

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 1

1 HEALTH FACILITIES AND SERVICES REVIEW BOARD

2 525 West Jefferson Street, 2nd Floor

3 Springfield, Illinois 62761

4 217-782-3516

5

6

7

8

9 OPEN SESSION

10 (February 5, 2013)

11

12 Regular session of the meeting of the State of  
13 Illinois Health Facilities and Services Review Board was  
14 held on February 5, 2013, at the Bolingbrook Golf Club,  
15 2001 Rodeo Drive, Bolingbrook, Illinois.

16

17

18

19

20

21

22

23

24

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 2

1     PRESENT:

2             John Hayes - Vice-Chairman

              Alan Greiman

3             Kathy Olson

              Richard Sewell

4             Philip Bradley

              Deanna Demuzio

5             David Penn

6

              Courtney Avery - Administrator

7             Catherine Clark - Board Staff

              Frank Urso - General Counsel

8             Juan Morado - Assistant Counsel

              Alexis Kendrick - Board Staff

9             Michael Constantino - IDPH Staff

              George Roate - IDPH Staff

10            Bill Dart - IDPH

              Michael C. Jones - DHFS

11            Michael Pelletier - DHS

12

13

14

15

16

17

18

19

20

              Reported by:

21            Karen K. Keim

              CRR, RPR, CSR-IL, CRR-MO

22            Midwest Litigation Services

              115 S. Lasalle Street, Suite 2600

23            Chicago, IL   60611

24

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 3

1     START TIME:   10:08 a.m.

2

3                   VICE-CHAIRMAN HAYES:    I'd like to call the  
4     meeting of the Health Facilities and Services Review Board,  
5     on Tuesday February 5th, 2013.   I'd like to call to order.

6                   Can we have a roll call?

7                   MR. ROATE:   Yes, sir.

8                   John Hayes?

9                   VICE-CHAIRMAN HAYES:   Here.

10                  MR. ROATE:   Phillip Bradley?

11                  MR. BRADLEY:   Here.

12                  MR. ROATE:   Senator Deanna Demuzio?

13                  MS. DEMUZIO:   Here.

14                  MR. ROATE:   Justice Alan Greiman?

15                  MR. GREIMAN:   Here.

16                  MR. ROATE:   Kathy Olson?

17                  MS. OLSON:   Here.

18                  MR. ROATE:   David Penn?

19                  MR. PENN:    Here.

20                  MR. ROATE:   Richard Sewell?

21                  MR. SEWELL:   Here.

22                  MR. ROATE:   Seven members present.

23                  VICE-CHAIRMAN HAYES:   Thank you.

24                  Now, I'd like to move on -- I'd also like to

1 recognize a class from Governor State University, and  
2 specifically they're in the class for Health Planning, and  
3 they'll be observing our meeting today, and I'd like to  
4 recognize them. Thank you.

5 Now, I'd like to move on to the approval of  
6 the agenda.

7 MR. CONSTANTINO: Mr. Chairman, I'd like to  
8 make a change in the agenda, propose a change. If you  
9 could turn to page 3, the agenda, under Legal Referrals, we  
10 would like to remove Rush University Medical Center. They  
11 have provided us with the data, ESRD data, that we had  
12 requested.

13 And our Compliance Officer, Ms. Kendrick,  
14 would like to add two referrals.

15 MS. KENDRICK: Under the Referrals to Legal  
16 Counsel section, I'd like to add, in place of Number 2,  
17 project No. 12-028, Orland Park Surgical Center. I'd like  
18 to also add on page 1 under New Business, Section 7 -- I'd  
19 like to add Legislative Update as Number 5 to the agenda.

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

21 VICE-CHAIRMAN HAYES: You're welcome, Mike.

22 MR. SEWELL: Mr. Chairman, I move approval of  
23 the agenda as amended.

24 MS. OLSON: Second.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 5

1 VICE-CHAIRMAN HAYES: Roll call?

2 MR. ROATE: Mr. Hayes?

3 VICE-CHAIRMAN HAYES: Yes.

4 MR. ROATE: Phillip Bradley?

5 MR. BRADLEY: Yes.

6 MR. ROATE: Senator Demuzio?

7 MS. DEMUZIO: Yes.

8 MR. ROATE: Justice Greiman?

9 MR. GREIMAN: Yes.

10 MR. ROATE: Kathy Olson?

11 MS. OLSON: Yes.

12 MR. ROATE: David Penn?

13 MR. PENN: Yes.

14 MR. ROATE: Richard Sewell?

15 MR. SEWELL: Yes.

16 MR. ROATE: That's seven votes in the

17 affirmative.

18 VICE-CHAIRMAN HAYES: Thank you. Motion

19 passes.

20 Our next item is the approval of the minutes

21 of the December 10, 2012 meeting. Any Board members have

22 any comments on the minutes from the last meeting?

23 (Pause)

24 VICE-CHAIRMAN HAYES: Seeing none, may I have

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 6

1 a motion to approve the minutes of the December 10, 2012  
2 meeting?

3 MS. DEMUZIO: Motion.

4 MS. OLSON: Second.

5 VICE-CHAIRMAN HAYES: Roll call.

6 MR. ROATE: Mr. Bradley?

7 MR. BRADLEY: Yes.

8 MR. ROATE: Senator Demuzio?

9 MS. DEMUZIO: Yes.

10 MR. ROATE: Justice Greiman?

11 MR. GREIMAN: Yes.

12 MR. ROATE: Mr. Hayes?

13 VICE-CHAIRMAN HAYES: Yes.

14 MR. ROATE: Ms. Olson?

15 MS. OLSON: Yes.

16 MR. ROATE: Mr. Penn?

17 MR. PENN: Yes.

18 MR. ROATE: Mr. Sewell?

19 MR. SEWELL: Yes.

20 MR. ROATE: That's seven votes in the  
21 affirmative.

22 VICE-CHAIRMAN HAYES: Motion passes.

23 The next item on the agenda is the Public  
24 Participation, and I recognize Juan to be able to get us

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 7

1     started on that.

2                   MR. MORADO:   Thank you, Mr. Chairman.

3                   Good morning.   We're going to be entering the  
4     public participation phase of our meeting.   If you've been  
5     here before, this is going to be a little bit different  
6     than we usually do it.   We are currently running a pilot  
7     program.

8                   If you are going to be providing comments for  
9     public participation comments, you have already registered  
10    and you've been given a number on a blue card.   So I just  
11    want to read a few of the guidelines for public comment  
12    today.   You'll find the entire set of guidelines on our web  
13    site, but just to hit a few key points.

14                  Visual aids or handouts are prohibited during  
15    the public participation of the Board meeting.   If you have  
16    previously participated in any public hearing or submitted  
17    written comments related to the projects listed on today's  
18    agenda, you will not be allowed to repeat your comments,  
19    because each Board has already received those materials.  
20    Each speaker will be allowed a maximum of two minutes to  
21    provide their comments about agenda items listed for the  
22    day's Board meeting.   Please understand that when I signal  
23    you, you need to conclude your comments.   I will give you a  
24    warning when there's thirty seconds left and when you need

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 8

1 to conclude your comments.

2 We are going to begin. If you can look at  
3 your card, I'm going to ask Numbers 1 through 5 to step up  
4 and take a seat here. There is a sign-in sheet that is  
5 going to be provided at the speakers' table for you.  
6 Please sign in for us, and when you're done speaking, you  
7 can leave your card right on the table. Thank you. The  
8 sign-in sheet is for the Court Reporter.

9 Starting us off today, we have Senator Martin  
10 Sandoval. We'd like to welcome him here today. And,  
11 Senator, whenever you're ready.

12 MR. SANDOVAL: Thank you. Good morning,  
13 buenos dias, Mr. Chairman and members of the Board. My  
14 name is Martin Sandoval (unintelligible), and my mom calls  
15 me Martin Sandoval. I am a State Senator, representing the  
16 11th District on southwest side of Chicago in western Cook.  
17 My district includes the residents of the St. Anthony  
18 Hospital. I'm here to support St. Anthony's proposed 26th  
19 Street dialysis center project to provide dialysis to the  
20 residents of Little Village and Lawndale communities.

21 In respect of your time and limited space, I  
22 did not bring the multitudes of supporters of this project  
23 for the hearing today, because there wouldn't be suffice  
24 room here at the Golf Center. I will also want to state



1     for the record that I am -- along with being a State  
2     Senator, that I am a son of undocumented immigrants that  
3     came to this country in 1959 and landed in Plymouth Rock,  
4     southwest side of Chicago, the area that this dialysis  
5     center would serve.

6                     My district includes the neighborhoods of  
7     Brighton Park, Clearing, Gage Park, Garfield Ridge, Little  
8     La Villita Village, West Lawn, West Cook municipalities of  
9     Cicero, Bedford Park, Burbank, Forest View, Lyons,  
10    Stickney, Summit, and Riverside. The demographics of the  
11    residents of the 11th District include a high percentage of  
12    Latinos. I'd like to say that for the last 10 years and  
13    moving into a new term in office, that I represent the  
14    heart of the Latino community in Illinois. The greatest  
15    number of Latinos reside on the southwest side of Chicago  
16    in the particular area that I represent and have  
17    represented over the last decade.

18                    As many of you know, many of our residents  
19    face difficulties in accessing healthcare because of  
20    cultural disparities, a lack of understanding of our health  
21    care system, as well as financial issues. St. Anthony  
22    Hospital's proposed dialysis facility within a clinic  
23    setting will help meet the documented needs of an under  
24    served community by bridging the gap of accessible

1 healthcare to the residents of the community. As Latinos,  
2 we have -- we, as a population, have higher rates of  
3 obesity, hypertension, and diabetes. With poor diets and  
4 unhealthy lifestyles, our communities remain at risk for  
5 complications, including end stage renal disease requiring  
6 dialysis.

7 I would like to give just a personal  
8 testimony. I'm pretty proud of the fact that over the last  
9 year and a half, I've lost over 60 pounds, because it took  
10 me 49 years of my life to understand what good nutrition  
11 is. I had access to a nutritionist and learned about  
12 healthy eating and diet and exercise. I am 49 years old,  
13 and it took me that long to figure it out. Can you imagine  
14 the rest of my community, our communities?

15 While I'd like to hope that through wellness  
16 education and improving the quality of life of our  
17 residents, the health issues that strike our communities  
18 will improve and should be on all of our wish lists, the  
19 cold reality is that we will continue to need dialysis  
20 stations throughout the City of Chicago. Neighborhoods in  
21 the southwest side of Chicago will continue to suffer from  
22 high numbers of obesity, hypertension, diabetes, often  
23 resulting in renal disease.

24 St. Anthony's Hospital has always been and

1     will continue to be a strong pillar in our communities. I  
2     support this project, because it's the right thing to do  
3     for my constituents. I also believe that if it's  
4     successful this morning, it will be the first  
5     not-for-profit dialysis center in -- on the southwest side  
6     of Chicago. That is an important fact. We need more and  
7     more of our not-for-profit partners to be involved in the  
8     healthcare of especially this large and growing demographic  
9     part of our society that are contributors to our economy  
10    also.

11                     Thank you very much.

12                     MR. MORADO: Thank you very much, Senator.

13                     Next up we have Margie Schaps.

14                     MS. SCHAPS: Thank you. This is a historic  
15    day.

16                     My name is Margie Schaps. I'm the Executive  
17    Director of the Health and Medicine Policy Research Group,  
18    a policy development, research, and advocacy group based in  
19    Chicago, working to improve health and health systems  
20    across Illinois for over 30 years. I appreciate this  
21    opportunity to provide testimony before you today in  
22    support of the application of PCC Wellness to establish the  
23    first freestanding birth center in Illinois.

24                     In 1987, Health and Medicine created the

1     Illinois Birth Center Task Force, because we knew of the  
2     positive impact birth centers have made in states across  
3     the country. Birth centers were able to provide access to  
4     maternity centers in geographic regions without other  
5     services. Birth centers were able to serve as anchors in  
6     urban communities with few resources and provide a vehicle  
7     for neighborhood residents to come together, to provide  
8     supportive, caring, comprehensive, and safe environment for  
9     the families and their communities to have their babies and  
10    learn to care for their newborns. Birth centers were able  
11    to provide safe, cost-effective care that is culturally and  
12    linguistically appropriate, with the most effective  
13    providers of care, usually nurse midwives. The cost  
14    effectiveness, the safety, the low maternal and infant  
15    morbidity and mortality of birth centers has been well  
16    established in the study of 10,000 births published in the  
17    New England Journal of Medicine.

18                    Nonetheless, as you are all aware, it took  
19    until 2007 for Illinois to pass legislation allowing for  
20    birth centers to exist in Illinois, and it took until 2012  
21    for our state to release the rules and regulations that  
22    will govern birth centers in our state. You have the  
23    opportunity today to vote in favor of Illinois joining the  
24    36 states that have established successful birth centers.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 13

1     This is indeed a historic moment, where you will vote to  
2     allow the women and families served in the PCC wellness  
3     community to have the choice to give birth within their  
4     community by the providers they have come to know and to  
5     trust and to rely on --

6                     MR. MORADO:  Thirty seconds.

7                     MS. SCHAPS:  -- and in a manner that will help  
8     bend the cost curve of health services, allowing Illinois  
9     to appropriately spend its healthcare dollars.

10                    The areas of federal health care reform -- the  
11    priorities of health reform are three-fold:  To have better  
12    patient experiences; to improve population health; and to  
13    have cost effective care.  Today, your committee has the  
14    opportunity to vote to establish Illinois' first  
15    freestanding birth center, an opportunity to make the  
16    reality of the goals of national and state health reform a  
17    reality in Illinois.  Please vote for PCC Wellness Birth  
18    Center.

19                    MR. MORADO:  Thank you very much, Ms. Schaps.

20                    Once you completed your comments, you can feel  
21    free to leave the table.  We're also going to be asking --  
22    I'm sorry.

23                    Board Members, I would like to let you know  
24    that Ms. Schaps was speaking on Project 12-084.  Previously

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 14

1 Senator Sandoval was speaking on Project 12-090. We're  
2 going to continue with public comment on Project 12-084,  
3 which is the PCC Birth Center in Berwyn.

4 Next up we have Gayle Riedmann.

5 MS. RIEDMANN: Ladies and gentlemen of the  
6 Board, thank you for the opportunity to speak. My name is  
7 Gayle Riedmann. I'm a nurse midwife, practicing in the  
8 State of Illinois for the last 27 years. I speak to you as  
9 Chair of the Illinois Birth Center Task Force and on behalf  
10 of the American Association of Birth Centers and as a  
11 practicing midwife. I have been very interested in the  
12 establishment of birth centers in Illinois; had experiences  
13 with birth centers practicing in other states; actively  
14 involved in the legislation; and actively involved in  
15 writing of the rules for the last five years.

16 As you're aware, birth centers have not opened  
17 in Illinois, due to unusual wording of the Hospital  
18 Licensing Act. The Hospital Licensing Act states that the  
19 hospital is a facility or place devoted to the diagnosis  
20 and treatment (unintelligible). I know you all know this.  
21 They are admitted for an overnight stay and includes all  
22 places where pregnant families (sic) are received, cared  
23 for, or treated during delivery, including maternity homes,  
24 lying-in homes, and homes for unwed mothers. This is an

1     old Licensing Act.

2                     We could not open up a birth center as long as  
3     that wording is reported, so we passed legislation to allow  
4     for these pilot programs for birth centers. The necessary  
5     legislation is now in place.

6                     Birth centers are a safe choice for the women  
7     of Illinois. Women in Illinois can either choose to  
8     deliver at home or in a hospital. For the 25 years of our  
9     legislative effort, the Illinois State Medical Society and  
10    the American Hospital Association have varied in their  
11    stance, but generally opposed. In 2007 --

12                    MR. MORADO: Thirty seconds.

13                    MS. RIEDMANN: -- it just so happened that the  
14    American College of OB/GYN and the American Academy of  
15    Pediatrics changed their position to state that the  
16    hospital, including birth centers or freestanding birth  
17    centers, are the safest alternative for labor delivery. A  
18    more recent study was published a mere five days ago,  
19    stating birth centers -- that in a study of over 15,000  
20    women -- are safe places with a cesarean section rate of  
21    only 6 percent.

22                    MR. MORADO: Please conclude your comments.

23                    MS. RIEDMANN: So, it's an important addition  
24    for PCC South. I salute them, and on behalf of the American

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 16

1 Association of Birth Centers, I ask that the Board consider  
2 in favor of their application.

3 MR. MORADO: Thank you very much.

4 Ms. Andrea Lee.

5 MS. LEE: Thank you. My name is Andrea Lee.  
6 I'm an OB/GYN physician, working for Erie Family Health  
7 Center.

8 In the beginning of the 20th century, births  
9 moved from the home to the hospital. We believe that this  
10 was a better place for pregnant women. The hospital is a  
11 place for treatment of patients with serious illness. The  
12 vast majority of pregnant women are healthy, not sick. By  
13 moving to the hospital, we started using the available  
14 technology and subsequently are seeing the consequences of  
15 this. We have seen our C-section rate in the United States  
16 go from 5 percent in 1970 to nearly 33 percent today. We  
17 are also seeing more infections and decreased breast  
18 feeding rates. We need to provide an alternative to birth  
19 in the hospital. We need birth centers.

20 Freestanding birth centers play a major role  
21 in the health systems of developed nations and are  
22 operating in 36 states in the US. A birth center provides  
23 the necessary level of health and wellness services,  
24 without converting the natural conditions of pregnancy and



1     delivery into a state of illness in need of treatment. A  
2     birth center with midwives is the best option for low-risk,  
3     healthy women. We see the results with lower C-section  
4     rates; fewer pre-term deliveries and low birth-weight  
5     babies; more women breast feeding; and increased patient  
6     satisfaction.

7                 Birth centers are approximately a third of the  
8     cost of a birth in a hospital. For an FQHC, such as PCC,  
9     with a substantial number of Medicaid patients, this will  
10    show up directly in reduced costs for the State.

11                As an OB/GYN, I have been trained to care for  
12    women who have difficult pregnancies or serious illnesses  
13    and to utilize all of the resources our outstanding  
14    hospitals in Illinois provide; but in the vast majority of  
15    births, this training is not needed. I believe we need to  
16    put the appropriate patients with the appropriate  
17    providers --

18                MR. MORADO: Thirty seconds.

19                MS. LEE: -- and more births need to be  
20    attended by well-trained midwives and freestanding birth  
21    centers with consultation and support from OB/GYN's.

22                I am in full support of PCC opening a birth  
23    center, and hopefully this will pave the way for more  
24    centers to open. Thank you.

1                   MR. MORADO: Thank you very much.

2                   Before we move on to the next project, we do  
3 have one more comment. I'd ask Ms. Honey Skinner to step  
4 up to the microphone.

5                   MS. SKINNER: Thank you. Very briefly, in  
6 connection with Project 12-084, I'm reading testimony on  
7 behalf of Esther Corpus, who is Vice-President of  
8 Government and Community Affairs for Vanguard.

9                   "As you may know, or may remember, Vanguard  
10 West Suburban Hospital developed a collaborative  
11 relationship with PCC Community Wellness Center, because  
12 Vanguard agrees this FQHC is essential in ensuring access  
13 to quality healthcare to all members of our community, the  
14 community that we jointly serve. We believe that the  
15 birthing center services will address an important need in  
16 a setting that is culturally sensitive to the medically  
17 under served.

18                   We have formalized the support by including  
19 PCC midwives and physicians to provide obstetric services  
20 on the staff of the Vanguard West Suburban Medical Center.  
21 As detailed in the application that you have before you,  
22 will manage all transfers in the event of complications.  
23 We believe that this birthing center represents precisely  
24 the kind of collaborative partnership between established

1 healthcare providers that will meet long-term goals for our  
2 community."

3 Thank you so much.

4 MR. MORADO: Thank you, Ms. Skinner.

5 Next we're going to be hearing public comment  
6 on Project 12-089, Riverside Medical Center in Frankfort.

7 First up we have Seth Warren.

8 MR. WARREN: Good morning. My name is Seth  
9 Warren. I'm the President of Franciscan St. James Health.  
10 With your permission, I'm going to address Franciscan St.  
11 James' opposition to both the Riverside, as well as the  
12 other freestanding emergency center project being proposed  
13 for Frankfort.

14 Franciscan St. James operates acute care  
15 hospitals with emergency departments in Chicago Heights and  
16 Olympia Fields, and our Olympia Fields hospital is the  
17 closest hospital to the proposed FEC locations. Simply  
18 stated, these projects are not needed. Using the IDPH  
19 utilization standards as a guide, our Olympia Fields  
20 emergency department operates about 75 percent of target  
21 capacity.

22 Franciscan St. James strives to move patients  
23 to the least-costly setting in which medically-appropriate  
24 care can be provided. Given that, most trauma patients

1 will bypass an FEC for a hospital ED. For the vast  
2 majority of patients targeted by these two projects, an FEC  
3 is overkill.

4 Consistent with our philosophy, we are opening  
5 an urgent care center in Frankfort next month. That fact  
6 has been well known in the community, and, in fact, we have  
7 a billboard near LaGrange and St. Francis Road, announcing  
8 the opening. Again, these FEC's are not needed.

9 One has to ask the question: Why are these  
10 FEC's being proposed? There do not appear to be any highly  
11 unusual circumstances associated with either of these  
12 projects. So, it appears that there are two potential  
13 answers to the question. The first is that a need for the  
14 service exists; and that's clearly not the case. There are  
15 numerous hospitals that have served the area for years, and  
16 there's excess capacity.

17 The second answer is to increase the inpatient  
18 market share of the sponsoring hospital. In recent years,  
19 increasing percentages of a hospital's admissions are  
20 coming through an emergency department. Last year, 80% of  
21 patients admitted to our Olympia Fields hospital were  
22 initially seen in the emergency department.

23 If one is to assume that a five-station FEC  
24 were operating at the State's target utilization level, and

1     one in ten of its patients were admitted for inpatient  
2     care, the FEC would be accounting for a thousand  
3     admissions, many of which would have otherwise gone to  
4     hospitals other than the sponsoring hospital.

5                     The rationale behind these projects appears  
6     clear. I would urge this board to see these projects as  
7     marketing tools and feeders, and vote not to approve either  
8     project.

9                     Thank you.

10                    MR. MORADO: Thank you.

11                    Next up we have Richard Heim. And, Mr. Heim,  
12     I'm sorry. Before you begin -- if we could have Numbers 6,  
13     7 and 8 please come on up to the table.

14                    Whenever you're ready, Mr. Heim.

15                    MR. HEIM: Good morning. Richard Heim; I am  
16     servicing as President for Advocate South Suburban Hospital  
17     in Hazel Crest. I'm here today in opposition of the  
18     proposed Riverside freestanding emergency center. Much of  
19     my testimony, as my predecessor, also applies to the Silver  
20     Cross FEC project; but I understand I will be back up in  
21     front of you because the testimony has to be presented for  
22     each project.

23                    An increasing number of people in this country  
24     are using the emergency room for non-urgent and for

1 conditions that could more effectively be treated in the  
2 primary care offices or in urgent care facilities  
3 throughout the country. Today, nationally, over 67,000 --  
4 or roughly 67 million visits are potentially avoidable in  
5 the emergency room. People come in to our emergency room,  
6 as in Seth's and others, with conditions that would  
7 absolutely be treated more effectively with their primary  
8 care doctor or urgent care and, actually, be in a much more  
9 cost-effective position.

10                   With the average cost of an ED visit being  
11 \$600 more than the cost of an office-based visit, reducing  
12 this trend represents a significant opportunity to improve  
13 quality and lower the cost of healthcare. Considering the  
14 financial situation in Illinois, we believe that providers  
15 should not be encouraging ED visits.

16                   There's also a matter that the new FEC's  
17 impact the safety net services in the Southland. An FEC in  
18 this area will negatively impact volumes in existing  
19 hospital emergency rooms that are currently under the  
20 capacity limits established by the State. Decreasing these  
21 revenues coming from emergency rooms and corresponding  
22 in-patient admissions actually weakens our ability to  
23 provide community benefit, community programs, and overall  
24 services to the community, especially for uninsured and

1 underinsured patients within this area.

2                   Based on what it could do -- based on what it  
3 could do to negatively impact the state's Medicaid reforms,  
4 how it might adversely affect local hospitals' ability to  
5 adequately provide essential safety net services for  
6 underserved individuals, and the three State Board standard  
7 criteria not being met --

8                   MR. MORADO: Thirty seconds.

9                   MR. HEIM: -- I'm confident that a new FEC is  
10 not the way to care for patients in this area.

11                   Thank you.

12                   MR. MORADO: Thank you.

13                   Next up we have Nicolette Curth.

14                   MS. CURTH: Good morning, Board members,  
15 members of the Staff. My name is Nicolette Curth. I'm  
16 from Presence Health, the parent of Presence St. Joseph  
17 Medical Center in Joliet. I'm here to express my  
18 opposition to the Riverside Medical Center's proposed  
19 freestanding emergency center. This project is not only  
20 unnecessary, it doesn't make sense from a variety of  
21 perspectives.

22                   First, Riverside Medical Center is located in  
23 Kankakee, some almost 25 miles from the proposed FEC  
24 location. There are eight hospitals that are closer to the

1     proposed FEC site.

2                     Second, Riverside has never been a significant  
3     provider of services to the area. During the year ending  
4     June 30, 2012, Franciscan St. James, Ingalls Memorial,  
5     Advocate South Suburban, and Silver Cross all treated more  
6     patients from the service area than Riverside identified  
7     they did themselves. Indeed six of the nine zip codes that  
8     Riverside identified as the FEC service area, the market  
9     share for their emergency department was less than one  
10    percent, and it was only six percent in Frankfort itself.

11                    Third, the application identifies an eight  
12    percent population growth within the identified service  
13    area --

14                    MR. MORADO: Thirty seconds.

15                    MS. CURTH: -- over the next five years, a  
16    reasonable projection. But the project is based on a  
17    projected 139 percent increase in emergency department  
18    visits and 205 percent increase over the same period as a  
19    result of health care reform.

20                    I work in business development. We do a lot  
21    of projections. We use the National Gold Standard data.  
22    I've never seen such numbers. They don't make sense.

23                    MR. MORADO: Please conclude your comments.

24                    MS. CURTH: So, in conclusion, I would like to



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 25

1 ask the Board to use your rules and do not approve this  
2 project. Thank you.

3 MR. MORADO: I would just like to make one  
4 announcement before we continue. For the benefit of the  
5 Court Reporter, if you have any written comments, you can  
6 either leave them on the table or hand them to  
7 Mr. Constantino while you're leaving. Also, if you have a  
8 card, feel free to leave a card as well, and please don't  
9 forget to sign in for the Court Reporter. And your blue  
10 card stays on the table. There are a lot of moving parts  
11 here. Appreciate your patience. Thank you.

12 We're going to start hearing comment now on a  
13 different project, Project 12-090. First up we have Amparo  
14 Zavala.

15 MS. STAN (phonetic): Good morning. My name  
16 is Rita Stan (phonetic), and I'll be translating for Amparo  
17 Zavala.

18 (Ms. Zavala speaks, in Spanish.)

19 TRANSLATOR: Good morning. I will be giving  
20 you my personal testimony. My name is Amparo Zavala. I  
21 have been a patient of St. Anthony Hospital for many years,  
22 and in 2009, I was diagnosed with end stage renal disease.

23 (Ms. Zavala speaks, in Spanish.)

24 TRANSLATOR: As a dialysis patient, I struggle

1 with the strains of a dialysis schedule, the sheer number  
2 of doctors' appointments and accessing the social services  
3 that I need.

4 (Ms. Zavala speaks, in Spanish.)

5 TRANSLATOR: There are limited options  
6 available in my community with regards with my dialysis  
7 care.

8 (Ms. Zavala speaks, in Spanish.)

9 TRANSLATOR: I look forward to using the  
10 St. Anthony Hospital dialysis center once it is open. I  
11 strongly support this project, because it's the right thing  
12 to do for our community and for others who are suffering  
13 with end stage renal disease as I am. Thank you.

14 MR. MORADO: Thank you very much, Ms. Zavala.

15 Before we continue, I'm going to ask Numbers  
16 9, 10, 11 to step up and have a seat. We're still hearing  
17 public comment on Project 12-090, the St. Anthony Hospital  
18 dialysis clinic.

19 Next up we have Pastor Steven Spiller.

20 MR. SPILLER: Mr. Chairman and members of the  
21 Board, my name is Pastor Steve Spiller, Sr. I currently  
22 serve as a senior pastor of Greater Galilee Missionary  
23 Baptist Church, located in North Lawndale, for the last 18  
24 years. I also sit on the Board of Directors for North

1     Lawndale Christian Development Corporation. We're here  
2     today to lend my support to the St. Anthony dialysis  
3     center, 26Th street.

4                     One of the growing needs of our community is  
5     comprehensive care and wellness program, which takes care  
6     of the patient as a whole. Every day, too often, I see the  
7     struggles of our community, and that is primarily due to  
8     poor health. Over the years, St. Anthony has worked  
9     tirelessly with the North Lawndale community to promote  
10    healthier lifestyles while offering wellness programs from  
11    healthier cooking to how to care for loved ones and medical  
12    needs. We know that even in the struggling economy,  
13    St. Anthony Hospital continues to serve the health needs of  
14    the North Lawndale community by providing quality care,  
15    regardless of their ability to pay.

16                    Despite these efforts, our church members  
17    continue to be at high risk for end stage renal failure,  
18    and the need for dialysis will continue to grow.  
19    St. Anthony's Hospital's recognition of addressing the  
20    multiple health needs of our members in our single  
21    outpatient location is a step in promoting a healthier  
22    environment.

23                    On behalf of my church, the community --  
24    although I've served as pastor for 18 years, I've been a

1 part of this church for 53 years -- we support St.  
2 Anthony's Hospital's proposed dialysis center on 26th  
3 Street, because St. Anthony Hospital lives in our community  
4 and loves our community and exemplifies the ministry of  
5 Jesus Christ, offering health, healing, and hope to the  
6 families of our community.

7 Thank you, and God bless.

8 MR. MORADO: Thank you very much, Pastor.

9 Next up, we have Mike Rodriguez.

10 MR. RODRIGUEZ: Thank you, Mr. Morado.

11 Chairman, members of the Board, my name is  
12 Michael D. Rodriguez, Executive Director of Enlace Chicago.  
13 Enlace's mission is to improve the quality of life of  
14 Little Village or South Lawndale residents on the southwest  
15 side of Chicago by fostering a physically safe and health  
16 environment in which to live and by championing  
17 opportunities for education advancement and economic  
18 development. I am here today on behalf of the thousands of  
19 residents of our community to serve and support the  
20 St. Anthony Hospital dialysis center.

21 As Executive Director, as well as a resident  
22 of Little Village, I see the challenges our community faces  
23 daily. One of our missions at Enlace is to provide safe  
24 neighborhood parks for our children to play and develop

1 healthy lifestyle activities. We know this starts with our  
2 children. Sadly, too many of our community members suffer  
3 from obesity and other health-related issues. Our  
4 residents are at a greater risk of chronic renal failure,  
5 mostly related to inactive lifestyles, poor diets.

6 St. Anthony Hospital has been a pillar in our  
7 community. Our residents feel at home at St. Anthony  
8 Hospital, from the Spanish-speaking staff to the dedicated  
9 and caring professionals that care for our residents. St.  
10 Anthony recognizes the needs of Little Village residents  
11 and continues to address the needs by providing programs  
12 and education to support the community. In establishing an  
13 outpatient dialysis center within a clinic setting, our  
14 residents will be better served by allowing the patients  
15 and their families to schedule appointments with multiple  
16 care providers at the same place and at the same time  
17 period.

18 I, we in Southwest Chicago, support  
19 St. Anthony Hospital and the proposed dialysis center,  
20 because it's the right thing to do for our community.

21 Thank you for your time.

22 MR. MORADO: Thank you very much,  
23 Mr. Rodriguez.

24 Next up we have Mae Johnson. Ms. Johnson,

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 30

1     whenever you're ready. We're going to get you a microphone  
2     Ms. Johnson; one second.

3                   MS. JOHNSON: Good morning, Board members. My  
4     name is Mae Johnson, and I'm here today in support of  
5     St. Anthony's Hospital's dialysis project. I am a longtime  
6     resident of the North Lawndale neighborhood and was  
7     diagnosed with dialysis on November 2012. I'm not going to  
8     waste your time telling you about the ups and downs, the  
9     struggles of being a dialysis patient. You've heard it all  
10    before.

11                   I do want to stress to you, as a dialysis  
12    patient, it's -- the importance of being treated like an  
13    individual, one of a kind. The outstanding care and family  
14    settings that this hospital do is a true measure of  
15    commitment and dedication to me as a patient of theirs. I  
16    believe that St. Anthony Hospital is going to well suit --  
17    be well suited in outstanding dialysis care, based on the  
18    other quality care they provide. I support the St. Anthony  
19    dialysis project, because it's the right thing to do for me  
20    and my community.

21                   Thank you, and have a nice day.

22                   MR. MORADO: Thank you very much, Ms. Johnson.  
23    We appreciate it.

24                   I'm going to ask Numbers 14, 15, 16, and 17 to

1     please come up. And leave your numbers on the table,  
2     please.

3                     Next up, we're still hearing public comment on  
4     Project 12-090, the St. Anthony Hospital dialysis clinic.  
5     We have Elba Aranda-Suh.

6                     Ms. Suh, whenever you're ready.

7                     MS. ARANDA-SUH: Thank you so much. Good  
8     morning. Thank you for your time, distinguished members of  
9     the Board. My name is Elba Aranda-Suh, and I'm the  
10    Executive Director of the National Latino Education  
11    Institute, formerly known as the Spanish Coalition for  
12    Jobs. I support the St. Anthony Hospital dialysis center  
13    on 26th Street.

14                    The proposed project is a direction that  
15    healthcare should be headed in order to care for the entire  
16    person. My organization, NLEI, for over 40 years has been  
17    inspiring success and changing lives through comprehensive  
18    and holistic education, job training, employment, and  
19    advocacy, enabling economic independence for hundreds of  
20    thousands of families. As the Executive Director and a  
21    person who grew up in Little Village and whose parents  
22    always sought local clinics and local care for its family  
23    and for myself, I can tell you firsthand the importance to  
24    be able to have this type of center accessible to community

1 residents.

2                   Aside from bleak job opportunities and  
3 struggles with language barriers and access to quality  
4 education, healthcare is often not the top priority. We  
5 know firsthand at our organization the importance of  
6 wellness and healthcare for the quality of life, but also  
7 the importance, as there is a direct correlation, to  
8 economics. We, as well as St. Anthony, invest our  
9 resources and time into developing quality programs and  
10 services that will address the underlying needs. The  
11 establishment --

12                   MR. MORADO: Thirty seconds.

13                   MS. ARANDA-SUH: -- of this clinic with  
14 primary care services and dialysis housed together is going  
15 to improve patient experiences in healthcare, cut down on  
16 patient wait times, eliminate scheduling conflicts and  
17 alleviate travel time. These perceived cosmetic benefits  
18 will ultimately improve patient outcomes, because this  
19 clinic will be equipped to collect patient information,  
20 make an assessment and provide effective treatment, so  
21 providers can improve the overall health of the residents  
22 of our community. And I can tell you today that the  
23 families that we serve are in dire need of accessible  
24 services.



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 33

1 MR. MORADO: Please conclude your comments.

2 MS. ELBA ARANDA-SUH: Behind me, community  
3 residents sit in support of this project. There's no  
4 better example of an organization with its finger on the  
5 pulses of a community that it serves. Together we ask you  
6 to approve the dialysis center of St. Anthony on 26th  
7 street, because it's the right thing to do and will help  
8 our community for the future.

9 Thank you very much.

10 MR. MORADO: Thank you for your comments.

11 Next up we have Terri Niemeyer.

12 Whenever you're ready, Terri.

13 MS. NIEMEYER: Good morning, Chairman and  
14 members of the Board. My name is Terri Niemeyer, and I'm a  
15 dialysis nurse. I'm here today in support of the St.  
16 Anthony Hospital dialysis project.

17 As a registered nurse in the dialysis field, I  
18 had the fortune of working for both a hospital-based,  
19 non-profit dialysis unit and an alternative experience  
20 working in a for-profit dialysis unit. The for-profit  
21 dialysis unit seemed to have a one-size-fits-all dialysis  
22 program; whereas, the not-for-profit hospital prefers a  
23 more individualized approach to providing dialysis  
24 treatment.

1                   Patients come in all sizes, so a standardized  
2   care plan doesn't work for every patient. Their treatment  
3   plans need to be specific to each individual patient's  
4   needs. Dialysis patients have an added responsibility of  
5   following a diet plan, focused on trying to control their  
6   potassium, phosphorus, and calcium, living within the  
7   confines of strict treatment schedules, spending as many as  
8   12 to 15 hours on dialysis weekly, as well as managing  
9   their comorbidities that exacerbate their end stage renal  
10   disease.

11                  The hospital-based unit I came from had the  
12   feeling of family. The staff and the patients had a caring  
13   relationship. The patients looked out for one another. We  
14   all felt the care, the joy and the losses for one another  
15   together. I felt it made a difference both in the unit and  
16   in the dialysis patients' lives. Dialysis units become  
17   almost a second home for the dialysis patients, and the  
18   hospital-based units care about the creature comforts that  
19   made the patients feel better about coming to dialysis:  
20   Small things such as a warm blanket, a pillow, ice chips,  
21   or hot cup of coffee.

22                  MR. MORADO: Thirty seconds.

23                  MS. NIEMEYER: It was a sense of community,  
24   that we just didn't do our jobs, but really wanted the best

1     for everyone.

2                     It's my professional work experience that I  
3     believe a dialysis center started and operated by a  
4     non-profit hospital will be more in line with the type of  
5     holistic care a dialysis patient needs. It can't be just  
6     about the money; it has to be about the patient. And  
7     that's why I wholeheartedly support the proposed project by  
8     St. Anthony Hospital.

9                     Thank you.

10                    MR. MORADO: Thank you, Ms. Niemeyer.

11                    Board members, next we're going to be hearing  
12     public comment on Project 12-096, the Silver Cross  
13     Emergency Care Center in Frankfort.

14                    First up we have Beth Hughes.

15                    Ms. Hughes, whenever you're ready.

16                    MS. HUGHES: Good morning, members of the  
17     Board. My name is Beth Hughes, and I currently serve as  
18     the President and CEO of Presence St. Joseph Medical Center  
19     in Joliet. I am here to express my opposition to Silver  
20     Cross's proposed freestanding emergency center. Presence  
21     St. Joe's is a not-for-profit hospital, a member of the  
22     Presence Health System, and with the move of Silver Cross  
23     to New Lenox, the only remaining hospital in Joliet.

24                    When deliberating this project, I would ask

1     that you consider the following: There is excess capacity  
2     for emergency room services in this area. As noted in the  
3     SAR, five of the area's eight emergency rooms are not  
4     operating at capacity.

5                   Much of the utilization data provided by  
6     Silver Cross was identified as being, quote, enterprise,  
7     unquote, utilization, meaning it was combining the  
8     hospital's emergency room with that of Silver Cross's  
9     existing FEC in Homer Glen.

10                  And perhaps most critical, on page 99 of their  
11     application, Silver Cross addresses the mal-distribution  
12     review criterion, saying that, quote, the total projected  
13     patient volume for the FEC will come entirely from the  
14     hospital's exiting patient population, unquote. That  
15     simply cannot be the case. I know that during the 12-month  
16     period ending June 30th, 2012, our emergency Department  
17     treated 191 patients from Frankfort, just as we treated  
18     patients from every other community in the Service Area.  
19     More importantly, so did every other hospital in the area.  
20     To say that they fully anticipate that no other provider  
21     will be impacted by the proposed FEC, as they do on page  
22     99, simply doesn't make sense.

23                  MR. MORADO: Thirty seconds.

24                  MS. HUGHES: Last, Presence St. Joseph Medical

1 Center has recently developed a relationship with Aunt  
2 Martha's, a highly-respected Federally Qualified Health  
3 Center, which is also building a clinic on the former  
4 Silver Cross Hospital site, which is now void of services.  
5 We believe that our relationship with this FQHC will lower  
6 recidivism in terms of ED visits. We would encourage  
7 Silver Cross to also develop the right level of  
8 cost-effective services for the community and particularly  
9 the financially-disadvantaged, as we have with Aunt  
10 Martha's, rather than a high-cost, unneeded FEC in an upper  
11 middle class community.

12 Thank you for your attention. I ask that you  
13 take into consideration the negative impact that this  
14 project will have on area hospitals. This project is not  
15 needed.

16 MR. MORADO: Thank you, Ms. Hughes.

17 Next up we have Richard Heim.

18 Mr. Heim.

19 MR. HEIM: I'm back. Again, I serve as the  
20 President for Advocate South Suburban Hospital; again, in  
21 opposition for the Silver Cross FEC.

22 First, I will agree with the State's  
23 conclusions as laid out in the State Agency Report, that  
24 the project does not meet the standards in the area of

1     reasonableness of the project cost,  
2     mal-distribution/unnecessary duplication of services, and  
3     Planning Area need. Furthermore, when Illinois faced  
4     serious budget shortfalls last year, the Illinois  
5     Department of Health and Family Services needed to reduce  
6     Medicaid costs by \$2.7 billion. These measures were aimed  
7     directly at rescuing the state's Medicaid system from the  
8     brink of collapse, threatening the financial health of our  
9     healthcare delivery system and state government.

10                 Among the clearly-stated objectives of this  
11     state initiative was an objective to significantly lower  
12     healthcare delivery costs by guiding patients to a medical  
13     home through lower-cost physician offices or clinics,  
14     rather than the expensive emergency room departments, when  
15     appropriate. Currently, you heard, there is excess  
16     capacity within the system and primary care and urgent care  
17     facilities in the market already to serve these patients.

18                 The healthcare situation in the state makes it  
19     imperative that we continue to work together to improve  
20     access to primary care and control costs. The construction  
21     of a freestanding emergency room in this area works against  
22     both of those essential objectives.

23                 Don't just listen to my words. There's a  
24     reason for the Review Board including a representative from

1 IDHFS as an ex-officio member, and I encourage you to  
2 consult with that sister agency and further analyze the  
3 need for this new FEC in a well-served, affluent area and  
4 whether it furthers the State's healthcare delivery and  
5 financial stability goals.

6 Thank you.

7 MR. MORADO: Thank you, Mr. Heim.

8 We're going to be starting public comment on a  
9 new section. Before we do, I'd ask Numbers 19, 21, 22, and  
10 23 to please come up to the table.

11 Board members, we're going to now be hearing  
12 comments on proposed rules, amendments to 77 Illinois  
13 Administrative Code 1100 and 77 Illinois Administrative  
14 Code 1110.

15 And, Mr. Ollayos, please, whenever you're  
16 ready.

17 MR. OLLAYOS: Thank you, members of the Board  
18 for the opportunity to participate. My name is Joseph  
19 Ollayos. I'm the Administrator of Tri-Cities Surgery  
20 Center, LLC. I'm also the sitting President of the State  
21 Surgery Center Association, but in deference to the rules,  
22 I will speak only from my individual interests as  
23 Administrator of Tri-Cities. I will speak in opposition to  
24 proposed amendments to Title 77, Part 1110.

1                   Tri-Cities Surgery Center is a non-hospital  
2    based ambulatory surgery treatment center located in  
3    Geneva, Illinois. We are a joint venture between Delnor  
4    Community Hospital and a group of investor physicians, all  
5    of whom are members of the Delnor Hospital Medical Staff.  
6    We perform a significant portion of the gastroenterology  
7    procedures, including colon cancer screenings and cataract  
8    removal surgeries, for the patients of Delnor Hospital  
9    physicians. The joint venture offers patients a safe,  
10   cost-effective alternative for these select procedures, as  
11   well as preserve capacity at the hospital for larger, more  
12   complex surgical cases, including trauma and in-patients  
13   whose care requires surgical intervention.

14                  As befits our license as a multi-specialty  
15   surgery center, we maintain an ongoing interest in  
16   providing additional services in the future, in response to  
17   the developing needs of Delnor doctors and their patients.

18                  I respectfully submit that the proposed  
19   revised rules before you would impede Tri-Cities' ability  
20   to respond to these changing needs in a timely manner. The  
21   delay and expense of an expanded permit process will be  
22   burdensome. There is also incongruity in the revised rules  
23   as it relates to hospitals compared with surgery centers:  
24   Measuring services versus facilities; defining categories



1 of service; documenting need.

2 I voice my concern that the delivery of  
3 outpatient surgical services to the citizens of Illinois  
4 will not be enhanced by the implementation of these  
5 proposed rules changes, and I pray for your consideration  
6 in this regard.

7 Thank you.

8 MR. MORADO: Thank you very much.

9 Next up we have Dr. Raymond Dieter. Doctor,  
10 whenever you're ready.

11 MR. DIETER: Thank you. My name is Raymond  
12 Dieter. I'm the President of the Center for Surgery,  
13 Naperville, Illinois, and also the Chairman of the  
14 Ambulatory Surgery Licensing Board for the State of  
15 Illinois. I'm speaking today, though, for the surgery  
16 center and not for the Board.

17 We have reviewed the proposals for the ASTC  
18 rules regarding 77 Illinois Administration Code, Part 1100  
19 and 1110, and we have a number of concerns regarding these.

20 First, we feel that the definition should be  
21 reviewed and be compatible with the federal definitions.

22 Second, the categories that have been proposed  
23 as surgical specialties; we would suggest that this be not  
24 listed, but rather categories of service be discussed.

1                   There are a number of issues in these  
2       suggestions that we have reviewed. We feel these should  
3       apply to all surgery centers, whether they're on the  
4       grounds of a hospital or whether they're away from the  
5       grounds of a hospital.

6                   A number of items regarding limited or  
7       multi-usage centers should be reviewed with the idea of  
8       using single versus multi-specialty.

9                   I could go through a whole list of the  
10      concerns that we have proposed and reviewed in our review  
11      of these items.

12                  MR. MORADO: Thirty seconds.

13                  MR. DIETER: Our goal is to provide quality,  
14      efficient, and economic care for the patients.  
15      Practitioners of the surgery centers have this goal, and we  
16      have had this as published, from our surgery center, in the  
17      statistics. We can provide effective, quality care to the  
18      patients, as published by our surgery center, since 1994,  
19      and we believe that this program should be not restrictive  
20      but more aggressive to help the patients and the community  
21      in their needs; and this is what the community is  
22      requesting.

23                  Thank you.

24                  MR. MORADO: Thank you, Doctor.

1                   Next up we have Dr. Steven Gunderson.

2                   MR. GUNDERSON: Thank you.

3                   I'm here on behalf of the ASTC Licensing  
4 Board, and we appreciate the opportunity to make comments.  
5 I'm also speaking in opposition to the rule changes.

6                   We understand that the Act applies to  
7 ambulatory surgical treatment centers as well as to  
8 Illinois licensed hospitals. With this knowledge, the  
9 Licensing Board finds it difficult to understand why the  
10 Review Board has determined it's necessary to construct  
11 restrictive barriers for the operation of existing  
12 multi-specialty surgery centers. The ground work for these  
13 barriers was initiated in 2012, with the previously  
14 proposed amendment to Section 1130.140, the Health  
15 Facilities and Services Review Operational Rules that  
16 redefine the meaning of "substantially changes the scope or  
17 changes the functional operation of the facility". Dating  
18 back to March of 1995, Section 110.1540 of the "Processing  
19 and Classification Policies and Review Criteria"  
20 differentiated the limited specialties ASTC from  
21 multi-specialty ASTC's, and an agency note indicated that  
22 the State Board had classified all existing and approved  
23 ASTC's as either limited or multi-specialty. That agency  
24 note also indicated that a permit is required for the

1     addition of a surgical specialty by a limited specialty  
2     ASTC. The amendment to Section 1130.140 removes language  
3     that clearly indicates that the ASTC's previously  
4     classified as multi-specialty in accordance with 77  
5     Illinois Admin Code 1110.1540 do not need to apply for a  
6     permit to add surgical specialties. This amendment  
7     effectively removes the precedent-setting classification  
8     that multi-specialty ASTC's have operated under for the  
9     past 18 years.

10                    MR. MORADO: Thirty seconds.

11                    MR. GUNDERSON: The Review Board is  
12     establishing an atmosphere of unfair competition where  
13     multi-specialty ASTC's and hospitals will compete on  
14     unequal terms due to the unfavorable or disadvantageous  
15     conditions retroactively applied to ASTC's but not to  
16     hospitals. The proposed amendment will harm the position  
17     of ASTC's with respect to their ability to compete on equal  
18     and fair terms in the outpatient ambulatory surgery market,  
19     in effect restraining trade. This is in contrast to the  
20     fair competition that currently exists between  
21     multi-specialty ASTC's and hospitals, where the same rules  
22     and conditions have applied for nearly two decades.  
23     Hospitals are free to provide ambulatory services, loosely  
24     defined as any service that does not require an in-patient

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 45

1 hospital stay, without regulations restricting the type of  
2 services offered. Multi-specialty ASTC's have maintained  
3 the ability to add outpatient surgical services on an equal  
4 basis with hospitals for a very long time.

5 MR. MORADO: Please conclude your comments.

6 MR. GUNDERSON: The ASTC Licensing Board  
7 recommends that all ASTC's that have been classified as  
8 multi-specialty ASTC's since 1995 be exempted from the  
9 language in the proposed amendment, as supported by  
10 provisions in the Illinois Administrative Procedures Act,  
11 Section 5-30(5), that allows the agency to exempt small  
12 businesses from any or all requirements of the rule. Going  
13 forward, the amendment would apply to new applicants,  
14 ASTC's classified as limited specialty, and those ASTC's  
15 granted conditional permits.

16 Thank you.

17 MR. MORADO: Thank you.

18 Next up we have Mary Beth Barich.

19 MS. BARICH: I'm a Board Member of the  
20 Ambulatory Surgery Center Association of Illinois and am  
21 speaking as its representative, and we are, as an  
22 association, in opposition to the proposed CON rule  
23 changes.

