

ILLINOIS HEALTH FACILITIES  
AND SERVICES REVIEW BOARD  
STATE BOARD MEETING

REPORT OF PROCEEDINGS had at the meeting in  
the above-entitled cause before MS. DEBRA SAVAGE, Board  
Chairwoman, at Bolingbrook Golf Club, 201 Rodeo Drive,  
Bolingbrook, Illinois, on October 29th, 2024, commencing  
at 9:00 a.m.

1     PRESENT:  
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4           MS. DEBRA SAVAGE, CHAIRWOMAN  
5           MR. REX BUDDE, BOARD MEMBER  
6           DR. AUDREY TANKSLEY, BOARD MEMBER  
7           MR. GARY KAATZ, BOARD MEMBER  
8           MR. DAVID KATZ, BOARD MEMBER  
9           MS. ANTOINETTE HARDY-WALLER, BOARD MEMBER  
10          MR. DAVID FOX, BOARD MEMBER  
11          MR. GEORGE ROATE, IDPH STAFF  
12          MR. DONALD JONES, IDPH STAFF  
13          MR. JOHN P. KNIERY, ADMINISTRATOR  
14          MS. BLANCA DOMINGUEZ, IDPH ATTORNEY  
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1 CHAIRWOMAN SAVAGE: Good morning, everyone. We are  
2 going to go ahead and get started. But first I would  
3 like to wish Mr. Rex Buddy a very Happy Birthday today.  
4 Fun way to spend his birthday.

5 All right. Now, pursuant to the Open Meetings  
6 Act, this meeting is being recorded officially via the  
7 court reporter, but we are also recording through the  
8 Webex format.

9 George, would you please call the roll?

10 MR. ROATE: Thank you, Madam Chair.

11 Mr. Rex Buddy?

12 BOARD MEMBER BUDDE: Present.

13 MR. ROATE: Thank you.

14 Mr. David Fox?

15 BOARD MEMBER FOX: Present.

16 MR. ROATE: Thank you.

17 Mr. David Katz?

18 BOARD MEMBER KATZ: Present.

19 MR. ROATE: Thank you.

20 Mr. Gary Kaatz?

21 BOARD MEMBER KAATZ: Present.

22 MR. ROATE: Thank you.

23 Dr. Audrey Tanksley?

24 BOARD MEMBER TANKSLEY: Present.

1 MR. ROATE: Thank you. Ms. Antoinette  
2 Hardy-Waller?

3 BOARD MEMBER HARDY-WALLER: Present.

4 MR. ROATE: And Chairwoman Savage?

5 CHAIRWOMAN SAVAGE: Present.

6 MR. ROATE: Thank you. Thank you.

7 CHAIRWOMAN SAVAGE: All right. Now, as you have  
8 noticed, the docket number has been reorganized  
9 throughout the agenda to proceed through it more  
10 efficiently.

11 May I have a motion to approve the October 29,  
12 2024 meeting agenda?

13 BOARD MEMBER: So moved.

14 BOARD MEMBER: Second.

15 CHAIRWOMAN SAVAGE: Thank you. All those in favor,  
16 say aye.

17 BOARD MEMBERS: Aye.

18 CHAIRWOMAN SAVAGE: Any nays? Okay. The ayes have  
19 it.

20 Now, may I have a motion to approve the  
21 September 19, 2024 meeting transcript?

22 BOARD MEMBER: So moved.

23 BOARD MEMBER: Second.

24 CHAIRWOMAN SAVAGE: All those in favor, say aye.

1 BOARD MEMBERS: Aye.

2 CHAIRWOMAN SAVAGE: Any nays? So the ayes have it.

3 Now, before we move on to the next agenda  
4 item, a few reminders from our Board Staff.

5 ATTORNEY DOMINGUEZ: Good morning, everyone. I'm  
6 just wanting to welcome everyone. I know the Board is  
7 very excited to proceed here today and hear everyone's  
8 presentation. But before we start, I just wanted -- a  
9 couple procedural matters just to try to help move it  
10 along.

11 We do anticipate a lot of speakers, and a few  
12 of the projects are probably going to have a lot of  
13 information. So please, if you want to ask for a  
14 deferral, please do so any time before the Board starts  
15 to vote. Once the Board starts voting on your item, you  
16 will not be allowed to ask for a deferral.

17 If you do get an intent to deny, you do not  
18 get the six required yes votes, it is not the end of  
19 your story. Just you'll get a letter from the Board  
20 Staff that will explain your options, one of which will  
21 be to defer the project to provide additional  
22 information.

23 The other thing, just for the sake of making  
24 motions a little smoother so we don't have to abide by

1 the rules directly. If there's no opposition to the  
2 motion, so like someone makes a motion to amend and  
3 there's no opposition from the other members of the  
4 Board, we'll go ahead and unanimous consent the motion  
5 and then proceed on the amended motion.

6 Any comments, please make sure that you keep  
7 those comments -- if you're not presenting an  
8 application, you keep those comments to the public  
9 participation portion. Thank you.

10 CHAIRWOMAN SAVAGE: Thank you. That was our  
11 attorney, Blanca Dominguez.

12 Okay. So now we are going to move on to  
13 public participation. Mr. Jones?

14 MR. JONES: Thank you, Madam Chair. The first  
15 person is Nicolette Alberti.

16 ATTORNEY DOMINGUEZ: I'm sorry. Can we go ahead  
17 and call a couple of people at a time?

18 MR. JONES: This was the only one for that project.

19 ATTORNEY DOMINGUEZ: Oh, okay. On the public  
20 participation, just a couple of comments. Because we do  
21 have many speakers, we are going to unfortunately time  
22 you off at two minutes. I tried to find the best buzzer  
23 to not scare everyone as they are speaking, which I  
24 couldn't find a loud one. So I apologize ahead of time

1 if you're shocked.

2           When the buzzer goes off, please wrap up your  
3 comments immediately. If there's time at the end, we  
4 may re-open it. But for now, everyone who comes up will  
5 be speaking for two minutes. You'll come up, get sworn  
6 in. And right before you start speaking, please state  
7 and spell your name for the court reporter. Thank you.

8           MR. JONES: The first person is Nicolette Alberti  
9 for project 24-027.

10          CHAIRWOMAN SAVAGE: Project 24-027.

11          MS. ALBERTI: Hello. So my name is Nicolette  
12 Alberti. And my name is spelled N-i-c-o-l-e-t-t-e. And  
13 my last name is A-l-b-e-r-t-i.

14               Do I need to be sworn in before I start  
15 speaking?

16          CHAIRWOMAN SAVAGE: No. You can just go ahead.

17          MS. ALBERT: So my name is Nicolette Alberti. I'm  
18 a resident physician specializing in emergency and  
19 internal medicine at the University of Illinois in  
20 Chicago. We are a safety net hospital that provides  
21 services that no one else in our state provides.

22               I chose to practice medicine in Chicago  
23 because I am deeply committed to serving diverse  
24 communities and addressing severe healthcare inequities

1 that exist both in our city and across our nation.

2           Unfortunately during my time as a resident  
3 physician, I have witnessed firsthand the devastating  
4 consequences of delayed care to many of my Medicaid  
5 patients and noninsured patients who face overwhelming  
6 barriers in accessing basic healthcare, much less  
7 specialists.

8           We desperately need expanded outpatient  
9 specialty and cancer care services in our west and south  
10 side communities in Chicago. These areas long have  
11 struggled with increased healthcare needs due to the  
12 compound effects of economic disinvestment, segregation,  
13 and systemic neglect over decades.

14           The health conditions we manage are severe and  
15 life threatening. Too often when patients arrive at our  
16 local healthcare institutions, they find that necessary  
17 specialists, equipment, and resources are simply  
18 unavailable to them because of their insurance status.

19           This leads to lengthy transfers of care to  
20 other facilities or outright disenfranchisement from the  
21 medical system, further compounding the delays in care.  
22 Delays that can mean a difference between life and  
23 death. It is the norm for far too many patients in the  
24 south and west sides of Chicago.



1           Meanwhile, Northwestern Health is advancing  
2 plans for a new Huntley medical office building where  
3 there are already dozens of specialists. Why aren't we  
4 seeing similar investments in Chicago's most vulnerable  
5 communities where the need is far greater? I just ask  
6 -- ensuring equitable investment in healthcare for the  
7 south and west sides of Chicago is not simply about  
8 fairness. It is a matter of health equity and justice.  
9 Thank you.

10           ATTORNEY DOMINGUEZ: Speakers, if you have your  
11 comments in written form, can you please tender them to  
12 our Board Staff? Thank you.

13           MR. JONES: Our next four presenters are Brian  
14 Roberts, Ikea Johnson, Germaine Dixon.

15           Okay. Our next presenters are Brian Roberts,  
16 Ikea Johnson, Jermaine Dixon, and Jacqueline Algee.

17           MR. ROBERTS: Good morning, everyone.

18           CHAIRWOMAN SAVAGE: If you can spell your name for  
19 the court reporter, and then you can begin, sir.

20           MR. ROBERTS: Absolutely. My name is Brian  
21 Roberts.

22           CHAIRWOMAN SAVAGE: Speak into your microphone a  
23 little more.

24           MR. ROBERTS: Brian Roberts. B-r-i-a-n,

1 R-o-b-e-r-t-s. I'm speaking on behalf of SEIU. My name  
2 is Brian Roberts. I'm a patient transporter at  
3 Northwestern Hospital.

4 For a long time I have known that there is  
5 inequality within healthcare. I have been working at  
6 Northwestern as a transporter for the past three years  
7 and see this inequality every single day. We are  
8 understaffed at the hospital, making it hard for  
9 patients to receive the immediate care they need.

10 I encounter patients who have been waiting at  
11 the hospital for 10 or even 12 hours just to be seen and  
12 receive treatment. Often times they are grateful to see  
13 me because they feel like they finally have someone to  
14 discuss their experiences with.

15 In other cases, they are just plain angry.  
16 They don't understand how they can travel so far to  
17 receive the care they need and still feel invisible.  
18 Patients have told me. They drive hours just to get to  
19 Northwestern because the hospitals near them don't  
20 provide them with the necessary care.

21 Being and living from where we are, I can  
22 relate to these patients. It is clear that our  
23 community does not have the same healthcare resources  
24 that communities in the suburbs do. We are not

1 prioritized or treated the way we should be.

2           For example, I often see the same patients  
3 regularly. You get to know them and the struggles they  
4 face. When I hear a patient I have connected with has  
5 passed away because they were not diagnosed or treated  
6 in time, it saddens you.

7           Working at the hospital, I know many of these  
8 illnesses and deaths could be avoided. But because  
9 patients don't already have access to specialty care  
10 services, their aren't. Individuals are faced to  
11 advocate for themselves constantly. And by the time  
12 they get to where they should be, it can be too late.

13           CHAIRWOMAN SAVAGE: Thank you for your comments.

14           Okay, Ma'am. If you'd like to take the  
15 microphone, and if you can spell your name for the court  
16 reporter and begin.

17           MS. ALGEE: Good morning. My name is Jaquie Algee.  
18 And that is spelled J-a-q-u-i-e, A-l-g-e-e. I am vice  
19 president -- a vice president of SEIU Healthcare  
20 Illinois, Indiana, Kansas, and Missouri. And I've come  
21 here to make comment with regard to application 24-027,  
22 Northwestern Medicine Huntley Medical Office Building.

23           SEIU Healthcare Illinois is a union comprised  
24 of over 90,000 strong healthcare and social service

1 workers, including more than 1500 service and support  
2 workers at Northwestern Memorial Hospital. We are here  
3 today to testify in opposition of application 24-027,  
4 Northwestern Medicine Huntley Medical Office Building in  
5 regard to the urgent need for additional outpatient and  
6 especially cancer care services in the south and west  
7 side communities where our members live. And I might  
8 add those members are workers of Northwestern.

9 We assert, and the relevant data affirms that  
10 there is much greater need for capital investment and  
11 expanded access to these services in the south and west  
12 side communities located in Northwestern Memorial  
13 Hospital's primary service area than in northwest  
14 suburban communities adjacent to and that utilize  
15 Northwestern Medicine Huntley Hospital.

16 Community areas in the Northwestern Medical  
17 Hospital service area located on the south and west  
18 sides have some of the worst cancer mortality rates in  
19 Chicago reflecting decades of segregation, economic  
20 exploitation, and disinvestment and neglect by  
21 healthcare providers. Thank you.

22 CHAIRWOMAN SAVAGE: Thank you.

23 MS. DIXON: My name is Germaine Dixon, spelled  
24 G-e-r-m-a-i-n-e, and I'm a worker at Northwestern

1 Hospital.

2 My name is Germaine Dixon, and I'm a patient  
3 care tech at Northwestern Medical. I am from the south  
4 side of Chicago, and I have seen firsthand how the lack  
5 of specialty care of facilities in my area impacts  
6 families, including my own.

7 Less than a month, my godmother was diagnosed  
8 with lung carcinoma. When she first became ill, we  
9 spent countless hours taking her to emergency rooms, but  
10 no one seems to know how to help her. With my  
11 familiarity with hospital settings and patient care, I  
12 knew that advocating for her health was absolutely  
13 necessary.

14 After encountering many hurdles, she was  
15 finally diagnosed, and the facility offered to arrange  
16 transportation to the hospital where she would receive  
17 care. Unfortunately, when it came time for her to be  
18 transported, they informed us that they could not  
19 legally assist with her oxygen tank, which left us  
20 without the support we needed to get her to her  
21 treatment.

22 With few options, my godmother had to relocate  
23 to Bolingbrook, Illinois in hopes of receiving better  
24 care. While the care she has been receiving is an

1 improvement, she has now reached a stage in her illness  
2 where hospice care is needed. I can't help to wonder if  
3 greater access to cancer and specialty care facilities  
4 could have led to a different outcome.

5 As a patient care tech, I have always believed  
6 that quality healthcare should be basic human right.  
7 Unfortunately throughout this journey, quality care has  
8 not been our entire experience. I show compassion to my  
9 patients, and I do my best to assure that they receive  
10 the best care possible. Especially after witnessing  
11 some of the challenges patients and people in my  
12 community go through. Thank you.

13 CHAIRWOMAN SAVAGE: Thank you so much. We are  
14 going to move on now to more participants.

15 ATTORNEY DOMINGUEZ: Please turn in your comments,  
16 your written comments.

17 MS. DIXON: We did.

18 ATTORNEY DOMINGUEZ: Thank you.

19 MR. JONES: Our next person is Reverend  
20 Dr. Marilyn Pagan-Banks, and she's making comments on  
21 project 24-009, Peterson Surgery Center.

22 MS. PAGAN-BANKS: Good morning. My name is  
23 Reverend Dr. Marilyn Pagan-Banks. M-a-r-i-l-y-n,  
24 P-a-g-a-n-B-a-n-k-s. I am the Executive Director of

1 Just Harvest located at 7653 North Paulina, which is in  
2 Rogers Park near the Howard train stop.

3           Founded over 40 years ago, the commitment of  
4 the organization is to feed the hungry while creating  
5 healing spaces, building communities, and developing  
6 entrepreneur opportunities in and for the community.

7           We believe these are the initial steps toward  
8 collective wellness. I'm appearing here today in  
9 support of the relocation of the surgery center in  
10 Rogers Park to Peterson Avenue. The two project numbers  
11 for this planned relocation are 23-009 and 24-010.

12           Just Harvest has several different programs  
13 working to address hunger specifically by providing a  
14 sit-down hot meal seven days of the week, operating a  
15 food pantry, as well as a grocery delivery service, and  
16 managing four organic growing spaces.

17           Given the suffering we see every day, we are  
18 always educating and searching to find ways to help the  
19 community thrive, not just survive. We are neighbors of  
20 the surgery center and understand its challenges in  
21 operating at its current Paulina location, while we also  
22 recognize from our perspective the timeliness in taking  
23 over the facility to expand our wellness work and  
24 operate a substance use disorder clinic.

1 I have been in this community for over 25  
2 years, and I've witnessed the social-economic challenges  
3 and increase in the number people suffering from mental  
4 illness, homelessness, and addiction.

5 The opioid crisis is fueled by easy and cheap  
6 access to synthetic opioids like Fentanyl, and we know  
7 it is highly addictive, and I'm sure you know that  
8 sometimes folks overdose. We have had that happen with  
9 community members that we know and love.

10 And our community does not have the resources  
11 to effectively combat substance use disorder, especially  
12 given the increasing numbers. The community does have  
13 limited access to harm reduction with Naloxone and  
14 training EMS providers. But we know that Narcan is not  
15 a remedy to substance use. The disease needs to be  
16 treated.

17 CHAIRWOMAN SAVAGE: Thank you.

18 MR. JONES: All of the individuals who will be  
19 providing public comment now are presenting information  
20 regarding project 24-018, NorthPointe Neighborhood  
21 Hospital.

22 The first five individuals are State  
23 Representative John Cabello, Senator Andrew Chesney,  
24 Dr. Desai, and Dr. Ken Klein.



1 CHAIRWOMAN SAVAGE: Ma'am, why don't you go ahead  
2 and get started on the end.

3 DR. DESAI: Hello. My name is Chitra Desai spelled  
4 C-h-i-t-r-a, last name Desai, D-e-s-a-i.

5 I'm Dr. Desai. I'm a board certified  
6 pediatrician serving the Beloit Clinic at Beloit,  
7 Wisconsin. I have taken time away from my practice this  
8 morning to voice my support of Beloit Health System's  
9 plan to add emergency and inpatient hospital services in  
10 nearby Roscoe, Illinois.

11 As a pediatrician, I see firsthand the  
12 challenges our families face with seeking healthcare. A  
13 significant portion of my patients rely on Medicaid  
14 which often means limited options for care. Without a  
15 hospital in Roscoe, residents must find transportation  
16 to Rockford. This impacts not just the quality of care  
17 but also the health outcomes of our children.

18 Imagine patients rushing their sick child to  
19 the ER only to find it filled to capacity, or struggling  
20 to find transportation. This reality -- this is a  
21 reality for far too many families. A new hospital would  
22 alleviate this burden, provide a timely comprehensive  
23 care right in the community.

24 Moreover, a hospital would allow Beloit Health

1 System to expand our services. We could offer  
2 specialized pediatric care, mental health support that  
3 addresses the unique needs of our patients, including  
4 our Medicaid population. This is not just about  
5 treating illness. It is about fostering a healthier  
6 future for our children.

7 Investing in the new hospital means investing  
8 in our community's well-being. It is about ensuring  
9 that every child, regardless of their health insurance  
10 status, has the access to the quality care that they  
11 deserve. I urge you all to support the establishment of  
12 a new hospital.

13 Together we can create a healthier environment  
14 for our children and move toward the future where no  
15 family has to face the barriers of care that so many  
16 unfortunately do today. Thank you.

17

18 MS. SCACE: My name is Kim Scace, K-i-m, S-c-a-c-e.  
19 And I am here to read State Senator Andrew Chesney's  
20 comments. As the State Senator representing the 45th  
21 District, I wholeheartedly endorse the NorthPointe  
22 Neighborhood Hospital project, and ask the Illinois  
23 Health Facilities and Services Review Board members to  
24 vote in favor of the project.

1           This initiative is not merely a proposal. It  
2 is a vital step towards healthcare's accessibility and  
3 quality for our community. My Senate District is home  
4 to over 200,000 residents, many of whom reside along the  
5 state line. They deserve a healthcare system that  
6 matches their needs and aspirations.

7           As both a public servant and a small business  
8 owner, I understand the critical importance of ensuring  
9 safety for our community, fostering economic  
10 development, promoting consumer choice, and maintaining  
11 a competitive market.

12           It is crucial to recognize the competition in  
13 healthcare is not a future prospect. It is our present  
14 reality. The NorthPointe Health and Wellness Campus,  
15 operational since 2007, has been providing essential  
16 care and specialized services to Illinoisans for years.  
17 The proposed expansion to include emergency services and  
18 inpatient beds is a logical and necessary progression.

19           The NorthPointe Neighborhood Hospital project  
20 represents a crucial opportunity to enhance healthcare  
21 access, stimulate economic growth, and meet the express  
22 needs of our community. I implore all stakeholders to  
23 support this initiative which promises to deliver  
24 improved health outcomes and economic benefits to the

1 45th Senate District and beyond.

2 Let's embrace progress and ensure that our  
3 healthcare system evolves to serve all Illinoisans  
4 efficiently.

5 MR. KLEIN: My name is Ken Klein. K-e-n,  
6 K-l-e-i-n.

7 Good morning. I am Dr. Ken Klein, board  
8 certified nonsurgical orthopedist with over 30 years at  
9 this health system where I also serve on the Board of  
10 Directors.

11 I fully support the establishment of the  
12 NorthPointe Neighborhood Hospital and the benefits it  
13 will bring to the Stateline community. At the Beloit  
14 Health System, we prioritize treating each patient like  
15 family and delivering exceptional care.

16 Over the years, we have developed a  
17 comprehensive orthopedic and sports medicine program  
18 that includes evaluation, diagnosis, integrated  
19 treatment, therapy, and surgical care.

20 Our pain management strategy guided by federal  
21 studies emphasizes a multi-faceted approach focusing on  
22 mood management, physical therapy, yoga, and meditation  
23 while minimizing opioid use and opting for minimally  
24 invasive surgeries.

1           The NorthPointe Neighborhood Hospital  
2 represents a significant investment in our community,  
3 enabling low-acuity inpatient services closer to home.  
4 This will reduce travel times for families, facilitating  
5 their involvement in patient care which is vital for  
6 recovery.

7           Additionally, the hospital will enhance  
8 primary care access to the Stateline area and address  
9 challenges related to timely care. It will also support  
10 physician recruitment, provide access to advanced  
11 technology, and foster collaboration among medical  
12 disciplines.

13           Finally, a full service emergency department  
14 will ease the strain on our current emergency services  
15 in Beloit, offering local options for Illinois patients,  
16 eliminating the need to travel to Wisconsin or elsewhere  
17 for emergency care.

18           For these reasons, I enthusiastically endorse  
19 the NorthPointe Neighborhood Hospital. Thank you.

20           MR. CABELLO: Good morning. My name is John  
21 Cabello. I'm a State Representative of the 90th  
22 District. I'll try to keep my comments short. They  
23 said I had two hours.

24           So I have a unique perspective. I had a

1 speech wrote out, but I just want to talk to you from  
2 the heart. So I've been a police officer in the region  
3 for over 30 years. So I've seen a very unique  
4 perspective of what goes on with the three major  
5 hospitals we have in town. All three are great. All  
6 three provide unbelievable services. The problem is  
7 there's not enough of them.

8           We have so much going on within our region.  
9 When you go to the ER, you unfortunately have to go to  
10 the ER, you are waiting for hours. Hours upon hours.  
11 When I had my mother go to the ER, she was transported  
12 by ambulance. Then they moved her into the waiting  
13 room. I drove from Springfield to Rockford, and she had  
14 just gotten into a room. That is three hours. She  
15 passed away shortly after.

16           So we need to make sure that we are doing  
17 things in a different way. I can tell you that I spoke  
18 to a police officer that had just gone to the ER in  
19 uniform at Rockford hospitals. The ERs were so far  
20 backed up, she went to the emergency facility in Roscoe  
21 where she waited two hours.

22           Two hours in uniform. Not that that means she  
23 should get ahead of anybody. Two hours at a 10-bed  
24 facility. Once in that facility, Dr. Pine was

1 unbelievably rude. She will be more than willing to  
2 speak to anybody that wants to hear about this.

3 So we have the opportunity of helping our  
4 citizens. We have the opportunity of making sure that  
5 they are safe and will be transferred if necessary to  
6 another facility. But we need to do what is right.

7 I serve Mercy. That is in my district. And I  
8 serve NorthPointe. There's enough for everybody to go  
9 around.

10 CHAIRWOMAN SAVAGE: Thank you. Thank you.

11 MR. JONES: Our next five presenters are Senator  
12 Dave Syverson, Javon Bea, Jordan Powell, Karen Harris,  
13 and David Gross.

14 MR. BEA: Javon Bea. J-a-v-o-n, last name B-e-a.

15 Good morning, Chairperson Savage, Members of  
16 the Board. I'm President and CEO of Mercyhealth. I'm  
17 here to express Mercy's great concerns about the Beloit  
18 application to request this Board to allow them to take  
19 advantage of unsuspecting sick patients in a town of  
20 11,000 people by calling their NorthPointe facility a  
21 hospital.

22 When the state calls an entity a hospital, the  
23 public believes it is safe to go there with serious  
24 conditions such as heart attacks, strokes, appendicitis,

1 and other emergent episodes. Beloit Health System in  
2 their application only promises to increase primary care  
3 besides the typical ED docs. They say they will attempt  
4 to partner with neurologists and orthopedists.

5 Their application has no mention of having a  
6 general surgeon or a cardiologist available on the site,  
7 which are needed for very common conditions that come  
8 into a real hospital.

9 Once an entity is called a hospital, the  
10 public expects a higher level of service that Beloit  
11 Memorial will not be able to provide at its Roscoe  
12 hospital if it's allowed to be called that.

13 There are already seven hospitals, four of  
14 which are major trauma centers in the 17-mile radius  
15 that Beloit says they are going to capture patients  
16 from. And there's no justification in their application  
17 for capturing patients from a 17-mile radius.

18 The reality which really is occurring here is  
19 that we have a Wisconsin-based health system that wants  
20 to cross the Illinois border to go into a very high  
21 commercial area serving Roscoe and Rockton and  
22 cherry-pick high affluent patients. The average income  
23 in Roscoe and Rockton is over \$111,000 a year compared  
24 to Rockford's average income of \$54,000 a year. And



1 they are more than happy to leave all the charity care  
2 and uninsured for us in Rockford while they cherry-pick  
3 the high affluent area.

4           They are also going to tell you that  
5 Mercyhealth was allowed to build a small format  
6 hospital, meaning under 100 beds in Crystal Lake,  
7 Illinois. What they are not going to tell you is it was  
8 to serve 110,000 people, not 11,000 people, and that we  
9 added a large multi-specialty clinic with 17 specialties  
10 on-site to take care of the patients coming into the  
11 hospital. Thank you.

12           CHAIRWOMAN SAVAGE: Thank you.

13           MR. SYVERSON: Good morning. Senator David  
14 Syverson, S-y-v-e-r-s-o-n. Thank you Madam Chairman,  
15 Members of the Committee. I served as the ranking  
16 member on the Senate Health and Human Services committee  
17 and public health committees, and I cochair the  
18 bipartisan Medicaid working group. In this position I  
19 work closely with Illinois's Health Systems.

20           And I'm not telling you anything that you've  
21 not heard before, but hospitals are struggling.  
22 Inflation hits hospital and healthcare differently than  
23 other businesses. Labor, supplies, medicine, food,  
24 insurance, all going up. But unlike other businesses,

1 health systems cannot raise their fees.

2           Compounding the problem, especially in this  
3 Winnebago County area, is that health systems are seeing  
4 a payer mix shift to more Medicaid, uninsured,  
5 noncitizens, and seniors choosing to use advantage  
6 plans. Illinois hospitals are struggling, and that is  
7 why I have concerns with this proposal.

8           The first concern is this Board is being asked  
9 to allow an out-of-state hospital to build in a part of  
10 Winnebago County that has an ideal payer mix. Heavy  
11 private insurance and little Medicaid or uninsured.  
12 That will result in the three existing health systems  
13 already in the county who are already struggling to have  
14 their payer mix get dramatically worse.

15           Second, as a State, because of the legal  
16 precedent you would be setting here today, we will be  
17 opening the flood gates of applications from  
18 out-of-state health systems coming into Illinois cherry  
19 picking the best mix areas to build in.

20           This was the whole reason we created this  
21 Board was to prevent overbuilding and to cherry-pick of  
22 mixes. That is why you see legislators and letters of  
23 support from across the state from both parties urging  
24 this Board not to go down this path.

1           Thank you very much for your time. I  
2 appreciate it.

3           CHAIRWOMAN SAVAGE: Thank you.

4           MS. HARRIS: Karen Harris. K-a-r-e-n, H-a-r-r-i-s.  
5 Good morning Chairman Savage and Board Members. I'm  
6 Karen Harris, the general counsel for the Illinois  
7 Health and Hospital Association.

8           I'm here with my colleagues today to speak on  
9 behalf of our 200 members in opposition to NorthPointe  
10 Neighborhood Hospital, project 24-018. We believe the  
11 small-format hospital project will have a harmful effect  
12 on the existing community hospitals providing central  
13 healthcare services to a medically underserved community  
14 in surrounding areas. And we have serious concerns  
15 about the entrance of an out-of-state provider with a  
16 hospital that is not meant to be sustainable on its own.

17           As you're aware, at this time the Health  
18 Planning Act and your rules do not take into account the  
19 relatively new concept of small-format hospitals. The  
20 existing legal and regulatory rulings on small-format  
21 hospitals appear mostly to be based largely on level of  
22 community support rather than the orderly development of  
23 healthcare facilities delivering healthcare services in  
24 the state.

1 IHA and the hospital community are concerned  
2 about this inconsistent approach, and have sought the  
3 review board's partnership in developing comprehensive  
4 regulations around small-format hospitals. Without  
5 clear rules, the Board is evaluating two very distinct  
6 models of care utilizing one set of standards meant for  
7 general acute care hospitals.

8 The applicant claimed during the August 13  
9 Public Hearing that their proposed project meets IHA's  
10 criteria for a small-format hospital, but this is  
11 inaccurate. In 2022, IHA submitted recommended minimum  
12 criteria for small-format hospitals for this Board's  
13 consideration. The applicant does not meet IHA's  
14 recommendation, which is that a small-format hospital  
15 should be owned and operated by an Illinois-based acute  
16 care facility.

17 Practically speaking, lacking the adoption of  
18 rules and regulations for small-format hospitals in  
19 Illinois, it is impossible to gauge whether this project  
20 will meet any necessary standards. Thank you for your  
21 consideration.

22 MR. GROSS: Madam Chair, Review Board members, my  
23 name is Dave Gross, G-r-o-s-s, and I serve as Senior  
24 Vice President of Government Relations for IHA.

1           In addition to the concerns that Karen  
2 mentioned around lack of applicable guidelines relating  
3 to this type of proposed project, we also believe that  
4 this facility would lead to an unnecessary duplication  
5 of services in the region.

6           The applicant indicates the proposed hospital  
7 will be serving a 17-mile service area, and that service  
8 area as defined by the applicant includes part of  
9 Wisconsin, which of course are outside this Board's  
10 purview.

11           Within the Illinois service area there are  
12 currently seven hospitals. Two Level 1 trauma centers,  
13 one Level 2 trauma center, and eight emergency  
14 departments.

15           The Board's own report shows that there's an  
16 excess of 94 med-surg beds in the service region. The  
17 three existing health systems are currently providing  
18 care in this service area and consistently demonstrated  
19 that they are well-equipped to meet the region's  
20 healthcare needs.

21           As a result, we believe the approval of this  
22 project will have a negative impact and will further  
23 challenge the delivery of healthcare services in the  
24 region, while also raising the cost of healthcare since

1 current outpatient services provided by the applicant  
2 will flow to the inpatient acute care setting.

3 And finally, as mentioned earlier, Illinois  
4 faces a critical shortage of healthcare workers,  
5 including the Rockford region. And the entrance of an  
6 unneeded hospital, that will only aggravate the  
7 challenges that the existing health systems face in  
8 providing qualified providers to their communities.

9 It is for these reasons, various reasons that  
10 IHA opposes this application.

11 Madam Chair, thank you.

12 MR. POWELL: Good morning, Madam Chair, Board  
13 members. My name is Jordan Powell. J-o-r-d-a-n,  
14 P-o-w-e-l-l. And I'm IHA's Senior Vice President of  
15 Health Policy and Finance. And I join my colleagues  
16 today in strongly opposing NorthPointe's application.

17 I think it is important to note that IHA  
18 rarely, if ever, testifies against proposals before this  
19 Board. But this is an application from an out-of-state  
20 entity seeking approval for a model of care that has  
21 absolutely no rules or regulations to govern it.

22 Small-format hospitals are a relatively new  
23 concept in Illinois. And as a matter of policy, to  
24 approve such a model with no clear rules or regulations

1 will undermine the entire healthcare ecosystem of this  
2 state.

3           Regarding this specific application, we should  
4 all have concerns with an out-of-state entity that is  
5 going to serve Illinois patients who are then going to  
6 have to travel to Wisconsin to seek higher levels of  
7 care. In addition, the owner and the transfer hospital  
8 are based in Wisconsin, therefore outside of the purview  
9 of this Board and IDPH's licensing requirements.

10           Essentially the applicant can get up before  
11 you today and make promises they know they don't have to  
12 keep. And it is clear that the location the applicant  
13 has selected it is intended to syphon commercially  
14 insured patients while Illinois hospitals will continue  
15 to serve the most vulnerable patients within their  
16 community. This ultimately jeopardizes services  
17 provided by the established hospitals in this region,  
18 putting access to patient care at risk.

19           So again, this is a new concept of care. New  
20 care delivery. Absolutely no rules or regulations from  
21 an out-of-state entity. Approving this application at  
22 this time is premature.

23           So for those reasons and those cited earlier  
24 by my colleagues, we strongly urge you to deny

1 NorthPointe's application. Thank you.

2 CHAIRWOMAN SAVAGE: Thank you.

3 MR. JONES: The next five individuals are Deputy  
4 Chief Justin Jobst, Mayor John Peterson, Roscoe Village  
5 President Carol Gustafson, Chief Sam Holly, and Courtney  
6 Avery.

7 CHAIRWOMAN SAVAGE: You can go ahead.

8 MS. GUSTAFSON: Thank you. Good morning. My name  
9 is Carol Gustafson, C-a-r-o-l, G-u-s-t-a-f-s-o-n. I'm  
10 the Village President, Village of Roscoe. I've been  
11 involved in local governments for over 10 years as  
12 Village Trustee and now as Village President.

13 Roscoe is a thriving community in northern  
14 Illinois having nearly doubled in population over the  
15 last 20 years, now exceeding 11,000 residents. Our  
16 community's growth has created an urgent need for  
17 enhanced and accessible healthcare services.

18 The proposed expansion of NorthPointe  
19 Neighborhood Hospital is a critical step in addressing  
20 this need. This project not only fills vital gaps in  
21 emergency care and primary care access as identified in  
22 the 2023 community health needs assessment, but also  
23 alleviates bed utilization issues in the region.

24 The village of Roscoe's residential and



1 commercial areas stretch west to Old River Road, east  
2 beyond I-90, north almost to Wisconsin state line, and  
3 south to Machesney Park. One of the most significant  
4 advantages of this expansion is that it will enable  
5 village residents to receive their healthcare locally  
6 within Illinois without the need to leave the state for  
7 Wisconsin or travel south to the congested and  
8 overburdened hospitals in Rockford.

9           The creation of the NorthPointe Neighborhood  
10 Hospital will ensure that residents from all corners of  
11 our community and our region can access timely and  
12 convenient care right here at home. This is essential  
13 for their health and overall well-being.

14           I heard this morning from the opposition two  
15 main concerns. Fear of competition, and the fear that a  
16 10-bed hospital will exacerbate their financial  
17 condition. What it will do is alleviate anxiety such as  
18 I felt the first weekend in September, Labor Day  
19 weekend. My husband was taken critically ill. I had to  
20 spend 25 minutes going to a Rockford hospital, chose the  
21 wrong one. Blood draws done in hospital. Waiting --  
22 waiting in the hallway, six hours in the emergency room.

23           Our support of this hospital will bring  
24 economic growth to our area, jobs, and it will get

1 people timely healthcare. Thank you.

2 CHAIRWOMAN SAVAGE: Thank you.

3 MR. PETERSON: Good morning. My name is John  
4 Peterson. J-o-h-n, P-e-t-e-r-s-o-n, and I'm the mayor  
5 of Rockton, Illinois.

6 I am speaking in support of the NorthPointe  
7 Neighborhood Hospital proposal before you, including  
8 adding an emergency room because I think it is in the  
9 best interest of the residents of Rockton that I  
10 represent, as well as the Stateline community region.

11 For me to have to come and support the health  
12 and safety of our residents in Rockton, we have  
13 responsive, excellent emergency responders. We know  
14 that ambulance transport times in the region can range  
15 from 15 to 25 minutes. Every minute counts.

16 And it is not hard to think about the amount  
17 of time making a huge difference. Having an emergency  
18 room in the community will shorten those times, insuring  
19 prompt intervention, thereby increasing the patient's  
20 chance of survival.

21 Ambulances transporting patients to a facility  
22 close to home will ensure the ambulance will come  
23 promptly back in service and ready to answer the next  
24 call when Rockton residents are in need. Supporting the

1 small-format neighborhood hospital here in our  
2 neighboring region is the right call to make for public  
3 safety.

4           On a personal level, I'm a realtor, husband,  
5 father, diabetic, two-time COVID survivor, and an active  
6 community member. And I am a longtime Rockton Lyons  
7 Club member and active volunteer in Rockton. I've  
8 worked in Rockton. It is a place for visitors, business  
9 owners, and entrepreneurs. People enjoy being here, and  
10 we have a strong community worthy of further development  
11 and support.

12           Right now the NorthPointe Health are great  
13 resources for families in town to get access to many  
14 types of care. From mothers bringing their babies into  
15 the world, to seniors enjoying their golden years in  
16 senior living.

17           I have heard many Rockton residents who  
18 appreciate having NorthPointe here to serve them.  
19 NorthPointe has proven it can deliver the care that  
20 people need and want. And if our area is short of  
21 physicians, we should help prevent people having to  
22 drive out of the area.

23           The bottom line is having a neighborhood  
24 hospital will help Rockton residents. Thank you very

1 much for your time. I really appreciate it.

2 CHAIRWOMAN SAVAGE: Thank you.

3 MS. AVERY: Good morning. First I would like to  
4 thank you for your time. My name is Courtney Avery.  
5 C-o-u-r-t-n-e-y, A-v-e-r-y. And for a combined 15 years  
6 I've served as a member of this esteemed Board, and then  
7 as an agency administrator. I am proud. My work with  
8 the Board helped to ensure access to quality healthcare  
9 and to address community needs in this state.

10 I am here before you today to encourage  
11 approval of the NorthPointe Neighborhood Hospital. A  
12 non-profit provider requests to add inpatient and  
13 emergency services on this existing Roscoe campus.

14 During my tenure with the Board, Mercyhealth,  
15 an opponent of the CON, was granted approval to build a  
16 small-format hospital in Crystal Lake. Through the CON  
17 process, it was made clear that a small-format hospital  
18 makes sense despite outdated dated rules pertaining to  
19 the 100-bed requirement. This resulted in a negative  
20 finding in the State Board's Staff Report.

21 As you are aware, Illinois courts have also  
22 been explicit that the role of this Board is not to  
23 maintain the market share providers. Therefore, you  
24 have the discretion to approve this project which will

1 stem out-migration of Illinois patients to Wisconsin.  
2 And with a relatively small footprint, it will not  
3 threaten the much larger health systems that operate in  
4 the Stateline community, but in Rockford.

5 Those systems which together are opposed to  
6 this project have a combined revenue of approximately  
7 \$5.2 billion. Relative to the bed need, the bed  
8 availability figure is not accurate. 22 of the beds are  
9 for pediatric care, and they are largely used with  
10 practitioners sending children in the need of advanced  
11 pediatric care programs in Madison, Wisconsin,  
12 Milwaukee, and Peoria where health systems operate  
13 specialized children's programs.

14 There are another 34 beds, which your data are  
15 completely unused at the satellite hospital in  
16 Belvidere. When you examine the data, a small-format  
17 hospital in affiliation with a nearby hospital will have  
18 a negligible impact on other areas.

19 It is one thing to be wary of a not-for-profit  
20 health system, but it is important that we have a level  
21 playing field to attract services for non-profit  
22 hospitals operating close to the state border.

23 Again, I ask that you -- humbly ask that you  
24 focus on this and approve this project. Thank you.

1 CHAIRWOMAN SAVAGE: Thank you.

2 MR. HAWLEY: Good morning. My name is Chief Samuel  
3 Hawley, S-a-m-u-e-l, H-a-w-l-e-y. Thank you for your  
4 time this morning, Ms. Chairwoman and all members of  
5 this Board.

6 My name is Sam Hawley. I'm the Chief of  
7 Police for the Roscoe Police Department. I'm here this  
8 morning to offer my full support for the NorthPointe  
9 Neighborhood Hospital project, as it will greatly  
10 benefit our community by enhancing access to healthcare  
11 and supporting economic growth.

12 Most importantly, an established emergency  
13 room in Roscoe would address a gap in healthcare service  
14 in this area. As a police officer, I'm all too aware  
15 that a matter of seconds can make the difference between  
16 life and death during an emergency.

17 Today folks must travel to Rockford to receive  
18 life-saving interventions, even during those  
19 time-sensitive situations. With this in mind, I have no  
20 doubt that the addition of the emergency and inpatient  
21 services on the NorthPointe Health and Wellness campus  
22 will save lives and have a positive impact on the  
23 overall well-being of our citizens.

24 I'm also confident that this development will

1 contribute positively to our local economy, creating job  
2 opportunities and stimulating economic growth. As the  
3 area continues to increase in population, having a local  
4 hospital will serve as an immensely valuable resource  
5 for our police and fire department personnel, as well as  
6 help fortify critical infrastructure.

7 We are excited to see the positive changes  
8 that this development will bring to our community, and  
9 we fully endorse this initiative. The Roscoe Police  
10 Department will stand behind by Beloit Health System in  
11 its efforts to provide quality healthcare services to  
12 our residents.

13 We look forward to our continued partnership  
14 with NorthPointe Health and Wellness in serving our  
15 community. Thank you very much for your time.

16 MR. JOBST: Good morning, Board. Thank you for  
17 having us here today. My name is Justin Jobst. That is  
18 spelled J-o-b-s-t. I am the Deputy Chief of the Rockton  
19 Police Department.

20 I have served for over 20 years after serving  
21 this country in the U.S. Navy. Rockton is the  
22 neighboring town up-river from Roscoe. I know I'm among  
23 many Stateline community residents who enthusiastically  
24 support plans for a NorthPointe Neighborhood Hospital.

1 Over time, I have led the department in DUI  
2 arrests and received several certificates of  
3 appreciation for DUI and intoxicated motorists. I have  
4 also received a Hero award from Mothers Against Drunk  
5 Driving. Stopping people who drive under the influence  
6 of drugs and alcohol and taking them off the road and  
7 sending them to treatment when possible is a step toward  
8 reducing the people who require hospitalization for  
9 accidents with impaired drivers.

10 When we arrest a driver who is suspected of  
11 driving while impaired, officers often find themselves  
12 needing to go to the hospital emergency department for  
13 blood tests to run blood-alcohol content, or the  
14 presence of drugs.

15 These duties take us well away from our  
16 district because the testing cannot be performed at the  
17 police department and because there is not a nearby  
18 hospital. We also deal with suspects who have physical  
19 or medical issues and must be seen by a licensed  
20 physician and medically cleared prior to taking them to  
21 jail.

22 Again, we are usually forced to travel to  
23 Rockford. The testing is relatively simple, but cannot  
24 be delayed. Depending on the circumstances, these



1 hospital trips can take more than two hours, which is  
2 two hours away from our policing work.

