, 7,500 treatments, and Edwards is shy of a
23 third linear accelerator.

24 So, it is a complex process. We have been

1 very appreciative of the counsel given by the legal
2 department, by Ms. Avery in operations. We have tried to
3 be as responsive as possible, and we hope that you will
4 approve this project. Thank you.

5 CHAIRMAN GALASSIE: Can I just ask you one
6 brief question? Can you expound on what made the
7 process -- what made our process ambiguous?

8 MS. MURER: Well, the fact is that the
9 regulations, including the financial viability regulations,
10 relate to hospitals, and the fact that this is not related
11 to a hospital. Where, I think, you've had other projects
12 in the past that have been joint ventures of hospitals or
13 physician groups or two hospitals coming together, this has
14 no affiliation with a hospital whatsoever, other than
15 relationship as a leasehold tenant from Rush. The fact is
16 that when we looked at this, if you take the cost of the
17 linear accelerator and the incremental build-out, and
18 that's only less than 1,000 square feet in a 95,000 square
19 foot building -- that appeared to be under the threshold.
20 It's at 3,087,000, under the threshold of 3.1. Now we
21 didn't take into consideration the entire building, because
22 that building is used for medical offices and for primary
23 care, but if you look at the cost of the accelerator, plus
24 the incremental cost of the build out, then that was under

1 the \$3.1 million.

2 And the "on behalf of", we really did not
3 believe that this was being built on behalf of Rush, given
4 that it is completely financed by the physicians of the
5 DuPage Medical Group.

6 CHAIRMAN GALASSIE: Thank you.

7 MR. MERRICK: Good afternoon. My name, as I
8 said, is Dr. Paul Merrick. I serve DuPage Medical Group as
9 its President and Board of Directors and also as a
10 practicing urologist.

11 Our doctors have three strategic pillars that
12 make all of our decision making: Quality medicine;
13 efficient, affordable care; and access to everyone in our
14 community. I'm honored to be seated here today with Dr.
15 Phil Bonomi, Dr. Bryan Moran, who came here to support us.
16 They are nationally-recognized physicians for their
17 exceptional passion and care of cancer patients, and they
18 want to partner with us for this project.

19 It has been a long journey to come to this
20 day, lots of hard work, and we are grateful for the
21 opportunity to present our mission and vision for this
22 project in your community.

23 DuPage Medical Group is an integrated group of
24 360 physicians dedicated to the service of our community

1 since 1999. Our planned medical office building in Lisle
2 represents three strategic needs in our area. Those needs
3 are the aging population and increase incident of cancer, a
4 growing need to reduce costs through coordination of care,
5 and access to comprehensive (unintelligible) care. America
6 is getting older, and the incidents of cancer is on the
7 rise. Roughly 10,000 people turn 65 every day. This is
8 indeed where cancer increases in incident. This affects my
9 personal practice, as approximately 40 percent of my
10 patients suffer from cancer.

11 DuPage Medical Group cares for approximately
12 350,000 patients in our community, and currently our cancer
13 care is somewhat fragmented. We believe it is essential to
14 address the growing costs of healthcare. The best way to
15 do that is through coordination of providers and by
16 providing better outcomes. This medical office building
17 will allow new patient (unintelligible) to coordinate care
18 for all types of patients by reigning in multiple
19 specialties under one roof with a shared electronic medical
20 record.

21 This is a unique project. We have a
22 long-standing relationship with Rush University. I
23 graduated from there. We currently collaborate on patient
24 care issues. But this building will forge a closer bond

1 that will better serve the patients in our community so
2 they may have care closer to their homes. We will provide
3 access to clinical trials and subspecialization that is not
4 currently available.

5 This project is financially viable. Our group
6 has already built five buildings of similar size and scale.
7 One of these buildings, our surgical center, was approved
8 by this committee approximately eight years ago. Our
9 surgical center provides exceptional quality and saves tens
10 of millions of dollars of surgical care costs in our
11 community. Our expectation is that the Lisle building will
12 do the same.

13 The heart and soul of this project is not
14 really about dollars. It's about doctors and patients
15 using this uniquely-designed facility to improve cancer
16 care in our community. With your blessing, we will share,
17 and we will save and improve lives of the people in our
18 community and lower costs. Thank you.

19 CHAIRMAN GALASSIE: Thank you, Doctor.

20 MR. GOODMAN: Good afternoon. Again, my name
21 is Larry Goodman. I'm CEO of Rush Medical Center, and it's
22 a pleasure for me to be here.

23 I want to first say that I do regret the
24 confusion about the CON process. Certainly, Rush has been

1 before this board a number of times in the past. We come
2 before you promptly and respectfully. I know DMG intends
3 to do the same thing. So, I very much regret that
4 confusion, and we're here today certainly to answer any
5 questions the Board may have.

6 Secondly, I do want to also echo the thanks to
7 the Staff for reviewing our project here. We think it's an
8 important one.

9 First, what's Rush in this building? You
10 heard we occupy around 12 or 13,000 square foot of an
11 87,000 square foot building. We're renting space in the
12 building. That's what we're doing. But we also have some
13 time share. You can see it in the floor above, where some
14 of our subspecialists will be in that building as well.

15 What is this all about, beyond just renting
16 space? It is an important program. We think it does bring
17 something very special to this community. We've looked a
18 lot at how to best take care of cancer patients, and we've
19 redone our own cancer center, as you know, on our campus,
20 around that image, which is subspecialists, not just
21 oncologists, but people who spend all of their time in lung
22 cancer, breast cancer, do offer something very unique to a
23 special population of patients.

24 Similarly, many patients do want the option of

1 research programs. And, third, there is a specialized care
2 of nursing that goes along with our image of the cancer
3 center. As we look at that, we know that if we want to
4 take advantage of our resources that we've built up and
5 provide most appropriately to the community, we have to
6 reach out to that community. We can't just sit downtown at
7 Rush and say, "Come downtown." We've seen this, and for
8 many patients -- particularly cancer patients -- who are
9 often infirm and have trouble traveling, it's all there --
10 the interdisciplinary care, multiple specialists seeing
11 somebody at one time on a single disease.

12 And DMG feels the same. We have this synergy
13 there. So we have decided it's the right thing to do, to
14 not merely say, "We'd be happy to give you electronic and
15 telephone consults and send your patient downtown." Our
16 physicians want to go out where our patients are. Dr.
17 Bonomi is here, who is the head of our division of
18 oncology. He's a lung cancer specialist, internationally
19 known. He'll be the one taking the lead on this. Others
20 of our specialists will be on site. We will provide that
21 interdisciplinary care in collaboration with the DMG
22 doctors, and we believe the same image of independent
23 contractors, able to work together on behalf of patients,
24 is exactly right. That's what our patients actually expect

1 of us and something that all too often in medicine does not
2 occur, and when we have such a like-minded group like DMG,
3 focused on this kind of quality, and we're also on the same
4 electronic medical platform, it seems like an ideal thing
5 and something we feel is very important for this community.

6 Thank you very much.

7 CHAIRMAN GALASSIE: Thank you.

8 You might want to introduce the other
9 physicians that are here. We don't really know who is
10 here.

11 MR. BONOMI: I might just add that Paul, Bryan
12 and I have been talking about this for at least three
13 years, and we're fully committed to this concept of
14 multi-disciplinary care provided at one site for the
15 patients. We want realtime information for the patients,
16 their family, and the other healthcare providers, and we've
17 had that model at Rush for 30 years in some areas,
18 multi-disciplinary clinics, one visit, team radiologist,
19 surgeon, and oncologist. We now have it in 12 areas. We
20 want to extend this in collaboration with the DuPage
21 medical doctors, working side by side.