24 We're requesting that all existing

1 multi-specialty ASTC's with a license that has already been  
2 granted previously to function as such be exempted from the  
3 new rules that will require an ASTC to apply for a permit  
4 in order to add additional specialties. We believe that  
5 requiring an existing multi-specialty ASC to seek a new  
6 permit every time they would like to consider adding a new  
7 surgical specialty to be an unfair burden. The Illinois  
8 Hospital Association and our association both agree on this  
9 opposition.

10                   We are most concerned that the proposed rule  
11 change to review each service will create an unfair  
12 advantage for hospital outpatient services, which are not  
13 subject to the same set of service-specific CON reviews.  
14 HOPD's are much more costly than ASC's in providing the  
15 exact same procedure, performed by the exact same surgeon,  
16 on the exact same type of patient. The proposed rule  
17 change will move more cases to more expensive hospital  
18 settings, costing Medicare, insurers, and patients much  
19 more.

20                   Therefore, our association opposes the  
21 resulting inequity in how ASC's and HOPD projects are to be  
22 reviewed by different standards. We view this as a lack of  
23 understanding about ASC's and believe this inequity  
24 undermines the ability of surgeons to practice medicine in

1 Illinois. The movement --

2 MR. MORADO: Thirty seconds.

3 MS. BARICH: The movement of ASC cases to  
4 hospitals will be a costly mistake for Illinois. The  
5 capital needed to expand staff and fund additional hospital  
6 OR's, all at a time when overall healthcare system is  
7 looking for lower cost alternatives to expensive  
8 hospital-based care, creates problems rather than  
9 solutions. This would put an undue burden on  
10 multi-specialty ASC's, create unfair, competitive  
11 advantages to other provider groups, such as hospitals.

12 In conclusion, our association believes that  
13 the CON Board loses jurisdiction over an applicant once a  
14 facility becomes licensed. The CON Board is now trying to  
15 have authority over facilities already licensed and  
16 operational, by adopting a rule that gives itself such  
17 authority. The question then remains: What identified  
18 problems are the new proposed rules designed to address?

19 Thank you.

20 MR. MORADO: Thank you.

21 Before we begin our last public comment  
22 speaker, we just want to say thank you to everyone who has  
23 participated in public participation. We also note that if  
24 you have any questions about how these guidelines are

1     written out and how this pilot program will work, you can  
2     refer yourself to our web site and take a look at the  
3     guidelines there. As I said at the top of this program,  
4     this is a pilot program. So, please, we are welcoming  
5     comments. If you have any comments or any insight, we  
6     welcome it.

7                     And now we're going to be hearing public  
8     comment on Project 12-047, FMC Plainfield Dialysis.

9                     Dr. Chawla.

10                    MR. CHAWLA: Good morning. My name is Dr.  
11     Bhuvan Chawla. I'm a practicing nephrologist in Joliet for  
12     the last 30 years and founded Sun Health Dialysis 20 years  
13     ago. I'm here to thank you for issuing an Intent to Deny  
14     to this project in September of last year, by a majority  
15     vote of six to two.

16                    Since then, the applicant has submitted  
17     additional information, and I have submitted a rebuttal to  
18     that information. The project is still unneeded, will not  
19     improve access, and will cause unnecessary duplication and  
20     mal-distribution. It will still have an adverse impact on  
21     existing facilities in the area and, thus, should still be  
22     rejected.

23                    The Board has recently been inundated with a  
24     flurry of applications for unneeded dialysis projects in



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 49

1     our Service Area, in spite of an excess of 47 stations in  
2     2013 and a projected excess of 85 stations in 2018.

3                     I would like to thank the Board for your  
4     patience in reviewing and rejecting these applications and  
5     would urge you to reject this application again.

6                     Thank you for the opportunity to speak.

7                     MR. MORADO: Thank you.

8                     And, Mr. Chairman, that would conclude public  
9     participation at this time.

10                    VICE-CHAIRMAN HAYES: I'd like to thank  
11     everyone who gave public comment, and we certainly  
12     appreciate that from the members of the Board here.

13                    Now, moving on -- and to let the Board members  
14     know, we will be going into a motion for Executive Session  
15     for the Board, and then we'll take -- before the Executive  
16     Session -- after we do our motion, we'll take a 10-minute  
17     break and we'll come back into Executive Session.

18                    So, I'd like a motion for -- under the Open  
19     Meetings Act, Section 2(1)(c)(1) 2(c)(5), 2(c)(11). Do I  
20     have a motion?

21                    MS. DEMUZIO: Motion.

22                    MS. OLSON: Second.

23                    VICE-CHAIRMAN HAYES: Can I have a roll call?

24                    MR. ROATE: Motion made by Senator Demuzio,

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 50

1       seconded by Ms. Olson.

2                       Mr. Bradley?

3                       MR. BRADLEY:   Yes.

4                       MR. ROATE:   Senator Demuzio?

5                       MS. DEMUZIO:   Yes.

6                       MR. ROATE:   Justice Greiman?

7                       MR. GREIMAN:   Yes.

8                       MR. ROATE:   Mr. Hayes?

9                       VICE-CHAIRMAN HAYES:   Yes.

10                      MR. ROATE:   Ms. Olson?

11                      MS. OLSON:   Yes.

12                      MR. ROATE:   Mr. Penn?

13                      MR. PENN:    Yes.

14                      MR. ROATE:   Mr. Sewell?

15                      MR. SEWELL:   Yes.

16                      MR. ROATE:   Seven votes in the affirmative.

17                      VICE-CHAIRMAN HAYES:   Thank you.   The motion  
18       passes.

19                      Now, I'd like to be able to take a 10-minute  
20       break, and we're in Executive Session.   So, only the Board  
21       and its staff will be back, and then after the Executive  
22       Session -- probably near noon -- we'll be back into open  
23       session.   Thank you.

24

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 51

1 (EXECUTIVE SESSION HELD)

2

3 VICE-CHAIRMAN HAYES: I'd like to come back  
4 to open session, and we're on Number 7 of the agenda here,  
5 New Business, and I'll turn the floor over to Frank Urso,  
6 our General Counsel.

7 MR. URSO: Thank you, Mr. Chair.

8 Cathy is handing out the ethics training  
9 materials and, as you all know, every year all of the Board  
10 members and ex-officio members are required to complete  
11 ethics training. What you're being handed out at this  
12 point in time is this year's training materials. You are  
13 asked to read them and review them and then sign the  
14 Participation page that's on the last page, and then send  
15 that back to Cathy or myself, or you can hand it back, at  
16 the latest, at the next Board meeting. And our next Board  
17 meeting is March 26th.

18 So, if you can kindly take a look and review  
19 those materials, complete the Participation page, and get  
20 that back to us either through the mail -- and we can  
21 provide you with an envelope -- or if you want to hand it  
22 back to Cathy or I at the next Board meeting on March 26th.

23 Mr. Chair, should I continue?

24 VICE-CHAIRMAN HAYES: Yes, on the Statement of

1     Economic Interest.

2                   MR. URSO:   This is another annual event.  It's  
3     called the Statement of Economic Interest, which I'm sure  
4     you're all familiar with.  That particular form is going to  
5     be mailed to your homes on or about March 15th of this  
6     year.  You need to send back the original of that form.  
7     It's two-sided, two pages.  Send back the original to my  
8     office no later than April 15th of this year.  If you want,  
9     you can hand deliver those at the next Board meeting, which  
10    is March 26th, or if you want to mail it, we provide you  
11    with an envelope.  That's the Statement of Economic  
12    Interests.

13                  VICE-CHAIRMAN HAYES:   Frank Urso, the report  
14    on alleged ex-parte communications?

15                  MR. URSO:   Thank you, Mr. Chair.  Pursuant to  
16    Section 550 of the State Officials and Employees Ethics  
17    Act -- Section 1925.293 of the Health Facilities Planning  
18    Board rules -- I'd like the report that ex-parte  
19    communication took place between a number of the Board  
20    members and a member of the public, and that this  
21    particular matter is prohibited, and it's going to be  
22    addressed in a communication to the Illinois Executive  
23    Ethics Commission, as well as the General Assembly.  This  
24    ex-parte communication took place between -- at this point

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 53

1 I know of at least three Board members that received a  
2 letter from an individual by the name of Tamara DeModica.  
3 So, by virtue of us bringing it at this meeting, it's made  
4 public, and we will proceed with alerting the Ethics  
5 Commission, as well as the General Assembly. If any other  
6 Board member that I had -- that I have not contacted has  
7 received this information, please provide that to me.

8 That's all I have.

9 VICE-CHAIRMAN HAYES: Okay. The next item is  
10 the November and December financial communication. Does  
11 any Board member or anyone have a question on it?

12 (Pause)

13 VICE-CHAIRMAN HAYES: Moving on, next item is  
14 the Legislative Update, and Alexis Kendrick will give us a  
15 legislative update.

16 MS. KENDRICK: I just wanted to bring to the  
17 Board's attention that we're currently working with  
18 sponsors for three legislative initiatives. One initiative  
19 is to kind of clean up some conflicts in our statute, so  
20 that -- it's moving forward, as well as our initiative to  
21 no longer require State-operated facilities to obtain a CON  
22 prior to establishment or discontinuation.

23 And also, our long-term care forms are  
24 currently in discussions with the subcommittee for the

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 54

1 Board about coming to a resolution with our long-term care  
2 reports.

3 That's our update right now.

4 VICE-CHAIRMAN HAYES: Thank you.

5 Moving on to agenda item 8, Post-Permit Items  
6 Approved by the Chairman; and I'll turn that over to Mike  
7 Constantino to be able to read those to us, and what we'll  
8 do is put these all into one motion.

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

10 VICE-CHAIRMAN HAYES: Go on, Mike.

11 MR. CONSTANTINO: Exemption No. 009-12,

12 Fresenius Medical Care, Alsip, was approved to add four  
13 ESRD stations to a 16-station ESRD facility.

14 Project No. 10-064, Fresenius Medical Care,  
15 South Deering, permit renewal from January 15, 2013 to  
16 December 31st, 2013.

17 Project No. 10-068, DaVita Mt. Vernon  
18 Dialysis, permit renewal from January 30th, 2013 to October  
19 31st, 2013.

20 Thank you, Mr. Chairman.

21 VICE-CHAIRMAN HAYES: Now, is there any  
22 questions on any of these projects from members of the  
23 Board?

24 (Pause)

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 55

1                   VICE-CHAIRMAN HAYES:    Seeing none, we don't  
2    need a motion to be able to approve these, so we'll move on  
3    to the agenda item 9, Items for State Board Action, and the  
4    first item is Permit Renewal Requests.

5                   A-01, 10-77, Heartland Regional Medical  
6    Center.   Is there anyone for Heartland Regional Medical  
7    Center that would like to speak.

8   (Pause)

9                   VICE-CHAIRMAN HAYES:    Could you be sworn in?

10    (Oath given)

11                  VICE-CHAIRMAN HAYES:    Okay.   Mike?

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

13                  The permit holders are requesting a second  
14    permit renewal for Heartland Regional Medical Center.   The  
15    project was for the modernization and expansion of the  
16    Intensive Care Unit.   The cost of the project is \$7  
17    million.   The reason for the request is the permit holders  
18    have submitted a Project Completion Letter and are  
19    requesting additional time to complete the Project Cost  
20    Report.   The requested completion date is February 28th,  
21    2013.

22                  Thank you, Mr. Chairman.

23                  VICE-CHAIRMAN HAYES:    You're welcome.

24                  The applicant?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 56

1 MS. RANALLI: Good morning. Thank you.

2 We now have all of the project costs in and  
3 are simply waiting for the contractor certification of the  
4 costs. So, we will be able to submit that information to  
5 you within the required time frame, based upon the permit  
6 renewal request. Thank you.

7 VICE-CHAIRMAN HAYES: Any Board member,  
8 questions?

9 (Pause)

10 VICE-CHAIRMAN HAYES: Seeing none, can I have  
11 a motion to approve the permit renewal request for A-01,  
12 10-077, Heartland Regional Medical Center.

13 MS. DEMUZIO: Motion.

14 MR. SEWELL: Second.

15 VICE-CHAIRMAN HAYES: Motion and second. Can  
16 I have a roll call?

17 MR. ROATE: Motion made by Senator Demuzio,  
18 seconded by Member Sewell. Mr. Bradley?

19 MR. BRADLEY: Yes.

20 MR. ROATE: Senator Demuzio?

21 MS. DEMUZIO: Yes.

22 MR. ROATE: Justice Greiman?

23 MR. GREIMAN: Yes.

24 MR. ROATE: Mr. Hayes?



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 57

1 MR. HAYES: Yes.

2 MR. ROATE: Ms. Olson?

3 MS. OLSON: Yes.

4 MR. ROATE: Mr. Penn?

5 MR. PENN: Yes.

6 MR. ROATE: Mr. Sewell?

7 MR. SEWELL: Yes.

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

10 VICE-CHAIRMAN HAYES: The motion passes.

11 Thank you.

12 Our next item on the agenda is A-02, 08-099,  
13 Meadowbrook Manor. Can I have the applicants up to the  
14 table here, and could you be sworn in?

15 (Oath given)

16 VICE-CHAIRMAN HAYES: Mike, the State report?

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

18 The permit holders are requesting a second  
19 permit renewal for the establishment of a 150-bed long-term  
20 care facility. This project was originally approved in  
21 September of 2009. The applicants had been unable to  
22 secure financing to date, have had trouble getting the  
23 access road approved by the City or the County, and are  
24 requesting a second permit renewal to January of 2014. The

1     anticipated project cost is approximately \$25.3 million.

2                     Thank you, Mr. Chairman.

3                     VICE-CHAIRMAN HAYES:     Can I have some  
4     comments from the applicant?

5                     MR. SHEETS:   Mr. Chairman, while it's been a  
6     few years since we were here on this permit and this  
7     project, we want you to know we have been working  
8     diligently to try to get this project under way and  
9     completed as set forth in the original application.

10                    To date, the applicant has spent \$900,000 on  
11     this project.   We had some trouble with the access, with  
12     the City of Geneva, and it delayed us considerably, and  
13     then we've now -- I know you've heard this before, but  
14     we've actually applied for the HUD loan, and we brought  
15     someone with to discuss where we are with that HUD loan, if  
16     you want to hear about that.   Essentially I have with me  
17     Mr. John Maze, who is the Project Manager and the owner's  
18     rep on the project, and I have to my left Mr. Anthony  
19     Marino, who is the Vice-President for Cambridge Capital,  
20     which is one of the main brokers here in Illinois that does  
21     HUD applications under Section 232 for nursing homes.

22                    So, unfortunately -- I mean, we've had some  
23     delays, like I mentioned.   With the HUD financing -- I know  
24     the Board has had questions in the past about how this

1     financing process works and why we don't come here with an  
2     approval in hand before we get the CON.  So, what I'd like,  
3     if there is no objection from the Board, is to have  
4     Mr. Marino go through and explain where we are in the HUD  
5     process on this project.

6                     MR. MARINO:  Thank you.  Good afternoon.

7                     We began this process with HUD approximately  
8     14 months ago -- 16 months ago, when we originally filed  
9     the application under the 232 program.  About that time --  
10    a couple more years prior to that, HUD kind of reorganized  
11    and created an Office of Healthcare Program, which deals  
12    specifically with nursing homes, and this created a large  
13    bubble in the process, which created a long line at HUD due  
14    to a combination of factors:  Under staffing, lower  
15    interest rates, which caused kind of a run on the bank, so  
16    to speak, and HUD not expecting the number of applications  
17    that were going to be filed.  And so they were kind of  
18    overwhelmed.  They decided to divert their resources to  
19    processing refinances of existing HUD loans and new  
20    refinances, to take advantage of the low interest rates  
21    that are currently prevalent in the market, leaving the  
22    construction and rehab line to kind of get less attention.  
23    Recently they've started to devote more resources to that,  
24    as the refinance line has kind of thinned out.

1                   Geneva has now been assigned an underwriter,  
2    which means it has moved through the line and is in the  
3    process of being underwritten by HUD, confirming what our  
4    original project projections were, and we anticipate  
5    receiving what they would call an initial commitment within  
6    the next 90 days, most likely April, but potentially March,  
7    in a best case scenario.

8                   MR. SHEETS: So, to sort of summarize this,  
9    HUD had a backlog of applications they've been working on  
10   over the past 18 months. They gave priority to the  
11   refinance applications. So, if somebody had an existing  
12   nursing home and they wanted to refinance under HUD, they  
13   got priority in -- I don't want to say in the queue, but in  
14   the line, and then the last section that they looked at was  
15   new construction, which is what we have here. And, as  
16   Mr. Marino just said, they've opened up a new program and  
17   they've got new people involved to review these projects,  
18   and we're actually very close to finally getting that  
19   approval.

20                  I originally wanted to come here and ask for a  
21   two-year renewal, but I didn't think the Board would look  
22   kindly upon a two-year renewal. So, we've asked for a  
23   one-year renewal with the anticipation that if we don't  
24   have this project significantly under way and structures

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 61

1     going up next year at this time, there probably won't be  
2     any project.

3                     So, we believe we're very close to the  
4     approval, and if you have any questions for Mr. Marino on  
5     HUD financing, this would be the time.

6                     MS. OLSON: Point of clarification. When did  
7     you say you originally filed for a HUD application?  
8     Fourteen months ago?

9                     MR. MARINO: It was filed in August of 2011.

10                    MS. OLSON: So the project was approved on  
11     September 1st of 2009, but there was not a HUD application  
12     filed until 2011.

13                    MR. MARINO: That's correct.

14                    MS. OLSON: Is there a reason?

15                    MR. SHEETS: I can address that. When the --  
16     you know, the first year of this project, year and a half  
17     of this project, was spent dealing with this problem with  
18     the City of Geneva. There was only one access to the  
19     property that the applicants purchased for the nursing  
20     home, and the City of Geneva wanted the applicants to  
21     negotiate and get a second access point from a neighboring  
22     property, which just happened to be Delnor Hospital. So,  
23     they kept sending us back to talk to Delnor Hospital to get  
24     an agreement for an easement that allowed us to use their

1 property for an entrance for emergency purposes.

2 I think Mr. Maze can probably address that  
3 more clearly.

4 MR. MAZE: There actually was a couple of  
5 issues with it. They wanted us to tie into our ring road  
6 that looped around Delnor Hospital. Two reasons: Ease of  
7 access, a second access point to our site, but emergency  
8 vehicle access. Our primary access is on a main road,  
9 which is less than a quarter mile separation from the next  
10 main road. So it only allowed us right-in, right-out. At  
11 the same time, City of Geneva wanted fire trucks to be able  
12 to access from two points on the site. KDOT would not  
13 allow a second access out to the main road. Delnor was  
14 giving us issues with connecting to their ring road.

15 So, we went back and forth, trying to get an  
16 agreement with Delnor. Somewhere in between that process,  
17 Delnor and CEH got together, changed the players that we  
18 were dealing with. We finally -- that whole thing kind of  
19 collapsed. We had been into it for a year, year and four  
20 months of negotiations.

21 We went back to the City of Geneva, asked the  
22 Mayor to assist us with KDOT. KDOT essentially granted us  
23 a second access point, emergency access only. So we still  
24 have a right-in, right-out for our main entrance. A little

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 63

1 further down on our property is an emergency access point.

2 MS. OLSON: What road are you talking about?

3 MR. MAZE: This is Keslinger. Our property is  
4 on Keslinger, but we're less than a quarter mile from  
5 Randall Road. Our property abuts to a section of Delnor  
6 that actually comes out. Delnor has a primary access to  
7 their hospital, too. That was (inaudible) of putting two  
8 major access points within a thousand feet (inaudible).

9 MR. GREIMAN: Mr. Chairman?

10 VICE-CHAIRMAN HAYES: Mr. Greiman?

11 MR. GREIMAN: So, you have the HUD deal which  
12 you're working on, and that's sort of the final end to  
13 this; is that right?

14 MR. SHEETS: That's correct, Judge.

15 MR. GREIMAN: And you'll know that within 90  
16 days?

17 MR. SHEETS: Yes.

18 MR. GREIMAN: So why do we need a year?  
19 Because if you win, you're going to have what, two years to  
20 build after that?

21 MR. SHEETS: Well, probably 16 months.

22 MR. GREIMAN: We're going to have to decide  
23 how much time you have then. So why do we need a year?  
24 Why not six months, 90 days twice?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 64

1                   MR. SHEETS: That would be fine, Judge. We  
2 would certainly be willing to come back in six months.

3                   MR. PENN: Has any of the construction  
4 started?

5                   MR. SHEETS: Well, no, I don't think.

6                   MR. MAZE: The land has been cleared. That's  
7 about all.

8                   MR. SHEETS: Just cleared the land.

9                   VICE-CHAIRMAN HAYES: Member Sewell?

10                  MR. SEWELL: Do you have any commentary on the  
11 State Agency Report? The things we've been talking about  
12 are not as big a concern to me as the fact that it seems  
13 that the existing long-term care facilities in the area  
14 have not reached the target occupancy. So how do we deal  
15 with that?

16                  MR. SHEETS: Well, when we got the original  
17 permit, we went through this in detail. This particular  
18 builder and this particular operator does a high Medicaid  
19 percentage. I think overall they average between 60 and 70  
20 percent Medicaid. In our original application, we  
21 explained how many in the area were private pay and how  
22 many beds were accessible to Medicaid patients, and we went  
23 through each building in detail, and the Board agreed with  
24 our position that there's a need for Medicaid access in



1     that area and that the projections were correct. That's a  
2     summary, but essentially that's what it was.

3                   MR. SEWELL: Could I ask -- Mike, this Table 8  
4     in your report, is this data contemporary with the time of  
5     their original application, or is this the most recent data  
6     we have available?

7                   MR. CONSTANTINO: Table 1?

8                   MR. PENN: 8.

9                   MR. SHEETS: Page 12.

10                  MR. SEWELL: Table 8 in the State Agency  
11     Report.

12                  MR. PENN: It's page 13 in mine, Mike.

13                  MR. JONES: It's both.

14                  MR. SEWELL: Wait a minute. I'm looking at  
15     the wrong report. There's two of them.

16   (Pause)

17                  MR. SEWELL: Yeah, page 4, Table 1.

18                  MR. CONSTANTINO: That's the 2009 data that we  
19     had available at the time we wrote that report.

20                  MR. SEWELL: Well, in general, what do things  
21     look like more recently?

22                  MR. CONSTANTINO: I believe there's still a  
23     bed need in that area, in the Geneva area. I can't tell  
24     you how many.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 66

1 MR. SEWELL: Okay.

2 MR. CONSTANTINO: But I believe there is still  
3 a need in that area. In fact, I can tell you. Hold on a  
4 second.

5 (Pause)

6 MR. CONSTANTINO: Greenfields of Geneva is on  
7 this agenda, too, and there is a need for 471 beds in that  
8 Planning Area.

9 MR. SEWELL: So this is within the bed need?

10 MR. CONSTANTINO: Yes.

11 MS. OLSON: What's the utilization? I got it  
12 right here.

13 (Pause)

14 MR. SEWELL: Okay. I'm done.

15 VICE-CHAIRMAN HAYES: Any other questions  
16 from the Board?

17 MS. OLSON: So, there is a need, but in the  
18 other application, it says 26 facilities within 30 minutes,  
19 18 not operating at target occupancy.

20 MR. CONSTANTINO: That's correct. There are  
21 existing facilities in this area still not operating at the  
22 90 percent target occupancy. That's based on 2011 data.

23 MR. SHEETS: Mr. Chairman, if I may make one  
24 comment?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 67

1 VICE-CHAIRMAN HAYES: Yes.

2 MR. SHEETS: This is a permit renewal request,  
3 so that's why the old State Agency Report is stapled to  
4 the -- the first four pages are actually the only review  
5 criteria the Board is supposed to be using, and I don't  
6 want to discourage Board discussion, but the first four  
7 pages contain the applicable review criteria.

8 VICE-CHAIRMAN HAYES: Ms. Olson?

9 MS. OLSON: Did I hear you correctly that you  
10 anticipate about 60 percent Medicaid?

11 MR. SHEETS: Correct. We have a -- two other  
12 buildings that operate now, and that's their current  
13 utilization, is about 60 percent.

14 VICE-CHAIRMAN HAYES: Basically, this is only  
15 a renewal request at this time, and we're not really  
16 looking at the bed need and the utilization for this  
17 project.

18 Are there any other questions for the Board?

19 (Pause)

20 VICE-CHAIRMAN HAYES: Okay. Well, seeing none  
21 -- Mr. Penn?

22 MR. PENN: I don't have a question.

23 VICE-CHAIRMAN HAYES: Seeing none, I think --  
24 would you accept a six-month permit renewal?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 68

1                   MR. SHEETS: We would, Mr. Chairman. Thank  
2     you.

3                   VICE-CHAIRMAN HAYES: So, may I have a motion  
4     to approve a six-month permit renewal for Meadowbrook Manor  
5     in Geneva, Illinois?

6                   MS. DEMUZIO: Motion.

7                   MR. SEWELL: Second.

8                   VICE-CHAIRMAN HAYES: Roll call.

9                   MR. ROATE: Motion made by Senator Demuzio and  
10    seconded by Mr. Sewell.

11                  Mr. Bradley?

12                  MR. BRADLEY: Yes.

13                  MR. ROATE: Senator Demuzio?

14                  MS. DEMUZIO: Yes.

15                  MR. ROATE: Justice Greiman?

16                  MR. GREIMAN: Yes.

17                  MR. ROATE: Mr. Hayes?

18                  MR. HAYES: Yes.

19                  MR. ROATE: Ms. Olson?

20                  MS. OLSON: Reluctantly, yes.

21                  MR. ROATE: Mr. Penn?

22                  MR. PENN: Yes.

23                  MR. ROATE: Mr. Sewell?

24                  MR. SEWELL: Yes.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 69

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

3                   VICE-CHAIRMAN HAYES: Motion passes.

4                   MR. URSO: Mr. Chair, before the applicants  
5   leave, is the date then June 30th, 2013? I'm asking.

6                   MS. KENDRICK: It should be July 30th.

7                   MR. URSO: July 30th, 2013?

8                   VICE-CHAIRMAN HAYES: That's what I would  
9   have, July 30th, July 31st of 2013.

10                  MR. SHEETS: That's fine. Thank you.

11                  MR. URSO: Just want to clarify that.

12                  VICE-CHAIRMAN HAYES: Motion passes. Thank  
13   you very much.

14                  MR. SHEETS: Thank you.

15                  VICE-CHAIRMAN HAYES: Going down our agenda  
16   here, on Section 9 (sic), Extension Requests: We have  
17   none.

18                         Exemption Requests: We have none.

19                         Alteration Requests: We have none.

20                         Declaration Rulings, Other Business: None.

21                         Healthcare Worker Self-Referral Act: We have  
22   none.

23                         Status Report on Conditional or Contingent  
24   Permits: We have none.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 70

1                   Now we'll call for a motion to adjourn for  
2   lunch -- recess for lunch, and we'll be back here at 1:30  
3   and continue on down our agenda. Thank you very much.

4                                   (Lunch recess)

5                   VICE-CHAIRMAN HAYES: I'd like to call us  
6   back to order, and we're moving to Item H on our agenda,  
7   Application Subsequent to Initial Review, and our first  
8   application is H-01, 12-092, Rehabilitation Institute of  
9   Chicago. And could I call the applicant up to the table,  
10   and if they could be -- state their name and be sworn in.

11                                   (Pause)

12                   MS. SMITH: Good afternoon. I am Dr. Joanne  
13   Smith, President and CEO of the Rehabilitation Institute of  
14   Chicago.

15                   MS. SKINNER: Honey Skinner, with Sidley.

16                   MR. CASE: Ed Case, Executive Vice-President  
17   and Chief Financial Officer of Rehabilitation Institute of  
18   Chicago.

19                   MR. AXEL: Jack Axel, Axel & Associates.

20                   MS. PARIDY: Nancy Paridy, Senior  
21   Vice-President, General Counsel of Government Affairs.

22                   MR. FLEISCHER: Barry Fleischer, Project  
23   Manager of (inaudible).

24                   VICE-CHAIRMAN HAYES: State Agency Report.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 71

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

2 The applicants are proposing to discontinue  
3 their current 181-bed hospital in Chicago, Illinois and  
4 establish a 241 bed hospital in Chicago, at a cost of  
5 approximately \$522 million. No public hearing was held,  
6 and no letters of opposition were received by the State  
7 Board Staff.

8 Thank you, Mr. Chairman.

9 VICE-CHAIRMAN HAYES: Thank you.

10 Does the applicant want to address the Board?

11 MS. SMITH: Yes, we do. It's a great pleasure  
12 to be here. Thank you for this time.

13 Let me tell you a little bit about my  
14 background for context. I am (unintelligible) Board  
15 certified, which means that I practice physical  
16 medicine/rehabilitation. I am an expert in brain injuries,  
17 spinal cord injury, and various types of bone injury,  
18 amputee. I received my undergraduate degree in Michigan  
19 from Oakland University in Science, Bachelor of Biological  
20 Science; my Medical Doctorate at Michigan State University;  
21 came here to Chicago and trained; my residency program in  
22 Physical Medicine and Rehabilitation at Northwestern  
23 University's Medical School, four-year residency; stayed on  
24 and became the attending physician at the Rehabilitation

1     Institute of Chicago; and that was in 1992.   Shortly  
2     thereafter -- about four years thereafter -- I decided to  
3     go back and get more education.   So, I sent to the  
4     University of Chicago and achieved my Masters of Business  
5     Administration, my MBA.   So, I've been at RIC for 21 years  
6     as an attending physician, specializing in this field.

7                     In 2006, I was asked by the Board of Directors  
8     to become the President and Chief Executive Officer.   So,  
9     I've been serving as the President and CEO since 2006.  
10    It's a real honor to represent the institute before you  
11    today.

12                    I'd first like to thank the State Agency for  
13    their great assistance and work on this major project.  
14    It's a major project, and they've been incredibly helpful  
15    in guiding us through the process.   The Staff has been  
16    helpful, and we realize that it's been years getting us to  
17    this point.   So, we're thrilled to be here and greatly  
18    appreciate your support.

19                    This application is the second of the two that  
20    the Board has considered with our New Research Hospital  
21    project.   The first application was the master design  
22    project, which was heard on April 17th, 2012 and was  
23    approved by this Board unanimously.   The 2012 master design  
24    application sought approval for our planning process, which



1     we have now completed.

2                     The current application, therefore, requests  
3     approval for the discontinuation of our existing hospital  
4     facility and the establishment of our new research hospital  
5     two blocks away from where we currently sit. Since the  
6     master design CON approval, the project is programmatically  
7     unchanged. The only material change that we've made is  
8     that we are proposing 241 comprehensive, physical medicine  
9     and rehabilitation beds, 30 less than the -- was in the  
10    master proposal of 272 beds. Other than that, it has not  
11    changed.

12                    Our new hospital is a 27-floor building, to be  
13    located, as I mentioned, just two blocks from our current  
14    facility and on the campus -- southeastern-most portion of  
15    the Northwestern campus. Of that 27 floors, 17 are  
16    programmatic; 3 are medical office; and 7 are parking.

17                    So why the new research hospital? The new  
18    facility really is focused to address the inadequacies and  
19    the constraints of our current building, and it provides  
20    innovative space to enable our vision for the future.  
21    Essentially, that vision for the future is to make a bigger  
22    promise to patients, to promise them better outcomes,  
23    greater recovery and, yes, even cures.

24                    Let me address the constraints. The increase

1     in the hospital's bed capacity from its existing capacity  
2     of 182 to 241 in-patient, physical medicine and  
3     rehabilitation beds is to meet future need. We currently  
4     are running consistently beyond 85 percent occupancy. The  
5     increase in number of private rooms and increase in spacial  
6     configurations of these rooms is in accordance with the  
7     Modern Healthcare Standards.

8                     Today, in our 182-bed complement, we have only  
9     53 private rooms, and the majority of those are focused in  
10    the Brain Injury Unit, obviously for unique care of  
11    patients with severe brain injury. Right now, that 53 beds  
12    is only 29 percent of our complement of beds. We need 53  
13    of them private.

14                    The hallmark of our vision for the future,  
15    however, really is to embed research into the clinical area  
16    and therapy areas, unlike any other hospital anywhere in  
17    the world. In addition -- and I'll tell you a little bit  
18    more about that in a minute. But in addition, this new  
19    facility will also provide for outpatient program space,  
20    which currently cannot be provided to the full degree in  
21    the current facility, because we're simply out of space.  
22    The new hospital will provide necessary space for the use  
23    of special equipment, equipment that was never envisioned  
24    when the current hospital was approved and developed; and,

1     moreover, the basic diagnostic equipment that we currently  
2     do not have really is a hindrance to quality patient care.

3             The new hospital also will allow for essential  
4     space for families to participate in the rehabilitation  
5     process. Of significance, we have, if you will,  
6     test-bed -- tried -- the concept of our new vision to embed  
7     research and clinical care in the current facility, on a  
8     new floor that we just established and opened a year ago,  
9     just about a year ago, January of 2012. It's a  
10    smaller-scale, test bed, much smaller scale, but the  
11    interrelationship of putting researchers literally 24/7  
12    right there with the clinicians and the patients has been  
13    inspiring and groundbreaking. It has captured the  
14    attention of the staff and inspired them in ways unlike  
15    before, and it has majorly captured the attention of  
16    patients and families, and we have evidence that actually  
17    their outcomes are progressing in a much more swift way  
18    than otherwise. But, interestingly, when we opened these  
19    beds, 17 beds, just a year ago, we have no capacity to  
20    continue to operate at greater than 85 percent capacity.  
21    In fact, we've grown 19 percent in our admissions since the  
22    last year just by opening those beds.

23             The new hospital project that we are  
24    requesting your consideration and approval of will not

1 negatively impact other rehabilitation providers in the  
2 market, because we truly do provide care that's  
3 fundamentally different. We're different in every -- many  
4 respects, most respects, from all other providers in the  
5 market, and there -- let me share with you some of the  
6 comparisons, because they are several-fold.

7           Firstly, we serve the largest number of very  
8 complex cases in this market, including spinal cord injury,  
9 severe brain injury, stroke patients, and pediatric  
10 patients. We own, or are privileged to own, six federal  
11 designations for research and training. Now, what that  
12 means is, these are unique federally-designated centers  
13 that exist in our facility for research and training, near  
14 multi-million dollar research and training grants for us to  
15 do special work for the government. Those grants are in  
16 stroke rehabilitation, and we're the only one in the United  
17 States. So, there isn't another one in Illinois.  
18 Actually, there isn't another one in the United States that  
19 serves the same purpose as RIC does for the federal  
20 government.

21           We are also an NIH center on neurologic  
22 rehabilitation. We're a Midwest regional center for spinal  
23 cord injury care. We are one of the only rehabilitation  
24 engineering research centers, designated by the federal

1 government, for machines and robotics and how machines can  
2 help us improve the outcome and recovery of patients. We  
3 are a federally-funded outcome center that studies outcome  
4 measurements and disseminates that information for others  
5 to follow. And, most recently, we've been designated a  
6 rehabilitation engineering research center to understand  
7 and use technologies for children with severe disabilities.

8           Those six centers of federal designation are  
9 not only unique in Illinois, but the next best competitor  
10 to RIC in the United States only holds two. We truly are  
11 an outlier in how we're perceived in our research and  
12 training. Moreover, the National Institute of Health  
13 started ranking rehabilitation hospitals in 2012, and RIC  
14 holds the number one ranking by the NIH for rehabilitation  
15 hospitals; and, also, our score is three times that of the  
16 next ranked center, which is on the east coast, and that is  
17 a hard metric, quantifiable, and based on the number and  
18 quality of the research that we do.

19           Furthermore, what makes us different is we use  
20 all sorts of specialized technology and equipment. We have  
21 patients in robots. We have them in gravity-eliminated  
22 systems that allow them to walk safely without a therapist  
23 needing to hold them. We use bionic -- we actually have  
24 originated bionic medicine in ways unlike anybody in the

1 world, and our bionic research and bionic application in  
2 the clinical center is quite amazing. In fact, I invite  
3 any and all of you to come see what we're doing in these  
4 areas, as well as virtual reality and virtual analysis.

5 All of these things were never envisioned four  
6 years ago, when the current hospital was configured, and  
7 they require space and unique technology and unique  
8 structure to help our patients. While many of our patients  
9 do come from Northwestern Memorial Hospital -- because  
10 we're situated so adjacent and proximal to NMH -- we  
11 treated patients from nearly 200 other hospitals in 2012.  
12 We saw patients -- we admitted patients from every state in  
13 the nation and from 68 countries. 68 distinct countries  
14 came directly to RIC. When I said they came to RIC, many  
15 of them come directly by Unicare Transport to the  
16 Rehabilitation Institute of Chicago because of their  
17 complexity of need and rehabilitation.

18 Finally -- by the way, we also accept patients  
19 from other rehabilitation facilities in Illinois. In fact  
20 we're often the destination for other hospitals that have  
21 rehab units but might have one or two or three patients a  
22 year that are quite significant in their impairment,  
23 magnitude of brain injury or spinal cord injury, and they  
24 can't handle them, seeing so few patients in their own

1 hospital on a regular basis. So, we gratefully accept  
2 patients -- those complex patients -- from all over the  
3 state and from hospitals even with rehabilitation units.

4 Finally, last, but certainly not least, RIC  
5 has been recognized as the nation's top rehabilitation  
6 hospital for 22 years in a row. We honor and we revere  
7 this ranking by U.S. News & World Report. We don't share  
8 it with anybody in the state or in the nation, and  
9 uniquely, because of what's happened this year with the  
10 rankings, the Rehabilitation Institute of Chicago is the  
11 only hospital of any kind in the United States to hold the  
12 number one ranking by U S News & World Report for 22 years  
13 in a row.

14 But, with all of these wonderful, unique  
15 assets and know-how, I will tell you that it's a calling of  
16 our conscience and, if you will, even a moral obligation  
17 that we feel to be able to take those unique understandings  
18 and assets and deploy them in a much bigger, more promising  
19 way for our patients and to help them achieve a better  
20 outcome than we're currently able to do today, and we  
21 believe that this will help us disseminate this knowledge  
22 and distribute it around the state and around the nation,  
23 like we currently do, to set better and better standards of  
24 care, so others can learn what we do and copy what we do

1     and get better outcomes of their patients as well. There's  
2     no other rehabilitation provider in Illinois that has these  
3     distinctions that I've shared with you. We are unique. We  
4     are a national, if not international, resource and best  
5     rehabilitation hospital, bar none.

6                     That said, we know that the Agency Report  
7     found a few issues that we'd like to address with you.  
8     Number one, the size of our proposed rooms. In connection  
9     with the square footage, our design exceeds the State  
10    standard for patient care units by 101 gross square feet  
11    per bed. Let me share with you how we arrived at this size  
12    need. We asked a group of RIC alumni, or individuals who  
13    are no longer patients but were patients at RIC and came  
14    through our system and achieved their outcome and are going  
15    on to live their lives. We asked a hundred of those  
16    individuals of all walks of life, all different  
17    geographies, gender, backgrounds, and so forth, to  
18    participate with us as an alumni group of RIC and share  
19    with us their knowledge, having gone through our system,  
20    in-patient, outpatient, rehabilitation, so forth; share  
21    with us what worked and what didn't work, and we've gotten  
22    tremendous feedback from this alumni group on the room  
23    configuration, the windows, the lighting. Imagine here in  
24    this room, and you're there for many weeks and you can't



1 control the lighting or window shades. We received  
2 numerous great input that we have used to design these  
3 rooms with.

4 Our patients -- the biggest thing that we knew  
5 and they told us is that they're up and active. So, if any  
6 of you said, "Gee, I'd like to come and visit RIC, but I  
7 can only come at five o'clock," I'd say, "Don't bother  
8 coming five o'clock, because the patients are in their  
9 rooms and it looks like a regular hospital." But during  
10 the day, between 7:00 a.m. and 5:00 p.m., we don't want  
11 patients in their room. We want them up, attempting to  
12 regain their abilities, attempting to learn to dress  
13 themselves, toilet themselves and so forth. And so, therefore,  
14 we use every nook and cranny of that patient room. We not  
15 only use it for the patient's ability to locomote or get  
16 around, but the families are there, and very early in the  
17 rehabilitation process, that room, I can tell you, is very  
18 efficiently used, and the room we have designed will help  
19 us to have those patients get up and begin their  
20 therapeutic course much more quickly.

21 Today we're cramped. We use hallway space; we  
22 use staff room space; we use every bit of space. And if  
23 you come to RIC and take a peak at what we're doing, you  
24 may have to dodge patients on walks, on obstacle courses in

1 the rooms, coming in and out of the hallways.

2                   Unlike acute care -- also, let me address the  
3 bathroom issue. Our patients use the bathroom extensively.  
4 In fact, they use the bathrooms with all sorts of  
5 equipment. One of the very earliest things that we do with  
6 patients is help them to get out of that bed and navigate  
7 their room towards the bathroom, so that they can begin to  
8 feel like they have the ability to care for themselves in  
9 the most basic needs: Toileting, brushing their teeth,  
10 washing their face. They often have wheelchairs, walkers,  
11 prosthetic devices, canes, sometimes a little robot. It's  
12 very difficult to compare the need for a place like RIC and  
13 our room size with an acute care hospital, where the  
14 majority of patients don't actually often use the restroom,  
15 and by the time -- as a physician I can assure you that by  
16 the time you're ready to use the restroom multiple times,  
17 you're ready to go out of the acute care setting. It's not  
18 the case with RIC.

19                   Furthermore, our patients stay an average of  
20 22 days right now. It's much longer than acute care and  
21 much longer than most other rehabilitation providers. They  
22 essentially move in to our in-patient units and in to their  
23 room. They bring family members and all of their  
24 equipment. Upon admission, virtually every one of our

1 patients is assigned a temporary wheelchair while we figure  
2 out what their permanent wheelchair will be, and many are  
3 assigned a second chair during the stay. In addition, we  
4 keep all sorts of equipment, as I mentioned to you  
5 previously, and various mobility devices in that room.  
6 They all require additional storage, and, as you know from  
7 a facility code standard, we can't keep equipment in the  
8 hallways.

9                   The second issue that the Staff Agency Report  
10 found was utilization target --

11                   VICE-CHAIRMAN HAYES: Excuse me, Doctor. We  
12 have an extensive agenda today, about 12 more items  
13 remaining, and it's been about 15 minutes. And why don't  
14 you just briefly give us your next comments that we have  
15 and we'll move on.

16                   MS. SMITH: Okay. I can do that.

17                   The -- let me just address the need for  
18 rehabilitation beds in our geographic area in the state of  
19 Illinois. As noted earlier, RIC is a national, if not an  
20 international, resource and so, therefore, we continue to  
21 grow, even despite the fact that the current stated need  
22 for beds shows there is a surplus. That's not the case in  
23 reality with a place like RIC; and, again, 19 percent  
24 growth rate and 17 additional beds that were created just a

1    year ago is pretty dramatic. I will say that, regrettably,  
2    we are turning patients away even today, because we don't  
3    have the capacity, and that's a very powerful demonstration  
4    of the need for this. In fact, last year we turned away  
5    over 600 patients in calendar 2012. You multiply that by a  
6    three-week length of stay, and that ends up to a number of  
7    beds needed.

8                    I'm going to allow the financial issues --  
9    certainly, you can address any of those. That was the  
10   final issue in the State Agency Report. Let me close by  
11   saying that as a servant of the (unintelligible) mission of  
12   RIC, it's a true honor to represent an organization making  
13   a remarkable impact in medicine and science, and in the  
14   lives and futures of many of healthcare's most vulnerable  
15   and challenged patients. On behalf of the entire RIC  
16   family of patients, our extraordinary clinical and research  
17   teams, and those of us who support those teams in this  
18   mission, I thank you for your agency's work to make this  
19   important project a reality. With our utmost respect, we  
20   ask for your approval of our project, thus enabling our  
21   important vision for a better future for adults and all  
22   children all over the world. Our objective is to advance  
23   the recovery and mobility of our patients. We know it's  
24   ambitious, but it's our calling, and it's clear that we

1     must lead, and RIC is the only place in the world where  
2     this opportunity exists.

3                   Thank you very much. We're happy to address  
4     your questions.

5                   VICE-CHAIRMAN HAYES: Thank you, Doctor.

6                   MR. GREIMAN: Mr. Chairman?

7                   So you have title to this property that you're  
8     now in; is that right?

9                   MS. SMITH: Yes, we do. Let me clarify that.  
10    We own the building that we currently exist in, and we  
11    lease the land. We do not own title to the land.

12                  MR. GREIMAN: So someone else owns the land?

13                  MS. SMITH: Northwestern University.

14                  MR. GREIMAN: Will you need a release or do  
15    you have a conditional lease?

16                  MS. SMITH: We still have a half century on  
17    the lease.

18                  MR. GREIMAN: And that's 50 years. I don't  
19    want to move in there or anything like that. What -- do  
20    you have plans for the building? What would you do--

21                  MS. SMITH: So the existing RIC will be sold.

22                  MR. GREIMAN: You'll sell the leasehold?

23                  MS. SMITH: No, no. We will sell the building,  
24    and Northwestern still owns the lease. We're in

1 negotiations, in discussions, with Northwestern University  
2 right now on the purchase of our existing -- obviously,  
3 they'd like to have their land back earlier.

4 MR. GREIMAN: What I was thinking about is,  
5 you have a place now with a hundred -- two hundred some --  
6 182 beds, and will Northwestern come in next year and be  
7 asking to use that as their hospital?

8 MS. SMITH: We -- you know, I don't have any  
9 idea or I can't speak for Northwestern University, if they  
10 do end up purchasing that building from us, and what their  
11 intended use of that building would be. I don't know that.

12 MR. GREIMAN: So, have you thought about  
13 putting in something in your sale that would limit their --  
14 the kind of use they might have?

15 MS. PARIDY: Actually, the lease has a limit,  
16 as to what it can be used for, and what is important is, it  
17 is Northwestern University, not Northwestern Memorial  
18 Hospital.

19 MR. GREIMAN: Right.

20 MS. SMITH: The University doesn't provide  
21 clinical care.

22 MR. GREIMAN: So it might be classrooms or  
23 student housing or something.

24 MS. SMITH: Sure.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 87

1 MR. GREIMAN: Okay. Thank you.

2 VICE-CHAIRMAN HAYES: Mr. Sewell?

3 MR. SEWELL: Your presentation sounds like an  
4 argument for another classification of rehabilitation beds  
5 that does not currently exist in our rules. I mean, it  
6 sounds like there's something different going on there than  
7 what's happening at the others, where we have facilities  
8 that are listed in the inventory. Do we have some kind --  
9 I said that to you; now I'm asking Mike.

10 Do we have some kind of classification that  
11 would cover almost highly-specialized, tertiary  
12 rehabilitation centers?

13 MR. CONSTANTINO: No, we do not.

14 MR. SEWELL: So it's what's there?

15 MR. CONSTANTINO: Yeah.

16 MR. SEWELL: So, this may not -- let's talk  
17 about the facility now, rather than projecting on the new  
18 one. How much of what you're doing in the 180 or so beds  
19 is actually done at those other rehab hospitals that exist?  
20 Or do you know?

21 MS. SMITH: You mean out in the community?

22 MR. SEWELL: Yeah.

23 MS. SMITH: Well, I certainly do know relative  
24 to the ones that we influence, because RIC also has

1     extended our reach to community hospitals to share and  
2     disseminate this know-how. In fact, we have, for almost 20  
3     years now, established and we run the unit at Herrin  
4     Hospital for Rehabilitation, because the Board, several  
5     years ago, realized there was a need in downstate Illinois,  
6     and we were willing, and so we actually extended RIC into  
7     the community. So, we exist in that way in six or seven  
8     different places.

9                     I can tell you, Mr. Sewell, that in those  
10    places which are community settings like Herrin, Illinois  
11    Alexian Brothers, Illinois Masonic -- which is a Level 1  
12    Trauma Center -- the rehabilitation that we provide there  
13    in the community -- the need is different, and the quality  
14    of the rehabilitation is much more based on the older,  
15    geriatric, stroke patient, among other things.

16                    The care that we are asked to provide at the  
17    main facility, the one we're asking to discontinue today,  
18    is very much highly complex, uniquely specialized. In  
19    fact, that's why community rehabilitation centers -- not  
20    only our own, but others in the community -- tend to refer  
21    their severe brain-injured patients, those patients on  
22    ventilators, who want to go home. Children -- we're the  
23    only rehabilitation provider in the state of Illinois with  
24    children with significant impairments. So it is quite



1     different.

2                     Did you want to say something?

3                     MR. SEWELL: One other question. The service  
4     area for your institution sounds like -- you have 68  
5     countries and 50 states and beyond. Is there anything  
6     comparable to that in terms of the Service Area of the  
7     existing rehab hospitals in Chicago?

8                     MS. SMITH: No, absolutely not, no. It's  
9     quite unique, and, in fact, again, with our own experience  
10    and -- one of the jobs I did for RIC when I was sort of  
11    learning how to manage, post-MBA, is I was running what we  
12    call our Alliance Division, and I can tell you that when we  
13    create a relationship with those community hospitals to run  
14    a rehabilitation unit, their Service Areas are tight, very  
15    clustered, very defined, and a good 95 percent of the  
16    patients to those rehab units come from their own Service  
17    Area. RIC does not have that qualitative tightness in our  
18    Service Area. It's quite broad.

19                    MR. SEWELL: Final question: Would you go so  
20    far as to represent to us that, based on all of this, you  
21    really don't compete with the others? Would you go that  
22    far?