3 Having an emergency department in Roscoe will  
4 reduce the travel time and keep our officers on the  
5 streets in their respective cities and village. Again,  
6 I want to thank you for your time. And please approve  
7 NorthPointe Neighborhood Hospital.

8 CHAIRWOMAN SAVAGE: Thank you.

9 MR. JONES: Our next five presenters are August  
10 Querciagrossa, Jeni Hellatt, Natalie Manley, Michelle  
11 Pankow, and Greg Schwarze.

12 MR. QUERCIAGROSSA: Good morning Chairperson Savage  
13 and Board members. I am August Querciagrossa,  
14 A-u-g-u-s-t, Q-u-e-r-c-i-a-g-r-o-s-s-a. I serve as the  
15 Regional CEO for OSF Healthcare, and I support,  
16 represent OSF St. Anthony Medical Center in Rockford and  
17 our surrounding communities. I'm here to address the  
18 critical issues surrounding the proposed NorthPointe  
19 Neighborhood Hospital by Beloit Health System in  
20 Winnebago County.

21 Our region, as you've heard already and  
22 confirmed by the Illinois Department of Public Health,  
23 has excess med-surg beds, sufficient emergency services  
24 including nine emergency rooms, emergency departments,

1 and several urgent cares within a 17-mile radius.

2 Adding another hospital in this area will  
3 create an unnecessary duplication of services resulting  
4 in increased healthcare costs, and there will be no  
5 corresponding improvement in patient care. Moreover,  
6 the proposed facility lacks secondary tertiary services  
7 essential for comprehensive emergency care, which poses  
8 risks to patient safety and causing delays in critical  
9 treatment.

10 From a financial perspective, the Board has  
11 already heard that directing insured patients out of  
12 state to Wisconsin undermines our Illinois providers,  
13 including St. Anthony Medical Center. This is impacting  
14 our ability to sustain programs that support Illinois  
15 patients and programs.

16 The loss of insured patients also threatens  
17 our mission of charitable services which relies on the  
18 financial stability to provide care to the marginalized  
19 and underserved populations. This project will reduce  
20 our capacity to serve in those in-need areas, as we are  
21 already financially stretched to provide high-quality,  
22 charitable healthcare.

23 Additionally, our region faces significant  
24 workforce shortages. And introducing another hospital

1 will strain that ability to recruit and retain our  
2 clinical staff, and risking further inefficiencies and  
3 gaps in care. Instead of expanding in a saturated  
4 market, we would prioritize strengthening our current  
5 healthcare infrastructure and ensuring the effective and  
6 equitable care to Illinois residents.

7 I respectfully urge the Board to consider the  
8 implication of this project. Thank you.

9 MS. MANLEY: Good morning. Can you hear me?

10 CHAIRWOMAN SAVAGE: Yes.

11 MS. MANLEY: Good morning. My name is State  
12 Representative Natalie Manley. Welcome to the 98th  
13 District State of Illinois where it is always 82 degrees  
14 on October 29th.

15 I am the Deputy Majority Leader in the  
16 Illinois House of Representatives, and also the  
17 Chairwoman for the Healthcare Access and Availability  
18 Committee.

19 Given my experience on the Healthcare Access  
20 and Availability Committee, I'm here to express my  
21 opposition to the Wisconsin-based Beloit Health System  
22 proposed NorthPointe Hospital.

23 Without a diverse payer mix, these facilities  
24 are often unable to offset the cost of pivotal care that

1 they provide to our most vulnerable populations. And I  
2 am extremely familiar with the need for safety net  
3 hospitals.

4           Beloit Health system has made no secret of  
5 their intention to facilitate transfer of the patients  
6 who arrive at Roscoe, Illinois to relocate to Beloit,  
7 Wisconsin. This practice will serve only to redirect  
8 the commercial payer mix associated with more the  
9 affluent community residing in Roscoe out of Illinois  
10 and into Wisconsin. However, the effect of this  
11 practice will have great consequences.

12           The redirection of these patients will deprive  
13 the existing hospitals in the area of the ability to  
14 offset the cost of care delivery to those underserved  
15 patients in those communities who need it most.

16           I fear that if existing facilities see extreme  
17 changes to their patient payer mix, we face a real risk  
18 these higher acuity safety net providers could be forced  
19 to close programs and possibly the facilities so many  
20 people rely on.

21           I worry too that this model will be  
22 duplicative like other state facilities, further  
23 draining the financial resources needed by healthcare  
24 providers to fund a vital safety net of services they

1 provide. If Roscoe was located in a healthcare desert,  
2 I could understand why there would be a need for this.  
3 But everything I have learned about this application  
4 points that there is no need for another hospital in the  
5 area. As such, I urge the Board to oppose this project,  
6 and I thank you for your consideration.

7 MR. SCHWARZE: Good morning. My name is Greg  
8 Schwarze. G-r-e-g, S-c-h-w-a-r-z-e. I am here today on  
9 behalf of Deb Conroy, the Chair of DuPage County Board  
10 and former Chair of the Illinois House Mental Health  
11 Committee.

12 I am a member of the DuPage County Board where  
13 I serve as Chair of our Human Services Committee. I  
14 served over 28 years as a firefighter-paramedic, and I  
15 am a longtime resident of DuPage County.

16 I am here to express our opposition to Beloit  
17 Health System, Inc.'s proposed NorthPointe Neighborhood  
18 Hospital. Securing the continued viability of our  
19 existing hospital providers and their ability to offer  
20 safety net services should be of the utmost importance  
21 to the Board.

22 These institutions provide a vital service to  
23 our community's most vulnerable populations by ensuring  
24 they have access to needed medical care. For mental

1 health, behavioral health, and substance abuse services,  
2 to full-spectrum primary care that can help identify and  
3 address social determinants of health, these  
4 institutions serve healthcare needs with services that  
5 are often poorly reimbursed, if at all.

6 As such, I'm deeply concerned about the impact  
7 of the proposed hospital on the existing healthcare  
8 system in northern Illinois. Beloit Health System  
9 proposes to create a hospital campus in a community that  
10 does not need an additional hospital.

11 To allow the creation of a new hospital in  
12 Roscoe raises the real risk of destabilizing the payer  
13 mix that existing facilities rely upon to offset lower  
14 or no reimbursement received for the care they provide  
15 to our vulnerable populations.

16 The proposed hospital will disrupt the payer  
17 mix for the hospitals that already exist in Illinois and  
18 route these funds to Wisconsin. As such, the existing  
19 facilities run the risk of seeing the commercial payer  
20 mix that offsets the loss they incur in providing safety  
21 net services to drop precipitously.

22 The outcome of this destabilization is a very  
23 real risk. Services or locations will be forced to  
24 close, and the patients that rely upon them are left

1 without the care they need. I urge the review board to  
2 oppose the proposed NorthPointe Neighborhood Hospital,  
3 as this project will redirect the resources needed by  
4 our existing hospitals to support our local communities.

5 Thank you for your consideration.

6 MS. PANKOW: Good morning, Madam Chairwoman and  
7 Board. My name is Michelle Pankow, M-i-c-h-e-l-l-e,  
8 P-a-n-k-o-w, and I'm here today as the Fire Chief of the  
9 Rockford Fire Department and also representing the  
10 office of the City of Rockford Mayor Tom McNamara in  
11 opposition to the proposed NorthPointe Neighborhood  
12 Hospital in Roscoe, Illinois.

13 I have served my community, the Rockford  
14 community for the past 32 years. This is a community  
15 that is only 11 miles from Roscoe and is incredibly  
16 blessed with exceptional healthcare services. It is the  
17 only city of its size in Illinois that has three trauma  
18 centers, all of which are easily accessible for the  
19 Roscoe community. And as such, we have highly-trained  
20 specialists offering world class care to our community.

21 Our hospitals also provide vital safety net  
22 services to our community. UW Health is one of the few  
23 facilities offering inpatient mental healthcare  
24 services, and the only one that does so within the

1 proposed service area.

2 As this Board knows, the availability of  
3 inpatient mental healthcare services is of the utmost  
4 importance, and we need to protect those institutions  
5 that provide this needed service.

6 Additionally, the existing hospitals in  
7 Rockford provide much-needed medical care to low income  
8 and underinsured patients in our community.

9 And in 2022, the three hospitals in Rockford  
10 alone provided \$17.9 million in free or charitable care  
11 and provided over \$217 million in care to the Illinois  
12 Medicaid recipients according to the Board's records.

13 These figures represent real commitment to our  
14 communities most in danger. And I'm grateful to these  
15 institutions for working with the mayor's office and the  
16 Rockford Fire Department to ensure access to care.

17 The proposed NorthPointe Hospital threatens to  
18 weaken the healthcare services offered in the service  
19 area by selecting and choosing patients of higher income  
20 from Roscoe and Rockton.

21 I strongly urge you to oppose the  
22 establishment of the proposed small hospital in Roscoe,  
23 and instead protect existing facilities that are meeting  
24 the true needs of our community.



1 Thank you for your time.

2 MS. HELLATT: Good morning. My name is Jeni  
3 Hellatt, J-e-n-i, H-e-l-l-a-t-t, and I'm a vice  
4 president with Mercyhealth. Thank you very much for  
5 giving me an opportunity today to express my opposition  
6 for the NorthPointe Hospital.

7 I'd like to bring your attention to the map in  
8 reference to the service area that this so-called  
9 neighborhood hospital is expected to serve based on  
10 Beloit Health System's application. You can see that it  
11 is hard to see because there's a lot of different  
12 facilities there as indicated by NorthPointe. But  
13 NorthPointe is in the middle.

14 And this is their 17-mile capture radius. It  
15 goes all the way down to the I-90/39 Interchange and all  
16 the way up to the north side of Janesville, Wisconsin.  
17 And in this area, it has already been mentioned there  
18 are seven hospitals, including two Level 1 trauma  
19 centers.

20 So imagine if you took your family to  
21 Hurricane Harbor which is within the 17-mile radius on  
22 the south side of the radius, and your child started to  
23 get severe stomach pains. Not bad enough to call 911,  
24 but bad enough that you want to get your child checked



1 M-e-l-i-s-s-a, S-a-l-a-a-m. I serve as the Director of  
2 Transitional Care in Beloit Health System. My role  
3 involves coordinating healthcare services between the  
4 hospital and the various facilities including nursing  
5 homes, assisted living facilities, and patient homes to  
6 ensure seamless continuity of care.

7 Today I'm here to express my strong support of  
8 the establishment of NorthPointe Neighborhood Hospital.  
9 The NorthPointe campus, which opened in 2007, offers a  
10 wide range of services including NorthPointe Terrace's  
11 assisted living facilities that serves numerous  
12 residents. However, what the campus currently lacks is  
13 a hospital and inpatient emergency room services.

14 The assisted living facilities are typically  
15 residents who are typically frail, often have multiple  
16 comorbidities, making them more susceptible to  
17 hospitalizations compared to younger patients for  
18 similar illnesses.

19 For example, an elderly patient with a urinary  
20 tract infection might require hospitalization to IV  
21 antibiotics to monitor for complications such as  
22 cellulitis. Sudden onset of confusion, a common  
23 complication often necessitates hospital monitoring,  
24 especially for patients living alone.

1           The proposed NorthPointe Hospital will just --  
2 is steps away from the NorthPointe Terrace. This  
3 proximity will facilitate the quick transport of  
4 residents who require emergency care or hospitalization.

5           Additionally, it alleviates the burden of  
6 families who play a crucial role in patient care, as  
7 they are already familiar with the campus and will find  
8 it easier to navigate a smaller hospital compared to a  
9 large acute care facility.

10           The establishment of NorthPointe Hospital will  
11 significantly improve access to healthcare for residents  
12 at NorthPointe Terrace in the broader Stateline  
13 community by providing local access to vital medical  
14 care including emergency services and lower acuity  
15 medical care. The hospital will enhance healthcare  
16 outcomes and reduce transit times to emergencies.

17           I urge the State Board to approve this  
18 exceptional project, which will be a tremendous asset to  
19 this community. Thank you.

20           MS. HECOX: Good afternoon. My name is Sharon  
21 Hecox. I'm the Executive Director of the Stateline Mass  
22 Transit District. Our agency provides affordable,  
23 reliable, and safe public transportation service for the  
24 residents of the Stateline area of northern Illinois,

1 and I'm here to express our support to this proposal.

2           Our transportation services are crucial in  
3 ensuring the low income and elderly residents have  
4 access to essential medical care at the NorthPointe  
5 campus. These services bridge a gap for individuals  
6 without reliable transportation, reducing missed  
7 appointments, and improving overall health outcomes. By  
8 providing these rides, we help mitigate the financial  
9 and logistical barriers that often prevent multiple  
10 populations from receiving timely medical attention.

11           Additionally, our transportation services  
12 enhance the quality of life for elderly residents by  
13 promoting independence and reducing social isolation.  
14 These programs are vital for fostering a healthy and  
15 more equitable community, and we truly value our  
16 partnership with Beloit Health System.

17           I support the approval of this proposed  
18 neighborhood hospital. NorthPointe services focuses on  
19 wellness and patient-centered care. By prioritizing  
20 preventative care, well-being, and empowering patients  
21 to be active participants in their health journey, this  
22 provider demonstrates a deep commitment to improving the  
23 overall health of the community.

24           I know many transit-dependent individuals who

1 use NorthPointe services and do not have access to  
2 alternate transportation outside the area. When people  
3 need care that is not available locally, it is very  
4 taxing for the patients and their families, especially  
5 when a hospital stay is required.

6 Keeping area residents close to home for  
7 healthcare will enable patients to remain near their  
8 loved ones, making it easier for family members to visit  
9 them while in the hospital.

10 SMT strongly supports the transition of  
11 NorthPointe to a hospital facility to meet the needs of  
12 the local community. NorthPointe is a strong community  
13 supporter. Their presence continues to benefit both  
14 local businesses and our riders.

15 Thank you for your time, and bravo to  
16 NorthPointe for seeking real solutions to real world  
17 problems.

18 MS. HOPPES: Good morning. My name is Sonya  
19 Hoppes. S-o-n-y-a, last name H-o-p-p-e-s. I will start  
20 with saying I have a three and a five year old. So I'm  
21 not that nervous. It is just that I have dirty kids.

22 I want to thank the Board for being here today  
23 as well as this room filled with people. I'm the City  
24 Administrator for the City of South Beloit. It is that

1 little town right on that invisible state line.

2 I want to take a minute to highlight that I'm  
3 familiar Rockton and Roscoe are also here in strong  
4 support. We don't always all three get along. But we  
5 all feel very strongly about this project, and I think  
6 that is worth calling out.

7 We support the creation of the NorthPointe  
8 Neighborhood Hospital with emergency room and added  
9 surgical needs. We need the specialty care. I deeply  
10 care about our city and our region. I want what is best  
11 for the people who live in South Beloit, including my  
12 parents, my grandparents, my children.

13 South Beloit has suffered economical hardship  
14 with over 12 percent of the population living below the  
15 federal poverty limit. 65 percent of our students  
16 qualify for free or reduced lunches. It is important to  
17 recognize the way that South Beloit is unique.

18 As a city, we work really hard to ensure that  
19 our services are coordinated, local families have access  
20 to the resources that they need, while we try to grow  
21 and attract even more investment and opportunity. We  
22 support this project for helping us reach these goals.

23 During construction it will provide 50 jobs.  
24 After the hospital opens, 30 permanent jobs. Local

1 opportunities like this are exactly what we wait for.

2           An important aspect of this project is that  
3 the planned hospital will provide 24-hour care to the  
4 most vulnerable members of our community. These people  
5 lack access and transportation and have difficulty  
6 finding someone who can drive them 30 minutes to a  
7 Rockford hospital.

8           Just because we reside near roads and highways  
9 does not mean that everyone has the same access and  
10 opportunity to travel. Having to travel outside of our  
11 area isn't always easy, especially when you don't have  
12 access to care. It is difficult when you have a family  
13 member who is getting care, or you can't visit or pick  
14 them up.

15           I urge the support of the NorthPointe  
16 Hospital. Thank you.

17           MR. CRUISE: Hello. My name is Keith Cruise.  
18 K-e-i-t-h, C-r-u-i-s-e. Yes. My name is Keith Cruise.  
19 I'm a resident of the Stateline area, and I'm also a  
20 member of the Beloit Health System Foundation Board.

21           I support this proposal to expand the  
22 NorthPointe Health programs as submitted to the Illinois  
23 planning agency. Beloit Health System has had a  
24 significant and positive impact on healthcare in our



1 community. As a Foundation Board Member, I reaffirm our  
2 commitment to transforming healthcare delivery.

3 A health system's mission must ensure that  
4 everyone has a medical home for comprehensive and  
5 personalized care. We pledge significant resources to  
6 achieve this, focusing on enhancing facilities and using  
7 technology to streamline care coordination. This will  
8 improve quality care and reduce service duplication, and  
9 this is particularly important in our facility in  
10 Illinois which is located in healthcare professional  
11 shortage areas.

12 We are constantly expanding and developing our  
13 healthcare team, including primary care physicians,  
14 nurses, and care coordinators, while investing in staff  
15 training to ensure the highest quality care.

16 At every opportunity presented, we will  
17 strengthen our collaborations with local organizations  
18 to address social determinants of health and eliminate  
19 care barriers, promoting health equity.

20 Primary care availability is crucial for good  
21 health, helping patients with serious concerns as well  
22 as routine checkups. Lack of access burdens our  
23 emergency services with routine and preventable  
24 conditions.

1           To that end, we are creating the Gold Primary  
2 Care Center named after Dr. Kenneth Gold with a \$6.2  
3 million investment to add 10 new primary care providers  
4 and to modernize our clinic space. We do this so we can  
5 continue to provide improving care and alleviating  
6 emergency service burdens. We are investing in primary  
7 care.

8           Thank you for allowing me to present today and  
9 to express my unwavering support to Beloit Health  
10 System's expansion initiative at the NorthPointe campus.  
11 Thank you.

12           MS. NEIRA: Hello. My name is Virginia Neira,  
13 V-i-r-g-i-n-i-a, N-e-i-r-a. I am 83 years old, and I  
14 have lived at the NorthPointe Terrace assisted living  
15 facility for a little over four years.

16           NorthPointe Terrace is part of the Beloit  
17 Healthcare System, and is located at the NorthPointe  
18 Wellness Campus next door to the proposed Neighborhood  
19 Hospital site.

20           I am here to voice my strong support for the  
21 NorthPointe Neighborhood Hospital. For me, it is a  
22 no-brainer. As I am aging, I worry about having more  
23 falls, cardiac episodes, or anything that will require  
24 me to be hospitalized. Currently there is an immediate

1 care next door, but they are not equipped to handle all  
2 emergencies, and frequently we need to send our  
3 residents to the hospital from immediate care.

4 I would be so grateful to avoid an additional  
5 20-minute uncomfortable, bumpy ride in an ambulance to  
6 get to the nearest hospital. A neighborhood hospital  
7 staffed with quality doctors and equipment would mean so  
8 much to me. A two-minute trip to the emergency would  
9 mean quicker treatment and possibly a better outcome for  
10 many of us.

11 Time is everything. Recently we lost a dear  
12 friend. We wonder if a closer hospital could have made  
13 a difference. We'll never know. In addition to swift  
14 access, the 10-bed hospital would provide a more  
15 convenient location for our families to visit and to  
16 give us support.

17 We also know that our Roscoe neighborhood  
18 would benefit from the added services and inpatient  
19 care. Our NorthPointe Health and Wellness Center  
20 already has quality doctors, an array of specialists,  
21 physical therapy equipment, pools, and so on. It seems  
22 to me to be a logical extension of service at our  
23 location, and it would be a wonderful next step for our  
24 campus.

1           The seniors deserve better care. I do, and  
2 all of Roscoe does. Thank you for your time.

3           CHAIRWOMAN SAVAGE: Thank you. And again, if you  
4 have prepared comments, if you could give them to our  
5 Board Staff.

6           MR. JONES: Our next individuals are Meaghan  
7 Moriarty, Nequita McIntosh, Christopher Shireman, Todd  
8 Anderson, and Ladd Udy.

9           MS. MORIARTY: Good morning. Meaghan Moriarty,  
10 M-e-a-g-h-a-n, M-o-r-i-a-r-t-y.

11           I've been a licensed attorney practicing in  
12 healthcare law for 16 years, advising healthcare systems  
13 in complying with CMS rules and guidelines including  
14 CMS's provider-based rules.

15           Based on my years of experience, I'm highly  
16 sceptical that the proposed NorthPointe Hospital would  
17 qualify as a remote location of the Beloit Memorial  
18 Hospital campus as proposed in Beloit's application.

19           Compliance with the provider-based rules is  
20 paramount if the hospital wishes to ensure that the  
21 partnering location can be considered a part of the  
22 hospital. An outcome with significant financial  
23 benefit, such as the ability to receive higher  
24 reimbursement for outpatient procedures and transporting

1 patients between hospital locations without charging  
2 patients an additional ambulance fee or additional  
3 inpatient charges.

4           Given that this hospital is going to require  
5 regular patient transfers to various hospitals including  
6 Wisconsin hospitals, this could yield significant  
7 increased cost to patients if the location does not  
8 qualify.

9           Whether the location will meet the PB  
10 requirements is something that should be clarified  
11 before the Board approves a project like this so that  
12 the true costs are well understood.

13           The bases for my concerns are as follows:  
14 First, the provider-based rules require that the remote  
15 location operate under the same name as the main campus.  
16 As it is clear from the Beloit application, the proposed  
17 location will not meet this requirement.

18           Secondly, the rules require remote locations  
19 be located in the same state as the main hospital campus  
20 unless allowed by the laws in the two adjacent states.  
21 I am aware of no law within Illinois that would allow an  
22 Illinois hospital to be licensed as a subordinate and  
23 integrated to a hospital located in another state.

24           Finally and third, the proposed location would

1 be subject to review of its provider-based compliance by  
2 CMS's Chicago regional office. This regional office is  
3 well-known for its strict compliance approach to  
4 provider-based requirements, and there is no guarantee  
5 that the Roscoe location will pass muster.

6 Based on these concerns, I urge the Board to  
7 oppose the proposed NorthPointe Neighborhood Hospital.  
8 Thank you.

9 MR. McINTOSH: Good morning. I'm Nikki McIntosh,  
10 N-i-k-k-i, M-c-I-n-t-o-s-h. I'm Senior Director and  
11 Chief Nursing Officer at Mercyhealth, and I'm here today  
12 to speak against the proposed NorthPointe project.

13 Our community in southern Wisconsin and  
14 northern Illinois is fortunate to have plenty of  
15 healthcare resources. We already have hospitals that  
16 can handle different levels of trauma care, along with  
17 over 22 emergency departments and urgent care centers in  
18 the area covered by this project.

19 But even with these resources, healthcare  
20 systems everywhere are facing serious challenges.  
21 There's a shortage of healthcare professionals, costs  
22 are rising, and reimbursement is a constant struggle.

23 Everyone is working hard to focus on patients  
24 and keep things running smoothly in this tough

1 environment. Adding another facility will only stretch  
2 our already limited resources even further. This could  
3 mean fewer services, increased strain on patient safety,  
4 and more pressure on our overworked healthcare  
5 providers.

6 According to HRSA, the proposed area is not a  
7 medically underserved area. Preventing unnecessary  
8 duplication of services is key to making sure we are  
9 using our resources wisely. We don't need more  
10 facilities when the ones we already have are capable and  
11 well-staffed to handle a variety of care levels.

12 Beloit Health System has proposed using their  
13 few existing surgeons to staff this new project. Their  
14 application does not mention these surgeons being  
15 on-site. With so few surgeons and their inability to be  
16 on-site, patient care will undoubtedly be delayed.

17 Beloit Health System is trying to justify the  
18 nature of this facility by pointing to their protected  
19 daily census numbers. At the same time, they claim that  
20 facilities in the Rockford area have seen big drops in  
21 patient volume, but they don't explain why.

22 They selectively use census data from 2018 to  
23 2022 to make their case, but that does not show the  
24 whole picture. There are still 94 open medical-surgical

1 beds available in the area. They are using the drop in  
2 census of Mercy Health's Rockton campus, which the Board  
3 is already familiar with, to push their agenda for this  
4 new hospital.

5 They argue that because of the Rockton  
6 hospital losing patients, there is a need for more  
7 immediate care access. I suggest that is simply not  
8 true.

9 This project isn't about it stopping  
10 out-migration. It is about capturing specific patient  
11 payer populations and bringing them to Wisconsin. It is  
12 clear this isn't about what is best for our community.  
13 It is about what benefits the Wisconsin-based hospital.

14 I strongly urge the Board to vote no for the  
15 NorthPointe application. Thank you.

16 MR. SHIREMAN: Good morning. My name is  
17 Christopher Shireman. I'm Director of Physician  
18 Recruitment of Mercyhealth. S-h-i-r-e-m-a-n.

19 CHAIRWOMAN SAVAGE: If you can maybe get a little  
20 closer to the microphone?

21 MR. SHIREMAN: There we go. How is that?

22 My name is Christopher Shireman. I have over  
23 25 years of working with physicians, running practices,  
24 and recruiting physicians. When you think emergency



1 room, what basic specialties come to mind? For me it is  
2 a general surgeon for an appendectomy for my child. I  
3 think of an orthopedic surgeon for a fractured hip  
4 patient. I think of a cardiologist for a patient with a  
5 racing heart.

6 In their application, Beloit Health System  
7 states they work with organizations like the Association  
8 for Advancing Physicians and Provider Recruitment,  
9 Medical Group Management Association, and others to  
10 benchmark physician recruitment and retention. They say  
11 they have a robust physician recruitment plan that meets  
12 the specific needs of the community.

13 Well, if indeed they are using this data, then  
14 they know that we have a current shortage of 64,000  
15 physicians in the United States. We are talking about  
16 specialists needed to provide basic emergencies and  
17 hospital care. It is no wonder Beloit has no dedicated  
18 plans to offer these services at their proposed  
19 neighborhood hospital.

20 Not only are these basic specialties difficult  
21 to recruit, but when you can recruit them, it is  
22 difficult to make them available on nights and weekends  
23 at a specific time when you need them most in an  
24 emergency.

1           According to Becker's, the 10 most challenging  
2 physician specialties to recruit are Orthopedic Surgery,  
3 Cardiology, and Emergency Medicine.

4           On average, the AAPR documents that it takes  
5 over 220 days to recruit a physician. That is over six  
6 months. And that is just the average. This involves  
7 reaching out to dozens of physicians, interviews,  
8 offers, on-boarding them for their first day.

9           In many of these specialties there are over 20  
10 opportunities for each physician completing their  
11 training. The supplies of physicians is not meeting the  
12 demand, and Beloit System is proposing to add to this  
13 problem in a community that is already designated as a  
14 physician shortage area.

15           Because of the strain that this proposal would  
16 add on successful recruitment of providers to existing  
17 facilities, and because of the lack of detail from  
18 Beloit Health System on their ability to staff a real  
19 hospital and emergency room, I would urge you to deny  
20 this project.

21           MR. UDY: Good morning. My name is Ladd Udy,  
22 L-a-d-d, U-d-y. I serve as Vice President for  
23 value-based care at Mercyhealth, and I'm here to speak  
24 against the proposed NorthPointe project.

1           It was stated in the initial hearing that this  
2 facility would help Beloit Health System to provide  
3 patient-centric value-based care. This is a puzzling  
4 statement to me for several reasons.

5           The goals of value-based care are to reduce  
6 the cost of care while maintaining or improving quality.  
7 So how do you do that? You provide the services to keep  
8 patients out of the hospital in the first place, namely  
9 primary care.

10           According to county Health Rankings, Winnebago  
11 County shows a ratio of 1420 residents to one primary  
12 care provider. The state of Illinois ratio is 1260 to  
13 one, and the national is 1330 to one. It is clear the  
14 need for more primary care exists.

15           Having primary care access is not as exciting  
16 for the community as getting a new hospital, but it is  
17 what most communities need more of, and it is how the  
18 lower costs from value-based care are realized. Beloit  
19 Health System says they will have primary care, but they  
20 don't need to build a new hospital to do that.

21           Having a small hospital that will mostly have  
22 to transfer patients out has no material favorable  
23 impact to value-based care outcomes. In fact, due to  
24 its lack of comprehensive services, NorthPointe will end

1 up transferring patients out of state, which actually  
2 adds a layer of cost and time. So it does the opposite  
3 of what a value-based-care-focused organization would  
4 do.

5 We are fortunate to have a wide range of acute  
6 healthcare services quickly accessible to the Roscoe  
7 community already. These existing facilities support a  
8 comprehensive healthcare system and ensure that people  
9 have access to the acute care that they need.

10 Having another hospital risks diluting the  
11 existing acute care infrastructure, will provide no  
12 realistic impact on value-based care outcomes, and  
13 undermines the stability of existing providers who are  
14 dedicated to offering meaningful access to value-based  
15 care.

16 For these reasons, I urge the Board to vote no  
17 on this proposal. Thank you.

18 MR. ANDERSON: Good morning. My name is Todd  
19 Anderson, A-n-d-e-r-s-o-n. I'm the Chief Financial  
20 Officer of Mercyhealth, and I'm here to speak against  
21 this proposed project.

22 One of the key points in the Board's process  
23 is to reduce the unnecessary duplication of services.  
24 Our community is better served by having the right

1 number of properly-staffed and well-designed healthcare  
2 facilities like the ones we already have.

3 Adding another facility that is designed to  
4 only serve a small number of Illinois patients by  
5 transporting them to Wisconsin only adds a financial  
6 strain to the Illinois hospitals. According to public  
7 reported data, Mercyhealth, OSF, UW Swedish American  
8 currently care for a significant Medicaid population,  
9 representing up to 33 percent of each of our  
10 organization's respective activity.

11 The proposed facility will not provide care to  
12 a similar sharing size of Medicaid patients. Instead,  
13 it is intended to direct more insurance patients to  
14 Wisconsin, thereby reducing the insurance payer  
15 reimbursement that existing facilities rely upon to  
16 continue to serve our community and a significant  
17 Medicaid population.

18 We already have a health -- a shortage of  
19 healthcare workers. Staffing expenses have increased to  
20 double-digit rates year-over-year since the start of  
21 COVID. This is not news to anybody here today.

22 Because of this, hospitals may look to  
23 short-term staffing agencies to fill the needed gaps.  
24 These agency staff members cost hospitals five times

1 more than similar services from employed healthcare  
2 workers.

3 Building a facility, taking insured patients  
4 to Wisconsin, not serving a proportionate share of  
5 Medicaid, reducing the insured's payer mix that all of  
6 us rely upon, the existing hospitals rely upon in making  
7 the current healthcare shortage even worse, will hurt  
8 the already fragile stability of Illinois existing  
9 hospitals.

10 For these reasons, I urge you and the Board to  
11 vote no on this application. Thank you.

12 CHAIRWOMAN SAVAGE: I'm sorry. If you could give  
13 your prepared remarks to the Board Staff?

14 MR. JONES: Our next individuals are Jason Nelson,  
15 Laura Baluch, Sharon Daily, Kevin Briggs, Zach Brockman,  
16 and Zack Bockman.

17 MR. BRIGGS: So good morning. My name is Kevin  
18 Briggs, B-r-i-g-g-s. I'm the Deputy Fire Chief of the  
19 Harlem-Roscoe Fire Department. I'm here today in  
20 support of Beloit Health System's plan to open a  
21 neighborhood hospital with an emergency department here  
22 on its Roscoe, Illinois campus, which is in our fire  
23 protection district.

24 Our fire protection district in the region

1 have seen substantial growth, which has increased the  
2 demand for emergency services. As a direct result of  
3 this growth, increased call volume and roadway traffic  
4 congestion has increased first responder times. Last  
5 year alone, we responded to over 3800 calls, with 80  
6 percent of those being EMS.

7 At any given time, one of our three advanced  
8 ALS ambulances can be out of service at a hospital, and  
9 it is not uncommon to have all of our ambulances out  
10 simultaneously on calls.

11 Having an emergency department in Roscoe will  
12 enhance access to vital community-based emergency  
13 services by reducing travel times and keeping our ALS  
14 units in the district.

15 NorthPointe and Beloit Health System already  
16 provide valuable health and wellness resources to our  
17 community and region. Adding a neighborhood hospital  
18 with an emergency department will make our area a safer  
19 and healthier place to live.

20 I strongly encourage this Board to vote to  
21 approve the NorthPointe Hospital, as it will greatly  
22 reduce ambulance transport times and enhance our fire  
23 department's ability to deliver life-saving care in  
24 critical situations. Thank you.

1 MR. NELSON: Good morning. My name is Jason  
2 Nelson, J-a-s-o-n, N-e-l-s-o-n. I'm a director at  
3 Beloit Health System. I'm here to discuss the  
4 NorthPointe Neighborhood Hospital project and why it is  
5 a crucial development for Stateline community.

6 First, I want to express my gratitude to the  
7 community representatives and others who are here today  
8 to support this project. This proposal has been  
9 meticulously crafted to address our community's  
10 healthcare needs while ensuring cost-effectiveness. We  
11 have taken a prudent approach by adding only 10 beds to  
12 the service area, ensuring we meet demand without  
13 overextending our resources.

14 In the context of healthcare delivery in the  
15 U.S. post pandemic, the concept of a small-format  
16 hospital is not novel. Despite what some detractors,  
17 primarily our competition, might suggest, this project  
18 is both sensible and necessary for the Illinois  
19 communities we serve.

20 A key advantage to this project is that many  
21 required services are already in place. We have  
22 existing imaging, laboratory, and pharmacy facilities  
23 that we'll seamlessly integrate with the new hospital.  
24 This approach allows us to leverage our current



1 infrastructure, reducing overall costs and  
2 implementation time.

3           Additionally, we plan to convert our existing  
4 immediate care center into an emergency department.

5 This conversion maximizes the use of our current  
6 facilities while expanding critical emergency services.

7           Also, we will transfer one operating room from  
8 the NorthPointe Surgery Center to the new hospital,  
9 optimizing our surgical capabilities without unnecessary  
10 duplication.

11           These strategic decisions demonstrate our  
12 commitment to efficient resource allocation and fiscal  
13 responsibility. By carefully repurposing existing  
14 assets and adding only essential new elements, we ensure  
15 that this project will provide maximum value to our  
16 community while minimizing financial impact.

17           Thank you for your time and consideration. I  
18 stand with my colleagues in asking the Illinois Health  
19 Facilities and Services Review Board to approve this  
20 project.

21           MS. BALUCH: Good morning. My name is Laura  
22 Baluch, L-a-u-r-a, B-a-l-u-c-h. I'm a board member and  
23 the President of the Stateline Chamber of Commerce,  
24 which is the local chamber of commerce for Roscoe,

1 Illinois. I am here in support of Beloit Health  
2 System's proposal to add a small neighborhood hospital  
3 to the community.

4 Roscoe is the fastest growing area in  
5 Winnebago County and has grown nearly 75 percent since  
6 the year 2000. I fully expect this growth to continue  
7 into the future. There's also a larger area around  
8 that. Rockton, South Beloit, and other rural areas too  
9 that are also growing.

10 As a partner in an area business, an owner of  
11 one and a partner in my law firm as well, I'm thrilled  
12 to see the local community doing well and new families  
13 moving into town. However, such rapid growth also  
14 brings its own challenges, including its strain on our  
15 existing healthcare infrastructure.

16 Local businesses pay special attention to  
17 these issues because they can hurt our efforts to  
18 recruit valuable employees. We need robust healthcare  
19 offerings and other community resources to remain  
20 competitive and make our community attractive to those  
21 considering relocating from Chicago or other areas in  
22 the state.

23 For potential employees and their families,  
24 such infrastructure is of great importance when weighing

1 their options for relocation. This includes timely  
2 access to emergency services, and an in-town hospital;  
3 both of which are currently lacking in our community.  
4 For this reason, we welcome Beloit Health System and its  
5 proposed neighborhood hospital to the area.

6 The Stateline Chamber of Commerce and my  
7 business both fully support the proposed neighborhood  
8 hospital and any other efforts to improve access to  
9 healthcare services in Roscoe.

10 I urge this Board to vote in favor of the  
11 NorthPointe Neighborhood Hospital. On a personal note,  
12 my father is from one of these local area communities.  
13 He not so long ago had an emergency issue, and EMT said  
14 he had to go to the hospital. He passed away in the  
15 ambulance. If he had had this facility there, he would  
16 have been 20 minutes closer. It could have saved his  
17 life.

18 MR. BROCKMAN: Good morning. My name is Zach  
19 Brockman. First name is Zach, Z-a-c-h. Last name  
20 Brockman, B-r-o-c-k-m-a-n.

21 I'm the President of the Beloit Sky Carp. We  
22 are a minor league baseball team located in Beloit and  
23 affiliated with the Miami Marlins. Our team is proud to  
24 contribute to community development by creating jobs and

1 attracting tourism. I'm here to express my support for  
2 the NorthPointe Neighborhood Hospital.

3 Our owners, Quint and Rishy Studer, are deeply  
4 committed to community-based development and education.  
5 They have made significant contributions to enhance  
6 health care outcomes, supporting small businesses, and  
7 improving urban environments, and advancing early  
8 childhood education.

9 Their dedication to reinvesting profits into  
10 the community initiatives through both investment and  
11 philanthropy is evident throughout our community. Over  
12 the last year, Quint and Rishy have donated over  
13 \$600,000 to local programs.

14 Beloit Health System has been an outstanding  
15 partner to the Sky Carp, embodying a strong commitment  
16 to providing excellent healthcare. Their dedication to  
17 maintaining a robust, independent health system is  
18 evident through their numerous community initiatives.

19 The health system hosts events throughout the  
20 year to benefit the Stateline community, such as  
21 Community Safety Day, which educates children and  
22 families on safety practices, and the Pulling for  
23 Hospice event, which supports the Beloit Regional  
24 Hospice.

1           Additionally, their annual Pro-Am Golf event  
2 and Doves and Diamonds Gala raise funds for healthcare  
3 services and celebrate the impactful work of the  
4 provider's hospice team.

5           The proposed expansion of services at the  
6 NorthPointe campus aligns perfectly with the health  
7 system's mission to deliver comprehensive care to all  
8 patients regardless of their financial situation. This  
9 initiative is a testament to their unwavering commitment  
10 to the community.

11           Thank you for allowing me the opportunity to  
12 support this important plan by being here today.  
13 Thank you.

14           MS. DAILY: Good morning. My name is Sharon Daily.  
15 That is S-h-a-r-o-n, D-a-i-l-y. I'm a resident of  
16 Rockton and stand with the Stateline community in  
17 supporting the plan and development of the NorthPointe  
18 Neighborhood Hospital on the Roscoe campus. This campus  
19 currently operates a birth center, a fitness center,  
20 surgery center, immediate care center, diagnostic  
21 facilities, and assisted living facility as well as  
22 physician offices.

23           What we are missing is a small hospital with  
24 an overnight stay and a 24/7 emergency department. The

1 investment is comparably small, but the impact will be  
2 extremely positive for the community. As a small  
3 hospital, it will strengthen competition while not  
4 harming any of the bigger health systems we have heard  
5 of today. They haven't brought many services to Roscoe.

6 A small hospital in Roscoe will provide us  
7 with a local alternative for emergency care and less  
8 complex inpatient stays. The closest emergency  
9 department is at Beloit Memorial Hospital. That program  
10 is extremely busy and can have long wait times.

11 The NorthPointe Neighborhood Hospital  
12 emergency department will not only be closer to home,  
13 but with a shorter wait time allow patients the ability  
14 to return home more quickly as well. Additionally,  
15 while the current immediate care center provides  
16 excellent treatment, I understand it cannot accept  
17 ambulances.

18 Having an emergency department in Roscoe will  
19 reduce ambulance travel times when time is of the  
20 essence and allow the ambulance crews to stay in their  
21 respective communities to better serve their districts.

22 For that reason, I fully support the  
23 NorthPointe Neighborhood Hospital and urge the Illinois  
24 Health Facilities and Service Review Board to approve

1 this project. Thank you for your time.

2 CHAIRWOMAN SAVAGE: Thank you. And if you could  
3 please give your prepared comments to our Board Staff?

4 MR. JONES: Our next individuals are Tanya Dworkin,  
5 John Dorsey, Christopher Wistrom, Matthew Smetana,  
6 Brandon Lieber, and Tyler Killpack.

7 MR. DORSEY: Good morning. I'm Dr. John Dorsey,  
8 D-o-r-s-e-y, and I'm here to speak against the  
9 NorthPointe project. I am the Chief Medical Officer of  
10 Mercyhealth, the Illinois division, and an internist by  
11 specialty with over 40 years of clinical experience,  
12 including inpatient hospital work.

13 Patients that are hospitalized today are very  
14 sick. Most healthcare is given as an outpatient. But  
15 those that need hospital care need complex care. Even  
16 seemingly low-acuity hospitalized patients can decline  
17 rapidly and without warning.

18 When hospitalized, patients need to be at a  
19 facility where various specialists are readily available  
20 to manage the specific healthcare crisis. Failure to  
21 offer such services can be disastrous for the patients  
22 and their families.

23 Given the description in the application for  
24 this project, this proposed hospital clearly will be

1 incapable of offering these absolutely necessary  
2 clinical specialties. This proposed limited-service  
3 hospital misleads the public about what services are  
4 available by calling themselves a hospital.

5 Patients will believe that they are getting  
6 full hospital services. That is simply not the case.  
7 Beloit will benefit by transferring, as we have heard,  
8 patients to Wisconsin. Appropriate hospitals already  
9 exist in Illinois in the proposed service area, offering  
10 the full range of services needed for patients at all  
11 acuity levels.

12 As mentioned, I too am acutely aware of  
13 nationwide staffing and resource shortages that are  
14 effecting healthcare. Recruitment of physician  
15 specialists, as you've heard, is not easy. It takes a  
16 long time. And even if successful, this facility will  
17 not have the capabilities to support these physicians.

18 This facility will simply be unable to offer  
19 the spectrum of care that is needed for a sick,  
20 hospitalized patient, and I ask the Board to vote no on  
21 this proposal. Thank you.

22 MR. KILLPACK: Hello, everyone. I'm Tyler  
23 Killpack, T-y-l-e-r, K-i-l-l-p-a-c-k. I'm the Vice  
24 President of Community Hospitals for Mercyhealth, and



1 I'd like to share my opposition to the proposed Beloit  
2 Health System hospital at NorthPointe.

3 In my role, I oversee the operations of Mercy  
4 Health's Crystal Lake hospital. While this NorthPointe  
5 project has been compared to our Crystal Lake facility  
6 as a small-format hospital, I believe there are  
7 important differences to consider.

8 First, the Crystal Lake facility was designed  
9 to serve about 60,000 residents in that community plus  
10 nearly another 93,000 from nearby towns who lacked  
11 access to emergency services. That is a much larger  
12 population, 150,000, with a greater need. Three times  
13 what is being proposed here, serving towns with a  
14 combined population of less than 50,000.

15 Another difference that I would highlight,  
16 that Crystal Lake project involved reallocating unused  
17 beds from other Mercyhealth locations to the most  
18 populous city in the county without increasing the  
19 overall number of hospital beds in that planning area.