22 CHAIRMAN GALASSIE: Again, introduction, with
23 the spelling of your name.

24 MR. BONOMI: Dr. Phil Bonomi (spells last

1 name).

2 MR. MORAN: I'm Dr. Bryan Moran (spells last
3 name), and I'm a specialist radiation oncologist.

4 (Oath given)

5 MR. MORAN: I'm honored to be involved in this
6 project. I think it's a concept for the future to deliver
7 better outcomes in cancer care, without question, and as a
8 second benefit, the cost will be significant to the savings
9 to the providers. It's just a very good model that's well
10 designed for the future with the -- as Dr. Merrick said,
11 with the Baby Boomers coming into this disease, there's
12 going to be enormous need for us to deliver care with a
13 newer concept. That's what this is all about.

14 CHAIRMAN GALASSIE: Thank you.

15 Having heard your comments, I'm going to open
16 up to the Board members for questions or comments.

17 Member Sewell?

18 MR. SEWELL: Yes. I guess I wanted a brief
19 description of what will be different for cancer patients
20 using this facility. I heard clinical research and trials,
21 but what will be different for cancer patients using this
22 service, and say specifically how that relates to the
23 therapeutic radiology compared to what happens already in
24 this area?

1 MR. BOMINI: Well, the biggest thing is, we do
2 plan to have multi-disciplinary clinics. First, we start
3 with the breast cancer, lung cancer, neck cancer. Those
4 patients frequently need a combination of chemotherapy,
5 radiation and surgery. So, in one visit, patient will get
6 to see all of those doctors, and it's a powerful message
7 for me to say, "Well, I think this is a surgical care," but
8 when the surgeon says, "You need surgery," I think it
9 carries more weight. So, all of the questions are
10 answered, comprehensive assessment, and a pretty good idea
11 what their treatment options are. This is not done in
12 other places. They have sometimes meetings where they
13 discuss the patient, but they don't actually see the
14 patient, examine the patient, and then sit down and talk to
15 them.

16 MR. KASPER: I'm Mike Kasper. I'm the Chief
17 Executive Officer for DuPage Medical Group.

18 One of the things that we discussed is that
19 physician interaction -- and to answer your question more
20 directly, which is the radiation, oncology piece -- what
21 happens, once you break that chain of information -- and if
22 a patient has this multi-disciplinary team and they get
23 their treatment plan and they know they're going to need
24 certain -- either chemotherapy or radiation, if they

1 receive those services outside of the information
2 technology infrastructure that we're talking about
3 building, we lose so much in terms of being able to treat
4 that patient in a quality way. By keeping all of those
5 services under one roof, we're able to keep not only the
6 clinical services consistent, but we're also able to keep
7 the information. It reduces redundancy and variation,
8 because we're also going to be loading clinical protocols
9 within our medical system to track those patients, to track
10 how we treat those patients. So, there's going to be a
11 high degree of consistency and a high degree of information
12 that's going to be used to improve care.

13 CHAIRMAN GALASSIE: I believe the Judge has a
14 question.

15 MR. GREIMAN: Yes, I do. I'm interested in
16 the charity that hospitals and medicals -- your charity
17 care, and you have about the lowest charity care I've ever
18 seen in the documents we have, .5 percent. Is it because
19 DuPage County doesn't have anybody who needs charity or
20 why?

21 MS. MURER: I'll try to begin to answer that
22 question. I think --

23 MR. GREIMAN: Just try or answer?

24 MS. MURER: I'll try to do my best. We do

1 have to remember that this is not a hospital, and I would
2 like to continue to reiterate this. This is a group of
3 physicians who are coming together with this medical office
4 building. This is a group of physicians that have chosen
5 to support Access DuPage, as has been described, with an
6 equivalency of approximately almost \$5 million worth of
7 care. So, I think that as we look to this, I do want to
8 continue to reiterate the fact that we are not a hospital.
9 We are a group of physicians who are trying to support the
10 community, support their patients, and they have a long
11 history in the provision of charity care through Access
12 DuPage.

13 MR. GREIMAN: Well, do they do that as
14 individual caregivers? Is that what you're telling us?

15 MR. GOODMAN: Judge, that is correct. So it's
16 our individual physicians. And you highlight something
17 that we, as an organization, don't always do a great job
18 of. Our physicians independently deliver enormous amounts
19 of care to the communities that they serve, not only in
20 Illinois, but across the world. Our physicians go out on
21 medical missions internationally --

22 MR. GREIMAN: Do you have a doctorate of care,
23 a protocol for them to observe, in terms of giving
24 charitable services and care?

1 MR. MERRICK: This is -- we piloted an
2 interesting project with our General Surgery Department
3 this past year. We had a new general surgeon come in.
4 There was a backlog of Access DuPage surgical cases that
5 needed to be done, about 40 cases, I think it was, and he
6 marched through all of those cases and took away the entire
7 backlog of Access DuPage.

8 MR. PENN: I'm going to follow up with that.
9 Rush shows an increase in charity care each fiscal year,
10 where DuPage has the same. Is that your policy, to keep it
11 at .5 percent?

12 MR. GOODMAN: Absolutely not. We do not have
13 a policy to limit the amount of charity care.

14 MR. PENN: In three years, your report shows
15 .5 percent every year, and then -- this may be of some
16 help. Sometimes people provide charity care they don't
17 realize they're providing, by our definition.

18 MR. GOODMAN: That was the point I was trying
19 to make. I don't believe we collect all of charity care
20 that our physicians deliver within our financial
21 statements.

22 MS. MURER: I would like to reiterate that as
23 well. Because we are not a hospital and this is a private
24 enterprise of physicians, the collection of data is not in

1 the same way as an academic medical center collects data
2 and is mandated to distribute data. I believe that there
3 are, as has been said, several physicians, many physicians
4 who provide care and it's just not reported. I want to
5 continue to reiterate the fact that this is a private
6 enterprise of physicians, not a hospital, and so the
7 standards -- and that was one area of the ambiguity. The
8 standards written for a hospital may not be applicable to a
9 group of physicians.

10 MR. GREIMAN: You might have some protocols
11 which a number of the doctors related to DuPage Medical
12 Group have that requires them to furnish you with the
13 information relating to charity. Can I assume "charity"
14 means to some of them "Someone just didn't pay me, so I
15 guess it's charity"?

16 CHAIRMAN GALASSIE: The \$5 million figure,
17 Ms. Murer, was that a period of time?

18 MS. MURER: That was one year, I believe.

19 MR. PENN: Sorry. I didn't hear the answer.

20 CHAIRMAN GALASSIE: One year. And then I'll
21 move down the table.

22 Certainly, Access DuPage would have to be
23 collecting data for its reporting purposes for charity
24 care. So, that much information should be very apparent

1 and, I'm assuming, within your control. Do you think that
2 Access DuPage charity care given by all of your 300-plus
3 physicians is reported into your half of a percent?

4 MR. GOODMAN: I would say that half of a
5 percent is grossly understated. By how much, I couldn't
6 say. We have inappropriately articulated it, but we know
7 it's grossly understated.

8 MS. OLSON: Didn't Mr. Endress say it's 4.7%?

9 MR. GOODMAN: He did, over a one-year period.

10 MR. ENDRESS: Could I comment?

11 CHAIRMAN GALASSIE: Please.

12 MR. ENDRESS: The numbers I quoted actually
13 come from the DuPage Medical Group. They cover only Access
14 DuPage patients. There are many other charity care that's
15 given by DuPage Medical Group, Medicaid and other forms
16 under-funded care. I'll just say this: If every physician
17 in DuPage County did the equivalent as DuPage Medical Group
18 does, we would have more than sufficient resources to care
19 for everybody in DuPage County. They have a superior
20 level.