23                    MS. SMITH: I will qualify that. We serve two  
24    patient populations for the City of Chicago. We're the

1    rehab community; we're the head provider for the City of  
2    Chicago. We're proud of that, and we take patients from  
3    all of the sides, all the needs, regardless of their  
4    ability to pay, and some of those patients are, quote,  
5    unquote, less complex. Some of those patients are patients  
6    who live in the high rise that I can see outside my window.  
7    So, from that context, if that is a community service,  
8    certainly we provide that. If you're saying is that  
9    competitive with the rehab unit that's down the street ten  
10   miles? Probably, in terms of, you know, Mr. Jones and his  
11   stroke. So, we do provide that service for the city.

12                   But the majority, also, of the population on  
13   the in-patient side of RIC that we serve is very  
14   differentiated in that we do not compete with other  
15   providers in the state or the region. There's a handful --  
16   maybe five providers -- in the nation who can do spinal  
17   cord injury, Christopher Reeve type, where you have  
18   high-level, complex injuries. By the way, children with  
19   that, too. We have ventilators -- kids and adults all  
20   throughout our institute. We don't put them in a unit.  
21   That's a very unique service. Most providers don't do  
22   that.

23                   We are a provider for TRICARE, the United  
24   States military, and we're the only one in Illinois. We're

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 91

1     one of two in the nation, privately, private provider. So  
2     what that means is we take patients from -- it used to be  
3     Navy, now Walter Reed, and Brooke Army Hospitals. They are  
4     active duty. They come to us directly with very  
5     catastrophic injuries. We have two patients in our care  
6     right now who are active-duty soldiers, young men with  
7     spinal injury. So that sort of work we do, we don't  
8     compete with anybody in the state on.

9                   VICE-CHAIRMAN HAYES: Does the Board have any  
10    more questions?

11                  MR. PENN: Were you going to pass the  
12    microphone down to make a comment about finances?

13                  MS. SMITH: Yes.

14                  MR. CASE: Sure. My name is Ed Case.

15                  MR. PENN: I didn't have a question for you.  
16    I thought you wanted to make a comment about the financing.

17                  MR. CASE: I can briefly comment on the  
18    finances. So, according to the Staff review, and in the  
19    period post-project opening, we did not achieve the 3  
20    percent target margin. However, we have had a history of  
21    success on the financial side, most recently operating at a  
22    4 percent operating margin, and we do return to a 3 percent  
23    margin, actually during the third year, post-project. We  
24    have generally been conservative in overall financial

1 forecasting, and while we do not have a rating, because we  
2 do not have a fixed rate debt, we have been in the process  
3 of working with various agencies on the debt for the new  
4 project and have been given good strong indications that,  
5 number one, the market will be very anxious to see a  
6 project like this, and it will be rated well, hopefully  
7 rated as an A institution. We have a very strong cash  
8 position. We have almost 300 days cash on hand, and we  
9 have the necessary financial resources to support this  
10 project.

11 MR. BRADLEY: Mr. Chair?

12 VICE-CHAIRMAN HAYES: Member Bradley?

13 MR. BRADLEY: If you're ready, I would move  
14 for a vote.

15 MR. PENN: I have one question about the size  
16 of the bathrooms. You talk about the uniqueness of the  
17 wheelchairs, walkers, and so forth and so forth. My  
18 concern is, if we set a precedent for your bathrooms and  
19 you're above the Americans with Disabilities Act standard,  
20 that we're going to be held to that standard by other  
21 applicants.

22 MR. AXEL: Thank you for that question, Mr.  
23 Penn; and, actually, the Board does not have a standard for  
24 bathroom size. It's included in the patient unit size, and

1     the standard for comprehensive rehabilitation units is 660  
2     square feet per bed. That's the entire unit. We are 100  
3     square feet over that.

4                   MR. PENN:    108 square feet.

5                   MR. AXEL:  108. Excuse me. And it's worth  
6     noting that the 660 standard is exactly the same as the  
7     med/surg standard, and when you think about that, that's  
8     not really surprising, because the vast majority of  
9     rehabilitation units in the state of Illinois are actually  
10    converted med/surg units, and they use the bathroom that  
11    was there. So, this is -- the bathroom itself is only one  
12    small component of the larger unit.

13                  MR. PENN:    You're using the size of the  
14    bathroom to justify going over our standard by 108 square  
15    feet. You're using that as your reason why you had to have  
16    that extra.

17                  MR. AXEL:  No. That was identified as one of  
18    the reasons. It was a good example, because there's  
19    documentation from the State Agency in the application  
20    itself, addressing the appropriateness of the size of the  
21    bathrooms.

22                  MS. SKINNER: Yes. And I would just add, in  
23    terms of your question, Mr. Penn, the application requests,  
24    if there is going to be a plan that exceeds the standard,

1     for the applicant to make an explanation concretely about  
2     why that there is an excess amount, and we think that it's  
3     not so much creating a precedent, because applications come  
4     before you that are not consistent with your standards; but  
5     it is important to create a record that we have explained  
6     in a very specific way why that deviation is justified  
7     based on our patients. Thank you.

8                   MR. GREIMAN: I have one small question.

9                   VICE-CHAIRMAN HAYES: Member Greiman?

10                  MR. GREIMAN: Yes. In the source of funds  
11     provision, you say that you're going to write a check for  
12     \$61 million and you're going to borrow a hundred -- bond  
13     issue is at least \$106 million, but you say \$300 million is  
14     coming from gifts and bequests. Are those gifts that you  
15     have pledged? Are those people who are -- who you're going  
16     to kill? How do you know you're going to get \$300 million  
17     in gifts and bequests?

18                  MS. SMITH: So, we have not gone live or,  
19     should I say, external or public with our campaign, but  
20     we've been in a very private, quiet phase of the campaign,  
21     and we've raised more than half of that goal already. We  
22     have --

23                  MR. GREIMAN: You have \$150 million pledged?

24                  MS. SMITH: More than that. We have it

1 pledged and the cash is already starting to come in. Now,  
2 some of the larger commitments, the eight-figure  
3 commitments -- and we have several of those -- are over  
4 three, four, or five years. So, they're already starting  
5 to produce cash and will be completed, certainly, as the  
6 project goes on.

7 MR. GREIMAN: But bequests -- you're going to  
8 have to pay the contractor, and Mr. Jones says, "I'm going  
9 to give you a million dollars when I die." He's still  
10 alive, unfortunately.

11 MR. CASE: Sure, and that's part of the reason  
12 why, with our substantial cash balance, we'll be able to  
13 fund the project during the operating period. As we  
14 receive the gifts -- we expect the ultimate pay-out of  
15 these gifts to occur subsequent to the project completion  
16 even. There will be funding with our internal cash.

17 MR. GREIMAN: So the fact that the market went  
18 down, that didn't change the givers? They still are  
19 giving?

20 MS. SMITH: With such a unique project, I can  
21 tell you there's great commitment out there, very high  
22 interest, because -- to the question by Mr. Sewell  
23 before -- it's unique in the market and something very  
24 special.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 96

1 MR. GREIMAN: Thank you very much.

2 MR. SEWELL: I have one more question. Do you  
3 know what the sum total of sponsored research revenue is to  
4 (inaudible)?

5 MS. SMITH: What our research -- \$75 million.

6 MR. SEWELL: Could you share your indirect  
7 cost arrangement with those organizations? What do you  
8 have?

9 MR. CASE: So, we have various funding  
10 sources. The federal rate is 56 percent.

11 MR. SEWELL: Okay. I just wanted to make sure  
12 they weren't given more than we were.

13 MS. SMITH: The majority of those are from  
14 three sources, NIH, NIDRR, which is the Department of  
15 Education, and the Army, DOD. We get significant funding  
16 from the DOD.

17 VICE-CHAIRMAN HAYES: Doctor, I have a  
18 question. Some of this -- this concern about the extra  
19 gross square feet, the 101 gross square feet that you  
20 mentioned, involved in looking above the ADA requirements  
21 and for this room or patients' room there. Is there a  
22 possibility that you could change the specifications of the  
23 project to become closer to that standard?

24 MS. SMITH: We actually have pushed and pulled



1     the project to get to this point, using our patient alumni  
2     group and the current patient group and looking at the  
3     future of rehabilitation. So, it could put a hardship, I  
4     think, on the outcomes, our vision of what the outcomes and  
5     ultimately the patient care process and the outcomes of  
6     that care would be. You know, these rooms will support --  
7     if you're there for a stroke, our vision is to have virtual  
8     reality, bionic devices, in addition to your regular  
9     equipment, actually facilitating your progress, making a  
10    bigger (unintelligible) neuroplasty of the brain right at  
11    your bedside. It's going to make a difference on how far  
12    you go and what your outcome is, and I think we've seen  
13    that in some nationally-televised cases recently that we've  
14    cared for, where patients have had remarkable outcomes.

15                   So, our room size started out bigger; I  
16    guarantee you that. We've pushed and pulled as far as I  
17    believe we can, from a clinical research, patient quality,  
18    patient perspective at this point.

19                   MS. OLSON: Mr. Chairman.

20                   MR. AXEL: Could I amplify that just a little  
21    bit?

22                   MS. OLSON: This is all incredibly  
23    fascinating, and I love this area, but we are almost at an  
24    hour, and I sort of want to be home before eight o'clock

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 98

1 tomorrow morning, when I have to go to work. So, I would  
2 like to call a vote, please. I make a motion.

3 MR. GREIMAN: Second.

4 VICE-CHAIRMAN HAYES: Any other questions  
5 from Board members?

6 (Pause)

7 VICE-CHAIRMAN HAYES: Okay. May I have a  
8 motion to approve Project 12-092, Rehabilitation Institute  
9 of Chicago, to discontinue and reestablish a rehabilitation  
10 hospital in Chicago, Illinois?

11 MS. OLSON: So moved.

12 MR. GREIMAN: Second.

13 MR. ROATE: Motion made by Ms. Olson, seconded  
14 by Justice Greiman.

15 Mr. Bradley?

16 MR. BRADLEY: Yes.

17 MR. ROATE: Senator Demuzio?

18 MS. DEMUZIO: Yes.

19 MR. ROATE: Justice Greiman?

20 MR. GREIMAN: Yes.

21 MR. ROATE: Mr. Hayes?

22 VICE-CHAIRMAN HAYES: Yes.

23 MR. ROATE: Ms. Olson?

24 MS. OLSON: Yes.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 99

1 MR. ROATE: Mr. Penn?

2 MR. PENN: Yes.

3 MR. ROATE: Mr. Sewell?

4 MR. SEWELL: Yes.

5 MR. ROATE: Seven votes in the affirmative.

6 VICE-CHAIRMAN HAYES: The motion passes.

7 (Pause)

8 VICE-CHAIRMAN HAYES: Now, going through our  
9 agenda here, I would like to ask the applicants to restrict  
10 the amount of time that they present to the Board to ten  
11 minutes. That would be a significant help in being able to  
12 complete our agenda today. And limit the comments to the  
13 individual State Agency Report.

14 The next project, H-02, Vista Medical Center,  
15 Lindenhurst, has been deferred.

16 H-03, 12-078, Adventist Cancer Institute,  
17 Hinsdale. May I have the applicant to the table, and could  
18 they give their name and be sworn in? And please restrict  
19 your comments to approximately ten minutes, at the most.

20 MR. SWEET: Don Sweet.

21 MR. GOEBEL: Michael Goebel, CEO of Adventist  
22 Hinsdale Hospital.

23 MS. VANDEWEGE: Christine Van De Wege,  
24 Vice-President for Integrated Services, Adventist Hinsdale

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 100

1     and LaGrange.

2                   MS. MATHIS:   I'm Rebecca Mathis.   I'm the CFO  
3     for Hinsdale Adventist Hospital.

4                   MR. DAVIS:   I'm Lary Davis, the CEO at  
5     Adventist LaGrange Memorial Hospital.

6                                   (Oath given)

7                   VICE-CHAIRMAN HAYES:   State Agency Report?

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

9                   The applicants are proposing a Cancer  
10    Institute in Hinsdale, Illinois, at a cost of approximately  
11    \$48 million.   No public hearing was requested, and no  
12    letters of opposition were received.   This application was  
13    modified from the original application, and the cost of the  
14    project was decreased by approximately \$2.6 million.   The  
15    funding was changed from all cash to bond issues and  
16    pledges, and the gross square footage was reduced.

17                   Thank you, Mr. Chairman.

18                   VICE-CHAIRMAN HAYES:   Thank you.

19                   The applicant would like to say something?

20                   MR. GOEBEL:   Yes.   My name is Michael Goebel.  
21    I'm the Chief Executive Officer of Adventist Hinsdale  
22    Hospital.   Chairman Hayes, members of the Review Board, and  
23    Staff, we want to thank you for the opportunity to present  
24    our permit for a much-needed cancer center.

1                   Our hospitals are part of the Adventist Health  
2   System, a not-for-profit healthcare company with over 42  
3   hospitals nationwide. Here in the Chicago area, our  
4   division, called Adventist Midwest Health, operate four  
5   not-for-profit hospitals, including the only  
6   disproportionate share hospital in DuPage County, Adventist  
7   GlenOaks Hospital. Adventist Bolingbrook Hospital in Will  
8   County also treats a very high volume of Medicaid  
9   recipients and recently opened a Federally-Qualified Health  
10   Center in conjunction with the Visiting Nurses Association.

11                  Both Adventist Hinsdale and LaGrange Memorial  
12   Hospitals' cancer programs have a long history --  
13   long-standing history of excellence in offering exceptional  
14   inpatient and outpatient care, advanced technology, and  
15   research. Both hospitals are accredited by the National  
16   Accreditation Program for Breast Centers, which means we're  
17   fully qualified to offer the full spectrum of  
18   interdisciplinary care with patients with breast disease,  
19   and offer patients the most currently-available forms of  
20   evaluation, treatment, and follow-up care. Our Open Arms  
21   Breast Cancer Outreach provides free mammograms for women  
22   with no insurance, and we provide free cancer care when  
23   cancer is detected. In the latest screen, we have treated  
24   two women whose cancer was detected by the mammograms

1     offered in the outreach program.

2                     The project before you today is a  
3     collaborative effort between Adventist Hinsdale and  
4     Adventist LaGrange Memorial Hospitals, with the  
5     construction of a freestanding, comprehensive cancer  
6     institute on Ogden Avenue in Hinsdale. We requested to  
7     defer the project from last December's meeting, after  
8     reevaluating the number of x-ray machines. The December  
9     State Agency Report showed the need for only one machine,  
10    while we were requesting two. We chose to modify the  
11    application to request only one machine. That allowed us,  
12    as previously was stated, to reduce the cost by \$2.6  
13    million. It also turned the only negative finding under  
14    Part 1110 into a positive.

15                    We would especially like to thank  
16    Mr. Constantino and the Board Staff for their quick  
17    processing of our modification that allowed us to come back  
18    before you at today's meeting.

19                    The project will consolidate and replace  
20    cancer and imaging services currently provided at Adventist  
21    Hinsdale and Adventist LaGrange Memorial Hospitals and the  
22    existing imaging center. The new facility will be located  
23    in close proximity to each of the current locations, which  
24    will provide for comprehensive and convenient patient care.

1     The cancer center will provide patients with treatment and  
2     supportive services in one location and will allow the  
3     physicians and caregivers of numerous specialties to work  
4     together, providing state-of-the-art patient care. The new  
5     location at the junction of Ogden Avenue and I-294 will  
6     allow ease of access and convenience, not only to members  
7     of the immediate community, but to patients who are  
8     traveling from northern or southern suburbs.

9                     There continues to be a demand for cancer  
10    services, due to the increased cancer prevalence in the  
11    growing aging population. We have projected that  
12    outpatient cancer services are expected to grow by 31  
13    percent over the next 10 years. In DuPage County, cancer  
14    has been listed as the leading cause of death by the  
15    Illinois Department of Public Health. The new cancer  
16    center will allow us the necessary space and resources  
17    needed to serve this growing patient population well into  
18    the future.

19                    Finally, I'm very pleased to note that there  
20    is no opposition to this project and believe this speaks to  
21    our long history of providing quality cancer care in  
22    communities we serve.

23                    Thank you for your consideration, and we'd be  
24    happy to entertain any questions at this time.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 104

1 VICE-CHAIRMAN HAYES: Thank you.

2 I'd like to open to any Board member  
3 questions.

4 Mr. Sewell?

5 MR. SEWELL: I wanted to go to the one area  
6 that's problematic in the State Agency Report, which is new  
7 construction costs and contingency costs. Did I hear that  
8 you -- in your planning, you had already reduced the gross  
9 square footage costs?

10 MR. GOEBEL: The total cost did come down.

11 MR. SEWELL: It did come down?

12 MR. GOEBEL: Yes.

13 MR. SEWELL: And I guess you're still high  
14 when compared with our standards. Could you say something  
15 about what contributed to that?

16 MR. GOEBEL: Yeah. I believe the standard is  
17 based on hospital construction costs and, of course, this  
18 is a cancer center with two linear accelerators and a full  
19 radiology center on a smaller footprint. We don't have the  
20 square footage that a general hospital would have to spread  
21 those costs. Plus, the building is actually structurally  
22 built to go up to four stories. So, that cost is in this  
23 construction at this time.

24 VICE-CHAIRMAN HAYES: Any other Board



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 105

1 questions?

2 (Pause)

3 VICE-CHAIRMAN HAYES: Well, I'd like to move  
4 on to a motion. May I have a motion to approve Project  
5 12-078, Adventist Cancer Institute, to establish a  
6 freestanding cancer treatment center in Hinsdale, Illinois?

7 MR. GREIMAN: So moved.

8 MR. PENN: Second.

9 VICE-CHAIRMAN HAYES: Roll call?

10 MR. ROATE: Motion made by Justice Greiman,  
11 seconded by Mr. Penn.

12 Mr. Bradley?

13 MR. BRADLEY: Yes.

14 MR. ROATE: Senator Demuzio?

15 MS. DEMUZIO: Yes.

16 MR. ROATE: Justice Greiman?

17 MR. GREIMAN: Yes.

18 MR. ROATE: Mr. Hayes?

19 VICE-CHAIRMAN HAYES: Yes.

20 MR. ROATE: Ms. Olson?

21 MS. OLSON: Yes.

22 MR. ROATE: Mr. Penn?

23 MR. PENN: Yes.

24 MR. ROATE: Mr. Sewell?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 106

1 MR. SEWELL: Yes.

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

4 VICE-CHAIRMAN HAYES: Motion passes.

5 (Pause)

6 VICE-CHAIRMAN HAYES: Our next project is  
7 H-04, 12-084, PCC South Family Health Center, Berwyn.  
8 Could I have the applicant come to the table and also be  
9 able to state your name and take the oath of office -- take  
10 your oath.

11 MR. LUNING: Paul Luning.

12 MS. BACOM: Cecelia Bacom.

13 MS. ALTERGOTT: Marjorie Altergott.

14 VICE-CHAIRMAN HAYES: I'd also like to note  
15 that our General Counsel, Frank Urso, has excused himself  
16 from the room for this application, because of a conflict  
17 of interest here.

18 MR. SEWELL: Mr. Chairman, I wanted to say  
19 publicly that I did make an inquiry as to my conflict of  
20 interest. I have nothing to do with PCC Wellness, but I'm  
21 a longtime Board member of Health and Medicine Policy  
22 Research and have been advocating for freestanding birth  
23 centers for over 20 years; and the finding was that I don't  
24 have a conflict; but I did want to announce that.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 107

1 VICE-CHAIRMAN HAYES: Thank you.

2 (Oath given)

3 VICE-CHAIRMAN HAYES: State Agency Report?

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

5 The applicant is proposing to establish a  
6 freestanding birthing center in Berwyn, Illinois. The  
7 anticipated cost of the project is approximately \$434,000.

8 The anticipated completion date is February 5th, 2014.

9 There was no public hearing requested and no opposition  
10 comments received. This is the first time we have seen  
11 this type of project before the Board, and it's part of the  
12 Alternative Healthcare Delivery Model. The State Board  
13 Staff has determined that the applicants have met all of  
14 the requirements of the statute.

15 Thank you, Mr. Chairman.

16 VICE-CHAIRMAN HAYES: Thank you.

17 I'd also like to -- before I turn it over to  
18 the applicant -- if you could restrict your comments to no  
19 more than ten minutes, that would be much appreciated. Go  
20 ahead.

21 MR. LUNING: Thank you. Good afternoon,  
22 Mr. Chairman and members of the Board. I'm Paul Luning.  
23 I'm a family physician and the Chief Medical Officer at PCC  
24 Community Wellness Center. It's my privilege to be here

1     today, as you consider our application to open and operate  
2     a freestanding birth center.

3                     PCC is a Federally-Qualified Health Center,  
4     serving Chicago's west side and western suburbs. We began  
5     in 1980 as the Parent and Child Center at West Suburban  
6     Hospital. In 1992, we became an independent FQHC. We now  
7     have nine sites.

8                     Our mission is to improve health outcomes for  
9     the medically underserved through the provision of high  
10    quality, affordable, accessible, and comprehensive primary  
11    care services, and while we are committed to the care of  
12    all patients, we particularly specialize in maternal and  
13    child healthcare. Of our medical staff -- which we have 77  
14    providers -- the vast majority are family physicians. Our  
15    next largest group includes our five certified nurse  
16    midwives. We also have pediatricians and obstetricians on  
17    our staff, and all of our disciplines worked together  
18    collaboratively.

19                    Mothers and newborns from our proposed birth  
20    center who require hospitalization will be transferred to  
21    west Suburban Hospital, which is just six minutes away.  
22    West Suburban contracts with PCC to provide 24-hour-a-day  
23    in-patient obstetrical and pediatric care. We always have  
24    at least three physicians that are in house at any given

1     time, and at least one of those doctors can perform  
2     C-sections.

3                     In 2012, our service delivered over 1,300  
4     patients. The physician service collaborates closely with  
5     our nurse midwife service, which runs somewhat separately,  
6     but does discuss patients at every change of providership,  
7     as well as any situations that require physician  
8     involvement.

9                     West Suburban also has a Level 2 nursery that  
10    is staffed 24 hours a day by neonatologists from Lurie  
11    Children's Hospital, which is a part of Northwestern's  
12    perinatal (inaudible) we belong to. We're pleased to  
13    include in our application, letters of agreement from West  
14    Suburban and from the Northwestern Perinatal (inaudible).

15                    I'll turn it over to my colleague.

16                    MS. ALTERGOTT: I am Marjorie Altergott,  
17    Director of Public Health Analysis at PCC. I want to thank  
18    you for this opportunity to present our application, and I  
19    also want to thank Mr. Constantino and the Staff. They  
20    were so helpful with us, because we had what seemed to me  
21    unending questions to -- what seemed to me also like a  
22    very, very long application, and they were very patient and  
23    very attentive.

24                    My background in social and biological

1     sciences and Doctorate in public health have enabled me to  
2     contribute to PCC's comprehensive approach to community  
3     health promotion, including our vision for a freestanding  
4     birth center that is accessible to all women, regardless of  
5     their race, ethnicity, creed, or socioeconomic status.

6             The population in our Service Area is diverse:  
7     32 percent African American; 43 percent Hispanic; and 22  
8     percent white. In 2012, PCC served over 43,000 patients.  
9     We estimate from our registration data that 94 percent of  
10    the patients live at or below 200 percent of the federal  
11    poverty level. 176 of the 233 census tracts within our  
12    Service Area have been designated as health professional  
13    shortage areas.

14            PCC Birth Center will fulfill an important  
15    need by serving women in these communities and in nearby  
16    communities, women who lack options of access to the  
17    different options available to other women for healthcare.  
18    Historically, low income women have had the least access to  
19    freestanding birth centers and their services, even in  
20    states where they've been licensed for many years.

21            So, we are very grateful to the State for  
22    authorizing birth centers and for specifically creating  
23    rules that include FQHC's like PCC, enabling us to welcome  
24    underserved women and their families into this new service.

1                   Thank you.

2                   MS. BACOM: Hello. My name is Cecilia Bacom.  
3 I'm a certified nurse midwife and I'm the Director of  
4 Advanced Practice Nursing and (unintelligible) at PCC. I  
5 have 24 years of midwifery experience, and I've worked both  
6 in hospitals, community health centers, private practice  
7 and out-of-hospital birthing units. I will be the Clinical  
8 Administrator of the PCC Birth Center.

9                   I'm excited to be here. As you heard in the  
10 earlier comments, the journey to establish birth centers  
11 started over a quarter of a century ago. Birth center care  
12 is a unique and safe option for families. Birth centers  
13 are home-like facilities, existing within a healthcare  
14 system, offering a program of care designed in wellness and  
15 in the wellness model of pregnancy and birth. It's more  
16 than a place; it's really a philosophy of care.

17                  There are currently 279 birth centers in 37  
18 states. Positive health outcomes for both mothers and  
19 babies and the cost effectiveness have been demonstrated  
20 over the past three decades, including another study that  
21 was published January 31st. Healthy outcomes and lower  
22 costs translate to a smarter choice for pregnant women and,  
23 really, for all of us.

24                  PCC has offered a full-scope midwifery service

1     in area west suburban hospitals since 2005. We have an  
2     established patient population who seek natural birth and  
3     midwifery care. The demand is out there, and we're  
4     prepared to meet it. My staff is well trained, experienced  
5     and culturally competent, including all of our staff being  
6     bilingual in Spanish. Our midwives will maintain our  
7     current hospital privileges and close collaboration with  
8     our physician colleagues, ensuring seamless care for birth  
9     center patients, if a consultation or a transport is  
10    necessary.

11                   We so look forward to offering this unique and  
12    cost-effective option to all low-risk patients who seek it.

13                   Thanks for your time.

14                   VICE-CHAIRMAN HAYES: Thank you. I'd like to  
15    open it up for questions.

16                   Member Penn?

17                   MR. PENN: Looking at this Table 3, Safety  
18    Net information, serving primarily low income, medically  
19    underserved area, but your charity care patients seem to be  
20    going down, serving 600 less patients each year. Your cost  
21    for charity care is about the same. So, do you have a  
22    dollar limit of how much you expend on charity care as  
23    opposed to number of patients? You're losing 600 patients  
24    a year for charity care.



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 113

1                   MR. LUNING: We do not have a dollar limit.  
2   We accept anybody that comes, regardless of their ability  
3   to pay. So, really, that's the fluctuation in market, as  
4   it were. We do not have a quota. It's not something that  
5   we've --

6                   MR. PENN: You're serving almost 1200 less  
7   patients under charity care, but you're going into an area  
8   where there's low income and medically underserved.

9                   MR. LUNING: I'm sorry. I don't have it in  
10  front of me. I'm surprised we are serving that fewer  
11  charity care. We do predominantly serve women and  
12  children, so historically our patients have been more  
13  eligible for Medicaid coverage because of their  
14  demographics.

15                  MS. BACOM: I think the other thing to comment  
16  is, because we're a Federally-Qualified Health Center,  
17  there is a sliding fee scale. So, many of our patients get  
18  an assessment, and they do pay, so we don't consider them  
19  charity care, because they do pay, but they're paying at a  
20  much lower rate. For example, there's a scale of 1 to 5,  
21  and if you're on the lower end, your visits are \$15. So,  
22  that's not included in the charity care.

23                  MR. PENN: Thank you.

24                  MR. LUNING: I should take this opportunity

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 114

1     also to thank Mr. Constantino. We put together this CON  
2     ourselves. We didn't hire professional help. So we did  
3     require a lot of help putting it together.

4                   VICE-CHAIRMAN HAYES: Senator Demuzio?

5                   MS. DEMUZIO: I'd like to make a motion.

6                   VICE-CHAIRMAN HAYES: Okay. May I have a  
7     motion to approve Project 12-084, PCC South Family Health  
8     Center, to establish a freestanding birthing center in  
9     Berwyn, Illinois?

10                  MR. PENN: So moved.

11                  MS. OLSON: Second.

12                  VICE-CHAIRMAN HAYES: Moved and seconded.

13     Roll call.

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

16                  Mr. Bradley?

17                  MR. BRADLEY: Yes.

18                  MR. ROATE: Senator Demuzio?

19                  MS. DEMUZIO: Yes.

20                  MR. ROATE: Justice Greiman?

21                  MR. GREIMAN: Yes.

22                  MR. ROATE: Mr. Hayes?

23                  VICE-CHAIRMAN HAYES: Yes.

24                  MR. ROATE: Ms. Olson?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 115

1 MS. OLSON: Yes.

2 MR. ROATE: Mr. Penn?

3 MR. PENN: Yes.

4 MR. ROATE: Mr. Sewell?

5 MR. SEWELL: Yes.

6 MR. ROATE: Seven votes in the affirmative.

7 VICE-CHAIRMAN HAYES: The motion passes.

8 (Pause)

9 VICE-CHAIRMAN HAYES: Moving on to our next  
10 item on the agenda, Rehab Center of Geneva, Geneva,  
11 Illinois. Could I ask the applicant to come to the table,  
12 and if they could state their name and spell their name for  
13 the Court Reporter and be able to have the -- take an oath.  
14 And if you could, restrict your comments to about ten  
15 minutes. That would be much appreciated by the Board.

16 MR. YENCHEK: Good afternoon. My name is  
17 Stephen Yenchek. I serve as the President and Chief  
18 Executive Officer of Friendship Senior Options.

19 MR. STRAUB: Good afternoon. My name is Brad  
20 Straub.

21 MS. DONOVAN: Good afternoon. My name is Judy  
22 Donovan. I'm the Executive Director, serving at  
23 Greenfields of Geneva.

24 MR. FLYNN: Good afternoon. My name is

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 116

1 Michael Flynn. I'm the CFO for Friendship Senior Options.

2 MR. DIALS: Good afternoon. Christopher Dials  
3 with Revere Healthcare.

4 MR. ROGAL: Ira Rogal, Shea, Paige & Rogal,  
5 Consultant.

6 (Oath given)

7 VICE-CHAIRMAN HAYES: State Agency Report?

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

9 The applicants are proposing the establishment  
10 of a 43-bed skilled care facility in Geneva, Illinois at a  
11 cost of approximately \$7 million. We would like to note  
12 that this project was approved on September 1st, 2009,  
13 which authorized the construction of Greenfields of Geneva  
14 as a CCRC, retirement community, including 43 general  
15 long-term care beds. At that time, the State Board  
16 approved 43 long-term care facility (sic) with the  
17 understanding that the applicants would only serve the  
18 residents of that community. Subsequently, the applicants  
19 invalidated their permit and are now before you today to  
20 seek approval in order for them to complete their project  
21 with a valid permit. They are also asking you to no longer  
22 restrict their 43 beds to the CCRC variance. This facility  
23 has already been approved for occupancy by the Illinois  
24 Department of Public Health.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 117

1 Thank you, Mr. Chairman.

2 VICE-CHAIRMAN HAYES: Thank you.

3 Would the applicant like to say something?

4 MR. YENCHEK: Yes, we would.

5 Mr. Chairman, Board members, Staff, we're very  
6 pleased to be with you this afternoon and have an  
7 opportunity to both share with you the progress of our  
8 project, as it is complete, and also to share with you the  
9 needs of the project on a go-forward basis, which we feel  
10 are absolutely essential to be met in our value and service  
11 to residents of Geneva and Kane County, in particular.  
12 We'll keep our remarks very short today.

13 I'd like to share a little bit about our  
14 history as a co-sponsor of the application from Friendship  
15 Senior Options; our Executive Director, Judy Donovan, will  
16 tell you about what's happening with the community at this  
17 point in time; and one of our advisors, Brad Straub, will  
18 be commenting on the State Report.

19 Friendship Senior options is the parent  
20 organization and also serves as the sponsoring organization  
21 of Greenfields of Geneva. We are a not-for-profit  
22 organization with a 36-year history of service to older  
23 adults, based primarily on our Schaumburg campus in  
24 Schaumburg, Illinois, where we serve nearly a thousand

1 residents on an every-day basis, including almost 250 in  
2 our nursing home component called Briarwood.

3               Seven years ago, we embarked on a mission to  
4 extend our capabilities to the needs of the Kane County  
5 area, to continue to serve older adults, and after a  
6 seven-year development cycle, Greenfields was the result of  
7 that project, which opened a year ago January 31st. We  
8 would like to advise you of the status of the organization  
9 today and also to comment on the State Report; and I ask  
10 Judy Donovan, our Executive Director, to start that,  
11 please.

12               MS. DONOVAN: Good afternoon. It's a great  
13 privilege to serve as the Executive Director at Greenfields  
14 of Geneva. Greenfields of Geneva is a life care  
15 retirement community, providing opportunities for active  
16 seniors age 62 and older. We offer a full continuum of  
17 care, allowing residents a secure plan for future  
18 healthcare needs. Located west of Randall Road within Kane  
19 County, our community opened in January of 2012 as a  
20 planned phased occupancy.

21               The first two neighborhoods, Mill Run and  
22 Prairie View, opened one year ago, offering 147 independent  
23 living apartment homes. Currently today, it's exciting to  
24 say that 80 of those independent living apartment homes are

1     occupied, resulting in a 55 percent occupancy rate as of  
2     today.

3                   The additional community, the second phase,  
4     our Willows Assisted Living, opened in August 2012,  
5     offering 51 assisted living apartment homes and 26 memory  
6     support units. This really places us -- our occupancy  
7     there is 8 residents currently residing in our memory  
8     support and 6 residents in our assisted living, and we have  
9     some additional planned move-in's coming up in the next  
10    several weeks. One of the exciting things is that our  
11    total occupancy to date places us ahead of our required  
12    covenant threshold and makes us in compliance with our  
13    Illinois Finance Authority Bond requirements for the  
14    project.

15                   The final phase of the community is our  
16    Briarwood skilled nursing, comprised of the 43 private  
17    rooms set within a 3-household neighborhood, offering  
18    state-of-the-art amenities and quality care. We received  
19    our Operating License January 16th, and we welcomed our  
20    first resident, needing to move through our continuum of  
21    care, on January 21st. We currently today have an  
22    additional 25 inquiries in the recent months for skilled  
23    nursing, despite minimal advertising of these services,  
24    because of the limitations of our closed Certificate of

1     Need.

2                   Overall, Greenfields of Geneva has been well  
3     received in the Kane County area, for both exceptional  
4     living options for seniors, with a secure plan for the  
5     future, and also creating great employment opportunities  
6     within the Kane County area.

7                   Thank you.

8                   MR. STRAUB:  As Mr. Constantino indicated in  
9     the State Agency Report in September of 2009, Greenfields  
10    of Geneva was approved for 43 beds and closed the CON under  
11    the continuum of care variance.  As part of this request,  
12    we're requesting that those beds be opened up to allow for  
13    direct admissions.

14                   The State Agency Report has indicated a couple  
15    areas that primarily relate to services availability and  
16    duplication of services.  I think it's important to note  
17    that there was no public hearing that was requested as part  
18    of this application for the open beds; that as we look at  
19    the opposition, there was one letter of opposition that was  
20    submitted, but none of the letters of opposition came from  
21    existing, open and operating providers within the greater  
22    Kane County Health Services Planning Area.

23                   In addition, as we look at the community,  
24    there's approximately 2800 nursing beds within the Planning



1     Area; that the 43 beds that have been approved previously  
2     that are being requested to be opened up represent a small  
3     percentage of that overall total; and as we look at the  
4     overall long-term needs of the community, we would  
5     anticipate that approximately 80 percent of those beds will  
6     be served for the existing residents in the independent  
7     living, the assisted living, or the memory support,  
8     assisted living components.

9                     As it relates to the project costs, one item  
10    that we did want to highlight is that the current  
11    application is for a total cost of just under \$7 million,  
12    \$6,957,000. That does represent, as we have gone through  
13    the process and now have constructed and are going through  
14    the final close-out of the project, a reduction of  
15    approximately \$730,000 from the previously-approved project  
16    amounts that were included as part of the application,  
17    08-083.

18                    At this point in time, we'd be happy to  
19    entertain any questions that you may have.

20                    VICE-CHAIRMAN HAYES:    Thank you.

21                    Board members, questions.

22   (Pause)

23                    VICE-CHAIRMAN HAYES:    Seeing none, I will  
24    move to a motion then. May I have a motion to approve

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 122

1 Project 12-086, Greenfields of Geneva, to establish a  
2 43-bed long-term care facility in Geneva, Illinois?

3 MR. GREIMAN: So moved.

4 MS. OLSON: Second.

5 VICE-CHAIRMAN HAYES: Moved and seconded.

6 Roll call?

7 MR. ROATE: Motion made by Justice Greiman,  
8 seconded by Ms. Olson.

9 Mr. Bradley?

10 MR. BRADLEY: Yes.

11 MR. ROATE: Senator Demuzio?

12 MS. DEMUZIO: Yes.

13 MR. ROATE: Justice Greiman?

14 MR. GREIMAN: Aye; that's yes.

15 MR. ROATE: Mr. Hayes?

16 VICE-CHAIRMAN HAYES: Yes.

17 MR. ROATE: Ms. Olson?

18 MS. OLSON: Yes.

19 MR. ROATE: Mr. Penn?

20 MR. PENN: Yes.

21 MR. ROATE: Mr. Sewell?

22 MR. SEWELL: Yes.

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

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 123

1 VICE-CHAIRMAN HAYES: The motion passes.

2 Thank you.

3 (Pause)

4 VICE-CHAIRMAN HAYES: Moving on to our next  
5 item on the agenda, H-06, 12-087, Western Diversey Surgical  
6 Center, is there anyone from the applicant here?

7 (Pause)

8 MR. ROGAL: Ira Rogal again of Shea, Paige &  
9 Rogal. Dr. Xia was also here earlier but had to go to his  
10 office in Joliet. We're ready to proceed. Although he is  
11 on his way back, we're ready to proceed. I don't think  
12 there is any issue with this project, and we're ready to  
13 proceed. I'm hoping.

14 VICE-CHAIRMAN HAYES: Okay. We can't  
15 guarantee that.

16 (Oath given)

17 VICE-CHAIRMAN HAYES: State Agency Report?

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

19 The applicants are proposing a change of  
20 ownership of an ASTC. The cost of the project is about  
21 \$500,000.

22 Thank you, Mr. Chairman.

23 VICE-CHAIRMAN HAYES: Would the applicant  
24 like to say anything?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 124

1                   MR. ROGAL: Just ask if you have any  
2     questions. This is a straightforward purchase of 50  
3     percent of the equity in a surgery center by the other  
4     owner, 50 percent.

5                   VICE-CHAIRMAN HAYES: Any questions by the  
6     Board?

7                   MR. GREIMAN: Yeah, how is it possible that  
8     you have zero charity care, zero?

9                   MR. ROGAL: I don't know. That's an  
10    unfortunate circumstance for a number of surgery centers.

11                  VICE-CHAIRMAN HAYES: Could you give us a  
12    little bit of background on what types of specialties  
13    are -- what type of services that you provide? I  
14    understand that this is virtually all women; is that  
15    correct?

16                  MR. ROGAL: I think the --

17                  VICE-CHAIRMAN HAYES: Obstetrics/gynecology.

18                  MR. ROGAL: The name is a misnomer, I think,  
19    from a previous time, and if -- perhaps if you would give  
20    me some time, the doctor could maybe come back, and so I  
21    just wondered -- if you have those kind of questions, I'd  
22    be happy to defer later in the agenda.

23                  MS. OLSON: If you look at the services,  
24    they're all OB/GYN.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 125

1                   MR. ROGAL: I did have a conversation with the  
2    doctor where he says he does treat men, and it's somewhat  
3    uncomfortable that the name is the American Women's Center.

4                   VICE-CHAIRMAN HAYES: But it's very limited?

5                   MR. ROGAL: I believe it's very limited.

6                   VICE-CHAIRMAN HAYES: Why don't we move  
7    forward with a motion then? Are there any more questions?

8                   MS. DEMUZIO: Motion.

9                   MR. SEWELL: Second.

10                  VICE-CHAIRMAN HAYES: Let me read the motion.  
11    May I have a motion to approve Project 12-087, Western  
12    Diversey Surgical Center, for a change of ownership of an  
13    Ambulatory Surgery Treatment Center in Chicago, Illinois?

14                  MS. DEMUZIO: Motion.

15                  MR. SEWELL: Second.

16                  VICE-CHAIRMAN HAYES: Motion and second.

17                  Roll call?

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

20                  Mr. Bradley?

21                  MR. BRADLEY: Yes.

22                  MR. ROATE: Senator Demuzio?

23                  MS. DEMUZIO: Yes.

24                  MR. ROATE: Justice Greiman?

DRAFT

**OPEN SESSION 2/5/2013**

Page 126

1 MR. GREIMAN: Yes, with the hope that zero  
2 would come up for charity care.

3 MR. ROATE: Mr. Hayes?

4 VICE-CHAIRMAN HAYES: Yes.

5 MR. ROATE: Ms. Olson?

6 MS. OLSON: Yes.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: Yes.

9 MR. ROATE: Mr. Sewell?

10 MR. SEWELL: Yes.

11 MR. ROATE: Seven votes in the affirmative.

12 VICE-CHAIRMAN HAYES: The motion passes.

13 (Pause)

14 VICE-CHAIRMAN HAYES: It's 2:55. I'd like to  
15 take a 10-minute break. We'll be reconvened at 3:05.

16 (Recess)

17 VICE-CHAIRMAN HAYES: Our next item on our  
18 agenda is H-07, 12-089, Riverside Medical Center,  
19 Frankfort, and I'd like to -- before I start with the  
20 applicant, I understand that the members of the Board here  
21 have received freestanding emergency centers -- a review of  
22 that. Have all of you had a chance to review this and you  
23 understand that? It's basically a fax sheet, a one-page  
24 fax sheet.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 127

1 MR. URSO: It was in your packet.

2 MS. DEMUZIO: I've got it.

3 VICE-CHAIRMAN HAYES: If you have any  
4 questions on it -- Juan, if you could go over it and be  
5 able to explain any questions, if we even go over it.

6 MR. MORADO: We just wanted to put this  
7 together to give the Board members a refresher on what  
8 freestanding emergency centers are and what the standards  
9 are for their approval.

10 VICE-CHAIRMAN HAYES: Okay. All right. Then  
11 can we have the swearing in?

12 (Oath given)

13 VICE-CHAIRMAN HAYES: State Agency Report?

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

15 The applicant is proposing the establishment  
16 of a freestanding emergency center in Frankfort, Illinois.  
17 The anticipated cost of the project is \$10.3 million. The  
18 expected completion date is March 31st, 2015.

19 I would note that there is one other project  
20 on this agenda for a freestanding emergency center within  
21 five miles of this proposed project. There was a public  
22 hearing held on this project, and there were a number of  
23 support and opposition letters received regarding this  
24 project.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 128

1 Thank you, Mr. Chairman.

2 VICE-CHAIRMAN HAYES: Thank you.

3 The applicant?

4 MS. FROGGE: I'm Margaret Frogge, Senior  
5 Vice-President.

6 MR. KAMBIC: Phil Kambic, President, CEO.

7 MR. DECKER: Dr. Steven Decker, Chairman of  
8 the Emergency Medicine Department.

9 MS. VILT: Patricia Vilt, Vice-President of  
10 Finance.

11 MS. PAIGE: Billie Paige of Shea, Paige and  
12 Rogal, consultant to Riverside Medical Center.

13 VICE-CHAIRMAN HAYES: Okay. Thank you. Now,  
14 if you please.

15 MR. KAMBIC: Thank you. Good afternoon.

16 Riverside Medical Center is a fully-integrated  
17 healthcare system, serving the needs of patients throughout  
18 Kankakee, Will, Grundy, and Iroquois Counties. Our  
19 services are widely distributed throughout this region and  
20 continue to expand as we transform to meet the changing  
21 needs of our patients. Riverside has committed nearly 50  
22 years to developing a forward-looking,  
23 geographically-disbursed healthcare system that is not  
24 reliant on the centralized in-patient hospital structures



1 of the past. Instead, Riverside continues to reach out into  
2 the communities it serves and establish easily-accessible  
3 sites. Riverside continues to develop a system of care  
4 that extends excellent care beyond the intensive  
5 infrastructure of hospitals.

6           The satellite health center represents the  
7 future of American healthcare. Services that previously  
8 were performed in the in-patient hospital setting are  
9 routinely being performed in outpatient settings. This is  
10 a shift driven by several factors. The advancement of  
11 medical technology and procedures has allowed patients to  
12 receive care previously only available in a traditional  
13 hospital setting. The added benefits of successful  
14 outcomes, patient convenience, and lower costs have  
15 guaranteed this trend to continue. These shifts in  
16 outpatient ED care will be pushed even further by  
17 cost-reduction measures to avoid readmissions, fewer  
18 hospitalizations, and a mandate to decrease overall  
19 healthcare costs. Satellite health centers offer the  
20 ability to tailor healthcare to individual needs of a local  
21 community.

22           Riverside Medical Center has satellite health  
23 centers in Kankakee, Will, Grundy, and Iroquois Counties.  
24 These centers vary in their focus and services from

1 diagnostic to cancer treatment to general practice to  
2 urgent care. We have ambulatory campuses west in Coal City  
3 and south in Watseka. Our outpatient centers reach north  
4 to Monee, west to Wilmington, and east to Momence.  
5 Riverside opened a rural health clinic in Pembroke in 1987,  
6 which serves a community in dire need of basic services.  
7 Our East Court facility in Kankakee was developed to meet  
8 the needs of patients who are economically vulnerable.  
9 These sites are located in neighborhoods where  
10 underprivileged, uninsured, or underinsured populations  
11 struggle to acquire basic life needs.

12 Riverside has a long history of excellence in  
13 serving our patient needs, and we do this for each and  
14 every person, regardless of their personal or economic  
15 circumstance. In 2011, our community benefit contribution  
16 exceeded \$42 million.

17 Riverside identified the need for emergency  
18 care services and requested sponsorship of legislation that  
19 would allow us to come to the Health Planning Board and  
20 present our request. The proposed project includes a  
21 freestanding emergency care center, supported by  
22 diagnostics, laboratory, and primary care services. The  
23 freestanding emergency department will be staffed by  
24 Board-certified emergency room physicians, along with

1 clinical support staff from a Magnet-designated facility.  
2 The diagnostic services include radiology, CT, EKG,  
3 ultrasound, and laboratory services, to meet the needs of  
4 the patients served by the emergency care center. These  
5 support services will also be available to the community at  
6 large. The facility has been developed to include space  
7 for two primary care physicians that will be employed by  
8 Riverside.

9 We do not plan to build a hospital at this  
10 location. Our property is a green field site and will  
11 require a few additional dollars beyond the State standard  
12 for preparing that site for landscaping and design to  
13 address neighborhood concerns.

14 The proposed freestanding emergency care  
15 center and diagnostic services at the intersection of  
16 Steger and LaGrange Roads will be serving residents in  
17 northern Kankakee County and southern Will County. If you  
18 refer to the map submitted as part of my testimony during  
19 public hearing -- and I have additional maps, if you do not  
20 have those. Would you like those, or no?

21 VICE-CHAIRMAN HAYES: We have them in the  
22 State Agency Report.

23 MR. KAMBIC: Our targeted Service Area is west  
24 to Manhattan, south to Bourbonnais, east to Monee, and

1 north to Frankfort. This Service Area is primarily rural  
2 and has a deficit of readily-accessible emergency care and  
3 healthcare providers in general. Riverside has had a  
4 presence in the communities of Monee, Manteno, Peotone,  
5 Bourbonnais, Wilmington, Coal City, and Manhattan for many  
6 years. Services offered at these sites vary based upon the  
7 needs in each individual community. Riverside has been  
8 providing services to residents of these communities  
9 literally for decades. As communities have expanded, our  
10 efforts to supply excellent healthcare have expanded to  
11 meet those needs. The proposed project fills gaps in our  
12 northern Service Area.

13           The drive time for residents of Wilton Center,  
14 as an example, will decrease 13 minutes. Andres residents  
15 will shorten their drive time by at least 15 minutes.  
16 Members at Green Garden Township will reduce their drive  
17 time by 17 minutes. The proposed facility will shorten  
18 drive times for residents of our entire Service Area.  
19 Riverside's proposed freestanding emergency care center is  
20 located three miles south of Frankfort and is  
21 well-positioned to achieve the measurable outcomes as put  
22 forth in our application.

23           Our freestanding ED will meet the growing ED  
24 demand precipitated by several factors: Aging of

1 population and longevity; broadened access to health  
2 insurance through the Affordable Care Act; population  
3 growth in the markets identified; overall efforts to reduce  
4 and avoid hospitalizations; increased ability to treat  
5 serious issues in various ambulatory settings.

6           Nationwide, healthcare is experiencing one of  
7 the largest structural transitions in its history.  
8 Implementation of the Affordable Care Act will expand  
9 health insurance coverage for 33 million Americans who  
10 currently do not have coverage. In Illinois, that number  
11 is expected to expand by 300,000 for private coverage and  
12 800,000 for Medicaid coverage in 2014. According to the  
13 Annals of Emergency Medicine, the ACA impact on Medicaid ED  
14 visits is projected at a 13 million visits increase.

15           Riverside conducted multiple market studies to  
16 perform a healthcare assessment and determine what services  
17 were in need. These studies included focus groups and  
18 discussions with residents about why they felt they had --  
19 where they felt they had a gap in healthcare services.  
20 Based upon these studies and discussions, Riverside  
21 developed the proposed project for the freestanding  
22 emergency care center with diagnostic and primary care  
23 services.

24           This project will not cause a significant

1 reduction in volumes for other providers in the nearby  
2 area, and any impact that our facility has on other  
3 providers will be offset by projected population growth and  
4 increases in aging population of the communities. The  
5 demands placed on existing emergency care centers will be  
6 increasing, and the acuity of patients receiving care in  
7 emergency care centers are not the patients of the decade  
8 past.

9 I'd like to introduce and ask Dr. Steven  
10 Decker, our Medical Director of our ED, to say a few words.

11 MR. DECKER: Good afternoon.

12 We've heard a great deal this afternoon and  
13 this morning about excess in capacity; yet, in spite of  
14 excess capacity, we still see continued wait times in  
15 emergency departments; we see increased visits. Hospitals  
16 actually track something called an LBE -- which is "Left  
17 Before Evaluation" -- the percentage of patients that come  
18 to the emergency room and leave without being treated, and  
19 that's primarily due to long waits. Some hospitals see  
20 those rates as high as 10 percent. If we truly had excess  
21 capacity, there wouldn't be a reason to track those  
22 numbers.