20 The Beloit Health System project is not a  
21 reallocation of existing beds in the planning area, but  
22 is asking to increase the number of beds. Where in fact  
23 there's an excess of 94 beds in the B-01 planning area,  
24 which suggests we do not need another facility right

1 now.

2                   Lastly, it is important to understand to the  
3 public a hospital is a hospital. And there's an  
4 expectation that an emergency room can handle whatever  
5 comes through the doors. It is one thing to be small  
6 format in terms of the number of hospitals beds, but  
7 another to be small format in terms of breadth and depth  
8 of specialists.

9                   In Crystal Lake we built a small-format  
10 hospital with a large multi-specialty clinic that  
11 provides hospital and ER coverage from physicians in  
12 over 17 specialties from cardiology, to orthopedic  
13 surgery, to vascular surgery on-site 24/7.

14                   In Beloit Health System's case, the small  
15 hospital will rely on surgeons and physicians in  
16 Wisconsin for coverage instead of in the Roscoe  
17 community, and we all know that surgeons cannot operate  
18 in two places at once.

19                   The only other small-format hospital approved  
20 by this Board was in Quincy, Illinois, which was again a  
21 large multi-specialty physician group committed to  
22 staffing the only hospital within a 50-mile radius. I  
23 encourage you to deny this project.

24                   MS. DWORKIN: My name is Tanya Dworkin. T-a-n-y-a,

1 D-w-o-r-k-i-n. I'm senior in-house counsel for  
2 Mercyhealth speaking in opposition to the NorthPointe  
3 project.

4 Before I began working for hospital systems, I  
5 spent 14 years working for the State of Illinois.  
6 During those 14 years, I spent five years with the  
7 Department of Healthcare and Family Services Office of  
8 Inspector General where I oversaw Medicaid providers and  
9 ensured their compliance with the Public Aid Code.

10 I spent another six years with the Department  
11 of Public Health where I had regulatory oversight of  
12 hospitals.

13 There are multiple reasons I believe Beloit  
14 Health System's proposal must be denied. First, Beloit  
15 is proposing to put not just two, but three facilities  
16 at the same location. The birthing center, an ASTC, and  
17 now a hospital. CMS does not allow this unless each  
18 facility has a different post office address, which as  
19 we can see from their application is not the case.

20 Second, if NorthPointe is truly a remote  
21 location of Beloit's main hospital in Wisconsin, then it  
22 is governed by Wisconsin laws, rules, and regulations,  
23 and must be considered a Wisconsin hospital.

24 Consequently, NorthPointe will not be required

1 to operate within the guidelines and strictures of  
2 Illinois law, and IDPH will have no authority to ensure  
3 compliance with Illinois laws and regulations, despite  
4 the hospital operating within Illinois borders.

5 Third, Beloit's attempt to reassure the public  
6 that it will comply with IHA's criteria for  
7 micro-hospitals is misleading and disingenuous. Not  
8 only does IHA not have criteria for micro-hospitals, but  
9 even if it did, the State of Illinois has not  
10 promulgated any laws setting forth the criteria for  
11 micro-hospitals. Consequently, even if IDPH could  
12 somehow obtain authority to regulate and oversee a  
13 hospital operating under Wisconsin law, it has no  
14 ability to enforce non-existing criteria for compliance  
15 in the operation of a micro-hospital.

16 With respect to Medicaid, Beloit tries to  
17 argue that building NorthPointe will increase access to  
18 healthcare for Medicaid beneficiaries. It made the same  
19 argument when it received approval for its ASTC,  
20 claiming in its CON application that the Medicaid  
21 population served would be 12 percent. In actuality,  
22 that percentage is a mere 2.1.

23 Beloit now claims that NorthPointe Hospital  
24 will serve a 10 percent Medicaid population. But if the

1 past is predictive of the future, the Medicaid  
2 population served will be 1.75 percent at best.

3 I urge you to deny this proposal.

4 MR. SMETANA: Good morning. My name is Dr. Matt  
5 Smetana, S-m-e-t-a-n-a. I am an emergency physician at  
6 Mercyhealth, and I serve as the EMS Medical Director for  
7 our Rockford-based EMS Resource Hospital. I'm here to  
8 express some concerns about the proposed project.

9 When a hospital is built, people  
10 understandably assume it will be a safe place to receive  
11 timely care for serious conditions. However, Beloit  
12 Health System's application primarily focuses on  
13 expanding access to primary care and mentions potential  
14 partnerships with orthopedics and neurology.

15 The proposed facility will not have trauma  
16 surgery or cardiology services, nor have they committed  
17 to adding these. Patients who come to this hospital in  
18 an emergency will not have access to these life-saving  
19 services.

20 As you've heard this morning, ambulances are  
21 finite resources. And locally I can say these EMS  
22 resources are already stretched thin. One of the  
23 central tenants of emergency medical services is getting  
24 the right resource to the right place at the right time.

1           Here, ambulances endeavor to transport  
2 patients to the closest appropriate destination.  
3 However, without a cardiac cath lab, trauma surgical  
4 capabilities, rarely will this proposed facility be the  
5 appropriate destination for critical patients to be  
6 transported by ambulance.

7           If a patient does arrive to this proposed  
8 hospital with a critical emergency, a transport by  
9 ambulance will then be necessary and a required step for  
10 patients to receive or reach definitive care.

11           This extra step for a patient to be  
12 transported away from this hospital will certainly lead  
13 to a preventable delay in reaching the hospital capable  
14 of treating their emergency. Unfortunately, these  
15 delays may have serious consequences.

16           Additionally, when an ambulance is utilized to  
17 transport the patient away from this proposed facility,  
18 that ambulance will no longer be available for other  
19 emergency responders, depleting an already limited  
20 resource in this area.

21           Simply put, emergency care without backup is  
22 not comprehensive care. Patients, as well as the EMS  
23 system, will be impacted by this facility. As a  
24 physician who cares about the well-being of this

1 community, I strongly urge the Board to consider the  
2 implications of this proposal.

3 MR. LIEBER: Good morning. My name is Brandon  
4 Lieber. I'm the System Director of EMS at Mercyhealth,  
5 and I'm here to express concerns about the proposed  
6 NorthPointe project.

7 I'm concerned about the perception of what  
8 this new community hospital will offer, and the  
9 potential disappointment community members may feel when  
10 they realize the facility cannot meet their needs.

11 In an emergency, people expect or deserve to  
12 receive comprehensive care close to home. However, if  
13 patients arrive at this hospital and must be transferred  
14 elsewhere for more advanced care, it could mean not only  
15 a delay in treatment but also additional costs at a time  
16 when they already are vulnerable and worried.

17 This creates even more risk when you consider  
18 that the proposed hospital will only have one OR,  
19 further limiting the ability to meet patient needs in a  
20 crisis if there is more than one surgery needed quickly.

21 As a practicing paramedic, I also have  
22 concerns about the negative impact that the proposed  
23 hospital will have on surrounding communities and the  
24 Fire/EMS providers. In today's practice, EMS

1 responsibility is to transport patients to the most  
2 appropriate facility when transporting patients with  
3 significant illness or injury. It is appropriate to  
4 deviate from this outlined standard? Is it in the  
5 patient's best interest that a community hospital like  
6 this may not have the capabilities to care for them and  
7 require transfer to one of the numerous, already  
8 established regional stroke, STEMI, or trauma centers  
9 designated by IDPH? Hospitals can't call 911 to  
10 transfer patients to another facility. They have to  
11 rely on private ambulance services.

12           Unlike urgent care centers, hospitals require  
13 patients to make arrangements with a private company,  
14 raising the question of who covers the cost. This  
15 ultimately adds more financial burden on both patients  
16 and the community.

17           I believe the messaging should remain clear  
18 and consistent. I'm a firm believer that there are  
19 already established local healthcare organizations that  
20 provide high-quality care regionally.

21           As an individual who lives and works in this  
22 community, I believe it's essential to ensure that any  
23 new healthcare facility should truly meet the needs of  
24 the people it serves, especially when time and access to



1 specialized care can make all the difference.

2 Thank you for your time and consideration. I  
3 urge you to vote no on this proposal.

4 MR. WISTROM: I don't envy you guys at all. I  
5 really don't. You've got a tough job ahead of you. I'm  
6 Dr. Christopher Wistrom, W-i-s-t-r-o-m. I'm the Medical  
7 Director for Emergency Medicine for Mercyhealth. And  
8 I'm the EMS Director on the Wisconsin side of the  
9 hospital.

10 I have some prepared remarks that are  
11 superfluous at this point. I have a couple things  
12 though that I think could contribute to your  
13 knowledge-based perspective. So I've been in emergency  
14 services 16, which is getting to be a lot of years now.

15 But that being said, we have a standard of  
16 care in these different communities. And the standard  
17 is different, by biography is different. When we talked  
18 about denser areas. We had a gentleman up here, one of  
19 the first speakers this morning talking about 10, 12,  
20 14-hour wait times and the acceptability of that in  
21 these inner-city environments.

22 As a Level 1 trauma center, comprehensive  
23 stroke center, primary receiving cath lab, we have a  
24 very high acuity base at our Rockford hospital. True.

1 We often do have wait times. True. People wait because  
2 they can. As we go through that triage process, and we  
3 are busy taking care of truly sick folks. Something  
4 that we always pay attention to and always try to  
5 improve upon, but please rest assured that people aren't  
6 waiting because we are playing cards. The resources are  
7 being used.

8 I worry about the micro-hospital meeting the  
9 standard of care right in the middle of all of these  
10 Level 2, Level 1 trauma centers, that they're not going  
11 to be able to have the services necessary to truly  
12 support that emergency room.

13 I have worked in some really small ERs, and I  
14 can tell you it takes one sick patient to shut the thing  
15 down. And all your resources get devoted to that.  
16 Everything else waits. And especially since COVID, we  
17 have had a really difficult time transferring people  
18 anywhere and from those small hospitals. Not a minute  
19 into the bigger facilities. This is going to be a  
20 problem for them too, not to mention the resources.

21 I will leave it at that. I encourage you to  
22 really think about the implications in this decision.  
23 It is probably not the best idea.

24

1 STATE OF ILLINOIS )  
 2 ) SS:  
 3 COUNTY OF C O O K )  
 4  
 5  
 6  
 7

8 I, GINA M. TOMASONE, a Certified Shorthand  
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 13 and correct transcript of said proceedings as appears  
 14 from my stenographic notes so taken and transcribed  
 15 under my personal direction.

16 IN WITNESS WHEREOF I do hereunto set my hand and  
 17 affix my notarial seal at Chicago, Illinois, this  
 18 day of , 20 .  
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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

EXCERPT REPORT OF PROCEEDINGS VIA  
VIDEOCONFERENCE  
held at the Bolingbrook Golf Course,  
2001 Rodeo Drive, Taylor Ballroom,  
Bolingbrook, Illinois, on October 29,  
2024.

BOARD MEMBERS:  
CHAIRWOMAN DEBRA SAVAGE  
MEMBER REX BUDDE  
MEMBER GARY KAATZ  
MEMBER DAVID KATZ  
MEMBER DAVID FOX  
DR. AUDREY TANKSLEY

IDPH STAFF:  
MS. BLANCA DOMINGUEZ, LEGAL COUNSEL  
MR. DENNIS BEEDLE, IDHS EX-OFFICIO  
MR. JOHN P. KNIERY, ADMINISTRATOR  
MR. GEORGE ROATE  
MR. MICHAEL CONSTANTINO  
MR. KENTON TILFORD

1 (The following was  
2 stenographically transcribed  
3 from WebEx audio recording.)

4 MS. SCACCIA: Good morning.  
5 My name is Kimberly Scaccia,  
6 S-c-a-c-c-i-a.

7 I am here today in  
8 opposition to NorthPointe. I am  
9 the vice president at Mercyhealth.

10 I believe the current  
11 request to add another hospital  
12 facility in the northern Illinois  
13 causes our already limited  
14 resources to be spread too thin.

15 I question whether or not  
16 the applicant considered factors  
17 such as population, payer mix,  
18 adequacy, location in relation to  
19 other hospitals, unused capacity  
20 of nearby hospitals and proximity  
21 to public transportation and  
22 highways to ease access to  
23 locations.

24 I believe this proposal is



1 not about improving care for  
2 Illinois residents. It's about  
3 attracting wealthier patients and  
4 their insurance dollars to  
5 Wisconsin.

6 Beloit Health Systems  
7 acknowledges in their application  
8 their intent to use this Illinois  
9 location to benefit their  
10 Wisconsin hospital.

11 As you heard today, the  
12 community already has seven  
13 hospitals and 22 emergency rooms  
14 and urgent care centers, one of  
15 which is a 24/7 urgent care center  
16 run by Mercyhealth, all ED  
17 physicians.

18 As you've heard from the EMS  
19 service team today, getting the  
20 right patient to the right  
21 location at the right time is  
22 critical.

23 I'm sure the Board is aware  
24 that a hospital cannot call 911

1           just as Dr. Dorsey mentioned, when  
2           a patient who does not realize is  
3           that the limitations of this  
4           facility has a condition that  
5           spirals, where does that leave  
6           them? It leaves them in a  
7           potentially valuable and critical  
8           situation.

9                     If this project moves  
10           forward, it will set a bad example  
11           for other health systems showing  
12           them it's okay to pull Illinois  
13           patients and resources out of the  
14           state. That is not what is best  
15           for the communities and the nation  
16           we serve.

17                    I ask the Board to vote no  
18           on this proposal.

19                    MS. HOWARD: Kelly Howard,  
20           K-e-l-l-y, H-o-w-a-r-d. I am the  
21           chief nursing officer for  
22           Mercyhealth Hospitals in McHenry  
23           County. I am here to oppose this  
24           project.

1                   At Mercyhealth Crystal Lake  
2                   Hospital we offer comprehensive  
3                   care with a highly skilled team of  
4                   specialists, advanced technology  
5                   and multiple operating rooms to  
6                   serve a diverse range of patients.

7                   Our state of the art  
8                   emergency department is fully  
9                   equipped to handle everything from  
10                  minor injuries to life threatening  
11                  emergencies, and we provide same  
12                  day appointments for preventative  
13                  care, diagnostics, surgery and  
14                  rehabilitation all under one roof.

15                  We also offer advanced  
16                  procedures that patients would  
17                  otherwise have to travel to  
18                  Chicago or Madison, Wisconsin, to  
19                  receive; for example, laser  
20                  ablation of the prostate and bone  
21                  anchored implants are both advance  
22                  procedures that we currently offer  
23                  to patients without the need to  
24                  transfer to a major city.

1                   In contrast, the proposed  
2                   Beloit Health system facility  
3                   lacks many critical services.  
4                   Beloit's application mentions  
5                   potential expansion in primary  
6                   care and discusses about  
7                   partnerships in orthopedic and  
8                   neurology, but fall short in  
9                   essential areas.

10                   They offer no general  
11                   surgery or cardiology, and  
12                   patients who arrive at this  
13                   facility in an emergency will  
14                   likely need to be transferred for  
15                   more specialized care.

16                   This adds unnecessary delays  
17                   and cost when existing hospitals  
18                   like ours already provide  
19                   comprehensive services close to  
20                   home.

21                   As an operating room nurse  
22                   with over 15 years of experience,  
23                   I have concerns about the  
24                   NorthPointe project's proposal to

1 offer an emergency department  
2 without a safe way to handle  
3 emergent surgeries.

4 At our Crystal Lake  
5 hospital, we have four operating  
6 rooms with one of them available  
7 for emergent cases that may occur  
8 through our emergency department.  
9 This is essential.

10 When you only have one  
11 operating room, if you have a  
12 surgery already in place, there is  
13 no where for that emergent  
14 surgical patient to be cared for.

15 NorthPointe will not be able  
16 to offer an available operating  
17 room for emergencies with just one  
18 proposed for the entire hospital.

19 I urge the Board to consider  
20 this gap in services and vote  
21 against this proposal. Thank you.

22 MS. BENNING: Hi. My name  
23 is Joanna Benning, J-o-a-n-n-a,  
24 B-e-n-n-i-n-g. I am the vice

1 president of support operations  
2 and construction for Mercyhealth  
3 and I am here to oppose this  
4 project.

5 This Board has approved two  
6 small format hospital projects and  
7 you just heard why the Beloit  
8 facility has very different  
9 service offerings and the  
10 circumstances are very different  
11 than what is in consideration  
12 today.

13 The only other small format  
14 hospital group was in Quincy,  
15 Illinois, and the circumstances  
16 there were very different, in that  
17 Quincy was the sole community  
18 hospital and was the only hospital  
19 in a 50-mile radius.

20 The applicants for Quincy  
21 were an existing Illinois based  
22 large multispecialty group of  
23 physicians, not an out of state  
24 hospital health system.

1                   Similar to what was just  
2                   stated, we at Crystal Lake  
3                   Hospital, Mercyhealth's Crystal  
4                   Lake Hospital have a  
5                   multispecialty group of  
6                   physicians.

7                   There were some  
8                   similarities. The QMG applicants  
9                   were also approved for a birthing  
10                  center and an ASC near their  
11                  proposed hospital. But  
12                  importantly, the Quincy hospital  
13                  was going to offer OB/GYN care in  
14                  conjunction with the birthing  
15                  center and would not be  
16                  transferring patients out of  
17                  state, and the Quincy ASC was able  
18                  to document an historical patient  
19                  faith to justify that facility,  
20                  unlike Beloit, who proposed to  
21                  perform a wide variety of  
22                  procedures several years ago only  
23                  to never do it.

24                  The Quincy hospital was

1 going to have twice as many  
2 medical surgical beds, three  
3 operating rooms, one procedure  
4 room, an emergency room and 13  
5 bays to treat patients.

6 The project before you  
7 proposes a fraction of the  
8 services that the Quincy Hospital  
9 will offer, highlighting just how  
10 ill equipped and, importantly,  
11 unnecessary that project is.

12 The applicants want this  
13 Board to believe this project  
14 should be approved because this  
15 Board has already approved two  
16 other small format hospitals, but  
17 those projects were different than  
18 this one, and your process  
19 requires you to evaluate each  
20 project before you on its own  
21 merits.

22 Please oppose this project.

23 DR. REMEDIOS: Hello. My  
24 name is Kimberly Remedios. I am a



1 board-certified neonatologist and  
2 a board-certified pediatrician.  
3 I'm medical director of the  
4 neonatal ICU at Mercyhealth Javon  
5 Bea Hospital. I'm here to oppose  
6 this project.

7 I'm sorry. I forgot to  
8 spell my name. Kimberly,  
9 K-i-m-b-e-r-l-y, R-e-m-e-d-i-o-s,  
10 Remedios.

11 The NorthPointe birthing  
12 center was licensed in January  
13 2024, and the Beloit Health System  
14 projected over 400 births per  
15 year, with 96 births in the first  
16 year alone.

17 However, the recent  
18 community listing event from  
19 September 16, 2024, BHS admitted  
20 that only 13 births had occurred  
21 in the center thus far. This is  
22 13 percent of what they initially  
23 predicted and 3 percent of the  
24 volume they claimed the facility

1           would reach.

2                     The Beloit Health System now  
3           suggests that a nearby hospital  
4           would be essential in case of  
5           complications at the birthing  
6           center. This contradicts their  
7           original plan which promised an  
8           out of hospital experience for low  
9           risk pregnancies.

10                    It also raises concerns  
11           about the safety of the care and  
12           whether a birthing center is  
13           essential especially given the low  
14           patient volume.

15                    Furthermore, Beloit Health  
16           System does not explain how many  
17           births will require emergency  
18           transfer to their hospital in  
19           Wisconsin which follows the same  
20           transfer plan for this proposed  
21           neighborhood hospital.

22                    As a neonatologist, I have  
23           experienced many low risk  
24           pregnancies that meet with

1 unexpected complications during  
2 delivery. When these  
3 complications cannot be quickly  
4 and properly resolved, otherwise  
5 healthy babies have suffered  
6 serious consequences.

7 In many cases, the  
8 availability of high level  
9 specialized neonatal care  
10 determines the fate of the  
11 compromised newborn.

12 The proposal of emergency  
13 transfer to a neighborhood  
14 hospital which lacks the  
15 capability to care for such birth  
16 complications is not in the baby's  
17 best interest. Indeed, the state  
18 has gone through great lengths to  
19 designate the uncertified  
20 providers with the levels of  
21 advanced care that they are able  
22 to deliver. In short, the state's  
23 effort to ensure citizens' access  
24 to high quality advanced care to

1 the mothers and newborn should not  
2 be compromised by desires for  
3 economic expansion.

4 I'm deeply concerned that  
5 this expansion of a hospital will  
6 put mothers and babies at risk. I  
7 urge the Board to vote no.

8 MR. CRANLEY: Good morning,  
9 Madam Chairwoman, members of the  
10 Board. My name is Patrick, usual  
11 spelling, Cranley, C-r-a-n-l-e-y,  
12 and I'm here to oppose the  
13 NorthPointe project.

14 More than a dozen elected  
15 officials, including the majority  
16 of the Illinois House and Senate  
17 members who represent this area  
18 have written to this Board to  
19 oppose this project. These public  
20 servants, members of both parties,  
21 recognize that this facility does  
22 not serve the community interests.

23 These elected officials  
24 would be Illinois State Senators

1 Dave Syverson, Doris Turner and  
2 Steve Stadelman; Illinois State  
3 Representatives Jehan  
4 Gordon-Booth, Adam (inaudible),  
5 Kam Buckner, Jay Buckman, Dave  
6 Vella, and Maurice West; DuPage  
7 County Chair Pat Conroy, Boone  
8 County Chair Rodney Riley,  
9 Rockford Mayor Tom McNamara and  
10 Rockford Alderman, Kevin Frost.  
11 In addition, Loves Park mayor, the  
12 neighboring municipality, Greg  
13 Jury is opposed, as is former U.S.  
14 representative and Illinois State  
15 Senator Glen Poshard.

16 This project transparently  
17 targets an affluent community like  
18 Roscoe only to transfer  
19 commercially insured patients to  
20 Beloit Memorial Hospital in  
21 Wisconsin for a level care that is  
22 routinely provided by community  
23 hospitals in Illinois, including  
24 all the existing facilities in the

1           Rockford area, but this facility  
2           cannot buy that level of care.

3                   This will mislead patients  
4           and impose burdens on the  
5           remaining Illinois hospitals to  
6           form higher Medicare patient  
7           volumes and shift valuable funds  
8           out of state undermining our local  
9           communities.

10                   NorthPointe already offers  
11           urgent care, a birthing center and  
12           ambulatory service. Licensing  
13           this facility as a hospital  
14           without adding any additional  
15           services will misstate to the  
16           public about its capabilities.

17                   This Board protects Illinois  
18           consumers through costs imposed by  
19           unnecessary duplication of  
20           services and makes sure that the  
21           facilities are capable of meeting  
22           the public's ordinary and  
23           reasonable expectations. All of  
24           the elected officials agree with

1 the projects fails on both of  
2 those.

3 MR. SILBERMAN: Madam Chair  
4 and members of the Board: My name  
5 is Mark Silberman, M-a-r-k, S-i-l,  
6 b as in boy, E-r-m-a-n.

7 Every project has its own  
8 story. Every applicant has its  
9 own history before the Board, and  
10 this applicant and its historical  
11 support of the Board on its prior  
12 projects are important to consider  
13 when evaluating this project.

14 On multiple occasions Beloit  
15 has tried unsuccessfully to  
16 establish an emergency room in  
17 Illinois.

18 We all know emergency rooms  
19 act as the wide funnel to bring  
20 patients into your health system.

21 This proposed hospital,  
22 however, is not designed to treat  
23 emergent patients or even support  
24 surgical needs. It's only

1            predicting 500 surgical hours a  
2            year out of a 544-square foot  
3            operating room.

4            Now, this community is  
5            already well served by  
6            Mercyhealth's 24/7 urgent care  
7            center in Roscoe staffed by ED  
8            docs, so what it's proposing now  
9            is to convert emergent care into  
10           an emergency room creating an  
11           unutilized ASTC OR for a single  
12           hospital OR that cannot  
13           accommodate surgery for more than  
14           one patient at a time and then  
15           licensing all of this as a  
16           hospital.

17           So what is this project  
18           trying to accomplish if it's not  
19           to follow patients into the Beloit  
20           Health System to be cared for at a  
21           Wisconsin hospital?

22           It's certainly not to care  
23           for Medicaid patients, because for  
24           their ASTC, they predicted



1           12 percent Medicaid population and  
2           barely reached 2 percent Medicaid  
3           care, and it's not the only  
4           unfilled project of that ASTC.

5           Despite ensuring this Board  
6           that ASTC was needed, it never  
7           even reached 30 percent of this  
8           Board's standard for being fully  
9           utilized, and over half of the  
10          categories of service that they  
11          said were needed in this community  
12          and that they would provide, for  
13          over half of them they have never  
14          provided any of those services,  
15          and for this hospital there's no  
16          clarity as to what services they  
17          are going to be providing.

18          Lastly, I can't even -- I'm  
19          confused as to how this project  
20          did not receive a negative finding  
21          from the service to planing area  
22          presence.

23          They talk about the idea  
24          that this was somehow stem out

1 mitigation, but for their ASTC,  
2 the representations they made, you  
3 heard those here, only 30 percent  
4 of those patients served there  
5 were from Illinois.

6 Their failure to meet prior  
7 representations needs to be  
8 considered in the evaluation of  
9 this project.

10 We would ask you, in fact,  
11 urge you to deny this permit.  
12 Thank you.

13 MS. DOMINGUEZ: Thank you.

14 CHAIRWOMAN SAVAGE: Okay.  
15 Given our situation, we are going  
16 to have to break for lunch now and  
17 we'll have some of our issues  
18 resolved by then. We'll come back  
19 at 1:00.

20 (A recess was had.)

21

22

23

24

1 STATE OF ILLINOIS )  
 ) SS:  
 2 COUNTY OF KANE )

3 I, Renee E. Brass, Certified  
 4 Shorthand Reporter of the State of  
 5 Illinois, CSR No. 084-004119, do hereby  
 6 certify that I caused to be reported in  
 7 shorthand and thereafter transcribed the  
 8 foregoing transcript of proceedings.

9 I further certify that the foregoing is a  
 10 true and complete transcript of my  
 11 shorthand notes so taken as aforesaid,  
 12 and further, that I am not counsel for  
 13 nor in any way related to any of the  
 14 parties to this action, nor am I in any  
 15 way interested in the outcome thereof.

16 IN TESTIMONY WHEREOF, I have  
 17 hereunto set my hand this 13th day of  
 18 November 2024.

19  
 20 *Renee E Brass*

21  
 22 CSR No. 084-004119-Expiration Date: 5.31.2025

23  
 24

# Magna

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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

REPORT OF PROCEEDINGS VIA VIDEOCONFERENCE  
held at the Bolingbrook Golf Course,  
2001 Rodeo Drive, Taylor Ballroom,  
Bolingbrook, Illinois, on October 29,  
2024, at the hour of 1:02 p.m.

BOARD MEMBERS:

CHAIRWOMAN DEBRA SAVAGE

MEMBER REX BUDDE

MEMBER GARY KAATZ

MEMBER DAVID KATZ

MEMBER DAVID FOX

DR. AUDREY TANKSLEY

IDPH STAFF:

MS. BLANCA DOMINGUEZ, LEGAL COUNSEL

MR. DENNIS BEEDLE, IDHS EX-OFFICIO

MR. JOHN P. KNIERY, ADMINISTRATOR

MR. GEORGE ROATE

MR. MICHAEL CONSTANTINO

MR. KENTON TILFORD

1 CHAIRWOMAN SAVAGE: Welcome  
2 back, everyone.

3 We have a court reporter  
4 online so welcome, Madam Court  
5 Reporter.

6 Apologies for all the delays  
7 today.

8 We're moving to Item No. 6  
9 on our agenda, which is items  
10 approved by me. The following  
11 requests listed in this item I  
12 have approved. Please let the  
13 record note that these items are  
14 (inaudible).

15 Next up. Let's see. We are  
16 going to have applications  
17 subsequent to intent to deny.

18 Please note that although  
19 considered independently, these  
20 next two projects are  
21 interdependent on each other.

22 The first one is going to be  
23 I-01, Peterson Surgery Center for  
24 establishment of an ASTC HSA 6 in

1 Chicago.

2 May I have a motion to  
3 approve Item 24-009 for the  
4 establishment of a  
5 multi-speciality single OR ASTC?

6 UNIDENTIFIED SPEAKER: So  
7 moved.

8 UNIDENTIFIED SPEAKER:  
9 Second.

10 CHAIRWOMAN SAVAGE: So  
11 noted. We have some folks here so  
12 if you could please talk very loud  
13 today, everybody in the room for  
14 our court reporter, so if you  
15 could introduce yourself, spell  
16 your name for the court reporter  
17 and then she will swear you in.

18 MS. SULTANA: Good  
19 afternoon. This is Naaz Sultana.  
20 I'm the administrator of Peterson  
21 Surgery Center. My spelling is  
22 N-a-a-z, S-u-l-t-a-n-a. Thank  
23 you.

24 MR. ANDERSON: Collin



1 Anderson, C-o-l-l-i-n,  
2 A-n-d-e-r-s-o-n.

3 MS. FRIEDMAN: I'm Kara  
4 Friedman from Polsinelli, Kara  
5 Friedman, K-a-r-a,  
6 F-r-i-e-d-m-a-n.

7 MR. AMORMINO: John  
8 Amormino, A-m-o-r-m-i-n-o,  
9 president of American Medical  
10 Buildings --- -

11 CHAIRWOMAN SAVAGE: When you  
12 talk into the microphone, talk on  
13 top of the microphone.

14 If you could swear in our  
15 applicants please.

16 (Witnesses duly sworn.)

17 CHAIRWOMAN SAVAGE: All  
18 right.

19 Then Staff, if you could  
20 please give us our state board  
21 staff report.

22 MR. CONSTANTINO: The  
23 applicants are proposing to  
24 establish an ASTC at 2300 West

1           Peterson Avenue in Chicago. The  
2           project cost is approximately 1.6  
3           million. The expected completion  
4           date is June 30, 2025.

5                   No requests for a public  
6           hearing were made and the state  
7           board did not receive any letters  
8           of support or opposition. State  
9           board staff had two findings  
10          related to this project. Thank  
11          you, Madam Chair.

12                   CHAIRWOMAN SAVAGE: Thank  
13          you, Mike.

14                   If you would like to  
15          proceed.

16                   MS. FRIEDMAN: Sure. Just a  
17          couple procedural matters. The  
18          applications were filed in  
19          February, and so if possible, we  
20          would like to change the permit  
21          completion date to February 28,  
22          2026. I don't know if that's a  
23          separate motion or just part of  
24          your motion to approve.

1 CHAIRWOMAN SAVAGE: What was  
2 that completion date?

3 MS. FRIEDMAN:  
4 February 28th, 2026.

5 CHAIRWOMAN SAVAGE: Now may  
6 I have a motion to amend the  
7 motion to extend the completion  
8 date to February 28, 2026, to the  
9 proposed amendment? Are there any  
10 objections?

11 (No response.)

12 CHAIRWOMAN SAVAGE: Hearing  
13 none, the amendment for this  
14 motion as stated is approved.

15 So is there any discussion  
16 on the amended motion from my  
17 board members?

18 (No response.)

19 CHAIRWOMAN SAVAGE: Hearing  
20 none, Kara, go forward.

21 MS. FRIEDMAN: Okay. And  
22 just the other procedural matter,  
23 I do not believe we will repeat  
24 our testimony for the closure of

1 the location so consider this to  
2 be that you would ask questions  
3 about the closure and the facility  
4 if you would.

5 CHAIRWOMAN SAVAGE:

6 Certainly.

7 MS. FRIEDMAN: My name is  
8 Kara Friedman. I'm with Posinelli  
9 serving as counsel for Peterson  
10 Surgery Center. Joining me today  
11 are Naaz Sultana, surgery center  
12 administrator, Jack Amormino,  
13 consulting architect and my  
14 colleague, Collin Anderson.

15 Thank you for the  
16 opportunity to discuss these plans  
17 to relocate to a location  
18 approximately 2 miles from their  
19 current facility.

20 We appreciate that a  
21 majority of the board members  
22 present at the September meeting  
23 voted in favor of the relocation  
24 plan. Sorry I wasn't able to

1 attend that meeting myself, but I  
2 was able to review all the  
3 concerns that were raised and I  
4 believe that we have addressed  
5 those in a supplement to the board  
6 staff report. I'd like to  
7 emphasize that there has been no  
8 provider opposition or community  
9 members or stakeholders objecting  
10 to this relocation.

11 On the other hand, we  
12 received support from a nearby  
13 nonprofit community services  
14 organization expressing interest  
15 in obtaining the present space to  
16 operate a substance use disorder  
17 treatment services facilities.  
18 Having that organization expand  
19 into this space would address  
20 important community needs in the  
21 Rogers Park area. At a higher  
22 level, some of the reasons for  
23 this move were reviewed at that  
24 last meeting, but I will go into

1 details about both exterior and  
2 interior issues with the current  
3 location which is on North  
4 Paulina.

5 You are all hearing me?  
6 Okay.

7 Since this proposal was last  
8 before you and in response to  
9 feedback at the meeting with the  
10 input from your staff, we  
11 submitted supplemental  
12 information.

13 Let me review. Ultimately  
14 two primary factors compelled the  
15 surgery center to move. There's  
16 facility limitations and  
17 neighborhood safety and parking  
18 concerns. Despite significant  
19 investments and upgrading surgery  
20 center's physical plant after it  
21 received negative survey findings,  
22 the building's physical  
23 limitations preclude Medicare  
24 certification and agency

1 accreditation.

2 The facility was initially  
3 operated by a prior operator as a  
4 pregnancy termination clinic, so  
5 those Medicare rules were not  
6 operative.

7 Since the survey there were  
8 extensive infrastructure updates  
9 made as recommended by a different  
10 design consultant. The surgery  
11 center also stopped doing GI  
12 endoscopy procedures to eliminate  
13 site of infection control issues.

14 However, despite these  
15 efforts and investments, the  
16 facility failed to comply with two  
17 key conditions for coverage under  
18 Federal CMS requirements due to  
19 building constraints that prevent  
20 resolution of several issues.

21 Relative to the neighborhood  
22 and beyond the issues relating to  
23 the compliance of CMS code, there  
24 are significant safety concerns in

1 the immediate area around the  
2 center. These include the use of  
3 drugs and people loitering who are  
4 suffering from drug intoxication,  
5 drug related litter in the street  
6 and an increase in drug related  
7 crime.

8 The location, which is at  
9 7616 North Paulina is particularly  
10 affected with frequent loitering  
11 around the building due to its  
12 proximity to the end of the CTA  
13 line. That's the Howard station.  
14 And being close to the free meal  
15 center operated by A Just Harvest,  
16 the organization that's interested  
17 in taking this space over.

18 The environment poses  
19 challenges for safety of the  
20 physicians and staff and their  
21 patients and patient chaperones.

22 Recently a shooting occurred  
23 outside building which, of course,  
24 highlights the severity of the



1           situation. Despite police efforts  
2           drug use and trafficking and other  
3           criminal activities around the  
4           facility are getting worse.

5                    Unrelated to the crime and  
6           problems with loitering in the  
7           area, the operator that owns the  
8           parking lot that's used by the  
9           surgery center has indicated that  
10          some time in the next couple of  
11          years they are planning to take  
12          that space back to develop it.

13                   This was outlined in the CON  
14          application in furtherance of  
15          limited information within the  
16          surgery center, recovery bays are  
17          too small and cannot be updated to  
18          meet size and structure clearance  
19          requirements due to physical plant  
20          constraints. Proper ventilation,  
21          lighting and exhaust as required  
22          by NFPA 99 and 68 cannot be fully  
23          achieved given the building  
24          configuration. There's

1           insufficient space for sterilizing  
2           equipment and other equipment, and  
3           the configuration of clinical  
4           areas, soiled equipment rooms and  
5           supply rooms cannot be remedied  
6           due to physical plant constraints.

7                        Because of building  
8           limitations, the current location  
9           uses oxygen gas cylinders because  
10          of -- instead of an centralized  
11          medical gas facility. Pipe-in  
12          gases are now considered the  
13          standard contemporary practice and  
14          that's what will occur at the new  
15          facility.

16                      Plant relocation  
17          will address all of these  
18          challenges and will do so cost  
19          effectively given the applicant  
20          has identified nearby available  
21          building that was licensed as an  
22          ASTC just a few years ago.

23                      For project cost of \$1.6  
24          million, which is just about a

1           third of the capital expenditure  
2           minimum which otherwise brings  
3           projects to you and operations can  
4           be relocated from the difficult  
5           neighborhood, resolve parking  
6           issues and achieve AAAHC  
7           accreditation and enabling  
8           Medicare certification.

9                     The applicant feels  
10           fortunate to identify this  
11           convenient relocation option.  
12           Real estate that works for  
13           contemporary healthcare facility  
14           is pretty hard to find in the City  
15           of Chicago.

16                     I have my own personal  
17           experience working with a dialysis  
18           provider that really scatters its  
19           sites to be in different  
20           neighborhoods and thinking of the  
21           zoning, the building conditions  
22           and approvals of the city make it  
23           quite difficult to do development  
24           projects in different

1 neighborhoods of the community.

2 Did you want to talk a  
3 little bit about the information.

4 MR. AMORMINO: This is Jack  
5 Amormino speaking. My company and  
6 I work in medical buildings as a  
7 national developer of outpatient  
8 facilities. We have developed  
9 outpatient facilities and  
10 particularly surgical centers in  
11 over 41 states, including many,  
12 many projects in the State of  
13 Illinois.

14 We were engaged by the  
15 applicant to inspect the Peterson  
16 Surgery Center and to prepare a  
17 renovation plan and a budget.

18 Based on that work and our  
19 expertise in this field, it's our  
20 opinion that the facility will  
21 require modernization of finishes  
22 and upgrades of certain equipment.  
23 We don't believe there are going  
24 to be significant structural

1 changes to the functional flow of  
2 the facility. Once this work is  
3 complete, the facility will be a  
4 state of the art ASC. It will  
5 meet all required federal and  
6 state codes and regulations,  
7 including IDPH licensing and CMS  
8 Medicare certification program.

9 Also in our opinion this  
10 work would be accomplished within  
11 the budget provided by the  
12 applicant.

13 MS. FRIEDMAN: Thanks. So  
14 just to address the board staff  
15 findings. As you may be aware,  
16 the board does not have special  
17 rules for the relocation of an  
18 existing healthcare facility, so  
19 that's why the application is  
20 broken up into two applications,  
21 in fact.

22 We consider this to be the  
23 continuation of a business that's  
24 already serving a community.

1                   The provider seeks  
2                   permission to move its current  
3                   operations to a new location and a  
4                   more secure building, Medicare  
5                   certified with added parking.

6                   As for this provider's  
7                   patient base, the majority of the  
8                   center's patients have sustained  
9                   injuries due to workplace  
10                  incidents, auto collisions or  
11                  other types of accidents and are  
12                  uninsured by federal health  
13                  programs or commercial insurance  
14                  and most are Black or Latino.

15                  The stark disparity in  
16                  healthcare access between Chicago  
17                  and its suburban counterparts is  
18                  glaringly evident with comparing  
19                  the distribution of surgery center  
20                  operating rooms.

21                  Based on your inventory in  
22                  health service area 7, which is  
23                  DuPage County and suburban Cook  
24                  County, there are 1 operating room

1 for every 19,000 residents.

2 In stark contrast, health  
3 service area 6 which is the City  
4 of Chicago has only 1 ASC  
5 operating room for every 48,784  
6 residents.

7 This means that city  
8 residents have about 40 percent of  
9 the access that suburban residents  
10 have.

11 This significant imbalance  
12 underscores the critical under  
13 servicing of Chicago's urban  
14 population. The potential closure  
15 of the surgery center without  
16 replacement would further  
17 exacerbate an already problematic  
18 disparity.

19 It's imperative to maintain  
20 these services at a new location  
21 to ensure this inequity does not  
22 worsen and to help ensure that  
23 Chicago residents have access to  
24 timely and adequate surgical care.

1                    Supporting the continued  
2                    operations of this surgery center  
3                    aligns with the broader goals of  
4                    health equity in providing that  
5                    all residents regardless of their  
6                    geographic location within  
7                    the greater Chicago area have  
8                    comparable access to essential  
9                    surgical services.

10                    As I mentioned earlier, it's  
11                    really just by chance that the  
12                    main center operator would be --  
13                    has expressed interest in using  
14                    the current ASC location for a  
15                    drug rehabilitation program.

16                    I know that's not within the  
17                    scope of this organization, but it  
18                    seems like a plus in the -- with  
19                    our move.

20                    We thank Reverend Patti  
21                    Banks for appearing today to  
22                    support this application so her  
23                    nonprofit may expand into the  
24                    space once the surgery center



1 moves.

2 And that's all I have, so  
3 I'm happy -- we are happy to  
4 answer any questions.

5 CHAIRWOMAN SAVAGE: This is  
6 Debbie. Do our board members have  
7 any questions for this applicant?

8 Mr. Budde.

9 MEMBER BUDDE: Yeah. Rex  
10 Budde talking.

11 Will you -- in the new  
12 facility would you start doing the  
13 GI procedures again?

14 MS. FRIEDMAN: No, I don't  
15 think. That whole clean/dirty  
16 separation is important and I  
17 think it's just more  
18 straightforward to do GI at a  
19 specialized endoscopy center.

20 MEMBER BUDDE: Okay. Thank  
21 you.

22 MEMBER FOX: Do you  
23 currently take --

24 CHAIRWOMAN SAVAGE: Mr. Fox.

1                   MEMBER FOX: Mr. Fox  
2                   speaking.

3                   Do you currently have a  
4                   Medicaid contract and will you  
5                   continue to have a Medicare  
6                   contract if the facility moves.

7                   MS. FRIEDMAN: Because the  
8                   building has been -- not been able  
9                   to achieve accreditation in  
10                  Medicare enrollment, it is not  
11                  eligible for Medicaid at this  
12                  location, but the plans are to  
13                  move forward with all those  
14                  enrollments at the new location  
15                  because Jack has told us that it  
16                  can be Medicare enrolled.

17                  MEMBER FOX: So at the new  
18                  location, your plan is to accept  
19                  both Medicare, as well as public  
20                  aid?

21                  MS. FRIEDMAN: Yes.

22                  CHAIRWOMAN SAVAGE: Other  
23                  questions? Okay.

24                  Hearing none, George, if you

1           could call our roll, please.

2                   MR. ROATE: Thank you, Madam  
3           Chair.

4                   Motion made by Mr. Gary  
5           Kaatz, seconded by Dr. Tanksley.

6                   Mr. Budde?

7                   MEMBER BUDDE: Vote yes. I  
8           think the staff report and  
9           information provided based on  
10          that.

11                  MR. ROATE: Thank you.

12                  David Fox?

13                  MEMBER FOX: I vote yes  
14          based on testimony today and also  
15          recognize that many of the surgery  
16          centers in the surrounding area do  
17          not accept Medicaid, so it's great  
18          to hear that your plan is to  
19          become -- to provide Medicaid.