21 CHAIRMAN GALASSIE: There are questions,
22 starting with Member Sewell and then Member Olson and then
23 Dr. Burden.

24 MR. SEWELL: I wanted to be clear about this

1 \$5 million commitment and its relationship to Access
2 DuPage. Is this for patients that end up with the cancer
3 program, that have received their primary care at Access
4 DuPage, or is it for people who might be referred to the
5 program, regardless of where they come from?

6 MR. GOODMAN: Those patients can fall in all
7 of the above categories. So, they could be seeing one of
8 our primary care physicians. In fact, one of our primary
9 care physicians runs a free clinic on a regular basis, and
10 if they identified certain specialties that are needed,
11 they would make that downstream referral, or if one of the
12 FQHC referenced earlier was seeing a patient that needed
13 some additional specialty care, they might make a referral
14 into the system. That \$4.7 million has nothing to do
15 directly with the cancer program or the medical office
16 building that we're talking about today. The reality is,
17 that number will go up as we create more space and bring on
18 more physicians. We add roughly 30 to 45 physicians a
19 year. All of those physicians make commitments to play an
20 active role in this program.

21 CHAIRMAN GALASSIE: Member Olson?

22 MS. OLSON: I think my question is easier.
23 Mrs. Murer, if you could turn to page 14 in the SAR, on
24 Table Six, and help me understand. This is the one that

1 has -- I thought you had it in front of you, related to the
2 other areas that have linear accelerators. I'm not
3 following this table, because it looks to me like our
4 standard is 7,500 treatments per year, yet they're saying
5 that in Hinsdale, they had 4,097 treatments, but they met
6 the threshold. I don't -- I'm --

7 MS. MURER: I think that -- what I do have in
8 front of me is communication and e-mail with the State in
9 regards to this formula, because it is complicated, and it
10 is 7,500 treatments. One has to perform 7,500 treatments
11 before you can have a second linear accelerator. The
12 ambiguity is, how do you get the first? And so, once you
13 have 7,500, then you can ask for a second, and that's why
14 with Edwards, they have three linear accelerators.

15 MS. OLSON: So, Mike, can you help me with
16 page 14?

17 MR. CONSTANTINO: Sure.

18 MS. OLSON: I don't get the numbers.

19 MR. CONSTANTINO: Okay. Advocate Good
20 Samaritan has two linear accelerators. They can't justify
21 those. They have enough to justify one, one accelerator.
22 Hinsdale has one. They can justify the one accelerator,
23 because they have --

24 MS. OLSON: Okay. I see.

1 MR. CONSTANTINO: That's how we do like
2 surgery centers, ESRD.

3 MS. OLSON: The light just came on.

4 MS. MURER: But one thing, also, Ms. Olson,
5 and that was the comment I made. When you look at Advocate
6 Good Sam, they are 344 treatments short for a second linear
7 accelerator. So, if they pass the 7,500, then they're
8 eligible for a second linear accelerator.

9 MS. OLSON: Right. Wasn't there some
10 additional information that you submitted with your report
11 that said -- you made the distinction between the Health
12 Service Area and 30 miles? Can you talk to that a little
13 bit more?

14 MS. MURER: I did. We were -- we're quoting
15 Section 1110.3030(b) for Clinical Service Areas. That
16 stipulates looking at the Planning Area, which is why I was
17 saying there are 5. The 30-mile radius is applicable for
18 different types of healthcare facilities, including
19 ambulatory surgery. This is not an ambulatory surgery
20 center.

21 MR. CONSTANTINO: Excuse me a minute. It's 30
22 minutes, and the reason we went outside the Planning Area
23 is because they identified patients that they would be
24 receiving at this medical office building to have linear

1 radiation oncology done. That is the exact reason why we
2 did it. We could have gone out 45 minutes, because they
3 said they were going to have patients coming from Cook
4 County.

5 MS. OLSON: Okay.

6 MR. CONSTANTINO: It also points out to the
7 Board, there's a number of linear accelerators out there
8 that are not being fully utilized. There's a number that
9 has not come before this Board because they've been
10 grandfathered in under the change in the legislation. Just
11 because we identified 8 here, there could be a number --
12 there could be hundreds out there. We don't know.

13 MR. SEWELL: Now, can I do a follow-up?

14 CHAIRMAN GALASSIE: Yes, Member Sewell, and
15 then Dr. Burden.

16 MR. SEWELL: Actually, the 7,500 threshold
17 would be a prerequisite for adding another linear
18 accelerator in the system, not necessarily at the
19 institution that meets that; is that correct?

20 MR. CONSTANTINO: Right.

21 MR. SEWELL: Thank you.

22 CHAIRMAN GALASSIE: Dr. Burden?

23 MR. BURDEN: Thank you, Mr. Chairman.

24 As a retired urologist, practicing in the

1 community for 40 years, now retired 11, I'm impressed to
2 see several people here who have great credentials in the
3 medical community, although Paul Merrick had more hair on
4 the top about 25 years ago and I'd like to know what he's
5 done. What a tremendous growth in opportunity it has had
6 for me to hear the access in the community.

7 Moran, the last time I was on the putting
8 green, Butler, one of my good friends, complained of pain.
9 I said, "You've got a stone." Two days later he said, "I
10 met a guy named Moran. He took a stone out of my ureter
11 the night before last." That's -- obviously, I'm retired.

12 Dr. Goodman, when he shows up, that means
13 we're interested in getting this thing through. I'm
14 talking for myself.

15 We see a lot of docs coming in front of us.
16 You guys are actually -- Merrick, a strong consideration
17 for what you want to do. Unfortunately, there was some
18 editorial confusion, perhaps, that led you to having to be
19 here today. I'm only saying what I know, and this doesn't
20 represent the other members and their feelings regarding
21 the questions you've had. You guys are representing a
22 significant good part of what I think is good about the
23 Chicago medical community, and, obviously, I probably said
24 too much already, but at least I said hi to you.

1 CHAIRMAN GALASSIE: Mr. Carvalho.

2 MR. CARVALHO: Thank you. I think I could be
3 helpful to a discussion you had three topics ago related to
4 charity care, I think, especially since I'm often the one
5 who raises the issue of charity care. I hope I haven't
6 confused the area in the past.

7 Charity care is something that we do measure
8 for all of the facilities, from whom we get data, but the
9 only facilities who are under any obligation with respect
10 to charity care are not-for-profit hospitals, and that is
11 the connection for not-for-profit status and also the
12 payment of not-for-profit taxes. We collect the data for
13 the other facilities, but you, nor the State of Illinois,
14 have imposed any obligations on them. We collect them
15 because we're interested in them and because it does lead
16 to fruitful conversations at these meetings. But to put
17 this in context, normally you don't get -- and we don't
18 collect -- data on what private medical groups do with
19 respect to charity care, because, normally, private medical
20 groups aren't coming before you. One of the few times
21 where you do see a medical side -- and keep in mind this
22 isn't a criticism; this is a description. All doctors are
23 for profit; by their nature, they are for profit. They're
24 not organized as not-for-profit entities. They're

1 individuals and, therefore, for profit, and so, we have
2 not, as a state, imposed any charity obligations on them,
3 and most of them do that in some way or another.