23 Furthermore, we have very little surgical  
24 capacity to handle outbreaks as we've just seen, such as

1     the flu, or natural or manmade disasters. The emergency  
2     room is no longer simply a triage station. At one point,  
3     patients were seen quickly, discharged or brought up to the  
4     floor. Extensive workups and diagnostics are now required  
5     these days. The diagnosis is expected before the patient  
6     goes to the floor and certainly needs to be made before  
7     they're discharged. As more and more complex evaluations  
8     come forth, the treatment is longer. It's now standard  
9     care for certain patients with chest pains to have two sets  
10    of cardiac enzymes, which are four hours apart, leaving the  
11    length of stay as long as six hours for those folks.

12               The current regulatory climate and the rules  
13    through CMS are now mandating that hospitals take a very  
14    hard look at thirty-day readmission rates currently, for  
15    diagnoses of pneumonia, congestive heart failure, acute MI,  
16    open heart surgery, joint replacement, emphysema and others  
17    on the list. They're an increasing burden on the emergency  
18    department as those patients present, to treat those  
19    patients, fine-tune them, if you will, and do everything  
20    that we can to keep those patients out of the hospital, as  
21    there will be certain penalties for more than thirty-day  
22    admissions.

23               The statistical analysis, the numbers that  
24    have been presented, while those numbers are real, in my

1 day-to-day practice, I don't believe paint an accurate  
2 picture in 2013. We ask you to have some consideration of  
3 that as we move forward on this project.

4 Thank you.

5 MR. KAMBIC: In closing, Riverside has  
6 responded to the issue of access to safe, quality  
7 healthcare by developing a plan for necessary emergency  
8 care, diagnostic care, and physician services. I  
9 respectfully request the Review Board approve Riverside's  
10 application for a freestanding emergency center.

11 I'd welcome the opportunity to answer any  
12 questions the Board might have about our proposed project.

13 VICE-CHAIRMAN HAYES: Thank you.

14 I open up for questions by the Board.

15 MR. GREIMAN: Right here; I got one.

16 VICE-CHAIRMAN HAYES: Judge Greiman?

17 MR. GREIMAN: I want to ask about charity.  
18 You know, there's another group that's seeking to have  
19 substantially the same thing you're asking. You in the  
20 last three years had 6,500 charity cases. They had 13,000.  
21 Why is that?

22 MR. KAMBIC: We service a very different  
23 market than they do. If you take a look at a percentage, I  
24 believe we have as much as a percentage of charity care,



1     but we have a very rural market. If you look at our  
2     Service Area where Kankakee is, we're surrounded by a lot  
3     of cornfields. We don't have the ED volume that Silver  
4     Cross has.

5                   MR. GREIMAN: So, you're suggesting then, in a  
6     community of 17,000 people, which is what Frankfort has,  
7     that you could have two -- both of these places could  
8     operate?

9                   MR. KAMBIC: And I guess I would say, if you  
10    take a look at our targeted Service Area, it is much  
11    different than Frankfort. This is not a Frankfort-only  
12    Service Area. We plan on servicing a very, very rural area  
13    to the south of Frankfort. These folks don't have access  
14    to care right now. They have to drive long distances. It  
15    is as easy for a person in Manteno to get to our proposed  
16    site in the south of Frankfort as it is to get to our  
17    hospital in Kankakee.

18                  MR. GREIMAN: That doesn't quite answer my  
19    question, though.

20                  MR. KAMBIC: I believe that our --

21                  MR. GREIMAN: My question was whether the  
22    community was enough -- had enough stuff to have two  
23    outfits that do substantially the same thing.

24                  MR. KAMBIC: I do not believe that the City

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 138

1 of -- the Village of Frankfort itself would support that,  
2 but I believe the surrounding area would support the  
3 facility that we're proposing.

4 MR. GREIMAN: So, if you were on the Board,  
5 you would vote for yours and not for the -- what's the  
6 name -- Silver Lining -- Silver Cross?

7 MR. KAMBIC: And, again, sir, no disrespect.  
8 I guess I'm biased and, no, I would vote for mine and not  
9 Silver's. But in all seriousness --

10 MR. GREIMAN: The community can handle both of  
11 them, you said, except they do more charity than you.

12 MR. KAMBIC: I believe the Service Area can,  
13 and I'll be honest. I'm not totally familiar with Silver's  
14 charity numbers. I am with ours, and ours have continued  
15 to grow and continued to increase.

16 MR. GREIMAN: Well, theirs is double yours  
17 almost.

18 MR. URSO: Excuse me. I'd just like to remind  
19 the Board that we can't do any comparative reviews, and our  
20 rules prohibit it. You can ask specifically about this  
21 project and not compare it to any other projects.

22 MR. GREIMAN: Well, we'll have to get rid of  
23 that rule. Okay.

24 MR. URSO: We have talked about that.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 139

1                   MR. PENN: I have a question, because it's  
2   noted on our report that the State Board -- there are two  
3   projects vying for the same area.

4                   MR. CONSTANTINO: That's correct.

5                   MR. PENN: Can you tell the Board if they  
6   came in on the same day, came in a week apart?

7                   MR. CONSTANTINO: No, this project came first.

8                   MR. PENN: How much sooner was it received  
9   before the other one? Do you have record of that, Mike?  
10   I'm asking, because it's on this report.

11                  MR. CONSTANTINO: This application was  
12   received November 9th, and the second application was  
13   received November 21st.

14                  MS. OLSON: Mr. Chairman?

15                  VICE-CHAIRMAN HAYES: Member Olson?

16                  MS. OLSON: I have several questions, because  
17   I have an ethical dilemma with the whole concept of a  
18   freestanding emergency room. I currently, in my position  
19   at an FQHC, am working with one of our local hospitals to  
20   help figure out how to get people to stop using the  
21   emergency room inappropriately. 67 percent, I believe, of  
22   emergency room visits are inappropriate. When I look at  
23   the list, it's ear wax and diaper rash and, honestly,  
24   that's the truth. I don't understand -- to me this is a

1 boutique ER. You're building a boutique ER. And I read  
2 every word of the public testimony, the people that got up  
3 and testified in favor of -- and I'm talking conceptually.  
4 I have no objection to -- the people that got up in the  
5 public hearing stated they needed this facility for totally  
6 inappropriate use: "My son hurt his knee playing soccer."  
7 I don't understand voting to build a freestanding emergency  
8 department so soccer moms don't have to go sit at the local  
9 hospital next to a Medicaid patient, because I'm sure your  
10 Medicaid is going to be very low. So, I conceptually have  
11 an issue with the entire concept.

12 I would also like to have you address how you  
13 can deliver care cheaper than you can in a hospital  
14 emergency room.

15 MS. FROGGE: I'm going to try to address that.  
16 Those are some of the complexities and the challenges we  
17 face in healthcare today as the system distributes and  
18 people don't have access to primary care physicians,  
19 because many primary care physician practices are full and  
20 they're not accepting any more patients. Emergency rooms,  
21 unfortunately, become an outlet, and that can lead to some  
22 inappropriate use of an emergency room. However, there are  
23 people who need care. And so, irrespective of whether they  
24 can pay or not, we care for them.

1                   The -- can we provide the care less  
2   expensively? The infrastructure of the hospital isn't  
3   there, so we're not backing it up with operating rooms and  
4   those types of things. But the actual care within the  
5   walls is probably similar to a hospital-based emergency  
6   room.

7                   MR. BRADLEY: Couldn't it be argued that one  
8   of the reasons people go to emergency rooms is because they  
9   have no insurance and physicians won't see them; and under  
10   the President's health plan, there's going to be a  
11   significantly smaller number of uninsured, which should  
12   give them access to physicians' offices and lessen the  
13   pressure on emergency rooms.

14                  MR. KAMBIC: The only flaw in that logic, sir,  
15   about -- in Illinois, the numbers that I quoted, 300,000  
16   will have private insurance; 800,000 will have Medicaid.  
17   Physicians in our community and in the Frankfort community  
18   and most communities won't take additional Medicaid  
19   patients. These people with the Affordable Care Act are  
20   going to have insurance, but they will not have access to  
21   physicians. That's a reality of what's going to happen,  
22   unfortunately.

23                  MR. BRADLEY: Because physicians don't want  
24   poor people in their emergency room or waiting room. They

1 will have insurance.

2 MR. KAMBIC: They will have the State-paid  
3 insurance, absolutely, and I'm just telling you that many  
4 physicians don't accept any additional Medicaid patients  
5 over and above what they have. It's a common problem  
6 throughout the state of Illinois.

7 MR. GREIMAN: They should take away their  
8 license then.

9 MS. OLSON: If that's the need you're trying  
10 to fill, why aren't you filling it with immediate care  
11 facilities, instead of a hospital emergency department? Is  
12 it because you want the referrals to go into your -- the  
13 appropriate ER visits to go into your health system as  
14 opposed to the other health systems in the area, who are  
15 concerned about duplication of services and the negative  
16 impact on their facility?

17 MS. KAMBIC: Actually not. Given where we are  
18 located, we would probably -- if a patient needed that  
19 urgent transfer to an in-patient facility, Silver Cross is  
20 the closest facility. We would send to Silver Cross. We  
21 are meeting a need for a very rural population that doesn't  
22 have quick access to healthcare services. We're not going  
23 to gain in-patient visits from having an ED 30 miles away.  
24 Those patients are going to go to Silver Cross, and that's

1     okay.

2                   MS. OLSON:  I'm looking at where you -- the  
3     facility is located on the map here.  From somebody who  
4     lives in Rochelle, Illinois, that doesn't look very rural  
5     to me.  Are you saying I can't get into an emergency room  
6     or -- I have no access to care -- what were your times  
7     there that you were stating?  I can't believe it, that if  
8     I'm living in any of those communities, I can't get to an  
9     emergency room within ten, fifteen minutes.

10                  MS. KAMBIC:  When you see the star -- you're  
11     looking at this map, ma'am?  Is this the same map you're  
12     looking at?  If you take a look at where our proposed site  
13     is and you go south, that's all cornfields and smaller  
14     communities.  You go down Route 45, there is not another  
15     major city until you get to Bourbonnais.

16                  MS. OLSON:  But you can't build an emergency  
17     room within fifteen minutes of every cornfield.

18                  VICE-CHAIRMAN HAYES:  Any other questions  
19     from Board members?

20                  You know, I do have one here.  You know,  
21     basically this is -- there's a little bit of confusion I  
22     have with this -- because you're owned, of course -- this  
23     emergency center will be owned by Riverside Medical Center.

24                  MR. KAMBIC:  Correct.

1                   VICE-CHAIRMAN HAYES:    But your resource  
2   hospital -- what does that mean?  Your resource hospital is  
3   going to be Silver Cross.  What does that exactly mean?

4                   MR. KAMBIC:  That means if a patient who comes  
5   into our freestanding ED needs more extensive care than  
6   what we can provide -- which can happen -- it does happen  
7   in the other freestanding ED's within the state -- they  
8   will go to Silver Cross.  That is our resource hospital.  
9   We're not going to benefit at Riverside Medical Center.  
10  Those patients would go to Silver Cross.

11                  VICE-CHAIRMAN HAYES:  Okay.

12                  MR. URSO:  Mr. Hayes, the "resource hospital"  
13   is the Emergency Medical Services term, and the Illinois  
14   Department of Public Health houses the EMS Division, and so  
15   "resource hospital" is a specific hospital, and it's  
16   designated in that emergency medical system as essentially  
17   the hub hospital, in laymen's terms.  So it's that EMS  
18   region.  Would that be accurate?

19                  MR. KAMBIC:  Yes.

20                  VICE-CHAIRMAN HAYES:  I understand that, yes.

21                  We've talked extensively why you want this  
22   facility and, basically, if somebody needs greater care in  
23   this emergency center, they're going to go to Silver Cross.

24                  MR. KAMBIC:  Right, currently.



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 145

1                   VICE-CHAIRMAN HAYES:   All right.  Thank you.

2                   MR. KAMBIC:   This is a whole new model of care  
3   as we get into the Affordable Care Act and how can we  
4   deliver care more efficiently, with better access for more  
5   people across our Service Area.

6                   VICE-CHAIRMAN HAYES:   Any other questions  
7   from Board members?

8   (Pause)

9                   VICE-CHAIRMAN HAYES:   Okay.  May I have a  
10   motion to approve Project 12-089, Riverside Medical Center,  
11   to establish a freestanding emergency center in Frankfort,  
12   Illinois?

13                  MR. PENN:    So moved.

14                  MS. OLSON:   Second.

15                  VICE-CHAIRMAN HAYES:   Moved and seconded.  
16   Roll call?

17                  MR. ROATE:   Motion made by Mr. Penn, seconded  
18   by Ms. Olson.

19                  Mr. Bradley?

20                  MR. BRADLEY:   According to the State Agency  
21   Report, they looked at 12 review criteria.  This project  
22   failed a quarter of them, including Planning Area need,  
23   mal-distribution and unnecessary duplication of service,  
24   and reasonableness of project costs.  For that reason, I

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 146

1     vote no.

2                   MR. ROATE:   Senator Demuzio?

3                   MS. DEMUZIO:  According to the State Report,  
4     there's no absence of ED services within the proposed area,  
5     and there would be a duplication of services, and I vote  
6     no.

7                   MR. ROATE:  Thank you.   Justice Greiman?

8                   MR. GREIMAN:  I'm not sure.  Therefore, I'll  
9     vote "present".

10                  MR. ROATE:  Mr. Hayes?

11                  VICE-CHAIRMAN HAYES:  I'm going to vote no,  
12     based on Planning Area need and maldistribution and  
13     unnecessary duplication of services, as described in the  
14     State Agency Report.

15                  MR. ROATE:  Thank you, sir.

16                  Ms. Olson?

17                  MS. OLSON:  I vote no for the same reasons.

18                  MR. ROATE:  Thank you, ma'am.

19                  Mr. Penn?

20                  MR. PENN:  I vote no; duplication of services.

21                  MR. ROATE:  Thank you, sir.

22                  Mr. Sewell?

23                  MR. SEWELL:  I vote no for the reasons stated.

24                  MR. ROATE:  Thank you, sir.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 147

1                   That's six votes in the negative, one vote  
2    "present".

3                   VICE-CHAIRMAN HAYES:    The motion is defeated.

4                   MR. URSO:   You'll be receiving an Intent to  
5    Deny.   You'll have another opportunity to come back before  
6    the Board.   You'll have another opportunity to supply  
7    additional information, if you so desire.

8   (Pause)

9                   VICE-CHAIRMAN HAYES:    The next project is  
10   H-08, 12-096, Silver Cross Emergency Center, Frankfort.  
11   Can the applicant come up to the table here, and be sworn  
12   in, and state your name.

13                   MS. COLBY:   Ruth Colby.

14                   MR. GREEN:   Edward Green from Foley & Lardner.

15   (Oath given)

16                   VICE-CHAIRMAN HAYES:    State Agency Report?

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

18                   The applicants are proposing the establishment  
19   of a freestanding emergency center in Frankfort, Illinois.  
20   The anticipated cost of the project is approximately \$8.8  
21   million.   The anticipated completion date is January 31st,  
22   2015.   Public hearing was held on this project, and we have  
23   received letters of support and opposition.

24                   Thank you, Mr. Chairman.

1                   VICE-CHAIRMAN HAYES:    Thank you.

2                   Does the applicant want to address the Board?

3                   MS. COLBY: Yes, thank you.   Good afternoon.

4   I'll keep my remarks brief, as we provided testimony at the  
5   public hearing -- which I know you have in your packets --  
6   and only address the negative findings of the State Agency  
7   Report.

8                   The first two negative findings are tied to  
9   need and maldistribution.   I'd like to emphasize that the  
10   volume we are projecting for this freestanding emergency  
11   center will be coming from our own patient population.  
12   Other emergency providers in the area will not be impacted.  
13   As many of you probably know, Silver Cross is one of only a  
14   handful of freestanding emergency center operators in the  
15   state of Illinois, and our experience with the Homer Glen  
16   FEC has indicated that, indeed, shifts from the hospital ED  
17   to that FEC did occur.   The volume came from our  
18   established patient base.

19                   In addition, based on the population, growth  
20   in the area and Silver Cross Hospital's internal growth  
21   trends, which bend over 10 percent, we project that over  
22   90,000 patients will be needing Silver Cross emergency  
23   services in New Lenox, Homer Glen or Frankfort in 2016.  
24   So, our project is being proposed to address this growing

DRAFT

**OPEN SESSION 2/5/2013**

Page 149

1 demand for ED services.

The third negative State Agency Report finding had to do with project costs exceeding the State norm for site survey, soil investigation, and site preparation. These costs are explained by the fact that this is under-developed property and will require significant infrastructure improvement, such as water and sewer, building a road to the property that does not exist now, improving the intersection at Route 30, and certain building aesthetics, as required by the Village of Frankfort.

12 I'd like to just comment on testimony given  
13 this morning by Miss Beth Hughes from Presence St. Joseph  
14 Hospital and point out that, in fact, that hospital is not  
15 within 30-minute travel time to the center we are  
16 proposing.

17 Silver Cross Hospital has served Frankfort  
18 residents for more than 100 years, and this project  
19 reflects our continued commitment to that community.

20 I'm happy to answer any questions, and thank  
21 you for your consideration.

22 VICE-CHAIRMAN HAYES: Thank you.

23 Board members, comments or questions?

24 (Pause)

1                   VICE-CHAIRMAN HAYES:    You know, would you be  
2   able to explain, you know, the need for an emergency  
3   center?  You know, obviously, with the Affordable Care  
4   Act -- and, specifically, in Illinois, you know, you expect  
5   emergency center visits to remain -- actually increase as  
6   opposed to decrease.  And is that part of your rationale as  
7   well?

8                   MS. COLBY:  It is absolutely part of our  
9   rationale.  In fact, there has been some statistics from  
10   the state of Massachusetts regarding past healthcare reform  
11   legislation, and they saw a 9 percent increase in emergency  
12   department visits in their state.  So, while I agree that,  
13   in fact, we should be making efforts to provide care in the  
14   lowest-possible cost settings -- and Silver Cross has many  
15   other plans to do that:  Working on medical home projects  
16   with our physicians, working with other ambulatory sites  
17   that do not have ED services -- we still see a great need  
18   for ED services in the community.

19                  VICE-CHAIRMAN HAYES:   Any other questions?

20   (Pause)

21                  VICE-CHAIRMAN HAYES:   Seeing none, I'll go to  
22   a motion here.  May I have a motion to approve Project  
23   12-096, Silver Cross Emergicare Center, to establish a  
24   freestanding emergency center in Frankfort, Illinois?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 151

1 MS. OLSON: So moved.

2 MR. SEWELL: Second.

3 VICE-CHAIRMAN HAYES: Moved and seconded.

4 Roll call?

5 MR. ROATE: Motion made by Ms. Olson, seconded  
6 by Mr. Sewell.

7 Mr. Bradley?

8 MR. BRADLEY: The State Agency Report  
9 concludes that there were 12 review criteria, and this  
10 project failed a quarter of them, including Planning Area  
11 need, maldistribution or unnecessary duplication, and  
12 reasonableness of project costs. For that reason, I vote  
13 no.

14 MR. ROATE: Thank you, sir.

15 Senator Demuzio?

16 MS. DEMUZIO: Yes. In terms of the report,  
17 there has been unnecessary duplication of services, and I  
18 vote no.

19 MR. ROATE: Thank you, ma'am.

20 Justice Greiman?

21 MR. GREIMAN: Aye.

22 MR. ROATE: Mr. Hayes?

23 VICE-CHAIRMAN HAYES: I'm going to vote no  
24 because of Planning Area need and

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 152

1 maldistribution/unnecessary duplication of services.

2 MR. ROATE: Ms. Olson?

3 MS. OLSON: I vote no for the reasons stated.

4 MR. ROATE: Thank you, ma'am.

5 Mr. Penn?

6 MR. PENN: I vote no for the reasons stated.

7 MR. ROATE: Mr. Sewell?

8 MR. SEWELL: I vote no for the reasons

9 previously stated.

10 MR. ROATE: Thank you. That's six votes in

11 the negative, one vote in the affirmative.

12 VICE-CHAIRMAN HAYES: The motion does not

13 pass.

14 MR. URSO: You'll be receiving an Intent to

15 Deny. You'll have another opportunity to come before the

16 Board, as well as submitting additional information, if

17 you'd like to.

18 (Pause)

19 VICE-CHAIRMAN HAYES: Going to our next

20 project here, H-09, 12-090, SAH Dialysis Clinic at 26th

21 Street in Chicago. Can the applicants come to the table

22 here, state their names, and then they'll be sworn in.

23 MR. KNIERY: Mr. Vice-Chair, my name is John

24 Kniery, and I'm with Foley & Associates, CON consultant to



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 153

1 the applicant.

2 MR. MEDAGLIA: My name is Guy Medaglia. I'm  
3 president and CEO of St. Anthony Hospital.

4 MS. GOLDSBERRY: My name is Cara Goldsberry,  
5 Project Manager for St. Anthony Hospital.

6 MS. GURAU: Isabella Gurau, Medical Director  
7 of the proposed dialysis unit.

8 MR. NELSON: Keith Nelson, Director of  
9 Laboratory Services.

10 MR. KNIERY: Mr. Vice-Chair, we have a couple  
11 people behind us; if we could all be sworn in, in case  
12 there are questions that they can answer.

13 (Oath given)

14 VICE-CHAIRMAN HAYES: State Agency Report?

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

16 The applicants are proposing to establish a  
17 15-station ESRD facility in leased space in Chicago,  
18 Illinois. The cost of the project is approximately \$3.1  
19 million. The anticipated project completion date is  
20 December 31st, 2013. No public hearing was requested.  
21 Letters of support were received on this project.

22 Thank you, Mr. Chairman.

23 VICE-CHAIRMAN HAYES: Thank you.

24 Does the applicant have anything to say?

1                   MR. KNIERY: We do, unless you direct us  
2 otherwise.

3                   VICE-CHAIRMAN HAYES: Please go ahead.

4                   MR. KNIERY: I'd like to thank Ms. Avery and  
5 Mr. Constantino for helping us with this project and  
6 getting us through the process.

7                   There were two findings of issue in the State  
8 Agency Report, both related to the under utilization of  
9 various facilities. However, as this Board is well aware,  
10 the State has four main indicators of need: The station  
11 need calculation; area use rates; the State ratio of  
12 stations to population; and, lastly, the population needed  
13 to support a project. Your numbers have found that there  
14 is a need for 66 stations in the Health Service Area 6.

15                  The State Agency Report correctly reported  
16 that use rates for the date of October 31st, 2012 indicated  
17 that there were facilities operating under the State's  
18 target rate of 80 percent. That being said, the point is  
19 those are 2011 profiles, and the State's latest data from  
20 2012 utilization for this market area have increased in  
21 less than two years by nearly 8 percent, or over 300  
22 patients. If only half that trend continues, all existing  
23 facilities will be collectively full before this project  
24 comes on line by the end of the year.

1                   The State Agency Report cites ratio --  
2   stations to population -- that is higher than that in the  
3   state. However, to me it's a bit misleading as it looks at  
4   the Health Service Area, not what's required by rule of the  
5   30-minute market area. The rules allow for the market  
6   area's ratio to be one and one-half times the State's  
7   before maldistribution can be determined. The applicant  
8   provided the information to you in its Certificate of Need  
9   application, and it shows that, in fact, it is less than  
10   the State's ratio without the one and one-half time  
11   allowance.

12                  The need indicators also require the ability  
13   for the population to support the project. As acknowledged  
14   in the State Agency Report, the population of the immediate  
15   Service Area of St. Anthony Hospital and the proposed end  
16   stage renal dialysis clinic is one that is largely Hispanic  
17   and African American. As will be elaborated upon, this is  
18   a greatly disenfranchised population that statistically has  
19   much higher rates of renal disease and its comorbidities.  
20   Therefore, this applicant has documented this project is a  
21   much greater need than a want in that it meets three out of  
22   the four indicators of need, and it appears that soon the  
23   fourth should be met.

24                  Finally, as I've sat here before you over the

1 past several years, I have heard this Board question  
2 dialysis providers on their motives, to determine if the  
3 patient's needs are the driving force behind a project,  
4 what they're doing to reduce the need for dialysis overall,  
5 and how to get better outcomes. At this point, I'd like  
6 Mr. Medaglia and his Staff to elaborate on this and tell  
7 you about their project.

8 MR. MEDAGLIA: Mr. Chairman, members of the  
9 Board, thank you for giving us the opportunity to present  
10 in front of you.

11 St. Anthony Hospital, since 2007, has gone  
12 through a little bit of a journey. Actually, we found  
13 ourselves in front of you a few years ago, when we  
14 separated from a -- our parent company, something that  
15 usually hospitals of our size and location don't do.  
16 However, the way we operate is a little bit of a different  
17 model. So, we do not look at our community, our areas of  
18 service, and determine ourselves what those needs are. The  
19 moment that we started our turnaround process and became  
20 part of the community, we began reaching out to the  
21 community to find out exactly what the community needed in  
22 the way of services. Since that time, we have installed  
23 wound care centers, infusion centers, and other areas of  
24 need, based on what the community asks for. Dialysis was

1     one of those areas.

2                     You know, I have to tell you honestly, this is  
3     not something that we looked at and said we wanted to do.  
4     My background is not healthcare. I actually spent my  
5     career in manufacturing, retailing, and probably as a  
6     life-long consultant, and when I look at the numbers, I  
7     have to tell you something: To do dialysis correctly,  
8     you're not making money -- if you do it correctly. But our  
9     community spoke out, and we have been very supportive of  
10    our community, and we've provided them with a service, and  
11    that's one of the reasons why we have received the support  
12    we've received over the last several years, not just on  
13    this particular initiative, but just about on any  
14    initiative we put forth in front of them.

15                    So, our objective is not to just provide a  
16    dialysis center, but to find a way to work with nearby  
17    facilities, which we've already started to engage  
18    conversation on, to look at finding ways of reducing, you  
19    know, the need for dialysis in our community. We have a  
20    severe problem, and our objective is not to make it  
21    continue, but to eliminate it.

22                    And, you know, I don't have any shareholders.  
23    My shareholders are my community, and that's who I have to  
24    service. They've reached out and asked us for help, and

1     that's why we're in front of you.

2                     Thank you.

3                     MS. GOLDSBERRY:   So, we know there's a need  
4     for this in the community. We continue see the lack of a  
5     continuum of care in the dialysis patients and those who  
6     are pre-ESRD. We realize that patients are not just  
7     getting the care they need at the current facilities. The  
8     pre-ESRD patients that are served in our Service Area and  
9     are currently being treating by the physicians at our  
10    hospital are not receiving the care and the level of care  
11    that they need. In order to promote the continuity of  
12    care, we designed a clinic to meet the needs of the  
13    community. Our outpatient clinic model, which incorporates  
14    the 15-chair dialysis station, as well as -- within a  
15    larger facility, also houses primary care physicians, an  
16    immediate care clinic, rehabilitation, physical therapy,  
17    dental, as well as wellness services, to both the patients  
18    of dialysis as well as their families.

19                    I'd like Dr. Gurau, our Medical Director, to  
20    discuss the patients' needs and constraints in care.

21                    MS. GURAU:   Good afternoon.

22                    I have been a practicing nephrologist since  
23    2004, primarily caring for disadvantaged ESRD patients here  
24    in Chicago, as well as previously New Mexico and Utah.

1     Although geographically different, both patient populations  
2     share similar characteristics, such as low income and a  
3     poor general understanding of healthcare issues.

4                     I understand the compliance issues, the  
5     comorbidities plaguing these patients, and the outstanding  
6     need in the continuum of care in providing for the whole  
7     person. According to the National Institute of Health, in  
8     2000, the state of Illinois had a 3.4 times higher ESRD  
9     incident rate in African American patients compared to  
10    Caucasians. 13 percent of new ESRD patients were Latino.

11                    The Lawndale community has one of the highest  
12    rates of diabetes in Chicago and twice the national  
13    average. The population that this unique, not-for-profit  
14    clinic will be serving is primarily African American and  
15    Latino.

16                    As any dialysis patient, their family members,  
17    or the healthcare providers can attest, dialysis is a  
18    life-altering medical necessity. Patients are confined to  
19    a dialysis chair for three to four hours, three to four  
20    days a week, indefinitely, unless they are lucky enough to  
21    receive a kidney transplant. Dialysis in many cases is a  
22    patient's only choice, because all other preventative  
23    measures have failed.

24                    Statistics show that both African Americans

1     and Latinos have a high incidence of diabetes and  
2     hypertension. These two conditions are the two most common  
3     causes of end stage renal disease in the patient population  
4     we serve. As a physician, I am hopeful that the proposed  
5     clinic model will optimize our patient care and help  
6     decrease the high rates of hospital admissions seen in the  
7     community.

8                     When reviewing St. Anthony Hospital  
9     (unintelligible) from January 2010 through September 2012,  
10    396 patients who were admitted to our hospital received  
11    in-patient dialysis. Of those, 179 patients were recurrent  
12    admissions. We continue to see high rates of hospital  
13    readmissions of patients who are (unintelligible) dialysis.  
14    One of the precipitating factors of the high readmission  
15    rate is the disconnect of healthcare and education that are  
16    being provided to this disadvantaged population. The lack  
17    of highly coordinated care can result in multiple missed  
18    dialysis treatments and subsequent need for  
19    hospitalization.

20                    VICE-CHAIRMAN HAYES: Doctor, could you wrap  
21    up your comments?

22                    MS. GURAU: Our hope is, by offering dialysis  
23    within a multi-service clinic, we will improve patient  
24    compliance and access to care. A central location will



1 ease the impact of multiple physician follow-up  
2 appointments, enable patients to receive dialysis  
3 treatment, as well as attend continued wellness education  
4 and (unintelligible) support. This unique clinic setting,  
5 besides being non-profit, will focus on the patient's  
6 multiple needs and, therefore, be less intimidating and  
7 hopefully promote better health outcomes.

8 I believe in this project. It is designed to  
9 remove some of the barriers that we encounter when caring  
10 for this special patient population.

11 Keith Nelson will talk about the benefit of  
12 (unintelligible) centralized lab.

13 VICE-CHAIRMAN HAYES: Excuse me. Basically,  
14 we've gone over ten minutes, and they can go ahead, but I  
15 don't know if the Board would receive any greater  
16 information.

17 MR. KNIERY: If I could just make one comment,  
18 Mr. Vice-Chairman. It's just to restate what Dr. Gurau  
19 said. These patients are doing dialysis in the hospital on  
20 a contract basis. Their numbers that we are projecting  
21 forward are not being taken from other area providers.

22 And with that, let's open it up for questions,  
23 and maybe we can answer more as you have them.

24 VICE-CHAIRMAN HAYES: Okay. Thank you.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 162

1 Does the Board have any questions?

2 MS. OLSON: I just have one point of -- quick  
3 point of clarification. Your projected timeline is that  
4 this facility would be completed in 11 months, and you  
5 believe you can make that?

6 MR. MEDAGLIA: Yes.

7 MR. GREIMAN: I make a motion to accept.

8 MR. SEWELL: I just had one question. This  
9 morning we heard from a very impressive array of supporters  
10 for the project, and the theme that kept coming up was this  
11 distinction between for-profit provision of ESRD services  
12 and not-for-profit, and I guess I wanted to try to  
13 understand, you know, what that means in terms of just the  
14 sector that the provider operates in. I mean, what is the  
15 benefit of this information?

16 MR. KNIERY: If I could take an initial stab  
17 at it. When I first met -- you know, again, sitting before  
18 you, I've heard the questions asked dialysis providers. I  
19 haven't sat before you with many dialysis projects. So  
20 when I met St. Anthony Hospital and they were able to  
21 explain to me their desire and their situation to provide  
22 dialysis services in a comprehensive way, to address all  
23 the comorbidities along with dialysis, to be able to  
24 provide the extra touches, that is the benefit that St.

1 Anthony as a not-for-profit is able to provide to the  
2 dialysis patients. The biggest thing we talk about is  
3 missed treatments by dialysis providers. Missed treatments  
4 brings those residents back to an acute care setting.

5 In your charts, or in your facility profiles,  
6 2011 is the last facility profile for the full year, and it  
7 lists the missed treatments, and it's staggering to see the  
8 number of missed treatments per facility. This is an  
9 attempt to address that specifically.

10 I'd like other staff to address further  
11 questions.

12 MR. MEDAGLIA: I'd like to try to maybe answer  
13 your question a little bit more directly, because I thought  
14 it was a pretty clear question.

15 I spent the majority of my career with  
16 for-profit corporations, publicly-traded corporations.  
17 Actually, I just came from a firm that was publicly traded  
18 that I had ownership in, and it was a global corporation.  
19 You know, I came in with a culture I brought in, once I  
20 decided I was going to stay here -- and we have a project  
21 that we're building over on 31st and Kensington. That's my  
22 reason for staying. But once I made that decision, the  
23 culture I put in place that said, you know what? We know  
24 when we're successful: When we don't have to be here

1     any more. That's when we know we're successful. I can do  
2     that as a not-for-profit organization. You can't do that,  
3     without liability, to your shareholders, if you try to put  
4     yourself out of business. Let's be real. I mean, there's  
5     enough people in this room who understand that.

6                     So, at the end, our mission -- okay -- and I  
7     heard Senator Sandoval say that he is the product of  
8     immigrant families. Well, so am I, and I grew up in the  
9     inner city of Cleveland. I grew up in a neighborhood not  
10    similar to Little Village. I grew up in a neighborhood  
11    just like North Lawndale. And, quite honestly, our goal at  
12    St. Anthony Hospital -- and everybody knows this -- is to  
13    work themselves out of a job. Our objective is to find a  
14    way, and we know we're not going to do it this generation  
15    and we're probably not going to do it next generation, but  
16    that's our goal. Our goal is to make sure that we provide  
17    the care we're supposed to provide for our community.  
18    That's who we are there for, not shareholders.

19                    Now, by the way, I just want to make a point.  
20    We all have retirements, we all probably have stock in  
21    companies. Okay? So, I don't think there is anybody in  
22    here that's against for-profit organizations. But at the  
23    end of the day, I'm just saying that for St. Anthony only,  
24    our mission in life is focus on your community and serve it

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 165

1 the best we can.

2 MR. SEWELL: As a former (inaudible)  
3 sanitarium, I have the same objective.

4 (Laughter)

5 VICE-CHAIRMAN HAYES: Any other questions?

6 (Pause)

7 VICE-CHAIRMAN HAYES: I'll go to a motion.

8 MR. GREIMAN: Motion.

9 MR. PENN: Second. We haven't called it yet.

10 VICE-CHAIRMAN HAYES: May I have a motion to  
11 approve Project 12-090, SAH Dialysis Clinic at 26th Street,  
12 to establish a 16-station ESRD facility in Chicago  
13 Illinois?

14 MR. BRADLEY: So moved.

15 MR. PENN: Second.

16 VICE-CHAIRMAN HAYES: Moved and seconded.

17 Roll call.

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

20 Mr. Bradley?

21 MR. BRADLEY: Yes.

22 MR. ROATE: Senator Demuzio?

23 MS. DEMUZIO: Yes.

24 MR. ROATE: Justice Greiman?

DRAFT

**OPEN SESSION 2/5/2013**

Page 166

1 MR. GREIMAN: I believe because 73 percent  
2 of -- comparing, 73 percent of the renal dialysis centers  
3 are held by two companies. I think it's important to have  
4 another company in the process, so I'll vote yes.

5 MR. ROATE: Mr. Hayes?

6 VICE-CHAIRMAN HAYES: Yes.

7 MR. ROATE: Ms. Olson?

8 MS. OLSON: Yes.

9 MR. ROATE: Mr. Penn?

10 MR. PENN: Yes.

11 MR. ROATE: Mr. Sewell?

12 MR. SEWELL: Yes.

13 MR. ROATE: That's seven votes in the  
14 affirmative.

15 VICE-CHAIRMAN HAYES: Motion passes.

16 (Pause)

17 VICE-CHAIRMAN HAYES: Next item on our agenda  
18 is H-10, 12-069, Renal Care Group Pekin, Pekin. Can I have  
19 the applicant come to the table and state their name and  
20 then also be sworn in?

21 MS. RANALLI: Good afternoon. Thank you.

22 I will introduce people, to move things along.  
23 To my left is Lori Wright, and to her left is Rick Stotz,  
24 both with Fresenius Medical Care. My name is Claire

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 167

1     Ranalli, legal counsel to Fresenius.

2                                     (Oath given)

3                     VICE-CHAIRMAN HAYES:     State Agency Report?

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

5                     The applicants are proposing to discontinue a  
6     9-station ESRD facility in Pekin, Illinois and establish a  
7     9-station facility which is approximately two and a half  
8     miles from the current location.    The anticipated  
9     completion project date is October 31st, 2014.   No public  
10    hearing was requested, and no letters of support and  
11    opposition were received.

12                    Thank you, Mr. Chairman.

13                    VICE-CHAIRMAN HAYES:    Thank you.

14                    Applicant?

15                    MS. RANALLI:    Thank you.   I'll be as brief as  
16    possible.

17                    This is simply a relocation of an existing  
18    facility.   The facility has been at its current location  
19    for 18-some years.   It is at 94 percent utilization,  
20    according to State Board reports; so, it's a well-utilized  
21    facility, and it has been for many, many years.

22                    The hospital -- we have options to renew our  
23    lease.   We are in Pekin Hospital, on the third floor.   The  
24    hospital has expressed a desire to take back that space.

1 We have no issue with that and, in fact, would like to  
2 move, because the facility is cramped. Again, we were  
3 there for 18 years. It's smaller than your current station  
4 per size. We would like to expand our home programs and  
5 even possibly offer nocturnal, which we can't do in the  
6 current space. So, this is pretty much a win-win for all.

7 The facility is, again, simply relocating, not  
8 adding stations, not impacting the inventory in any way.

9 So, we would request your approval to simply relocate this  
10 clinic that has been serving the Pekin facility for over 18  
11 years; and thank you; and we'd be happy to answer any  
12 questions.

13 VICE-CHAIRMAN HAYES: Questions from the  
14 Board?

15 MS. OLSON: I just have one question.

16 VICE-CHAIRMAN HAYES: Member Olson?

17 MS. OLSON: You had to know it's coming up:  
18 One year, nine months. We just had somebody said they can  
19 start to finish in eleven months. Why do you guys need so  
20 much more time than anybody else? They're going to build a  
21 hospital in that time.

22 MS. WRIGHT: There's some confusion with  
23 completion date. We have -- one of our clinics at Cicero,  
24 we just completed the building -- and serving one or two



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 169

1 patients -- in a year. Now we have to wait an additional  
2 five to seven months for Medicare certification. So, that  
3 adds extra time. So, a lot of times, when people come and  
4 say "It's done", the building is done, but as far as the  
5 Board's completion date, we do have to wait for  
6 certification, and we do generally build some extra time in  
7 that, so we don't have to keep coming back before the Board  
8 and asking for permit renewals.

9 MS. OLSON: Thank you.

10 VICE-CHAIRMAN HAYES: Any other questions by  
11 Board members?

12 (Pause)

13 VICE-CHAIRMAN HAYES: May I have a motion to  
14 approve Project 12-069, Renal Care Group, Pekin, to  
15 discontinue a 9-station ESRD facility and reestablish an  
16 11-station ESRD facility in Pekin, Illinois?

17 MS. OLSON: So moved.

18 MR. SEWELL: Second.

19 VICE-CHAIRMAN HAYES: Moved and seconded.  
20 Roll call?

21 MR. ROATE: Motion made by Ms. Olson, seconded  
22 by Mr. Sewell.

23 Mr. Bradley.

24 MR. BRADLEY: Yes.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 170

1 MR. ROATE: Senator Demuzio?

2 MS. DEMUZIO: Yes.

3 MR. ROATE: Justice Greiman?

4 MR. GREIMAN: Because this is just a change of  
5 location, really, I'll vote yes.

6 MR. ROATE: Mr. Hayes?

7 VICE-CHAIRMAN HAYES: I'm going to vote yes.

8 MR. ROATE: Ms. Olson?

9 MS. OLSON: Yes.

10 MR. ROATE: Mr. Penn?

11 MR. PENN: Yes.

12 MR. ROATE: Mr. Sewell?

13 MR. SEWELL: Yes.

14 MR. ROATE: That's seven votes in the  
15 affirmative.

16 (Pause)

17 VICE-CHAIRMAN HAYES: One thing I'd like to  
18 mention is that basically this is to reestablish a  
19 9-station ESRD facility, is that correct, not 11?

20 MR. STOTZ: That's correct.

21 VICE-CHAIRMAN HAYES: Thank you. Motion  
22 passes.

23 (Pause)

24 VICE-CHAIRMAN HAYES: The next project is

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 171

1 H-11, 12-088, DaVita Church Hill (sic) Dialysis, Rockford.

2 Can the applicant come forward and state their names and be  
3 sworn in?

4 (Pause)

5 MS. FRIEDMAN: I'm Kara Friedman.

6 MS. ANDERSON: Mary Anderson.

7 MS. WILSON: Megan Wilson.

8 VICE-CHAIRMAN HAYES: State Agency Report?

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

10 The applicants are proposing to discontinue a  
11 24-station ESRD facility and establish a 24-station ESRD  
12 facility approximately five minutes from the current site  
13 in the city of Rockford, Illinois. The anticipated cost of  
14 the project is \$4.2 million. There was no public hearing  
15 requested, no letters of opposition received. Letters of  
16 support were received. The anticipated project completion  
17 date is July 1st, 2014.

18 Thank you, Mr. Chairman.

19 VICE-CHAIRMAN HAYES: Thank you.

20 Applicant?

21 MS. FRIEDMAN: Yes. My name is Kara Friedman.

22 I'm counsel for the applicant, and with me today is Mary  
23 Anderson, DaVita's Division Vice-President for the region  
24 that includes Rockford; and Megan Wilson, who is the

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 172

1 Facility Administrator, who is also able to join us today.

2                   One thing I wanted to briefly mention -- Board  
3 Member Olson, we have been hearing you. You've indicated a  
4 few times that you're not satisfied with the completion  
5 date that you see in the application. So, after submitting  
6 the application, we consulted as a group to shorten the  
7 completion date to the July 1st date, anticipating that  
8 that will be a very quick turnaround for everything to  
9 happen, but we do appreciate your concerns with the fact  
10 that you want us to proceed with due diligence.

11                   MS. OLSON: Thank you.

12                   MS. FRIEDMAN: So just a little bit of  
13 background about this unit. It's been in operation for  
14 over 20 years. Probably 15 or 20 years ago it was expanded  
15 to double in size. At this point, as they're nearing the  
16 lease expiration, Mary and her team are working on  
17 relocating the unit, because they really found that in  
18 operating at a larger size, that it is not the best option  
19 for delivering care in a safe, efficient way.

20                   I have -- there are two primary issues that  
21 the physical plant involved, and since Megan Wilson works  
22 in that space every day, I asked her to just take a minute  
23 or two to tell you what the deficiencies are on a  
24 day-to-day basis.

1                   MS. WILSON: Good afternoon. As a Registered  
2 Nurse, I take great pride in my work, caring for this very  
3 special population of patients. One of the big issues  
4 caring for patients in this facility is the overall layout.  
5 Due to the expansions over the years, there are several  
6 barriers to sight, visualizing our patients while they're  
7 on treatment; one of the biggest being, right in the middle  
8 of the treatment floor there is a very large wall that's  
9 not glass -- it's a physical wall -- that does impede  
10 vision, which does cause some issues as a nurse having to  
11 go several times around the unit to, obviously, take care  
12 of our patients and to visualize them on treatment. Also,  
13 there's several areas that have been added on that already  
14 are in a cubby hole, where two patients might be set aside  
15 behind the normal sight of view from the rest of the  
16 patients, which is also a safety concern as a nurse caring  
17 for patients.

18                   Coming from an ICU setting, it is very  
19 important for me to visualize my patients while they are  
20 receiving any sort of treatment. So, this is a concern for  
21 me with the safety of our patients while on treatment.

22                   Second of all, we have an inadequate lobby.  
23 This lobby is basically nonexistent, meaning that patients  
24 really do not have a spot to safely come in to our unit and

1     wait for treatment to be called; and, also, after  
2     treatment, a place for them to safely wait supervised,  
3     after treatment, for any issues that may occur after  
4     treatment. We would love for them to have a lobby to wait  
5     in, but it's just not safe for them to do so at this time.

6             Thirdly, the unit is very outdated. It's very  
7     gloomy. There's only a small line of windows that are  
8     tinted on the side of the building, and that overlooks an  
9     unloading dock and a dumpster. This does not provide very  
10    much light, and patients who are sitting in our unit are  
11    sitting for over 12 hours a week, which is not a very --  
12    dialysis is very difficult as it is, let alone when you're  
13    coming into a very dismal, dark, outdated building, and I  
14    think that my patients deserve better than that. So --

15            MS. FRIEDMAN: If I could just comment on the  
16    one negative finding in the Staff Report. The Staff Report  
17    does identify the need for one station in the Planning  
18    Area, and this project would not affect that. We are  
19    relocating with the same number of stations. The other  
20    facilities in the area show very high utilization, between  
21    91 percent and 114 percent utilization, and you might ask  
22    why that facility can be operating at such high  
23    utilization. It's because they operate a nocturnal  
24    dialysis program. So, there's actually four shifts at one

1 of those units. This facility reported 74 percent  
2 utilization in the last quarter, which is higher than the  
3 utilization that was reported at the time that we filed the  
4 application. So, that was -- that data was submitted to  
5 the Planning Board with the quarterly report.

6 So, we're really just a few patients away from  
7 operating at target utilization, and the attending  
8 physician that supported this project identified 23 CKD  
9 patients. So you'll see on page 15 of the State Agency  
10 Report, it is acknowledged that we expect target  
11 utilization by the end of the second year that we're  
12 operating.

13 I think that summarizes the points. At this  
14 time we'd be happy to answer any questions.

15 VICE-CHAIRMAN HAYES: Judge Greiman?

16 MR. GREIMAN: Yeah. How come you have .37  
17 revenues for charity care. That's what my bank pays on my  
18 Certificate of Deposit, .37 How come you have that? It's  
19 so low, isn't it?

20 MS. FRIEDMAN: Well, as the State Agency  
21 Report indicates -- and we've discussed in some of our  
22 other project considerations before -- there is a -- the  
23 federal Medicare program actually carves dialysis into its  
24 program; so, you can qualify for Medicare regardless of

1    your age. And then here in the State of Illinois, you will  
2    qualify for Illinois, if you do not qualify for Medicare  
3    and you are medically indigent. So, that coverage even  
4    applies to a non-documented illegal alien. So, there's a  
5    lot of insurance coverage.

6                    MR. GREIMAN: Okay. That's great. Thank you.

7                    MR. SEWELL: Mr. Chairman?

8                    VICE-CHAIRMAN HAYES: Member Sewell?

9                    MR. SEWELL: Yes. Did you give any thought to  
10    reducing the size of the facility in terms of stations,  
11    given what is in the report about your current occupancy?

12                   MS. FRIEDMAN: Probably not very seriously,  
13    given the utilization is so high in the other area  
14    facilities. We believe that once this facility is  
15    operating and in place and, we believe, that care is being  
16    provided safely and efficiently, that it will increase its  
17    utilization, as it has in the last few months.

18                   MS. WILSON: And I do want to add, there are  
19    two stations that we don't use right now because of lack of  
20    visibility. So, we're really only using 22 stations, for  
21    patient safety. This clinic was built by Rockford Memorial  
22    Hospital, and DaVita acquired it from us. I used to work  
23    for Rockford Memorial Hospital in 2003. So, this clinic is  
24    quite aged.



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 177

1                   MS. OLSON: Is that where it is, right in that  
2 area by Rockford --

3                   MS. WILSON: No. This is one of their  
4 satellite units. It's over on Mulford and Spring Creek, in  
5 the basement of one of their clinics, physician clinics.  
6 It's difficult to find.

7                   MS. OLSON: Where's Ware?

8                   MS. ANDERSON: It's right off of 20 on  
9 Perryville and State.

10                   It's a very nice location. Megan and I drove  
11 around and found a nice spot.

12                   MS. OLSON: So, would you not submit that, by  
13 virtue of the fact that you're going to have a nice  
14 facility, utilization is going up?

15                   MS. WILSON: It's very depressing there.  
16 Patient can't use their cell phones. It's like a black  
17 hole.

18                   VICE-CHAIRMAN HAYES: Mr. Penn?

19                   MR. PENN: I want to be clear before you call  
20 the motion about the completion date of the project. I  
21 believe you said July 1st, 2013.

22                   MS. FRIEDMAN: '14. Thank you.

23                   MR. PENN: That's what's on here now.

24                   MR. URSO: The State Agency Report says July

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 178

1     2014.

2                   MR. PENN:     So this is correct, July 1st,  
3     2014?

4                   MS. FRIEDMAN:   Yes.

5                   MS. ANDERSON:   I do want to add that our goal  
6     is to be in there by November of 2013.  That's our goal.  
7     It is a retrofit, so the building is an existing building  
8     that we'll retrofit our clinic into.  So construction  
9     should move pretty rapidly.

10                  MR. PENN:     So, Kathy, does that satisfy you,  
11     July of '14?

12                  MS. OLSON:    Well, she knows I'd like it to be  
13     less.

14                  MR. PENN:     When you asked the question --

15                  MS. OLSON:    I guess I was thinking what the  
16     previous applicant said, too.  If the completion date --  
17     I'd like to see you in there in November of 2013.  You come  
18     back and tell me that, and I'll be really happy.

19                  MS. ANDERSON:  We absolutely will.  We have  
20     the lease signed, and as soon as we have approval, we can  
21     start construction documents.