20                  MR. ROATE: Thank you.

21                  David Katz?

22                  MEMBER KATZ: Yes, based on  
23          the staff report and the testimony  
24          today.

1 MR. ROATE: Thank you.

2 Gary Kaatz?

3 MEMBER KAATZ: Yes, based on  
4 the staff report and the  
5 testimony.

6 MR. ROATE: Thank you.

7 Dr. Tanksley?

8 MEMBER TANKSLEY: I vote yes  
9 based on the state board staff  
10 report and testimony today and  
11 appreciate that the minister came  
12 forward in public testimony  
13 earlier and mentioned that you  
14 guys may potentially be looking to  
15 assist the community and help that  
16 building be utilized for  
17 behavioral health and substance  
18 use, so thank you for that as  
19 well.

20 MR. ROATE: Thank you.

21 Ms. Hardy-Waller?

22 MEMBER HARDY-WALLER: I vote  
23 yes based on testimony today and  
24 state board report.

1 MR. ROATE: Thank you.

2 Chairwoman Savage?

3 CHAIRWOMAN SAVAGE: I vote  
4 yes today based on the comments  
5 made by my colleagues today and  
6 the state board staff report and  
7 the testimony today.

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

10 CHAIRWOMAN SAVAGE: So that  
11 motion is approved, permit rather  
12 is approved.

13 MS. FRIEDMAN: Thank you  
14 very much.

15 MS. SULTANA: Thank you.

16 CHAIRWOMAN SAVAGE: Now we  
17 are going to move on to  
18 applications for initial review.  
19 This will be H-01, Peterson  
20 Surgery Center. One moment,  
21 please.

22 MS. FRIEDMAN: That's us  
23 again.

24 CHAIRWOMAN SAVAGE: Okay.

1           So H-01, Peterson Surgery Center,  
2           Rogers Park one-day surgery for  
3           discontinuation of the ASTC in H  
4           SA 6 in Chicago.

5                    May I have a motion to  
6           approve Project 24-010 for the  
7           distinction of the ASTC?

8                    MEMBER HARDY-WALLER:    So  
9           moved.

10                   MEMBER KATZ:    Second.

11                   CHAIRWOMAN SAVAGE:   That was  
12           Ms. Hardy-Waller and then  
13           Mr. Katz, David Katz.   Okay.

14                    So now our folks are here,  
15           but they have already been sworn  
16           in.   Do you have anything further  
17           to share?

18                    MS. FRIEDMAN:   No, we do  
19           not.   I don't know if you need to  
20           reflect -- the court reporter  
21           should reflect that Kara Friedman,  
22           Jack Amormino, Naaz Sultana,  
23           Collin Anderson are here to  
24           present.

1 CHAIRWOMAN SAVAGE: Are  
2 there any questions for these  
3 folks?

4 Well, first we'll have our  
5 state board staff report. If  
6 there's anything you would like to  
7 share.

8 MR. CONSTANTINO: Madam  
9 Chair, you did fine.

10 CHAIRWOMAN SAVAGE: All  
11 right. I believe that meets all  
12 requirements. Does it, Mike?

13 MR. CONSTANTINO: Yes.

14 CHAIRWOMAN SAVAGE: Okay.  
15 Do any of our board members have  
16 any questions about this  
17 discontinuation of the ASTC  
18 relative to the previous project?

19 MEMBER BEEDLE: I would just  
20 like to make a comment.

21 CHAIRWOMAN SAVAGE: Hold on.  
22 In the mic.

23 MEMBER BEEDLE: This is  
24 Dennis Beedle. You guys really

1           have been persistent, and I was  
2           particularly impressed by your  
3           willingness to hire additional  
4           expertise. It's not easy for a  
5           small organization these days to  
6           meet all the regulatory  
7           requirements. I was really quite  
8           impressed by your willingness to  
9           keep on working on this, so we  
10          wish you well in your -- whether  
11          you receive CMS certification.

12                   UNIDENTIFIED SPEAKER: Thank  
13                   you so much.

14                   CHAIRWOMAN SAVAGE: Hearing  
15                   no other comments or questions,  
16                   George, if you could call the  
17                   roll.

18                   MR. ROATE: Thank you, Madam  
19                   Chair.

20                   Motion made by Ms.  
21                   Hardy-Waller, seconded by David  
22                   Katz.

23                   Mr. Budde?

24                   MEMBER BUDDE: Based on the



1 conversation previous, I vote yes.

2 MR. ROATE: Thank you.

3 David Fox?

4 MEMBER FOX: Yes. Yes.

5 MR. ROATE: Thank you.

6 David Katz?

7 MEMBER KATZ: Yes.

8 MR. ROATE: Thank you.

9 Gary Kaatz?

10 MEMBER KAATZ: Yes.

11 MR. ROATE: Thank you.

12 Dr. Tanksley?

13 MEMBER TANKSLEY: Yes, based

14 on the -- hope you heard that.

15 Court reporter. Yes based on the

16 testimony provided today.

17 MR. ROATE: Thank you.

18 Ms. Hardy-Waller?

19 MEMBER HARDY-WALLER: Yes.

20 MR. ROATE: Thank you.

21 Chairwoman Savage?

22 CHAIRWOMAN SAVAGE: Yes

23 based on the state board staff

24 report and the testimony.

1 MR. ROATE: Thank you.

2 That's seven votes in the  
3 affirmative.

4 CHAIRWOMAN SAVAGE: So that  
5 permit is approved. Thank you.

6 MS. FRIEDMAN: Thank you  
7 very much.

8 CHAIRWOMAN SAVAGE: Next up  
9 we are going to have H-02,  
10 Dialysis Care Center of Oak Lawn,  
11 it's an HSA 8.

12 May I have a motion to  
13 approve Project 24-023 to add 14  
14 ESRD stations?

15 Tony Hardy-Waller said that.

16 And may I have a second from  
17 someone in the microphone?

18 MEMBER FOX: Dave Fox. Yes,  
19 second.

20 CHAIRWOMAN SAVAGE: Okay.  
21 We have some folks here, so if you  
22 could be very close to the  
23 microphone, not yet, and state  
24 your names, spell your name and

1 speak very loudly and then she  
2 will swear you in.

3 MR. MORADO: Juan Morado  
4 Junior, J-u-a-n, M-o-r-a-d-o, J-R.

5 MS. SHUMATE: Stephanie  
6 Shumate, S-t-e-p-h-a-n-i-e,  
7 S-h-u-m-a-t-e.

8 MR. SILBERMAN: Mark  
9 Silberman, M-a-r-k, S-i-l, b as in  
10 boy, e-r-m-a-n.

11 MS. O'DONNELL: Therese  
12 O'Donnell, T-h-e-r-e-s-e, O  
13 apostrophe, D-o-n-n-e-l-l.

14 DR. SALAKO: Babajide,  
15 B-a-b-a-j-i-d-e, Salako,  
16 S-a-l-a-k-o.

17 CHAIRWOMAN SAVAGE: Okay.  
18 When she swears you in, she would  
19 like each person to state their  
20 name and then your answer to her  
21 question.

22 Renee, you can go ahead and  
23 swear them in.

24 (Witnesses duly sworn.)

1 CHAIRWOMAN SAVAGE: Okay.

2 Now if we could please have the  
3 state board staff report.

4 MR. CONSTANTINO: Thank you,  
5 Madam Chair.

6 The applicants are proposing  
7 to add 14 ESRD stations to a 14  
8 station facility for a total of 28  
9 stations. The cost of the project  
10 is approximately 340,000 and the  
11 completion date is expected as of  
12 December 1, 2024.

13 We have one finding  
14 regarding this project and it had  
15 to do with the submittal of a  
16 review, audit review financial  
17 statement instead of an audited  
18 statement.

19 There was no public hearing  
20 requested and no letters of  
21 support or opposition were  
22 received.

23 Thank you, Madam Chair.

24 CHAIRWOMAN SAVAGE: Thank

1           you, Mike.

2                     If you would like to  
3           proceed.

4                     MR. MORADO: Thank you.

5                     Good afternoon members of  
6           the board. Pleased to be before  
7           you today with this project to add  
8           stations at the DCC Oak Lawn  
9           facility. You may recall this  
10          facility's name as we were before  
11          you earlier this year for the  
12          relocation of DCC Oak lawn. You  
13          approved that application.

14                    We are happy to report that  
15          the facility has moved and with it  
16          all of its existing patients.

17                    We would like to thank board  
18          staff for the state board report  
19          which had the one finding which  
20          you just heard about. That  
21          finding is for not providing  
22          audited financial report with our  
23          application. We had the same  
24          finding earlier this year, and at

1           that time we had submitted an  
2           independent accounting financial  
3           review for DCC for the year 2022.

4                     We recently provided the  
5           updated 2023 report to the board  
6           staff as well for their review.

7                     This independent accounting  
8           report is completed by Forvis  
9           Mazars, a top 10 accounting firm  
10          in the U.S.

11                    A physician group of this  
12          size of DCC does not have the type  
13          of audited financial performed  
14          that you might see with large  
15          hospital systems or other publicly  
16          traded companies, but as a best  
17          practice they do have an  
18          independent financial review  
19          completed as part of their tax  
20          preparation process and in an  
21          effort to be responsive and meet  
22          the spirit of the board's criteria  
23          the applicants provide this report  
24          every year to staff.

1                   Otherwise there's no  
2                   findings regarding the substance  
3                   of this application which is to  
4                   additional stations to the  
5                   facility.

6                   With me today I have  
7                   Stephanie Shumate, director of  
8                   operations for in center  
9                   facilities; Therese O'Donnell,  
10                  director of operations for  
11                  efficiency and DCC CEO  
12                  Dr. Babidjue Salako, along with my  
13                  partner Mark Silberman who is  
14                  going to close out our  
15                  presentation.

16                  And with that, I'll turn it  
17                  over to Stephanie.

18                  MS. SHUMATE: Thank you. My  
19                  name is Stephanie Shumate. I'm  
20                  director of operations for our in  
21                  center programs and facilities at  
22                  DCC Dialysis, so I do want to  
23                  thank you guys.

24                  I also was here for the CON,

1 the initial CON for us to do our  
2 relocation, as well as for our 14  
3 chairs that we do have -- the two  
4 chairs that we had added to our  
5 facility.

6 We did move into the  
7 facility April 4th of '24 of this  
8 year and the move was  
9 substantially well. It allowed  
10 our patients to have a newer  
11 environment to treat in whereas  
12 the other facility that we had had  
13 structural issues there.

14 It also allowed us to  
15 provide help in personal life  
16 balance for our patients whereas  
17 we were able to adjust some chairs  
18 for our patient chair times, where  
19 they were able to provide more  
20 functionality to their life.

21 Also, we were able to grow  
22 within the facility setting. When  
23 we first went to the facility, we  
24 had a census of 65 patients and we



1 had grew from there.

2 Okay. So we need the  
3 expansion of the chairs so that  
4 way it will allow us to be able to  
5 again adjust some of our patients  
6 who are on a waiting list to get  
7 earlier chairs at our location as  
8 well as for some of them to attend  
9 different programs and different  
10 activities that they have with  
11 their family members.

12 Also, once we moved into  
13 this facility as of April this  
14 year, we have been successful and  
15 very grateful and blessed to have  
16 had three of our patients that did  
17 transplant, so we do work with our  
18 nurses to educate our patients and  
19 to get our patients off of -- on  
20 the transplant wait list with most  
21 of their help with doing that. We  
22 are making sure they keep their  
23 appointments, that they are  
24 meeting their treatment

1 obligations to us. Also that they  
2 are going to the testing that they  
3 need to be able to be a viable  
4 candidate on the transplant list.

5 So we definitely do push  
6 transplants with our patients, as  
7 well as we had one prior before  
8 our move putting a total of four  
9 patients that transplanted within  
10 this one facility that we did  
11 have.

12 Okay. I think that's all  
13 that I have. I will be  
14 transferring -- I will be sending  
15 it over to Therese O'Donnell.

16 MS. O'DONNELL: Good  
17 afternoon, everyone. My name is  
18 Therese O'Donnell. I'm the  
19 director of our operational  
20 efficiencies at Dialysis Care  
21 Center.

22 So for our Oak Lawn facility  
23 we're currently utilizing at about  
24 90 percent. We have three shifts,

1 Monday, Wednesday and Friday, with  
2 the 14 chairs and also three  
3 shifts on Tuesday, Thursday,  
4 Saturday.

5 We do have two patients  
6 already that are in the pipeline.  
7 We have had patients, as Stephanie  
8 said, who are on the waiting list  
9 to get to the prime Monday,  
10 Wednesday, Friday shift because a  
11 lot of patients do not feel like  
12 coming in on their Saturdays.

13 We have had patients come  
14 off the street to look at our  
15 facility. They love the fact that  
16 it's brand new and that it's close  
17 in the area. We have five  
18 patients that have come in that  
19 said they want to transfer. We do  
20 open additional chairs.

21 We have met with our medical  
22 director and physicians and they  
23 have assured us that if we are  
24 able to expand to another 14

1 chairs to make it 28, that they  
2 will have no problem filling these  
3 chairs up.

4 That's pretty much all I  
5 have. I'll pass it on over to  
6 Mark.

7 SPEAKER: And we really have  
8 made an effort to streamline our  
9 presentation out of respect for  
10 your schedules, but if there is  
11 anything we don't address, please  
12 raise that during our questions.

13 Given the single negative  
14 finding, the audited financials  
15 are just not part of their  
16 business plan which is why they  
17 were unable to meet this board's  
18 requirement for that and  
19 justifying the negative criteria.

20 The two things that we would  
21 ask you to consider in balancing  
22 that is this: One, it is a low  
23 expense undertaking that is going  
24 to be financed out of available

1 cash on hand and is going to  
2 significantly increase access to  
3 healthcare to patients in need;  
4 and then number 2, the fact that  
5 this applicant does have a history  
6 before this board. They have come  
7 before and made representations,  
8 and their performance in all of  
9 their projects, they've  
10 successfully completed multiple  
11 projects despite not having the  
12 audited financials, and given  
13 that, we hope that that would  
14 balance out any concern that might  
15 exist based on the financials they  
16 do provide other than the audited.

17 With that, we are happy to  
18 take whatever questions the board  
19 or staff may have. Thank you.

20 CHAIRWOMAN SAVAGE: I do  
21 have a question. This is Chair  
22 Savage.

23 So in terms of the  
24 construction, is there

1 construction to add these 14 beds  
2 and how do you mitigate that.

3 MR. MORADO: The layout of  
4 the facility is already designed  
5 where they can put these stations  
6 right in. There's no additional  
7 construction.

8 MR. SALAKO: Not at all.  
9 No, no. We have the space  
10 available. Just to add to what my  
11 colleagues have said here, what we  
12 have tried to do is in this new  
13 facility we are in, we have  
14 physicians' offices in the same  
15 building. We have a very robust  
16 home dialysis program in the same  
17 building.

18 We are less than a kilometer  
19 way from Christ Hospital, so we  
20 really -- we've designed this as  
21 something that the community would  
22 really -- one stop, come in. They  
23 can see their physician. We have  
24 a very robust home program. Even

1           that home program, it's at the  
2           same location with training. If  
3           they want to go in the center, at  
4           the same location, and I think  
5           because of that -- and to my  
6           other -- to what my colleague  
7           Therese said, that last shift on  
8           Saturday afternoon, a lot of our  
9           patients just want to watch  
10          football. Who wants to dialyze at  
11          3:00 when you can watch Illinois  
12          lose, you know. I'm sorry.

13                   CHAIRWOMAN SAVAGE: Now  
14          Doctor.

15                   UNIDENTIFIED SPEAKER: We  
16          would like to officially object to  
17          that last comment.

18                   CHAIRWOMAN SAVAGE: We're  
19          all from Illinois. We vote for  
20          Illinois people.

21                   Okay. Do any of my board  
22          members have other questions for  
23          this applicant?

24                   MEMBER HARDY-WALLER: I just

1 had a --

2 CHAIRWOMAN SAVAGE: And who  
3 are you?

4 MEMBER HARDY-WALLER: I'm  
5 sorry. This is Antoinette  
6 Hardy-Waller, and I just had a  
7 question of clarity, and that was  
8 I understood from the March  
9 presentation that there was going  
10 to be a completion date of 7-1-25.  
11 The proposal is to add these  
12 additional 14 stations, which  
13 should be completed by December of  
14 '24, so my assumption is that the  
15 earlier 14 stations have been  
16 completed and are being worked --  
17 being utilized and the 14 will be  
18 completed in December; is that  
19 correct?

20 MR. MORADO: That's correct.

21 MEMBER HARDY-WALLER: Thank  
22 you. I didn't see that explained  
23 in the report. Thank you.

24 CHAIRWOMAN SAVAGE: Other



1           questions? All right.

2                   Hearing none, George if you  
3 could call the roll.

4           MR. ROATE: Thank you, Madam  
5 Chair.

6                   Motion made by  
7 Ms. Hardy-Waller, seconded by  
8 David Fox.

9           Mr. Budde?

10           MEMBER BUDDE: Yes. Based  
11 on the staff report and testimony  
12 I vote yes. Thank you.

13           MR. ROATE: Thank you.  
14 David Fox?

15           MEMBER FOX: Yes, based on  
16 the staff report.

17           MR. ROATE: Thank you.  
18 David Katz?

19           MEMBER KATZ: Yes, again  
20 based on the staff report and  
21 testimony.

22           MR. ROATE: Thank you.

23           Gary Kaatz?

24           MEMBER KAATZ: Yes, based on

1           today's testimony.

2           MR. ROATE: Thank you.

3           Dr. Tanksley?

4           MEMBER TANKSLEY: Yes based  
5           on today's testimony and state  
6           staff board report.

7           MR. ROATE: Thank you.

8           Ms. Hardy-Waller?

9           MEMBER HARDY-WALLER: Yes  
10          based on testimony today on.

11          MR. ROATE: Thank you.

12          Chairwoman Savage.

13          CHAIRWOMAN SAVAGE: Yes  
14          based on -- excuse me. Based on  
15          the state board staff report and  
16          testimony today.

17          MR. ROATE: Thank you.

18          That's seven votes in the  
19          affirmative.

20          CHAIRWOMAN SAVAGE: So that  
21          permit is approved. Thank you.

22          MR. MORADO: Thank you very  
23          much.

24          CHAIRWOMAN SAVAGE: All

1 right. So now next up we are  
2 going to have H-03, DJC Healthcare  
3 Medical Clinics Building in  
4 Edwardsville which is an HSA 11.

5 May I have a motion to  
6 approve project 24-026 for the  
7 expansion of this MOB?

8 MEMBER TANKSLEY: So moved.

9 MEMBER FOX: David Fox,  
10 second.

11 CHAIRWOMAN SAVAGE: Thank  
12 you. And our folks are coming to  
13 present, so if you could talk  
14 extra loud into the microphone,  
15 spell your name for the court  
16 reporter and she will swear you  
17 in, and at that time she would  
18 like each of you to respond  
19 separately.

20 MR. BRATCHER: Hi, my name  
21 is Greg Bratcher, G-r-e-g,  
22 B-r-a-t-c-h-e-r. BJC Healthcare,  
23 all one word.

24 MR. AXEL: I'm Jack Axel,

1 A-x-e-l, with Axel & Associates,  
2 consultants to this project.

3 CHAIRWOMAN SAVAGE: Thank  
4 you.

5 Renee, if you could please  
6 swear them in.

7 (Witnesses duly sworn.)

8 CHAIRWOMAN SAVAGE: Thank  
9 you.

10 Our staff could give us  
11 state board staff report.

12 MR. CONSTANTINO: Thank you  
13 Madam Chair.

14 The applicants propose to  
15 build out a vacant space at an  
16 existing DKC healthcare medical  
17 office building in Edwardsville.  
18 For the applicants the build out  
19 will allow for expansion, a  
20 physician office space and  
21 auxiliary support services.

22 The proposed cost is  
23 approximately \$23 million and the  
24 expected completion date is

1           October 31, 2025.

2                   No public hearing was  
3           requested and no letters of  
4           support and one letter of  
5           opposition was received by the  
6           state board.

7                   We had one finding related  
8           to this project, reasonableness of  
9           project cost.

10                   Thank you, Madam Chair.

11                   CHAIRWOMAN SAVAGE: Thank  
12           you, Mike.

13                   If you would like to  
14           proceed.

15                   MR. BRATCHER: Hi. This is  
16           Greg Bratcher talking.

17                   As Mike said, this is an  
18           existing medical office building.  
19           It has been very successful. We  
20           had 66,000 visits in 2023, and so  
21           we are using our modest growth  
22           strategy, we want to add 13 exam  
23           rooms, a little bit more lab  
24           space, a little bit more standard

1 x-ray space and a key, the key  
2 additions are MRI and CT. They  
3 have become the workhorse of  
4 modern medicine and they really  
5 are something to be had here.

6 To address the one finding,  
7 we think of ourselves as pretty  
8 aggressive when we go to price out  
9 construction work, so we asked a  
10 different contractor than a  
11 contractor for this, as to their  
12 cost estimate and said, you know,  
13 what's the deal here? He  
14 explained how for projects like  
15 95 percent of the (inaudible) we  
16 are building brand new from the  
17 ground up. Our estimate's for  
18 modest, they call them modest.  
19 They have a medical office  
20 building, one story, medical  
21 office building two story,  
22 hospital two to four story, et  
23 cetera, et cetera, for a regular  
24 office building, apartments, you

1 name it, and they aggregate data  
2 from across the nation. There are  
3 a few parameters that you can  
4 modify to adjust for locality, et  
5 cetera, and you arrive at a price  
6 or this standard model.

7 In our case, we have a  
8 different sort of project. We  
9 have a unique project in that we  
10 built a building in 2021, and we  
11 are just going to add on to that  
12 building in '24. It's the same  
13 space, same contractor, same  
14 finishes, same everything for the  
15 most part, and so in a different  
16 part of RS means there is a  
17 historical cost estimate.

18 It allows you to say if I  
19 build a building in 2021, for  
20 example, and want to see what it  
21 would cost in 2024, it allows you  
22 to do that.

23 And so our cost per square  
24 foot, which was approved by the

1 board back in 2021, was \$370.  
2 It's now -- this project is 389.  
3 That's a 5 percent increase. RS  
4 means historical cost estimator  
5 says that you would expect that to  
6 be 19 percent more expensive, so  
7 we feel pretty good about this  
8 price and this cost per square  
9 foot.

10 And if I didn't mention it  
11 before, the contractor we asked  
12 was not the contractor for the  
13 project, so they had no real input  
14 into that or any reason to put  
15 their (inaudible), and with that I  
16 will entertain any questions.

17 CHAIRWOMAN SAVAGE: Do our  
18 board members have any questions?  
19 All right.

20 Hearing none, George, if you  
21 could please call the roll.

22 MR. ROATE: Thank you, Madam  
23 Chair.

24 Motion made by Dr. Tanksley,



1                   seconded by David Fox.

2                   Mr. Budde?

3                   MEMBER BUDDE: Based on the  
4                   staff report, I vote yes.

5                   MR. ROATE: Thank you.

6                   David Fox?

7                   MEMBER FOX: I vote yes  
8                   based on the staff report and  
9                   testimony about the recent price  
10                  since 2021.

11                  MR. ROATE: Thank you.

12                  David Katz?

13                  MEMBER KATZ: Yes, based on  
14                  staff report and testimony.

15                  MR. ROATE: Thank you.

16                  Gary Kaatz?

17                  MEMBER KAATZ: I vote yes  
18                  based on the staff report and  
19                  today's testimony, and I think you  
20                  had a particularly good answer for  
21                  why your project came at higher  
22                  than our standards call for.

23                  MR. BRATCHER: Thank you.

24                  MR. ROATE: Thank you.

1 Dr. Tanksley?

2 MEMBER TANKSLEY: I vote yes  
3 based on the staff report and  
4 testimony today.

5 MR. ROATE: Thank you.

6 Ms. Hardy-Waller?

7 MEMBER HARDY-WALLER: I vote  
8 yes based on state report and  
9 explanation of the cost analysis.

10 MR. ROATE: Thank you.

11 Chairwoman Savage?

12 CHAIRWOMAN SAVAGE: I to  
13 vote yes based on the state board  
14 staff report and the testimony  
15 today.

16 MR. ROATE: Thank you.

17 That's seven votes in the  
18 affirmative.

19 CHAIRWOMAN SAVAGE: And that  
20 permit is approved thank you.

21 Now we are going to move on.

22 Let's see. Anybody need a break?

23 Okay.

24 On to H-04, Northwestern

1 Medicine Huntley which is an HSA8.  
2 May I have a motion to approve  
3 project 24-027, oh. No. I lied.  
4 That's true.

5 May I have a motion to  
6 approve project 24-027 for the  
7 expansion of the MOB?

8 MEMBER KAATZ: So moved.

9 CHAIRWOMAN SAVAGE: Mr. Gary  
10 Kaatz. Second?

11 MEMBER FOX: Dave Fox, yes  
12 second.

13 CHAIRWOMAN SAVAGE: Thank  
14 you. If you folks again could  
15 introduce yourselves, spell your  
16 name and then you will be sworn in  
17 and talk extra loud.

18 MS. ORTH: Sure. Bridget  
19 B-r-i-d-g-e-t, O-r-t-h.

20 MS. HALL: Ann Hall, A-n-n,  
21 H-a-l-l.

22 MR. CALLAGHAN: Dan  
23 Callaghan, D-a-n,  
24 C-a-l-l-a-g-h-a-n.

1 CHAIRWOMAN SAVAGE: Thank  
2 you.

3 And Renee, if you could  
4 swear in these three people.

5 (Witnesses duly sworn.)

6 CHAIRWOMAN SAVAGE: All  
7 right. Now, could we please have  
8 our state board staff report.

9 MR. CONSTANTINO: Thank you,  
10 Madam Chair.

11 The applicants propose to  
12 construct a medical office  
13 building in Huntley, Illinois, at  
14 the cost of approximately, excuse  
15 me, \$96.3 million.

16 A public hearing was  
17 conducted on this project on  
18 September 17, 2024, at the Huntley  
19 public library. Eight individuals  
20 attended with one registered in  
21 support, four registering  
22 opposition and the remaining three  
23 registering neutrality of the  
24 project.

1                   The applicants have met all  
2                   the requirements of the state  
3                   board.

4                   Thank you, Madam Chair.

5                   CHAIRWOMAN SAVAGE: Thank  
6                   you. If you would like to  
7                   proceed.

8                   MS. ORTH: Good afternoon.  
9                   I'm Bridget Orth, director of  
10                  regulatory planning for  
11                  Northwestern Medicine. With me  
12                  today is Ann Hall, vice president  
13                  of community relations, and Dan  
14                  Callaghan, director of planning  
15                  and construction.

16                  We are before you today with  
17                  our proposed Northwestern Medicine  
18                  Huntley medical office building,  
19                  the project response to the high  
20                  demand for cardiology and oncology  
21                  services at Northwestern Medicine  
22                  Huntley Hospital and will have an  
23                  anticipated positive impact on the  
24                  top two leading causes of death in

1 McHenry County, heart disease and  
2 cancer.

3 Northwestern Medicine  
4 continues to invest in our  
5 communities to improve residents'  
6 health status, to reduce health  
7 disparities and to provide  
8 increased accessibility to  
9 healthcare services for all  
10 residents. To do so we invest in  
11 programs, community partnerships  
12 and our people, as well as  
13 facilities.

14 A site such as the Huntley  
15 Medical Office building is only  
16 one version of this investment.  
17 Northwestern Medicine is  
18 strategically focused on providing  
19 ambulatory access points across  
20 our service areas to improve our  
21 ability to meet the needs of our  
22 patients where they live and work.

23 Many factors are evaluated  
24 in determining the location of

1 Northwestern Medicine medical  
2 office buildings such as proximity  
3 to a hospital, ability to recruit  
4 staff, the availability of  
5 appropriate space and community  
6 need, for expanding access to high  
7 demand services in Huntley, to  
8 building on existing community  
9 relationships, to identify and  
10 build an advanced outpatient  
11 center in the Bronzeville  
12 community on the south side of  
13 Chicago, we appreciate the support  
14 of this board for our projects  
15 throughout our service areas that  
16 enable us to better serve our  
17 communities.

18 We would like to thank the  
19 board staff for the review of our  
20 project. The project, like Mike  
21 said, is in full compliance with  
22 all applicable board criteria,  
23 which is reflected in an all  
24 positive state staff report.

1                   We are happy to answer any  
2                   questions the board may have.

3                   CHAIRWOMAN SAVAGE: Does our  
4                   board have any questions for this  
5                   applicant?

6                   Mr. Katz.

7                   MEMBER KATZ: This is  
8                   probably a totally unfair question  
9                   to ask of you, and if you feel  
10                  that way, you are not obligated to  
11                  answer.

12                  Were you here this morning  
13                  during the public hearing?

14                  MS. ORTH: Yes.

15                  MEMBER KATZ: Any thoughts  
16                  in addition to what you already  
17                  shared with us? Any thoughts on  
18                  some of the comments that were  
19                  made with regard to this project?

20                  MS. ORTH: Yes. Part of --  
21                  we do respond to some of the  
22                  requests that were made this  
23                  morning, and one of the ways that  
24                  we have done that is to build this



1 advance outpatient center in the  
2 Bronzeville community which did  
3 not come before this board because  
4 it had an all positive state staff  
5 report and was unopposed, so  
6 Chairwoman Savage was able to  
7 approve that on her own, but  
8 that's almost double the size of  
9 what this project is, and it has I  
10 want to say almost three times the  
11 amount of specialists in the  
12 building. I have a list if you  
13 want to hear the specialties that  
14 will be in that building, and a  
15 diagnostic imaging center and it  
16 will be a beautiful building that  
17 is going to be opening -- it will  
18 open in September of 2025.

19 MEMBER KATZ: The presenters  
20 today, were they aware of that?

21 MS. ORTH: I'm not sure.

22 MEMBER KATZ: Unfair to you,  
23 but thank you very much for  
24 advancing that.

1 MS. ORTH: You're welcome.

2 CHAIRWOMAN SAVAGE: Any  
3 other questions for these  
4 applicants?

5 Yes.

6 MEMBER HARDY-WALLER:

7 Antoinette Hardy-Waller. I don't  
8 have a question, but I'll have a  
9 comment that I'll follow on my  
10 colleague and that is I too had  
11 the same concerns that the  
12 testimony earlier today was given  
13 regarding the approved amount of  
14 services that are provided in the  
15 suburbs versus those that are in  
16 the city. I think not just  
17 Northwestern, but there are health  
18 systems that do the same thing,  
19 but happy to know because the  
20 Bronzeville community is my  
21 community, so I have watched the  
22 facility grow there and be built,  
23 so I'm hopeful that those same  
24 kinds of services that will be

1 provided to that community in  
2 addition to the community  
3 partnership that that facility  
4 will bring to the community as  
5 well.

6 CHAIRWOMAN SAVAGE: From  
7 these medical office buildings,  
8 will you have some community  
9 relation events that you do for  
10 the Bronzeville neighborhood as  
11 well as in Huntley?

12 MS. HALL: Yes. This is Ann  
13 Hall. We have extensive community  
14 relationships and partnerships in  
15 both McHenry County and  
16 Bronzeville and activating these  
17 sites involves community voice  
18 throughout the process and then  
19 celebration when the sites  
20 actually open.

21 CHAIRWOMAN SAVAGE: Any  
22 other questions?

23 All right. George, if you  
24 could please call our state

1 board -- or call the roll rather.

2 MR. ROATE: Thank you, Madam  
3 Chair.

4 Motion made by Gary Kaatz,  
5 second by David Fox.

6 Mr. Budde?

7 MEMBER BUDDE: Based on the  
8 staff report and then the  
9 information that was just shared  
10 with us about the (inaudible)  
11 facility, I vote yes.

12 MR. ROATE: Thank you.

13 David Fox?

14 MEMBER FOX: I vote yes  
15 based on the staff report.

16 MR. ROATE: Thank you.

17 David Katz?

18 MEMBER KATZ: I vote yes  
19 based on the staff report and the  
20 testimony and this picture that  
21 Chair Savage just pulled up on her  
22 computer of the beautiful new  
23 facility that's going up in  
24 Bronzeville and I'm perplexed as

1 to why that line of questioning  
2 happens at this point, but good  
3 luck with you on this one.

4 MR. ROATE: Thank you.

5 Gary Kaatz?

6 MEMBER KAATZ: I vote yes.

7 Thank you for your testimony.

8 MR. ROATE: Thank you.

9 Dr. Tanksley?

10 MEMBER TANKSLEY: I vote yes  
11 based on the staff report.

12 MR. ROATE: Thank you.

13 Ms. Hardy-Waller?

14 MEMBER HARDY-WALLER: I vote  
15 yes based on the state report, as  
16 well as the testimony today.

17 MR. ROATE: Thank you.

18 Chairwoman Savage?

19 CHAIRWOMAN SAVAGE: And I  
20 vote yes today too based on the  
21 state board staff report and  
22 testimony today.

23 MR. ROATE: Thank you.

24 That's seven votes in the

1 affirmative.

2 CHAIRWOMAN SAVAGE: And so  
3 that permit is approved.

4 Now we are really only going  
5 to take a five-minute break and  
6 then we will come back with our  
7 last project, NorthPointe  
8 Neighborhood Hospital in Roscoe,  
9 but well -- we have some staff  
10 comments when we get back.

11 (A recess was had.)

12 CHAIRWOMAN SAVAGE: Now  
13 before we move on to this next  
14 agenda item, Mr. John Kniery here  
15 would like to provide some  
16 comments.

17 MR. KNIERY: In the  
18 following project there are issues  
19 that have been presented in the  
20 application and by its opponents  
21 and proponents. They concern  
22 licensing.

23 I want the board and the  
24 public to know that licensure

1 rules and the board's rules while  
2 similar are not identical. The  
3 biggest issue is that licensure  
4 can approve two facilities under a  
5 single license under certain  
6 circumstances. The board rules do  
7 not do that. Each project is  
8 considered independent and is  
9 considered upon its own merit.

10 If during the proceedings if  
11 there are questions, please ask  
12 and between myself, board staff  
13 and our ex officio members,  
14 especially Karen Singer, we will  
15 all do our best to answer those  
16 questions and concerns. Thank  
17 you.

18 CHAIRWOMAN SAVAGE: Okay.  
19 So now we are going to move to  
20 H-05, NorthPointe Neighborhood  
21 Hospital in Roscoe, HSA something.

22 May I have the motion to  
23 approve project 24-018 for the  
24 establishment of a 10-bed

1 hospital?

2 MEMBER HARDY-WALLER: So  
3 moved.

4 That was Ms. Hardy-Waller.

5 MEMBER TANKSLEY: Second.

6 CHAIRWOMAN SAVAGE: We're  
7 getting it.

8 That was Dr. Tanksley.

9 You folks, if you could  
10 please extra loud state your name,  
11 spell your name for the court  
12 reporter and then much like last  
13 time she'll swear each of you in  
14 and then you will individually  
15 answer you do, yes, or something  
16 like that.

17 So go ahead.

18 MR. MCKEVETT: Thank you.

19 Tim McKeveTT, president, CEO of  
20 Beloit Health System, T-i-m,  
21 M-c-k-e-v-e-t-t.

22 MS. FRIEDMAN: This is Kara  
23 Friedman, K-a-r-a,  
24 F-r-i-e-d-m-a-n, counsel for the



1 applicant.

2 MR. KAPOOR: Roger Kapoor,  
3 R-o-g-e-r, K-a-p-o-o-r.

4 MS. WETTER: Bonnie Wetter,  
5 B-o-n-n-i-e, W-e-t-t-e-r.

6 DR. ABERNETHY: Dr. Michael  
7 Abernethy, A-b-e-r-n-e-t-h-y.

8 DR. EGBUJIOBI: Dr. Leo  
9 Egbujiobi, L-e-o,  
10 E-g-b-u-j-i-o-b-i.

11 MS. COX: Sharon Cox,  
12 S-h-a-r-o-n, C-o-x.

13 MS. KOVARIK: Nicole  
14 Kovarik, N-i-c-o-l-e,  
15 K-o-v-a-r-i-k.

16 MR. HOLZHAUER: Jeff  
17 Holzhauer, J-e-f-f,  
18 H-o-l-z-h-a-u-e-r.

19 DR. HATTIS: Dr. Paul  
20 Hattis, P-a-u-l, H-a-t-t-i-s.

21 MS. COOPER: Anne Cooper,  
22 A-n-n-e, C-o-o-p-e-r, counsel for  
23 the applicant.

24 MS. DONALD: Nommo Donald, N

1 as in Nancy, o, M as in Mary, M as  
2 in Mary, O, Donald, D-o-n-a-l-d.

3 MR. BIRD: Jim Bird, J-i-m,  
4 B-i-r-d.

5 SPEAKER: Dawn Hudson,  
6 D-a-w-n, H-u-d-s-o-n.

7 CHAIRWOMAN SAVAGE: Renee,  
8 if you could please swear in our  
9 large group of people and they  
10 will each individually answer.

11 (Witness duly sworn.)

12 CHAIRWOMAN SAVAGE: Okay.  
13 Now, if we could have our state  
14 board staff report.

15 MR. CONSTANTINO: Thank you,  
16 Madam Chair.

17 The applicant proposes to  
18 establish a 10-bed acute care  
19 hospital in Roscoe, Illinois. The  
20 estimated project cost is  
21 approximately \$21 million and the  
22 expected completion date is  
23 October 1, 2027.

24 State board staff conducted

1 a public hearing on August 13th,  
2 2024. A total of 221 individuals  
3 registered their attendance at  
4 that hearing.

5 State board has also  
6 received 220 support letters and  
7 138 opposition letters at the time  
8 of this report.

9 The applicants addressed a  
10 total of 23 criteria and failed to  
11 meet three of the state board's  
12 criteria listed on page 2 of the  
13 report.

14 Thank you, Madam Chair.

15 CHAIRWOMAN SAVAGE: Thank  
16 you, Mike.

17 If you would like to  
18 proceed.

19 MR. McKEVETT: Good  
20 afternoon. Again, my name is Tim  
21 McKeveitt. I have had the honor  
22 and privilege of working for  
23 Beloit Health System for the past  
24 39 years, last 10 as president and

1 CEO.

2 With me today are members of  
3 our team that are proposing of the  
4 project and each of them will go  
5 further into detail explaining  
6 their roles and providing  
7 information for you to make an  
8 informed decision which we truly  
9 hope you support.

10 The community partnership  
11 that we have made certainly make  
12 us stronger as an organization.  
13 We appreciate all of the  
14 community's support that you have  
15 heard today, that was heard in the  
16 public hearing, and for their  
17 endorsement of the changes we are  
18 proposing on our NorthPointe  
19 Illinois campus.

20 For some history on the  
21 campus, it's important to know  
22 that Beloit Municipal Hospital has  
23 been serving the residents of  
24 Illinois. We are directly on the

1 state line since we were  
2 established in 1928. So for  
3 almost close to 100 years we have  
4 been providing services to the  
5 south Beloit, at the time much  
6 smaller, of course, Roscoe Rockton  
7 area, but since our inception we  
8 have been providing care and been  
9 in the market.

10 We established a physical  
11 presence in Illinois in 1988 with  
12 a primary care clinic that's still  
13 in operation today in South  
14 Beloit. In 1991 we further  
15 expanded that primary care access  
16 by establishing a new Roscoe  
17 Rockton Medical Center which  
18 ultimately moved into our new  
19 campus, the NorthPointe Health and  
20 Wellness campus, which has a focus  
21 on primary care, specialty care,  
22 medical based fitness, high level  
23 immediate care, diagnostic and  
24 assisted living and our newest

1            addition, our freestanding birth  
2            center.

3                    The campus has been there  
4            and committed to the community  
5            since its inception and we stand  
6            firm on continuing our unwavering  
7            commitment to the Illinois  
8            communities that we serve.

9                    Our commitment to excellence  
10            is evident by our quality and  
11            focus on quality is a benchmark of  
12            our mission. We deliver expert  
13            compassionate care, centered care  
14            enhanced by our prestigious  
15            affiliation both with the  
16            University of Illinois Medical --  
17            College of Medicine serving as a  
18            training site at NorthPointe at  
19            our main facility and our  
20            longstanding relationship with the  
21            University of Wisconsin hospital  
22            and clinics and most notably with  
23            our Northern Illinois Swedish  
24            American facility.

1 I'd like to reiterate, the  
2 current operations at NorthPointe,  
3 since it was established in 2007,  
4 we have consistently expanded our  
5 services at NorthPointe campus  
6 creating a broad scope of  
7 outpatient services to meet the  
8 immediate needs of the community.  
9 These include physician clinic  
10 services offering a wide range of  
11 specialty, representing 25  
12 specialists, including primary  
13 care and surgical care. Our  
14 outpatient ambulatory surgery  
15 center was approved by this board  
16 in 2015 and opened in 2007 and is  
17 headed in the right direction. We  
18 were hindered from a buying  
19 perspective because of our  
20 commitment to withdraw, stop doing  
21 outpatient elective surgeries  
22 during the COVID crisis, so that  
23 now has come out and the volumes  
24 have returned and we're going very

1 strong in that area for ambulatory  
2 surgery, but really if you look,  
3 the volumes of that facility was  
4 hindered by the COVID crises and  
5 our commitment to not do elective  
6 surgeries there be compliant with  
7 the CDC and State of Illinois.

8 Our urgent care center is  
9 ensuring immediate medical  
10 attention for over 1,150 visits.  
11 Our diagnostic lab and imaging  
12 services is equipped with the  
13 state of the art technology,  
14 including imaging and laboratory  
15 services.

16 Our NorthPointe Chairs,  
17 which is a senior residential  
18 facility for assisted living for  
19 24 occupants, 23 of the 24 are  
20 full.

21 At our NorthPointe birth  
22 center, which is our newest  
23 addition, welcomed its first  
24 newborn in March of 2024. Since



1           the public hearing, we have now  
2           had 26 births and over 50 clients  
3           have signed up and committed to  
4           have their births there, so well  
5           on our way to achieving 100 births  
6           within the first year of  
7           operation.

8                   I'd like to renew the scope  
9           of the existing project and  
10          benefits to the community. We are  
11          proposing that the NorthPointe  
12          neighborhood hospital is not just  
13          an extension of our Illinois  
14          campus. It's a combination of our  
15          vision for competence in community  
16          care. The state of the art  
17          facility will feature 10 inpatient  
18          beds, fully equipped 24/7  
19          emergency department that will  
20          accept ambulance transfers and, of  
21          course, the essential ancillary  
22          services.

23                   By leveraging our existing  
24          infrastructure and space in

1 Illinois, we can efficiently  
2 convert some of the current  
3 NorthPointe services into this  
4 vital neighborhood hospital,  
5 ensuring cost effectiveness. Our  
6 costs per hospital bed are  
7 projected to be much less than the  
8 two other small format hospitals  
9 that have been approved in the  
10 state, Quincy Crystal Lake  
11 facility and the Quincy Medical  
12 Group. This will also allow for  
13 rapid implementation by this  
14 (inaudible).