4 But the one insight into charity care with
5 respect to physician practice that we do have are the data
6 that we collect from Ambulatory Surgical Treatment Centers,
7 which, as you know, are almost by and large run and owned
8 by doctors. And so, to give you our latest information,
9 which is from 2011, for the 138 Ambulatory Surgical
10 Treatment Centers in Illinois, collectively, all of them
11 provide \$2 million of charity care, .2 percent. So,
12 because the State of Illinois has never imposed any
13 obligation on them, nor have you, collectively our data
14 shows them receiving \$924 million in revenues and providing
15 \$2 million in charity care.

16 So, when you look at the .5 percent number for
17 this particular medical group, you should have those data
18 of what occurs in Ambulatory Surgical Treatment Centers,
19 run by physicians who also do not have a charity care
20 obligation under the law.

21 CHAIRMAN GALASSIE: Thanks, David, for the
22 perspective.

23 Other questions or comments?

24 MR. HAYES: Yes, Mr. Chairman. How does --

1 now, currently, how does the DuPage Medical Group serve
2 their cancer patients?

3 MR. MERRICK: We have five medical oncologists
4 in office buildings, similar to other specialists. We have
5 several infusion sites in those offices, and we have no
6 radiation services. We have to outsource those outside of
7 our electronic medical records. So, one of our goals is to
8 have integration in care so there is less redundancy and
9 less cost and higher quality, and that's one of our goals.

10 MR. HAYES: No radiation therapy? Where do
11 you normally go for that? Do you use hospital-based?

12 MR. GOODMAN: We actually don't know. We
13 don't have -- because we don't deliver that within the
14 group, it's up to the individual physician to make a
15 decision of where they would refer those patients for care,
16 and we just don't have the data available to us, because
17 it's not in our record.

18 MR. HAYES: Do you use Central DuPage
19 Hospital quite a bit for -- your physicians are based
20 there, and do you use that?

21 MR. MERRICK: It's about 30 percent of our
22 business.

23 MR. HAYES: About 30 percent?

24 MR. MERRICK: Yes.

1 MR. HAYES: Do you expect that to continue in
2 the future?

3 MR. MERRICK: I hope so.

4 MR. HAYES: All right. Thank you.

5 CHAIRMAN GALASSIE: Any other questions?

6 (Pause)

7 CHAIRMAN GALASSIE: Hearing none, may I have
8 a motion to approve Project 12-051 to establish a medical
9 office building in Lisle, Illinois?

10 MS. OLSON: So moved.

11 MR. BURDEN: Second.

12 CHAIRMAN GALASSIE: Moved and seconded. Roll
13 call, please.

14 MR. ROATE: Motion made by Ms. Olson, seconded
15 by Dr. Burden.

16 ; Dr. Burden?

17 MR. BURDEN: Yes.

18 MR. ROATE: Mr. Eaker?

19 MR. EAKER: Yes.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: Yes.

22 MR. ROATE: Mr. Hayes?

23 MR. HAYES: In this case, I think there are
24 other facilities that are not performing at our standards

1 or certainly can take this type of therapy. I find that
2 this process has been very elongated and that this project
3 actually began in 2000 -- summer of 2010, and so for those
4 reasons, I'm going to vote no.

5 MR. ROATE: Senator Demuzio?

6 MS. DEMUZIO: Yes.

7 MR. ROATE: Ms. Olson?

8 MS. OLSON: Yes.

9 MR. ROATE: Mr. Penn?

10 MR. PENN: Yes.

11 MR. ROATE: Mr. Sewell?

12 MR. SEWELL: No. I don't think that we can
13 justify it, an additional linear accelerator. While I'm
14 impressed with the arrangement for cancer care that has
15 been assembled, it doesn't work out based on the numbers in
16 the State Agency Report.

17 MR. ROATE: Chairman Galassie?

18 CHAIRMAN GALASSIE: Chair votes yes.

19 MR. ROATE: That's seven votes in the
20 affirmative, two votes in the negative.

21 CHAIRMAN GALASSIE: Motion passes.

22 Congratulations.

23 (Pause)

24 CHAIRMAN GALASSIE: Moving on to Project

1 12-041, Hawthorn Surgery Center, Vernon Hills. We have one
2 request for public comment, Mr. Hyuk Chong, in support of
3 the project. Good afternoon, sir.

4 MR. CHONG: Good afternoon.

5 CHAIRMAN GALASSIE: Introduce yourself and
6 spell your name.

7 MR. CHONG: I'm Dr. Hyuk Chong (spells name).
8 I have a statement I would like to read.

9 My name is Hyuk Chong, and I'm here to support
10 this application. I'm an anesthesiologist, serving the
11 patients at Hawthorn Surgery Center.

12 If any of you have not had the opportunity to
13 tour our facility, I want to try to give you some
14 perspective as to why this surgery center needs to move.
15 The existing surgery center was built as part of the
16 multi-tenant building movement over 30 years ago, and from
17 what I understand, was initially built as an office space
18 for the Allstate Insurance Company. Because of that, the
19 surgery center has had a long -- has a long and narrow
20 footprint. It was designed for a row of offices, looking
21 out a window and a hall running alongside of it. It is
22 very narrow, and while may be good for a medical office
23 that occupied the other suites in the building, we would
24 prefer a very different layout.

1 As industry standards have developed for ASC's
2 and innovation of surgery have evolved, this physical plant
3 has created many functional limitations for us. This is
4 particularly true given that the facility is now fully
5 utilized. The operating rooms are small and cannot
6 accommodate all of the state-of-the-art equipment that we
7 now use in our surgeries. There is no space for
8 (unintelligible). The recovery bays are separated only by
9 curtains, which cannot afford patients adequate privacy.

10 The new surgery center will have larger
11 operating rooms, which will meet Class C standard
12 requirements, and the recovery bays will enhance patient
13 privacy.

14 The surgery center's flow is both inefficient
15 and suboptimal from an infection and (unintelligible).
16 This requires the center to take additional measures to
17 maintain compliance. Ideally, and under the pending
18 proposal, the surgery center layout will develop around a
19 sterile corridor. The people, tools, and supplies working
20 within the immediate surgical field are the primary
21 concerns for infection control, and how these people and
22 items arrive to the operating room are of equal importance.
23 A carefully orchestrated workload is key to minimizing the
24 risk of contamination in surgery. Anything that moves in

1 and out of the operating room, as well as the surgical
2 suite as a whole, should flow based on infection control
3 considerations.

4 One area critical to my component of care is
5 the medical gases. Currently, the facility doesn't have
6 piped medical gases, so large tanks have to come up from
7 the basement on a daily basis. This is really undesirable
8 in a number of respects.

9 Finally, this is a fully utilized facility, so
10 the thought that the cases could be done anyplace else but
11 in Hawthorn's modernized facility does not take into
12 account that this is the practice site of over 20 busy
13 surgeons within the area. So, one would not expect these
14 cases to move to Cook County or even southern Lake County,
15 where these doctors don't have patients or offices.

16 Thank you for your time. Please approve this
17 modernization project.

18 CHAIRMAN GALASSIE: Mr. Chong, I had a
19 question or clarification from your registration form.
20 You're affiliation is with Hawthorn Surgery Center?

21 MR. CHONG: I'm one of the Medical Directors.

22 CHAIRMAN GALASSIE: Thank you very much.

23 (Pause)

24 CHAIRMAN GALASSIE: No other public comment,

1 to my knowledge. Hearing none, representatives for Project
2 12-041, Hawthorn Surgery Center, if you would please come
3 up and introduce yourselves, spelling your name, and we
4 will have you collectively sworn in.