22                  MS. OLSON:    So you're not even building a new  
23     building?

24                  MS. ANDERSON:  No.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 179

1                   VICE-CHAIRMAN HAYES: Okay. May I have a  
2 motion to approve Project 12-088, DaVita Churchview  
3 Dialysis, to discontinue and reestablish a 24-station ESRD  
4 facility in Rockford, Illinois?

5                   MS. OLSON: So moved.

6                   MR. PENN: Wait; a question on the motion.  
7 I'm going to be clear on this completion date. Now, are we  
8 talking about November 2013 or are we still at July 1st,  
9 2014?

10                  MS. ANDERSON: The application states that we  
11 will be done by July 1st, 2014. However, I'm committing to  
12 Kathy that we will be in by November of 2013.

13                  MS. FRIEDMAN: But that does not account for  
14 Medicare certification?

15                  MS. ANDERSON: Correct. We have to be  
16 certified.

17                  MS. OLSON: So you can't see any patients  
18 until you're certified.

19                  MS. ANDERSON: I'm sorry. When it's a relo,  
20 you don't have to have Medicare certification. We're  
21 relocating 24 stations.

22                  MS. OLSON: Do I hear November?

23                  MS. FRIEDMAN: For the sake of transparency, I  
24 think that's a very aggressive date for her, but she feels

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 180

1     confident and, obviously, is pretty excited to move  
2     forward. So, if there's a problem with November 30th, we  
3     will write a letter and ask for more time, but she's  
4     willing to change the date to November 30th, 2013.

5                 MR. URSO: That means you're going to be  
6     seeing patients by that date?

7                 MS. FRIEDMAN: The thing she reminded me of,  
8     when it's a relocation, as long as you're not adding more  
9     stations, then Medicare does not need to -- you can go  
10    ahead and start using those stations as soon as they're  
11    ready.

12                MR. URSO: We just don't want you in here for  
13    a compliance issue.

14                VICE-CHAIRMAN HAYES: I think, basically,  
15    this is an aggressive time frame of July 1st of 2014. I  
16    think we should remain at that date, so we don't have any  
17    issues with compliance. Is there any problem with that?

18                MS. OLSON: You call me. I'll be there.

19                MS. KENDRICK: I just wanted to remind the  
20    Board, they can obviously finish before that date, but by  
21    giving them until July 1st, 2014, we could avoid potential  
22    compliance issues or them having to come in again, but they  
23    could still achieve the November date.

24                MS. OLSON: That's fine.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 181

1                   VICE-CHAIRMAN HAYES:    Let's -- I have a  
2    motion -- may I have a motion to approve Project 12-088,  
3    DaVita Churchview Dialysis, to discontinue and reestablish  
4    a 24-station ESRD facility in Rockford, Illinois.

5                   MS. OLSON:    So moved.

6                   MR. GREIMAN:   Second.

7                   VICE-CHAIRMAN HAYES:    Moved and seconded.

8    Roll call?

9                   MR. ROATE:   Motion made by Ms. Olson, seconded  
10   by Justice Greiman.

11                   Mr. Bradley.

12                   MR. BRADLEY:   Yes.

13                   MR. ROATE:   Senator Demuzio?

14                   MS. DEMUZIO:   Yes.

15                   MR. ROATE:   Justice Greiman?

16                   MR. GREIMAN:   Yes.

17                   MR. ROATE:   Mr. Hayes?

18                   VICE-CHAIRMAN HAYES:   Yes.

19                   MR. ROATE:   Ms. Olson?

20                   MS. OLSON:   Yes.

21                   MR. ROATE:   Mr. Penn?

22                   MR. PENN:   Yes.

23                   MR. ROATE:   Mr. Sewell?

24                   MR. SEWELL:   No.   Even when you take into

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 182

1     account 24 beds being available, the proportional increase  
2     is still below the target occupancy.

3                     MR. ROATE: Thank you, sir.

4                     That's six votes in the affirmative, one vote  
5     in the negative.

6                     VICE-CHAIRMAN HAYES: The motion is approved.

7                                     (Pause)

8                     VICE-CHAIRMAN HAYES: Let's go on to H-12,  
9     12-091, Fresenius BMA Carbondale in Carbondale, Illinois,  
10    and would the applicant come forward and state your name  
11    and be sworn in?

12                    MS. RANALLI: Good afternoon again. Clare  
13    Ranalli, legal counsel to the applicant. Lori Wright to my  
14    left, and a new individual here, Richard Alderson, who's in  
15    charge of the area where this clinic will be located in  
16    Carbondale.

17                                     (Oath given)

18                    VICE-CHAIRMAN HAYES: State Agency Report?

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

20                    The applicants are proposing to discontinue a  
21    24-station ESRD facility and establish a 24-station ESRD  
22    facility in approximately 12,900 gross feet of leased space  
23    in Carbondale, Illinois. Cost of the project is  
24    anticipated to be \$5.4 million dollars. There was no

1 public hearing requested. No letters of support or  
2 opposition were received, and the anticipated project  
3 completion date is December 31st, 2014.

4 Thank you, Mr. Chairman.

5 VICE-CHAIRMAN HAYES: The applicant?

6 MS. RANALLI: In the interest of time, I'll be  
7 as brief as possible. Again, this is a relocation of an  
8 existing clinic, no addition of stations. The clinic has  
9 been serving the Carbondale area for 25 years. There are  
10 89 patients currently dialyzing at the clinic.

11 I think I can anticipate some of the  
12 questions, in light of the last application. We will  
13 complete pretty much whenever you tell us you want us to  
14 complete. We built in through to the end of 2014. I was  
15 asking whether -- because this is an existing location and  
16 we just need to get in and build it out, they thought they  
17 could do that within -- by the end of the year. Now, we  
18 still, according to your rules, will want Medicare  
19 certification, but if we don't have it, quite frankly, we  
20 can come back for a permit renewal. We're all here every  
21 month and a half anyway, so we can do that. If you prefer  
22 a shorter time frame for project completion, we're happy to  
23 address that.

24 The other question which Mr. Sewell raised,

1    which is possibly applicable to this project, because the  
2    clinic is under utilized, is: Did we consider relocating  
3    and decreasing the number of stations? And, yes, we did  
4    consider that. This clinic is in a rural area. Carbondale  
5    is not rural, in my opinion. I grew up in Danville,  
6    Illinois, so to me it's a very populous city, but the area  
7    surrounding it is rural in nature, and the other clinics,  
8    as well as this clinic -- the other two clinics in the area  
9    and this clinic run two shifts. You've heard this before.  
10   It's not at all common for clinics in less populated areas  
11   to run two shifts instead of three. That's because there  
12   simply aren't enough patients to run a third shift, for the  
13   most part, but, obviously, the patients who need dialysis  
14   still need a clinic in the area. If we did relocate and  
15   reduce the number of stations, it would cost us less,  
16   because we'd be leasing less space and moving out less  
17   stations, but we'd be forcing a significant number of  
18   patients -- again there's 89; so, a third of those would be  
19   30 people -- to dialyze on a third shift at night until  
20   about eight p.m. That's a hardship on our patients.  
21   That's the reason we decided not to do that, just to  
22   maintain the patients' -- this will truly maintain their  
23   same times, same transportation, whether it be family or  
24   public, whatever they have, and they won't need to scramble



1 to decide how to dialyze on a third shift. And so, we did  
2 consider that, and that's the explanation as to why we have  
3 not done it.

4 And if you have any other questions, we'll be  
5 happy to answer them.

6 VICE-CHAIRMAN HAYES: Board member questions?

7 MS. OLSON: I'm not sure I get that. So, your  
8 utilization is 60 percent, and that's because some people  
9 are dialyzing on another shift, so that --

10 MS. RANALLI: The 80 percent target formula is  
11 predicated upon a clinic operating three shifts a day, six  
12 days a week, and we only operate two shifts a day, six days  
13 a week.

14 MS. OLSON: Okay. Thank you.

15 VICE-CHAIRMAN HAYES: Any other Board member  
16 questions?

17 (Pause)

18 VICE-CHAIRMAN HAYES: May I have a motion to  
19 approve Project 12-091, Fresenius BMA Carbondale, to  
20 discontinue and reestablish a 24-station ESRD facility in  
21 Carbondale, Illinois?

22 MR. SEWELL: So moved.

23 MS. DEMUZIO: Second.

24 VICE-CHAIRMAN HAYES: Moved and seconded.

DRAFT

**OPEN SESSION 2/5/2013**

Page 186

1 MR. ROATE: Motion made by Mr. Sewell,

2 seconded by Senator Demuzio.

3 Mr. Bradley?

4 MR. BRADLEY: Yes.

5 MR. ROATE: Senator Demuzio?

6 MS. DEMUZIO: Yes.

7 MR. ROATE: Justice Greiman?

8 MR. GREIMAN: 54 percent. I'll still vote  
9 aye.

10 MR. ROATE: Mr. Hayes?

11 VICE-CHAIRMAN HAYES: Yes.

12 MR. ROATE: Ms. Olson?

13 MS. OLSON: Yes.

14 MR. ROATE: Mr. Penn?

15 MR. PENN: Yes.

16 MR. ROATE: Mr. Sewell?

17 MR. SEWELL: I'm going to vote no, similar  
18 reasons to last time; excess capacity in the region.

19 MR. ROATE: Thank you, sir.

20 Six votes in the affirmative, one vote in the  
21 negative.

22 VICE-CHAIRMAN HAYES: The motion passes.

23 (Pause)

24 VICE-CHAIRMAN HAYES: The next application is

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 187

1 I, Applications Subject to Intent to Deny, and this is  
2 1-01, 12-047. Fresenius Medical Care, Plainfield North,  
3 Plainfield. Can we have them come up to the table here?

4 (Pause)

5 VICE-CHAIRMAN HAYES: Please state your name,  
6 and then you will be sworn in.

7 MS. BURMAN: Clare Ranalli, legal counsel for  
8 the applicant. To my left is Dr. Alausa. To his left is  
9 Coleen Muldoon and Lori Wright.

10 (Oath given)

11 VICE-CHAIRMAN HAYES: State Agency Report?

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

13 The applicants are proposing a 12-station ESRD  
14 facility in approximately 8,500 gross square feet of leased  
15 space in Plainfield, Illinois. The anticipated cost of the  
16 project is approximately \$4 million.

17 We note the following: This project received  
18 an Intent to Deny at the September 2012 State Board meeting  
19 and was deferred from the December 10th, 2012 State Board  
20 meeting. Additional information was submitted on October  
21 10th, 2012. We did receive letters of support and  
22 opposition regarding this project.

23 Thank you, Mr. Chairman.

24 VICE-CHAIRMAN HAYES: The applicant?

1                   MS. MULDOON: Yes, I'd like to make a brief  
2 comment. I know it's late in the day.

3                   MR. PENN: Could you use a microphone,  
4 please?

5                   MS. MULDOON: I'll try to make this as brief  
6 as I possibly can. My name is Coleen Muldoon. I want to  
7 thank you for allowing us the time to appear before you  
8 again and also thank the Board Staff for the time spent  
9 reviewing the additional materials we recently submitted.

10                   We understand the rules regarding the need and  
11 maldistribution, but are asking the Board to exercise its  
12 discretion, given the unique circumstances in this area.  
13 About seven years ago, when we first asked the Board to  
14 approve our current Fresenius Plainfield facility, we  
15 actual -- which is actually in Joliet, it took several  
16 times to convince the Board to approve it. We had the same  
17 issues then regarding maldistribution in the area as we do  
18 now. However, once it was approved, it was at 80 percent  
19 utilization within a year and a half. This does not mean  
20 the Board's formula is wrong or maldistribution is not an  
21 important factor; but it does not always accurately reflect  
22 the need in particular geographic areas.

23                   As Lori Wright will now demonstrate for you,  
24 Plainfield's population continues to grow. This is one of

1     the reasons the record shows overwhelming support for this  
2     facility.

3                   MS. WRIGHT: Hopefully you all can hear me.  
4     I'll try to talk loud.

5                   One of the things that's been happening in  
6     Plainfield is the population growth has just been exploding  
7     over the past decade. It's actually one of the  
8     fastest-growing towns in the State of Illinois. You can  
9     see here that the total population has tripled in the last  
10    decade, from approximately 13,000 to almost 40,000. Along  
11    with that, here the Hispanic population has gone from a  
12    little over 500 to over 4,000 during that time. The  
13    African American population was only a little over 100 ten  
14    years ago. It's now over 2,000. The population over age  
15    65 has more than doubled, from 800 in 2000 to over 2,000 in  
16    2010, and on the very end, the population over age 45 has  
17    more than tripled, from 3,300 to over 10,000.

18                  Due to the population growth and the changing  
19    demographics, what we have seen is immense ESRD growth.  
20    You can see here, the chart on the -- your left is the  
21    Illinois ESRD population growth over the last 10 years. In  
22    2000, there was 12,000 patients; and in 2010, there were  
23    over 16,000. This represents a 3 percent overall growth.  
24    And in Plainfield, there was 8 patients in 2000; 2010 it

1     jumped to 63; and that represents a 23 percent growth in  
2     ESRD for Plainfield as compared to the state. And one of  
3     the things that's significant about the 23 percent growth  
4     of Plainfield is, I looked at Naperville, Bolingbrook, and  
5     Joliet to see what their growth was, and it was  
6     approximately 6 percent during the same time frame.

7                     This is a map of Plainfield. The kind of  
8     bullseye here is where our proposed Plainfield facility is  
9     going to be. The shaded areas are the patients, and this  
10    arc right here represents 10 miles. So, what we're seeing  
11    is within this 10-mile radius, there's significant  
12    patients. We have two clinics: Our current Plainfield  
13    clinic and Silver Cross. They're both over 80 percent.  
14    So, patients then are forced to go outside of this 10-mile  
15    range for treatment. They have a choice of Fox Valley at  
16    88 percent, Naperville up here, which is also at 88  
17    percent, and then over here is our Naperbrook clinic, which  
18    was recently approved. It's not yet open, but the  
19    Naperville clinic, per -- the Naperville clinic is going to  
20    close. So, all these patients are going to transfer here.  
21    So, essentially this clinic is also at 88 percent.  
22    Fresenius Bolingbrook is at 94 percent.

23                     What that leaves then, the patients have a  
24    choice of Sun Health, which can take 32 additional patients

1     before reaching 80 percent. However, we've identified  
2     enough patients up and above that, 50 more, that would  
3     bring the Plainfield clinic to 80 percent. So, the clinic  
4     is still needed, even if we do send patients down to Sun  
5     Health.

6                     That leaves -- there's also -- the yellows are  
7     the clinics that are under utilized. U S Renal Bolingbrook  
8     just opened; it was just certified. In their application,  
9     they certify they would be at 80 percent long before our  
10    Plainfield clinic is open, and that's from a different  
11    physician practice, different patients.

12                    So, what really is left is Oswego and  
13    Yorkville dialysis, and these clinics are between 14 and 17  
14    miles away. They are just under 30 minutes in normal  
15    travel times which, you know, for this area a lot of times  
16    doesn't happen -- inclement weather or rush hour traffic  
17    time. Most of the roads going out here are two-lane.

18                    So, there really is no option for patients,  
19    these patients in Plainfield. We've seen the growth in  
20    Plainfield, the population, the patients, and we just hope  
21    you would allow us to meet the need that we see in  
22    Plainfield and not force these patients to go scatter all  
23    over and change physicians.

24                    And I'd like to turn it over to Dr. Alausa.

1                   MR. ALAUSA: Thank you Board members for  
2     giving me the opportunity to talk with you this afternoon.  
3     I just want to be an advocate for our patients, and these  
4     patients are very sick. The less we put on them, the  
5     better for them. Being on dialysis is hard and it's tough.  
6     (Unintelligible). There's a huge need. The clinic that we  
7     have in Plainfield, it took less than a year for it to fill  
8     up to about 85 percent capacity. We have more patients  
9     that will be needing dialysis in the next few several  
10    months and wish you, please, to give them the opportunity  
11    to be able to dialyze close to their house.

12                  Thank you.

13                 MS. RANALLI: Thank you. We'd be happy to  
14    answer any questions you have.

15                 MR. BRADLEY: I have one. Could you put up  
16    the chart that has the 23 percent on it?

17                                 (Pause)

18                 MR. BRADLEY: And explain to me what the 23  
19    percent means.

20                 MS. RANALLI: The 23 percent -- the incidents  
21    of end stage renal disease in the state, from 2000 to 2010  
22    it grew by three percent.

23                 MR. BRADLEY: I didn't ask that. I want to  
24    know the 23 percent.



**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 193

1 MS. RANALLI: It grew 23 percent.

2 MR. BRADLEY: What did?

3 MS. RANALLI: The incidents of individuals  
4 living in Plainfield who suffered end stage renal disease.

5 MR. BRADLEY: And it went from --

6 MS. RANALLI: 8 to 63 patients.

7 MR. BRADLEY: How is that 23 percent?

8 MR. ALAUSA: It's a percentage growth to  
9 compare from -- as we compare the numbers between 2000 to  
10 2010 for percentage of patients needing dialysis is three  
11 percent, but compare the same (unintelligible) from 2000 to  
12 2010, it's 23 percent.

13 MR. BRADLEY: I heard you say that several  
14 times.

15 MS. WRIGHT: Averaged yearly.

16 MR. BRADLEY: Okay.

17 MR. PENN: Per year.

18 MS. WRIGHT: Right, yearly.

19 MR. PENN: That confused all of us. We all  
20 recognized the math was off.

21 MR. ALAUSA: Over 10 years.

22 VICE-CHAIRMAN HAYES: Any other questions for  
23 the Board?

24 (Pause)

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 194

1                   MS. RANALLI: We'll make sure our math is more  
2 clear in the future, future graphs, if we use them.

3                   VICE-CHAIRMAN HAYES: Let's go to a motion.  
4 May I have a motion to approve project 12-047, Fresenius  
5 Medical Care Plainfield North, to establish a 12-station  
6 ESRD facility in Plainfield, Illinois?

7                   MS. OLSON: So moved.

8                   MR. PENN: Second.

9                   VICE-CHAIRMAN HAYES: Moved and seconded.  
10 Roll call?

11                   MR. ROATE: Motion made by Ms. Olson, seconded  
12 by Mr. Penn.

13                   Mr. Bradley?

14                   MR. BRADLEY: I guess based on Planning Area  
15 need and maldistribution, I vote no.

16                   MR. ROATE: Thank you.

17                   Senator Demuzio?

18                   MS. DEMUZIO: I vote no because of the excess  
19 and the no need for additional services.

20                   MR. ROATE: Justice Greiman?

21                   MR. GREIMAN: 54 percent, but I'll vote yes.

22                   MR. ROATE: Mr. Hayes?

23                   VICE-CHAIRMAN HAYES: I vote no because of the  
24 Planning Area need and the maldistribution, unnecessary

1     duplication of services, as identified in the State Agency  
2     Report.

3                     MR. ROATE: Thank you, sir.

4                     Ms. Olson?

5                     MS. OLSON: I vote no for the same reason.

6                     MR. ROATE: Thank you.

7                     Mr. Penn?

8                     MR. PENN: I vote no for maldistribution of  
9     services.

10                    MR. ROATE: Thank you.

11                    Mr. Sewell?

12                    MR. SEWELL: I vote no for reasons Mr. Hayes  
13     expressed.

14                    **Q     MR. ROATE: Six votes in the negative, one**  
15     **vote in the affirmative.**

16                    **VICE-CHAIRMAN HAYES: Motion fails.**

17                    MR. URSO: You're going to be receiving a  
18     denial notice. You'll have an opportunity for due process.

19                                     (Pause)

20                    VICE-CHAIRMAN HAYES: Now we're on item 10 of  
21     our agenda here, which is Compliance Issues, Settlement  
22     Agreements and Final Orders, and I'll turn it over to our  
23     legal counsel, Frank Urso.

24                    MR. URSO: Thank you, Mr. Chair.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 196

1                   We have several referrals to legal counsel  
2    that we'd like the Board to approve. First one is for  
3    Project 05-254, Sherman Hospital; and the second one is for  
4    Orland Park, Project 12-028, Orland Park Surgery Center.  
5    And we're requesting that these matters be referred to  
6    legal counsel for review and the possible notices that  
7    could be sent for non-compliance, which will include  
8    sanctions that are detailed and specified in the Board's  
9    Act and the Board's rules.

10                   MR. PENN:    So moved.

11                   MS. OLSON:   Second.

12                   VICE-CHAIRMAN HAYES:    The motion has been  
13    moved and seconded.

14                   Roll call.

15                   MR. ROATE:   Motion made by Mr. Penn, seconded  
16    by Ms. Olson.

17                   Mr. Bradley?

18                   MR. BRADLEY:   Yes.

19                   MR. ROATE:   Senator Demuzio?

20                   MS. DEMUZIO:   Yes.

21                   MR. ROATE:   Justice Greiman?

22                   MR. GREIMAN:   Yes.

23                   MR. ROATE:   Mr. Hayes?

24                   VICE-CHAIRMAN HAYES:   Yes.

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 197

1 MR. ROATE: Ms. Olson?

2 MS. OLSON: Yes.

3 MR. ROATE: Mr. Penn?

4 MR. PENN: Yes.

5 MR. ROATE: Mr. Sewell?

6 MR. SEWELL: Yes.

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

9 VICE-CHAIRMAN HAYES: Motion passes.

10 MR. URSO: Thank you, Mr. Chair.

11 We have three final orders that we would like  
12 the Board to approve, and I'll itemize those. One is for  
13 Mendota Community Hospital, Project 08-016. That's Docket  
14 No. HFSRB 1106; also final order for Greenville Regional  
15 Hospital, Project No. 03-001 and 03-091, and those are  
16 Docket Nos. HFPB 0780 and 0781, and then the final order  
17 that we'd like approved is from the Ottawa Pavilion, and  
18 that's Project 09-048 and Docket No. HFSRB 1209.

19 Thank you.

20 VICE-CHAIRMAN HAYES: So moved.

21 MR. PENN: Second.

22 VICE-CHAIRMAN HAYES: Moved and seconded.

23 Can we have a roll call?

24 MR. ROATE: Yes, sir. Motion made by

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 198

1 Mr. Hayes, seconded by Mr. Penn.  
2 Mr. Bradley?  
3 MR. BRADLEY: Yes.  
4 MR. ROATE: Senator Demuzio?  
5 MS. DEMUZIO: Yes.  
6 MR. ROATE: Justice Greiman?  
7 MR. GREIMAN: Yes.  
8 MR. ROATE: Mr. Hayes?  
9 VICE-CHAIRMAN HAYES: Yes.  
10 MR. ROATE: Ms. Olson?  
11 MS. OLSON: Yes.  
12 MR. ROATE: Mr. Penn?  
13 MR. PENN: Yes.  
14 MR. ROATE: Mr. Sewell?  
15 MR. SEWELL: Yes.  
16 MR. ROATE: That's seven votes in the  
17 affirmative, sir.  
18 VICE-CHAIRMAN HAYES: The motion passes.  
19 Anything else, Frank?  
20 MR. URSO: Nothing else. We can move to the  
21 next item.  
22 VICE-CHAIRMAN HAYES: Okay. The next item is  
23 10, Other Business; there's none.  
24 11, Rules Development. Is -- does anybody on

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 199

1     the Board -- does any Board member have any questions or  
2     comments on the rules that have been -- that were submitted  
3     to you that you received copies of?

4                     MR. SEWELL:   Mr. Chairman?

5                     VICE-CHAIRMAN HAYES:    Yes.

6                     MR. SEWELL:   I heard in the testimony on these  
7     proposed rule changes a few compelling comments that I  
8     think need to be looked into with respect to these proposed  
9     rules, and one of them had to do with costs.  I don't know  
10    whether we could verify this without looking into it, but  
11    the person testifying asserted that the way we have  
12    proposed changes in these rules for Ambulatory Surgery  
13    Treatment Centers might lead to higher system costs.  I  
14    don't know whether that's true or not.  I think we need to  
15    have some time to look into some of the testimony we heard.

16                    So, I don't know -- I guess I'm moving that we  
17    defer acting on this until we've had a chance to do that.

18                    MS. AVERY:   I don't know how we would do that.  
19    I don't know what we would put in place to verify that the  
20    cost would be higher or lower or what.  I don't know the  
21    process we would use for that.

22                    MR. SEWELL:   I think if we had this landscape  
23    of the proposed changes and we could see, you know, all of  
24    the testimony, maybe either a subcommittee of the Board, or

1     the Staff, could just look into it and come back and report  
2     to us as to whether the comments that we heard make any  
3     sense.

4                   MR. CONSTANTINO:  Mr. Sewell, I didn't  
5     realize -- I don't know if he's talking about the cost we  
6     would charge, an application cost, or cost to the health  
7     system.  I don't --

8                   MR. SEWELL:  I heard health system, but I  
9     could be wrong.  I heard health system.

10                  MS. AVERY:  And I heard health systems, also,  
11     but I just don't know the process that we would use in  
12     order to verify that.  But we did determine that we would  
13     have to look at those comments and make sure; but I do want  
14     the Board to know that both of those groups that were  
15     representing here today, we met with them three times to go  
16     over these rules, three times, and we have accepted public  
17     comment from them on the rules and incorporated some of  
18     that.  But if we could possibly move forward and then make  
19     another rule change, because those are just a couple of  
20     issues that we need to look at, and this is a big package  
21     that includes everything, and we can do another rule making  
22     to incorporate those changes, and then if we cannot  
23     incorporate them, then we will give information to the  
24     Board as to why we can't.  Because with that issue, I just



1     don't know how we would verify what that individual is  
2     saying.

3                   MR. SEWELL: I don't know if this is an issue  
4     for us to verify. I just think we need to check the  
5     assertion to see if it feels to us like it's correct or  
6     not. That's all.

7                   MS. AVERY: I just don't know the process  
8     we'll use to determine the costs.

9                   MR. CONSTANTINO: Ms. Avery, have they given  
10    you any cost estimates in your discussion?

11                  MS. AVERY: No.

12                  MR. SEWELL: No. I'm answering for you. I'm  
13    sorry. I don't know what they've given you. But the point  
14    is, they just made the broad assertion that the changes  
15    we're proposing would add to system costs. I don't see  
16    anything wrong with us looking at that and seeing if we  
17    agree. If we don't agree, we go ahead with this. I  
18    mean -- because I think that was a somewhat biased  
19    testimony. I just don't think we can leave things hanging.

20                  MS. AVERY: And we wouldn't leave it hanging;  
21    but what I would like the Board to consider is that we  
22    approve what we have, so that we can move forth in the JCAR  
23    process, and then during the first -- is it the first  
24    reading -- the first reading stage, those comments can be

1    taken into consideration and incorporated, if we can, and  
2    if we can't, JCAR does ask us to say why we cannot. So,  
3    there's another period where they can give public comment  
4    officially. But, again, I want to reiterate that we met  
5    with that group at least three times.

6                   MS. OLSON: Can I -- maybe -- I'm just going  
7    to put it out there. My concern is that they -- that if we  
8    make the process so easy for them to continue to expand,  
9    expand, expand, they're going to continue to skim all of  
10   the private insurance, private pay patients from the  
11   hospitals, because they don't take any -- there's very few  
12   ASTC's that take any Medicaid, and I understand some of  
13   their concerns, but I think what the bigger thing is,  
14   bigger picture for them is, they want to be able to expand  
15   at will, and I just think that that's going to so  
16   negatively impact hospital systems, because they're going  
17   to take away all of the Medicaid patients -- all of the  
18   private pay and private insurance patients from the  
19   hospitals, and that's the only thing that keeps some of  
20   them afloat.

21                   VICE-CHAIRMAN HAYES: So I think what --  
22   that's a good analysis, Kathy. And, you know, base -- I  
23   think what you're saying, Courtney, is we've gone through  
24   this process here, and this has been brought to us before,

1     these rules, and this process will even continue on now.

2     You know, sometimes I -- maybe we'll have to spend more  
3     time on these rules, but I don't -- I understand some of  
4     these -- like you met with these people three times.

5                   MS. AVERY:   At least.

6                   VICE-CHAIRMAN HAYES:   And we're only at a  
7     point where now they'll go to JCAR, and they still have an  
8     opportunity to be able to look at them again.

9                   MS. AVERY:   Two other opportunities to do so,  
10    one through the comment for the first reading and the other  
11    is that we hold a public hearing on them; we conduct a  
12    public hearing, the Board does.

13                   VICE-CHAIRMAN HAYES:   Okay.   Okay.

14                   MS. OLSON:   So I rescind my second to Sewell's  
15    motion.

16                   MR. SEWELL:   Did I make a motion?

17                   MS. OLSON:   You're on your own.

18                   VICE-CHAIRMAN HAYES:   I don't know -- I don't  
19    think we have any problem with this right now.   This is  
20    where the process is and -- but I hope that the Board Staff  
21    will take that under consideration, so we don't have  
22    somebody coming before us in a public comment section and  
23    we're completely -- I think we were kind of taken aback by  
24    it.   We weren't prepared for it.   I know that will be

1     difficult, but we just have to be -- we'll have to be  
2     better prepared, the Staff and us, for that.

3                   All right. Well, seeing -- is there any other  
4     comments?

5                                   (Pause)

6                   VICE-CHAIRMAN HAYES: I'll make a motion then.  
7     Motion to approve the amendments to 77 IAC 1100 and IAC  
8     1110, with direction to Board Staff to contact today's  
9     public participants who spoke about the Board's rules,  
10    request them to submit their written comments during the  
11    rule-making process. Is that a good motion?

12                   MR. SEWELL: Yeah.

13                   MS. OLSON: That's outstanding.

14                   VICE-CHAIRMAN HAYES: So moved.

15                   MR. JONES: Mr. Hayes, could I suggest a  
16    change? Section 1110.230 is the part that will become Part  
17    A, is now Part B. There's a reference in there to Public  
18    Health futures, down at the bottom of Page 19. That's a  
19    project that hasn't existed for several years. So, that  
20    should be struck, and I would suggest that you insert  
21    "state health improvement plan" instead of "Public Health  
22    futures", which is a statutorily required plan.

23                   MR. PENN: Point of order: We've got a  
24    motion. We either have to take --

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 205

1 MR. JONES: This isn't a motion.

2 MR. PENN: That's because he wasn't paying  
3 attention.

4 I agree what you're saying.

5 VICE-CHAIRMAN HAYES: I think we have a  
6 motion and a second, and I think in this rule-making  
7 process, your concerns will be addressed.

8 Am I right on that?

9 MS. AVERY: Yes. Can you send me the change?

10 MR. JONES: Will do.

11 MR. PENN: Are you okay with that, Mike?

12 MR. JONES: Sure.

13 VICE-CHAIRMAN HAYES: Roll call?

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

16 Mr. Bradley.

17 MR. BRADLEY: Yes.

18 MR. ROATE: Senator Demuzio?

19 MS. DEMUZIO: Yes.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: Yes.

22 MR. ROATE: Mr. Hayes?

23 VICE-CHAIRMAN HAYES: Yes.

24 MR. ROATE: Ms. Olson?

**DRAFT**  
**OPEN SESSION 2/5/2013**

Page 206

1 MS. OLSON: Yes.

2 MR. ROATE: Mr. Penn?

3 MR. PENN: Yes.

4 MR. ROATE: Mr. Sewell?

5 MR. SEWELL: Yes.

6 MR. ROATE: Seven votes in the affirmative.

7 VICE-CHAIRMAN HAYES: Motion passes.

8 No. 12 is Unfinished Business. There's none.

9 And I'd like to thank everybody, and our next  
10 meeting is scheduled for March 26th. Any other information  
11 you need will be on the web site. Please look at that.

12 And is there any other thing -- any other  
13 questions or comments from the Board before adjournment?

14 (Pause)

15 VICE-CHAIRMAN HAYES: I adjourn this meeting.

16

17 END TIME: 4:49 p.m.

18

19

20

21

22

23

24

CERTIFICATE OF REPORTER

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

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



KAREN K. KEIM

CRR, RPR, CSR-IL, CCR-MO

<b>A</b>	48:19 57:23	92:19 133:2,8	194:19	<b>admitted</b> 14:21
<b>aback</b> 203:23	58:11 61:18	141:19 145:3	<b>address</b> 18:15	20:21 21:1
<b>abilities</b> 81:12	61:21 62:7,7	150:4 196:9	19:10 29:11	78:12 160:10
<b>ability</b> 22:22	62:8,8,12,13	<b>acting</b> 199:17	32:10 47:18	<b>adopting</b> 47:16
23:4 27:15	62:23,23 63:1	<b>action</b> 55:3	61:15 62:2	<b>adults</b> 84:21
40:19 44:17	63:6,8 64:24	207:8,11	71:10 73:18	90:19 117:23
45:3 46:24	103:6 110:16	<b>active</b> 81:5	73:24 80:7	118:5
81:15 82:8	110:18 133:1	91:4 118:15	82:2 83:17	<b>advance</b> 84:22
90:4 113:2	136:6 137:13	<b>actively</b> 14:13	84:9 85:3	<b>advanced</b>
129:20 133:4	140:18	14:14	131:13	101:14 111:4
155:12 207:6	141:12,20	<b>active-duty</b>	140:12,15	<b>advancement</b>
<b>able</b> 6:24 12:3	142:22 143:6	91:6	148:2,6,24	28:17 129:10
12:5,10 31:24	145:4 160:24	<b>activities</b> 29:1	162:22 163:9	<b>advantage</b>
50:19 54:7	<b>accessible</b> 9:24	<b>actual</b> 141:4	163:10	46:12 59:20
55:2 56:4	31:24 32:23	188:15	183:23	<b>advantages</b>
62:11 79:17	64:22 108:10	<b>acuity</b> 134:6	<b>addressed</b>	47:11
79:20 95:12	110:4	<b>acute</b> 19:14	52:22 205:7	<b>Adventist</b>
99:11 106:9	<b>accessing</b> 9:19	82:2,13,17,20	<b>addresses</b>	99:16,21,24
115:13 127:5	26:2	135:15 163:4	36:11	100:3,5,21
150:2 162:20	<b>account</b> 179:13	<b>ADA</b> 96:20	<b>addressing</b>	101:1,4,6,7
162:23 163:1	182:1	<b>add</b> 4:14,16,18	27:19 93:20	101:11 102:3
172:1 192:11	<b>accounting</b>	4:19 44:6	<b>adds</b> 169:3	102:4,20,21
202:14 203:8	21:2	45:3 46:4	<b>adequately</b>	105:5
<b>above-entitled</b>	<b>Accreditation</b>	54:12 93:22	23:5	<b>adverse</b> 48:20
207:5	101:16	176:18 178:5	<b>adjacent</b> 78:10	<b>adversely</b> 23:4
<b>absence</b> 146:4	<b>accredited</b>	201:15	<b>adjourn</b> 70:1	<b>advertising</b>
<b>absolutely</b> 22:7	101:15	<b>added</b> 34:4	206:15	119:23
89:8 117:10	<b>accurate</b> 136:1	129:13	<b>adjournment</b>	<b>advise</b> 118:8
142:3 150:8	144:18	173:13	206:13	<b>advisors</b>
178:19	<b>accurately</b>	<b>adding</b> 46:6	<b>Admin</b> 44:5	117:17
<b>abuts</b> 63:5	188:21	168:8 180:8	<b>Administrati...</b>	<b>advocacy</b> 11:18
<b>ACA</b> 133:13	<b>achieve</b> 79:19	<b>addition</b> 15:23	41:18 72:5	31:19
<b>Academy</b> 15:14	91:19 132:21	44:1 74:17,18	<b>Administrative</b>	<b>advocate</b> 21:16
<b>accelerators</b>	180:23	83:3 97:8	39:13,13	24:5 37:20
104:18	<b>achieved</b> 72:4	120:23	45:10	192:3
<b>accept</b> 67:24	80:14	148:19 183:8	<b>Administrator</b>	<b>advocating</b>
78:18 79:1	<b>acknowledged</b>	<b>additional</b>	2:6 39:19,23	106:22
113:2 142:4	155:13	40:16 46:4	111:8 172:1	<b>aesthetics</b>
162:7	175:10	47:5 48:17	<b>admission</b>	149:10
<b>accepted</b>	<b>acquire</b> 130:11	55:19 83:6,24	82:24	<b>Affairs</b> 18:8
200:16	<b>acquired</b>	119:3,9,22	<b>admissions</b>	70:21
<b>accepting</b>	176:22	131:11,19	20:19 21:3	<b>affect</b> 23:4
140:20	<b>Act</b> 14:18,18	141:18 142:4	22:22 75:21	174:18
<b>access</b> 10:11	15:1 43:6	147:7 152:16	120:13	<b>affirmative</b>
12:3 18:12	45:10 49:19	169:1 187:20	135:22 160:6	5:17 6:21
32:3 38:20	52:17 69:21	188:9 190:24	160:12	50:16 57:9



# DRAFT

OPEN SESSION 2/5/2013

Page 209

69:2 99:5	123:17	46:8 150:12	<b>allowing</b> 12:19	159:24
106:3 115:6	127:13	201:17,17	13:8 29:14	<b>amount</b> 94:2
122:24	131:22	205:4	118:17 188:7	99:10
126:11	145:20	<b>agreed</b> 64:23	<b>allows</b> 45:11	<b>amounts</b>
152:11	146:14	<b>agreement</b>	<b>Alsip</b> 54:12	121:16
166:14	147:16 148:6	61:24 62:16	<b>Alteration</b>	<b>Amparo</b> 25:13
170:15 182:4	149:2 151:8	109:13	69:19	25:16,20
186:20	153:14 154:8	<b>Agreements</b>	<b>Altergott</b>	<b>amplify</b> 97:20
195:15 197:8	154:15 155:1	195:22	106:13,13	<b>amputee</b> 71:18
198:17 206:6	155:14 167:3	<b>agrees</b> 18:12	109:16,16	<b>analysis</b> 78:4
<b>affluent</b> 39:3	171:8 175:9	<b>ahead</b> 107:20	<b>alternative</b>	109:17
<b>affordable</b>	175:20	119:11 154:3	15:17 16:18	135:23
108:10 133:2	177:24	161:14	33:19 40:10	202:22
133:8 141:19	182:18	180:10	107:12	<b>analyze</b> 39:2
145:3 150:3	187:11 195:1	201:17	<b>alternatives</b>	<b>anchors</b> 12:5
<b>afloat</b> 202:20	<b>agency's</b> 84:18	<b>aids</b> 7:14	47:7	<b>Anderson</b>
<b>African</b> 110:7	<b>agenda</b> 4:6,8,9	<b>aimed</b> 38:6	<b>alumni</b> 80:12	171:6,6,23
155:17 159:9	4:19,23 6:23	<b>Alan</b> 2:2 3:14	80:18,22 97:1	177:8 178:5
159:14,24	7:18,21 51:4	<b>Alausa</b> 187:8	<b>amazing</b> 78:2	178:19,24
189:13	54:5 55:3	191:24 192:1	<b>ambitious</b>	179:10,15,19
<b>afternoon</b> 59:6	57:12 66:7	193:8,21	84:24	<b>Andrea</b> 16:4,5
70:12 107:21	69:15 70:3,6	<b>Alderson</b>	<b>ambulatory</b>	<b>Andres</b> 132:14
115:16,19,21	83:12 99:9,12	182:14	40:2 41:14	<b>Annals</b> 133:13
115:24 116:2	115:10 123:5	<b>alerting</b> 53:4	43:7 44:18,23	<b>announce</b>
117:6 118:12	124:22	<b>Alexian</b> 88:11	45:20 125:13	106:24
128:15	126:18	<b>Alexis</b> 2:8	130:2 133:5	<b>announcement</b>
134:11,12	127:20	53:14	150:16	25:4
148:3 158:21	166:17	<b>alien</b> 176:4	199:12	<b>announcing</b>
166:21 173:1	195:21	<b>alive</b> 95:10	<b>amended</b> 4:23	20:7
182:12 192:2	<b>aggressive</b>	<b>alleged</b> 52:14	<b>amendment</b>	<b>annual</b> 52:2
<b>age</b> 118:16	42:20 179:24	<b>alleviate</b> 32:17	43:14 44:2,6	<b>answer</b> 20:17
176:1 189:14	180:15	<b>Alliance</b> 89:12	44:16 45:9,13	136:11
189:16	<b>aging</b> 103:11	<b>allow</b> 13:2 15:3	<b>amendments</b>	137:18
<b>aged</b> 176:24	132:24 134:4	62:13 75:3	39:12,24	149:20
<b>agencies</b> 92:3	<b>ago</b> 15:18	77:22 84:8	204:7	153:12
<b>agency</b> 37:23	48:13 59:8,8	103:2,6,16	<b>amenities</b>	161:23
39:2 43:21,23	61:8 75:8,9	120:12	119:18	163:12
45:11 64:11	75:19 78:6	130:19 155:5	<b>American</b>	168:11
65:10 67:3	84:1 88:5	191:21	14:10 15:10	175:14 185:5
70:24 72:12	111:11 118:3	<b>allowance</b>	15:14,14,24	192:14
80:6 83:9	118:7,22	155:11	110:7 125:3	<b>answering</b>
84:10 93:19	156:13	<b>allowed</b> 7:18	129:7 155:17	201:12
99:13 100:7	172:14	7:20 61:24	159:9,14	<b>answers</b> 20:13
102:9 104:6	188:13	62:10 102:11	189:13	<b>Anthony</b> 8:17
107:3 116:7	189:14	102:17	<b>Americans</b>	9:21 25:21
120:9,14	<b>agree</b> 37:22	129:11	92:19 133:9	26:10,17 27:2

27:8,13 28:3	21:5 155:22	70:7,8 72:19	<b>appropriately</b>	147:20
28:20 29:6,7	<b>applicable</b> 67:7	72:21,24 73:2	13:9	153:18 167:7
29:10,19	184:1	78:1 93:19,23	<b>appropriaten...</b>	171:12
30:16,18 31:4	<b>applicant</b>	100:12,13	93:20	182:22
31:12 32:8	47:13 48:16	102:11	<b>approval</b> 4:5	187:14,16
33:6,16 35:8	55:24 58:4,10	106:16 108:1	4:22 5:20	189:10 190:6
58:18 153:3,5	70:9 71:10	109:13,18,22	59:2 60:19	<b>April</b> 52:8 60:6
155:15	94:1 99:17	117:14	61:4 72:24	72:22
156:11 160:8	100:19 106:8	120:18	73:3,6 75:24	<b>Aranda-Suh</b>
162:20 163:1	107:5,18	121:11,16	84:20 116:20	31:5,7,9
164:12,23	115:11 117:3	132:22	127:9 168:9	32:13 33:2
<b>Anthony's</b> 8:18	123:6,23	136:10	178:20	<b>arc</b> 190:10
10:24 27:19	126:20	139:11,12	<b>approve</b> 6:1	<b>area</b> 9:4,16
28:2 30:5	127:15 128:3	155:9 172:5,6	21:7 25:1	20:15 22:18
<b>anticipate</b>	147:11 148:2	175:4 179:10	33:6 55:2	23:1,10 24:3
36:20 60:4	153:1,24	183:12	56:11 68:4	24:6,8,13
67:10 121:5	155:7,20	186:24 191:8	98:8 105:4	36:2,18,19
183:11	166:19	200:6	114:7 121:24	37:14,24 38:3
<b>anticipated</b>	167:14 171:2	<b>applications</b>	125:11 136:9	38:21 39:3
58:1 107:7,8	171:20,22	48:24 49:4	145:10	48:21 49:1
127:17	178:16	58:21 59:16	150:22	64:13,21 65:1
147:20,21	182:10,13	60:9,11 94:3	165:11	65:23,23 66:3
153:19 167:8	183:5 187:8	187:1	169:14 179:2	66:8,21 74:15
171:13,16	187:24	<b>applied</b> 44:15	181:2 185:19	83:18 89:4,6
182:24 183:2	<b>applicants</b>	44:22 58:14	188:14,16	89:17,18
187:15	45:13 57:13	<b>applies</b> 21:19	194:4 196:2	97:23 101:3
<b>anticipating</b>	57:21 61:19	43:6 176:4	197:12	104:5 110:6
172:7	61:20 69:4	<b>apply</b> 42:3 44:5	201:22 204:7	110:12 112:1
<b>anticipation</b>	71:2 92:21	45:13 46:3	<b>approved</b>	112:19 113:7
60:23	99:9 100:9	<b>appointments</b>	43:22 54:6,12	118:5 120:3,6
<b>anxious</b> 92:5	107:13 116:9	26:2 29:15	57:20,23	120:22 121:1
<b>anybody</b> 77:24	116:17,18	161:2	61:10 72:23	131:23 132:1
79:8 91:8	123:19	<b>appreciate</b>	74:24 116:12	132:12,18
113:2 164:21	147:18	11:20 25:11	116:16,23	134:2 137:2
168:20	152:21	30:23 43:4	120:10 121:1	137:10,12,12
198:24	153:16 167:5	49:12 72:18	182:6 188:18	138:2,12
<b>anymore</b> 164:1	171:10	172:9	190:18	139:3 142:14
<b>anyway</b> 183:21	182:20	<b>appreciated</b>	197:17	145:5,22
<b>apart</b> 135:10	187:13	107:19	<b>approximately</b>	146:4,12
139:6	<b>application</b>	115:15	17:7 58:1	148:12,20
<b>apartment</b>	11:22 16:2	<b>approach</b>	59:7 71:5	151:10,24
118:23,24	18:21 24:11	33:23 110:2	99:19 100:10	154:11,14,20
119:5	36:11 49:5	<b>appropriate</b>	100:14 107:7	155:4,5,15
<b>appear</b> 20:10	58:9 59:9	12:12 17:16	116:11	158:8 161:21
188:7	61:7,11 64:20	17:16 38:15	120:24 121:5	174:18,20
<b>appears</b> 20:12	65:5 66:18	142:13	121:15	176:13 177:2

# DRAFT

OPEN SESSION 2/5/2013

Page 211

182:15 183:9	<b>Assembly</b>	<b>attended</b> 17:20	70:19 92:22	<b>barriers</b> 32:3
184:4,6,8,14	52:23 53:5	<b>attending</b>	93:5,17 97:20	43:11,13
188:12,17	<b>asserted</b> 199:11	71:24 72:6	<b>aye</b> 122:14	161:9 173:6
191:15	<b>assertion</b> 201:5	175:7	151:21 186:9	<b>Barry</b> 70:22
194:14,24	201:14	<b>attention</b> 37:12	<b>A-01</b> 55:5	<b>base</b> 148:18
<b>areas</b> 13:10	<b>assessment</b>	53:17 59:22	56:11	202:22
74:16 78:4	32:20 113:18	75:14,15	<b>A-02</b> 57:12	<b>based</b> 11:18
89:14 110:13	133:16	205:3	<b>a.m</b> 3:1 81:10	23:2,2 24:16
120:15	<b>assets</b> 79:15,18	<b>attentive</b>		30:17 40:2
156:17,23	<b>assigned</b> 60:1	109:23	<b>B</b>	56:5 66:22
157:1 173:13	83:1,3	<b>attest</b> 159:17	<b>B</b> 204:17	77:17 88:14
184:10	<b>assist</b> 62:22	<b>attorney</b> 207:9	<b>babies</b> 12:9	89:20 94:7
188:22 190:9	<b>assistance</b>	<b>August</b> 61:9	17:5 111:19	104:17
<b>area's</b> 36:3	72:13	119:4	<b>Bachelor</b> 71:19	117:23 132:6
155:6	<b>Assistant</b> 2:8	<b>Aunt</b> 37:1,9	<b>back</b> 21:20	133:20
<b>argued</b> 141:7	<b>assisted</b> 119:4	<b>authority</b> 47:15	37:19 43:18	146:12
<b>argument</b> 87:4	119:5,8 121:7	47:17 119:13	49:17 50:21	148:19
<b>Arms</b> 101:20	121:8	<b>authorized</b>	50:22 51:3,15	156:24
<b>Army</b> 91:3	<b>associated</b>	116:13	51:15,20,22	194:14
96:15	20:11	<b>authorizing</b>	52:6,7 61:23	<b>basement</b>
<b>arrangement</b>	<b>Associates</b>	110:22	62:15,21 64:2	177:5
96:7	70:19 152:24	<b>availability</b>	70:2,6 72:3	<b>basic</b> 75:1 82:9
<b>array</b> 162:9	<b>association</b>	120:15	86:3 102:17	130:6,11
<b>arrived</b> 80:11	14:10 15:10	<b>available</b> 16:13	123:11	<b>basically</b> 67:14
<b>ASC</b> 46:5 47:3	16:1 39:21	26:6 65:6,19	124:20 147:5	126:23
<b>ASC's</b> 46:14,21	45:20,22 46:8	110:17	163:4 167:24	143:21
46:23 47:10	46:8,20 47:12	129:12 131:5	169:7 178:18	144:22
<b>aside</b> 32:2	101:10	182:1	183:20 200:1	161:13
173:14	<b>assume</b> 20:23	<b>Avenue</b> 102:6	<b>background</b>	170:18
<b>asked</b> 51:13	<b>assure</b> 82:15	103:5	71:14 109:24	173:23
60:22 62:21	<b>ASTC</b> 41:17	<b>average</b> 22:10	124:12 157:4	180:14
72:7 80:12,15	43:3,20 44:2	64:19 82:19	172:13	<b>basis</b> 45:4 79:1
88:16 157:24	45:6 46:3	159:13	<b>backgrounds</b>	117:9 118:1
162:18	123:20	<b>Averaged</b>	80:17	161:20
172:22	<b>ASTC's</b> 43:21	193:15	<b>backing</b> 141:3	172:24
178:14	43:23 44:3,8	<b>Avery</b> 2:6	<b>backlog</b> 60:9	<b>bathroom</b> 82:3
188:13	44:13,15,17	154:4 199:18	<b>Bacom</b> 106:12	82:3,7 92:24
<b>asking</b> 13:21	44:21 45:2,7	200:10 201:7	106:12 111:2	93:10,11,14
69:5 86:7	45:8,14,14	201:9,11,20	111:2 113:15	<b>bathrooms</b>
87:9 88:17	46:1 202:12	203:5,9 205:9	<b>balance</b> 95:12	82:4 92:16,18
116:21	<b>atmosphere</b>	<b>avoid</b> 129:17	<b>bank</b> 59:15	93:21
136:19	44:12	133:4 180:21	175:17	<b>bed</b> 65:23 66:9
139:10 169:8	<b>attempt</b> 163:9	<b>avoidable</b> 22:4	<b>Baptist</b> 26:23	67:16 71:4
183:15	<b>attempting</b>	<b>aware</b> 12:18	<b>bar</b> 80:5	74:1 75:10
188:11	81:11,12	14:16 154:9	<b>Barich</b> 45:18	80:11 82:6
<b>asks</b> 156:24	<b>attend</b> 161:3	<b>Axel</b> 70:19,19	45:19 47:3	93:2