15 Importantly with access to  
16 inpatient care in this community,  
17 we will help reduce the flow of  
18 patients leaving the State of  
19 Illinois and coming to Wisconsin  
20 for their inpatient care. Our  
21 plan is to keep Illinoisian's stay  
22 in Illinois.

23 Approximately 15 to  
24 20 percent as I look at our daily

1 census every day and I do, 15 to  
2 20 percent of our patients at the  
3 Beloit main facility are from the  
4 State of Illinois.

5 By creating this 10 bed, we  
6 will have an average census budget  
7 of 51. Last week alone we had an  
8 inpatient census of 80 and  
9 20 percent of those so you're  
10 looking at somewhere between 8 and  
11 16 inpatients from the State of  
12 Illinois. By creating these beds  
13 in Illinois, this will bring care  
14 closer to home and will also allow  
15 us to expand to all private rooms  
16 on the main facility which is the  
17 standard of care for a new  
18 facility.

19 Other benefits to the  
20 program, creating that inpatient  
21 care closer to home will allow  
22 greater involvement with families  
23 of loved ones that have been  
24 inpatient in the northern Illinois

1 area. Creation of these beds at  
2 NorthPointe will allow a system  
3 again to focus on creating all  
4 inpatient project rooms at our  
5 main facility.

6 As I was doing my rounds  
7 yesterday morning, you will hear a  
8 little bit later in the  
9 presentation about having just an  
10 horrific day and horrific year as  
11 far as volumes from the standpoint  
12 of patients needing care, but  
13 overwhelming physical ability to  
14 house patients in private rooms.

15 I was rounding on a patient  
16 and he told me, he said I could  
17 use his name today and his name  
18 was Rodrigo Reedreck (phonetic).  
19 He's from South Beloit, and I  
20 asked him how his stay was going.  
21 He said he loved Beloit Health  
22 System. He had his care. He went  
23 to our South Beloit Clinic. He  
24 grew up in the South Beloit area.

1 He goes, it was frustrating with  
2 the fact that he had to board in  
3 our ER.

4 We have never had to board  
5 in our ER in our 39-year service.  
6 And over the last two years, we  
7 have had to board inpatients in  
8 the ER. Despite that he was very  
9 happy with the his care, except  
10 for his roommate. He was put into  
11 a double room, but he was very  
12 happy with his care. He focused  
13 on some of the issues that we can  
14 improve upon, but it was nice to  
15 have that -- I think it  
16 exemplifies a perfect example of  
17 what we are trying to achieve  
18 getting that care close to home.

19 Also improved -- the project  
20 will improve by a implementation  
21 of a 24/7 365 emergency services,  
22 the emergency care in the  
23 community.

24 You heard earlier today at

1 the public hearing support from  
2 EMS services in the community  
3 about getting that emergency care  
4 close to home. The difference  
5 between a 10-minute ambulance ride  
6 and a 20-minute ambulance ride  
7 could mean life and death. The  
8 difference between keeping those  
9 ambulances in the Roscoe/Rockton  
10 area to respond to other calls  
11 would be a matter of life and  
12 death, so improving access to  
13 lifesaving emergency care is  
14 definitely a part of our focus and  
15 expansion on care for our new  
16 NorthPointe Hospital.

17 The other thing I want to  
18 point out is that we will be a  
19 safety net. We have held  
20 ourselves out to the Impala  
21 standards at our immediate care.  
22 And, of course, in the emergency  
23 room situation, we will hold  
24 ourselves out to the Impala

1 standards, meaning that we will  
2 take and treat anybody that  
3 requires care regardless of their  
4 ability to pay at our NorthPointe  
5 facility.

6 This will have minimal  
7 impact on the Rockford hospitals  
8 because we are already seeing  
9 inpatients in Beloit. Moving that  
10 inpatient care down to our  
11 NorthPointe campus will simply  
12 shift those patients that we're  
13 already seeing down to our new  
14 facility.

15 Now, we have heard a lot of  
16 opposition, a lot of arguments to  
17 that and I think there's a lot of  
18 do as I say, not as I do and  
19 despite Mercy's claims that the  
20 precedent for the Crystal Lake  
21 Hospital or the Quincy Medical  
22 Center Hospital, they are very  
23 similar, and our focus on creating  
24 that neighborhood hospital to

1 bring care closer to home will  
2 have an impact on providing and  
3 improving the care in that  
4 community.

5 We will have surgical  
6 coverage. We will have specialty  
7 coverage at new facilities. The  
8 same specialists that have been  
9 providing coverage will be able to  
10 provide coverage at the new  
11 hospital as well that are  
12 currently providing (inaudible).

13 There are also -- it's  
14 important to note we as look at  
15 the -- do you look at the do as I  
16 do -- do as I say, not as I do  
17 scenario, Mercy Hospital also has  
18 freestanding ERs in the State of  
19 Wisconsin. In fact, they're  
20 building one adjacent to our  
21 hospital property in Beloit, so  
22 the standard of care that they  
23 argue of not having a full backup  
24 of the hospital really is



1           disingenuous and really from the  
2           standpoint is just (inaudible)  
3           when they make that argument  
4           because they've had those  
5           facilities. I understand they  
6           border just like in the Crystal  
7           Lake facility providing that care  
8           closer to home, they're still  
9           going to use that argument in  
10          front of you today to help make  
11          the case when it benefits them,  
12          but when it doesn't benefit  
13          them -- when it has no benefit to  
14          them, they certainly have gone  
15          through and established those  
16          types of facilities in our state,  
17          most recently adjacent to our --  
18          you can actually see the ER across  
19          the yard.

20                   Also the arguments as far as  
21          transfers, Mercy has a  
22          freestanding ER in Janesville.  
23          That is about 15 minutes from the  
24          main hospital. This new

1 neighborhood hospital down in  
2 (inaudible) are only 15 minutes  
3 from the main hospital, so working  
4 with the same parameters, it's  
5 important to note that those kinds  
6 of system as evidenced by our  
7 opposition and supporting it in  
8 other areas certainly makes the  
9 case, it helps make the case for  
10 our project.

11 As we go forward, I want to  
12 also emphasize the importance of  
13 the community support. We heard  
14 from local EMS providers noting  
15 today at public hearing how it  
16 would help them, how it would help  
17 enhance our inpatient services,  
18 provide strong community support.  
19 Again, you're hearing that really  
20 from the community, from the  
21 residents that you heard from  
22 today or that were at the public  
23 hearing, from the local city  
24 council, from the local mayors

1 from Roscoe, Rockton, from South  
2 Beloit.

3 I think it's important to  
4 know that the references on the  
5 cherry picking that was asserted  
6 that we would be doing  
7 appropriation behind the project  
8 is no one mentioned South Beloit.  
9 South Beloit is a vital part of  
10 the Northern Illinois community  
11 and their socioeconomics that is  
12 far less than a lot of -- more of  
13 our patients come from South  
14 Beloit both at our NorthPointe  
15 campus, as well as our main  
16 facility in Beloit, so the  
17 argument that we're cherry  
18 picking, we have 74 percent of our  
19 business is either Medicare or  
20 Medicaid, so cherry picking when  
21 we have been there -- when we have  
22 been there physically present for  
23 close to almost 30 years in the  
24 community. It is certainly not a

1 cherry picking opportunity.  
2 Again, do as I say, not as I do.  
3 When you look at what Mercy did in  
4 Rockford when they vacated the  
5 west side facility, downsizing  
6 inpatient beds, turning that  
7 emergency room to a stand by,  
8 leaving the whole west side of  
9 Rockford uncovered which is a  
10 lower socioeconomic status,  
11 certainly not indicative of what  
12 we would ever do. New projects  
13 are what we would do in Beloit.

14 I think it's also important  
15 that in the beacon of major  
16 consolidation of major health  
17 systems, keeping us as an  
18 independent health system,  
19 providing those services to the  
20 community is important for us to  
21 have an alternative for that  
22 community.

23 Again, I think some of the  
24 arguments that we're hearing from

1           our opposition and certainly from  
2           Mercy Hospital are disingenuous  
3           and hypercritical and are truly  
4           disrupting your process here, the  
5           commission's process.

6                        When Mercy -- I received a  
7           call from Javon Bea, the president  
8           and CEO, when it was announced  
9           that they were going to be  
10          building a freestanding ER  
11          directly adjacent to our campus in  
12          Beloit. We discussed it. We  
13          discussed potential opportunities  
14          to cooperate in that manner and he  
15          rejected those and then he sent me  
16          an email that I think is really  
17          important that I'd like to read to  
18          you. It's been in your testimony  
19          given to you. This is directly  
20          from Mr. Bea.

21                       He said: Tim, after we  
22          talked about the email, in  
23          conclusion there is no real need  
24          for BMH to fear competition. I

1 think their word today was they  
2 were greatly concerned about  
3 competition because competition,  
4 it approves -- it improves access  
5 and can often -- it can offer a  
6 choice for patients in a growing  
7 community.

8 So that's his words right  
9 there. I think that's a strong --  
10 one of the strongest arguments for  
11 approval of our facility expansion  
12 of our services down on the  
13 NorthPointe campus.

14 I'd like to thank you for  
15 your time today. Thank you for  
16 your strong consideration of our  
17 project. We hope that you do  
18 support it because we think it  
19 will improve care within our  
20 community.

21 Thank you very much, and I'd  
22 like to it turn over now to our  
23 chair of our board, Ms. Bonnie  
24 Wetter.

1 MS. WETTER: Good afternoon.  
2 My name is Bonnie Wetter. I'm  
3 proud to serve as the chair of the  
4 Beloit Health System board.

5 Our mission at Beloit Health  
6 System is to lead in regional  
7 health and wellness services,  
8 delivering high quality care and  
9 satisfaction to those we serve.

10 One way we achieve these  
11 goals is through the community  
12 health needs assessment process.  
13 This comprehensive review  
14 identifies healthcare challenges  
15 facing residents in our service  
16 area, including South Beloit,  
17 Roscoe and Rockton. The proposed  
18 expansion of the NorthPointe  
19 neighborhood hospital is an  
20 initiative critical to meeting  
21 these goals.

22 Our organization operates in  
23 a healthcare ecosystem with other  
24 market players, with Mercyhealth

1 standing as one of our primary  
2 competitors. Unfortunately,  
3 Mercyhealth has resorted to  
4 questionable tactics to spread  
5 unwanted fear and indicates  
6 improprieties in our legitimate  
7 mission-based efforts to enhance  
8 healthcare quality in Illinois  
9 where we have operated since 1988  
10 when we opened our South Beloit  
11 clinic, and since 1991, as the  
12 Roscoe Rockton Medical Center, and  
13 out of our NorthPointe campus  
14 since 2007.

15 Such baseless accusations  
16 not only misrepresents our  
17 intention, but also detracts from  
18 the critical mission of improving  
19 patient care throughout the state.

20 Javon Bea's complaint about  
21 our provision of care in both  
22 Wisconsin and Illinois is  
23 particularly perplexing given that  
24 his dual state operation is



1           precisely their business model.

2                   As Mr. McKeveatt mentioned,  
3           we share markets with his system  
4           on both sides of the state line.  
5           And in Wisconsin, Mr. Bea has  
6           asserted that it is healthy  
7           competition for them to open a  
8           freestanding emergency center next  
9           door. Only when a state approval  
10          process can be limited, that its  
11          competition become problematic to  
12          him.

13                   Let's be unmistakable  
14          presuming -- preserving healthcare  
15          access all hinges on maintaining  
16          health systems as nonprofits and  
17          mission driven entities to the  
18          greatest extent possible. The  
19          conversion of 12 Illinois  
20          facilities from nonprofit to for  
21          profit status is currently pending  
22          before the board.

23                   It is crucial to approach  
24          this trend with caution and to

1           prioritize safeguarding healthcare  
2           access proprietary interest.

3                   Other state operations do  
4           not in any way inherently threaten  
5           healthcare access in Illinois, but  
6           the nature of the operating entity  
7           is paramount.

8                   Consider the case of  
9           Advocate Aurora, which recently  
10          became part of the North Carolina  
11          based nonprofit, mission based  
12          Atrium system. Since that  
13          affiliation Advocate Health has  
14          presented nearly a dozen capital  
15          projects to you promising to  
16          invest nearly \$750 million in its  
17          Illinois facilities and programs.

18                   While our investment is  
19          smaller due to the minor campus  
20          expansion we propose, we hope that  
21          you will welcome our investment as  
22          well.

23                   We plan to expand access at  
24          our NorthPointe campus in Roscoe

1           for all patients regardless of  
2           their ability to pay. Doing so  
3           ensures that more Illinois  
4           patients can receive care within  
5           the state. This is critical as we  
6           see that out migration for this  
7           care is growing. We want to keep  
8           these patients in Illinois and  
9           serve them at our NorthPointe  
10          campus. Beyond need or patient  
11          care, our community health needs  
12          assessments revealed a shortage of  
13          primary care providers in northern  
14          Illinois. To address this we have  
15          an active practitioner recruiting  
16          plan and now have over two dozen  
17          professionals practicing at our  
18          NorthPointe campus. This  
19          expansion will help attract  
20          physicians to the area ensuring  
21          residents have timely access to  
22          essential healthcare.

23                           This initiative is vital for  
24                           managing chronic conditions,

1 preventing disease and promoting  
2 overall health.

3 We also identified a  
4 significant gap in emergency  
5 medical services within our  
6 community. The new neighborhood  
7 hospital will include a full  
8 service emergency department  
9 providing immediate and critical  
10 care closer to home for the state  
11 line community residents. This  
12 will significantly reduce transit  
13 times in emergencies, improving  
14 outcomes and potentially saving  
15 lives.

16 We will also retain our  
17 urgent care services at this  
18 location to ensure every  
19 unscheduled patient receives the  
20 care they need and want.

21 I thank you for your time  
22 and consideration. I hand it over  
23 to Dr. Abernethy to discuss his  
24 experience with managing emergency

1 care for the state line community.

2 DR. ABERNETHY: Thank you  
3 very much.

4 Good afternoon. I'm  
5 Dr. Mike Abernethy. I'm a  
6 board-certified emergency  
7 physician for the Beloit Health  
8 System. I have cared for patients  
9 at NorthPointe and also Beloit  
10 Memorial, so this gives me sort of  
11 a front row on the urgent need for  
12 services in the emergency  
13 department in the community.

14 Now, I was sitting in this  
15 exact same place about 10 years  
16 ago requesting expanded emergency  
17 care at NorthPointe.  
18 Unfortunately, it was denied.

19 I'm back again because  
20 things are challenging. They are  
21 not there for our patients. If  
22 anything, we are seeing more  
23 patients, more converting, more  
24 stress on the system than we had

1           10, years ago. And I'll elaborate  
2           about that in a minute, but over  
3           the last three decades I've worked  
4           in over probably all the state  
5           line regional emergency  
6           departments at one time or  
7           another. I've spent a lot of time  
8           at Beloit Memorial. I'm also a  
9           preceptor and educator with the  
10          EMS systems, so you can say I have  
11          a pretty good handle on the ins  
12          and outs of regional healthcare,  
13          the politics and economics of the  
14          day-to-day operations.

15                 But this is what really  
16          matters. I live in the community.  
17          I have raised my family. I have  
18          taken my 98-year old father with a  
19          febrile urinary tract infection  
20          and had to sit in Rockford  
21          emergency departments on a  
22          Saturday night for several hours  
23          and that's not always a good  
24          thing.

1                   I said, I've raised my  
2                   family here, so when I speak to  
3                   you today, I'm not wearing a hat  
4                   about possible spokesman,  
5                   administrative or manager. I'm  
6                   the guy who works in the trenches.

7                   I'm speaking as an emergency  
8                   physician who lives and works in  
9                   the community.

10                  Now, I was sort of just  
11                  amazed at the last hearing we had  
12                  in Roscoe when they talked about  
13                  one of the administrators, I think  
14                  it was from Mercy. They did some  
15                  sort of survey, and they said  
16                  there were as many as 94 excess  
17                  surgical and medical beds in the  
18                  Rockford area that are available,  
19                  said we don't need any more med  
20                  surg beds. And I just want to  
21                  know really, where are you hiding  
22                  these beds? Because that's not  
23                  what I'm seeing day in and day  
24                  out.

1 Over the last year -- again,  
2 I've doing this for 30 some years  
3 in the community. I haven't seen  
4 the degree of boarding and stress  
5 on our inpatient and emergency  
6 departments that I have seen.

7 You know, I'll come in in  
8 the morning and we may have 8, 10  
9 bends. That's almost 50 percent  
10 of our emergency department  
11 capacity is held up by patients  
12 who are boarding, and it's not  
13 only just wait an hour for a bed,  
14 two hours. No. It's 8, 12  
15 24 hours. These patients are  
16 there. Therefore, they reduce the  
17 capacity of my emergency  
18 department, so wait times are  
19 longer, but as a physician and my  
20 nurses we have to care for these  
21 critical care patients.

22 Normally I get a sick trauma  
23 or a sick diabetic patient. I can  
24 admit them to the ICU and my work



1 is done. I don't have to worry  
2 about them, but now they are in my  
3 emergency department for hours and  
4 I have to take care of them while  
5 along with everything else that  
6 comes in the door.

7 We have 100 some beds I  
8 think at Beloit Memorial, and  
9 they're full. They do their best  
10 to move them, but it's not an  
11 isolated thing because in the past  
12 when my emergency department would  
13 get full, we would transfer  
14 patients. I would call Rockford.  
15 I would call Madison. I would  
16 call Rockford looking for these  
17 legendary 94 beds. There's  
18 nothing.

19 In the last few weeks I  
20 think I have had one or two  
21 patients accepted at one of the  
22 three Rockford hospitals. No one  
23 is taking transfers.

24 I know for a fact that

1 Rockford, Javon Bea, OSF and  
2 Swedes, they are transferring  
3 patients out. Things beyond their  
4 capabilities, they are sending  
5 patients to Madison. They are  
6 sending patients to Milwaukee and  
7 they are sending patients to  
8 Chicago.

9 But these beds, again, are  
10 very rarely -- it's hard. I  
11 spend -- I had one patient last  
12 week, 10 separate phone calls to  
13 try to get them accepted to a  
14 critical care bed in Milwaukee,  
15 and this was in addition to,  
16 again, taking care of all of my  
17 other patients, so it's not just  
18 us.

19 All the hospitals are seeing  
20 increased volumes and increased  
21 boarding. They talk about this  
22 excess of emergency care in the  
23 area. We don't need any more. I  
24 don't know how -- I guess you

1 heard from some emergency  
2 physicians earlier with a straight  
3 face they could say, oh, no. We  
4 got it covered. We don't need any  
5 more emergency care.

6 Well, you know, waiting room  
7 times, waiting room volumes, I  
8 don't know, but if there's such an  
9 excess of emergency care and beds,  
10 again, why is Mercy building a  
11 freestanding emergency department  
12 literally in the parking lot of  
13 Beloit Memorial Hospital? It's  
14 bizarre.

15 And they did the same thing  
16 in Janesville. You have two large  
17 hospitals. You have St. Mary's  
18 and you have Mercy Hospital and  
19 right smack in the middle, 4 miles  
20 from each of those hospitals, they  
21 put a freestanding emergency  
22 department.

23 They did one in Walworth  
24 County. It's about 7 miles from

1           the existing hospital, so as Tim  
2           was saying, do as I say, not as I  
3           do.

4                        So I am proud to work.  
5           NorthPointe Immediate Care is a  
6           really top notch facility.  
7           Currently we operate 12 hours a  
8           day. We don't take ambulances,  
9           but I'm amazed at the thing that  
10          Beloit doesn't realize, they think  
11          a doctor or urgent care is the  
12          same as an ER, and I have seen my  
13          share of serious traumas, heart  
14          attacks, stroke, septic patients  
15          and we do a good job stabilizing  
16          and transferring, but that's sort  
17          of the essence of emergency  
18          medicine.

19                      You know, all these  
20          hospitals, they make it sound like  
21          if you are in the emergency  
22          department, you have to have a  
23          surgeon, you have to have a  
24          nephrologist, you have to a

1           pediatrician. Yes, for critical  
2           care access hospitals that operate  
3           in rural Illinois or Wisconsin,  
4           that ER doc is probably the only  
5           physician within 20 miles. His  
6           job is to stabilize the patient,  
7           admit them if needed or transfer,  
8           so we can always evaluate and  
9           transfer.

10                   And I think at NorthPointe  
11           we do a really good job. We have  
12           a full service laboratory, a CT  
13           scanner, full radiology and,  
14           again, I have seen some very sick  
15           patients and (inaudible) here  
16           doesn't do it justice, but to  
17           really serve our community, we  
18           need to expand to 24 hours to be  
19           able to take care of ambulances as  
20           they come in.

21                   So to me this is an easy  
22           decision. Our community needs  
23           this level of care, and Beloit  
24           Health System is willing to supply

1           that. They have got the  
2           commitment to the community, so  
3           I'm asking you just not as a  
4           doctor, but as a resident of the  
5           community to green light this so  
6           that we can improve and serve our  
7           communities better.

8                         So thank you for your time  
9                         and attention. Next I would like  
10                        to turn it over to Dr. Leo  
11                        Egbujiobi and he's going to talk  
12                        about emergency services.

13                       DR. EGBUJIOBI: Thank you so  
14                        much. My name is Dr. Leo  
15                        Egbujiobi.

16                       As an interventional  
17                        cardiologist for about 30 years in  
18                        the Beloit Health System, I can  
19                        assure you that the NorthPointe  
20                        campus emergency services will be  
21                        more than comparable to other  
22                        premier programs around.

23                       Our planned emergency room  
24                        will be fully equipped to handle

1 critical cases such as heart  
2 problems, strokes, acute breathing  
3 problems or shock, like  
4 anaphylactic shock.

5 We will have the latest  
6 technology. Our ED physicians are  
7 all board certified. They work  
8 both in the NorthPointe campus and  
9 the Beloit campus.

10 At the Beloit campus, most  
11 residents serve as clinical  
12 instructor to younger doctors who  
13 are completing their residency and  
14 fellowship training in emergency  
15 medicine through the University of  
16 Wisconsin emergency program.

17 Life threatening emergencies  
18 listed require immediate  
19 assessment and treatment. Our  
20 team at NorthPointe would provide  
21 this care in collaboration with  
22 our coordinated specialty network.  
23 Our physicians are at the  
24 forefront of medical renaissance

1 with offering cutting edge  
2 treatments that were unimaginable  
3 just a few years ago.

4 By bringing the advanced  
5 services to the Roscoe, Rockton  
6 neighborhood, we are  
7 revolutionizing the local  
8 community.

9 I was really impressed to  
10 hear the president talk about our  
11 commitment to Illinois for over  
12 100 years. I didn't know that  
13 until today.

14 And I've been around and I  
15 can tell you, 20 percent of my  
16 patients have Illinois address.

17 In the past 30 years, every  
18 patient, about 2 out of 10  
19 patients I see go to all the local  
20 hospitals for their care.

21 The greatest thing a doctor  
22 has is a phone call from another  
23 doctor in an emergency room, from  
24 Nebraska. I saw a young man



1 driving by came to us, had a heart  
2 attack. Said thank you, Doctor, I  
3 appreciate that.

4 So any situation where the  
5 care is closer to the patient and  
6 the physician who can take care of  
7 the patient chronically, and I  
8 speak on behalf of our doctors,  
9 our paycheck is the outcome with  
10 our patients. It's not why we do  
11 it.

12 I work with doctors from  
13 across the board, from Mercy, from  
14 Rockford Memorial Hospital,  
15 Advocate Mercy, from St. Luke's,  
16 from Madison, from OSF.

17 My job is to just make sure  
18 you know that the emergency room  
19 that they are proposing will be  
20 able to do, if not better, the  
21 same measures as anywhere else and  
22 the patient care will not suffer.

23 To illustrate these life  
24 emergencies, let's say somebody

1 comes in with suspicion for  
2 stroke. There are two things  
3 that are part of it. Stroke is  
4 one that all my patients are  
5 afraid of. They don't mind dying  
6 from heart attack. They don't  
7 want to have a stroke because the  
8 stroke, they can have half side  
9 working and they say, Doc, Dr.  
10 Leo, don't let me have stroke.  
11 But let's start with stroke.

12 Within 20 minutes of anybody  
13 suspected of having a stroke  
14 arriving to this campus, they will  
15 be assessed with all the images  
16 that is to be done and in  
17 communication with the early  
18 stroke center at the University of  
19 Wisconsin. I say, well, they  
20 complete it. Within 30 minutes  
21 the stroke bad. Most patients  
22 with stroke require medication,  
23 stabilization and rehab.

24 About 20 percent of the

1 patients require a clot buster  
2 called TPA. We give it, but  
3 unfortunate, less than 1 percent  
4 will bleed in the head. It  
5 doesn't matter where they go. The  
6 result is not good, but we have to  
7 consult and discuss with a  
8 neurosurgeon.

9 So the next thing is heart  
10 attack. Some patients -- for most  
11 of the patients, the most  
12 important thing is EKG. When I  
13 get a (inaudible), get it in the  
14 emergency room, it's good to have  
15 it in the emergency because the  
16 doctors there are trained to what  
17 you do in the next 20 minutes that  
18 make the whole difference.

19 For stroke, time is brain.  
20 For heart, time is muscle. The  
21 more muscle you lose, the less  
22 likely to turn it around, and the  
23 head, the more muscle in the head  
24 you lose, the less function you

1 are going to have in your life.

2 So the electrocardiogram  
3 will be processed on arrival and  
4 determination and will be done  
5 right away whether they need  
6 emergency intervention or STEMI or  
7 cath lab.

8 At NorthPointe to my cath  
9 lab is just 10 minutes. This cost  
10 in half because as the patient is  
11 coming, all the critical labs are  
12 already delivered to assess the  
13 care of the patient. They will  
14 proceed to under the standard of  
15 care including oxygen, as  
16 necessary, aspirin, all these  
17 medicines we know about.

18 To be assured one more time  
19 that for stroke and for heart  
20 attack, they actually are not  
21 going to be in a better place,  
22 because, again, we have board  
23 certified, educated, skilled  
24 individuals who are not into the

1 politics of medicine, but in the  
2 business of delivering care to our  
3 patients.

4 With our expansion, we will  
5 undoubtedly save lives and prevent  
6 many individuals from suffering  
7 severe disabilities like in  
8 stroke.

9 If we give the TPA early  
10 enough symptoms -- actually, I was  
11 at UVA in Charlottesville when the  
12 stroke trial was being conducted.  
13 I was impressed to see somebody  
14 with left hand damage and within  
15 20 minutes after the drug is  
16 given, so you can make a  
17 difference. Only 30 percent of  
18 the patients we observe that.

19 Those are disabilities often  
20 resulting from serious emergency  
21 medicine conditions. I think it  
22 would be reasonable to say this  
23 will help me and my colleagues  
24 deliver better care to our

1 community.

2 Thank you for your time.

3 MS. COX: Good afternoon.

4 I'm Sharon Cox. I'm the vice  
5 president and chief nursing  
6 officer of Beloit Health System.  
7 I began my year with this  
8 organization in 1999 -- 1998 as a  
9 certified nursing assistant. I  
10 became a registered nurse in 2000  
11 and have worn many hats and  
12 various leadership roles  
13 culminating in my current  
14 position.

15 Beloit Memorial located in  
16 Beloit, Wisconsin, has experienced  
17 significant growth since its  
18 opening in 1970. We have  
19 continuously adapted to meet  
20 evolving and community needs of  
21 our patients.

22 In 2010 we expanded our  
23 emergency department, making it  
24 one of the busiest in the area.

1           In 2017 we renovated our fourth  
2           floor to operate the Hendricks  
3           Family Heart Hospital to enhance  
4           our cardiovascular care.

5                     In 2021 we renovated our  
6           women's and pediatric unit  
7           creating the Packard Family Care  
8           Center. Our most extensive  
9           expansion has been to develop the  
10          NorthPointe Health and Wellness  
11          campus in Roscoe, Illinois.

12                    We have been opened since  
13          2007. This comprehensive facility  
14          offers lab and imaging, outpatient  
15          surgery, outpatient physician  
16          services, immediate care services,  
17          medically integrated fitness  
18          center, a birthing center and  
19          assisted living.

20                    With this description we  
21          hope you and the audience  
22          appreciate our already  
23          longstanding health system  
24          operations in Roscoe and our

1 strong commitment to Illinois  
2 residents.

3 The planned neighborhood  
4 hospital at NorthPointe is a  
5 natural evolution of original  
6 vision to serve local northern  
7 Illinois patients closer to their  
8 home. Like other acute care  
9 facilities, including our own in  
10 Beloit, Wisconsin, NorthPointe's  
11 inpatient program will prioritize  
12 accessible care for acute health  
13 issues, requiring ongoing  
14 treatment and monitoring. To  
15 illustrate the broad range of  
16 services our hospital would  
17 provide for the area, I'd like to  
18 highlight some of them.

19 Acute respiratory  
20 conditions, such as asthma,  
21 pneumonia or COPD, uncontrolled  
22 hypertension, complex urinary  
23 tract infections,  
24 particularly those that may



1           involve some delirium because the  
2           patient has waited too long for  
3           care; GI disorders, complications  
4           diabetes, and even oncology  
5           complications from treatment.  
6           These hospitalized patients  
7           depending on their diagnosis and  
8           their specific needs will receive  
9           IV medications including  
10          antibiotic therapy, vital signs  
11          assessment, other types of  
12          monitoring and, of course, pain  
13          medication if needed. Immediate  
14          access to diagnostic labs and  
15          imaging, wound care, symptom  
16          management and nutritional  
17          support, that would be parental  
18          nutrition, or other dietary needs  
19          and of course physical therapy.  
20          As for discharge planning, patient  
21          and family education will be aimed  
22          at helping the patient manage  
23          whatever chronic or acute  
24          condition they are dealing with on

1 an outpatient basis.

2 The community impact of our  
3 clients will address current  
4 service gaps in the community and  
5 meet patients where they are in  
6 their life and their healthcare  
7 journey. It has garnered  
8 tremendous support from the  
9 community and represents a crucial  
10 step in enhancing patient care  
11 across our system, supporting our  
12 medical staff and addressing  
13 community needs.

14 Beloit Health System remains  
15 committed to advancing healthcare  
16 and addressing the shortage of  
17 beds in the area which is driving  
18 inpatient emergency care to  
19 Wisconsin. Strengthening hospital  
20 service in Roscoe will also help  
21 attract more physicians to this  
22 area which is a federally  
23 designated healthcare professional  
24 shortage area.

1                   We believe these plans are a  
2                   testament to our commitment to the  
3                   Illinois residents of the state  
4                   line community and that you will  
5                   help us in advancing our plans.

6                   I would like to turn the  
7                   presentation over to Nicole  
8                   Kovarik who will discuss emergency  
9                   care at the NorthPointe campus.

10                  MS. KOVARIK: Dear members  
11                  of the board. I'm Nicole Kovarik,  
12                  emergency department nursing  
13                  director for our health system. I  
14                  appreciate the opportunity to  
15                  address you today regarding our  
16                  pressing need in our community for  
17                  the establishment of a full  
18                  service emergency department in  
19                  Roscoe.

20                  As you know, we operate one  
21                  of the busiest emergency  
22                  departments in the state line  
23                  community serving a significant  
24                  number of patients from Illinois,

1           particularly those traveling from  
2           the Illinois B01 planning area to  
3           seek emergency care in Wisconsin.

4                       For the past three years we  
5           have seen a 14 percent increase in  
6           the patient population, which has  
7           created substantial challenges for  
8           our emergency services.

9                       To illustrate the urgency of  
10          this situation, just last week we  
11          faced a distressing reality of  
12          having 11 patients boarded in our  
13          Beloit emergency room due to the  
14          lack of available beds in our  
15          hospital. Over 20 percent of  
16          these patients were Illinois  
17          residents. Our attempts to  
18          transfer these patients to  
19          Rockford area hospitals were  
20          unanswered, a scenario that has  
21          unfortunately become all too  
22          common. I'm not here to criticize  
23          what Rockford hospitals told us  
24          they have heads and 10 minutes

1 later they denied us from speaking  
2 to their transfer coordinators  
3 about our boarded patients. Some  
4 of these hospitals wouldn't even  
5 tell us if they had open bed  
6 capacity. They informed us that  
7 they no longer will share their  
8 bed capacity.

9 Through this whole process  
10 and application process we have  
11 heard there's an excess of beds in  
12 the Rockford area, but that has  
13 not been my experience. In  
14 October alone we boarded 49  
15 patients in our emergency  
16 department due to staffing  
17 shortages and bed availability.  
18 We were unable to transfer these  
19 patients. This compromises  
20 patient care, leading to longer  
21 hospital stays, contributes to  
22 overcrowding in the emergency room  
23 and increases employee burnout.

24 Establishing a small

1 hospital with a comprehensive  
2 emergency department in Roscoe  
3 will address these issues by  
4 keeping patients closer to home  
5 when they require the acute care.

6 Our plans include upgrading  
7 an existing NorthPointe immediate  
8 care department to provide both  
9 emergency and urgent care  
10 services. Patients will be  
11 triaged based on their medical  
12 conditions. Those with emergent  
13 needs such as uncontrolled  
14 hypertension or pneumonia will  
15 receive emergency treatment, while  
16 those with less urgent concerns  
17 such as sore throats or  
18 respiratory figures infections,  
19 ear infections, will be treated as  
20 immediate care patients.

21 Importantly our current  
22 outpatient services at NorthPointe  
23 will remain unchanged, ensuring  
24 that the rates for these services

1 stay consistent despite expansion  
2 of our offerings. We already  
3 operate diagnostic and treatment  
4 ancillary services at NorthPointe  
5 as an outpatient department of our  
6 main hospital. We'll maintain  
7 urgent care capabilities and  
8 ensure that urgent care services  
9 are correctly classified as urgent  
10 care visits and not uploaded to an  
11 emergency room visit.

12 This is an important fact  
13 based on the commentary about our  
14 plan. The design of our planned  
15 emergency department allows for  
16 flexibility. Should demand  
17 increase we can move our immediate  
18 care bays to accommodate emergency  
19 cases promptly.

20 We are committed to  
21 upholding compliance with Impala  
22 regulations which means we will  
23 continue to accept all patients  
24 regardless of their ability to

1 pay. The new emergency department  
2 will be designed as a  
3 comprehensive level ED by the  
4 Illinois Department of Public  
5 Health equipped to handle a wide  
6 array of specialty consults.

7 During peak hours we will  
8 ensure that each shift is staffed  
9 with a balanced mix of physicians  
10 and midlevel providers to deliver  
11 optimal patient care. We  
12 continuously evaluate staffing  
13 needs based on volumes of patient  
14 check-in times to ensure that we  
15 provide safe and efficient care.

16 Our commitment is to adapt  
17 our staffing strategy as necessary  
18 to meet the demands of our  
19 patients effectively.

20 A substantial scope of  
21 emergency and stabilizing care  
22 will be available to treat  
23 patients presenting to NorthPointe  
24 emergency department regardless of



1 walk in or ambulance transport.

2 In 2022 and '23, only 12.5  
3 percent of patients presenting to  
4 our Beloit Memorial Hospital  
5 emergency department were admitted  
6 for inpatient care, reflecting a  
7 trend that is consistent with  
8 statewide hospitalization rates  
9 for nontrauma patients. It is  
10 essential to recognize that the  
11 majority of emergency services  
12 involve treating and releasing  
13 patients who do not require  
14 hospitalization. Local EMS  
15 providers are well trained in the  
16 field of triage ensuring patients  
17 are transported to facilities that  
18 can meet their specific needs.  
19 NorthPointe emergency department  
20 will be well equipped to stabilize  
21 and treat most medical emergencies  
22 effectively.

23 My respected physician  
24 colleague, Dr. Leo, has joined us

1           today to explain the benefits of  
2           having an emergency room in the  
3           community including initial  
4           cardiovascular and stroke  
5           intervention.

6                       Patients that require  
7           advanced care will have transfer  
8           options including nearby  
9           facilities such as Beloit  
10          Memorial, UW Health, OSF,  
11          Mercyhealth. If specialized  
12          services are necessary, patients  
13          will be transferred to the closest  
14          available option. This will be a  
15          similar process that the  
16          freestanding emergency rooms do  
17          when they are transferring to  
18          hospitals.

19                      Establishment of a hospital  
20          in Roscoe will alleviate service  
21          gaps and reduce the over  
22          utilization of Beloit Memorial  
23          Hospital.

24                      Most importantly, it will

1 facilitate access care closer to  
2 home, enabling patients to receive  
3 support from their families during  
4 critical times.

5 Thank you for your attention  
6 to this matter. I will now hand  
7 the presentation over to Jeff  
8 Holzhauser, our architect for the  
9 project, who will provide an  
10 overview of the design plan.

11 MR. HOLZHAUSER: Good  
12 afternoon. My name is Jeff  
13 Holzhauser. I'm an architect and  
14 associate with Eppstein Uhen  
15 Architects.

16 My role on this project is  
17 as senior project manager, so I'll  
18 be working with the team that is  
19 familiar with Beloit Health  
20 System.

21 I have had the privilege of  
22 working with Beloit Health System  
23 for some 20 years, either at the  
24 current firm or previous. I was

1           actually part of the original  
2           development in 2004 when  
3           Mr. McKeveatt and I worked together  
4           on that project, so it's really  
5           great for me to be able to be here  
6           and see how this has transitioned  
7           over time.

8                        I was also involved in the  
9           recent NorthPointe birth center  
10          project, so I'm happy to hear that  
11          it's doing so well as well.

12                      My role today is really just  
13          to give you a little bit more on  
14          the physical environment of the  
15          campus. You have heard a lot of  
16          it already so I'm going to change  
17          my presentation a little bit.

18          Mr. McKeveatt talked a lot about  
19          all the facilities that are there,  
20          as well as Sharon talking about  
21          the various departments within.

22                      I think I'm going to focus a  
23          little bit more instead on what  
24          was done initially. As part of

1 the original project, Beloit  
2 Health System team was very  
3 interested in planning for the  
4 future. With healthcare we never  
5 know what's going to come around  
6 the next day, hence COVID, right.  
7 We never knew what to do and never  
8 had a plan for that. Couldn't  
9 have planned for that as easily as  
10 we could, so they planned ahead.  
11 They said we want to make sure  
12 that we implement things now that  
13 will help us in the future, so  
14 some of the things that they did  
15 is making this transition a little  
16 bit easier than it would be and  
17 more cost effective than other  
18 facilities that might be building  
19 a brand new 10-bed hospital.

20 They took into account fire  
21 ratings. We built the building to  
22 a higher level of construction  
23 classification to support the  
24 needs of that. We put in fire

1 separation walls needed to be in  
2 advance so that we knew that if  
3 did need to separate, if there was  
4 a need for that in the future, it  
5 was in place. Granted, a lot of  
6 years have gone by and we will go  
7 back through and double-check all  
8 those. Smoke compartmentalization  
9 was put into the project  
10 originally to support that so that  
11 if it ever did need or have a  
12 desire to become a hospital some  
13 of those portions were already  
14 built into the building.

15 We also looked at the HVAC  
16 for the building. As we can  
17 imagine going from a business  
18 occupancy facility to a fine-tuned  
19 hospital facility, there are new  
20 regulations and additional  
21 ventilation requirements needed,  
22 so the air handling that were put  
23 into the building had the capacity  
24 to support this new endeavor, so

1 we don't have to make those costly  
2 changes. We don't have to build  
3 in new air handling systems for  
4 that.

5 Medical gases were part of  
6 the original complex. They were  
7 sized appropriately. They were  
8 expanded upon with the ASTC that  
9 was added in 2015 and extended to  
10 areas that were (inaudible).

11 Many of you may recall,  
12 there's a photograph here I put up  
13 that you can see a little better.  
14 That's the second floor  
15 overlooking top of the ASTC. That  
16 was approved, first CON at that  
17 time with the cap. (Inaudible)  
18 come back to us before you design  
19 anything and put anything into  
20 that facility, how we plan to use  
21 that space on the second floor  
22 would be utilized for the 10-bed  
23 inpatient unit, so that's roughly  
24 about 13,000 square feet. That

1 will fit that beautifully.

2 Other things that were done

3 initially were emergency tower

4 system for the campus. The

5 original complex was not required

6 to provide all three branches of

7 power for life safety critical and

8 equipment branch. They said we

9 want to have that separate now.

10 That's going to be impossible to

11 do in the future if there's ever a

12 change, so let's implement that.

13 Let's get that all ready. That

14 was built into the project

15 originally. It was even set up

16 for space for future transfer

17 switches and things needed when

18 emergency power is brought on to

19 the campus. That was then

20 implemented as part of the ASTC

21 project, so now we have emergency

22 power capacity for the campus

23 which will also support the new

24 proposed small format hospital for



1 the NorthPointe hospital.

2 So all great things that a  
3 brand new facility would have to  
4 deal with are already in place.  
5 That makes it very efficient.

6 The only addition that's  
7 being proposed for the new  
8 neighborhood hospital is about a  
9 4200-square foot addition to the  
10 east side of the campus which will  
11 abut the immediate care center and  
12 that immediate care entry.

13 The immediate care entry  
14 will now be proposed to be the new  
15 emergency department main hospital  
16 entry, if you will. That addition  
17 will then provide a two-bay  
18 ambulance garage, additional  
19 treatment spaces as required by  
20 the Illinois Hospital Code for  
21 treatments stations like sexual  
22 assault treatment spaces, a  
23 secured ED treatment room, not  
24 only to support their physical but

1           also behavioral needs of those  
2           patients. We will also have an  
3           airborne isolation room so many of  
4           the things that are required being  
5           built into that addition to  
6           supplement the immediate care and  
7           increase that capacity to be a  
8           full emergency department.

9                     Talk about the 10-bed unit,  
10           one of the benefits is the way  
11           that the hospital is designed with  
12           vertical capacity, patients that  
13           come into the ED will then have a  
14           direct vertical shot directly up  
15           to this unit, but they don't have  
16           to cross over. The separations  
17           will be put in place from the  
18           emergency part and diagnostic  
19           imaging, as well as from the  
20           surgical side for the ASTC, so we  
21           have great connection between  
22           there. Patients never leave.  
23           It's once you're in the hospital  
24           portion, you are there.

1                   So was going to go into a  
2                   little bit more detail, but I  
3                   think you've heard quite a bit  
4                   about that. If there's any other  
5                   questions later on, I'm happy to  
6                   help. Pass it on to Nommo.

7                   MS. DONALD: Thanks, Jim.

8                   Good afternoon. My name is  
9                   Nommo Donald. Thank you for the  
10                  opportunity to speak with you this  
11                  afternoon.

12                 I serve as the vice  
13                 president of professional  
14                 services, professional support  
15                 services at the Beloit Health  
16                 System with over 20 years of  
17                 experience in mission based not  
18                 for profit healthcare  
19                 administration. I will receive  
20                 critical services for the  
21                 communities we serve.