5 MS. BELL: My name is Julie Bell, and I am the
6 Administrator for Hawthorn Surgery Center.

7 MS. FRIEDMAN: I am Kara Friedman, and my
8 colleague, Anne Cooper, from Polsinelli Shughart, is also
9 here.

10 CHAIRMAN GALASSIE: Thank you. We'll have
11 you sworn.

12 (Oath given)

13 CHAIRMAN GALASSIE: Thank you very much.

14 Mr. Constantino, a Staff report?

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

16 The applicants propose to discontinue an existing
17 multi-specialty ASTC and establish a replacement
18 multi-specialty ASTC in Vernon Hills. The estimated cost
19 of the project is approximately \$10.3 million.

20 Thank you, Mr. Chairman.

21 CHAIRMAN GALASSIE: Thank you.

22 Would you like to address the Board?

23 MS. BELL: Yes, please. First of all, I just
24 wanted to thank the Staff for your assistance in this

1 process. We're really excited to be here today, and we're
2 happy for the support that we've received in the community
3 on this project, as there has been no opposition.

4 So, what we're asking permission to do today
5 is to relocate our existing facility just one mile from our
6 current location, to move into a building that has the same
7 number of OR's we currently have, where we can continue to
8 serve the same patients coming from the same demographic
9 location, having surgery with the same physicians; yet, we
10 would be able to serve them in a building that is compliant
11 not only with the current infection control standards but
12 also with the IDPH, CMS and (unintelligible) codes.

13 We've been operating in our existing space,
14 which Dr. Chong explained is a multi-tenant building which
15 we lease from a third party and have been doing so for over
16 30 years. And I'm going to try to describe to you from
17 an operational and a compliance perspective our space
18 limitations and constraints, which is the basis for this
19 request for relocation. One would think that that would be
20 relatively easy to do, but as I spent several months
21 explaining it to Kara over the phone, it's not until you
22 actually walk into our center that you can truly appreciate
23 the extreme circumstances and limitations that we're facing
24 on daily basis.

1 So, our building is a three-story building
2 that was initially built for an insurance company but now
3 operates just over a dozen medical practices. The suites
4 are lined on just two sides of the building, and in a
5 center is a large open atrium that goes all the way from
6 the first floor up to the top, and we are housed on the
7 first floor on one side of that building. Due to this
8 layout, all the suites are very narrow and long, linear,
9 which is exactly opposite of an ideal layout for a surgery
10 center, which should be rectangular in shape in order to
11 facilitate proper flow for infection control compliance,
12 life safety measures, and just overall efficiencies.

13 The reasons that we are pursuing relocation
14 are not just because a department or an area is inadequate
15 as far as space goes, but, in fact, it's all the
16 departments and all of the areas that would benefit. Our
17 intention of the new center is to build a space that meets
18 current standards, as well as providing adequate room for
19 our patients, their families, our equipment, supplies, and
20 personnel. So I'd just like to take a couple seconds to
21 give some specifics around what I'm talking about.

22 So, for instance, pre-op area, where patients
23 are being changed and prepped for surgery. They're doing
24 this in a four-by-four-and-a-half-foot cubicle. Okay?

1 We're unable to even allow their family members to come sit
2 with them preoperatively, because there's just no space to
3 do so. Another example are our locker rooms. We have 20
4 women getting changed in an area that is two and a half
5 feet clearance space from locker to locker, two and a half
6 feet by twelve and a half feet. I have to get changed --
7 my locker is in front of the door -- with my foot to the
8 back of me, because if somebody comes through that door,
9 they're going to hit me. Another example is, our OR size,
10 average OR size is 252 square feet, yet the Class C
11 standard now is 400 square feet for an OR.

12 I'd like to describe our OR. It's kind of
13 like that kids' number puzzle, the little slider puzzle
14 where you have to get all of the numbers in the proper
15 sequential order and you have to move five of those little
16 squares in order to get the one you want into the right
17 position. That's how providing surgical care in our OR's
18 are. You have to move five pieces of equipment around in
19 order to get that one you need for that patient, because
20 it's so small.

21 The primary elements that we will gain in the
22 new building are adequate sized patient pre-op and recovery
23 bays, which will enhance the patient privacy, but will also
24 allow family members to participate in the care in those

1 areas, as well as larger OR's that will comply with the
2 Class C standards and accommodate the more state-of-the-art
3 medical technology that surgeons require.

4 So, with these constraints I just described
5 also comes a lack of proper flow as our patients are going
6 through our center, as well as some challenges that our
7 surgeons and teammates have as they are moving in the
8 facility from non-sterile areas to the semi-sterile and
9 sterile corridors. If this was a new facility, our current
10 layout would not be approved by IDPH.

11 In addition to space for our clinical
12 functions, a new building would provide support staff
13 space. We currently only have one office in the entire
14 clinical area. It's a seven-by-fourteen room that has one
15 counter that houses our Director of Nursing, our Surgery
16 Scheduler, and our pre-op nurses, and there are no spaces
17 for physicians to go. There are no physician offices.
18 Other shortcomings in our existing space are the air
19 handling mechanics, as well as lack of piped gases, neither
20 of which are industry standard in healthcare today.

21 So, finally, with all of that being said, you
22 might just say why don't we remodel our existing space? We
23 actually did look into this several years back, but due to
24 the design of that building that I was talking about, that

1 open atrium, it is impossible to remodel our current suite
2 in a way that will comply with current standards. If you
3 would like me to explain that further, I would be willing
4 to do so. Otherwise, I would like to thank you for your
5 consideration on this relocation project.

6 CHAIRMAN GALASSIE: Other than those issues,
7 the facilities work out fine for you? Thank you.

8 (Laughter)

9 CHAIRMAN GALASSIE: Thank you very much.
10 Can I open it up to comments from Board
11 members, please. Dr. Burden?

12 MR. BURDEN: Thank you very much for your
13 presentation. I noticed a couple of things that I'm
14 intrigued about. I see there is a -- you're going to move
15 a mile from where you're currently located, and, basically,
16 you do -- I don't know what neurological services you're
17 providing. I see you had 506 -- what are those?

18 MS. BELL: Those are based off of CPT codes,
19 things like carpal tunnel, those types of things will fall
20 into the neuro codes, according to the State reports.

21 MR. BURDEN: I see. Who does that, a neuro
22 surgeon or orthopedics?

23 MS. BELL: Orthopedic.

24 MR. BURDEN: So basically, it says the

1 majority of the procedures are that, podiatric and
2 orthopedic, correct?

3 MS. BELL: Correct.

4 MR. BURDEN: It's interesting. I can't say
5 much more. We've already had a discussion about Medicaid
6 and ASTC's. You had no Medicaid, no charity care, 3
7 Medicare. Is it selective, that everybody who comes to
8 your clinic is private pay, 97 percent of the net revenue
9 by payor source the last fiscal year? If I can add 36 and
10 59, come up to about 96 or 8. That's pretty interesting
11 patient mix. Do you plan on taking Medicaid now that
12 you're moving away, or do you plan on taking Medicare?
13 Those are my questions. I can't be any more direct.

14 MS. FRIEDMAN: Yes. In fact, this is part of
15 the process with relocating. In fact, the Center did
16 enroll in Medicaid. It has provided 34 cases this year
17 through July, I believe the date is, and they now have an
18 active arrangement to bring those Medicaid patients in.

19 The other misconception -- and this has just
20 resulted in some definitional differences between what they
21 perceive and what their reporting requirements are. The
22 charity care definition that you have requires that
23 services, in order to qualify, must be up-front, prior to
24 the service determined to be eligible for charity care,

1 before the service is provided. So, over the years, they
2 have not reported charity care. But as we talked about
3 this earlier and took a closer look at it, I learned that
4 the organization does have a care policy and that policy
5 has actually benefited 174 patients over the last few
6 years. That documentation was actually included, and there
7 is reference in the State Agency Report to it. But the
8 basic difference is that the patient does receive a bill
9 before they have the discussion about the financial
10 criteria that they have to meet before they receive
11 discounted care or free care.