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 212

<b>Bedford</b> 9:9	162:15,24	<b>birth</b> 11:23	25:1 26:21,24	169:11 172:2
<b>beds</b> 64:22 66:7	<b>benefits</b> 32:17	12:1,2,3,5,10	28:11 30:3	175:5 180:20
73:9,10 74:3	129:13	12:15,20,22	31:9 33:14	185:6,15
74:11,12	<b>bequests</b> 94:14	12:24 13:3,15	35:11,17	187:18,19
75:19,19,22	94:17 95:7	13:17 14:3,9	38:24 39:11	188:8,11,13
83:18,22,24	<b>Berwyn</b> 14:3	14:10,12,13	39:17 41:14	188:16 192:1
84:7 86:6	106:7 107:6	14:16 15:2,4	41:16 43:4,9	193:23 196:2
87:4,18	114:9	15:6,16,16,19	43:10,22	197:12 199:1
116:15,22	<b>best</b> 17:2 34:24	16:1,18,19,20	44:11 45:6,19	199:1,24
120:10,12,18	60:7 77:9	16:22 17:2,7	47:13,14	200:14,24
120:24 121:1	80:4 165:1	17:8,20,22	48:23 49:3,12	201:21
121:5 182:1	172:18 207:5	106:22 108:2	49:13,15	203:12,20
<b>bedside</b> 97:11	<b>Beth</b> 35:14,17	108:19 110:4	50:20 51:9,16	204:8 206:13
<b>befits</b> 40:14	45:18 149:13	110:14,19,22	51:16,22 52:9	<b>Board's</b> 53:17
<b>began</b> 59:7	<b>better</b> 13:11	111:8,10,11	52:18,19 53:1	169:5 188:20
108:4 156:20	16:10 29:14	111:12,15,17	53:6,11 54:1	196:8,9 204:9
<b>beginning</b> 16:8	33:4 34:19	112:2,8	54:23 55:3	<b>Board-certifi...</b>
<b>behalf</b> 14:9	73:22 79:19	<b>birthing</b> 18:15	56:7 58:24	130:24
15:24 18:7	79:23,23 80:1	18:23 107:6	59:3 60:21	<b>Bolingbrook</b>
27:23 28:18	84:21 145:4	111:7 114:8	64:23 66:16	1:14,15 101:7
43:3 84:15	156:5 161:7	<b>births</b> 12:16	67:5,6,18	190:4,22
<b>believe</b> 11:3	174:14 192:5	16:8 17:15,19	71:7,10,14	191:7
16:9 17:15	204:2	<b>birth-weight</b>	72:7,20,23	<b>bond</b> 94:12
18:14,23	<b>beyond</b> 74:4	17:4	88:4 91:9	100:15
22:14 30:16	89:5 129:4	<b>bit</b> 7:5 71:13	92:23 98:5	119:13
35:3 37:5	131:11	74:17 81:22	99:10 100:22	<b>bone</b> 71:17
42:19 46:4,23	<b>Bhuvan</b> 48:11	97:21 117:13	102:16 104:2	<b>borrow</b> 94:12
61:3 65:22	<b>biased</b> 138:8	124:12	104:24	<b>bother</b> 81:7
66:2 79:21	201:18	143:21 155:3	106:21	<b>bottom</b> 204:18
97:17 103:20	<b>big</b> 64:12 173:3	156:12,16	107:11,12,22	<b>Bourbonnais</b>
104:16 125:5	200:20	163:13	115:15	131:24 132:5
136:1,24	<b>bigger</b> 73:21	172:12	116:15 117:5	143:15
137:20,24	79:18 97:10	<b>black</b> 177:16	121:21 124:6	<b>boutique</b> 140:1
138:2,12	97:15 202:13	<b>blanket</b> 34:20	126:20 127:7	140:1
139:21 143:7	202:14	<b>bleak</b> 32:2	130:19 136:9	<b>Brad</b> 115:19
161:8 162:5	<b>biggest</b> 81:4	<b>bless</b> 28:7	136:12,14	117:17
166:1 176:14	163:2 173:7	<b>blocks</b> 73:5,13	138:4,19	<b>Bradley</b> 2:4
176:15	<b>bilingual</b> 112:6	<b>blue</b> 7:10 25:9	139:2,5	3:10,11 5:4,5
177:21	<b>Bill</b> 2:10	<b>BMA</b> 182:9	143:19 145:7	6:6,7 50:2,3
<b>believes</b> 47:12	<b>billboard</b> 20:7	185:19	147:6 148:2	56:18,19
<b>belong</b> 109:12	<b>Billie</b> 128:11	<b>board</b> 1:1,13	149:23	68:11,12
<b>bend</b> 13:8	<b>billion</b> 38:6	2:7,8 3:4 5:21	152:16 154:9	92:11,12,13
148:21	<b>biological</b>	7:15,19,22	156:1,9	98:15,16
<b>benefit</b> 22:23	71:19 109:24	8:13 13:23	161:15 162:1	105:12,13
25:4 130:15	<b>bionic</b> 77:23,24	14:6 16:1	167:20	114:16,17
144:9 161:11	78:1,1 97:8	21:6 23:6,14	168:14 169:7	122:9,10

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 213

125:20,21	<b>brokers</b> 58:20	<b>bypass</b> 20:1	103:13,15,21	74:10 75:2,7
141:7,23	<b>Brooke</b> 91:3		104:18 105:5	76:2,23 79:24
145:19,20	<b>Brothers</b> 88:11	<b>C</b>	105:6 130:1	80:10 82:2,8
151:7,8	<b>brought</b> 58:14	<b>C</b> 2:10	<b>canes</b> 82:11	82:13,17,20
165:14,18,20	135:3 163:19	<b>calcium</b> 34:6	<b>capabilities</b>	86:21 88:16
165:21	202:24	<b>calculation</b>	118:4	91:5 97:5,6
169:23,24	<b>brushing</b> 82:9	154:11	<b>capacity</b> 19:21	101:14,18,20
181:11,12	<b>bubble</b> 59:13	<b>calendar</b> 84:5	20:16 22:20	101:22
186:3,4	<b>budget</b> 38:4	<b>call</b> 3:3,5,6 5:1	36:1,4 38:16	102:24 103:4
192:15,18,23	<b>buenos</b> 8:13	6:5 49:23	40:11 74:1,1	103:21
193:2,5,7,13	<b>build</b> 63:20	56:16 60:5	75:19,20 84:3	108:11,11,23
193:16	131:9 140:7	68:8 70:1,5,9	134:13,14,21	111:11,14,16
194:13,14	143:16	89:12 98:2	134:24	112:3,8,19,21
196:17,18	168:20 169:6	105:9 114:13	186:18 192:8	112:22,24
198:2,3	183:16	122:6 125:17	<b>capital</b> 47:5	113:7,11,19
205:16,17	<b>builder</b> 64:18	145:16 151:4	58:19	113:22
<b>brain</b> 71:16	<b>building</b> 37:3	165:17	<b>captured</b> 75:13	116:10,15,16
74:10,11 76:9	64:23 73:12	169:20	75:15	118:14,17
78:23 97:10	73:19 85:10	177:19	<b>Cara</b> 153:4	119:18,21
<b>brain-injured</b>	85:20,23	180:18 181:8	<b>Carbondale</b>	120:11 122:2
88:21	86:10,11	194:10	182:9,9,16,23	124:8 126:2
<b>break</b> 49:17	104:21 140:1	196:14	183:9 184:4	129:3,4,12,16
50:20 126:15	149:8,10	197:23	185:19,21	130:2,18,21
<b>breast</b> 16:17	163:21	205:13	<b>card</b> 7:10 8:3,7	130:22 131:4
17:5 101:16	168:24 169:4	<b>called</b> 52:3	25:8,8,10	131:7,14
101:18,21	174:8,13	101:4 118:2	<b>cardiac</b> 135:10	132:2,19
<b>Briarwood</b>	178:7,7,22,23	134:16 165:9	<b>care</b> 9:21 12:10	133:2,8,22,22
118:2 119:16	<b>buildings</b> 67:12	174:1	12:11,13	134:5,6,7
<b>bridging</b> 9:24	<b>built</b> 104:22	<b>calling</b> 79:15	13:10,13	135:9 136:8,8
<b>brief</b> 148:4	176:21	84:24	17:11 19:14	136:24
167:15 183:7	183:14	<b>calls</b> 8:14	19:24 20:5	137:14
188:1,5	<b>bullseye</b> 190:8	<b>Cambridge</b>	21:2 22:2,2,8	140:13,18,19
<b>briefly</b> 18:5	<b>Burbank</b> 9:9	58:19	22:8 23:10	140:23,24
83:14 91:17	<b>burden</b> 46:7	<b>campaign</b>	24:19 26:7	141:1,4,19
172:2	47:9 135:17	94:19,20	27:5,5,11,14	142:10 143:6
<b>Brighton</b> 9:7	<b>burdensome</b>	<b>campus</b> 73:14	29:9,16 30:13	144:5,22
<b>bring</b> 8:22	40:22	73:15 117:23	30:17,18	145:2,3,4
53:16 82:23	<b>BURMAN</b>	<b>campuses</b>	31:15,22	150:3,13
191:3	187:7	130:2	32:14 34:2,14	156:23 158:5
<b>bringing</b> 53:3	<b>business</b> 4:18	<b>cancer</b> 40:7	34:18 35:5,13	158:7,10,10
<b>brings</b> 163:4	24:20 51:5	99:16 100:9	38:16,16,20	158:12,15,16
<b>brink</b> 38:8	69:20 72:4	100:24	40:13 42:14	158:20 159:6
<b>broad</b> 89:18	164:4 198:23	101:12,21,22	42:17 47:8	160:5,17,24
201:14	206:8	101:23,24	53:23 54:1,12	163:4 164:17
<b>broadened</b>	<b>businesses</b>	102:5,20	54:14 55:16	166:18,24
133:1	45:12	103:1,9,10,12	57:20 64:13	169:14

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 214

172:19	<b>caused</b> 59:15	111:8,11	<b>Center's</b> 23:18	55:12,22
173:11	<b>causes</b> 160:3	112:9 113:16	<b>central</b> 160:24	57:17 58:2,5
175:17	<b>CCRC</b> 116:14	114:8,8	<b>centralized</b>	63:9 66:23
176:15 187:2	116:22	115:10 123:6	128:24	68:1 71:1,8
194:5	<b>CCR-MO</b>	124:3 125:3	161:12	85:6 97:19
<b>cared</b> 14:22	207:16	125:12,13	<b>century</b> 16:8	100:8,17,22
97:14	<b>Cecelia</b> 106:12	126:18	85:16 111:11	106:18 107:4
<b>career</b> 157:5	<b>Cecilia</b> 111:2	127:16,20	<b>CEO</b> 35:18	107:15,22
163:15	<b>CEH</b> 62:17	128:12,16	70:13 72:9	116:8 117:1,5
<b>caregivers</b>	<b>cell</b> 177:16	129:6,22	99:21 100:4	123:18,22
103:3	<b>census</b> 110:11	130:21 131:4	128:6 153:3	127:14 128:1
<b>caring</b> 12:8	<b>center</b> 4:10,17	131:15	<b>certain</b> 135:9	128:7 139:14
29:9 34:12	8:19,24 9:5	132:13,19	135:21 149:9	147:17,24
158:23 161:9	11:5,23 12:1	133:22	<b>certainly</b> 49:11	153:15,22
173:2,4,16	13:15,18 14:3	136:10	64:2 79:4	156:8 167:4
<b>carves</b> 175:23	14:9 15:2	143:23,23	84:9 87:23	167:12 171:9
<b>case</b> 20:14	16:7,22 17:2	144:9,23	90:8 95:5	171:18 176:7
36:15 60:7	17:23 18:11	145:10,11	135:6	182:19 183:4
70:16,16	18:15,20,23	147:10,19	<b>Certificate</b>	187:12,23
82:18 83:22	19:6,12 20:5	148:11,14	119:24 155:8	199:4
91:14,14,17	21:18 23:17	149:15 150:3	175:18 207:1	<b>challenged</b>
95:11 96:9	23:19,22	150:5,23,24	<b>certification</b>	84:15
153:11	26:10 27:3	157:16 196:4	56:3 169:2,6	<b>challenges</b>
<b>cases</b> 40:12	28:2,20 29:13	<b>centers</b> 12:2,3	179:14,20	28:22 140:16
46:17 47:3	29:19 31:12	12:4,5,10,15	183:19	<b>championing</b>
76:8 97:13	31:24 33:6	12:20,22,24	<b>certified</b> 71:15	28:16
136:20	35:3,13,18,20	14:10,12,13	108:15 111:3	<b>chance</b> 126:22
159:21	37:1,3 39:20	14:16 15:4,6	179:16,18	199:17
<b>cash</b> 92:7,8	39:21 40:1,2	15:16,17,19	191:8 207:3	<b>change</b> 4:8,8
95:1,5,12,16	40:15 41:12	16:1,19,20	<b>certify</b> 191:9	46:11,17 73:7
100:15	41:16 42:16	17:7,21,24	207:4	95:18 96:22
<b>cataract</b> 40:7	42:18 45:20	40:23 42:3,7	<b>cesarean</b> 15:20	109:6 123:19
<b>catastrophic</b>	55:6,7,14	42:15 43:7,12	<b>CFO</b> 100:2	125:12 170:4
91:5	56:12 76:21	76:12,24 77:8	116:1	180:4 191:23
<b>categories</b>	76:22 77:3,6	87:12 88:19	<b>chair</b> 14:9 51:7	200:19
40:24 41:22	77:16 78:2	101:16	51:23 52:15	204:16 205:9
41:24	88:12 99:14	106:23	69:4 83:3	<b>changed</b> 15:15
<b>Catherine</b> 2:7	100:24	110:19,22	92:11 159:19	62:17 73:11
<b>Cathy</b> 51:8,15	101:10	111:6,10,12	195:24	100:15
51:22	102:22 103:1	111:17	197:10	<b>changes</b> 41:5
<b>Caucasians</b>	103:16	124:10	<b>Chairman</b> 4:7	43:5,16,17
159:10	104:18,19	126:21 127:8	4:20,22 7:2	45:23 199:7
<b>cause</b> 48:19	105:6 106:7	129:19,23,24	8:13 26:20	199:12,23
103:14	107:6,24	130:3 134:5,7	28:11 33:13	200:22
133:24	108:2,3,5,20	156:23,23	41:13 49:8	201:14
173:10 207:5	110:4,14	166:2 199:13	54:6,9,20	<b>changing</b> 31:17

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 215

40:20 128:20 189:18 <b>characteristics</b> 159:2 <b>charge</b> 182:15 200:6 <b>charity</b> 112:19 112:21,22,24 113:7,11,19 113:22 124:8 126:2 136:17 136:20,24 138:11,14 175:17 <b>chart</b> 189:20 192:16 <b>charts</b> 163:5 <b>Chawla</b> 48:9 48:10,11 <b>cheaper</b> 140:13 <b>check</b> 94:11 201:4 <b>chest</b> 135:9 <b>Chicago</b> 2:23 8:16 9:4,15 10:20,21 11:6 11:19 19:15 28:12,15 29:18 70:9,14 70:18 71:3,4 71:21 72:1,4 78:16 79:10 89:7,24 90:2 98:9,10 101:3 125:13 152:21 153:17 158:24 159:12 165:12 <b>Chicago's</b> 108:4 <b>Chief</b> 70:17 72:8 100:21 107:23 115:17	<b>child</b> 108:5,13 <b>children</b> 28:24 29:2 77:7 84:22 88:22 88:24 90:18 113:12 <b>Children's</b> 109:11 <b>chips</b> 34:20 <b>choice</b> 13:3 15:6 111:22 159:22 190:15,24 <b>choose</b> 15:7 <b>chose</b> 102:10 <b>Christ</b> 28:5 <b>Christian</b> 27:1 <b>Christine</b> 99:23 <b>Christopher</b> 90:17 116:2 <b>chronic</b> 29:4 <b>church</b> 26:23 27:16,23 28:1 171:1 <b>Churchview</b> 179:2 181:3 <b>Cicero</b> 9:9 168:23 <b>circumstance</b> 124:10 130:15 <b>circumstances</b> 20:11 188:12 <b>cites</b> 155:1 <b>citizens</b> 41:3 <b>city</b> 10:20 57:23 58:12 61:18,20 62:11,21 89:24 90:1,11 130:2 132:5 137:24 143:15 164:9 171:13 184:6 <b>CKD</b> 175:8 <b>Claire</b> 166:24	<b>Clare</b> 182:12 187:7 <b>clarification</b> 61:6 162:3 <b>clarify</b> 69:11 85:9 <b>Clark</b> 2:7 <b>class</b> 4:1,2 37:11 <b>classification</b> 43:19 44:7 87:4,10 <b>classified</b> 43:22 44:4 45:7,14 <b>classrooms</b> 86:22 <b>clean</b> 53:19 <b>clear</b> 21:6 84:24 163:14 177:19 179:7 194:2 <b>cleared</b> 64:6,8 <b>Clearing</b> 9:7 <b>clearly</b> 20:14 44:3 62:3 <b>clearly-stated</b> 38:10 <b>Cleveland</b> 164:9 <b>climate</b> 135:12 <b>clinic</b> 9:22 26:18 29:13 31:4 32:13,19 37:3 130:5 152:20 155:16 158:12,13,16 159:14 160:5 160:23 161:4 165:11 168:10 176:21,23 178:8 182:15 183:8,8,10 184:2,4,8,9 184:14	185:11 190:13,17,19 190:19,21 191:3,3,10 192:6 <b>clinical</b> 74:15 75:7 78:2 84:16 86:21 97:17 111:7 131:1 <b>clinicians</b> 75:12 <b>clinics</b> 31:22 38:13 168:23 177:5,5 184:7 184:8,10 190:12 191:7 191:13 <b>close</b> 60:18 61:3 84:10 102:23 112:7 190:20 192:11 <b>closed</b> 119:24 120:10 <b>closely</b> 109:4 <b>closer</b> 23:24 96:23 <b>closest</b> 19:17 142:20 <b>close-out</b> 121:14 <b>closing</b> 136:5 <b>Club</b> 1:14 <b>clustered</b> 89:15 <b>CMS</b> 135:13 <b>Coal</b> 130:2 132:5 <b>Coalition</b> 31:11 <b>coast</b> 77:16 <b>code</b> 39:13,14 41:18 44:5 83:7 <b>codes</b> 24:7 <b>coffee</b> 34:21 <b>Colby</b> 147:13	147:13 148:3 150:8 <b>cold</b> 10:19 <b>Coleen</b> 187:9 188:6 <b>collaborates</b> 109:4 <b>collaboration</b> 112:7 <b>collaborative</b> 18:10,24 102:3 <b>collaboratively</b> 108:18 <b>collapse</b> 38:8 <b>collapsed</b> 62:19 <b>colleague</b> 109:15 <b>colleagues</b> 112:8 <b>collect</b> 32:19 <b>collectively</b> 154:23 <b>College</b> 15:14 <b>colon</b> 40:7 <b>combination</b> 59:14 <b>combining</b> 36:7 <b>come</b> 12:7 13:4 21:13 22:5 31:1 34:1 36:13 39:10 49:17 51:3 59:1 60:20 64:2 78:3,9 78:15 81:6,7 81:23 86:6 89:16 91:4 94:3 95:1 102:17 104:10,11 106:8 115:11 124:20 126:2 130:19 134:17 135:8 147:5,11
---	---	---	--	--

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 216

152:15,21	33:1,10 39:12	9:14,24 10:1	164:21 166:3	55:18,20
166:19 169:3	43:4 45:5	10:14 13:3,4	<b>company</b> 101:2	95:15 107:8
171:2 173:24	48:5,5 58:4	18:8,11,13,14	156:14 166:4	127:18
175:16,18	83:14 99:12	19:2 20:6	<b>comparable</b>	147:21
178:17	99:19 107:10	22:23,23,24	89:6	153:19 167:9
180:22	107:18	26:6,12 27:4	<b>comparative</b>	168:23 169:5
182:10	111:10	27:7,9,14,23	138:19	171:16 172:4
183:20 187:3	115:14	28:3,4,6,19	<b>compare</b> 82:12	172:7 177:20
200:1	149:23	28:22 29:2,7	138:21 193:9	178:16 179:7
<b>comes</b> 63:6	160:21 199:2	29:12,20	193:9,11	183:3,22
113:2 144:4	199:7 200:2	30:20 31:24	<b>compared</b>	<b>complex</b> 40:12
154:24	200:13	32:22 33:2,5	40:23 104:14	76:8 79:2
<b>comforts</b> 34:18	201:24 204:4	33:8 34:23	159:9 190:2	88:18 90:5,18
<b>coming</b> 20:20	204:10	36:18 37:8,11	<b>comparing</b>	135:7
22:21 34:19	206:13	40:4 42:20,21	166:2	<b>complexities</b>
54:1 81:8	<b>Commission</b>	87:21 88:1,7	<b>comparisons</b>	140:16
82:1 94:14	52:23 53:5	88:10,13,19	76:6	<b>complexity</b>
119:9 148:11	<b>commitment</b>	88:20 89:13	<b>compatible</b>	78:17
162:10	30:15 60:5	90:1,7 103:7	41:21	<b>compliance</b>
168:17 169:7	95:21 149:19	107:24 110:2	<b>compelling</b>	4:13 119:12
173:18	<b>commitments</b>	111:6 116:14	199:7	159:4 160:24
174:13	95:2,3	116:18	<b>compete</b> 44:13	180:13,17,22
203:22	<b>committed</b>	117:16	44:17 89:21	195:21
<b>comment</b> 7:11	108:11	118:15,19	90:14 91:8	<b>complications</b>
14:2 18:3	128:21	119:3,15	<b>competent</b>	10:5 18:22
19:5 25:12	<b>committee</b>	120:23 121:4	112:5	<b>component</b>
26:17 31:3	13:13	129:21 130:6	<b>competition</b>	93:12 118:2
35:12 39:8	<b>committing</b>	130:15 131:5	44:12,20	<b>components</b>
47:21 48:8	179:11	132:7 137:6	<b>competitive</b>	121:8
49:11 66:24	<b>common</b> 142:5	137:22	47:10 90:9	<b>comprehensive</b>
91:12,16,17	160:2 184:10	138:10	<b>competitor</b>	12:8 27:5
113:15 118:9	<b>communicati...</b>	141:17,17	77:9	31:17 73:8
149:12	52:19,22,24	149:19	<b>complement</b>	93:1 102:5,24
161:17	53:10	150:18	74:8,12	108:10 110:2
174:15 188:2	<b>communicati...</b>	156:17,20,21	<b>complete</b> 51:10	162:22
200:17 202:3	52:14	156:21,24	51:19 55:19	<b>comprised</b>
203:10,22	<b>communities</b>	157:9,10,19	99:12 116:20	119:16
<b>commentary</b>	8:20 10:4,14	157:23 158:4	117:8 183:13	<b>CON</b> 45:22
64:10	10:17 11:1	158:13	183:14	46:13 47:13
<b>commenting</b>	12:6,9 103:22	159:11 160:7	<b>completed</b>	47:14 53:21
117:18	110:15,16	164:17,24	13:20 58:9	59:2 73:6
<b>comments</b> 5:22	129:2 132:4,8	197:13	73:1 95:5	114:1 120:10
7:8,9,17,18	132:9 134:4	<b>comorbidities</b>	162:4 168:24	152:24
7:21,23 8:1	141:18 143:8	34:9 155:19	<b>completely</b>	<b>concept</b> 75:6
13:20 15:22	143:14	159:5 162:23	203:23	139:17
24:23 25:5	<b>community</b>	<b>companies</b>	<b>completion</b>	140:11



<b>conceptually</b> 140:3,10	<b>conflict</b> 106:16 106:19,24	102:19	<b>contain</b> 67:7	<b>contributed</b> 104:15
<b>concern</b> 41:2 64:12 92:18 96:18 173:16 173:20 202:7	<b>conflicts</b> 32:16 53:19	<b>Constantino</b> 2:9 4:7,20 25:7 54:7,9 54:11 55:12 57:17 65:7,18 65:22 66:2,6 66:10,20 71:1 87:13,15 100:8 102:16 107:4 109:19 114:1 116:8 120:8 123:18 127:14 139:4 139:7,11 147:17 153:15 154:5 167:4 171:9 182:19 187:12 200:4 201:9	<b>contemporary</b> 65:4 <b>context</b> 71:14 90:7 <b>contingency</b> 104:7 <b>Contingent</b> 69:23 <b>continue</b> 10:19 10:21 11:1 14:2 25:4 26:15 27:17 27:18 38:19 51:23 70:3 75:20 83:20 118:5 128:20 129:15 157:21 158:4 160:12 202:8 202:9 203:1	<b>contribution</b> 130:15 <b>contributors</b> 11:9 <b>control</b> 34:5 38:20 81:1 <b>convenience</b> 103:6 129:14 <b>convenient</b> 102:24 <b>conversation</b> 125:1 157:18 <b>converted</b> 93:10 <b>converting</b> 16:24 <b>convince</b> 188:16 <b>Cook</b> 8:16 9:8 <b>cooking</b> 27:11 <b>coordinated</b> 160:17 <b>copies</b> 199:3 <b>copy</b> 79:24 <b>cord</b> 71:17 76:8 76:23 78:23 90:17
<b>concerned</b> 46:10 142:15 <b>concerns</b> 41:19 42:10 131:13 172:9 202:13 205:7	<b>confusion</b> 143:21 168:22 <b>congestive</b> 135:15 <b>conjunction</b> 101:10 <b>connecting</b> 62:14 <b>connection</b> 18:6 80:8 <b>conscience</b> 79:16 <b>consequences</b> 16:14 <b>conservative</b> 91:24 <b>consider</b> 16:1 36:1 46:6 108:1 113:18 184:2,4 185:2 201:21 <b>considerably</b> 58:12 <b>consideration</b> 37:13 41:5 75:24 103:23 136:2 149:21 202:1 203:21 <b>considerations</b> 175:22 <b>considered</b> 72:20 <b>Considering</b> 22:13 <b>consistent</b> 20:4 94:4 <b>consistently</b> 74:4 <b>consolidate</b>	<b>constituents</b> 11:3 <b>constraints</b> 73:19,24 158:20 <b>construct</b> 43:10 <b>constructed</b> 121:13 <b>construction</b> 38:20 59:22 60:15 64:3 102:5 104:7 104:17,23 116:13 178:8 178:21 <b>consult</b> 39:2 <b>consultant</b> 116:5 128:12 152:24 157:6 <b>consultation</b> 17:21 112:9 <b>consulted</b> 172:6 <b>contact</b> 204:8 <b>contacted</b> 53:6	<b>continued</b> 134:14 138:14,15 149:19 161:3 <b>continues</b> 27:13 29:11 103:9 129:1,3 154:22 188:24 <b>continuity</b> 158:11 <b>continuum</b> 118:16 119:20 120:11 158:5 159:6 <b>contract</b> 161:20 <b>contractor</b> 56:3 95:8 <b>contracts</b> 108:22 <b>contrast</b> 44:19 <b>contribute</b> 110:2	<b>control</b> 34:5 38:20 81:1 <b>convenience</b> 103:6 129:14 <b>convenient</b> 102:24 <b>conversation</b> 125:1 157:18 <b>converted</b> 93:10 <b>converting</b> 16:24 <b>convince</b> 188:16 <b>Cook</b> 8:16 9:8 <b>cooking</b> 27:11 <b>coordinated</b> 160:17 <b>copies</b> 199:3 <b>copy</b> 79:24 <b>cord</b> 71:17 76:8 76:23 78:23 90:17 <b>cornfield</b> 143:17 <b>cornfields</b> 137:3 143:13 <b>corporation</b> 27:1 163:18 <b>corporations</b> 163:16,16 <b>Corpus</b> 18:7 <b>correct</b> 61:13 63:14 65:1 66:20 67:11 124:15 139:4 143:24 170:19,20 178:2 179:15 201:5

<b>correctly</b> 67:9 154:15 157:7 157:8	<b>cost-effective</b> 12:11 22:9 37:8 40:10 112:12	113:13 133:9 133:10,11,12 176:3,5	<b>cubby</b> 173:14 <b>cultural</b> 9:20 <b>culturally</b> 12:11 18:16 112:5	<b>cut</b> 32:15 <b>cycle</b> 118:6 <b>C-section</b> 16:15 17:3 <b>C-sections</b> 109:2
<b>correlation</b> 32:7	<b>cost-reduction</b> 129:17	<b>co-sponsor</b> 117:14	<b>culture</b> 163:19 163:23	
<b>corresponding</b> 22:21	<b>counsel</b> 2:7,8 4:16 51:6	<b>cramped</b> 81:21 168:2	<b>cup</b> 34:21	<b>D</b>
<b>cosmetic</b> 32:17	<b>Counties</b> 128:18	<b>cranny</b> 81:14	<b>cures</b> 73:23	<b>D</b> 28:12
<b>cost</b> 12:13 13:8 13:13 17:8 22:10,11,13 38:1 47:7 55:16,19 58:1 71:4 96:7 100:10,13 102:12 104:10,22 107:7 111:19 112:20 116:11 121:11 123:20 127:17 147:20 150:14 153:18 171:13 182:23 184:15 187:15 199:20 200:5 200:6,6 201:10	70:21 106:15 167:1 171:22 182:13 187:7 195:23 196:1 196:6 207:7 207:10 <b>countries</b> 78:13 78:13 89:5 <b>country</b> 9:3 12:3 21:23 22:3 <b>County</b> 57:23 101:6,8 103:13 117:11 118:4 118:19 120:3 120:6,22 131:17,17 <b>couple</b> 59:10 62:4 120:14 153:10 200:19 <b>course</b> 81:20 104:17 143:22 <b>courses</b> 81:24 <b>Court</b> 8:8 25:5 25:9 115:13 130:7 207:3 <b>Courtney</b> 2:6 202:23 <b>covenant</b> 119:12 <b>cover</b> 87:11 <b>coverage</b>	<b>create</b> 46:11 47:10 89:13 94:5 <b>created</b> 11:24 59:11,12,13 83:24 <b>creates</b> 47:8 <b>creating</b> 94:3 110:22 120:5 <b>creature</b> 34:18 <b>creed</b> 110:5 <b>Creek</b> 177:4 <b>Crest</b> 21:17 <b>criteria</b> 23:7 43:19 67:5,7 145:21 151:9 <b>criterion</b> 36:12 <b>critical</b> 36:10 <b>Cross</b> 21:20 24:5 35:12,22 36:6,11 37:4 37:7,21 137:4 138:6 142:19 142:20,24 144:3,8,10,23 147:10 148:13,20,22 149:17 150:14,23 190:13 <b>Cross's</b> 35:20 36:8 <b>CRR</b> 2:21 207:3,16 <b>CRR-MO</b> 2:21 <b>CSR-IL</b> 2:21 207:16 <b>CT</b> 131:2	<b>current</b> 67:12 71:3 73:2,13 73:19 74:21 74:24 75:7 78:6 83:21 97:2 102:23 112:7 121:10 135:12 158:7 167:8,18 168:3,6 171:12 176:11 188:14 190:12 <b>currently</b> 7:6 22:19 26:21 35:17 38:15 44:20 53:17 53:24 59:21 73:5 74:3,20 75:1 79:20,23 85:10 87:5 102:20 111:17 118:23 119:7 119:21 133:10 135:14 139:18 144:24 158:9 183:10 <b>currently-av...</b> 101:19 <b>Curth</b> 23:13,14 23:15 24:15 24:24 <b>curve</b> 13:8	<b>data</b> 4:11,11 24:21 36:5 65:4,5,18 66:22 110:9 154:19 175:4 <b>date</b> 55:20 57:22 58:10 69:5 107:8 119:11 127:18 147:21 153:19 154:16 167:9 168:23 169:5 171:17 172:5 172:7,7 177:20 178:16 179:7 179:24 180:4 180:6,16,20 180:23 183:3 <b>Dating</b> 43:17 <b>David</b> 2:5 3:18 5:12 <b>Davis</b> 100:4,4 <b>DaVita</b> 54:17 171:1 176:22 179:2 181:3 <b>DaVita's</b> 171:23 <b>day</b> 11:15 27:6 30:21 81:10 109:10 139:6

# DRAFT

OPEN SESSION 2/5/2013

Page 219

164:23	132:14 150:6	<b>Delnor</b> 40:3,5,8	<b>dental</b> 158:17	<b>detail</b> 64:17,23
172:22	160:6	40:17 61:22	<b>Deny</b> 48:13	<b>detailed</b> 18:21
185:11,12	<b>decreased</b>	61:23 62:6,13	147:5 152:15	196:8
188:2	16:17 100:14	62:16,17 63:5	187:1,18	<b>detected</b>
<b>days</b> 15:18 60:6	<b>decreasing</b>	63:6	<b>department</b>	101:23,24
63:16,24	22:20 184:3	<b>demand</b> 103:9	19:20 20:20	<b>determine</b>
82:20 92:8	<b>dedicated</b> 29:8	112:3 132:24	20:22 24:9,17	133:16 156:2
135:5 159:20	<b>dedication</b>	149:1	36:16 38:5	156:18
185:12,12	30:15	<b>demands</b> 134:5	96:14 103:15	200:12 201:8
<b>day's</b> 7:22	<b>Deering</b> 54:15	<b>DeModica</b> 53:2	116:24 128:8	<b>determined</b>
<b>day-to-day</b>	<b>defeated</b> 147:3	<b>demographic</b>	130:23	43:10 107:13
136:1 172:24	<b>defer</b> 102:7	11:8	135:18 140:8	155:7
<b>De</b> 99:23	124:22	<b>demographics</b>	142:11	<b>develop</b> 28:24
<b>deal</b> 63:11	199:17	9:10 113:14	144:14	37:7 129:3
64:14 134:12	<b>deference</b>	189:19	150:12	<b>developed</b>
<b>dealing</b> 61:17	39:21	<b>demonstrate</b>	<b>departments</b>	16:21 18:10
62:18	<b>deferred</b> 99:15	188:23	19:15 38:14	37:1 74:24
<b>deals</b> 59:11	187:19	<b>demonstrated</b>	134:15	130:7 131:6
<b>Deanna</b> 2:4	<b>deficiencies</b>	111:19	<b>deploy</b> 79:18	133:21
3:12	172:23	<b>demonstration</b>	<b>Deposit</b> 175:18	<b>developing</b>
<b>death</b> 103:14	<b>deficit</b> 132:2	84:3	<b>depressing</b>	32:9 40:17
<b>debt</b> 92:2,3	<b>defined</b> 44:24	<b>Demuzio</b> 2:4	177:15	128:22 136:7
<b>decade</b> 9:17	89:15	3:12,13 5:6,7	<b>described</b>	<b>development</b>
134:7 189:7	<b>defining</b> 40:24	6:3,8,9 49:21	146:13	11:18 24:20
189:10	<b>definition</b>	49:24 50:4,5	<b>deserve</b> 174:14	27:1 28:18
<b>decades</b> 44:22	41:20	56:13,17,20	<b>design</b> 72:21,23	118:6 198:24
111:20 132:9	<b>definitions</b>	56:21 68:6,9	73:6 80:9	<b>deviation</b> 94:6
<b>December</b> 5:21	41:21	68:13,14	81:2 131:12	<b>devices</b> 82:11
6:1 53:10	<b>degree</b> 71:18	98:17,18	<b>designated</b>	83:5 97:8
54:16 102:8	74:20	105:14,15	76:24 77:5	<b>devote</b> 59:23
153:20 183:3	<b>delay</b> 40:21	114:4,5,18,19	110:12	<b>devoted</b> 14:19
187:19	<b>delayed</b> 58:12	122:11,12	144:16	<b>DHFS</b> 2:10
<b>December's</b>	<b>delays</b> 58:23	125:8,14,18	<b>designation</b>	<b>DHS</b> 2:11
102:7	<b>deliberating</b>	125:22,23	77:8	<b>diabetes</b> 10:3
<b>decide</b> 63:22	35:24	127:2 146:2,3	<b>designations</b>	10:22 159:12
185:1	<b>deliver</b> 15:8	151:15,16	76:11	160:1
<b>decided</b> 59:18	52:9 140:13	165:22,23	<b>designed</b> 47:18	<b>diagnosed</b>
72:2 163:20	145:4	170:1,2	81:18 111:14	25:22 30:7
184:21	<b>delivered</b> 109:3	181:13,14	158:12 161:8	<b>diagnoses</b>
<b>decision</b> 163:22	<b>deliveries</b> 17:4	185:23 186:2	<b>desire</b> 147:7	135:15
<b>Decker</b> 128:7,7	<b>delivering</b>	186:5,6	162:21	<b>diagnosis</b> 14:19
134:10,11	172:19	194:17,18	167:24	135:5
<b>Declaration</b>	<b>delivery</b> 14:23	196:19,20	<b>despite</b> 27:16	<b>diagnostic</b> 75:1
69:20	15:17 17:1	198:4,5	83:21 119:23	130:1 131:2
<b>decrease</b>	38:9,12 39:4	205:18,19	<b>destination</b>	131:15
129:18	41:2 107:12	<b>denial</b> 195:18	78:20	133:22 136:8

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

<b>diagnostics</b> 130:22 135:4	<b>Dieter</b> 41:9,11 41:12 42:13	<b>Directors</b> 26:24 72:7	<b>disparities</b> 9:20	93:19
<b>Dials</b> 116:2,2	<b>diets</b> 10:3 29:5	<b>disabilities</b> 77:7 92:19	<b>disproportion...</b> 101:6	<b>documented</b> 9:23 155:20
<b>dialysis</b> 8:19,19 9:4,22 10:6 10:19 11:5 25:24 26:1,6 26:10,18 27:2 27:18 28:2,20 29:13,19 30:5 30:7,9,11,17 30:19 31:4,12 32:14 33:6,15 33:16,17,19 33:20,21,21 33:23 34:4,8 34:16,16,17 34:19 35:3,5 48:8,12,24 54:18 152:20 153:7 155:16 156:2,4,24 157:7,16,19 158:5,14,18 159:16,17,19 159:21 160:11,13,18 160:22 161:2 161:19 162:18,19,22 162:23 163:2 163:3 165:11 166:2 171:1 174:12,24 175:23 179:3 181:3 184:13 191:13 192:5 192:9 193:10	<b>difference</b> 34:15 97:11 <b>different</b> 7:5 25:13 46:22 76:3,3 77:19 80:16 87:6 88:8,13 89:1 110:17 136:22 137:11 156:16 159:1 191:10,11 <b>differentiated</b> 43:20 90:14 <b>difficult</b> 17:12 43:9 82:12 174:12 177:6 204:1 <b>difficulties</b> 9:19 <b>dilemma</b> 139:17 <b>diligence</b> 172:10 <b>diligently</b> 58:8 <b>dire</b> 32:23 130:6 <b>direct</b> 32:7 120:13 154:1 <b>direction</b> 31:14 204:8 207:7 <b>directly</b> 17:10 38:7 78:14,15 91:4 163:13 <b>Director</b> 11:17 28:12,21 31:10,20 109:17 111:3 115:22 117:15 118:10,13 134:10 153:6 153:8 158:19	<b>disadvantaged</b> 158:23 160:16 <b>disadvantage...</b> 44:14 <b>disasters</b> 135:1 <b>discharged</b> 135:3,7 <b>disciplines</b> 108:17 <b>disconnect</b> 160:15 <b>discontinuati...</b> 53:22 73:3 <b>discontinue</b> 71:2 88:17 98:9 167:5 169:15 171:10 179:3 181:3 182:20 185:20 <b>discourage</b> 67:6 <b>discretion</b> 188:12 <b>discuss</b> 58:15 109:6 158:20 <b>discussed</b> 41:24 175:21 <b>discussion</b> 67:6 201:10 <b>discussions</b> 53:24 86:1 133:18,20 <b>disease</b> 10:5,23 25:22 26:13 34:10 101:18 155:19 160:3 192:21 193:4 <b>disenfranchi...</b> 155:18 <b>dismal</b> 174:13	<b>disrespect</b> 138:7 <b>disseminate</b> 79:21 88:2 <b>disseminates</b> 77:4 <b>distances</b> 137:14 <b>distinct</b> 78:13 <b>distinction</b> 162:11 <b>distinctions</b> 80:3 <b>distinguished</b> 31:8 <b>distribute</b> 79:22 <b>distributed</b> 128:19 <b>distributes</b> 140:17 <b>district</b> 8:16,17 9:6,11 <b>diverse</b> 110:6 <b>Diversey</b> 123:5 125:12 <b>divert</b> 59:18 <b>division</b> 89:12 101:4 144:14 171:23 <b>dock</b> 174:9 <b>Docket</b> 197:13 197:16,18 <b>doctor</b> 22:8 41:9 42:24 83:11 85:5 96:17 124:20 125:2 160:20 <b>Doctorate</b> 71:20 110:1 <b>doctors</b> 26:2 40:17 109:1 <b>documentation</b>	<b>documenting</b> 41:1 <b>documents</b> 178:21 <b>DOD</b> 96:15,16 <b>dodge</b> 81:24 <b>doing</b> 78:3 81:23 87:18 156:4 161:19 <b>dollar</b> 76:14 112:22 113:1 <b>dollars</b> 13:9 95:9 131:11 182:24 <b>Don</b> 99:20 <b>Donovan</b> 115:21,22 117:15 118:10,12 <b>double</b> 138:16 172:15 <b>doubled</b> 189:15 <b>downs</b> 30:8 <b>downstate</b> 88:5 <b>Dr</b> 41:9 43:1 48:9,10 70:12 123:9 128:7 134:9 158:19 161:18 187:8 191:24 <b>dramatic</b> 84:1 <b>dress</b> 81:12 <b>drive</b> 1:15 132:13,15,16 132:18 137:14 <b>driven</b> 129:10 <b>driving</b> 156:3 <b>drove</b> 177:10 <b>due</b> 14:17 27:7 44:14 59:13 103:10 134:19

172:10 173:5	70:16 91:14	<b>elaborate</b> 156:6	150:23	<b>entrance</b> 62:1
189:18	129:16	<b>elaborated</b>	<b>emphasize</b>	62:24
195:18	132:23,23	155:17	148:9	<b>envelope</b> 51:21
<b>dumpster</b>	133:13	<b>Elba</b> 31:5,9	<b>emphysema</b>	52:11
174:9	134:10 137:3	33:2	135:16	<b>environment</b>
<b>DuPage</b> 101:6	142:23 144:5	<b>eleven</b> 168:19	<b>employed</b>	12:8 27:22
103:13	146:4 148:16	<b>eligible</b> 113:13	131:7 207:8	28:16
<b>duplication</b>	149:1 150:17	<b>eliminate</b> 32:16	207:10	<b>envisioned</b>
38:2 48:19	150:18	157:21	<b>employee</b> 207:9	74:23 78:5
120:16	<b>education</b>	<b>embarked</b>	<b>Employees</b>	<b>enzymes</b>
142:15	10:16 28:17	118:3	52:16	135:10
145:23 146:5	29:12 31:10	<b>embed</b> 74:15	<b>employment</b>	<b>equal</b> 44:17
146:13,20	31:18 32:4	75:6	31:18 120:5	45:3
151:11,17	72:3 96:15	<b>emergency</b>	<b>EMS</b> 144:14,17	<b>equipment</b>
152:1 195:1	160:15 161:3	19:12,15,20	<b>enable</b> 73:20	74:23,23 75:1
<b>duty</b> 91:4	<b>Edward</b> 147:14	20:20,22	161:2	77:20 82:5,24
	<b>ED's</b> 144:7	21:18,24 22:5	<b>enabled</b> 110:1	83:4,7 97:9
<b>E</b>	<b>effect</b> 44:19	22:5,19,21	<b>enabling</b> 31:19	<b>equipped</b> 32:19
<b>ear</b> 139:23	<b>effective</b> 12:12	23:19 24:9,17	84:20 110:23	<b>equity</b> 124:3
<b>earlier</b> 83:19	13:13 32:20	35:13,20 36:2	<b>encounter</b>	<b>ER</b> 140:1,1
86:3 111:10	42:17	36:3,8,16	161:9	142:13
123:9	<b>effectively</b> 22:1	38:14,21 62:1	<b>encourage</b> 37:6	<b>Erie</b> 16:6
<b>earliest</b> 82:5	22:7 44:7	62:7,23 63:1	39:1	<b>especially</b> 11:8
<b>early</b> 81:16	<b>effectiveness</b>	126:21 127:8	<b>encouraging</b>	22:24 102:15
<b>ease</b> 62:6 103:6	12:14 111:19	127:16,20	22:15	<b>ESRD</b> 4:11
161:1	<b>efficient</b> 42:14	128:8 130:17	<b>ends</b> 84:6	54:13,13
<b>easement</b> 61:24	172:19	130:21,23,24	<b>engage</b> 157:17	153:17
<b>easily-accessi...</b>	<b>efficiently</b>	131:4,14	<b>engineering</b>	158:23 159:8
129:2	81:18 145:4	132:2,19	76:24 77:6	159:10
<b>east</b> 77:16	176:16	133:13,22	<b>England</b> 12:17	162:11
130:4,7	<b>effort</b> 15:9	134:5,7,15,18	<b>enhanced</b> 41:4	165:12 167:6
131:24	102:3	135:1,17	<b>Enlace</b> 28:12	169:15,16
<b>easy</b> 137:15	<b>efforts</b> 27:16	136:7,10	28:23	170:19
202:8	132:10 133:3	139:18,21,22	<b>Enlace's</b> 28:13	171:11,11
<b>eating</b> 10:12	150:13	140:7,14,20	<b>ensuring</b> 18:12	179:3 181:4
<b>economic</b> 28:17	<b>eight</b> 23:24	140:22 141:5	112:8	182:21,21
31:19 42:14	24:11 36:3	141:8,13,24	<b>entering</b> 7:3	185:20
52:1,3,11	97:24 184:20	142:11 143:5	<b>enterprise</b> 36:6	187:13
130:14	<b>eight-figure</b>	143:9,16,23	<b>entertain</b>	189:19,21
<b>economically</b>	95:2	144:13,16,23	103:24	190:2 194:6
130:8	<b>either</b> 15:7	145:11	121:19	<b>essential</b> 18:12
<b>economics</b> 32:8	20:11 21:7	147:10,19	<b>entire</b> 7:12	23:5 38:22
<b>economy</b> 11:9	25:6 43:23	148:10,12,14	31:15 84:15	75:3 117:10
27:12	51:20 199:24	148:22 150:2	93:2 132:18	<b>essentially</b>
<b>Ed</b> 20:1 22:10	204:24	150:5,11,24	140:11	58:16 62:22
22:15 37:6	<b>EKG</b> 131:2	<b>Emergicare</b>	<b>entirely</b> 36:13	65:2 73:21

82:22 144:16 190:21 <b>establish</b> 11:22 13:14 71:4 105:5 107:5 111:10 114:8 122:1 129:2 145:11 150:23 153:16 165:12 167:6 171:11 182:21 194:5 <b>established</b> 12:16,24 18:24 22:20 75:8 88:3 112:2 148:18 <b>establishing</b> 29:12 44:12 <b>establishment</b> 14:12 32:11 53:22 57:19 73:4 116:9 127:15 147:18 <b>Esther</b> 18:7 <b>estimate</b> 110:9 <b>estimates</b> 201:10 <b>ethical</b> 139:17 <b>ethics</b> 51:8,11 52:16,23 53:4 <b>ethnicity</b> 110:5 <b>evaluation</b> 101:20 134:17 <b>evaluations</b> 135:7 <b>event</b> 18:22 52:2 <b>everybody</b> 164:12 206:9 <b>every-day</b> 118:1 <b>evidence</b> 75:16	<b>exacerbate</b> 34:9 <b>exact</b> 46:15,15 46:16 <b>exactly</b> 93:6 144:3 156:21 <b>example</b> 33:4 93:18 113:20 132:14 <b>exceeded</b> 130:16 <b>exceeding</b> 149:3 <b>exceeds</b> 80:9 93:24 <b>excellence</b> 101:13 130:12 <b>excellent</b> 129:4 132:10 <b>exceptional</b> 101:13 120:3 <b>excess</b> 20:16 36:1 38:15 49:1,2 94:2 134:13,14,20 186:18 194:18 <b>excited</b> 111:9 180:1 <b>exciting</b> 118:23 119:10 <b>Excuse</b> 83:11 93:5 138:18 161:13 <b>excused</b> 106:15 <b>Executive</b> 11:16 28:12 28:21 31:10 31:20 49:14 49:15,17 50:20,21 51:1 52:22 70:16 72:8 100:21 115:18,22 117:15	118:10,13 <b>exemplifies</b> 28:4 <b>exempt</b> 45:11 <b>exempted</b> 45:8 46:2 <b>Exemption</b> 54:11 69:18 <b>exercise</b> 10:12 188:11 <b>exist</b> 12:20 76:13 85:10 87:5,19 88:7 149:8 <b>existed</b> 204:19 <b>existing</b> 22:18 36:9 43:11,22 45:24 46:5 48:21 59:19 60:11 64:13 66:21 73:3 74:1 85:21 86:2 89:7 102:22 111:13 120:21 121:6 134:5 154:22 167:17 178:7 183:8,15 <b>exists</b> 20:14 44:20 85:2 <b>exiting</b> 36:14 <b>expand</b> 47:5 128:20 133:8 133:11 168:4 202:8,9,9,14 <b>expanded</b> 40:21 132:9 132:10 172:14 <b>expansion</b> 55:15 <b>expansions</b> 173:5 <b>expect</b> 95:14 150:4 175:10	<b>expected</b> 103:12 127:18 133:11 135:5 <b>expecting</b> 59:16 <b>expend</b> 112:22 <b>expense</b> 40:21 <b>expensive</b> 38:14 46:17 47:7 <b>expensively</b> 141:2 <b>experience</b> 33:19 35:2 89:9 111:5 148:15 <b>experienced</b> 112:4 <b>experiences</b> 13:12 14:12 32:15 <b>experiencing</b> 133:6 <b>expert</b> 71:16 <b>expiration</b> 172:16 <b>explain</b> 59:4 127:5 150:2 162:21 192:18 <b>explained</b> 64:21 94:5 149:5 <b>explanation</b> 94:1 185:2 <b>exploding</b> 189:6 <b>express</b> 23:17 35:19 <b>expressed</b> 167:24 195:13 <b>extend</b> 118:4 <b>extended</b> 88:1 88:6	<b>extends</b> 129:4 <b>Extension</b> 69:16 <b>extensive</b> 83:12 135:4 144:5 <b>extensively</b> 82:3 144:21 <b>external</b> 94:19 <b>extra</b> 93:16 96:18 162:24 169:3,6 <b>extraordinary</b> 84:16 <b>ex-officio</b> 39:1 51:10 <b>ex-parte</b> 52:14 52:18,24  <b>F</b> <b>face</b> 9:19 82:10 140:17 <b>faced</b> 38:3 <b>faces</b> 28:22 <b>facilitating</b> 97:9 <b>facilities</b> 1:1,13 3:4 22:2 38:17 40:24 43:15 47:15 48:21 52:17 53:21 64:13 66:18,21 78:19 87:7 111:13 142:11 154:9 154:17,23 157:17 158:7 174:20 176:14 <b>facility</b> 9:22 14:19 43:17 47:14 54:13 57:20 73:4,14 73:18 74:19 74:21 75:7 76:13 83:7
--	---	---	--	---