22                 Our proposed has brought  
23                 community support to the state  
24                 line community. It aligns with

1 the board's objectives to provide  
2 comprehensive community care. Our  
3 mission, to be the leading system  
4 that delivers high quality, value  
5 and satisfaction to our patients  
6 in the communities we serve. We  
7 are a not for profit tax exempt  
8 organization which makes us an  
9 excellent candidate to address the  
10 needs we have identified, namely  
11 the increased out migration to  
12 Wisconsin for inpatient care.  
13 This out migration, as some of the  
14 testimony as you heard today, gave  
15 the impression that the  
16 utilization for Winnebago  
17 hospitals is flat. The reality,  
18 per providers and their capacity  
19 limits is shifting care out of the  
20 State of Illinois.

21 Just as you heard our  
22 director Nicole mention about last  
23 week and some of the things she  
24 said today was new information was

1 disheartening actually to hear  
2 that it wasn't about the  
3 availability, but even the lack of  
4 concern for the community and the  
5 needs that we shared when we held  
6 11 patients in our emergency room  
7 for two days and there was no  
8 response or no support from  
9 Freeport, UW, Swedes, Mercy or  
10 OSF.

11 I thought it was a capacity  
12 issue, but it sounds like some  
13 folks just didn't want to answer  
14 our call. That's disheartening.  
15 Let's please all remember why  
16 we're here.

17 Our focus, our system has  
18 implemented a comprehensive  
19 approach to address social  
20 determinates of health. We have  
21 identified patients' health  
22 related social needs, including  
23 housing, food insecurities,  
24 transportation and social support.

1 We conduct sensitivity training to  
2 conduct screenings and interpret  
3 results accurately. When needs  
4 are identified, we connect  
5 patients with appropriate  
6 community resources and support  
7 services.

8 One example, the team  
9 identified a decline in  
10 breastfeeding in our minority and  
11 underserved population. Our care  
12 team created educational and  
13 support services to increase that  
14 important number.

15 We provide staff culturally  
16 competent and implicit bias  
17 training to ensure our services  
18 are accessible and culturally  
19 appropriate. We provide  
20 stabilizing services for all  
21 regardless of their ability to  
22 pay.

23 Some fun things that I found  
24 out during this journey, even our

1 emergency room and our commitment  
2 to our citizens in our community,  
3 we are not a homeless shelter, but  
4 we serve as the last resort  
5 warming shelter for unhoused  
6 individuals during extreme weather  
7 conditions. For those  
8 experiencing the trauma of not  
9 having a place to stay, we try to  
10 provide a sleeping area in the ED  
11 waiting room with blankets and  
12 pillows, access to restroom  
13 facilities and meals when we can.  
14 Why do we do this? One, it's the  
15 right thing to do, but we know  
16 that the emergency room is also  
17 the least path of resistance.  
18 Folks who are out in inclement  
19 weather will present themselves in  
20 the emergency room for care that  
21 they may not necessarily need, but  
22 will need if they remain out in  
23 those inclement weather  
24 conditions.

1                   So I'm proud to say that our  
2                   very own emergency department  
3                   social worker, Dawn Hudson, is  
4                   here with us today. She will  
5                   answer any questions you may have  
6                   about how we manage underserved  
7                   and vulnerable patients in her  
8                   emergency department, including  
9                   those experiencing mental health  
10                  crisis which we know is a big  
11                  issue in the world as a whole.

12                  And as it relates to quality  
13                  and satisfaction among our other  
14                  accolades we are proud to hold a  
15                  four star rating under the  
16                  Medicare compare quality and  
17                  satisfaction assessment. This  
18                  rating -- I'm staying on script.  
19                  I'm not bragging. This rating  
20                  surpasses all three operating  
21                  hospitals in Winnebago County and  
22                  also exceeds the ratings of Mercy  
23                  Janesville Hospital. This is your  
24                  small little community hospital,



1           that's us.

2                   NorthPointe Hospital in this  
3           proposed project will be an  
4           integral part of the healthcare  
5           system. Our goal, to continue  
6           collaborating with the even  
7           broader medical community. Anne  
8           Cooper will provide more detail in  
9           a moment on the patients out  
10          migration to Wisconsin for patient  
11          services that Winnebago is  
12          currently experiencing.

13                   The hospital on the  
14          NorthPointe campus will help steer  
15          the out migration, keeping care  
16          local for Illinois residents.  
17          None of us want to transfer to  
18          another state to receive the care  
19          that we need.

20                   I thank you all for your  
21          time on this very long day and  
22          your consideration. I will now  
23          turn it over to the Beloit Health  
24          System CFO, Mr. Jim Bird, to talk

1 to you more about our commitment  
2 to community.

3 MR. BIRD: Before I speak  
4 I'd like to have Dawn say a few  
5 words about our community.

6 MS. HUDSON: Hi. My name is  
7 Dawn Hudson. I'm a licensed  
8 clinical social worker. I'm  
9 licensed in Illinois and in  
10 Wisconsin. Can you hear me?

11 CHAIRWOMAN SAVAGE: Louder.

12 MS. HUDSON: My name is Dawn  
13 Hudson. I'm a licensed clinical  
14 social worker and I'm licensed in  
15 Illinois and Wisconsin.

16 Clearly I do not do a lot of  
17 speaking into mics, so forgive for  
18 me that.

19 I'm the social worker in the  
20 emergency department. I'm not  
21 manager. I'm not a director. I'm  
22 not in leadership. I'm the social  
23 worker. I work with the patients.  
24 I work with the families.

1                   The reason I'm here and the  
2                   reason I wanted to speak with you  
3                   is to tell you about their  
4                   experience and why this hospital  
5                   is so necessary to the people that  
6                   I work with who come up from  
7                   Illinois.

8                   There are things that are  
9                   very unique when a person or a  
10                  family has to cross a state line,  
11                  particularly when we are dealing  
12                  with people with mental health.

13                 There are laws that change  
14                 dramatically when we go from  
15                 Illinois into Wisconsin. It is  
16                 such a massive change for people.

17                 I want to get right to the  
18                 point because one of the biggest  
19                 issues is when we take people from  
20                 Illinois and they come into  
21                 Wisconsin, getting them back into  
22                 psychiatric care inpatient in  
23                 Illinois is a huge concern, and I  
24                 heard all this talk about the

1 distance and how far they have to  
2 go. I'm like, okay. Well, let's  
3 put the brakes on because if they  
4 are put on a police hold in  
5 Wisconsin, they are going to go  
6 all the way up to Winnebago, three  
7 hours into Wisconsin, into the  
8 state psychiatric hospital. The  
9 reason, because they would be  
10 involuntarily, and you can't  
11 transfer an involuntary person  
12 across a state line. It's not  
13 (inaudible). That's a problem.  
14 It's a problem for their loved  
15 ones. It's a problem for the  
16 patient. It's a problem when they  
17 get discharged because how do they  
18 get home? There's nobody to pick  
19 them up.

20 That might sound  
21 insignificant, but it's huge.  
22 It's a big issue for these people  
23 who are already struggling.

24 For the people who are

1           voluntary, they come in. They  
2           say, hey, I need mental health  
3           treatment. Can you get me  
4           inpatient? Can you help me? Yes,  
5           I can, except now to get you back  
6           into Illinois, I have to fill out  
7           paperwork that says you are  
8           involuntary just in case you  
9           change your mind in route to the  
10          hospital that I am going to send  
11          you because then if you change  
12          your mind, they can flip that and  
13          keep you into whatever hospital  
14          I'm sending you to.

15                    It's complicated and it's  
16                    scary and they then are like maybe  
17                    I won't go after all that. Right.  
18                    I don't have enough to force them  
19                    to go. Their voluntary status  
20                    just changed.

21                    That's a big issue for  
22                    people. It's a big issue for  
23                    their family.

24                    For privately insured

1 people, we need children, getting  
2 a SAS assessment across the state  
3 line, I'm not sure if that's a  
4 term that any of you are familiar  
5 with. It's a challenge. These  
6 kids are left in the ER for a good  
7 while waiting for them to track  
8 down somebody and get approval  
9 from some supervisor for them to  
10 be able to come across the state  
11 line. It's access that's denied  
12 to them.

13 When we have the emergency  
14 room in Roscoe available to them,  
15 that changes. The practice that I  
16 do in the ER in Beloit is going to  
17 be the same practice that I do and  
18 my colleagues do in Roscoe. It's  
19 going to look the same.

20 We don't have to people  
21 sitting in our ER for hours on end  
22 because that's not the way we have  
23 designed it. I don't have them  
24 sitting for four or five days in

1 Wisconsin and I don't -- even the  
2 Illinois residents don't have to  
3 sit that long, right.

4 But what will be accessible  
5 to them is being able to go to  
6 whatever hospital is closer to  
7 them, usually within about an hour  
8 of Rockford. Why is that?  
9 Because the one and only  
10 psychiatric facility that does  
11 inpatient in Illinois saves their  
12 beds almost exclusively for their  
13 emergency department. Mercy, who  
14 used to have inpatient psych  
15 services, got rid of that service.  
16 They don't do that any longer.

17 I can't transfer people --  
18 addiction or AODA and addiction  
19 treatment. They come into  
20 Wisconsin. Getting them to detox,  
21 massive challenge, right. They  
22 can't go to Wisconsin. Wisconsin  
23 is like, hey, listen that's for --  
24 those services are for our

1 residents, right. So how do I get  
2 them back into Illinois? It's a  
3 huge burden.

4 If they were already in  
5 Illinois, the infrastructure is  
6 there. It's easier to put them in  
7 transportation and get buses, get  
8 cabs, cab vouchers, whatever.  
9 It's easier to do. It's easier  
10 for their families.

11 So all the things I have  
12 heard are so important and they  
13 matter, but the people that I work  
14 with in this mental health group,  
15 they are struggling.

16 We have such a significant  
17 number of people in the state line  
18 area who are homeless, who  
19 struggle with mental health and a  
20 good number of them are on the  
21 Illinois side, and I see them all  
22 the time.

23 We do wrap-around services.  
24 It was -- they mentioned how we --



1 in the wintertime, we are the only  
2 hospital that has a warming  
3 shelter for men, women, doesn't  
4 matter. They come in and they get  
5 case management services, which is  
6 why they come. That's a  
7 replicable service that I have no  
8 expectation wouldn't be replicated  
9 in Illinois.

10 I have been with the health  
11 system for almost 24 years now and  
12 that's what it's been like my  
13 entire career with them.

14 So that is, I guess, kind of  
15 the gist of my point. These are  
16 real people. These people in  
17 South Beloit, Roscoe and Rockton  
18 come. They see me. They see me  
19 frequently right. They're  
20 struggling and they need better  
21 access. I need better access to  
22 be able to help them, and having a  
23 place where I can utilize my  
24 Illinois license and my colleagues

1 can utilize their Illinois license  
2 freely would make a big difference  
3 to them and the quality of their  
4 lives.

5 Thank you. Thank you. I  
6 hope you could hear me.

7 MR. BIRD: Thank you, Dawn,  
8 for those points that somehow  
9 someone, they always seem to get  
10 put in the corner and we  
11 appreciate your passion taking  
12 care of our patients.

13 Good afternoon. I'm Jim  
14 Bird. I'm the chief financial  
15 officer of the Beloit Health  
16 System. I appreciate the  
17 opportunity to address some of the  
18 allegations made regarding the  
19 planned neighborhood hospital at  
20 NorthPointe.

21 First, I would like to  
22 address the cherry picking  
23 allegations. Our competitors have  
24 claimed that our new hospital is

1 solely being developed to cherry  
2 pick the commercial insurance in  
3 the Roscoe area.

4 This assertion is not only  
5 inaccurate, but also deeply  
6 misleading. Allow me to present  
7 some facts.

8 Our nonprofit system is  
9 fully enrolled and actively  
10 participates in the Illinois  
11 health and family service Medicaid  
12 programs. We except Healthcare  
13 Choice, Medicare advantage plans  
14 in the area, including product  
15 from Molina, Meridian and Blue  
16 Cross and Blue Shield.

17 These services are available  
18 at both our NorthPointe campus and  
19 our hospital in Beloit.

20 In stark contrast, Mercy,  
21 one of our main critics, canceled  
22 those contracts in 2020,  
23 effectively abandoning those  
24 patients.

1                   This nonparticipation  
2                   remains largely unchanged today.  
3                   As a direct result of Mercy's  
4                   actions, our system experienced a  
5                   300 percent increase in Molina  
6                   Medicaid visits between 2020 and  
7                   2023. We also received a  
8                   200 percent increase in Blue  
9                   Cross/Blue Shield community health  
10                  plan visits in 2020 through 2023,  
11                  and also a 70 percent increase in  
12                  Meridian visits. We took care of  
13                  those patients when no one else  
14                  would.

15                  It's crucial to note that  
16                  our system's payer mix consists of  
17                  about 74 percent government  
18                  payers, including Medicare,  
19                  Medicaid, and self pay patients.

20                  We have stepped up the care  
21                  for the very patients abandoned by  
22                  the health systems now accusing us  
23                  of cherry picking, an allegation I  
24                  find both disingenuous and quite

1           frankly insulting.

2                   I'd like to address the  
3           claim that the hospital would have  
4           devastating hospital on the  
5           Rockford hospitals. Some have  
6           expressed concern that the  
7           community hospital at NorthPointe  
8           would have a devastating affect on  
9           the hospitals in Rockford.

10                   As a CPA, with an MBA and  
11           10 years of public accounting  
12           experience before entering  
13           healthcare, I find this claim to  
14           be without merit. Consider the  
15           following: One of the Rockford  
16           hospitals boasts an operating  
17           margin of \$325 million. Another  
18           has an operating margin of \$52  
19           million. Both have hundreds of  
20           millions in cash reserves.

21                   I should also mention that  
22           based on publically available  
23           data, several news reports, Javon  
24           Bea made over \$11 million as his

1 organization CEO in 2023, and an  
2 estimated 36 million in  
3 compensation from 2021 to 2023.  
4 Just his annual salary is well  
5 over our system's margin last  
6 year.

7 We have really had to spend  
8 a lot of resources advocating for  
9 this project based on his keen  
10 interest in protecting his large  
11 market share.

12 The notion that a 10-bed  
13 hospital opening 12 miles from  
14 Javon Bea and even further from  
15 OSF would devastate such  
16 financially robust institutions is  
17 quite frankly absurd.

18 To put this in perspective,  
19 we currently have an average daily  
20 census of about eight patients  
21 from Illinois at the Beloit Health  
22 System. Even if all the patients  
23 at the new hospital were new to  
24 our system, which is extremely

1           unlikely, it would amount to  
2           approximately 400 discharges  
3           annually.

4                       This translates to about 3  
5           million in net revenue, a  
6           negligible factor of either  
7           Rockford hospitals.

8                       The conclusion is in light  
9           of these facts, we urge the  
10          committee to treat the comments of  
11          these speaking against our  
12          proposal with skepticism.

13                      These individuals are not  
14          under oath, as we are, and their  
15          participation in these proceedings  
16          is a pure attempt to keep market  
17          share which this board is not  
18          charged with protecting.

19                      Consider the vast disparity  
20          in size, resources between our  
21          system and the two larger systems  
22          opposing us. Recognize that our  
23          planned facility will add only an  
24          emergency room and 10 beds as a

1 modest expansion of our existing  
2 significant operations in  
3 Illinois.

4 We are committed to serving  
5 our community, including those  
6 patients Mercy has chosen to  
7 abandon.

8 A community hospital at  
9 NorthPointe represents our  
10 continued dedication to providing  
11 accessible high quality healthcare  
12 to all members of our community  
13 regardless of their insurance  
14 status.

15 Thank you for your time and  
16 your consideration. I'll turn it  
17 over to Phil.

18 MR. HATTIS: Hi. I'm Paul  
19 Hattis. I'm a senior fellow with  
20 the nonpartisan Lown Institute  
21 Healthcare Policy Intake in  
22 Massachusetts and I also  
23 contribute to Commonwealth Beacon  
24 as an opinion writer and podcaster



1 on health policy.

2 Previously I was a senior  
3 associate director of public  
4 health programs at Tufts Medical  
5 School in Boston focusing on  
6 hospital community benefit,  
7 healthcare affordability, consumer  
8 engagement and policy,  
9 decisionmaking as part of my  
10 research.

11 I'm returning to my home  
12 state today which is significant  
13 to me. I completed my training as  
14 a physician and a lawyer at the  
15 University of Illinois. I'm  
16 coming here today to offer some  
17 insights on the state's health  
18 planning review process, I do so  
19 having served as one of the  
20 inaugural commissioners on the  
21 Massachusetts health policy  
22 commission, a body that shares  
23 common goals with this commission,  
24 commendable charged to work to

1 optimize healthcare services and  
2 facility planning to prove access,  
3 quality and cost efficiency.

4 The U.S. healthcare system  
5 faces a significant challenge due  
6 to market dysfunction and high  
7 cost all being driven by large  
8 healthcare systems with  
9 substantial market power are a big  
10 part of the problem.

11 Supporting smaller  
12 independent nonprofit providers is  
13 crucial to addressing these  
14 issues.

15 Massachusetts just recently  
16 we went through the debacle of  
17 Steward Healthcare, its  
18 bankruptcy, and what we found as  
19 the solution and turning not to  
20 our largest nonprofit, but some of  
21 our small intermediate size ones  
22 to take over the surviving  
23 hospitals and even across the  
24 state, Rhode Island, the nonprofit

1 system to help us with this  
2 problem.

3 So with this perspective,  
4 I'm here to advocate for the  
5 expansion of NorthPointe campus to  
6 include inpatient emergency  
7 services which will benefit  
8 Illinois residents.

9 Beloit Health System has  
10 evolved from a city owned facility  
11 into a diverse nonprofit system  
12 serving the state line community  
13 for strategic growth, including  
14 NorthPointe health and wellness  
15 campus and hospital. Beloit is a  
16 Medicaid disproportionate share  
17 hospital with about 70 percent of  
18 its patients being government  
19 sponsored. It has only a modest  
20 operating margin of about  
21 .3 percent. You heard from our  
22 CFO how that's glorified by some  
23 of its competitors.

24 This proposed 10-bed

1 hospital with emergency services  
2 is logical given the patient  
3 utilization rates of Beloit  
4 Memorial and the increasing trend  
5 of Illinois residents seeking care  
6 in Wisconsin.

7 The expansion will enhance  
8 access for state line residents,  
9 something you heard highly desired  
10 from folks this morning and from  
11 the professionals on the table  
12 with me how important it is  
13 delivering the kind of care that  
14 people need.

15 There is also a potential  
16 for healthcare spending savings  
17 for Illinois residents with  
18 private insurance.

19 We shared with you  
20 publically available data  
21 developed under a Rand Corporation  
22 study which compares what  
23 hospitals are paid to care for  
24 commercial patients relative to

1 Medicare.

2 Most recent available data  
3 shows that the Beloit Health  
4 System is paid 11 to 27 percent  
5 less than the Rockford hospitals  
6 for inpatient care. Often real  
7 potential savings for state line  
8 employers and residents who  
9 (inaudible).

10 As some of the patients who  
11 come to NorthPointe may already be  
12 on Medicare or Medicaid or are  
13 crossing the border to be  
14 hospitalized in Wisconsin, at most  
15 at any level of operation of a new  
16 facility, any lost patient care  
17 dollars for these high revenue  
18 Rockford hospitals will be  
19 minimal. You just heard that.

20 As for objections from other  
21 providers in the state who are  
22 against the concept of a 10-bed  
23 hospital, those comments are only  
24 self serving in a broader sort of

1 way to try to help other providers  
2 in the state who could be under a  
3 similar threat, I suppose, to hold  
4 on to their significant often  
5 dominant market share.

6 Look, the need for  
7 additional beds in the state line  
8 community has been talked about  
9 today. The increasing trend of  
10 state line patients crossing the  
11 border into Wisconsin for hospital  
12 care is resulting in capacity  
13 challenges and contributing to  
14 problems like ED boarding at  
15 Beloit that you just heard about  
16 today from Ms. Kobarik and  
17 Dr. Abernethy.

18 What can be better evidence  
19 for the need for this project than  
20 listening to those pieces of  
21 testimony and information.

22 This proposal at NorthPointe  
23 is a value adding one. While  
24 respecting existing healthcare

1 systems is important,  
2 transformative improvement should  
3 not be hindered by efforts to  
4 protect market share. This  
5 expansion offers significant  
6 benefits without any meaningful  
7 negative affects with competing  
8 providers.

9 I appreciate your  
10 opportunity to testify before you  
11 today and offer this evidence. I  
12 really do hope you will approve  
13 this proposal for the benefit of  
14 state line residents and Winnebago  
15 County residents even more  
16 broadly. Thank you very much.

17 MS. FRIEDMAN: I'm going to  
18 try to keep this real brief.

19 CHAIRWOMAN SAVAGE: Who are  
20 you?

21 MS. FRIEDMAN: This is Kara  
22 Friedman. I'm going to try to  
23 keep my comments really brief  
24 because I think we've really

1 covered a lot of the opposition's  
2 testimony.

3 This map, you have seen it  
4 before. The only difference it's  
5 what Mercy put up. We removed all  
6 the urgent care centers because we  
7 are trying to establish hospital  
8 services emergency department, so  
9 here in Janesville you have two  
10 hospitals. You have Beloit  
11 Memorial here. You have got the  
12 Rockford hospitals, 12 miles plus  
13 south and our NorthPointe campus  
14 is right in the middle, so it's a  
15 really nice compliment and it  
16 already exists.

17 The picture that you see  
18 there is the existing campus.  
19 That's not a rendering of what's  
20 going to be built.

21 I'm going to just stick to a  
22 couple technical issues that were  
23 raised by the opposition. And I'm  
24 not sure if I have a seat, so I



1           guess I'll just walk to the other  
2           end.

3                       The building for the current  
4           location, the current location is  
5           already a hospital outpatient  
6           department of Beloit Memorial  
7           Hospital, so it is receiving  
8           what's called the outpatient  
9           perspective payment system  
10          reimbursement, so that will not  
11          change when inpatient services are  
12          located there. It will stay the  
13          same.

14                      The remote location concept,  
15          while we have discuss with IDPH  
16          that this doesn't have to be a  
17          remote location, that's the choice  
18          of this provider, we reviewed --  
19          and I have been supported by my  
20          Medicare specialist in my office,  
21          we reviewed that it is permissible  
22          as long as you put all the  
23          components in place with an  
24          interagency reciprocal agreement

1           between the two states and you  
2           otherwise comply with the remote  
3           locations requirements. We  
4           believe that this will.

5                     There will be clinical  
6           integration, financial integration  
7           and administrative integration.

8                     We also reviewed the  
9           configuration of the building to  
10          demonstrate that we can have a  
11          licensed facility despite the fact  
12          that there are other occupants in  
13          the building that can be separated  
14          so that we won't have a  
15          co-location issue.

16                    Two final points, there is a  
17          legal precedence in an Appellate  
18          Court decision that Mercy was  
19          successful in obtaining to operate  
20          its Crystal Lake hospital, 13-bed  
21          hospital, so that actually is a  
22          technical legal precedent for  
23          approving this project despite the  
24          fact that it's smaller.

1                   And, finally, we really do  
2                   feel like the hospital association  
3                   guidelines that they put out about  
4                   three years ago for what a small  
5                   format hospital should be, that we  
6                   really meet them in every respect.

7                   It's going to be Medicare  
8                   enrolled. It's going to have a  
9                   comprehensive emergency  
10                  department. It's going to be  
11                  anchored by another nearby  
12                  hospital, and it's going to be an  
13                  acute care hospital. It's not  
14                  going to be a surgical hospital or  
15                  some sort of limited boutique  
16                  hospital.

17                  And of course, as you have  
18                  already heard, it's a nonprofit  
19                  hospital. They will be continuing  
20                  their policy of treating all  
21                  patients regardless of ability to  
22                  pay.

23                  I hope I was pretty succinct  
24                  there. I think Anne Cooper needs

1 to discuss the negative findings  
2 of the board staff report and then  
3 Dr. Kapoor will conclude. Thank  
4 you.

5 MS. COOPER: I'm Anne  
6 Cooper. I appreciate the board's  
7 past thorough review of the  
8 NorthPointe CON application and  
9 the largely positive staff report.

10 Notably this plan with only  
11 three negative findings is  
12 otherwise generally compliant with  
13 the board's 23 review criteria and  
14 it comes closest to general  
15 compliance with this board's  
16 criteria when compared to the  
17 other two recently approved small  
18 format hospitals including the one  
19 developed by Javon Bea in Crystal  
20 Lake.

21 Relative to financial  
22 viability and economic  
23 feasibility, it meets all the  
24 review criteria, so I'm going to

1           now focus my presentation on the  
2           part 1110 criteria.

3                   The first one is the  
4           planning area need. The formula  
5           for the bedding calculates an  
6           excess of medical surgical and  
7           pediatric beds in this area based  
8           on the 2021 utilization, 2026  
9           perspective population and that  
10          migration between Illinois  
11          planning areas. What I want to  
12          drill down to more accurately  
13          describe what is driving the  
14          identified need for this proposal.

15                   First, we need to consider  
16          the pediatric beds. Inpatient  
17          pediatric beds are a separate  
18          category, but the associated  
19          pediatric bed need is rolled up  
20          into the need figure we are  
21          examining. Of the 22 pediatric  
22          beds in the VO1 planning area,  
23          only five are justified based on  
24          the average daily census of

1           pediatric patients over the past  
2           three years. Of the 17 unused  
3           pediatric -- if the 17 unused  
4           pediatric beds were removed from  
5           the calculation, it reduces the  
6           excess to 77 beds.

7                       Importantly there are now  
8           rules regarding inpatient care of  
9           children in general acute care  
10          hospitals without a dedicated peds  
11          unit, and typically the demand in  
12          the region for low acuity  
13          hospitalizations for kids is very  
14          modest. Given this, most small  
15          pediatric programs in general  
16          hospitals are modestly used and  
17          the contemporary practice is to  
18          send most children requiring  
19          hospitalization to specialty  
20          children's programs in Chicago and  
21          to American Family Children's  
22          Hospital in Madison and Children's  
23          Wisconsin, in Milwaukee.

24                       Many hospitals have closed

1           their pediatric units in the last  
2           decade, and in the future this  
3           board might consider separating  
4           the demand for pediatric inpatient  
5           care from the adult bed need  
6           figure due to the recent shift.

7                     The second one -- secondly,  
8           there are unused medical surgical  
9           beds in the planning area.  
10          Currently there's 34 unstaffed  
11          beds in the inventory for this  
12          planning area, which is the full  
13          complement of one hospital, which  
14          further reduces the excess to 43  
15          beds, if those unused beds were  
16          removed from inventory.

17                    And then, finally, we should  
18          consider across border migration.  
19          Board's calculation does not  
20          account for out migration from  
21          Illinois to Wisconsin.

22                    In 2023, 2,640 Winnebago  
23          County residents were admitted to  
24          medical surgical units in

1 Wisconsin hospitals accounting for  
2 16,134 patient days. To recapture  
3 this out migration, the planning  
4 area would need 56 beds. These  
5 adjustments result in an overall  
6 need for 13 beds in the planning  
7 area, and notably there are also  
8 approximately 4,500 Winnebago  
9 County residents receiving  
10 emergency services in Wisconsin  
11 hospitals annually, and this  
12 figure has increased 14 percent  
13 since 2021.

14 It is unclear to us why  
15 Mr. Bea is adding emergency room  
16 services in Beloit when having ED  
17 services in Roscoe would  
18 significantly stem out migration  
19 for this care.

20 The second criteria was  
21 unnecessary duplication of  
22 services. The need analysis in  
23 the North Pointe 17 mile GSA  
24 applies to uniform 90 percent



1 occupancy rate to come up with an  
2 excess of beds. With the  
3 following calculation, we have  
4 applied a particular occupancy  
5 standard which is set out in the  
6 110520 rules for this board that  
7 is based on the hospital unit  
8 side.

9 Javon Bea is authorized for  
10 84 med surg beds and the  
11 corresponding utilization target  
12 is 80 percent. Based on its 2023  
13 average daily census of 73.3, it  
14 can justify 92 beds.

15 OSF St. Anthony Medical  
16 Center is authorized for 190 med  
17 surg beds with a corresponding  
18 85 percent state standard. Based  
19 on its average daily census of  
20 146.3, it can justify 173 beds,  
21 and then, finally, Swedish  
22 American Hospital is authorized  
23 for 199 med surg beds with a  
24 corresponding 85 percent

1 utilization standard. Based on  
2 its average daily census in 2023  
3 of 154.3 patients, it can justify  
4 182 beds.

5 Collectively these three  
6 hospitals can justify a total of  
7 447 medical surgical beds  
8 resulting in an excess of 26 beds.

9 Importantly, as noted  
10 before, to curb out migration to  
11 Wisconsin while allowing hospitals  
12 to operate to state board  
13 standard, an additional 30 medical  
14 surgical beds would be required.  
15 And note, we are only asking for  
16 10.

17 Finally, the last negative  
18 criteria pertains to the  
19 performance requirements,  
20 otherwise known as the 100-bed  
21 rule. We concur with Mercy's  
22 previously stated position that  
23 the 100 bed standard is not a  
24 mandatory one and should not be

1           determinative.

2                   Both of its newest hospitals  
3           have less than 100 medical  
4           surgical beds. The healthcare  
5           landscape has evolved enormously  
6           since this criterion was  
7           established over 35 years ago.  
8           Both technology and other medical  
9           advancements shifted care towards  
10          an outpatient setting. These  
11          issues represent the sole  
12          departure from complete adherence  
13          to the board's established  
14          criteria.

15                   As this board's former  
16          administrator and board member,  
17          Ms. Avery, has testified today,  
18          the minimum threshold criteria  
19          serves as just one element in a  
20          comprehensive set of review  
21          criteria for planned hospital  
22          facilities.

23                   We appreciate this board's  
24          exercise in its discretion to

1           approve application that may not  
2           meet every review criteria. Your  
3           discretionary power has been  
4           consistently upheld by Illinois  
5           courts which have emphatically  
6           expressed that no single criteria  
7           should be given undue weight over  
8           others. Instead our Illinois  
9           courts have ruled that the board  
10          should assess a facility plan on  
11          the merits in its entirety.

12                    This is a critical expansion  
13          plan for the benefit of Illinois  
14          residents of the state line  
15          community who would appreciate  
16          your favorable consideration.

17                    I'll now hand the mic over  
18          to Dr. Kapoor to conclude.

19                    DR. KAPOOR: Thank you. And  
20          I'm Roger Kapoor. I'm the senior  
21          vice president of the system and  
22          I'm sure you are happy to hear  
23          that I'll be closing out our  
24          testimony, and I appreciate your

1 careful consideration of this  
2 proposal.

3 I do want to take a moment  
4 and specifically mention and  
5 humbly appreciate the board's  
6 staff for their diligence, for  
7 their traveling to the state line  
8 community to see and hear what was  
9 essentially very overwhelming  
10 community support expressed at our  
11 August public hearing.

12 I also want to take a moment  
13 to just express my gratitude to  
14 the state line community  
15 representatives that came here  
16 today and their presence and the  
17 presence of the individuals behind  
18 us really demonstrate the unity  
19 that define our community, and  
20 personally I'm profoundly moved by  
21 it.

22 Our proposal, as you heard,  
23 represents a near evolution of our  
24 vision in Roscoe. As you have

1 heard many times, we're a  
2 nonprofit mission based  
3 organization and proud to continue  
4 to invest in the health and  
5 wellness of Illinois, and this  
6 investment does address a growing  
7 need for local healthcare  
8 services, reducing a necessity for  
9 residents to travel to Wisconsin  
10 for admission.

11 The smaller footprint that  
12 we are presenting is ideal for  
13 this geography. It fills the  
14 needed gap for emergency services  
15 and inpatient admissions in  
16 Illinois that's evident based on  
17 the out migration that you just  
18 heard from Anne.

19 Additionally, despite what  
20 you heard, NorthPointe is in a  
21 healthcare desert. It's confirmed  
22 in that board staff report as we  
23 are federally designated  
24 healthcare professional shortage

1 area. It's important for you to  
2 recognize that because it's not  
3 only important for us to address  
4 it, it's actually essential for us  
5 to do this to improve the health  
6 outcomes for this community to  
7 ensure timely care, fulfill our  
8 mission as a community based  
9 hospital.

10 And so this 10-bed proposal  
11 is a measured proposal based on  
12 genuine need, actually addressing  
13 the Illinois patients that are  
14 already leaving the state line  
15 community and coming -- already  
16 leaving the state and coming to  
17 Wisconsin for healthcare.

18 As you heard, our system  
19 does centralize our care on  
20 patients. We're patient centered.  
21 We are value based. We're high  
22 quality. We meet patient's needs  
23 close to their home and their  
24 family's support.

1                   We think that this project  
2                   will certainly further that  
3                   mission.

4                   Updating our Illinois  
5                   outpatient hospital campus into an  
6                   inpatient acute care facility will  
7                   also keep those Illinois residents  
8                   again close to their home and in  
9                   state.

10                  We align with the Illinois  
11                  Health and Hospital Association  
12                  guidelines as you heard Kara  
13                  discuss. We're a small format  
14                  hospital and we have been a member  
15                  of that organization since 2015.

16                  As a nonprofit, again,  
17                  mission based health system, we  
18                  see all patients regardless of  
19                  their ability to pay, and despite  
20                  how our competitors may recognize  
21                  and label us as interlopers, I  
22                  want to emphasize that our system,  
23                  again, already operates many of  
24                  the broad range of hospital



1 outpatient services. We have done  
2 so for many, many years.

3 As a physician, I have got a  
4 dual role at this organization,  
5 working both in our clinic and in  
6 our administration. I'm  
7 personally from Illinois. I'm  
8 closely tied to this state, but as  
9 such, I'm one of approximately 25  
10 doctors that routinely see  
11 patients at NorthPointe.

12 In size our proposal is very  
13 similar to Javon Bea's recent new  
14 hospital in Crystal Lake with a  
15 big difference since his  
16 communications indicate they be  
17 designated that format to be a  
18 one-night hospital stay for  
19 surgical needs.

20 Again, we aim to serve  
21 existing patients more broadly and  
22 locally by serving them in the  
23 State of Illinois where they  
24 reside.

1                   Our Illinois operations are  
2                   fully subject to Illinois  
3                   regulations and Illinois oversight  
4                   with Illinois licensed nursing  
5                   staff and Illinois licensed  
6                   physicians. This investment will  
7                   bring broader economic growth and  
8                   development for the state line  
9                   community, and, again, as you  
10                  heard with respect to Javon Bea's  
11                  objections to the proposal, we  
12                  find them disingenuous given their  
13                  own investment in this model.  
14                  Their expansion of urgent care  
15                  hours was announced in this region  
16                  after we filed our application,  
17                  but it falls short of meeting the  
18                  community's comprehensive needs,  
19                  and it still leaves gaps in  
20                  healthcare access which we aim to  
21                  fill.

22                   Quite remarkably as you  
23                   heard, Javon Bea's currently  
24                   building that freestanding

1 emergency center literally  
2 adjacent to our Beloit emergency  
3 room. The facility is being  
4 erected actually a short distance  
5 from my office. I can actually  
6 see it right outside my window  
7 everyday. I can hear the cranes.

8 If approved, we are going to  
9 accept ambulance transports. We  
10 are going to provide comprehensive  
11 stabilizing lifesaving care, offer  
12 those benefits of inpatient  
13 hospital care, the scope of which  
14 Ms. Cox said earlier. We're going  
15 to enable seamless transfers when  
16 tertiary care is needed based on  
17 patient choice.

18 Beyond stakeholders  
19 personally showing up to do  
20 letters and testimony, I want to  
21 remind the board humbly that we  
22 submitted a petition that was  
23 signed by 1,400 community members  
24 backing this plan, demonstrating

1           again that organic local support  
2           for this project.

3                     Our success here in growing  
4           those helpful resources in  
5           Illinois really strengthens our  
6           support base. I think that's  
7           reflected in what you have seen  
8           before you.

9                     I think this represents a  
10          significant step forward in  
11          healthcare accessibility for the  
12          state-line community. We believe  
13          that we are going to continue to  
14          provide that high level care and  
15          we aim to deliver an efficient,  
16          accessible and high quality  
17          healthcare services in Illinois  
18          which aligns with this board's  
19          stated mission.

20                    We want Illinois patients to  
21          receive the right care at the  
22          right time at the right place.

23                    I want to thank you again so  
24          much for all of your service here

1           today and for being here, for your  
2           consideration. Frankly, we hope  
3           you support our proposal and we're  
4           very happy to take your questions.

5                   CHAIRWOMAN SAVAGE: Okay.

6           Well, I'm going to have Blanca  
7           Dominguez say something first.

8                   MS. DOMINGUEZ: Hi. Just  
9           for the sake of a complete record,  
10          as far as the 34 beds that were  
11          referenced that are unstaffed at  
12          this time, the provider, there's  
13          an intent to get those beds  
14          staffed. Whether that happens, I  
15          don't know, but as of now, there's  
16          an intent, so I just wanted to  
17          make sure that the board has the  
18          full picture to consider when it's  
19          making its decision.

20                   Thank you.

21                   CHAIRWOMAN SAVAGE: Thank  
22          you, Blanca.

23                   Okay. So mostly today I  
24          heard from you all about the ED

1 aspect, and we appreciate that  
2 being that I have run an ER  
3 before, so when you are talking  
4 about as a remote location from  
5 Beloit, so I'm assuming you're  
6 going to be part of that. You  
7 have the same name, but because  
8 you focussed so much on the ER, I  
9 think the one young lady -- I  
10 can't remember what her name  
11 was -- but she talked about like  
12 acute asthma, complex UTIs,  
13 uncontrollable hypertension,  
14 diabetes, maybe some wound care,  
15 diagnostic care, parental  
16 nutrition, those are the things  
17 I'm assuming that would go on with  
18 the ED to be admitted to the  
19 hospital because you only have 10  
20 beds.

21 So if a patient comes into  
22 your ER, obviously you are going  
23 to stabilize them. You have to do  
24 all those good things as good ER

1 doctors and nurses would do, but  
2 if they truly need ICU, I'm used  
3 to boarding the ICU in the ED  
4 until you find yourself an ICU  
5 bed, which, as I imagine, your  
6 hospital is not going to have.

7 So how are you going to  
8 get -- with all of these other EDs  
9 being overrun with people staying  
10 in the ER forever and not giving  
11 you beds, how are you going to get  
12 those ICU patients out of your  
13 hospital if you don't have any ICU  
14 and get them to the care that they  
15 need after you stabilized them as  
16 much as you can?

17 MS. KOVARIK: I can speak to  
18 that. So first of all -- I'm  
19 sorry. My name is Nicole Kovarik.

20 We offer the patients or  
21 their family or their legal  
22 representative the option of where  
23 they want to receive their  
24 services and that's something we

1           currently do in the urgent care  
2           that exists there, and then we  
3           would work to get the patient  
4           transferred just like we do now  
5           out of the emergency room if we  
6           don't have an ICU bed, so we do  
7           not plan to have the ICU beds  
8           there at the neighborhood  
9           hospital, so that would require us  
10          first to ask what their preference  
11          is and we would transfer to their  
12          preference if we can get them  
13          accepted.

14                 Then if not, we would look  
15          for the hospital that provides the  
16          services that that patient needs  
17          and work to transfer them.

18                 Currently many of our  
19          critical care patients, trauma  
20          patients, go to UW or  
21          Crater (phonetic). Certainly if  
22          their preference is to be in the  
23          Rockford area, we'll work to do  
24          that.



1                   CHAIRWOMAN SAVAGE: Kind of  
2                   where I was getting at with that  
3                   is the ambulances, you know, law  
4                   enforcement, EMS, fire, and you  
5                   folks in the doctors' world have  
6                   talked about not being able to get  
7                   the patients fast enough to these  
8                   other sites. It's a common  
9                   problem we have in this area too.

10                   You are taking your  
11                   ambulance, your ALS ambulance, out  
12                   of service for a very long time,  
13                   so now if you have a patient,  
14                   you've stabilized them in your ER.  
15                   Now they need to go to ICU. Are  
16                   you calling the EMS system to get  
17                   that or do you have your own  
18                   ambulances you're going to have  
19                   that are ALS, because that's what  
20                   you're going to need if they're  
21                   ICU patients; how are you going to  
22                   facilitate that?

23                   MS. KOVARIK: So currently  
24                   for our ICU patients we either use

1 Flight. That's available. That  
2 would be an option, and then the  
3 thing is we have a preferred  
4 provider for our ambulance  
5 transports out of the Beloit  
6 Memorial system, and so we are  
7 looking to establish that  
8 relationship as well for the  
9 neighborhood hospital, not using  
10 the local EMS to transfer out of  
11 the hospital.

12 CHAIRWOMAN SAVAGE: Beloit  
13 ambulances are ALS ambulances that  
14 provide that care?

15 MS. KOVARIK: So we use a  
16 private ambulance service to  
17 provide critical care transport.

18 CHAIRWOMAN SAVAGE: Okay.  
19 That was one question.

20 Something else that came up,  
21 I had a thought about this. Will  
22 this hospital have its own board  
23 with Illinois members? Like a  
24 board of directors of that

1 hospital, the neighborhood  
2 hospital?

3 MR. McKEVETT: Current  
4 proposed structure -- oh. Tim  
5 McKeveitt, Beloit Health System  
6 president, CEO.

7 The current corporate  
8 structure being proposed would be  
9 our existing health system board.  
10 It does have four residents of  
11 Illinois on it.

12 CHAIRWOMAN SAVAGE: In this  
13 area?

14 MR. McKEVETT: Yes, right  
15 out of the Roscoe area, yes.

16 CHAIRWOMAN SAVAGE: Okay.  
17 Something else I had. All right.

18 So in your ER you talked  
19 about having the ability to have  
20 TPA to stabilize them. Do you  
21 have cardiac enzyme testing in  
22 your ED expected?

23 MS. KOVARIK: Yes.

24 DR. ABERNETHY: We already

1 do. We take care -- you brought  
2 up your one patient, critical  
3 patient. Just last week, I had a  
4 very sick young lady who was in  
5 diabetic ketoacidosis, I mean  
6 scary. These are people that  
7 arrest, and no ICU beds available  
8 anywhere.

9 I personally managed her for  
10 my entire shift while managing  
11 other patients. Nursing did a  
12 great job.

13 We eventually did get an ICU  
14 bed 10 hours later, but by that  
15 time, she had very much  
16 stabilized.

17 We had done critical care  
18 and we're capable of doing that in  
19 the emergency department, but  
20 yeah. We can do all -- the full  
21 laboratories, the D dimers,  
22 troponin, venous blood gases. We  
23 have a full laboratory.

24 CHAIRWOMAN SAVAGE: Okay.

1           And then OB and neo, being that  
2           you just have a birth center on  
3           site and anesthesia, so are all of  
4           these specialists coming from  
5           Beloit from your mothership,  
6           NorthPointe, is what I call it, is  
7           that where the doctors are?  
8           Because you are going to have an  
9           ER that's staffed by an ER doctor,  
10          ER nurses and stuff 24 hours, but  
11          where are these other specialists  
12          going to come from if you need  
13          like somebody's delivering in your  
14          ER, what are you going to do with  
15          that?

16                   DR. ABERNETHY: We would  
17                   call them in. Again, most  
18                   community hospitals and rural  
19                   access hospitals, you don't have  
20                   the specialists available to begin  
21                   with. We do.