12 MR. BURDEN: So your answer is --

13 MS. FRIEDMAN: We're committed to continuing
14 that uncompensated care.

15 MR. BURDEN: Surgical Care Associates,
16 according to Crains, are located in Atlanta; is that right?

17 MS. FRIEDMAN: Alabama.

18 MR. BURDEN: And they own this clinic and the
19 docs have a fee for service, or they work for the
20 affiliates in Alabama?

21 MS. BELL: It's a partnership. So, its
22 physician partners as well as --

23 MR. BURDEN: So, it's a good deal for the
24 docs. I'm not opposed to it. I'm just fine.

1 MS. BELL: I'm not one of the docs, but yes.

2 MR. BURDEN: I'm looking to take care of some
3 of the poor folks that haven't been as fortunate.

4 MS. BELL: Absolutely. We had a physician
5 today, as a great example, that runs a -- the Lake County
6 Children's Orthopedic Clinic. It's the only free clinic in
7 the county, and he has done so for years and years, and now
8 that we do have the Medicaid number that Kara was just
9 describing -- we didn't have a Medicaid number -- we have
10 built up to July, 34 patients. The doctor is able to
11 accommodate patients that he is seeing at that clinic at
12 our facility as well.

13 MR. BURDEN: I'm happy to see you got the
14 Medicaid number. I once misstepped and voted against an
15 ASTC in Peoria, Illinois because the orthopedist did not
16 have a Medicaid number. Perhaps it was a mistake on my
17 part. I don't know what he did, if he ever came back,
18 waited until I wasn't here and got it passed. But I am
19 impressed to see at least there's a Medicaid number. I
20 can't do anymore than that. A few things are important. I
21 think most doctors are inclined that way. When they're
22 owned by a business, business controls the amount of
23 charity care and how much goes on. I know that. So I
24 don't have to ask any more, but I appreciate your answers.

1 Thank you.

2 CHAIRMAN GALASSIE: Any other questions or
3 comments from Board members?

4 (Pause)

5 CHAIRMAN GALASSIE: Seeing and hearing none,
6 may I have a motion to approve Project 12-041 to
7 discontinue and reestablish the Ambulatory Surgical
8 Treatment Center in Vernon Hills, Illinois?

9 MS. OLSON: So moved.

10 MR. BURDEN: Second.

11 CHAIRMAN GALASSIE: Moved and seconded.

12 MR. ROATE: Motion made by Ms. Olson, seconded
13 by Dr. Burden.

14 Dr. Burden?

15 MR. BURDEN: Yes.

16 MR. ROATE: Mr. Eaker?

17 MR. EAKER: Yes.

18 MR. ROATE: Justice Greiman?

19 MR. GREIMAN: Yes.

20 MR. ROATE: Mr. Hayes?

21 MR. HAYES: Yes.

22 MR. ROATE: Senator Demuzio?

23 MS. DEMUZIO: Yes.

24 MR. ROATE: Ms. Olson?

1 MS. OLSON: Yes.

2 MR. ROATE: Mr. Penn?

3 MR. PENN: Yes.

4 MR. ROATE: Mr. Sewell?

5 MR. SEWELL: Yes.

6 MR. ROATE: Chairman Galassie?

7 CHAIRMAN GALASSIE: Yes.

8 MR. ROATE: Nine votes in the affirmative.

9 CHAIRMAN GALASSIE: Motion passes.

10 Congratulations. Good luck.

11 (Pause)

12 CHAIRMAN GALASSIE: Moving on to Item No. 10
13 on our agenda, Rules Development, we have none. No. 11 is
14 Compliance Issues, Settlement Agreements, and Final Orders.
15 We have two items for counsel to enlighten us on.

16 MR. URSO: Mr. Chair, Members of the Board, we
17 are requesting a referral to Legal Counsel. I would like
18 to refer Project No. 12-001, Highland Ambulatory Surgical
19 Center, LLC. Want this matter referred to Legal Counsel
20 for review and filing of any notices for non-compliance,
21 which may result in sanctions detailed and specified in the
22 Board's Act and the Board's Rules.

23 CHAIRMAN GALASSIE: Do you want a motion to
24 that effect?

1 MR. URSO: Yes.

2 CHAIRMAN GALASSIE: For this individual item?

3 MR. URSO: Yes.

4 MR. EAKER: So moved.

5 MR. HAYES: Seconded.

6 MR. ROATE: Motion made by Mr. Eaker, seconded

7 by Mr. Hayes.

8 Dr. Burden?

9 MR. BURDEN: Yes.

10 MR. ROATE: Senator Demuzio?

11 MS. DEMUZIO: Yes.

12 MR. ROATE: Mr. Eaker?

13 MR. EAKER: Yes.

14 MR. ROATE: Justice Greiman?

15 MR. GREIMAN: Yes.

16 MR. ROATE: Mr. Hayes?

17 MR. HAYES: Yes.

18 MR. ROATE: Ms. Olson?

19 MS. OLSON: Yes.

20 MR. ROATE: Mr. Penn?

21 MR. PENN: Yes.

22 MR. ROATE: Mr. Sewell?

23 MR. SEWELL: Yes.

24 MR. ROATE: Chairman Galassie?

1 CHAIRMAN GALASSIE: Yes.

2 MR. ROATE: Nine votes in the affirmative.

3 CHAIRMAN GALASSIE: Motion passes.

4 MR. URSO: Mr. Chairman, I also have a request
5 for two Final Orders. Requesting a motion to approve a
6 Final Order on Morris Hospital, Rezin Orthopedic Center,
7 SC, and Deerpath Orthopedic Surgical Center, LLC, doing
8 business as Deerpath Orthopedic Center, Morris, Project No.
9 02-046. Requesting a motion to approve that Final Order.

10 MR. HAYES: So moved.

11 MS. OLSON: Second.

12 MR. ROATE: Motion made by Mr. Hayes, seconded
13 by Ms. Olson.

14 Dr. Burden?

15 MR. BURDEN: Yes.

16 MR. ROATE: Senator Demuzio?

17 MS. DEMUZIO: Yes.

18 MR. ROATE: Mr. Eaker?

19 MR. EAKER: Yes.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: Yes.

22 MR. ROATE: Mr. Hayes?

23 MR. HAYES: Yes.

24 MR. ROATE: Ms. Olson?

1 MS. OLSON: Yes.

2 MR. ROATE: Mr. Penn?

3 MR. PENN: Yes.

4 MR. ROATE: Mr. Sewell?

5 MR. SEWELL: Yes.

6 MR. ROATE: Chairman Galassie?

7 CHAIRMAN GALASSIE: I'm tempted to vote no to
8 keep Counsel on their toes. But yes.

9 MR. ROATE: Nine votes in the affirmative.

10 MR. URSO: Mr. Chair and Board Members, I
11 request approval of a Final Order on Suburban
12 Otolaryngology Surgical Center, Docket No. HFPB 07-083,
13 motion to approve Final Order.

14 CHAIRMAN GALASSIE: Can I get a motion on
15 that?

16 MR. SEWELL: So moved.

17 MR. PENN: Second.

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

20 Dr. Burden?

21 MR. BURDEN: Yes.

22 MR. ROATE: Senator Demuzio?

23 MS. DEMUZIO: Yes.

24 MR. ROATE: Mr. Eaker?

1 MR. EAKER: Yes.

2 MR. ROATE: Justice Greiman?

3 MR. GREIMAN: Yes.

4 MR. ROATE: Mr. Hayes?

5 MR. HAYES: Yes.

6 MR. ROATE: Ms. Olson?

7 MS. OLSON: Yes.

8 MR. ROATE: Mr. Penn?

9 MR. PENN: Yes.

10 MR. ROATE: Mr. Sewell?

11 MR. SEWELL: Yes.

12 MR. ROATE: Chairman Galassie?

13 CHAIRMAN GALASSIE: Yes.

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

15 affirmative.