# DRAFT

OPEN SESSION 2/5/2013

Page 223

87:17 88:17	151:10	22:16	175:3	135:19
102:22	159:23	<b>federal</b> 13:10	<b>fill</b> 142:10	<b>finger</b> 33:4
116:10,16,22	<b>fails</b> 195:16	41:21 76:10	192:7	<b>finish</b> 168:19
122:2 130:7	<b>failure</b> 27:17	76:19,24 77:8	<b>filling</b> 142:10	180:20
131:1,6	29:4 135:15	96:10 110:10	<b>fills</b> 132:11	<b>fire</b> 62:11
132:17 134:2	<b>fair</b> 44:18,20	175:23	<b>final</b> 63:12	<b>firm</b> 163:17
138:3 140:5	<b>familiar</b> 52:4	<b>Federally</b> 37:2	84:10 89:19	<b>first</b> 11:4,23
142:16,19,20	138:13	<b>federally-des...</b>	119:15	13:14 19:7
143:3 144:22	<b>families</b> 12:9	76:12	121:14	20:13 23:22
153:17	13:2 14:22	<b>federally-fun...</b>	195:22	25:13 35:14
158:15 162:4	28:6 29:15	77:3	197:11,14,16	37:22 41:20
163:5,6,8	31:20 32:23	<b>Federally-Qu...</b>	<b>finally</b> 60:18	55:4 61:16
165:12 167:6	75:4,16 81:16	101:9 108:3	62:18 78:18	67:4,6 70:7
167:7,18,18	110:24	113:16	79:4 103:19	72:12,21
167:21 168:2	111:12	<b>fee</b> 113:17	155:24	107:10
168:7,10	158:18 164:8	<b>feedback</b> 80:22	<b>Finance</b> 119:13	118:21
169:15,16	<b>family</b> 16:6	<b>feeders</b> 21:7	128:10	119:20 139:7
170:19	30:13 31:22	<b>feeding</b> 16:18	<b>finances</b> 91:12	148:8 162:17
171:11,12	34:12 38:5	17:5	91:18	188:13 196:2
172:1 173:4	82:23 84:16	<b>feel</b> 13:20 25:8	<b>financial</b> 9:21	201:23,23,24
174:22 175:1	106:7 107:23	29:7 34:19	22:14 38:8	203:10
176:10,14	108:14 114:7	41:20 42:2	39:5 53:10	<b>firsthand</b> 31:23
177:14 179:4	159:16	79:17 82:8	70:17 84:8	32:5
181:4 182:21	184:23	117:9	91:21,24 92:9	<b>Firstly</b> 76:7
182:22	<b>far</b> 89:20,22	<b>feeling</b> 34:12	<b>financially</b>	<b>five</b> 14:15
185:20	97:11,16	<b>feels</b> 179:24	207:10	15:18 24:15
187:14	169:4	201:5	<b>financially-di...</b>	36:3 81:7,8
188:14 189:2	<b>fascinating</b>	<b>feet</b> 63:8 80:10	37:9	90:16 95:4
190:8 194:6	97:23	93:2,3,4,15	<b>financing</b>	108:15
<b>fact</b> 10:8 11:6	<b>fastest-growi...</b>	96:19,19	57:22 58:23	127:21 169:2
20:5,6 64:12	189:8	182:22	59:1 61:5	171:12
66:3 75:21	<b>favor</b> 12:23	187:14	91:16	<b>five-station</b>
78:2,19 82:4	16:2 140:3	<b>felt</b> 34:14,15	<b>find</b> 7:12	20:23
83:21 84:4	<b>fax</b> 126:23,24	133:18,19	156:21	<b>fixed</b> 92:2
88:2,19 89:9	<b>February</b> 1:10	<b>fewer</b> 17:4	157:16	<b>flaw</b> 141:14
95:17 149:5	1:14 3:5	113:10	164:13 177:6	<b>Fleischer</b> 70:22
149:14 150:9	55:20 107:8	129:17	<b>finding</b> 102:13	70:22
150:13 155:9	<b>FEC</b> 19:17	<b>field</b> 33:17 72:6	106:23 149:2	<b>floor</b> 1:2 51:5
168:1 172:9	20:1,2,23	131:10	157:18	75:8 135:4,6
177:13	21:2,20 22:17	<b>Fields</b> 19:16,16	174:16	167:23 173:8
<b>factor</b> 188:21	23:9,23 24:1	19:19 20:21	<b>findings</b> 148:6	<b>floors</b> 73:15
<b>factors</b> 59:14	24:8 36:9,13	<b>fifteen</b> 143:9,17	148:8 154:7	<b>flu</b> 135:1
129:10	36:21 37:10	<b>figure</b> 10:13	<b>finds</b> 43:9	<b>fluctuation</b>
132:24	37:21 39:3	83:1 139:20	<b>fine</b> 64:1 69:10	113:3
160:14	148:16,17	<b>filed</b> 59:8,17	180:24	<b>flurry</b> 48:24
<b>failed</b> 145:22	<b>FEC's</b> 20:8,10	61:7,9,12	<b>fine-tune</b>	<b>Flynn</b> 115:24

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 224

116:1	<b>fortune</b> 33:18	<b>Franciscan</b>	147:19	76:3
<b>FMC</b> 48:8	<b>forward</b> 26:9	19:9,10,14,22	148:10,14	<b>funding</b> 95:16
<b>focus</b> 129:24	45:13 53:20	24:4	150:24	96:9,15
133:17 161:5	112:11 125:7	<b>Frank</b> 2:7 51:5	<b>Fresenius</b>	100:15
164:24	136:3 161:21	52:13 106:15	54:12,14	<b>funds</b> 94:10
<b>focused</b> 34:5	171:2 180:2	195:23	166:24 167:1	<b>further</b> 39:2
73:18 74:9	182:10	198:19	182:9 185:19	63:1 129:16
<b>Foley</b> 147:14	200:18	<b>Frankfort</b> 19:6	187:2 188:14	163:10 207:8
152:24	<b>forward-look...</b>	19:13 20:5	190:22 194:4	<b>Furthermore</b>
<b>folks</b> 135:11	128:22	24:10 35:13	<b>Friedman</b>	38:3 77:19
137:13	<b>for-profit</b>	36:17 126:19	171:5,5,21,21	82:19 134:23
<b>follow</b> 77:5	33:20,20	127:16 132:1	172:12	<b>further</b> 39:4
<b>following</b> 34:5	162:11	132:20 137:6	174:15	<b>future</b> 33:8
36:1 187:17	163:16	137:11,13,16	175:20	40:16 73:20
<b>follow-up</b>	164:22	138:1 141:17	176:12	73:21 74:3,14
101:20 161:1	<b>fostering</b> 28:15	145:11	177:22 178:4	84:21 97:3
<b>footage</b> 80:9	<b>found</b> 80:7	147:10,19	179:13,23	103:18
100:16 104:9	83:10 154:13	148:23	180:7	118:17 120:5
104:20	156:12	149:11,17	<b>Friendship</b>	129:7 194:2,2
<b>footprint</b>	172:17	150:24	115:18 116:1	<b>futures</b> 84:14
104:19	177:11	<b>Frankfort-only</b>	117:14,19	204:18,22
<b>force</b> 12:1 14:9	<b>founded</b> 48:12	137:11	<b>Frogge</b> 128:4,4	
156:3 191:22	<b>four</b> 54:12	<b>frankly</b> 183:19	140:15	<b>G</b>
<b>forced</b> 190:14	62:19 67:4,6	<b>free</b> 13:21 25:8	<b>front</b> 21:21	<b>Gage</b> 9:7
<b>forcing</b> 184:17	72:2 78:5	44:23 101:21	113:10	<b>gain</b> 142:23
<b>forecasting</b>	95:4 101:4	101:22	156:10,13	<b>Galilee</b> 26:22
92:1	104:22	<b>freestanding</b>	157:14 158:1	<b>gap</b> 9:24
<b>Forest</b> 9:9	135:10	11:23 13:15	<b>fulfill</b> 110:14	133:19
<b>forget</b> 25:9	154:10	15:16 16:20	<b>full</b> 17:22 74:20	<b>gaps</b> 132:11
<b>form</b> 52:4,6	155:22	17:20 19:12	101:17	<b>Garden</b> 132:16
<b>formalized</b>	159:19,19	21:18 23:19	104:18	<b>Garfield</b> 9:7
18:18	174:24	35:20 38:21	118:16	<b>gastroenterol...</b>
<b>former</b> 37:3	<b>Fourteen</b> 61:8	102:5 105:6	140:19	40:6
165:2	<b>fourth</b> 155:23	106:22 107:6	154:23 163:6	<b>Gayle</b> 14:4,7
<b>formerly</b> 31:11	<b>four-year</b>	108:2 110:3	<b>fully</b> 36:20	<b>Gee</b> 81:6
<b>forms</b> 53:23	71:23	110:19 114:8	101:17	<b>gender</b> 80:17
101:19	<b>Fox</b> 190:15	126:21 127:8	<b>fully-integrat...</b>	<b>general</b> 2:7
<b>formula</b> 185:10	<b>FQHC</b> 17:8	127:16,20	128:16	51:6 52:23
188:20	18:12 37:5	130:21,23	<b>full-scope</b>	53:5 65:20
<b>forth</b> 58:9	108:6 139:19	131:14	111:24	70:21 104:20
62:15 80:17	<b>FQHC's</b>	132:19,23	<b>function</b> 46:2	106:15
80:20 81:13	110:23	133:21	<b>functional</b>	116:14 130:1
92:17,17	<b>frame</b> 56:5	136:10	43:17	132:3 159:3
132:22 135:8	180:15	139:18 140:7	<b>fund</b> 47:5	<b>generally</b> 15:11
157:14	183:22 190:6	144:5,7	95:13	91:24 169:6
201:22	<b>Francis</b> 20:7	145:11	<b>fundamentally</b>	<b>generation</b>



# DRAFT

OPEN SESSION 2/5/2013

Page 225

164:14,15 <b>Geneva</b> 40:3 58:12 60:1 61:18,20 62:11,21 65:23 66:6 68:5 115:10 115:10,23 116:10,13 117:11,21 118:14,14 120:2,10 122:1,2 <b>gentlemen</b> 14:5 <b>geographic</b> 12:4 83:18 188:22 <b>geographically</b> 159:1 <b>geographical...</b> 128:23 <b>geographies</b> 80:17 <b>George</b> 2:9 <b>geriatric</b> 88:15 <b>getting</b> 57:22 60:18 72:16 154:6 158:7 <b>gifts</b> 94:14,14 94:17 95:14 95:15 <b>give</b> 7:23 10:7 13:3 53:14 83:14 95:9 99:18 124:11 124:19 127:7 141:12 176:9 192:10 200:23 202:3 <b>given</b> 7:10 19:24 55:10 57:15 92:4 96:12 100:6 107:2 108:24 116:6 123:16 127:12	142:17 147:15 149:12 153:13 167:2 176:11,13 182:17 187:10 188:12 201:9 201:13 <b>givers</b> 95:18 <b>gives</b> 47:16 <b>giving</b> 25:19 62:14 95:19 156:9 180:21 192:2 <b>glass</b> 173:9 <b>Glen</b> 36:9 148:15,23 <b>GlenOaks</b> 101:7 <b>global</b> 163:18 <b>gloomy</b> 174:7 <b>go</b> 16:16 42:9 54:10 59:4 72:3 82:17 88:22 89:19 89:21 97:12 98:1 104:5,22 107:19 123:9 127:4,5 140:8 141:8 142:12 142:13,24 143:13,14 144:8,10,23 150:21 154:3 161:14 165:7 173:11 180:9 182:8 190:14 191:22 194:3 200:15 201:17 203:7 <b>goal</b> 42:13,15 94:21 164:11 164:16,16 178:5,6 <b>goals</b> 13:16	19:1 39:5 <b>God</b> 28:7 <b>Goebel</b> 99:21 99:21 100:20 100:20 104:10,12,16 <b>goes</b> 95:6 135:6 <b>going</b> 7:3,5,8 8:2,3,5 13:21 14:2 19:5,10 25:12 26:15 30:1,7,16,24 32:14 35:11 39:8,11 45:12 48:7 49:14 52:4,21 59:17 61:1 63:19,22 69:15 80:14 84:8 87:6 91:11 92:20 93:14,24 94:11,12,15 94:16 95:7,8 97:11 99:8 112:20 113:7 121:13 140:10,15 141:10,20,21 142:22,24 144:3,9,23 146:11 151:23 152:19 163:20 164:14,15 168:20 170:7 177:13,14 179:7 180:5 186:17 190:9 190:19,20 191:17 195:17 202:6 202:9,15,16 <b>Gold</b> 24:21 <b>Goldsberry</b> 153:4,4 158:3	<b>Golf</b> 1:14 8:24 <b>good</b> 7:3 8:12 10:10 19:8 21:15 23:14 25:15,19 30:3 31:7 33:13 35:16 48:10 56:1 59:6 70:12 89:15 92:4 93:18 107:21 115:16,19,21 115:24 116:2 118:12 128:15 134:11 148:3 158:21 166:21 173:1 182:12 202:22 204:11 <b>gotten</b> 80:21 <b>govern</b> 12:22 <b>government</b> 18:8 38:9 70:21 76:15 76:20 77:1 <b>Governor</b> 4:1 <b>go-forward</b> 117:9 <b>granted</b> 45:15 46:2 62:22 <b>grants</b> 76:14,15 <b>graphs</b> 194:2 <b>grateful</b> 110:21 <b>gratefully</b> 79:1 <b>gravity-eli...</b> 77:21 <b>great</b> 71:11 72:13 81:2 95:21 118:12 120:5 134:12 150:17 173:2 176:6 <b>greater</b> 26:22 29:4 73:23	75:20 120:21 144:22 155:21 161:15 <b>greatest</b> 9:14 <b>greatly</b> 72:17 155:18 <b>green</b> 131:10 132:16 147:14,14 <b>Greenfields</b> 66:6 115:23 116:13 117:21 118:6 118:13,14 120:2,9 122:1 <b>Greenville</b> 197:14 <b>Greiman</b> 2:2 3:14,15 5:8,9 6:10,11 50:6 50:7 56:22,23 63:9,10,11,15 63:18,22 68:15,16 85:6 85:12,14,18 85:22 86:4,12 86:19,22 87:1 94:8,9,10,23 95:7,17 96:1 98:3,12,14,19 98:20 105:7 105:10,16,17 114:20,21 122:3,7,13,14 124:7 125:24 126:1 136:15 136:16,17 137:5,18,21 138:4,10,16 138:22 142:7 146:7,8 151:20,21 162:7 165:8 165:24 166:1 170:3,4
--	--	---	--	--

176:6 181:6	189:23 190:1	<b>handful</b> 90:15	64:9 66:15	161:13,24
181:10,15,16	190:3,5	148:14	67:1,8,14,20	165:5,7,10,16
186:7,8	191:19 193:8	<b>handing</b> 51:8	67:23 68:3,8	166:5,6,15,17
194:20,21	<b>Grundy</b> 128:18	<b>handle</b> 78:24	68:17,18 69:3	167:3,13
196:21,22	129:23	134:24	69:8,12,15	168:13,16
198:6,7	<b>guarantee</b>	138:10	70:5,24 71:9	169:10,13,19
205:20,21	97:16 123:15	<b>handouts</b> 7:14	83:11 85:5	170:6,7,17,21
<b>grew</b> 31:21	<b>guaranteed</b>	<b>hanging</b> 201:19	87:2 91:9	170:24 171:8
164:8,9,10	129:15	201:20	92:12 94:9	171:19
184:5 192:22	<b>guess</b> 104:13	<b>happen</b> 141:21	96:17 98:4,7	175:15 176:8
193:1	137:9 138:8	144:6,6 172:9	98:21,22 99:6	177:18 179:1
<b>gross</b> 80:10	162:12	191:16	99:8 100:7,18	180:14 181:1
96:19,19	178:15	<b>happened</b>	100:22 104:1	181:7,17,18
100:16 104:8	194:14	15:13 61:22	104:24 105:3	182:6,8,18
182:22	199:16	79:9	105:9,18,19	183:5 185:6
187:14	<b>guide</b> 19:19	<b>happening</b>	106:4,6,14	185:15,18,24
<b>ground</b> 43:12	<b>guidelines</b> 7:11	87:7 117:16	107:1,3,16	186:10,11,22
<b>groundbreak...</b>	7:12 47:24	189:5	112:14 114:4	186:24 187:5
75:13	48:3	<b>happy</b> 85:3	114:6,12,22	187:11,24
<b>grounds</b> 42:4,5	<b>guiding</b> 38:12	103:24	114:23 115:7	193:22 194:3
<b>group</b> 11:17,18	72:15	121:18	115:9 116:7	194:9,22,23
40:4 80:12,18	<b>Gunderson</b>	124:22	117:2 121:20	195:12,16,20
80:22 97:2,2	43:1,2 44:11	149:20	121:23 122:5	196:12,23,24
108:15	45:6	168:11	122:15,16	197:9,20,22
136:18	<b>Gurau</b> 153:6,6	175:14	123:1,4,14,17	198:1,8,9,18
166:18	158:19,21	178:18	123:23 124:5	198:22 199:5
169:14 172:6	160:22	183:22 185:5	124:11,17	202:21 203:6
202:5	161:18	192:13	125:4,6,10,16	203:13,18
<b>groups</b> 47:11	<b>Guy</b> 153:2	<b>hard</b> 77:17	126:3,4,12,14	204:6,14,15
133:17	<b>guys</b> 168:19	135:14 192:5	126:17 127:3	205:5,13,22
200:14		<b>hardship</b> 97:3	127:10,13	205:23 206:7
<b>grow</b> 27:18	<b>H</b>	184:20	128:2,13	206:15
83:21 103:12	<b>H</b> 70:6	<b>harm</b> 44:16	131:21	<b>Hazel</b> 21:17
138:15	<b>half</b> 10:9 61:16	<b>Hayes</b> 2:2 3:3,8	136:13,16	<b>head</b> 90:1
188:24	85:16 94:21	3:9,23 4:21	139:15	<b>headed</b> 31:15
<b>growing</b> 11:8	154:22 167:7	5:1,2,3,18,24	143:18 144:1	<b>healing</b> 28:5
27:4 103:11	183:21	6:5,12,13,22	144:11,12,20	<b>health</b> 1:1,13
103:17	188:19	49:10,23 50:8	145:1,6,9,15	3:4 4:2 9:20
132:23	<b>hallmark</b> 74:14	50:9,17 51:3	146:10,11	10:17 11:17
148:24	<b>hallway</b> 81:21	51:24 52:13	147:3,9,16	11:19,19,24
<b>grown</b> 75:21	<b>hallways</b> 82:1	53:9,13 54:4	148:1 149:22	13:8,10,11,12
<b>growth</b> 24:12	83:8	54:10,21 55:1	150:1,19,21	13:16 16:6,21
83:24 133:3	<b>hand</b> 25:6	55:9,11,23	151:3,22,23	16:23 19:9
134:3 148:19	51:15,21 52:9	56:7,10,15,24	152:12,19	23:16 24:19
148:20 189:6	59:2 92:8	57:1,10,16	153:14,23	27:8,13,20
189:18,19,21	<b>handed</b> 51:11	58:3 63:10	154:3 160:20	28:5,15 32:21

35:22 37:2	160:15	<b>held</b> 1:14 51:1	<b>Hinsdale</b> 99:17	<b>honestly</b>
38:5,8 43:14	<b>healthcare's</b>	71:5 92:20	99:22,24	139:23 157:2
48:12 52:17	84:14	127:22	100:3,10,21	164:11
77:12 101:1,4	<b>healthier</b> 27:10	147:22 166:3	101:11 102:3	<b>Honey</b> 18:3
101:9 103:15	27:11,21	<b>Hello</b> 111:2	102:6,21	70:15
106:7,21	<b>healthy</b> 10:12	<b>help</b> 9:23 13:7	105:6	<b>honor</b> 72:10
108:3,8	16:12 17:3	33:7 42:20	<b>hire</b> 114:2	79:6 84:12
109:17 110:1	29:1 111:21	77:2 78:8	<b>Hispanic</b> 110:7	<b>HOPD</b> 46:21
110:3,12	<b>health-related</b>	79:19,21	155:16	<b>HOPD's</b> 46:14
111:6,18	29:3	81:18 82:6	189:11	<b>hope</b> 10:15
113:16 114:7	<b>hear</b> 58:16 67:9	99:11 114:2,3	<b>historic</b> 11:14	28:5 126:1
116:24	104:7 179:22	139:20	13:1	160:22
120:22 129:6	189:3	157:24 160:5	<b>historically</b>	191:20
129:19,22	<b>heard</b> 30:9	<b>helpful</b> 72:14	110:18	203:20
130:5,19	38:15 58:13	72:16 109:20	113:12	<b>hopeful</b> 160:4
133:1,9	72:22 111:9	<b>helping</b> 154:5	<b>history</b> 91:20	<b>hopefully</b>
141:10	134:12 156:1	<b>Herrin</b> 88:3,10	101:12,13	17:23 92:6
142:13,14	162:9,18	<b>HFPB</b> 197:16	103:21	161:7 189:3
144:14	164:7 184:9	<b>HFSRB</b> 197:14	117:14,22	<b>hoping</b> 123:13
154:14 155:4	193:13 199:6	197:18	130:12 133:7	<b>hospital</b> 8:18
159:7 161:7	199:15 200:2	<b>high</b> 9:11 10:22	<b>hit</b> 7:13	10:24 14:17
190:24 191:5	200:8,9,10	27:17 64:18	<b>hold</b> 66:3 77:23	14:18,19 15:8
200:6,8,9,10	<b>hearing</b> 7:16	90:6 95:21	79:11 203:11	15:10,16 16:9
204:18,21,21	8:23 19:5	101:8 104:13	<b>holders</b> 55:13	16:10,13,19
<b>healthcare</b> 9:19	25:12 26:16	108:9 134:20	55:17 57:18	17:8 18:10
10:1 11:8	31:3 35:11	160:1,6,12,14	<b>holds</b> 77:10,14	19:16,17 20:1
13:9 18:13	39:11 48:7	174:20,22	<b>hole</b> 173:14	20:18,21 21:4
19:1 22:13	71:5 100:11	176:13	177:17	21:16 22:19
31:15 32:4,6	107:9 120:17	<b>higher</b> 10:2	<b>holistic</b> 31:18	25:21 26:10
32:15 38:9,12	127:22	155:2,19	35:5	26:17 27:13
38:18 39:4	131:19 140:5	159:8 175:2	<b>home</b> 15:8 16:9	28:3,20 29:6
47:6 59:11	147:22 148:5	199:13,20	29:7 34:17	29:8,19 30:14
69:21 74:7	153:20	<b>highest</b> 159:11	38:13 60:12	30:16 31:4,12
101:2 107:12	167:10	<b>highlight</b>	61:20 88:22	33:16,22 35:4
108:13	171:14 172:3	121:10	97:24 118:2	35:8,21,23
110:17	183:1 203:11	<b>highly</b> 20:10	150:15 168:4	36:19 37:4,20
111:13 116:3	203:12	88:18 160:17	<b>Homer</b> 36:9	40:4,5,8,11
118:18	<b>heart</b> 9:14	<b>highly-respe...</b>	148:15,23	42:4,5 45:1
128:17,23	135:15,16	37:2	<b>homes</b> 14:23,24	46:8,12,17
129:7,19,20	<b>Heartland</b> 55:5	<b>highly-specia...</b>	14:24 52:5	47:5 61:22,23
132:3,10	55:6,14 56:12	87:11	58:21 59:12	62:6 63:7
133:6,16,19	<b>Heights</b> 19:15	<b>high-cost</b> 37:10	118:23,24	71:3,4 72:20
136:7 140:17	<b>Heim</b> 21:11,11	<b>high-level</b>	119:5	73:3,4,12,17
142:22	21:14,15,15	90:18	<b>home-like</b>	74:16,22,24
150:10 157:4	23:9 37:17,18	<b>Hill</b> 171:1	111:13	75:3,23 78:6
159:3,17	37:19 39:7	<b>hindrance</b> 75:2	<b>honest</b> 138:13	78:9 79:1,6

# DRAFT

OPEN SESSION 2/5/2013

Page 228

79:11 80:5	78:20 79:3	149:13	38:3,4 39:12	103:7 142:10
81:9 82:13	87:19 88:1	<b>hundred</b> 80:15	39:13 40:3	155:14
86:7,18 88:4	89:7,13 91:3	86:5,5 94:12	41:3,13,15,18	158:16
98:10 99:22	101:1,3,5,12	<b>hundreds</b>	43:8 44:5	<b>immense</b>
100:3,5,22	101:15 102:4	31:19	45:10,20 46:7	189:19
101:6,7,7	102:21 111:6	<b>hurt</b> 140:6	47:1,4 52:22	<b>immigrant</b>
104:17,20	112:1 129:5	<b>hypertension</b>	58:20 68:5	164:8
108:6,21	134:15,19	10:3,22 160:2	71:3 76:17	<b>immigrants</b> 9:2
109:11 112:7	135:13	<b>H-01</b> 70:8	77:9 78:19	<b>impact</b> 12:2
128:24 129:8	139:19	<b>H-02</b> 99:14	80:2 83:19	22:17,18 23:3
129:13 131:9	156:15	<b>H-03</b> 99:16	88:5,10,11,23	37:13 48:20
135:20	202:11,19	<b>H-04</b> 106:7	90:24 93:9	76:1 84:13
137:17 140:9	<b>hospital's</b> 9:22	<b>H-06</b> 123:5	98:10 100:10	133:13 134:2
140:13 141:2	20:19 27:19	<b>H-07</b> 126:18	103:15 105:6	142:16 161:1
142:11 144:2	28:2 30:5	<b>H-08</b> 147:10	107:6 114:9	202:16
144:2,8,12,15	36:8,14 74:1	<b>H-09</b> 152:20	115:11	<b>impacted</b> 36:21
144:15,17	148:20	<b>H-10</b> 166:18	116:10,23	148:12
148:16	<b>hospital-based</b>	<b>H-11</b> 171:1	117:24	<b>impacting</b>
149:14,14,17	33:18 34:11	<b>H-12</b> 182:8	119:13 122:2	168:8
153:3,5	34:18 47:8		125:13	<b>impairment</b>
155:15	141:5	<b>I</b>	127:16	78:22
156:11	<b>hot</b> 34:21	<b>IAC</b> 204:7,7	133:10	<b>impairments</b>
158:10 160:6	<b>hour</b> 97:24	<b>ice</b> 34:20	141:15 142:6	88:24
160:8,10,12	191:16	<b>ICU</b> 173:18	143:4 144:13	<b>impede</b> 40:19
161:19	<b>hours</b> 34:8	<b>idea</b> 42:7 86:9	145:12	173:9
162:20	109:10	<b>identified</b> 24:6	147:19	<b>imperative</b>
164:12	135:10,11	24:8,12 36:6	148:15 150:4	38:19
167:22,23,24	159:19	47:17 93:17	150:24	<b>implementati...</b>
168:21	174:11	130:17 133:3	153:18 159:8	41:4 133:8
176:22,23	<b>house</b> 108:24	175:8 191:1	165:13 167:6	<b>importance</b>
196:3 197:13	192:11	195:1	169:16	30:12 31:23
197:15	<b>housed</b> 32:14	<b>identifies</b> 24:11	171:13 176:1	32:5,7
202:16	<b>houses</b> 144:14	<b>identify</b> 174:17	176:2 179:4	<b>important</b> 11:6
<b>hospitalization</b>	158:15	<b>IDHFS</b> 39:1	181:4 182:9	15:23 18:15
108:20	<b>housing</b> 86:23	<b>IDPH</b> 2:9,9,10	182:23 184:6	84:19,21
160:19	<b>hub</b> 144:17	19:18	185:21	86:16 94:5
<b>hospitalizati...</b>	<b>HUD</b> 58:14,15	<b>IL</b> 2:23	187:15 189:8	110:14
129:18 133:4	58:21,23 59:4	<b>illegal</b> 176:4	189:21 194:6	120:16 166:3
<b>hospitals</b> 17:14	59:7,10,13,16	<b>Illinois</b> 1:3,13	<b>illness</b> 16:11	173:19
19:15 20:15	59:19 60:3,9	1:15 9:14	17:1	188:21
21:4 23:4,24	60:12 61:5,7	11:20,23 12:1	<b>illnesses</b> 17:12	<b>importantly</b>
37:14 40:23	61:11 63:11	12:19,20,23	<b>imagine</b> 10:13	36:19
43:8 44:13,16	<b>huge</b> 192:6	13:8,14,17	80:23	<b>impressive</b>
44:21,23 45:4	<b>Hughes</b> 35:14	14:8,9,12,17	<b>imaging</b> 102:20	162:9
47:4,11 77:13	35:15,16,17	15:7,7,9	102:22	<b>improve</b> 10:18
77:15 78:11	36:24 37:16	17:14 22:14	<b>immediate</b>	11:19 13:12

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

22:12 28:13 32:15,18,21 38:19 48:19 77:2 108:8 160:23 <b>improvement</b> 149:7 204:21 <b>improving</b> 10:16 149:9 <b>inactive</b> 29:5 <b>inadequacies</b> 73:18 <b>inadequate</b> 173:22 <b>inappropriate</b> 139:22 140:6 140:22 <b>inappropriat...</b> 139:21 <b>inaudible</b> 63:7 63:8 70:23 96:4 109:12 109:14 165:2 <b>incidence</b> 160:1 <b>incident</b> 159:9 <b>incidents</b> 192:20 193:3 <b>inclemate</b> 191:16 <b>include</b> 9:11 109:13 110:23 131:2 131:6 196:7 <b>included</b> 92:24 113:22 121:16 133:17 <b>includes</b> 8:17 9:6 14:21 108:15 130:20 171:24 200:21 <b>including</b> 10:5 14:23 15:16 18:18 38:24	40:7,12 76:8 101:5 110:3 111:20 112:5 116:14 118:1 145:22 151:10 <b>income</b> 110:18 112:18 113:8 159:2 <b>incongruity</b> 40:22 <b>incorporate</b> 200:22,23 <b>incorporated</b> 200:17 202:1 <b>incorporates</b> 158:13 <b>increase</b> 20:17 24:17,18 73:24 74:5,5 133:14 138:15 150:5 150:11 176:16 182:1 <b>increased</b> 17:5 103:10 133:4 134:15 154:20 <b>increases</b> 134:4 <b>increasing</b> 20:19 21:23 134:6 135:17 <b>incredibly</b> 72:14 97:22 <b>indefinitely</b> 159:20 <b>independence</b> 31:19 <b>independent</b> 108:6 118:22 118:24 121:6 <b>indicated</b> 43:21 43:24 120:8 120:14 148:16 154:16 172:3	<b>indicates</b> 44:3 175:21 <b>indications</b> 92:4 <b>indicators</b> 154:10 155:12,22 <b>indigent</b> 176:3 <b>indirect</b> 96:6 <b>individual</b> 30:13 34:3 39:22 53:2 99:13 129:20 132:7 182:14 201:1 <b>individualized</b> 33:23 <b>individuals</b> 23:6 80:12,16 193:3 <b>inequity</b> 46:21 46:23 <b>infant</b> 12:14 <b>infections</b> 16:17 <b>influence</b> 87:24 <b>information</b> 32:19 48:17 48:18 53:7 56:4 77:4 112:18 147:7 152:16 155:8 161:16 162:15 187:20 200:23 206:10 <b>infrastructure</b> 129:5 141:2 149:7 <b>infusion</b> 156:23 <b>Ingalls</b> 24:4 <b>initial</b> 60:5 70:7 162:16 <b>initially</b> 20:22 <b>initiated</b> 43:13	<b>initiative</b> 38:11 53:18,20 157:13,14 <b>initiatives</b> 53:18 <b>injures</b> 91:5 <b>injuries</b> 71:16 90:18 <b>injury</b> 71:17,17 74:10,11 76:8 76:9,23 78:23 78:23 90:17 91:7 <b>inner</b> 164:9 <b>innovative</b> 73:20 <b>inpatient</b> 20:17 21:1 101:14 <b>input</b> 81:2 <b>inquiries</b> 119:22 <b>inquiry</b> 106:19 <b>insert</b> 204:20 <b>insight</b> 48:5 <b>inspired</b> 75:14 <b>inspiring</b> 31:17 75:13 <b>installed</b> 156:22 <b>institute</b> 31:11 70:8,13,17 72:1,10 77:12 78:16 79:10 90:20 98:8 99:16 100:10 102:6 105:5 159:7 <b>institution</b> 89:4 92:7 <b>insurance</b> 101:22 133:2 133:9 141:9 141:16,20 142:1,3 176:5 202:10,18 <b>insurers</b> 46:18	<b>Integrated</b> 99:24 <b>intended</b> 86:11 <b>intensive</b> 55:16 129:4 <b>Intent</b> 48:13 147:4 152:14 187:1,18 <b>interdisciplin...</b> 101:18 <b>interest</b> 40:15 52:1,3 59:15 59:20 95:22 106:17,20 183:6 <b>interested</b> 14:11 207:11 <b>interestingly</b> 75:18 <b>interests</b> 39:22 52:12 <b>internal</b> 95:16 148:20 <b>international</b> 80:4 83:20 <b>interrelation...</b> 75:11 <b>intersection</b> 131:15 149:9 <b>intervention</b> 40:13 <b>intimidating</b> 161:6 <b>introduce</b> 134:9 166:22 <b>inundated</b> 48:23 <b>invalidated</b> 116:19 <b>inventory</b> 87:8 168:8 <b>invest</b> 32:8 <b>investigation</b> 149:4 <b>investor</b> 40:4 <b>invite</b> 78:2
---	--	---	---	--

# DRAFT

OPEN SESSION 2/5/2013

Page 230

<b>involved</b> 11:7 14:14,14 60:17 96:20 172:21	121:9 123:5 126:17 166:17 195:20 198:21,22	65:13 90:10 95:8 204:15 205:1,10,12	<b>K</b>	<b>kept</b> 61:23 162:10
<b>involvement</b> 109:8	<b>itemize</b> 197:12	<b>Joseph</b> 23:16 35:18 36:24 39:18 149:13	<b>K 2:21</b> 207:3 207:15	<b>Keslinger</b> 63:3 63:4
<b>in-patient</b> 22:22 44:24 74:2 80:20 82:22 90:13 108:23 128:24 129:8 142:19,23 160:11	<b>items</b> 7:21 42:6 42:11 54:5 55:3 83:12 <b>I-294</b> 103:5	<b>Journal</b> 12:17 <b>journey</b> 111:10 156:12 <b>joy</b> 34:14 <b>Juan</b> 2:8 6:24 127:4	<b>Kambic</b> 128:6 128:6,15 131:23 136:5 136:22 137:9 137:20,24 138:7,12 141:14 142:2 142:17 143:10,24 144:4,19,24 145:2	<b>key</b> 7:13 <b>kidney</b> 159:21 <b>kids</b> 90:19 <b>kill</b> 94:16 <b>kind</b> 18:24 30:13 53:19 59:10,15,17 59:22,24 62:18 79:11 86:14 87:8,10 124:21 190:7 203:23
<b>in-patients</b> 40:12	<b>J</b>	<b>Judge</b> 63:14 64:1 136:16 175:15	<b>Kane</b> 117:11 118:4,18 120:3,6,22	<b>kindly</b> 51:18 60:22
<b>Ira</b> 116:4 123:8	<b>Jack</b> 70:19	<b>Judy</b> 115:21 117:15 118:10	<b>Kankakee</b> 23:23 128:18 129:23 130:7 131:17 137:2 137:17	<b>knee</b> 140:6
<b>Iroquois</b> 128:18 129:23	<b>James</b> 19:9,11 19:14,22 24:4	<b>July</b> 69:6,7,9,9 171:17 172:7 177:21,24 178:2,11 179:8,11 180:15,21	<b>Kara</b> 171:5,21	<b>knew</b> 12:1 81:4
<b>irrespective</b> 140:23	<b>January</b> 54:15 54:18 57:24 75:9 111:21 118:7,19 119:19,21 147:21 160:9	<b>jumped</b> 190:1	<b>Karen</b> 2:21 207:3,15	<b>Kniery</b> 152:23 152:24 153:10 154:1 154:4 161:17 162:16
<b>Isabella</b> 153:6	<b>JCAR</b> 201:22 202:2 203:7	<b>junction</b> 103:5	<b>Kathy</b> 2:3 3:16 5:10 178:10 179:12 202:22	<b>know</b> 9:18 13:4 13:23 14:20 14:20 18:9 27:12 29:1 32:5 36:15 49:14 51:9 53:1 58:7,13 58:23 61:16 63:15 80:6 83:6 84:23 86:8,11 87:20 87:23 90:10 94:16 96:3 97:6 124:9 136:18 143:20,20 148:5,13 150:1,2,3,4 157:2,19,22 158:3 161:15 162:13,17
<b>issue</b> 82:3 83:9 84:10 94:13 123:12 136:6 140:11 154:7 168:1 180:13 200:24 201:3	<b>Jefferson</b> 1:2	<b>June</b> 24:4 36:16 69:5	<b>KDOT</b> 62:12 62:22,22	
<b>issues</b> 9:21 10:17 29:3 42:1 62:5,14 80:7 84:8 100:15 133:5 159:3,4 172:20 173:3 173:10 174:3 180:17,22 188:17 195:21 200:20	<b>Jesus</b> 28:5	<b>jurisdiction</b> 47:13	<b>keep</b> 83:4,7 117:12 135:20 148:4 169:7	
<b>issuing</b> 48:13	<b>Joanne</b> 70:12	<b>Justice</b> 3:14 5:8 6:10 50:6 56:22 68:15 98:14,19 105:10,16 114:20 122:7 122:13 125:24 146:7 151:20 165:24 170:3 181:10,15 186:7 194:20 196:21 198:6 205:20	<b>keeps</b> 202:19	
<b>item</b> 5:20 6:23 53:9,13 54:5 55:3,4 57:12 70:6 115:10	<b>job</b> 31:18 32:2 164:13	<b>justified</b> 94:6 <b>justify</b> 93:14	<b>Keith</b> 153:8 161:11	
	<b>jobs</b> 31:12 34:24 89:10		<b>Keim</b> 2:21 207:3,15	
	<b>Joe's</b> 35:21		<b>Kendrick</b> 2:8 4:13,15 53:14 53:16 69:6 180:19	
	<b>John</b> 2:2 3:8 58:17 152:23		<b>Kensington</b> 163:21	
	<b>Johnson</b> 29:24 29:24 30:2,3 30:4,22			
	<b>join</b> 172:1			
	<b>joining</b> 12:23			
	<b>joint</b> 40:3,9 135:16			
	<b>jointly</b> 18:14			
	<b>Joliet</b> 23:17 35:19,23 48:11 123:10 188:15 190:5			
	<b>Jones</b> 2:10			

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

163:19,23,23 164:1,14 168:17 188:2 191:15 192:24 199:9 199:14,16,18 199:19,20,23 200:5,11,14 201:1,3,7,13 202:22 203:2 203:18,24 <b>knowledge</b> 43:8 79:21 80:19 <b>known</b> 20:6 31:11 <b>knows</b> 164:12 178:12 <b>know-how</b> 79:15 88:2	131:12 <b>language</b> 32:3 44:2 45:9 <b>Lardner</b> 147:14 <b>large</b> 11:8 59:12 131:6 173:8 <b>largely</b> 155:16 <b>larger</b> 40:11 93:12 95:2 158:15 172:18 <b>largest</b> 76:7 108:15 133:7 <b>Lary</b> 100:4 <b>Lasalle</b> 2:22 <b>lastly</b> 154:12 <b>late</b> 188:2 <b>latest</b> 51:16 101:23 154:19 <b>Latino</b> 9:14 31:10 159:10 159:15 <b>Latinos</b> 9:12,15 10:1 160:1 <b>Laughter</b> 165:4 <b>Lawn</b> 9:8 <b>Lawndale</b> 8:20 26:23 27:1,9 27:14 28:14 30:6 159:11 164:11 <b>laymen's</b> 144:17 <b>layout</b> 173:4 <b>LBE</b> 134:16 <b>lead</b> 85:1 140:21 199:13 <b>leading</b> 103:14 <b>learn</b> 12:10 79:24 81:12 <b>learned</b> 10:11 <b>learning</b> 89:11	<b>lease</b> 85:11,15 85:17,24 86:15 167:23 172:16 178:20 <b>leased</b> 153:17 182:22 187:14 <b>leasehold</b> 85:22 <b>leasing</b> 184:16 <b>least-costly</b> 19:23 <b>leave</b> 8:7 13:21 25:6,8 31:1 69:5 134:18 201:19,20 <b>leaves</b> 190:23 191:6 <b>leaving</b> 25:7 59:21 135:10 <b>Lee</b> 16:4,5,5 17:19 <b>left</b> 7:24 58:18 134:16 166:23,23 182:14 187:8 187:8 189:20 191:12 <b>legal</b> 4:9,15 167:1 182:13 187:7 195:23 196:1,6 <b>legislation</b> 12:19 14:14 15:3,5 130:18 150:11 <b>legislative</b> 4:19 15:9 53:14,15 53:18 <b>lend</b> 27:2 <b>length</b> 84:6 135:11 <b>Lenox</b> 35:23 148:23 <b>lessen</b> 141:12 <b>letter</b> 53:2	55:18 120:19 180:3 <b>letters</b> 71:6 100:12 109:13 120:20 127:23 147:23 153:21 167:10 171:15,15 183:1 187:21 <b>let's</b> 87:16 161:22 164:4 181:1 182:8 194:3 <b>level</b> 16:23 20:24 37:7 88:11 109:9 110:11 158:10 <b>liability</b> 164:3 <b>license</b> 40:14 46:1 119:19 142:8 <b>licensed</b> 43:8 47:14,15 110:20 <b>Licensing</b> 14:18,18 15:1 41:14 43:3,9 45:6 <b>life</b> 10:10,16 28:13 32:6 80:16 118:14 130:11 164:24 <b>lifestyle</b> 29:1 <b>lifestyles</b> 10:4 27:10 29:5 <b>life-altering</b> 159:18 <b>life-long</b> 157:6 <b>light</b> 174:10 183:12 <b>lighting</b> 80:23	81:1 <b>limit</b> 86:13,15 99:12 112:22 113:1 <b>limitations</b> 119:24 <b>limited</b> 8:21 26:5 42:6 43:20,23 44:1 45:14 125:4,5 <b>limits</b> 22:20 <b>Lindenhurst</b> 99:15 <b>line</b> 35:4 59:13 59:22,24 60:2 60:14 154:24 174:7 <b>linear</b> 104:18 <b>linguistically</b> 12:12 <b>Lining</b> 138:6 <b>list</b> 42:9 135:17 139:23 <b>listed</b> 7:17,21 41:24 87:8 103:14 <b>listen</b> 38:23 <b>lists</b> 10:18 163:7 <b>literally</b> 75:11 132:9 <b>Litigation</b> 2:22 <b>little</b> 7:5 8:20 9:7 28:14,22 29:10 31:21 62:24 71:13 74:17 82:11 97:20 117:13 124:12 134:23 143:21 156:12,16 163:13 164:10 172:12 189:12,13
<hr/> <b>L</b> <hr/>				
<b>La</b> 9:8 <b>lab</b> 161:12 <b>labor</b> 15:17 <b>laboratory</b> 130:22 131:3 153:9 <b>lack</b> 9:20 46:22 110:16 158:4 160:16 176:19 <b>Ladies</b> 14:5 <b>LaGrange</b> 20:7 100:1,5 101:11 102:4 102:21 131:16 <b>laid</b> 37:23 <b>land</b> 64:6,8 85:11,11,12 86:3 <b>landed</b> 9:3 <b>landscape</b> 199:22 <b>landscaping</b>				

<b>live</b> 28:16 80:15 90:6 94:18 110:10 <b>lives</b> 28:3 31:17 34:16 80:15 84:14 143:4 <b>living</b> 34:6 118:23,24 119:4,5,8 120:4 121:7,7 121:8 143:8 193:4 <b>LLC</b> 39:20 <b>loan</b> 58:14,15 <b>loans</b> 59:19 <b>lobby</b> 173:22 173:23 174:4 <b>local</b> 23:4 31:22,22 129:20 139:19 140:8 <b>located</b> 23:22 26:23 40:2 73:13 102:22 118:18 130:9 132:20 142:18 143:3 182:15 <b>location</b> 23:24 27:21 103:2,5 131:10 156:15 160:24 167:8 167:18 170:5 177:10 183:15 <b>locations</b> 19:17 102:23 <b>locomote</b> 81:15 <b>logic</b> 141:14 <b>long</b> 10:13 15:2 45:4 59:13 101:12 103:21 109:22 130:12	134:19 135:11 137:14 180:8 191:9 <b>longer</b> 53:21 80:13 82:20 82:21 116:21 135:2,8 <b>longevity</b> 133:1 <b>longtime</b> 30:5 106:21 <b>long-standing</b> 101:13 <b>long-term</b> 19:1 53:23 54:1 57:19 64:13 116:15,16 121:4 122:2 <b>look</b> 8:2 26:9 48:2 51:18 60:21 65:21 112:11 120:18,23 121:3 124:23 135:14 136:23 137:1 137:10 139:22 143:4 143:12 156:17 157:6 157:18 199:15 200:1 200:13,20 203:8 206:11 <b>looked</b> 34:13 60:14 145:21 157:3 190:4 199:8 <b>looking</b> 47:7 65:14 67:16 96:20 97:2 112:17 143:2 143:11,12 199:10 201:16 <b>looks</b> 81:9	155:3 <b>looped</b> 62:6 <b>loosely</b> 44:23 <b>Lori</b> 166:23 182:13 187:9 188:23 <b>loses</b> 47:13 <b>losing</b> 112:23 <b>losses</b> 34:14 <b>lost</b> 10:9 <b>lot</b> 24:20 25:10 114:3 137:2 169:3 176:5 191:15 <b>loud</b> 189:4 <b>love</b> 97:23 174:4 <b>loved</b> 27:11 <b>loves</b> 28:4 <b>low</b> 12:14 17:4 59:20 110:18 112:18 113:8 140:10 159:2 175:19 <b>lower</b> 17:3 22:13 37:5 38:11 47:7 59:14 111:21 113:20,21 129:14 199:20 <b>lower-cost</b> 38:13 <b>lowest-possible</b> 150:14 <b>low-risk</b> 17:2 112:12 <b>lucky</b> 159:20 <b>lunch</b> 70:2,2,4 <b>Luning</b> 106:11 106:11 107:21,22 113:1,9,24 <b>Lurie</b> 109:10 <b>lying-in</b> 14:24 <b>Lyons</b> 9:9	<b>M</b> <b>machine</b> 102:9 102:11 <b>machines</b> 77:1 77:1 102:8 <b>Mae</b> 29:24 30:4 <b>Magnet-desi...</b> 131:1 <b>magnitude</b> 78:23 <b>mail</b> 51:20 52:10 <b>mailed</b> 52:5 <b>main</b> 58:20 62:8,10,13,24 88:17 154:10 <b>maintain</b> 40:15 112:6 184:22 184:22 <b>maintained</b> 45:2 <b>major</b> 16:20 63:8 72:13,14 143:15 <b>majority</b> 16:12 17:14 20:2 48:14 74:9 82:14 90:12 93:8 96:13 108:14 163:15 <b>majorly</b> 75:15 <b>making</b> 84:12 97:9 150:13 157:8 200:21 <b>maldistributi...</b> 146:12 148:9 151:11 155:7 188:11,17,20 194:15,24 195:8 <b>maldistributi...</b> 152:1 <b>mal-distribut...</b> 36:11 48:20 145:23	<b>mal-distribut...</b> 38:2 <b>mammograms</b> 101:21,24 <b>manage</b> 18:22 89:11 <b>Manager</b> 58:17 70:23 153:5 <b>managing</b> 34:8 <b>mandate</b> 129:18 <b>mandating</b> 135:13 <b>Manhattan</b> 131:24 132:5 <b>manmade</b> 135:1 <b>manner</b> 13:7 40:20 <b>Manor</b> 57:13 68:4 <b>Manteno</b> 132:4 137:15 <b>manufacturing</b> 157:5 <b>map</b> 131:18 143:3,11,11 190:7 <b>maps</b> 131:19 <b>March</b> 43:18 51:17,22 52:5 52:10 60:6 127:18 206:10 <b>Margaret</b> 128:4 <b>Margie</b> 11:13 11:16 <b>margin</b> 91:20 91:22,23 <b>Marino</b> 58:19 59:4,6 60:16 61:4,9,13 <b>Marjorie</b> 106:13 109:16
---	--	--	--	---