22                   We could call them in, you  
23                   know, and as far as anesthesia,  
24                   anything like that, I am not sure

1           when we would need an  
2           anesthesiologist, but yeah,  
3           precipitous delivery or something  
4           like that, we would be able to  
5           call. There would be an OB on  
6           call or literally across the  
7           street, so at the birthing center.

8                   CHAIRWOMAN SAVAGE: Okay.  
9           Then a question about your  
10          Medicaid and charity care, so in  
11          the state board report you have  
12          zero charity care and about  
13          2 point something Medicaid, so  
14          what is your charity care policy  
15          for the mothership?

16                   MR. BIRD: So for the  
17          mothership -- this is Jim Bird.

18                   Our charity care policy  
19          is -- it follows the 501R rules  
20          that need to be done to be a  
21          charitable organization. The  
22          reason why zero is on the  
23          application is because we  
24          currently don't have a hospital at

1 NorthPointe, so there was no data  
2 to put on that.

3 CHAIRWOMAN SAVAGE: Yeah.  
4 And the surgery center, do you  
5 take charity care, Medicaid in the  
6 surgery center on site?

7 MR. BIRD: We do. Right now  
8 we don't separate that out. It  
9 all gets rolled into an  
10 administrative bucket.

11 For us to be able to  
12 separate that out by department is  
13 very complicated.

14 DR. KAPOOR: Roger Kapoor  
15 talking. I'll just add that we  
16 have -- auditors use a very  
17 prescriptive definition when it  
18 comes to charity care, and many  
19 patients have to fill out those  
20 financial forms, which they just  
21 generally don't do, and so we roll  
22 that up into bad debt.

23 And if you really want to  
24 take a look at charity care that

1 the health system provides, a  
2 better form is the Form 990,  
3 Schedule H, Line 7, in which the  
4 amount of financial assistance  
5 that we provide to this community  
6 goes up to 5.5 million compared to  
7 Javon Bea, same line, 1.5 million.

8 CHAIRWOMAN SAVAGE: Thank  
9 you. Let's see. There was  
10 something else.

11 I'm just going through my  
12 notes that I developed while you  
13 guys were talking all this time,  
14 so let's see. Oh.

15 So the social worker, she  
16 was talking and she testified  
17 really well, so thank you for  
18 that.

19 Talking about the mental  
20 health and the detox and all of  
21 that sort of thing, so is there an  
22 expectation that some of these 10  
23 beds are going to be used for  
24 these patients in Illinois who



1 really, really need these beds?

2 Are you going to be able to  
3 do detox in these 10 beds or are  
4 you going to take people who are  
5 trying to commit suicide or  
6 whatever, mental health bedside,  
7 after they go through the ER?

8 MS. COX: This is Sharon  
9 Cox. We would take admissions  
10 that need medical stability that  
11 would -- what we currently do at  
12 the Beloit Health System. If it's  
13 strictly around mental health  
14 where they would be a voluntary or  
15 involuntary, we would want to find  
16 the correct organization that  
17 would meet their needs best, which  
18 is again the same process of the  
19 Beloit Health System, which is  
20 what Dawn spoke to earlier.

21 But if they did need medical  
22 stability, we would admit them and  
23 care for them, stabilize them and  
24 then get the mental health care

1           that they would need.

2                   CHAIRWOMAN SAVAGE:   Okay.  
3           All right.   Well, now I open it up  
4           to my fellow colleagues.   Who has  
5           some questions for this applicant?

6                   Rex Budde.

7                   MEMBER BUDDE:   My name is  
8           Rex Budde, board member  
9           (inaudible).

10                   What would be the staffing  
11           model for the inpatient beds for  
12           physician coverage?   Are you going  
13           to have an hospitalist model or  
14           how are you going to handle it?

15                   DR. KAPOOR:   Yes.   We will  
16           have a -- Roger Kapoor.

17                   We'll have a hospitalist  
18           model and our emergency room will  
19           also have -- it will be  
20           comprehensive in terms of having  
21           one physician on site along with  
22           specialist access to things like  
23           plastic surgery, ophthalmology,  
24           dermatology, along with a

1 complement of lab, imaging and  
2 pharmacy that's already on site.

3 MEMBER BUDDE: Are you going  
4 to use mid levels or physicians in  
5 your inpatient?

6 DR. KAPOOR: We have  
7 certainly at the Beloit campus and  
8 may elect to do at the NorthPointe  
9 campus in collaboration with an  
10 M.D. physician.

11 MEMBER BUDDE: In terms of  
12 the emergency department, right  
13 now you are open 12 hours in your  
14 urgent care center, and so you  
15 will have a 24-hour 365 ED. Will  
16 that be a board-certified ED doc  
17 if you can find him? What's the  
18 status?

19 DR. KAPOOR: I'll allow  
20 Dr. Abernethy to speak to this as  
21 we already have board-certified  
22 emergency room physicians staffing  
23 our urgent care, so they're simply  
24 going to go ahead and staff our

1 emergency room as well, so to  
2 answer your question, absolutely  
3 yes.

4 MEMBER BUDDÉ: Okay. In  
5 terms of it's -- I'm a former  
6 hospital administrator. I  
7 remember how excited physicians  
8 got when you said would you cover  
9 this building now. That's why  
10 I -- totally gray hair.

11 It's easy to say that, but  
12 the reality and execution is --  
13 unless you're better than I was --  
14 is a whole different ball game in  
15 terms of a comprehensive ED and  
16 access into the specialists.

17 They're not looking to go to  
18 lots of different places  
19 generally. Physicians aren't. So  
20 is the reality different than --

21 DR. KAPOOR: I think you  
22 raise a good point and, again, the  
23 benefit of this proposal is we  
24 already have a lot of those

1           necessities in place.

2                    Again, there are 25  
3           physicians already serving this  
4           NorthPointe campus, many of which  
5           will assist and synergize with the  
6           emergency room establishment.

7                    Again, the emergency room  
8           physician who is sitting here,  
9           Dr. Abernethy, can certainly speak  
10          to your question a little bit  
11          better than myself in terms of the  
12          logistical challenges that no  
13          doubt are a reality, but the  
14          benefit of having that physician  
15          cohort already on site to serve  
16          these patients exists, and the  
17          health system has a very  
18          comprehensive recruitment provider  
19          plan to try to address the needed  
20          healthcare professional shortage  
21          area that exists currently in this  
22          area.

23                    It's not lost upon us that  
24          we need to continue to

1           aggressively recruit and have  
2           physicians continuing to serve  
3           South Beloit, Roscoe and Rockton,  
4           so our recruitment plan is based  
5           on those community needs  
6           assessment that we routinely do do  
7           at our health system and is  
8           founded in very great question  
9           that you're asking about the needs  
10          that we currently are providing  
11          and will continue to provide.

12                    But Dr. Abernethy, would you  
13                    like to add anything to that?

14                            DR. ABERNETHY: Yeah. This  
15                            is Mike Abernethy.

16                                    Yeah, we currently staff  
17                                    12 hours a day, about 365 days a  
18                                    year, closed on one or two  
19                                    holidays, but once we go into the  
20                                    emergency department, it will be  
21                                    365 24-hour coverage.

22    We obviously would be  
23    24-hour physician coverage. We  
24    may have overlapping nurse

1 practitioners or physician  
2 assistant.

3 I don't think we'll have  
4 much problem recruiting for this.

5 Again, it's not going to be  
6 a huge volume where I foresee  
7 physician double coverage or  
8 anything like that.

9 Fortunately, we have a great  
10 pipeline for our work with the  
11 University of Wisconsin emergency  
12 medicine residency. Once they  
13 finish residency, they stay on  
14 with Beloit Memorial, so I don't  
15 foresee any, as far as the  
16 physician staffing, any gray  
17 areas.

18 MEMBER BUDDE: I applaud  
19 your optimism.

20 What IT system do you use  
21 and will it be -- you know, the  
22 main IT of the hospital be in  
23 place at this hospital too?

24 DR. KAPOOR: Roger Kapoor.

1 Yes, Cerner.

2 MEMBER BUDDE: I think  
3 that's all I have got.

4 CHAIRWOMAN SAVAGE: How is  
5 the nursing staffing, are you  
6 anticipating based on this  
7 shortage area?

8 MS. COX: So this is Sharon  
9 Cox. We would base our staffing  
10 ratios on the California laws that  
11 we try to follow, that we follow  
12 regularly even in the Beloit  
13 Health System with the acute care.  
14 Four to five on the med surg unit  
15 and, of course, we would have  
16 ancillary help with nursing  
17 assistants, clerks depending on  
18 the acuity.

19 Of course, that would make a  
20 difference, but that's how we  
21 would staff.

22 CHAIRWOMAN SAVAGE: And do  
23 you anticipate having like dual  
24 licensed nurses from your Beloit



1 campus and then --

2 MS. COX: Yes.

3

4 CHAIRWOMAN SAVAGE: -- having  
5 to rotate?

6 MS. COX: Yes.

7 CHAIRWOMAN SAVAGE: And  
8 staff --

9 MS. COX: We already do  
10 that.

11 CHAIRWOMAN SAVAGE: -- is  
12 amenable to that?

13 MS. COX: We already do that  
14 in our immediate care. We have  
15 that in our primary care also, was  
16 that we have Illinois licensed  
17 individuals that help in the  
18 physician offices, so that would  
19 be the same model.

20 CHAIRWOMAN SAVAGE: Okay.  
21 Other questions?

22 DR. KAPOOR: If I could add,  
23 Roger Kapoor.

24 One third of our employees

1           are already from Illinois, and so  
2           just that will again allow them to  
3           work closer to home. We are  
4           already staffing NorthPointe, so,  
5           again, there would be actually  
6           greater efficiencies on our end  
7           because we already have the staff  
8           in place at NorthPointe to assist  
9           with some of these operations, and  
10          we don't believe it will have an  
11          material impact on the surrounding  
12          competitors where there are claims  
13          of nursing shortages limiting  
14          their operation because, again,  
15          our small footprint hospital for  
16          which we already have staff for,  
17          which many of our employees are  
18          from Illinois, will be able to  
19          staff effectively for -- to  
20          provide high quality care.

21                   CHAIRWOMAN SAVAGE: Thank  
22                   you.

23                   MEMBER HARDY-WALLER:  
24                   Antoinette Hardy-Waller speaking.

1                   First and foremost, I want  
2                   to say thank you for all of the  
3                   time and attention and resources  
4                   clearly that you have put into  
5                   preparing for this testimony today  
6                   and then all the community showing  
7                   up. We really appreciate that.

8                   I wanted to say because I'm  
9                   a little slow on the uptake and we  
10                  have been here for several hours  
11                  regarding this, so I might have to  
12                  go back into some of the  
13                  information that we got.

14                  First of all, I want to say  
15                  as a nurse clinician, I clearly  
16                  appreciate all the concerns and  
17                  issues with the ED services in the  
18                  area, but from what I understand,  
19                  the purpose of this discussion and  
20                  proposal today is to establish a  
21                  10-bed hospital at NorthPointe as  
22                  a remote location for BMHS.

23                  I heard a lot of discussion  
24                  today that was interchangeable

1           between Beloit and NorthPointe,  
2           and so I've gotten a little  
3           confused who is on first and who  
4           is on second.

5                     Karen, I think you began to  
6           explain the definition of remote a  
7           little bit in some of your  
8           discussion, so I have an early  
9           fundamental question, because in  
10          my experience, most small format  
11          hospitals that I have seen have  
12          been in remote rural or healthcare  
13          deserts or critical access  
14          hospitals.

15                    From what I have heard and  
16          what I have seen, NorthPointe does  
17          not sit in a clearly defined  
18          remote area, so my early  
19          fundamental question -- and this  
20          is probably for my IDPH  
21          colleagues -- is how is an  
22          Illinois small format hospital  
23          licensed in the state as a remote  
24          location for an out of state

1 health system?

2 I ask that question because  
3 we are here today because we're  
4 the Illinois Department of Health  
5 and our concern is for Illinois  
6 residents and Illinois facilities,  
7 and so I'm a little confused and I  
8 would like to get a little bit  
9 more clarity on how we clearly  
10 separate the two and define remote  
11 for an out of state health system  
12 in the State of Illinois.

13 MS. FRIEDMAN: Karen has  
14 left the room. This is Kara  
15 Friedman. Perhaps she will return  
16 and she can talk about that a  
17 little bit more, but if I could  
18 try to.

19 MEMBER HARDY-WALLER: Sure.

20 MS. FRIEDMAN: So part of  
21 the confusion here is that every  
22 acute care hospital that's  
23 admitting patients that isn't sort  
24 of consolidated on a campus like

1           you see at Northwestern where  
2           they're got multiple buildings  
3           across the street from them, every  
4           Illinois hospital location has to  
5           have an Illinois hospital license,  
6           so we will be under the  
7           jurisdiction of Karen and her  
8           agency as an Illinois licensed  
9           hospital.

10                    The remote location  
11           terminology is a Medicare term,  
12           and what it means is that there  
13           will not be a new enrollment under  
14           Medicare. It will be under the  
15           same CCN enrollment number as the  
16           main hospital.

17                    The remote does not refer to  
18           population served. It just means  
19           that it is not on the same campus,  
20           and so for purposes of  
21           accreditation, which you see a lot  
22           of times, like, you know, Endeavor  
23           Health has four hospitals that are  
24           all in one. They are accredited

1 as a single hospital despite the  
2 fact they have four separate  
3 licenses, so this would be  
4 accredited under the Joint  
5 Commission accreditation of the  
6 main hospital and then also  
7 Medicare enroll.

8 That will enable it to begin  
9 to see patients quite immediately  
10 because we don't have to wait  
11 for -- Joint Commission may come  
12 in after it's opened to do a  
13 validation survey, but they will  
14 be able to start operating right  
15 away after they get their license.

16 MEMBER HARDY-WALLER: Thank  
17 you. Repeat the question.

18 Antoinette Hardy-Waller  
19 speaking again. Thank you, Kara,  
20 for that explanation.

21 I was asked to repeat the  
22 question, and the question again  
23 was how is an Illinois small  
24 format hospital licensed in the

1 state as a remote location for an  
2 out of state health system?

3 That was the question.

4 MS. SINGER: This is Karen  
5 Singer from IDPH. I missed part  
6 of Kara's answer, but yes. Under  
7 Medicare there would have to be a  
8 reciprocal agreement between the  
9 two states to manage that type of  
10 a relationship.

11 Obviously you would need the  
12 designation to be a secondary  
13 campus under a primary Medicare  
14 provider in Wisconsin, but we'll  
15 have to have an arrangement made  
16 with the Wisconsin Department of  
17 Public Health, along with IDPH to  
18 determine whether -- how that  
19 survey process would occur because  
20 the states can't cross borders to  
21 survey each other. You would need  
22 to be licensed in Illinois, and  
23 then you're looking to seek to  
24 become a Medicare provider base,



1           so all of your billing would be  
2           done through your sister hospital  
3           as what you are trying to  
4           accomplish; is that correct?

5                   MS. FRIEDMAN: This is Kara  
6           Friedman.

7                   Correct.

8                   MEMBER HARDY-WALLER: Again,  
9           Antoinette Hardy-Waller.

10                   So, again, for clarity,  
11           those patients that cannot be  
12           serviced in your 10-bed hospital  
13           for whatever reason, whether it's  
14           acuity or whatever or the beds are  
15           full, transfer of those  
16           patients -- can transfer of those  
17           patients happen to your Beloit  
18           facility crossing state lines from  
19           one Illinois licensed hospital to  
20           a Wisconsin licensed hospital?

21                   MS. FRIEDMAN: This is Kara  
22           Friedman.

23                   That can occur, and it would  
24           be the ambulance service that

1 contracts with Beloit Health  
2 System that would transport that  
3 patient as Nicole described.

4 DR. KAPOOR: Roger Kapoor.  
5 If I could also add, that EMS  
6 control for South Beloit, a town  
7 in Illinois, currently transfers  
8 patients from Illinois to our  
9 Wisconsin emergency room to be  
10 seen.

11 MEMBER HARDY-WALLER: Thank  
12 you.

13 CHAIRWOMAN SAVAGE: Other  
14 questions?

15 MEMBER BEEDLE: This is  
16 Douglas Beedle. I'm ex-officio so  
17 I won't be voting, but I do have  
18 some questions.

19 One is do you just have the  
20 single hospital or are you  
21 independent or do you have other  
22 hospitals?

23 MR. McKEVETT: Independent.  
24 Tim McKeveett, Beloit Health

1 System, president and CEO.

2 Independent, one hospital  
3 system.

4 MEMBER BEEDLE: And so  
5 you're a border situation, but  
6 people see -- in Illinois see the  
7 Beloit Hospital as their hospital;  
8 is that correct?

9 MR. McKEVETT: Approximately  
10 20 percent of our inpatients are  
11 from Illinois.

12 MEMBER BEEDLE: And for  
13 people that are in your clinic on  
14 the Illinois side, they need  
15 admission and they don't need an  
16 EMS ride, they can simply go to  
17 your campus, correct?

18 MR. McKEVETT: Absolutely,  
19 done all the time.

20 MEMBER BEEDLE: So those are  
21 the few people that really need to  
22 be in advance life support  
23 transport to go -- and those are  
24 kind of predetermined available

1           and can, in fact, cross state  
2           borders like the situation in St.  
3           Louis with Missouri, so it seems  
4           to me that the border communities  
5           of Illinois have special  
6           challenges, but the question is  
7           this does seem to me to be a  
8           difficult way to accomplish a  
9           better approach to your regional  
10          healthcare issues; that in like  
11          the St. Louis area where I'm  
12          familiar, it's pretty easy because  
13          the level -- the trauma centers  
14          and higher level system tend to be  
15          on the Missouri side, and so  
16          these -- this is a pretty well  
17          worked out system on that border.

18                   It seems like and it sounds  
19                   like almost like battling  
20                   emergency departments, you know,  
21                   in your area, and I understand  
22                   from your descriptions and  
23                   testimony under oath that there is  
24                   two sides to this story, but it

1 does seem like this remedy of the  
2 problem is one that will have its  
3 own complexities and potential to  
4 not -- I mean, the way I look at  
5 it is if a person in Illinois  
6 wants to go to your hospital in  
7 Wisconsin, they ought to be able  
8 to go. You know what I'm saying?  
9 That's the patient making a  
10 choice.

11 To a certain extent I don't  
12 know if I want to keep the people  
13 in Illinois in Illinois if they  
14 really need your Level 3 emergency  
15 department, right.

16 I drive by your town a  
17 couple times a year to go see my  
18 mother. If I'm in a serious car  
19 accident, I want to go to a  
20 Level 3, right, and you guys have  
21 that, which is impressive  
22 considering you are an independent  
23 hospital.

24 It does seem to me that

1           there are perhaps models so that  
2           people aren't really like  
3           essentially poaching, you know.  
4           It doesn't make much sense to me  
5           to have these independent  
6           emergency departments because it's  
7           going to increase the problems  
8           with people getting stranded in  
9           places they can't get care.

10                    The other question -- I'm a  
11           psychiatrist, so do you guys have  
12           psychiatric services?

13                    MR. McKEVETT: We do.

14                    MEMBER BEEDLE: You do. So  
15           like for voluntary admissions, you  
16           could handle that issue  
17           yourselves?

18                    MR. McKEVETT: From a mental  
19           health we have no -- I've already  
20           given my name. Tim McKeveatt,  
21           Beloit Health System, president  
22           and CEO.

23                    We do not have an inpatient  
24           mental health unit.

1                   MEMBER BEEDLE: You don't.

2                   MR. McKEVETT: We do not.

3                   We have outpatient, psychiatry

4                   AODA health services.

5                   To your original question,

6                   too, is that a large -- the

7                   justification and the need for

8                   this project are those

9                   10-inpatient beds, and it's for

10                  those Illinois residents that we

11                  are currently seeing, that

12                  20 percent, getting that care

13                  closer to home from a general

14                  acute care standpoint. Everyone

15                  in the ER then supports that

16                  hospital.

17                  We transfer out of our ER

18                  now to the most appropriate place

19                  the patient would be, whether

20                  that's to Rockford, whether that's

21                  to Madison. They need that

22                  additional care, so it's really

23                  driven by the need for those

24                  inpatient beds to be able to move

1           the patients up to -- the Illinois  
2           patients for staying down back  
3           into Illinois and the ER would  
4           support those services.

5                         MEMBER BEEDLE:   That's all  
6           for now.   I do want to encourage  
7           all hospitals to consider having  
8           general psychiatric units.   It's  
9           the need of the community and one  
10          of the major difficulties in  
11          emergency rooms.

12                        People are getting stranded  
13          there and what I would describe as  
14          the real importance of good faith  
15          acknowledgement of complexities so  
16          people don't get stranded in  
17          emergency rooms, but that has to  
18          do with the leadership culture of  
19          hospitals and hospital  
20          administrators in terms of  
21          remembering these are a  
22          professional service.

23                        These are people's lives,  
24          and certain types of competitive



1 business practices are perhaps  
2 inappropriate.

3 MS. HUDSON: Hi. This is  
4 Dawn Hudson, the social worker,  
5 and I would like to address the  
6 idea about the mental health  
7 service being available to  
8 patients.

9 So we do -- the clinical  
10 social workers, we do the mental  
11 health assessments with support of  
12 the doctors.

13 We do have access to the  
14 on-call psychiatrist should we  
15 need support. We are able to  
16 complete those assessments. We  
17 place those patients based on  
18 those assessments in inpatient  
19 psychiatric placement and that  
20 will continue at this new  
21 hospital. That service will be  
22 available to patients.

23 If they show up at that  
24 emergency department and they are

1 in need of that, those assessments  
2 will be done.

3 For patients who are  
4 determined to need safety plans,  
5 those things will be completed.  
6 We have access to a psychiatrist  
7 to support us with medications  
8 that can be started.

9 We have our own outpatient  
10 mental health clinic that we have  
11 access to for wrap-around services  
12 as well, so we do have a very good  
13 infrastructure.

14 We don't have inpatient  
15 beds. For patients who are  
16 dealing with addiction problems  
17 who are intoxicated and suicidal,  
18 which is a common thing that we  
19 see, we hold those patients. They  
20 do not get discharged. They stay  
21 with us until they're cleared of  
22 their substance. They're  
23 re-evaluated and then their mental  
24 health component is addressed, so

1 we have a very active program in  
2 place that deals with that.

3 Just wanted to clarify that  
4 that is a big part of this  
5 hospital that we're asking.

6 MS. FRIEDMAN: This is Kara  
7 Friedman. Sorry to be in the back  
8 here.

9 But when we talk about  
10 mental health services at Beloit  
11 Memorial, Dawn, you indicated that  
12 you don't have enough demand to  
13 have your own unit, but I think  
14 you mentioned that there are some  
15 new resources dedicated  
16 specifically to psych, but it  
17 wouldn't make sense for you to  
18 have your own unit.

19 MS. HUDSON: Say that again.

20 MS. FRIEDMAN: That your  
21 average daily census, if you were  
22 just admitting your patients that  
23 you were triaging and treating in  
24 the emergency room, you couldn't

1           validate a psychiatric unit.

2                   MS. HUDSON:  Exactly, so if  
3           our hospital -- while we see a  
4           good number.  If we were  
5           specifically to open up our own  
6           unit, we would not be able to  
7           support a unit independently based  
8           off what we see, which is why the  
9           health system hasn't moved to open  
10          that up and we utilize the  
11          facilities around us, UW, which  
12          has a larger unit, and Meriter and  
13          St. Mary's, it has a tiny unit.

14                   Even though we see a  
15          large -- a good number, it's not  
16          enough to maintain and support  
17          very expensive inpatient  
18          psychiatric unit, so I think  
19          that's important to note.

20                   MEMBER BEEDLE:  Put it this  
21          way, you are kind of a referral  
22          source from other places too.

23                   It's one of the major  
24          problems for a lot of emergency

1 rooms. People with substance use  
2 disorders and psychiatric abuse  
3 disorders come to or are brought  
4 to emergency rooms, and I have  
5 accused some people of having the  
6 negative fill the drain response.  
7 If we don't have that service,  
8 they won't come here, but that's  
9 not how the health system works,  
10 and even though the emergency room  
11 physicians don't receive as much  
12 training in substance use,  
13 psychiatric disorders and  
14 developmental disabilities  
15 services as perhaps would be  
16 optimum.

17 MS. COX: Which is why I was  
18 stunned when Mercy closed their  
19 inpatient psychiatric unit in  
20 Rockford.

21 MS. FRIEDMAN: This is Kara  
22 Friedman again.

23 There was just a brand new  
24 hospital opened nearby that's

1 dedicated to psychiatric services  
2 called Shorewood.

3 CHAIRWOMAN SAVAGE: Karen.

4 MS. SINGER: This is Karen  
5 Singer again from IDPH.

6 I just have two questions.  
7 One, I know this is going to be a  
8 10 bed and you talked about how  
9 that's going to be patients coming  
10 from -- that are now going to Iowa  
11 or wherever those services were --  
12 the Illinois residents going to  
13 Iowa, that you might be able -- I  
14 guess I want to say, what do you  
15 think your average daily census is  
16 doing to be and are you going to  
17 be able to make sure that these  
18 are going to be the average like  
19 stay for patients that you are  
20 looking for this 10-bed unit?

21 DR. KAPOOR: Roger Kapoor.

22 Based on the data of -- the  
23 out migration data, we expect an  
24 average daily census of 8 from

1 Wisconsin back to Illinois.

2 MS. SINGER: Do you know  
3 what your average length of stay  
4 would be with only having 8 that  
5 you're going to be able to not  
6 have to turn patients away? I  
7 guess that's what I'm looking at.

8 Small number of beds. If  
9 you're looking that you are  
10 needing this service, will there  
11 be a turn away of patients if  
12 your --

13 DR. KAPOOR: General  
14 standard is about four and a half  
15 to five days. Again, that  
16 would -- we're trying to right  
17 size this proposal based on need  
18 presently, so we appreciate that  
19 question.

20 MS. SINGER: With the way  
21 this is built, would there be any  
22 room to be able to expand if you  
23 feel that you need to have more  
24 beds at this --

1 DR. KAPOOR: That would be  
2 difficult. Jeff Holzhauer is  
3 here, our architect, could speak  
4 to that more definitively, but the  
5 plan currently would really  
6 optimize the current resources  
7 that we have to put this up.

8 We're very close to the  
9 minimum capital expenditure even  
10 needed to come to this board.

11 The amount, the total amount  
12 that we're about to spend is quite  
13 low when you look at a large  
14 investment, but I'll turn it over  
15 to Jeff Holzhauer.

16 MR. HOLZHAUER: Hello,  
17 everyone. My name is Jeff  
18 Holzhauer.

19 Yes, the building currently  
20 as it stands has structural  
21 support to support a widening of  
22 the second floor to expand it to  
23 14 beds.

24 DR. KAPOOR: Roger Kapoor,



1 but if we did do that, it would  
2 disrupt some of the services of  
3 the ambulatory surgery center  
4 below it.

5 So, again, we are trying to  
6 be mindful of expansion that we  
7 currently have and the space that  
8 we currently have that as you saw  
9 from one of the photographs is  
10 just vacant space sitting there  
11 that we could easily construct 10  
12 beds.

13 MS. SINGER: This is Karen.  
14 Thank you. One last question.

15 Have you reached out to the  
16 Department of Wisconsin to address  
17 the interstate agency arrangement?  
18 Are they aware that you are  
19 looking to have this secondary  
20 campus in Illinois?

21 MS. FRIEDMAN: This is Kara  
22 Friedman.

23 Karen, in speaking with my  
24 Medicare specialist, we understand

1           that we really work with the two  
2           of you, both agencies, and that  
3           you would take the leadership on  
4           deciding who is going to be the  
5           lead agency and such and so.

6                       We are definitely there to  
7           coordinate and help, but until we  
8           are ready to open the hospital,  
9           that's not a discussion that we  
10          have had.

11                      CHAIRWOMAN SAVAGE:   Okay.  
12          Gary.

13                      MEMBER KAATZ:    Gary Kaatz,  
14          board member.

15                      Tim, I think everyone is  
16          abundantly aware of the good  
17          things that have happened at the  
18          Beloit Health System under your  
19          guidance, and I want to state that  
20          firstly.

21                      Secondly, I have a series of  
22          questions. Please be patient with  
23          me. You might think some are more  
24          educated than others, but please

1 bear with me.

2 And the context in which my  
3 questions will be presented is  
4 looking at \$21 million and I'm  
5 looking at what is the  
6 corresponding benefit, marginal  
7 expense to margin, and I'm  
8 struggling with a couple of  
9 things.

10 As we mentioned earlier,  
11 there's a lot of criteria that  
12 everybody here on the board  
13 applies to a decision such as  
14 this.

15 My first question is I find  
16 that you're -- the area of  
17 Rockton, Roscoe, right, is robust  
18 medically. You have Swedish  
19 American, OSF, Beloit, now Mercy,  
20 Physicians, Media Care. Pretty  
21 well saturated, lots of different  
22 doctors.

23 And so my first question is  
24 when a patient from Roscoe goes to

1           your emergency room and is  
2           subsequently admitted, does that  
3           patient's doctor get to follow the  
4           admission? Say the patient is  
5           hospitalized. I'm an internist  
6           and I'm managing somebody that's  
7           got Type 2 diabetes. Gets out of  
8           control. He's in your ER and you  
9           end up admitting him. Will I get  
10          to follow my patient or do I lose  
11          my patient to somebody else?

12                   DR. ABERNETHY: This is Mike  
13                   Abernethy.

14                   Between any health system  
15                   they don't talk. If I'm in the UW  
16                   system and depending on the  
17                   insurance, I'm admitted to Mercy,  
18                   there's usually not a lot of  
19                   communication between health  
20                   systems, so as far as following  
21                   the patient -- I mean, as a  
22                   courtesy certainly.

23                   I imagine the hospital would  
24                   call you and you'd know that

1 patient, but as far as having any  
2 input, just the health system sort  
3 of operates in silence. It's  
4 not like it was in the old days.

5 MEMBER KAATZ: So as a  
6 primary care doctor, I might lose  
7 some of my patients?

8 DR. ABERNETHY: You are not  
9 going to lose the patient. The  
10 patient would be hospitalized and  
11 then upon discharge, the  
12 patient -- you would get a  
13 discharge summary, absolutely.  
14 The patient would go back to you.

15 MEMBER KAATZ: Okay. Next  
16 question is you have Cerner and a  
17 lot of other players have Epic.  
18 Does Cerner talk with Epic? If  
19 I'm a patient in Rockford and I  
20 get hospitalized in Beloit. Next  
21 day, can you guys find out what  
22 tests I had 24 hours ago even  
23 though you're on two different  
24 systems?

1 DR. ABERNETHY: I know Epic  
2 has Care Everywhere where they can  
3 do that, but is there anything  
4 between --

5 MS. FRIEDMAN: This is Kara  
6 Friedman.

7 So does Cerner. My son is  
8 actually being seen by four  
9 different health systems right  
10 now. Everybody sees all of his  
11 lab results and they also  
12 communicate with each other.

13 MEMBER KAATZ: So they are  
14 integrated?

15 MS. FRIEDMAN: It's getting  
16 better every year, but yes. The  
17 general experience is that  
18 everybody can see everything and I  
19 find that people communicate with  
20 each other also.

21 MEMBER KAATZ: The point  
22 that was up earlier today, I think  
23 it was in the public forum, is  
24 today we are seeing sicker and

1           sicker patients.

2                   Let me start from the  
3           beginning. Today's public forum,  
4           it was mentioned that patients  
5           that are being admitted to  
6           hospitals are much sicker than  
7           they used to be. Therefore,  
8           there's an even stronger  
9           dependency on specialty and  
10          subspecialty care.

11                   One of my big concerns with  
12          your independent ER is how quick  
13          are you going to get people to  
14          respond to you if you need a  
15          nephrologist or if you need a  
16          neurosurgeon?

17                   I'm a patient in the ER. Am  
18          I going to get seen within the  
19          next 30 to 60 minutes? Am I going  
20          to be seen the next day? How  
21          quick is the response going to be?  
22          Do you have specialty coverage, on  
23          call schedule at Beloit that will  
24          also include this?

1 MR. McKEVETT: We do.  
2 There's a 30-minute response time.  
3 They have to live within that call  
4 time, the specialities that are  
5 required to be on call.

6 Tim McKeveett, Beloit Health  
7 System, president and CEO.

8 MEMBER KAATZ: Thanks, Tim.

9 Dr. Egbujiobi, what is  
10 currently your ER to cath time?  
11 If you get a patient that's coming  
12 in and having an MI and needs to  
13 go to the cath lab, what is your  
14 current time to the cath lab?

15 DR. EGBUJIOBI: It's Leo  
16 Egbujiobi.

17 It's 90 minutes. 60 minutes  
18 or less.

19 MEMBER KAATZ: In the ER, in  
20 this ER, assume it's approved and  
21 you're operating --

22 DR. EGBUJIOBI: Oh, in the  
23 ER, probably shorter.

24 MEMBER KAATZ: No. Not --



1           you answered it. I thought it's  
2           under 50 minutes.

3                     So will this ER, if I  
4           present with an MI in your new ER  
5           with a 10-bed hospital, is my ER  
6           to cath lab time going to go up?

7                     DR. EGBUJIOBI: No.  
8           Actually, we are there. Once you  
9           get to the new, to the  
10          NorthPointe, by the time you get  
11          to the new hospital, I have their  
12          EKG myself. The cath lab is  
13          already activated.

14                    We have three cath labs, so  
15          there is always going to -- and  
16          there are four of us, so always  
17          somebody there.

18                    MEMBER KAATZ: Next  
19          question. I'm sorry, Madam Chair,  
20          I have just two or three more  
21          questions.

22                    I am really bothered by  
23          watching what happened with now  
24          University of Wisconsin, Swedish

1 American and their Belvedere,  
2 whatever you want to call it, and  
3 it just reminds me of your  
4 project.

5 It's a freestanding ER. It  
6 was about 10 or 12 beds, right,  
7 and they just couldn't make a go  
8 of it. They had to close all the  
9 inpatient beds. They never had  
10 any patients in there, and the ER,  
11 just they couldn't service people  
12 because of the lack of  
13 consultation in the ED.

14 I don't know if you followed  
15 that. It's in the same market  
16 area.

17 Mike, do you know, what's  
18 the planning area?

19 UNIDENTIFIED SPEAKER: B1  
20 planning area.

21 MEMBER KAATZ: B1 planning  
22 area, but they did almost exactly  
23 what you're proposing to do, and  
24 it just didn't work.

1 MS. FRIEDMAN: This is Kara  
2 Friedman.

3 I'm somewhat familiar with  
4 that situation, and what I  
5 generally -- what I have generally  
6 seen with emergency services  
7 providers that really just want to  
8 be portal to transfer to another  
9 location is that Medicare allows  
10 that. You can have zero patients.

11 State of Illinois does not  
12 allow that, but I know that it's  
13 been more than 10 years, probably  
14 12 years, so I'm not -- you have  
15 been in the community for a long  
16 time, but my general perception is  
17 that this has been a portal  
18 facility and that's what it's  
19 intended to be for a very long  
20 time.

21 MEMBER KAATZ: They  
22 actually -- it's a hospital in  
23 Belvidere. They bought it, I  
24 think, for 16 or 18 million and

1           they intended to have it be a  
2           small hospital with an ER, and I  
3           believe it's still open to this  
4           day as we speak here, but there  
5           are no patients, and I just draw a  
6           comparison. Maybe it's an unfair  
7           question to you guys.

8                   I draw a comparison to what  
9           they did and what you are going to  
10          do, and is there something there  
11          that I am missing?

12                   MR. McKEVETT: I do think  
13          it's two separate issues from the  
14          standpoint of what they are doing  
15          in Belvidere versus what we're  
16          proposing here is we have the  
17          Illinois patients in our hospital  
18          and we need -- have the need for  
19          those individual beds, so  
20          transferring them down to the  
21          location of those 10 beds because  
22          it's different than what -- I  
23          can't speak on behalf of UW and  
24          what they did in Belvidere, but

1           our situation is such that we have  
2           the demonstrated need. The  
3           patients are there.

4                   Transferring them down to  
5           newly created beds will help us  
6           maintain facilities as well.

7                   MEMBER KAATZ: Last  
8           question. Same rates, same rates,  
9           you know, across the system,  
10          hospital rates, ER rates?

11                   MR. McKEVETT: Tim McKeveett,  
12          president and CEO.

13                   Yes.

14                   MEMBER KAATZ: Thank you.

15                   DR. KAPOOR: Roger Kapoor.  
16          To the same rates question, it's  
17          very intriguing when you look at  
18          Rand data and Sage data, we're  
19          much cheaper than the three  
20          Rockford hospitals for the same  
21          level of care, so not only are we  
22          going to be able to provide high  
23          level quality service and care,  
24          (inaudible) and our CMSR rating

1           before, but we are actually going  
2           to do it at a lower cost than  
3           hospitals in the area.

4                     The other points I just  
5           wanted to mention, you brought up  
6           some very nice questions, and I do  
7           want to push back very  
8           respectfully on the notion that  
9           Rockton is oversaturated.

10                    It really genuinely is not  
11           as this map up here demonstrates.  
12           In terms of urgent cares and those  
13           types of facilities, as you  
14           mentioned, the map would be  
15           different as was presented during  
16           public comment earlier today.

17                    When you look at the actual  
18           hospitals in this area, you do see  
19           that it is generally a desert. We  
20           are in the middle where there's no  
21           hospital level service care there,  
22           and so, again, remember we are a  
23           federally designated healthcare  
24           professional shortage area, so I

1           just want to bring those points to  
2           your attention.

3                     The other one comment I'll  
4           make is regarding losing or the  
5           notion that you may lose your  
6           primary care provider when you're  
7           admitted to a hospital.

8                     Generally the practice of  
9           medicine is such that when a  
10          patient comes to any hospital,  
11          regardless of where they live, you  
12          are seen by the ER physician. You  
13          are, if God forbid, admitted, seen  
14          by the hospitalist team and then  
15          you are discharged with a  
16          discharge summary accompanying  
17          that patient back to their primary  
18          care physician, so in no way would  
19          this hospital or proposed hospital  
20          be cannibalizing or taking over  
21          any patients that don't currently  
22          have a primary care provider  
23          located at the NorthPointe health  
24          and wellness facility.

1                   If they came from, let's  
2                   say, some other state and they  
3                   have a primary care provider or  
4                   they're coming from Rockford, they  
5                   would maintain their primary care  
6                   provider upon discharge from the  
7                   hospital.

8                   I just want to make sure  
9                   that is clear.

10                  MEMBER KAATZ: Thank you. I  
11                  was referring to doctor's  
12                  practice, not hospital.

13                  DR. KAPOOR: Thank you.

14                  MEMBER TANKSLEY SAVAGE: Dr.  
15                  Audrey Tanksley.

16                  I just wanted to just ask a  
17                  few questions to clarify for me  
18                  some of the statements that were  
19                  made.

20                  Thank you for making your  
21                  most recent statement because I  
22                  adamantly disagree that we don't  
23                  talk to each other in the  
24                  healthcare system. We do.



1                   And I'm not familiar just  
2                   again with Cerner speaking to  
3                   Epic. If that's something that's  
4                   happening, that's pretty new.  
5                   Doesn't happen in the systems I  
6                   work in.

7                   MS. KOVARIK: Nicole  
8                   Kovarik. I could speak a little  
9                   bit to that, so currently when a  
10                  patient presents to the urgent  
11                  care or the emergency department,  
12                  we do have an option for our Care  
13                  Everywhere and we request outside  
14                  records. That gives access to  
15                  recent visits, summaries of their  
16                  visits.

17                  And then also we have the  
18                  pharmacy requisition so we get  
19                  them medications, so from -- I  
20                  can't speak to how it looks on  
21                  Epic side. I can only speak to  
22                  how it looks on the Cerner side.

23                  MEMBER TANKSLEY: And that's  
24                  specific to you guys, right? If

1 I'm a provider in the community,  
2 do I have that same level of  
3 access?

4 MR. BIRD: This is Jim Bird,  
5 and we subscribe to Common Well  
6 which -- I'm pretty sure that's  
7 the name of it. They share data  
8 between a lot of systems.

9 A lot of systems subscribe  
10 to that service and they give  
11 those data -- it gets downloaded  
12 and shared to all the facilities.

13 MEMBER TANKSLEY: So that  
14 clearinghouse, if I'm a part of  
15 that clearinghouse, I have access  
16 to the data. If I'm not a part of  
17 that clearinghouse, I don't,  
18 correct?

19 MS. COX: This is Sharon  
20 Cox. That would be normal for any  
21 organization that has two  
22 different EMRs.

23 We have the ability to pull  
24 in external documents and accept

1           them as part of our record of  
2           truth also, but yes, you do have  
3           to belong to a clearinghouse, as  
4           you stated, for if you are  
5           McKesson, if you're Meditech, all  
6           those.

7                     But as Kara stated, it is  
8           getting better every year, so  
9           there's some intra-operatability  
10          between Epic and Cerner, so we do  
11          have some of that, but it is not  
12          as robust as any organization can  
13          say across the nation right now.

14                    MEMBER TANKSLEY: Agree. I  
15          just wanted to make sure I was not  
16          working in some system that  
17          didn't -- that you guys have  
18          something we don't have. Okay.

19                    So I just wanted to again  
20          make sure that I'm clear on the  
21          mental health and substance use  
22          services.

23                    So your new hospital, 10-bed  
24          hospital, would generate a net

1 zero, like access for more mental  
2 health beds, right?

3 It would not change --  
4 basically your testimony is saying  
5 we are going to continue doing  
6 what we do, but we would be on the  
7 Illinois side doing it?

8 I'm trying to understand  
9 what your testimony -- what the  
10 relevance of that was.

11 MS. HUDSON: So Dawn, Dawn  
12 Hudson.

13 So the point that I was  
14 wanting to make is that when  
15 people come into Wisconsin, it's  
16 significantly complicated to get  
17 them back into Wisconsin or back  
18 into Illinois, so the services  
19 that are provided will match what  
20 is done for them when they come.

21 The difference is that they  
22 are able to stay in their  
23 community. They are able to  
24 access those services more quickly

1           and they are able to access things  
2           that we can't get them to now,  
3           whether that's shelters. We can't  
4           get them into shelters. We don't  
5           have the ability to do that.  
6           Wisconsin won't let them stay in  
7           their shelters. They take  
8           Wisconsin residents over that.

9                     In Illinois, they are able  
10           to go to their shelters. We don't  
11           have a means to get them there.  
12           When they are in Illinois, that's  
13           an easier thing to do.

14                    The police won't transport.  
15           Once they bring them into  
16           Wisconsin, they won't come back  
17           and pick them up, so the relevance  
18           of that is showing the difference  
19           of just that line and how  
20           complicated that is.

21                    And with education within  
22           the community, particularly that  
23           population, they learn very  
24           quickly. They learn very quickly

1           about resources and where they can  
2           go to get the best help for  
3           themselves, and when they learn  
4           and when they become educated on  
5           the fact that, listen, when I'm in  
6           Roscoe at that emergency  
7           department, they are going to be  
8           able to get me to the Rockford  
9           rescue mission, they are going to  
10          be able to get me to those types  
11          of facilities instead of telling  
12          me that I can't. I don't have an  
13          option, then we'll have better  
14          ability to get them to what they  
15          need and all those services follow  
16          along those same kinds of lines.