16 CHAIRMAN GALASSIE: Motion passes.

17 MR. URSO: That's all I have.

18 CHAIRMAN GALASSIE: Thank you.

19 Moving on to Item No. 12, New Business. We

20 have five items under "New Business", none of which are

21 terribly lengthy.

22 The first is, the Board will recall, we've

23 been having ongoing dialogue with the Attorney General's

24 office regarding the Open Meetings Act and public comments

1 within our meetings, trying to better manage our meetings,
2 trying to have a sense of a reasonable length of time, and
3 fully committed to open disclosure, which we continue to
4 be. Frank has helped steward that dialogue, and we have
5 participated as well. I was going to ask him to comment.

6 MR. URSO: Yes, Mr. Chair. Back in early
7 August, we had a meeting with representatives from the
8 Attorney General's office, specifically to discuss the
9 public participation requirement of the Open Meetings Act,
10 and they were very supportive and understanding of our
11 dilemma, and they were very understanding of how
12 transparent this Board is through its public comments and
13 public hearing segments. However, they said that we
14 probably couldn't make any changes to modify or limit or
15 curtail the public participation segment of the meetings.
16 However, we could develop guidelines and policies, which we
17 have already done, in terms of time limitations and
18 whatnot. But they were very supportive and understood our
19 unique situation.

20 CHAIRMAN GALASSIE: Part of the dialogue we
21 had with them was, virtually all of these items have a
22 public hearing beforehand. So, if there's been a public
23 hearing, there's been dialogue, which Board representation
24 and Staff have been at, to hear. Why duplicate that at a

1 Board meeting? Also, trying to manage an agenda, not
2 knowing, are you going to have two requests for public
3 comments or 80, and what I think it boiled down to, we
4 understand the lengthy requests for public comments are the
5 extreme -- or the exception, I should say, but they were
6 comfortable with our doing two-minute limitations, and when
7 people are signing up for public comments, our trying to
8 assure, if they previously have spoken publicly on the
9 issue, that they need not speak again. So, we think right
10 now, we're managing it reasonably, and we'll continue to
11 see how things go.

12 Thank you, Frank.

13 MS. OLSON: I have a question. Did they say
14 anything about when public comment begins to get extremely
15 redundant, like when we have 10 people that say the same
16 thing?

17 CHAIRMAN GALASSIE: They did. They said the
18 Chair has the right to use the gavel, but we also said when
19 we have the extreme scenarios, it's a hundred people in the
20 room and usually a heated debate at the time. So, I think
21 with that agreement that there was a limit to two minutes,
22 you don't have to give them a right to speak again, if they
23 previously have spoken. That's just trying to manage that
24 for Staff. Isn't always that easy. But it seems to be --

1 it seems to be working better. We'll see.

2 Moving on to Item B Centegra Hospital, Project
3 10-090, asking for a final decision. Frank?

4 MR. URSO: We previously talked about this.
5 What I'm requesting is a motion to approve the written
6 Final Decision on the Centegra Hospital, Huntley, Illinois
7 project, Project 10-090, which was in your packet of
8 materials. Requesting a motion to approve that final
9 written decision.

10 MR. BURDEN: So moved.

11 MS. OLSON: Seconded.

12 MR. ROATE: Motion by Dr. Burden, seconded by
13 Ms. Olson.

14 Dr. Burden?

15 MR. BURDEN: Yes.

16 MR. ROATE: Senator Demuzio?

17 MS. DEMUZIO: Yes.

18 MR. ROATE: Mr. Eaker?

19 MR. EAKER: Yes.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: Yes.

22 MR. ROATE: Mr. Hayes?

23 MR. HAYES: Yes.

24 MR. ROATE: Ms. Olson?

1 MS. OLSON: Yes.

2 MR. ROATE: Mr. Penn?

3 MR. PENN: Yes.

4 MR. ROATE: Mr. Sewell?

5 MR. SEWELL: Yes.

6 MR. ROATE: Chairman Galassie?

7 CHAIRMAN GALASSIE: Yes.

8 MR. ROATE: Nine votes in the affirmative.

9 CHAIRMAN GALASSIE: Motion passes. Thank you
10 very much.

11 Moving on to Item C, Mr. Carvalho, who, to his
12 credit, has been distinguished with yet another
13 appointment, which he will explain for us, and we'll have
14 some dialogue about that relationship with this Board.

15 MR. CARVALHO: Thank you. Especially for new
16 members, Senator, this is not your typical
17 how-I-spent-my-summer-vacation segment of the meeting. We
18 don't usually do this, but, in fact, during my summer
19 vacation, something did come up that I wanted an
20 opportunity to bring to the attention of the Board, explain
21 what it is, how we have handled the situation in the past,
22 how we will continue to handle it in the future, and
23 perhaps give you a little insight into how the Agency and
24 the Board and the Board Staff work, generally.

1 If you may recall, about four years ago,
2 governance of the Cook County Hospital System was removed
3 from the elected officials of the Cook County Board of
4 Commissioners, by the Cook County Board of Commissioners,
5 and delegated to an independent oversight board. A series
6 of civic organizations nominated persons to serve on that
7 board, and the County Board confirmed several of those
8 persons, including me. So, I have served on the governing
9 board of the Cook County Hospital System for the last four
10 years, also serving in the capacity of -- as Finance
11 Chairman.

12 This past July, the Board elected me to serve
13 as its Chair, and so I'm now the Chair of the Hospital
14 System Board for Cook County. For the last four years, the
15 way we've handled that potential conflict of interest is,
16 with respect to any matter upon which Cook County Hospital
17 has an interest -- that they either filed an objection or
18 filed a letter of support -- I stayed out of any
19 conversation with the Board. Of course, I cannot vote on
20 anything, so I don't vote on those matters either. And
21 then when the Cook County Hospital System had an
22 application before this Board, which some of you may
23 remember, I stayed out of it on all sides, which is to say
24 I did not participate in any way here with respect to your

1 deliberations, but, similar, did not participate in any way
2 there with respect to theirs, and I did the same thing that
3 one customarily does here when there is a conflict -- I
4 just simply got up and left the room, and, perhaps for my
5 own well-being, I've not even read the transcripts of what
6 transpired here. I understand it took a little while, and
7 I did read in the newspapers the result, but I just stayed
8 out of it entirely.

9 Now, we should also note -- because I
10 mentioned it to the Chair and he was surprised -- with
11 respect to all matters that appear before this Board, the
12 way we have handled them for the 9 years that I have served
13 on the Board is, I've never reviewed a Staff Agency Report
14 prior to the Staff finalizing it. I'm not involved in
15 their deliberations or their editing or the production of
16 the report. I serve on this Board as the spokesperson for
17 the Illinois Department of Public Health -- just as you
18 have one from the Department of Human Services and one from
19 the Department of Healthcare and Family Services -- to both
20 offer insights from a Public Health perspective, the data
21 that we collect for use, such as the charity care data and
22 the like, and to express the opinion of our office
23 occasionally on obligations or the like. But I don't get
24 involved in the day-to-day operations, and I would continue

1 not to do so.