17                 That really was the point,  
18                 is replicating services and the  
19                 commitment and the level of care  
20                 will continue to be the same. It  
21                 will just be better access for the  
22                 people when they are in that  
23                 community.

24                         MEMBER TANKSLEY: When they

1           are brought -- and that's if they  
2           present to Wisconsin, right?  
3           Because if they're in your urgent  
4           care in Illinois, for example,  
5           then you don't have that issue?

6                     MS. HUDSON:  Exactly,  
7           exactly, because then they are  
8           already in Illinois and I can ask  
9           the police, say, hey, listen,  
10          partner with me to get them to the  
11          rescue mission.  Let's use  
12          whatever community services are  
13          available.

14                    That line, that state line  
15          when it comes to community  
16          services is a very powerful thing,  
17          and it doesn't bend.

18                    MEMBER TANKSLEY:  And then  
19          the other question that I wanted  
20          to just clarify, how far away is  
21          this proposed facility from your  
22          hospital, like your current  
23          hospital?

24                    MS. COX:  This is Sharon

1 Cox.

2 It's 16 miles.

3 MEMBER TANKSLEY: How long  
4 does that take? I'm not from that  
5 area. I'm sorry. 16 miles in  
6 Chicago could take you an hour and  
7 a half. Trying to understand like  
8 what's traffic like.

9 MS. COX: 10 to 15 minutes.

10 MEMBER TANKSLEY: I'm asking  
11 that because, Doctor, door to  
12 balloon time is 90 minutes, right,  
13 and so I'm trying to understand if  
14 I present to the emergency room,  
15 this won't be a certified stroke  
16 center or cardiac center, correct?  
17 You will utilize a higher level  
18 for that.

19 So if I present to the  
20 emergency room with an active  
21 stroke or with an actual MI, the  
22 time to get me from this low level  
23 hospital to one that can actually  
24 provide the care, trying to



1           understand, will that be within --  
2           just trying to understand from my  
3           colleague's question, I don't  
4           think I understand the actual  
5           answer.

6                     Will that delay the -- I  
7           understand you'll be there ready  
8           and waiting, but will that period  
9           of time that it takes to get that  
10          patient in -- all the things that  
11          go along with the nondoctor parts,  
12          getting them to the hospital,  
13          would that be delayed in stopping  
14          at this one, in being at this  
15          particular hospital instead of  
16          going to one that can already  
17          provide that level of care?

18                    DR. EGBUJIOBI: Thank you so  
19          much. This is Leo Egbujiobi.

20                    As I said, a stroke is  
21          actually better because we are  
22          small and the more tests  
23          completed, the care is better.  
24          They come in with stroke like

1 symptoms, within 20 minutes you  
2 can send to whatever they need,  
3 TPA, clinical admission,  
4 stabilization, rehab, 50 percent  
5 of the time.

6 Unfortunately, for stroke,  
7 you know how that goes. It  
8 doesn't matter where they go. The  
9 outcome is not necessarily  
10 different, but reach out to any  
11 facility around with neurosurgical  
12 service, so that's about stroke.

13 You get all the medicines  
14 that everybody else would get, and  
15 stroke, we like to hold the  
16 blockers of medicine, but all the  
17 treatments are available.

18 For cardiac, as soon as the  
19 ambulance picks them up and they  
20 are landing in the ER, I have the  
21 EKG, that's 3 minutes. Within  
22 2 minutes, I know they're STEMI.  
23 It's let us work, get the labs,  
24 and off they go.

1                   By the time they get into my  
2                   cath lab, it's 40 minutes, so  
3                   because they have preference, they  
4                   have the room, the cath lab itself  
5                   for emergencies.

6                   Or if they do in South  
7                   Beloit -- or they come there from  
8                   South Beloit. Between South  
9                   Beloit and NorthPointe, it's a few  
10                  minutes. So I speak only because  
11                  that's what I did for three years.

12                  MEMBER TANKSLEY: So these  
13                  patients would be able to receive  
14                  these services at the NorthPointe  
15                  location?

16                  DR. EGBUJIOBI: Yeah. They  
17                  get the stabilization. For stroke  
18                  they get all the treatments.

19                  MEMBER TANKSLEY: So they  
20                  would get TPA at NorthPointe, they  
21                  would get cath lab at NorthPointe?

22                  DR. EGBUJIOBI: No. There's  
23                  no cath lab. Talking about for  
24                  the cath lab, from NorthPointe to

1 my cath lab in Beloit, they would  
2 be in the lab within 40 minutes.

3 The door to balloon time,  
4 sometimes is 90 minutes. Push the  
5 envelope to 50, 60 minutes. They  
6 have one room. It's  
7 straightforward. They will be  
8 there. We will be there for them  
9 because we don't have the time to  
10 wait for the lab because they  
11 don't know what hospital they're  
12 going to.

13 If they are -- probably the  
14 patient, they know, they are  
15 needing to go, not a complicated  
16 place. By the time they get to  
17 cath lab, the result of the tests  
18 are already there, so the lab is  
19 ready.

20 MEMBER TANKSLEY: And then I  
21 wanted to clarify one of the  
22 statements made earlier about  
23 deliveries, about labor and  
24 delivery. You mentioned we have a

1           birthing center on site where  
2           individuals -- and so I'm  
3           wondering what is your plan for  
4           like a high risk emergency birth  
5           that's not appropriate for a  
6           birthing center?

7                     MS. COX:   This is Sharon  
8           Cox.

9                     That's already in place.   We  
10          have transfer agreements with UW,  
11          Swedes, Northern Illinois for  
12          anything that would come in from  
13          that perspective.

14                    MEMBER TANKSLEY:   Thank you.  
15                    For the president and CEO, I  
16                    just have one quick question.   You  
17                    mentioned 20 percent of your  
18                    population that you are seeing  
19                    there, essentially the rationale  
20                    for this is 20 percent are from  
21                    Illinois and you want to be able  
22                    to service them, and thank you for  
23                    that, by the way, because people  
24                    do want to be serviced closer to

1           their home and so you want to  
2           service them closer to their  
3           homes.

4                   My question is why are they  
5           at your hospital already? Are  
6           they being -- are they electively  
7           going there? They don't want to  
8           be serviced by their home or --  
9           because they are hospitals around,  
10          so why are they there?

11                   MR. McKEVETT: Preference  
12          for our health system is one.  
13          Proximity, we are literally Beloit  
14          and its sister city is South  
15          Beloit, and there's that invisible  
16          state line, so we are the closest  
17          health system to them, so we get a  
18          lot of those referrals because of  
19          the proximity.

20                   We have primary care clients  
21          in those areas that generate those  
22          patient relationships, so yeah.  
23          It's patient choice.

24                   In some cases it is

1           especially because Mercy has  
2           dropped some of their Illinois  
3           public aid HMO patients. It's  
4           driven by that, referrals that are  
5           coming up to us from that  
6           perspective.

7                   MEMBER TANKSLEY: Thank you  
8           guys so much.

9                   CHAIRWOMAN SAVAGE: Mr. Fox.

10                   MEMBER FOX: Yes, board  
11           member, Dave Fox.

12                   The concern that I have is  
13           actually the size of the hospital,  
14           10-bed hospital. My experience in  
15           managing smaller units, for  
16           example, obstetrics or pediatrics,  
17           is that you get a very wide  
18           variation in census with the small  
19           numbers. You could have 2  
20           inpatients on one day. You could  
21           have 8 patients the next day.

22                   Number one, that could be a  
23           staffing challenge, and as I look  
24           at your financials, I know you're

1           working hard to get back to a  
2           positive bottom line, but it's  
3           tough.

4                     It could be very difficult  
5           to manage the right number of  
6           nurses with your census if, in  
7           fact, the census bounces around,  
8           which tends to be the case with  
9           small size units, but then maybe  
10          even a bigger question I have is  
11          that in a larger hospital, you  
12          will have nurses who are  
13          specialized in certain areas.

14                    I'm not talking about ICU or  
15          med surg, but even med surg, you  
16          may have a group of nurses that  
17          focus on GI issues or  
18          postoperative patients, and in  
19          this 10-bed hospital, your nurses  
20          are going to see everything. They  
21          are not going to see critical  
22          care, but there's going to be, I  
23          presume, a real mixture of patient  
24          type, and in that sense, you



1 really may not have the kind of  
2 specialized nursing that a patient  
3 in the 10-bed hospital might get  
4 in your home hospital in Beloit.  
5 That's just a concern about the  
6 overall, I guess, quality of care  
7 and nursing expertise beyond your  
8 ability to attract specialists to  
9 actually come to the hospital when  
10 you need them to come.

11 MS. COX: This is Sharon  
12 Cox.

13 In regard to nursing care,  
14 we currently have different  
15 departments, you are correct, that  
16 may specialize in med surg which  
17 is also our surgical departments,  
18 and then we have what we consider  
19 our intermediate care which is  
20 more our cardiac, stroke  
21 department.

22 However, all of our staff  
23 get regular training, regular  
24 compliance training per Joint

1 Commission. They get regular  
2 competencies. We have skills days  
3 on a regular basis, so we would  
4 incorporate the need of what those  
5 patients would be into that  
6 nursing department's curriculum  
7 throughout the hospital.

8 DR. KAPOOR: Roger Kapoor.  
9 I'll just also speak to the fact  
10 that the design of this hospital  
11 or proposal is to focus on low  
12 acuity medical care, so the  
13 specialization that you are  
14 referring to at a tertiary care  
15 center might be required in those  
16 types of facilities, but here  
17 those people that would be  
18 admitted would be of low medical  
19 acuity, and it does speak to the  
20 doctor's point about the cath lab.

21 Just be reminded that EMS  
22 will be triaging these patients in  
23 the field, and if they do see like  
24 a STEMI, they will not be coming

1 to the neighborhood hospital.  
2 They will be going directly to  
3 whichever hospital they decide to  
4 do in the field independent of us,  
5 so -- but in terms of stabilizing  
6 care, that's lifesaving.

7 To what Dr. Egbujiobi was  
8 referring to, getting stroke  
9 intervention immediately which can  
10 be delivered at a neighborhood  
11 hospital which is why this map is  
12 so important, because there's  
13 nothing in this desert. There's  
14 no emergency room visible there,  
15 so if you're an ambulance that  
16 picked up a patient that does need  
17 lifesaving care, you can't get it  
18 in Rockton, Roscoe or South  
19 Beloit. Have to get on the  
20 highway and go to Rockford or  
21 decide to go across state lines,  
22 across this cheddar curtain we've  
23 heard described between South  
24 Beloit and Beloit, that's what

1 we're trying to establish here is  
2 that lifesaving low medical acuity  
3 care with partnerships with EMS  
4 who are all here in support of the  
5 proposal, local EMS, because again  
6 we're going to trust their ability  
7 to triage in the field to make  
8 sure that those patients that come  
9 to visit the neighborhood hospital  
10 are appropriate for that level of  
11 care that we can provide.

12 CHAIRWOMAN SAVAGE: Any  
13 other questions?

14 MEMBER TANKSLEY: I have one  
15 more. I'm sorry.

16 CHAIRWOMAN SAVAGE: I'm  
17 sorry.

18 MEMBER TANKSLEY: This is  
19 board member Audrey Tanksley again  
20 and maybe this was mentioned and I  
21 missed it.

22 I know a good part of your  
23 presentation was that the bed  
24 breakdown -- this is the breakdown

1 of like the excess of beds. This  
2 number -- and please correct me if  
3 I'm wrong. This number comes from  
4 the state, right? Like our  
5 planning, so the 94 bed excess, I  
6 guess I'm just confused as to how  
7 like -- why do we need these 10  
8 beds? I'm still not -- I'm sorry.

9 I'm still not wrapping my  
10 head around like why we would need  
11 10 beds for such low acuity  
12 conditions that with early  
13 intervention could possibly be  
14 treated somewhere, like UTIs and  
15 stuff, like in an observation unit  
16 and then go home or something.

17 Like I'm -- please help me  
18 understand why Illinois would add  
19 10 additional beds on top of 94  
20 excess that we have calculated. I  
21 get maybe the calculation may be  
22 old, but help me understand why we  
23 need this.

24 MS. COOPER: This is Anne

1 Cooper.

2 So basically the prior  
3 issues is that when the board  
4 calculates their bed need, they  
5 are looking at net migration which  
6 is inpatient and outpatient  
7 migration, but they are only  
8 looking at the migration among the  
9 various planning areas because  
10 they don't have access to that  
11 Wisconsin data.

12 And we were able to get the  
13 Wisconsin out -- in migration data  
14 from the Wisconsin Hospital  
15 Association that showed us there  
16 are like 1,400 patients every year  
17 that are -- they are going from  
18 specifically Winnebago County to  
19 various hospitals in Wisconsin for  
20 care, so that's a big part of it.

21 The other piece is that the  
22 bed need calculation is not just  
23 med surg beds. It also includes  
24 pediatric beds, and there's a

1 significant number based on the  
2 fact that if you have a very sick  
3 child, they're probably going to  
4 like a Children's Memorial -- I'm  
5 sorry, Lurie Children's or a  
6 children's hospital. They are not  
7 going to the local hospital for  
8 that specialized care, but those  
9 pediatric beds that are not being  
10 used and cannot be used for adults  
11 are still in that 94 bed  
12 calculation, so that was another  
13 17 beds that really probably  
14 shouldn't be counted when you are  
15 looking at the med surg need.

16 And then the third component  
17 is we don't know what's -- I mean,  
18 Blanca had mentioned that UW  
19 Swedes had said they were going to  
20 get their inpatient bed unit up  
21 and running, but we don't know if  
22 that's actually going to happen,  
23 and that's 34 med surg beds that  
24 currently are not available in the

1 planning area.

2 So a combination of those  
3 three factors is how we determine  
4 that there was a need for beds in  
5 the state-line community.

6 DR. KAPOOR: Roger Kapoor.

7 I'll just remind, these  
8 are -- it's based on the fact of  
9 genuine need. There are 8 to 10  
10 patients daily coming from the  
11 State of Illinois choosing to  
12 chose a Wisconsin based hospital,  
13 and, frankly, we are overwhelmed.

14 We need to decompress, and  
15 that's where a project like this  
16 can actually help and have  
17 regional impact on healthcare for  
18 these patients that need it,  
19 because to your point, low medical  
20 acuity, why should it take up a  
21 tertiary care emergency room.

22 Those low medical acuity  
23 cases can actually decompress  
24 surrounding emergency rooms to see



1 the care that needs that type of  
2 attention, and so this project is  
3 based on need.

4 If there are 8 to 10  
5 patients that are choosing to come  
6 to Wisconsin, all we are trying to  
7 do is return them back to the  
8 State of Illinois, and that's  
9 really what we are attempting to  
10 do at this point with this  
11 project.

12 CHAIRWOMAN SAVAGE: Other  
13 questions? Comments?

14 Hearing none, George, if you  
15 could call the roll.

16 MR. ROATE: Thank you, Madam  
17 Chair.

18 Motion made by  
19 Ms. Hardy-Waller, seconded by  
20 Dr. Tanksley.

21 Mr. Budde?

22 MEMBER BUDDE: Obviously  
23 there has been a lot of  
24 conversation today and appreciate

1 an incredible presentation in  
2 terms of outline.

3 I take it at face value  
4 competition has already occurred  
5 because the 8 to 10 patients a day  
6 are in the Wisconsin hospital.

7 This isn't about drawing  
8 more and more patients to  
9 Wisconsin hospitals. It's about  
10 keeping them more local.

11 Not a huge fan of these tiny  
12 little hospitals. Just concerned  
13 about what board Member Fox was  
14 talking about with the  
15 complexities of nursing care.

16 I'm going to vote to support  
17 the project with some trepidation,  
18 but with what I heard, I think I  
19 can support the project.

20 MR. ROATE: Thank you.

21 David Fox?

22 MEMBER FOX: I would like to  
23 compliment the team, the applicant  
24 team, for the presentation today,

1           its comprehensiveness, but also  
2           the -- I'd like to compliment all  
3           the people from the morning, both  
4           those who spoke in favor, but also  
5           those who spoke in opposition.

6                   Obviously this is a very hot  
7           topic. Lots of passions.  
8           However, I have concerns about the  
9           size of the hospital and the  
10          ability to achieve high quality,  
11          and so I'm going to vote no.

12                   MR. ROATE: Thank you.

13                   Gary Kaatz.

14                   MEMBER KAATZ: I do, like  
15          David and Rex, I really appreciate  
16          the teamwork that you guys  
17          displayed here and the time and  
18          effort that you put into  
19          everything today.

20                   I don't think that innuendos  
21          from competitors and the issues  
22          around market share are factored  
23          into at least my decision. I  
24          doubt they were factored by

1 anybody else's decision.

2 I'm going to have to vote no  
3 because my concerns are with the  
4 size of the hospital, the excess  
5 capacity and the market currently,  
6 unnecessary duplication, and I  
7 have big concerns about  
8 accessibility.

9 I'm not sure that a spend of  
10 \$21 billion provides a significant  
11 benefit with regard to the  
12 patient, so I'm going to have to  
13 vote no.

14 MR. ROATE: Thank you.

15 Dr. Tanksley?

16 MEMBER TANKSLEY: I too want  
17 to thank you for an amazing  
18 presentation. I think there's a  
19 lot of thought that went into this  
20 project, and perhaps there's a  
21 role for services like this at  
22 some point.

23 My concern is that this  
24 sounds like a super urgent care as

1           opposed to a hospital, and I'm  
2           also very concerned that there  
3           would be an ability to care and  
4           respond quickly if these services  
5           went from lower acuity to higher  
6           acuity which can happen very  
7           quickly in a hospital setting,  
8           especially in an emergency room  
9           setting.

10                   I think your staffing model  
11           sounds okay, but I'm going to say  
12           I would love to have or would love  
13           to see some more oversight to  
14           ensure that those patients would  
15           be safe.

16                   I am going to vote no on  
17           this project for all those reasons  
18           and also because we have a high  
19           number of beds in Illinois that we  
20           don't need already. That's just  
21           my opinion, and we need to be  
22           looking at how do we work better  
23           together and make our services  
24           more efficient in more

1 comprehensive ways as opposed to  
2 adding more to an already  
3 excessive system, so with that, I  
4 thank you for this presentation,  
5 but I am going to vote no.

6 MR. ROATE: Thank you.

7 Ms. Hardy-Waller?

8 MEMBER HARDY-WALLER: I too  
9 thank you for your efforts. I  
10 think what you're doing is  
11 applaudable. I didn't get a  
12 chance to say this earlier, but I  
13 do think that particularly for  
14 NorthPointe and all of the  
15 nonacute services that you have  
16 added, really, really makes Beloit  
17 have a robust continuum of care,  
18 which is what we really need in  
19 our health system, so I applaud  
20 you for that.

21 I have been working really  
22 hard to make this make sense to  
23 me, and I have not been able to do  
24 that.

1                   I would agree with my  
2                   colleague, Dr. Tanksley, in that  
3                   as I think about the low acuity  
4                   level for the very small hospital  
5                   of 10 beds, it really feels like a  
6                   super urgent care center. And in  
7                   my head, I kept trying to figure  
8                   out what is another alternative to  
9                   do this without building a \$20  
10                  million hospital facility.

11                  That in addition to I also  
12                  struggled with sort of  
13                  untangling -- understanding that  
14                  Beloit is the parent, but I really  
15                  had a hard time untangling Beloit,  
16                  Wisconsin from NorthPointe,  
17                  Illinois, particularly since my --  
18                  what I do is for Illinois, so I  
19                  had a hard time untangling that as  
20                  well, but, again, applaud your  
21                  rationale for wanting to do this  
22                  and for your care and concern for  
23                  the patient population in the  
24                  area, but I will have to vote no

1 for those reasons.

2 MR. ROATE: Thank you.

3 Madam Chair.

4 CHAIRWOMAN SAVAGE: This has  
5 been a very hard decision to make.  
6 I thank everybody for all your  
7 testimony. You guys had a great  
8 presentation, especially  
9 appreciate our physicians and  
10 social worker. I think you guys  
11 did a great job and all the people  
12 here who participated.

13 I think there are still some  
14 questions. I don't think some of  
15 the negative feedback that came  
16 earlier influenced me because you  
17 spoke to that. I think you spoke  
18 to that fairly well, but I still  
19 have questions like my colleagues  
20 do and, unfortunately, I'm going  
21 to have to vote no to this, but it  
22 will be something you can come  
23 back and shore up perhaps.

24 MR. ROATE: Thank you, Madam



1 Chair.

2 That's one vote in the  
3 positive, five votes in the  
4 negative and one absent.

5 CHAIRWOMAN SAVAGE: So then,  
6 unfortunately, that is an intent  
7 to deny, so the board staff will  
8 be in touch with you in the near  
9 future. Thank you.

10 Okay. Do any of our board  
11 members need a break before we  
12 continue on? Okay. So we are  
13 going to have a five-minute break  
14 and we will be right back.

15 (A recess was had.)

16 CHAIRWOMAN SAVAGE: So we  
17 are going to start again, and we  
18 are going to move on now to other  
19 business. Yes.

20 So John, you are going to  
21 talk about some financial reports.

22 The rules?

23 MS. DOMINGUEZ: Number 8.

24 CHAIRWOMAN SAVAGE: Okay.

1 Scratch that, Renee. We are going  
2 to move back to number 8. That's  
3 going to be the rules development,  
4 an update to change in the cardiac  
5 cath category of service rules.

6 And who is doing that? Don,  
7 is that you? Don Jones.

8 MR. JONES: Thank you, Madam  
9 Chair.

10 This is just a very brief  
11 update. As you know, the board  
12 has been working on changes to the  
13 cardiac cath rules for some time.

14 We have assisted the input  
15 from a number of industry  
16 providers and we have gotten a lot  
17 of responses back from them.

18 We have also sent a draft to  
19 the Illinois State Medical  
20 Society, Illinois Hospital  
21 Association, Illinois Freestanding  
22 Surgery Center Association and  
23 gotten their input as well.

24 One of the things we're

1           waiting on at the moment, the  
2           Department is also beginning to  
3           revise its ASTC licensing rules in  
4           regards to cath because their  
5           rules were somewhat out of date as  
6           ours are, so Karen and her team  
7           have created a draft. The ASTC  
8           Advisory board meets I think it's  
9           December 11th to consider that --  
10          the rules and approve that and the  
11          Governor's office would review and  
12          approve and the Department will  
13          start the rule-making process.

14                 What we would probably do is  
15          once their draft is done, we will  
16          incorporate or cross reference  
17          what we need to from their rules  
18          into the board's rules and most  
19          likely will present that to you in  
20          January for your approval, and  
21          then we will also begin the  
22          ruling-making process in a formal  
23          sense.

24                         CHAIRWOMAN SAVAGE: Very

1 good.

2 Any questions anyone?

3 Mr. Fox.

4 MEMBER FOX: Don, when we  
5 talked about this six or eight or  
6 nine months ago, somebody  
7 presented some of the standards  
8 that had been adopted by other  
9 states and in terms of  
10 approval procedures required in  
11 order to establish cath labs, et  
12 cetera. I was pretty impressed  
13 with some of the work and some of  
14 the outcomes that those states had  
15 come up with.

16 Have we informed our own  
17 process of coming up with new  
18 rules by what other states have  
19 done as compared to we are sort of  
20 in a bubble creating our own set  
21 of standards without looking  
22 around to see what other people  
23 have done?

24 MR. JONES: Right. In

1           Pennsylvania and Michigan, for  
2           example, they have recently --  
3           those states have recently revised  
4           their cardiac cath requirements.  
5           They are more focused on physician  
6           usage is what I would call it.  
7           It's where a physician has to  
8           perform X number of caths per year  
9           for proficiency before that  
10          physician will get credentialed to  
11          provide service at a new site,  
12          let's say, for example.

13                    At the moment the board's  
14                    rules are more focused on facility  
15                    utilization, and the Department's  
16                    draft rules are more focused on  
17                    physician usage, so that's  
18                    something we will need to look at  
19                    and potentially reconcile between  
20                    their draft and our draft.

21                    MEMBER FOX:   Okay.   Thanks.

22                    CHAIRWOMAN SAVAGE:   Other  
23                    questions?   Go ahead.   This will  
24                    be Gary Kaatz.

1                   MEMBER KAATZ: Don, with  
2                   where we're at, we've probably  
3                   already taken this into  
4                   consideration. Did we ever  
5                   reconvene that group that you had  
6                   I think you a year ago?

7                   MR. JONES: That was last  
8                   December.

9                   MEMBER KAATZ: Last December  
10                  and reconvene that group and  
11                  present them the rules changes as  
12                  we --

13                  MR. JONES: We could do  
14                  that. What we have done in the  
15                  background is that a lot of those  
16                  individuals in those facilities  
17                  that are here in December, they  
18                  are part of the group that we have  
19                  shared the information with and  
20                  gotten feedback from them.

21                  MEMBER KAATZ: Very good.

22                  CHAIRWOMAN SAVAGE: All  
23                  right. Thank you on that, Don.

24                  Would you please share your

1 2024-FSHRB legislative report.

2 MR. JONES: Thank you, Madam  
3 Chair.

4 Once again, this will be  
5 brief. Early this year you had  
6 gotten reports from us with  
7 various bills that we were  
8 tracking that potentially affects  
9 the board. None of those bills  
10 materialized except for one and,  
11 John, the building -- state  
12 made -- it's about the long-term  
13 care issue.

14 CHAIRWOMAN SAVAGE: 3155.

15 MR. JONES: That did pass.  
16 That will become law January 1st,  
17 I believe. None of those other  
18 bills moved forward.

19 At the moment the General  
20 Assembly is scheduled to have an  
21 all veto session November 12th  
22 through the 14th, 19th through the  
23 21st.

24 We heard that veto session

1           would be reduced or potentially  
2           canceled altogether, but nothing  
3           formal has been -- either it  
4           hasn't been decided or it hasn't  
5           been announced, so at the moment  
6           the fall veto session is  
7           scheduled, and then the 104th  
8           General Assembly will convene in  
9           January, but the General Assembly  
10          has not established a schedule for  
11          when that will be done.

12                   CHAIRWOMAN SAVAGE: All  
13           right. What did the long-term  
14           care bill -- I don't remember.  
15           What was that entailing? Anything  
16           important?

17                   MR. JONES: It was about  
18           safety.

19                   MS. DOMINGUEZ: That bill  
20           was just asking -- IDPH is  
21           required to provide certain  
22           information when there's a  
23           transfer of nursing homes  
24           regarding the transfer, the



1 operator and homes.

2 MR. JONES: Had to be a  
3 transition.

4 CHAIRWOMAN SAVAGE: That's  
5 Blanca Dominguez.

6 MR. JONES: This is Don  
7 Jones again. That bill which will  
8 become law is going to require the  
9 seller and the buyer of a nursing  
10 home to create a transition plan.  
11 The Department will have to be  
12 involved with -- the Department  
13 will have to sign off on that  
14 transition plan because that plan  
15 needs to be in place while the  
16 change of ownership is  
17 transitioning to ensure a certain  
18 quality of care is being provided  
19 to the residents of the facility.

20 CHAIRWOMAN SAVAGE: That  
21 would be nice. Okay. Thank you.

22 Now, Mr. Kniery, would you  
23 like to give us our financial  
24 report?

1 MR. KNIERY: Yes, thank you.  
2 Just the highlights. The report  
3 is in your packet.

4 The expenses were up  
5 18 percent from fiscal year end  
6 2023, but the expenses were well  
7 under fiscal years '21 and '22.

8 As related to you, previous  
9 financial reports, fiscal year '24  
10 was a slow year. Revenue was  
11 probably the lowest it's been in  
12 about five years, so we are  
13 addressing, trying to address that  
14 issue.

15 We've received Governor's  
16 office approval and to update our  
17 rules, we are looking at  
18 settlement fee increases,  
19 proposing to increase the base fee  
20 from 2,500 to 5,000. Increasing  
21 post permits from 500 to 1,000, a  
22 \$500 increase on those. Those  
23 that are 1,000 will go to 1,500.  
24 Very minimal impacts.

1                   I think the biggest thing  
2                   will be the going from 2,500  
3                   initial fee to 5,000 because all  
4                   the exceptions, those are  
5                   essentially 2,500 fees, period,  
6                   and we are spending that in just  
7                   making -- doing the postage to  
8                   newspapers, so there's nothing  
9                   left after that typically.

10                   Overall, we're significantly  
11                   under our budget appropriation.  
12                   Our cash balance in the board's  
13                   fund is sufficient when there's  
14                   some of these slow times.

15                   I would expect this lasts  
16                   probably another year given the  
17                   markets and high interest rates,  
18                   inflation rates. Right now  
19                   everyone is trying to figure out  
20                   if we can -- if we spend it, can  
21                   we pay for it, so I just think  
22                   that we are going to see a little  
23                   bit more.

24                   We still have some staffing

1 needs. Overall staffing costs  
2 have been increasing as with  
3 everything else. We may  
4 ultimately need to reset the  
5 thresholds. Projects have to --  
6 been going up every year because  
7 of inflation. We are looking at  
8 possibly resetting those. That  
9 would be a legislative task. And  
10 we may have to come back for  
11 additional fees, but I just want  
12 to see how these will affect us  
13 and if we can get by by changes  
14 that we're suggesting that we can  
15 do through rule, so that's it.

16 If there's any questions, be  
17 more than happy to answer any  
18 questions.

19 MEMBER BEEDLE: This is  
20 Dennis Beedle. Do you think you  
21 could stratify the fees for the  
22 size of the organization?

23 I realized when I was  
24 reviewing the packet that we were

1 not talking about thousands of  
2 dollars. We were talking about  
3 millions of dollars, so it does  
4 seem like for some of the small  
5 players, this is kind of a high  
6 risk expense thing. For some of  
7 the larger players, they have a  
8 lot of resources. They provide a  
9 lot of material for us to read, I  
10 would point out, and just their  
11 financial could be a 45-minute  
12 read, so I would think that that  
13 might be another approach.

14 MR. KNIERY: I think there  
15 is on just the percentage, the  
16 general fee is .0022 of the  
17 project, total project cost. The  
18 higher the project cost, the  
19 higher the fee.

20 We are looking at possibly  
21 increasing the caps, so on those  
22 big projects, the big systems so  
23 we'll have a little flexibility in  
24 that, so we are trying to look at

1           those things that we can do  
2           through rule first, but I think it  
3           does -- it really already lends  
4           itself to the bigger a project in  
5           the system, the more the fee would  
6           be.

7                     I think -- I still think we  
8           are very reasonable keeping an  
9           initial application fee of 5,000.  
10          We looked at other states. I  
11          think we are in line there.

12                    Our thresholds are higher  
13          than any surrounding state in the  
14          Midwest.

15                    We're looking at all those  
16          things to try to normalize or  
17          level the playing field in the  
18          entire area.

19                    MEMBER HARDY-WALLER: John,  
20          I was going to ask. This is  
21          Antoinette Hardy-Waller.

22                    I was just going to ask,  
23          what do you think primarily was  
24          driving the reduction in revenue,

1           particularly the net over the last  
2           four to five years?

3                       MR. KNIERY: We had an  
4           anomaly here last year, so we had  
5           a record year. We had a large  
6           number of projects filed. I think  
7           we always see that it ebbs and  
8           flows enclosed.

9                       I think coming out of COVID,  
10          I think there's no norm quite yet,  
11          and I think we are just now  
12          starting to see it, so I think  
13          there's a pent up demand and we  
14          saw that, and now there's higher  
15          interest rates and things like  
16          that, we are seeing things are  
17          leveling out and people are being  
18          more selective in projects they  
19          do.

20                      Everything is cyclical. I  
21          do believe it can come back. We  
22          are just in one of those times  
23          that projects are not as high  
24          volume as they had been.

1                   MEMBER HARDY-WALLER: Do you  
2 think that where we are in terms  
3 of revenue as sort of leveling out  
4 and the norm will be over time for  
5 the most part?

6                   MR. KNIERY: No. I think  
7 we're low. I think we're low, and  
8 it's good that we have the funds  
9 that when things are high, that we  
10 put the money away and it works  
11 itself out.

12                   CHAIRWOMAN SAVAGE: I would  
13 think as the economy continues to  
14 improve that it's going to get  
15 better for us, and hospitals are  
16 going to take more risks as we go  
17 along.

18                   MEMBER KATZ: It's David  
19 Katz.

20                   It's got to be highly  
21 correlated with the interest  
22 rates. I mean, it's not a whole  
23 lot more complicated than that.

24                   How big of a problem is



1           it -- that \$4 million, how big a  
2           problem is that? Is that -- is  
3           there reserves?

4                   MR. KNIERY: We have -- so  
5           we have a cash balance in our fund  
6           of 4.7 at the end of last fiscal  
7           year. It's a little less than  
8           that now, but it's still healthy  
9           and so we should be able to  
10          weather a couple of years.

11                   MEMBER KATZ: Thank you.

12                   CHAIRWOMAN SAVAGE: Okay.  
13          We are going to move on to Kenton  
14          Tilford. He is going to talk  
15          about the 2023 annual hospital  
16          questionnaire profiles and do a  
17          website demo quickly.

18                   MR. TILFORD: Thanks so  
19          much. So we finally figured  
20          out -- we finally finished the  
21          hospital profiles for 2023. I  
22          have an example of it on the board  
23          behind you. It's a little bit of  
24          a new design and that's the

1 statewide summary.

2 I have got a couple of  
3 bullet points as far as changes  
4 from last year that I wanted to go  
5 over.

6 Some of the trends, there's  
7 the trend towards outpatient  
8 surgeries from inpatient,  
9 outpatient surgeries, up  
10 11 percent, inpatient,  
11 5.4 percent. Outpatient's revenue  
12 is up 19 percent, as opposed to  
13 9 percent for inpatient revenue.

14 Charity care declined from  
15 last year, which seems like  
16 something that we should look at.

17 The CON occupancy rate is  
18 59.1. It was 59.3 in 2022. And  
19 as far as the charity care goes in  
20 2022, charity care was  
21 1.75 percent of net revenue. In  
22 2023, it's 1.3 percent.

23 Also another trend, average  
24 inpatient and outpatient surgery

1           time has declined. 3 hours for  
2           inpatient, 1.7 for outpatient.

3                   And also I just want to ask  
4           to the board members and anyone  
5           else, if anyone has anything that  
6           they want us to be looking at in  
7           particular, you can always feel  
8           free to reach out to me. I can  
9           give you whatever we have.

10                   I think that's about it. We  
11           can send the profiles out to the  
12           board via email after this, but  
13           with that being said, we can go to  
14           the website now.

15                   MR. KNIERY: While you get  
16           that set up, we need a vote to --  
17           we do need a quick vote to approve  
18           the profiles that Kenton is  
19           proposing.

20                   CHAIRWOMAN SAVAGE: I have a  
21           motion to approve the hospital  
22           questionnaire profiles. I have a  
23           second.

24                   Second by Gary Kaatz. And

1 all in favor say aye.

2 (A chorus of ayes.)

3 CHAIRWOMAN SAVAGE: And any  
4 nays.

5 (No response.)

6 CHAIRWOMAN SAVAGE: No nays,  
7 so that passes.

8 And for Renee, that means  
9 all board members voted aye.

10 All right. So go forth with  
11 your demonstration.

12 MR. TILFORD: Just fixing my  
13 technical difficulties here.

14 MR. KNIERY: This is John  
15 Kniery. While they are still  
16 pulling this up, I just want to  
17 point out, Kenton and Shari, that  
18 Kenton, mostly Kenton came up with  
19 a full draft rewrite of our  
20 website, but the entire staff has  
21 been working very diligent on it,  
22 and I think it will be much easier  
23 to navigate and search which will  
24 hopefully make things a little bit

1 better. So thank you both. Thank  
2 you.

3 MR. TILFORD: Thanks, John.

4 Here is the home page, so if  
5 you notice, the awful brown is not  
6 there anymore. So we got like we  
7 have a new feature called a  
8 Project Search that the guys at Do  
9 It suggested.

10 So when you use the search  
11 function in our website, it  
12 usually does not work very well.  
13 It just like brings up a bunch of  
14 old documents that might -- may or  
15 may not be related.

16 But now you can go to the  
17 project search and type in the  
18 project name and it will send you  
19 right to that project.

20 You can still do the normal  
21 search on the website if you are  
22 trying to find old documents, but  
23 I think that makes the key thing  
24 that people do here a lot easier

1 to find.

2 We have got -- the main  
3 thing with that is just the new  
4 design, so I think it looks a lot  
5 better. The stakeholders are all  
6 going to have a nicer experience.

7 We got a nice little staff  
8 page here, and go to  
9 announcements, it's largely the  
10 same content, but hopefully a  
11 little bit easier for everyone to  
12 find.

13 CON applications, just click  
14 on these links here, download the  
15 application forms.

16 In the future we would like  
17 to be able to make the process  
18 entirely online, so we are not  
19 like downloading a PDF and not  
20 having people send it back and all  
21 that good stuff.

22 As far as the data goes,  
23 this will be a lot better in the  
24 future. Right now it's just kind

1 of everything we have is up there,  
2 but the great thing that Do It  
3 helped me with was a filter system  
4 for this, so if you just want to  
5 see ASTC data, you just hit that  
6 and it will pop up from each year.

7 In the future I would like  
8 to do more to be able to see year  
9 over year data better, but I think  
10 it's a good start.

11 CHAIRWOMAN SAVAGE: I like  
12 it. Easy to use it looks like.

13 MR. TILFORD: Yeah. And Do  
14 It made sure it was accessible on  
15 mobile too, so it looks pretty  
16 nice there too.

17 Does anyone have any  
18 questions about it?

19 Thanks so much.

20 CHAIRWOMAN SAVAGE: Okay.  
21 May I have a motion to go into  
22 executive session pursuant to  
23 Session 120/211 of the Open  
24 Meetings Act to discuss probable

1 or imminent legal action?

2 MEMBER HARDY-WALLER: So  
3 moved.

4 MEMBER KATZ: Second.

5 CHAIRWOMAN SAVAGE: That  
6 would be Ms. Hardy-Waller and then  
7 Mr. Katz -- what's his name?  
8 David Katz, not Gary, so David  
9 Katz is second.

10 Now, all those in favor of  
11 said motion, say aye.

12 (A chorus of ayes.)

13 CHAIRWOMAN SAVAGE: All  
14 those opposing the motion to move  
15 into executive session, say nay.

16 (No response.)

17 CHAIRWOMAN SAVAGE: Okay.  
18 The ayes have it.

19 So everybody online with the  
20 exception, of course, of Renee,  
21 shall need to log off.

22

23

24



1 (Whereupon, executive  
2 session was had and  
3 transcribed under separate  
4 cover.)

5 (The following proceedings  
6 were held in regular session  
7 after executive session.)

8 CHAIRWOMAN SAVAGE: We're in  
9 regular session.

10 So now may I have a motion  
11 to approve these settlement  
12 agreements and final orders for  
13 Centers for Health Ambulatory  
14 Surgery Center, LLC, Swedish  
15 American Hospital and Endeavor  
16 Health and Northwest Community  
17 Foot and Ankle, LLC.

18 MEMBER KATZ: So moved.  
19 David Katz.

20 MEMBER TANKSLEY: Audrey  
21 Tanksley. Second.

22 CHAIRWOMAN SAVAGE:  
23 Splendid.

24 George, could you call the

1 roll.

2 MR. ROATE: Thank you, Madam

3 Chair.

4 Mr. Budde?

5 SPEAKER: Yes.

6 MR. ROATE: Thank you.

7 Mr. Fox? David Fox. Thank

8 you.

9 David Katz.

10 MEMBER KATZ: Yes.

11 MR. ROATE: Gary Kaatz?

12 MEMBER KAATZ: Yes.

13 MR. ROATE: Dr. Tanksley?

14 MEMBER TANKSLEY: Yes.

15 MR. ROATE: Ms.

16 Hardy-Waller?

17 Chairman Savage?

18 CHAIRWOMAN SAVAGE: Yes.

19 MR. ROATE: That's seven

20 votes in the affirmative.

21 CHAIRWOMAN SAVAGE: Okay.

22 The settlement agreements and

23 final orders are approved.

24 So now we have referrals to

1 legal counsel for Ascension  
2 Healthcare, Retina Surgery Care,  
3 AdventHealth, HSHS and Premier  
4 Cardiac.

5 So now may I have a motion  
6 to approve the referral of these  
7 matters listed in Item 12C of the  
8 agenda to the legal counsel for  
9 review and appropriate compliance  
10 action?

11 MEMBER KATZ: So moved  
12 again. David Katz.

13 MEMBER BUDDE: This is Rex  
14 Budde. I second.

15 CHAIRWOMAN SAVAGE:  
16 Splendid. All those in favor say  
17 aye.

18 (A chorus of ayes.)

19 And any nays?

20 (No response.)

21 CHAIRWOMAN SAVAGE: No.

22 The ayes have it.

23 All right. So let's see.

24 Our next meeting, everyone put on

1           your calendar, December 10th. It  
2           will be exciting. Yes.

3                   UNIDENTIFIED SPEAKER:  
4           Antoinette and I cannot make that  
5           meeting, so you might want to  
6           consider an alternative date.

7                   CHAIRWOMAN SAVAGE: Okay.  
8           So we will look at that. We will  
9           get back to everyone because  
10          January also has to be  
11          rescheduled, so maybe it will all  
12          work out.

13                   He's working on it right  
14          away. All right.

15                   Now wishing everyone a very  
16          Happy Halloween and a Happy  
17          Thanksgiving, and now may I have  
18          that all important motion to  
19          adjourn?

20                   MEMBER HARDY-WALLER: So  
21          moved.

22                   MEMBER BUDDE: Second.

23                   CHAIRWOMAN SAVAGE: And all  
24          in favor of this say aye.

1 (A chorus of ayes.)  
2 CHAIRWOMAN SAVAGE: I hear  
3 no nays, so that motion has passed  
4 and we thank you, Renee, for  
5 coming on at the last minute.  
6 Thank you.  
7 (Which were all the  
8 proceedings had  
9 at the above-entitled cause  
10 at 5:35 p.m.)

11  
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1 STATE OF ILLINOIS )  
 ) SS:  
 2 COUNTY OF KANE )

3 I, Renee E. Brass, Certified  
 4 Shorthand Reporter of the State of  
 5 Illinois, CSR No. 084-004119, do hereby  
 6 certify that I caused to be reported in  
 7 shorthand and thereafter transcribed the  
 8 foregoing transcript of proceedings.

9 I further certify that the foregoing is a  
 10 true and complete transcript of my  
 11 shorthand notes so taken as aforesaid,  
 12 and further, that I am not counsel for  
 13 nor in any way related to any of the  
 14 parties to this action, nor am I in any  
 15 way interested in the outcome thereof.

16 IN TESTIMONY WHEREOF, I have  
 17 hereunto set my hand this 13th day of  
 18 November 2024.

19 *Renee E Brass*

21  
 22 CSR No. 084-004119-Expiration Date: 5.31.2025

23  
 24

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