2 With respect to this matter, both over the
3 last four years and currently going forward, consulted both
4 internally with our General Counsel and our staff
5 consultants, also with the General Counsel in the
6 Governor's office, and then our Ethics Officer, also
7 consulted with the ethics person at the -- I forget the
8 name of it -- the Executive Commission or the Office of --
9 the people who are in charge of ethics for the Executive
10 Branch of the government, and within those parameters --
11 namely, continuing to exclude myself from any consideration
12 here or there with respect to any matter involving the Cook
13 County Hospital System -- I will continue that going
14 forward. The one thing, especially, I suppose, Courtney
15 knows better than anybody, since she's also been involved
16 with this Board for the last eight years, you have detected
17 over time that one of the issues that I will often raise is
18 the issue of the safety net and charity care and Medicaid
19 and the underserved, and I think it's safe to say that I
20 raise those issues because -- I'm serving on the Hospital
21 Board and that's why I raise those issues. I'm not raising
22 those issues because I'm serving on the Hospital Board.
23 That's something I've been involved in for the last 20
24 years, and any advocacy on my part on behalf of the

1 underinsured and underserved is that, in a nutshell --
2 coconut shell, maybe.

3 If there is any questions, I'd be happy to
4 address them.

5 CHAIRMAN GALASSIE: Yes, Mr. Sewell?

6 MR. SEWELL: Is it possible, David, for the
7 Department, in instances where Cook County Health System
8 comes to our agenda, to send another spokesperson just for
9 that meeting, when it's on an agenda.

10 MR. CARVALHO: So you're not left with any
11 spokesperson, so someone can address it, since I won't be?

12 MR. SEWELL: Exactly.

13 MR. CARVALHO: Yes, I can try to arrange for
14 that. The -- I'd have to think of who might be available
15 for that purpose.

16 MR. SEWELL: It seems like, since you went to
17 almost what I would consider the extreme of either not
18 being here or leaving the room in those instances where
19 this has come up, the only problem with that is, we don't
20 have the IDPH perspective for that.

21 CHAIRMAN GALASSIE: Bill is here.

22 MR. CARVALHO: Right. I did not want to
23 volunteer him, without talking to him first, but I believe
24 that either through Bill --

1 MR. SEWELL: If Bill is here to do it, then
2 I'll just hand the mic back to Kathy.

3 CHAIRMAN GALASSIE: There's two
4 representatives from IDPH.

5 MR. CARVALHO: One of the other things you
6 should know, you all know in your capacity to serve on this
7 Board you are excluded, if you have any relationship with a
8 healthcare facility. That doesn't apply to the
9 ex-officios. Inherently our DHS representative is here to
10 cover the facilities, because, as you may know,
11 applications from time to time involve DHS facilities. But
12 you also have representatives from DHS here. But
13 internally, we have also worked on the issue of conflict.
14 Several of the members of the staff, including me, have
15 spouses who are involved in healthcare facilities and so,
16 for example, if one of our reviewers -- if their spouse is
17 working for that facility that has an application before
18 you, we'll make sure that a different reviewer reviews it.
19 My spouse works for Holy Cross, and while I used to say
20 that wasn't going to be a problem because they didn't have
21 enough money to ever come before you, as you now know,
22 there is an item coming before you. And so, similarly, I
23 will be uninvolved in that. So, we, as staff, are mindful
24 of the conflicts.

1 CHAIRMAN GALASSIE: Very good. Thank you.

2 I believe Courtney is going to give us an
3 update on our Financial Report.

4 MS. AVERY: We just distributed the Summary
5 Report for Fiscal Year 2013 to date and the expenses as of
6 July 31st, 2012. Nothing unusual. There's a graph that
7 just shows where we're at the peak. We're pretty much on
8 target, as far as our revenues are concerned. We're down
9 in some areas, but some areas we've also picked up on.
10 Probably won't be able to reach as much as we did for
11 Fiscal Year 2012, because we had a couple large projects
12 that came through at that time.

13 I'm also working with, I guess, Bill on the
14 budget for 2013. I don't think at this point the
15 Department has finalized, that so we don't have a finalized
16 budget of the summaries and the expenses for today. In
17 addition to that, Bill and I talked about the salary
18 details and, as you know, we have had two positions that
19 were moved out of IDPH and changed the title to come over
20 to the Board for the Health Systems Data Manager.
21 Previously they were Bob Green and Anu Meeka from IDPH that
22 did our surveys and other data information, and in my
23 discussion with Bill, we calculated about 145,000,
24 approximately. So, my question to him was that with the

1 decrease in that amount in the salaries, was IDPH and the
2 1.6 million appropriation as appropriated to IDPH -- we get
3 1.2, they get 1.6 -- were they going to add more of
4 salaries for the existing support from IDPH, and that
5 decision hasn't been made yet.

6 There were a couple larger pay-outs from those
7 two people that left, and then we have one vacant
8 position -- it's not vacant. One person is on a leave of
9 absence from IDPH, which is Donna Dennison. So it's up in
10 the air what's going to happen with that position so far.
11 So, as soon as we get a detailed budget, we'll have more
12 information as to what's going to happen with the staffing
13 and other appropriation from IDPH, but right now, we seem
14 to be on solid ground. We haven't had any transfers out or
15 how they sweep the fund, we haven't had that happen. So
16 far, we're in good financial position.

17 CHAIRMAN GALASSIE: And Donna Dennison is an
18 IDPH employee?

19 MS. AVERY: Yes.

20 CHAIRMAN GALASSIE: Very good. Any
21 questions? This might be relevant next month when we talk
22 about the organizational chart. Thank you very much.

23 And I believe Alexis is going to give us a
24 Legislative update.

1 MS. KENDRICK: Thank you. Everybody received
2 a hand-out that is a summary of all of the changes to our
3 statute after the 2012 Legislative Session. So, they are
4 very brief summaries of all of the changes to our statute,
5 but I just wanted to bring your attention that these are
6 the changes that are now enacted into law.

7 CHAIRMAN GALASSIE: So on Senate Bill 3614,
8 that's done?

9 MS. KENDRICK: That is done.

10 CHAIRMAN GALASSIE: So the Long-term Care
11 Advisory Subcommittee for evaluating -- oh, I see.
12 Regarding the buying and selling and changes of bed of the
13 long-term care facilities -- which is a hot topic on
14 long-term care I'm learning a lot about myself. So, this
15 is Legislative confirmation that the Subcommittee can make
16 recommendations to this Board.

17 MS. KENDRICK: And they evaluate, yes.

18 CHAIRMAN GALASSIE: Okay.

19 MS. OLSON: That doesn't go into effect until
20 one year from now?

21 MS. KENDRICK: Yes. So --

22 CHAIRMAN GALASSIE: There's probably six
23 months to a year of dialogue in this issue left at the
24 Long-Term Care Subcommittee.

1 Any other questions or comments on Alexis'
2 update?

3 (Pause)

4 CHAIRMAN GALASSIE: Hearing none, thank you
5 very much.

6 Any other items on the agenda that I have not
7 covered or Staff wanted to bring up?

8 (Pause)

9 CHAIRMAN GALASSIE: Hearing none, I would like
10 the record to show that we're ending our meeting early
11 today, and we will -- the Chair will not be joining you
12 tomorrow, so I'd like a full report if there is any raucous
13 activities tonight that will take place. I'm sure Member
14 Hayes will be finishing the meeting early tomorrow as well.

15 We stand in recess. Thank you very much.

16

17 MEETING ADJOURNED AT 3:20 P.M. TO RECONVENE ON SEPTEMBER

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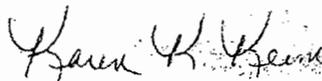
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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



KAREN K. KEIM
CRR, RPR, CSR-IL, CCR-MO

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