# DRAFT

OPEN SESSION 2/5/2013

Page 233

<b>market</b> 20:18 24:8 38:17 44:18 59:21 76:2,5,8 92:5 95:17,23 113:3 133:15 136:23 137:1 154:20 155:5 155:5	<b>MBA</b> 72:5 <b>Meadowbrook</b> 57:13 68:4 <b>mean</b> 58:22 87:5,21 144:2 144:3 162:14 164:4 188:19 201:18 <b>meaning</b> 36:7 43:16 173:23 <b>means</b> 60:2 71:15 76:12 91:2 101:16 144:4 162:13 180:5 192:19 <b>measurable</b> 132:21 <b>measure</b> 30:14 <b>measurements</b> 77:4 <b>measures</b> 38:6 129:17 159:23 <b>Measuring</b> 40:24 <b>Medaglia</b> 153:2 153:2 156:6,8 162:6 163:12 <b>Medicaid</b> 17:9 23:3 38:6,7 64:18,20,22 64:24 67:10 101:8 113:13 133:12,13 140:9,10 141:16,18 142:4 202:12 202:17 <b>medical</b> 4:10 15:9 18:20 19:6 23:17,18 23:22 27:11 35:18 36:24 38:12 40:5 54:12,14 55:5 55:6,14 56:12	71:20,23 73:16 99:14 107:23 108:13 126:18 128:12,16 129:11,22 134:10 143:23 144:9 144:13,16 145:10 150:15 153:6 158:19 159:18 166:24 187:2 194:5 <b>medically</b> 18:16 108:9 112:18 113:8 176:3 <b>medically-ap...</b> 19:23 <b>Medicare</b> 46:18 169:2 175:23,24 176:2 179:14 179:20 180:9 183:18 <b>medicine</b> 11:17 11:24 12:17 46:24 71:22 73:8 74:2 77:24 84:13 106:21 128:8 133:13 <b>medicine/reh...</b> 71:16 <b>med/surg</b> 93:7 93:10 <b>meet</b> 9:23 19:1 37:24 74:3 112:4 128:20 130:7 131:3 132:11,23 158:12 191:21	<b>meeting</b> 1:12 3:4 4:3 5:21 5:22 6:2 7:4 7:15,22 51:16 51:17,22 52:9 53:3 102:7,18 142:21 187:18,20 206:10,15 <b>Meetings</b> 49:19 <b>meets</b> 155:21 <b>Megan</b> 171:7 171:24 172:21 177:10 <b>member</b> 35:21 39:1 45:19 52:20 53:6,11 56:7,18 64:9 92:12 94:9 104:2 106:21 112:16 139:15 168:16 172:3 176:8 185:6 185:15 199:1 <b>members</b> 3:22 5:21 8:13 13:23 18:13 23:14,15 26:20 27:16 27:20 28:11 29:2 30:3 31:8 33:14 35:11,16 39:11,17 40:5 49:12,13 51:10,10 52:20 53:1 54:22 82:23 98:5 100:22 103:6 107:22 117:5 121:21 126:20 127:7 132:16 143:19 145:7	149:23 156:8 159:16 169:11 192:1 <b>Memorial</b> 24:4 78:9 86:17 100:5 101:11 102:4,21 176:21,23 <b>memory</b> 119:5 119:7 121:7 <b>men</b> 91:6 125:2 <b>Mendota</b> 197:13 <b>mention</b> 170:18 172:2 <b>mentioned</b> 58:23 73:13 83:4 96:20 <b>mere</b> 15:18 <b>met</b> 23:7 107:13 117:10 155:23 162:17,20 200:15 202:4 203:4 <b>metric</b> 77:17 <b>Mexico</b> 158:24 <b>MI</b> 135:15 <b>Michael</b> 2:9,10 2:11 28:12 99:21 100:20 116:1 <b>Michigan</b> 71:18,20 <b>microphone</b> 18:4 30:1 91:12 188:3 <b>middle</b> 37:11 173:7 <b>Midwest</b> 2:22 76:22 101:4 <b>midwife</b> 14:7 14:11 109:5 111:3 <b>midwifery</b>
--	---	---	--	---

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 234

111:5,24	99:11,19	157:8	6:1,3,22	85:19 92:13
112:3	107:19	<b>month</b> 20:5	49:14,16,18	105:3 119:20
<b>midwives</b> 12:13	108:21	183:21	49:20,21,24	121:24 125:6
17:2,20 18:19	115:15	<b>months</b> 59:8,8	50:17 54:8	136:3 166:22
108:16 112:6	132:14,15,17	60:10 61:8	55:2 56:11,13	168:2 178:9
<b>Mike</b> 4:21 28:9	143:9,17	62:20 63:21	56:15,17	180:1 198:20
54:6,10 55:11	161:14	63:24 64:2	57:10 68:3,6	200:18
57:16 65:3,12	171:12	119:22 162:4	68:9 69:3,12	201:22
87:9 139:9	191:14	168:18,19	70:1 98:2,8	<b>moved</b> 16:9
205:11	<b>misleading</b>	169:2 176:17	98:13 99:6	60:2 98:11
<b>mile</b> 62:9 63:4	155:3	192:10	105:4,4,10	105:7 114:10
<b>miles</b> 23:23	<b>misnomer</b>	<b>Morado</b> 2:8 7:2	106:4 114:5,7	114:12 122:3
90:10 127:21	124:18	11:12 13:6,19	114:14 115:7	122:5 145:13
132:20	<b>missed</b> 160:17	15:12,22 16:3	121:24,24	145:15 151:1
142:23 167:8	163:3,3,7,8	17:18 18:1	122:7 123:1	151:3 165:14
190:10	<b>mission</b> 28:13	19:4 21:10	125:7,8,10,11	165:16
191:14	84:11,18	23:8,12 24:14	125:14,16,18	169:17,19
<b>military</b> 90:24	108:8 118:3	24:23 25:3	126:12	179:5 181:5,7
<b>Mill</b> 118:21	164:6,24	26:14 28:8,10	145:10,17	185:22,24
<b>million</b> 22:4	<b>Missionary</b>	29:22 30:22	147:3 150:22	194:7,9
55:17 58:1	26:22	32:12 33:1,10	150:22 151:5	196:10,13
71:5 94:12,13	<b>missions</b> 28:23	34:22 35:10	152:12 162:7	197:20,22
94:13,16,23	<b>mistake</b> 47:4	36:23 37:16	165:7,8,10,18	204:14
95:9 96:5	<b>mobility</b> 83:5	39:7 41:8	166:15	<b>movement</b> 47:1
100:11,14	84:23	42:12,24	169:13,21	47:3
102:13	<b>model</b> 107:12	44:10 45:5,17	170:21	<b>move-in's</b>
116:11	111:15 145:2	47:2,20 49:7	177:20 179:2	119:9
121:11	156:17	127:6	179:6 181:2,2	<b>moving</b> 9:13
127:17	158:13 160:5	<b>moral</b> 79:16	181:9 182:6	16:13 25:10
130:16 133:9	<b>Modern</b> 74:7	<b>morbidity</b>	185:18 186:1	49:13 53:13
133:14	<b>modernization</b>	12:15	186:22 194:3	53:20 54:5
147:21	55:15	<b>morning</b> 7:3	194:4,11	70:6 115:9
153:19	<b>modification</b>	8:12 11:4	195:16	123:4 184:16
171:14	102:17	19:8 21:15	196:12,15	199:16
182:24	<b>modified</b>	23:14 25:15	197:9,24	<b>Mt</b> 54:17
187:16	100:13	25:19 30:3	198:18	<b>much-needed</b>
<b>mine</b> 65:12	<b>modify</b> 102:10	31:8 33:13	203:15,16	100:24
138:8	<b>mom</b> 8:14	35:16 48:10	204:6,7,11,24	<b>Muldoon</b> 187:9
<b>minimal</b>	<b>Momence</b>	56:1 98:1	205:1,6,14	188:1,5,6
119:23	130:4	134:13	206:7	<b>Mulford</b> 177:4
<b>ministry</b> 28:4	<b>moment</b> 13:1	149:13 162:9	<b>motives</b> 156:2	<b>multiple</b> 27:20
<b>minute</b> 65:14	156:19	<b>mortality</b> 12:15	<b>move</b> 3:24 4:5	29:15 82:16
74:18 172:22	<b>moms</b> 140:8	<b>mothers</b> 14:24	4:22 18:2	133:15
<b>minutes</b> 5:20	<b>Monee</b> 130:4	108:19	19:22 35:22	160:17 161:1
5:22 6:1 7:20	131:24 132:4	111:18	46:17 55:2	161:6
66:18 83:13	<b>money</b> 35:6	<b>motion</b> 5:18	82:22 83:15	<b>multiply</b> 84:5

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

<b>multitudes</b> 8:22	<b>Naperville</b> 41:13 190:4	32:23 34:3	156:21 191:4	61:21
<b>multi-million</b> 76:14	190:16,19,19	38:3 39:3	<b>needing</b> 77:23	<b>neither</b> 207:7
<b>multi-service</b> 160:23	<b>nation</b> 78:13	41:1 44:5	119:20	<b>Nelson</b> 153:8,8
<b>multi-specialty</b> 40:14 42:8	79:8,22 90:16	52:6 55:2	148:22 192:9	161:11
43:12,21,23	91:1	63:18,23	193:10	<b>neonatologists</b> 109:10
44:4,8,13,21	<b>national</b> 13:16	64:24 65:23	<b>needs</b> 9:23 27:4	<b>nephrologist</b> 48:11 158:22
45:2,8 46:1,5	24:21 31:10	66:3,7,9,17	27:12,13,20	<b>net</b> 22:17 23:5
47:10	77:12 80:4	67:16 74:3,12	29:10,11	112:18
<b>multi-usage</b> 42:7	83:19 101:15	78:17 80:12	32:10 34:4	<b>neurologic</b> 76:21
<b>municipalities</b> 9:8	159:7,12	82:12 83:17	35:5 40:17,20	<b>neuroplasty</b> 97:10
	<b>nationally</b> 22:3	83:21 84:4	42:21 82:9	<b>never</b> 24:2,22
	<b>nationally-tel...</b> 97:13	85:14 88:5,13	90:3 117:9	74:23 78:5
	<b>nations</b> 16:21	102:9 110:15	118:4,18	<b>new</b> 4:18 9:13
	<b>nationwide</b> 101:3 133:6	120:1 130:6	121:4 128:17	12:17 22:16
	<b>nation's</b> 79:5	130:17	128:21	23:9 35:23
	<b>natural</b> 16:24	133:17	129:20 130:8	39:3,9 45:13
	112:2 135:1	140:23 142:9	130:11,13	46:3,5,6
<b>name</b> 8:14	<b>nature</b> 184:7	142:21	131:3 132:7	47:18 51:5
11:16 14:6	<b>navigate</b> 82:6	145:22	132:11 135:6	59:19 60:15
16:5 19:8	<b>Navy</b> 91:3	146:12 148:9	144:5,22	60:16,17
23:15 25:15	<b>near</b> 20:7 50:22	150:2,17	156:3,18	72:20 73:4,12
25:20 26:21	76:13	151:11,24	158:12,20	73:17,17
28:11 30:4	<b>nearby</b> 110:15	154:10,11,14	161:6	74:18,22 75:3
31:9 33:14	134:1 157:16	155:8,12,21	<b>negative</b> 37:13	75:6,8,23
35:17 39:18	<b>nearing</b> 172:15	155:22 156:4	102:13	87:17 92:3
41:11 48:10	<b>nearly</b> 16:16	156:24	142:15 147:1	102:22 103:4
53:2 70:10	44:22 78:11	157:19 158:3	148:6,8 149:2	103:15 104:6
91:14 99:18	117:24	158:7,11	152:11	110:24 145:2
100:20 106:9	128:21	159:6 160:18	174:16 182:5	148:23
111:2 115:12	154:21	168:19	186:21	158:24
115:12,16,19	<b>necessary</b> 15:4	174:17 180:9	195:14	159:10
115:21,24	16:23 43:10	183:16	<b>negatively</b> 22:18 23:3	178:22
124:18 125:3	74:22 92:9	184:13,14,24	76:1 202:16	182:14
138:6 147:12	103:16	188:10,22	<b>negotiate</b> 61:21	<b>newborns</b> 12:10 108:19
152:23 153:2	112:10 136:7	191:21 192:6	<b>negotiations</b> 62:20 86:1	<b>News</b> 79:7,12
153:4 166:19	<b>necessity</b> 159:18	194:15,19,24	<b>neighborhood</b> 12:7 28:24	<b>nice</b> 30:21
166:24	<b>need</b> 7:23,24	199:8,14	30:6 119:17	177:10,11,13
171:21	10:19 11:6	200:20 201:4	131:13 164:9	<b>Nicolette</b> 23:13
182:10 187:5	16:18,19 17:1	206:11	164:10	23:15
188:6	17:15,19	<b>needed</b> 17:15	<b>neighborhoods</b> 9:6 10:20	<b>NIDRR</b> 96:14
<b>names</b> 152:22	18:15 20:13	19:18 20:8	118:21 130:9	<b>Niemeyer</b>
171:2	26:3 27:18	37:15 38:5	<b>neighboring</b>	
<b>Nancy</b> 70:20		47:5 84:7		
<b>Naperbrook</b> 190:17		103:17 140:5		
		142:18		
		154:12		

33:11,13,14	47:23 103:19	135:23,24	38:10,22	118:22 119:5
34:23 35:10	106:14	138:14	<b>obligation</b>	119:17
<b>night</b> 184:19	116:11	141:15	79:16	160:22
<b>NIH</b> 76:21	120:16	154:13 157:6	<b>observing</b> 4:3	<b>offers</b> 40:9
77:14 96:14	127:19	161:20 193:9	<b>obstacle</b> 81:24	<b>office</b> 9:13 52:8
<b>nine</b> 24:7 108:7	187:17	<b>numerous</b>	<b>obstetric</b> 18:19	59:11 73:16
168:18	<b>noted</b> 36:2	20:15 81:2	<b>obstetrical</b>	106:9 123:10
<b>NLEI</b> 31:16	83:19 139:2	103:3	108:23	<b>Officer</b> 4:13
<b>NMH</b> 78:10	<b>notice</b> 195:18	<b>nurse</b> 12:13	<b>obstetricians</b>	70:17 72:8
<b>nocturnal</b>	<b>notices</b> 196:6	14:7 33:15,17	108:16	100:21
168:5 174:23	<b>noting</b> 93:6	108:15 109:5	<b>Obstetrics/gy...</b>	107:23
<b>nonexistent</b>	<b>not-for-profit</b>	111:3 173:2	124:17	115:18
173:23	11:5,7 33:22	173:10,16	<b>obtain</b> 53:21	<b>offices</b> 22:2
<b>non-complia...</b>	35:21 101:2,5	<b>nursery</b> 109:9	<b>obviously</b>	38:13 141:12
196:7	117:21	<b>Nurses</b> 101:10	74:10 86:2	<b>office-based</b>
<b>non-docume...</b>	159:13	<b>nursing</b> 58:21	150:3 173:11	22:11
176:4	162:12 163:1	59:12 60:12	180:1,20	<b>officially</b> 202:4
<b>non-hospital</b>	164:2	61:19 111:4	184:13	<b>Officials</b> 52:16
40:1	<b>November</b> 30:7	118:2 119:16	<b>OB/GYN</b> 15:14	<b>offset</b> 134:3
<b>non-profit</b>	53:10 139:12	119:23	16:6 17:11	<b>Ogden</b> 102:6
33:19 35:4	139:13 178:6	120:24	124:24	103:5
161:5	178:17 179:8	<b>nutrition</b> 10:10	<b>OB/GYN's</b>	<b>okay</b> 53:9
<b>non-urgent</b>	179:12,22	<b>nutritionist</b>	17:21	55:11 66:1,14
21:24	180:2,4,23	10:11	<b>occupancy</b>	67:20 83:16
<b>nook</b> 81:14	<b>number</b> 4:16		64:14 66:19	87:1 96:11
<b>noon</b> 50:22	4:19 7:10	<b>O</b>	66:22 74:4	98:7 114:6
<b>norm</b> 149:3	9:15 17:9	<b>Oakland</b> 71:19	116:23	123:14
<b>normal</b> 173:15	21:23 26:1	<b>oath</b> 55:10	118:20 119:1	127:10
191:14	41:19 42:1,6	57:15 100:6	119:6,11	128:13
<b>north</b> 26:23,24	51:4 52:19	106:9,10	176:11 182:2	138:23 143:1
27:9,14 30:6	59:16 74:5	107:2 115:13	<b>occupied</b> 119:1	144:11 145:9
130:3 132:1	76:7 77:14,17	116:6 123:16	<b>occur</b> 95:15	161:24 164:6
164:11 187:2	79:12 80:8	127:12	148:17 174:3	164:21 176:6
194:5	84:6 92:5	147:15	<b>October</b> 54:18	179:1 185:14
<b>northern</b> 103:8	102:8 112:23	153:13 167:2	154:16 167:9	193:16
131:17	124:10	182:17	187:20	198:22
132:12	127:22	187:10	<b>offer</b> 101:17,19	203:13,13
<b>Northwestern</b>	133:10	<b>obesity</b> 10:3,22	118:16	205:11
71:22 73:15	141:11 163:8	29:3	129:19 168:5	<b>old</b> 10:12 15:1
78:9 85:13,24	174:19 184:3	<b>objection</b> 59:3	<b>offered</b> 45:2	67:3
86:1,6,9,17	184:15,17	140:4	102:1 111:24	<b>older</b> 88:14
86:17 109:14	<b>numbers</b> 8:3	<b>objective</b> 38:11	132:6	117:22 118:5
<b>Northwester...</b>	10:22 21:12	84:22 157:15	<b>offering</b> 27:10	118:16
109:11	24:22 26:15	157:20	28:5 101:13	<b>Ollayos</b> 39:15
<b>Nos</b> 197:16	30:24 31:1	164:13 165:3	111:14	39:17,19
<b>note</b> 43:21,24	39:9 134:22	<b>objectives</b>	112:11	<b>Olson</b> 2:3 3:16

# DRAFT

OPEN SESSION 2/5/2013

Page 237

3:17 4:24	<b>Olympia</b> 19:16	<b>operated</b> 35:3	<b>opposition</b>	57:20 59:8
5:10,11 6:4	19:16,19	44:8	19:11 21:17	60:20 61:7
6:14,15 49:22	20:21	<b>operates</b> 19:14	23:18 35:19	<b>originated</b>
50:1,10,11	<b>once</b> 13:20	19:20 162:14	37:21 39:23	77:24
57:2,3 61:6	26:10 47:13	<b>operating</b>	43:5 45:22	<b>Orland</b> 4:17
61:10,14 63:2	163:19,22	16:22 20:24	46:9 71:6	196:4,4
66:11,17 67:8	176:14	36:4 66:19,21	100:12	<b>OR's</b> 47:6
67:9 68:19,20	188:18	91:21,22	103:20 107:9	<b>Oswego</b> 191:12
97:19,22	<b>ones</b> 27:11	95:13 119:19	120:19,19,20	<b>Ottawa</b> 197:17
98:11,13,23	87:24	120:21 141:3	127:23	<b>outbreaks</b>
98:24 105:20	<b>one-half</b> 155:6	154:17	147:23	134:24
105:21	155:10	172:18	167:11	<b>outcome</b> 77:2,3
114:11,15,24	<b>one-page</b>	174:22 175:7	171:15 183:2	77:3 79:20
115:1 122:4,8	126:23	175:12	187:22	80:14 97:12
122:17,18	<b>one-size-fits-all</b>	176:15	<b>optimize</b> 160:5	207:11
124:23 126:5	33:21	185:11	<b>option</b> 17:2	<b>outcomes</b> 32:18
126:6 139:14	<b>one-year</b> 60:23	<b>operation</b>	111:12	73:22 75:17
139:15,16	<b>ongoing</b> 40:15	43:11,17	112:12	80:1 97:4,4,5
142:9 143:2	<b>open</b> 1:9 15:2	172:13	172:18	97:14 108:8
143:16	17:24 26:10	<b>operational</b>	191:18	111:18,21
145:14,18	49:18 50:22	43:15 47:16	<b>options</b> 26:5	129:14
146:16,17	51:4 101:20	<b>operator</b> 64:18	110:16,17	132:21 156:5
151:1,5 152:2	104:2 108:1	<b>operators</b>	115:18 116:1	161:7
152:3 162:2	112:15	148:14	117:15,19	<b>outdated</b> 174:6
166:7,8	120:18,21	<b>opinion</b> 184:5	120:4 167:22	174:13
168:15,16,17	135:16	<b>opportunities</b>	<b>order</b> 3:5 31:15	<b>outfits</b> 137:23
169:9,17,21	136:14	28:17 32:2	46:4 70:6	<b>outlet</b> 140:21
170:8,9 172:3	161:22	118:15 120:5	116:20	<b>outlier</b> 77:11
172:11 177:1	190:18	203:9	158:11	<b>outpatient</b>
177:7,12	191:10	<b>opportunity</b>	197:14,16	27:21 29:13
178:12,15,22	<b>opened</b> 14:16	11:21 12:23	200:12	41:3 44:18
179:5,17,22	60:16 75:8,18	13:14,15 14:6	204:23	45:3 46:12
180:18,24	101:9 118:7	22:12 39:18	<b>orders</b> 195:22	74:19 80:20
181:5,9,19,20	118:19,22	43:4 49:6	197:11	101:14
185:7,14	119:4 120:12	85:2 100:23	<b>organization</b>	103:12 129:9
186:12,13	121:2 130:5	109:18	31:16 32:5	129:16 130:3
194:7,11	191:8	113:24 117:7	33:4 84:12	158:13
195:4,5	<b>opening</b> 17:22	136:11 147:5	117:20,20,22	<b>outreach</b>
196:11,16	20:4,8 75:22	147:6 152:15	118:8 164:2	101:21 102:1
197:1,2	91:19	156:9 192:2	<b>organizations</b>	<b>outside</b> 90:6
198:10,11	<b>operate</b> 67:12	192:10	96:7 164:22	190:14
202:6 203:14	75:20 101:4	195:18 203:8	<b>original</b> 52:6,7	<b>outstanding</b>
203:17	108:1 137:8	<b>opposed</b> 15:11	58:9 60:4	17:13 30:13
204:13	156:16	112:23	64:16,20 65:5	30:17 159:5
205:14,24	174:23	142:14 150:6	100:13	204:13
206:1	185:12	<b>opposes</b> 46:20	<b>originally</b>	<b>out-of-hospital</b>

111:7	108:5 117:19	91:11 152:13	24:6 29:14	159:9,10,18
<b>overall</b> 22:23	156:14	<b>passed</b> 15:3	34:1,4,12,13	160:10,11,13
32:21 47:6	<b>parents</b> 31:21	<b>passes</b> 5:19	34:16,17,19	161:2,19
64:19 91:24	<b>Paridy</b> 70:20	6:22 50:18	36:17,18	163:2 169:1
120:2 121:3,4	70:20 86:15	57:10 69:3,12	38:12,17 40:8	173:3,4,6,12
129:18 133:3	<b>Park</b> 4:17 9:7,7	99:6 106:4	40:9,17 42:14	173:14,16,17
156:4 173:4	9:9 196:4,4	115:7 123:1	42:18,20	173:19,21,23
189:23	<b>parking</b> 73:16	126:12	46:18 64:22	174:10,14
<b>overkill</b> 20:3	<b>parks</b> 28:24	166:15	73:22 74:11	175:6,9
<b>overlooks</b>	<b>part</b> 11:9 28:1	170:22	75:12,16 76:9	179:17 180:6
174:8	39:24 41:18	186:22 197:9	76:10 77:2,21	183:10
<b>overnight</b>	95:11 101:1	198:18 206:7	78:8,8,11,12	184:12,13,18
14:21	102:14	<b>pastor</b> 26:19,21	78:12,18,21	184:20,22
<b>overwhelmed</b>	107:11	26:22 27:24	78:24 79:2,2	189:22,24
59:18	109:11	28:8	79:19 80:1,13	190:9,12,14
<b>overwhelming</b>	120:11,17	<b>patience</b> 25:11	80:13 81:4,8	190:20,23,24
189:1	121:16	49:4	81:11,19,24	191:2,4,11,18
<b>owned</b> 143:22	131:18 150:6	<b>patient</b> 13:12	82:3,6,14,19	191:19,20,22
143:23	150:8 156:20	17:5 25:21,24	83:1 84:2,5	192:3,4,8
<b>owner</b> 124:4	184:13	27:6 30:9,12	84:15,16,23	193:6,10
<b>ownership</b>	204:16,16,17	30:15 32:15	88:21,21	202:10,17,18
123:20	<b>participants</b>	32:16,18,19	89:16 90:2,4	<b>patient's</b> 34:3
125:12	204:9	34:2 35:5,6	90:5,5 91:2,5	81:15 156:3
163:18	<b>participate</b>	36:13,14	94:7 96:21	159:22 161:5
<b>owner's</b> 58:17	39:18 75:4	46:16 75:2	97:14 101:18	<b>Patricia</b> 128:9
<b>owns</b> 85:12,24	80:18	80:10 81:14	101:19 103:1	<b>Paul</b> 106:11
<b>o'clock</b> 81:7,8	<b>participated</b>	88:15 89:24	103:7 108:12	107:22
97:24	7:16 47:23	92:24 97:1,2	109:4,6 110:8	<b>Pause</b> 5:23
	<b>participation</b>	97:5,17,18	110:10 112:9	53:12 54:24
<b>P</b>	6:24 7:4,9,15	102:24 103:4	112:12,19,20	55:8 56:9
<b>package</b> 200:20	47:23 49:9	103:17	112:23,23	65:16 66:5,13
<b>packet</b> 127:1	51:14,19	109:22 112:2	113:7,12,17	67:19 70:11
<b>packets</b> 148:5	<b>particular</b> 9:16	129:14	128:17,21	98:6 99:7
<b>page</b> 4:9,18	52:4,21 64:17	130:13 135:5	129:11 130:8	105:2 106:5
36:10,21	64:18 117:11	140:9 142:18	131:4 134:6,7	115:8 121:22
51:14,14,19	157:13	144:4 148:11	134:17 135:3	123:3,7
65:9,12,17	188:22	148:18 159:1	135:9,18,19	126:13 145:8
175:9 204:18	<b>particularly</b>	159:16 160:3	135:20	147:8 149:24
<b>pages</b> 52:7 67:4	37:8 108:12	160:5,23	140:20	150:20
67:7	<b>parties</b> 207:8	161:10	141:19 142:4	152:18 165:6
<b>Paige</b> 116:4	207:10	176:21	142:24	166:16
123:8 128:11	<b>partners</b> 11:7	177:16	144:10	169:12
128:11,11	<b>partnership</b>	<b>patients</b> 16:11	148:22	170:16,23
<b>pains</b> 135:9	18:24	17:9,16 19:22	154:22 158:5	171:4 182:7
<b>paint</b> 136:1	<b>parts</b> 25:10	19:24 20:2,21	158:6,8,17,20	185:17
<b>parent</b> 23:16	<b>pass</b> 12:19	21:1 23:1,10	158:23 159:5	186:23 187:4

# DRAFT

OPEN SESSION 2/5/2013

Page 239

192:17	3:19 5:12,13	164:5 166:22	<b>perform</b> 40:6	20:4 111:16
193:24	6:16,17 50:12	169:3 184:19	109:1 133:16	<b>phones</b> 177:16
195:19 204:5	50:13 57:4,5	185:8 203:4	<b>performed</b>	<b>phonetic</b> 25:15
206:14	64:3 65:8,12	<b>Peotone</b> 132:4	46:15 129:8,9	25:16
<b>pave</b> 17:23	67:21,22	<b>perceived</b>	<b>perinatal</b>	<b>phosphorus</b>
<b>Pavilion</b> 197:17	68:21,22	32:17 77:11	109:12,14	34:6
<b>pay</b> 27:15	91:11,15	<b>percent</b> 15:21	<b>period</b> 24:18	<b>physical</b> 71:15
64:21 90:4	92:15,23 93:4	16:16,16	29:17 36:16	71:22 73:8
95:8 113:3,18	93:13,23 99:1	19:20 24:10	91:19 95:13	74:2 158:16
113:19	99:2 105:8,11	24:10,12,17	202:3	172:21 173:9
140:24	105:22,23	24:18 64:20	<b>permanent</b>	<b>physically</b>
202:10,18	112:16,17	66:22 67:10	83:2	28:15
<b>paying</b> 113:19	113:6,23	67:13 74:4,12	<b>permission</b>	<b>physician</b> 16:6
205:2	114:10,14	75:20,21	19:10	38:13 71:24
<b>pays</b> 175:17	115:2,3	83:23 89:15	<b>permit</b> 40:21	72:6 82:15
<b>pay-out</b> 95:14	122:19,20	91:20,22,22	43:24 44:6	107:23 109:4
<b>PCC</b> 11:22	126:7,8 139:1	96:10 103:13	46:3,6 54:15	109:7 112:8
13:2,17 14:3	139:5,8	110:7,7,8,9	54:18 55:4,13	136:8 140:19
15:24 17:8,22	145:13,17	110:10 119:1	55:14,17 56:5	160:4 161:1
18:11,19	146:19,20	121:5 124:3,4	56:11 57:18	175:8 177:5
106:7,20	152:5,6 165:9	134:20	57:19,24 58:6	191:11
107:23 108:3	165:15,19	139:21	64:17 67:2,24	<b>physicians</b>
108:22	166:9,10	148:21	68:4 100:24	18:19 40:4,9
109:17 110:8	170:10,11	150:11	116:19,21	103:3 108:14
110:14,23	177:18,19,23	154:18,21	169:8 183:20	108:24
111:4,8,24	178:2,10,14	159:10 166:1	<b>permits</b> 45:15	130:24 131:7
114:7	179:6 181:21	166:2 167:19	69:24	140:18 141:9
<b>PCC's</b> 110:2	181:22	174:21,21	<b>Perryville</b>	141:12,17,21
<b>peak</b> 81:23	186:14,15	175:1 185:8	177:9	141:23 142:4
<b>pediatric</b> 76:9	188:3 193:17	185:10 186:8	<b>person</b> 31:16	150:16 158:9
108:23	193:19 194:8	188:18	31:21 130:14	158:15
<b>pediatricians</b>	194:12 195:7	189:23 190:1	137:15 159:7	191:23
108:16	195:8 196:10	190:3,6,13,16	199:11	<b>picture</b> 136:2
<b>Pediatrics</b>	196:15 197:3	190:17,21,22	<b>personal</b> 10:7	202:14
15:15	197:4,21	191:1,3,9	25:20 130:14	<b>pillar</b> 11:1 29:6
<b>Pekin</b> 166:18	198:1,12,13	192:8,16,19	<b>perspective</b>	<b>pillow</b> 34:20
166:18 167:6	204:23 205:2	192:20,22,24	97:18	<b>pilot</b> 7:6 15:4
167:23	205:11 206:2	193:1,7,11,12	<b>perspectives</b>	48:1,4
168:10	206:3	194:21	23:21	<b>place</b> 4:16
169:14,16	<b>people</b> 21:23	<b>percentage</b>	<b>phase</b> 7:4 94:20	14:19 15:5
<b>Pelletier</b> 2:11	22:5 60:17	9:11 64:19	119:3,15	16:10,11
<b>Pembroke</b>	94:15 137:6	121:3 134:17	<b>phased</b> 118:20	29:16 52:19
130:5	139:20 140:2	136:23,24	<b>Phil</b> 128:6	52:24 82:12
<b>penalties</b>	140:4,18,23	193:8,10	<b>Philip</b> 2:4	83:23 85:1
135:21	141:8,19,24	<b>percentages</b>	<b>Phillip</b> 3:10 5:4	86:5 111:16
<b>Penn</b> 2:5 3:18	145:5 153:11	20:19	<b>philosophy</b>	163:23 174:2

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 240

176:15	13:17 15:22	10:2 13:12	<b>potassium</b> 34:6	149:4
199:19	21:13 24:23	24:12 36:14	<b>potential</b> 20:12	<b>prepared</b> 112:4
<b>placed</b> 134:5	25:8 31:1,2	90:12 103:11	180:21	203:24 204:2
<b>places</b> 14:22	33:1 39:10,15	103:17 110:6	<b>potentially</b>	<b>preparing</b>
15:20 88:8,10	45:5 48:4	112:2 133:1,2	22:4 60:6	131:12
119:6,11	53:7 98:2	134:3,4	<b>pounds</b> 10:9	<b>presence</b> 23:16
137:7	99:18 118:11	142:21	<b>poverty</b> 110:11	23:16 35:18
<b>plaguing</b> 159:5	128:14 154:3	148:11,19	<b>powerful</b> 84:3	35:20,22
<b>Plainfield</b> 48:8	187:5 188:4	154:12,12	<b>practice</b> 46:24	36:24 132:4
187:2,3,15	192:10	155:2,13,14	71:15 111:4,6	149:13
188:14 189:6	206:11	155:18	130:1 136:1	<b>present</b> 2:1
189:24 190:2	<b>pleased</b> 103:19	159:13 160:3	191:11	3:22 99:10
190:4,7,8,12	109:12 117:6	160:16	<b>practices</b>	100:23
191:3,10,19	<b>pleasure</b> 71:11	161:10 173:3	140:19	109:18
191:20,22	<b>pledged</b> 94:15	188:24 189:6	<b>practicing</b> 14:7	130:20
192:7 193:4	94:23 95:1	189:9,11,13	14:11,13	135:18 146:9
194:5,6	<b>pledges</b> 100:16	189:14,16,18	48:11 158:22	147:2 156:9
<b>Plainfield's</b>	<b>Plus</b> 104:21	189:21	<b>Practitioners</b>	<b>presentation</b>
188:24	<b>Plymouth</b> 9:3	191:20	42:15	87:3
<b>plan</b> 34:2,5	<b>pneumonia</b>	<b>populations</b>	<b>Prairie</b> 118:22	<b>presented</b>
93:24 118:17	135:15	89:24 130:10	<b>pray</b> 41:5	21:21 135:24
120:4 131:9	<b>point</b> 51:12	159:1	<b>precedent</b>	<b>preserve</b> 40:11
136:7 137:12	52:24 61:6,21	<b>populous</b> 184:6	92:18 94:3	<b>president</b> 19:9
141:10	62:7,23 63:1	<b>portion</b> 40:6	<b>precedent-set...</b>	21:16 35:18
204:21,22	72:17 97:1,18	73:14	44:7	37:20 39:20
<b>planned</b> 118:20	117:17	<b>position</b> 15:15	<b>precipitated</b>	41:12 70:13
119:9	121:18 135:2	22:9 44:16	132:24	72:8,9 115:17
<b>planning</b> 4:2	149:14	64:24 92:8	<b>precipitating</b>	128:6 153:3
38:3 52:17	154:18 156:5	139:18	160:14	<b>President's</b>
66:8 72:24	162:2,3	<b>positive</b> 12:2	<b>precisely</b> 18:23	141:10
104:8 120:22	164:19	102:14	<b>predecessor</b>	<b>pressure</b>
120:24	172:15	111:18	21:19	141:13
130:19	201:13 203:7	<b>possibility</b>	<b>predicated</b>	<b>pretty</b> 10:8
145:22	204:23	96:22	185:11	84:1 163:14
146:12	<b>points</b> 7:13	<b>possible</b> 124:7	<b>predominantly</b>	168:6 178:9
151:10,24	62:12 63:8	167:16 183:7	113:11	180:1 183:13
174:17 175:5	175:13	196:6	<b>prefer</b> 183:21	<b>prevalence</b>
194:14,24	<b>Policies</b> 43:19	<b>possibly</b> 168:5	<b>prefers</b> 33:22	103:10
<b>plans</b> 34:3	<b>policy</b> 11:17,18	184:1 188:6	<b>pregnancies</b>	<b>prevalent</b>
85:20 150:15	106:21	200:18	17:12	59:21
<b>plant</b> 172:21	<b>poor</b> 10:3 27:8	<b>post-MBA</b>	<b>pregnancy</b>	<b>preventative</b>
<b>play</b> 16:20	29:5 141:24	89:11	16:24 111:15	159:22
28:24	159:3	<b>Post-Permit</b>	<b>pregnant</b> 14:22	<b>previous</b>
<b>players</b> 62:17	<b>populated</b>	54:5	16:10,12	124:19
<b>playing</b> 140:6	184:10	<b>post-project</b>	111:22	178:16
<b>please</b> 7:22 8:6	<b>population</b>	91:19,23	<b>preparation</b>	<b>previously</b> 7:16

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334



13:24 43:13	76:10	<b>produce</b> 95:5	35:24 37:14	154:5,13,23
44:3 46:2	<b>privileges</b>	<b>product</b> 164:7	37:14,24 38:1	155:13,20
83:5 102:12	112:7	<b>professional</b>	48:8,14,18	156:3,7 161:8
121:1 129:7	<b>probably</b> 50:22	35:2 110:12	54:14,17	162:10
129:12 152:9	61:1 62:2	114:2	55:15,16,18	163:20
158:24	63:21 90:10	<b>professionals</b>	55:19 56:2	165:11 167:9
<b>previously-a...</b>	141:5 142:18	29:9	57:20 58:1,7	169:14
121:15	148:13 157:5	<b>profile</b> 163:6	58:8,11,17,18	170:24
<b>pre-ESRD</b>	164:15,20	<b>profiles</b> 154:19	59:5 60:4,24	171:14,16
158:6,8	172:14	163:5	61:2,10,16,17	174:18 175:8
<b>pre-term</b> 17:4	176:12	<b>program</b> 7:7	67:17 70:22	175:22
<b>pride</b> 173:2	<b>problem</b> 61:17	27:5 33:22	72:13,14,21	177:20 179:2
<b>primarily</b> 27:7	142:5 157:20	42:19 48:1,3	72:22 73:6	181:2 182:23
112:18	180:2,17	48:4 59:9,11	75:23 84:19	183:2,22
117:23	203:19	60:16 71:21	84:20 92:4,6	184:1 185:19
120:15 132:1	<b>problematic</b>	74:19 101:16	92:10 95:6,13	187:16,17,22
134:19	104:6	102:1 111:14	95:15,20	194:4 196:3,4
158:23	<b>problems</b> 47:8	174:24	96:23 97:1	197:13,15,18
159:14	47:18	175:23,24	98:8 99:14	204:19
<b>primary</b> 22:2,7	<b>procedure</b>	<b>programmatic</b>	100:14 102:2	<b>projected</b>
32:14 38:16	46:15	73:16	102:7,19	24:17 36:12
38:20 62:8	<b>procedures</b>	<b>programmatically</b>	103:20 105:4	49:2 103:11
63:6 108:10	40:7,10 45:10	73:6	106:6 107:7	133:14 134:3
130:22 131:7	129:11	<b>programs</b> 15:4	107:11 114:7	162:3
133:22	<b>proceed</b> 53:4	22:23 27:10	116:12,20	<b>projecting</b>
140:18,19	123:10,11,13	29:11 32:9	117:8,9 118:7	87:17 148:10
158:15	172:10	101:12 168:4	119:14 121:9	161:20
172:20	<b>proceedings</b>	<b>progress</b> 97:9	121:14,15	<b>projection</b>
<b>prior</b> 53:22	207:4	117:7	122:1 123:12	24:16
59:10	<b>process</b> 40:21	<b>progressing</b>	123:20	<b>projections</b>
<b>priorities</b> 13:11	59:1,5,7,13	75:17	125:11	24:21 60:4
<b>priority</b> 32:4	60:3 62:16	<b>prohibit</b>	127:17,19,21	65:1
60:10,13	72:15,24 75:5	138:20	127:22,24	<b>projects</b> 7:17
<b>private</b> 64:21	81:17 92:2	<b>prohibited</b>	130:20	19:18 20:2,12
74:5,9,13	97:5 121:13	7:14 52:21	132:11	21:5,6 46:21
91:1 94:20	154:6 156:19	<b>project</b> 4:17	133:21,24	48:24 54:22
111:6 119:16	166:4 195:18	8:19,22 11:2	136:3,12	60:17 138:21
133:11	199:21	13:24 14:1,2	138:21 139:7	139:3 150:15
141:16	200:11 201:7	18:2,6 19:6	145:10,21,24	162:19
202:10,10,18	201:23 202:8	19:12 21:8,20	147:9,20,22	<b>promise</b> 73:22
202:18	202:24 203:1	21:22 23:19	148:21,24	73:22
<b>privately</b> 91:1	203:20	24:16 25:2,13	149:3,18	<b>promising</b>
<b>privilege</b>	204:11 205:7	25:13 26:11	150:22	79:18
107:24	<b>processing</b>	26:17 30:5,19	151:10,12	<b>promote</b> 27:9
118:13	43:18 59:19	31:4,14 33:3	152:20 153:5	158:11 161:7
<b>privileged</b>	102:17	33:16 35:7,12	153:18,19,21	<b>promoting</b>

27:21	153:16 167:5	22:14 29:16	147:22 148:5	101:17
<b>promotion</b>	171:10	32:21 76:1,4	153:20 167:9	<b>qualify</b> 89:23
110:3	182:20	82:21 90:15	171:14 183:1	175:24 176:2
<b>property</b> 61:19	187:13	90:16,21	184:24	176:2
61:22 62:1	201:15	108:14	200:16 202:3	<b>qualitative</b>
63:1,3,5 85:7	<b>prosthetic</b>	120:21 132:3	203:11,12,22	89:17
131:10 149:6	82:11	134:1,3	204:9,17,21	<b>quality</b> 10:16
149:8	<b>proud</b> 10:8	148:12 156:2	<b>publicly</b> 106:19	18:13 22:13
<b>proportional</b>	90:2	159:17	163:17	27:14 28:13
182:1	<b>provide</b> 7:21	161:21	<b>publicly-trad...</b>	30:18 32:3,6
<b>proposal</b> 73:10	8:19 11:21	162:18 163:3	163:16	32:9 42:13,17
<b>proposals</b>	12:3,6,7,11	<b>providership</b>	<b>published</b>	75:2 77:18
41:17	16:18 17:14	109:6	12:16 15:18	88:13 97:17
<b>propose</b> 4:8	18:19 22:23	<b>provides</b> 16:22	42:16,18	103:21
<b>proposed</b> 8:18	23:5 28:23	73:19 101:21	111:21	108:10
9:22 19:12,17	30:18 32:20	<b>providing</b> 7:8	<b>pulled</b> 96:24	119:18 136:6
20:10 21:18	42:13,17	27:14 29:11	97:16	<b>quantifiable</b>
23:18,23 24:1	44:23 51:21	33:23 40:16	<b>pulses</b> 33:5	77:17
28:2 29:19	52:10 53:7	46:14 103:4	<b>purchase</b> 86:2	<b>quarter</b> 62:9
31:14 35:7,20	74:19,22 76:2	103:21	124:2	63:4 111:11
36:21 39:12	86:20 88:12	118:15 132:8	<b>purchased</b>	145:22
39:24 40:18	88:16 90:8,11	159:6	61:19	151:10 175:2
41:5,22 42:10	101:22	<b>provision</b>	<b>purchasing</b>	<b>quarterly</b>
43:14 44:16	102:24 103:1	94:11 108:9	86:10	175:5
45:9,22 46:10	108:22	162:11	<b>purpose</b> 76:19	<b>question</b> 20:9
46:16 47:18	124:13 141:1	<b>provisions</b>	<b>purposes</b> 62:1	20:13 47:17
80:8 108:19	144:6 150:13	45:10	<b>Pursuant</b> 52:15	53:11 67:22
127:21	157:15	<b>proximal</b> 78:10	<b>pushed</b> 96:24	89:3,19 91:15
130:20	162:21,24	<b>proximity</b>	97:16 129:16	92:15,22
131:14	163:1 164:16	102:23	<b>put</b> 17:16 47:9	93:23 94:8
132:11,17,19	164:17 174:9	<b>public</b> 6:23 7:4	54:8 90:20	95:22 96:2,18
133:21	<b>provided</b> 4:11	7:9,11,15,16	97:3 114:1	137:19,21
136:12	8:5 19:24	14:2 19:5	127:6 132:21	139:1 156:1
137:15	36:5 74:20	26:17 31:3	157:14	162:8 163:13
143:12 146:4	102:20 148:4	35:12 39:8	163:23 164:3	163:14
148:24 153:7	155:8 157:10	47:21,23 48:7	192:4,15	168:15
155:15 160:4	160:16	49:8,11 52:20	199:19 202:7	178:14 179:6
190:8 199:7,8	176:16	53:4 71:5	<b>putting</b> 63:7	183:24
199:12,23	<b>provider</b> 24:3	94:19 100:11	75:11 86:13	<b>questions</b>
<b>proposing</b> 71:2	36:20 47:11	103:15 107:9	114:3	47:24 54:22
73:8 100:9	80:2 88:23	109:17 110:1	<b>p.m</b> 81:10	56:8 58:24
107:5 116:9	90:1,23 91:1	116:24	184:20	61:4 66:15
123:19	162:14	120:17	206:17	67:18 85:4
127:15 138:3	<b>providers</b>	127:21		91:10 98:4
147:18	12:13 13:4	131:19 140:2	<b>Q</b>	103:24 104:3
149:16	17:17 19:1	140:5 144:14	<b>qualified</b> 37:2	105:1 109:21

121:19,21	166:21 167:1	54:7 125:10	151:12	126:16
124:2,5,21	167:15	140:1	163:22	<b>recidivism</b> 37:6
125:7 127:4,5	182:12,13	<b>readily-acces...</b>	184:21 195:5	<b>recipients</b>
136:12,14	183:6 185:10	132:2	<b>reasonable</b>	101:9
139:16	187:7 192:13	<b>reading</b> 18:6	24:16	<b>recognition</b>
143:18 145:6	192:20 193:1	201:24,24	<b>reasonableness</b>	27:19
149:20,23	193:3,6 194:1	203:10	38:1 145:24	<b>recognize</b> 4:1,4
150:19	<b>Randall</b> 63:5	<b>readmission</b>	151:12	6:24
153:12	118:18	135:14	<b>reasons</b> 62:6	<b>recognized</b>
161:22 162:1	<b>range</b> 190:15	160:14	93:18 141:8	79:5 193:20
162:18	<b>ranked</b> 77:16	<b>readmissions</b>	146:17,23	<b>recognizes</b>
163:11 165:5	<b>ranking</b> 77:13	129:17	152:3,6,8	29:10
168:12,13	77:14 79:7,12	160:13	157:11	<b>recommends</b>
169:10	<b>rankings</b> 79:10	<b>ready</b> 8:11	186:18 189:1	45:7
175:14	<b>rapidly</b> 178:9	21:14 30:1	195:12	<b>reconvened</b>
183:12 185:4	<b>rash</b> 139:23	31:6 33:12	<b>Rebecca</b> 100:2	126:15
185:6,16	<b>rate</b> 15:20	35:15 39:16	<b>rebuttal</b> 48:17	<b>record</b> 9:1 94:5
192:14	16:15 83:24	41:10 82:16	<b>receive</b> 95:14	139:9 189:1
193:22 199:1	92:2 96:10	82:17 92:13	129:12	<b>recovery</b> 73:23
206:13	113:20 119:1	123:10,11,12	159:21 161:2	77:2 84:23
<b>queue</b> 60:13	154:18 159:9	180:11	161:15	<b>recurrent</b>
<b>quick</b> 102:16	160:15	<b>real</b> 72:10	187:21	160:11
142:22 162:2	<b>rated</b> 92:6,7	135:24 164:4	<b>received</b> 7:19	<b>redefine</b> 43:16
172:8	<b>rates</b> 10:2	<b>reality</b> 10:19	14:22 53:1,7	<b>reduce</b> 38:5
<b>quickly</b> 81:20	16:18 17:4	13:16,17 78:4	71:6,18 81:1	102:12
135:3	59:15,20	83:23 84:19	100:12	132:16 133:3
<b>quiet</b> 94:20	134:20	97:8 141:21	107:10	156:4 184:15
<b>quite</b> 78:2,22	135:14	<b>realize</b> 72:16	119:18 120:3	<b>reduced</b> 17:10
88:24 89:9,18	154:11,16	158:6 200:5	126:21	100:16 104:8
137:18	155:19	<b>realized</b> 88:5	127:23 139:8	207:6
164:11	159:12 160:6	<b>really</b> 34:24	139:12,13	<b>reducing</b> 22:11
176:24	160:12	67:15 73:18	147:23	157:18
183:19	<b>rating</b> 92:1	74:15 75:2	153:21	176:10
<b>quota</b> 113:4	<b>ratio</b> 154:11	89:21 93:8	157:11,12	<b>reduction</b>
<b>quote</b> 36:6,12	155:1,6,10	111:16,23	160:10	121:14 134:1
90:4	<b>rationale</b> 21:5	113:3 119:6	167:11	<b>Reed</b> 91:3
<b>quoted</b> 141:15	150:6,9	170:5 172:17	171:15,16	<b>reestablish</b>
<b>R</b>		173:24 175:6	183:2 187:17	98:9 169:15
<b>race</b> 110:5	<b>Raymond</b> 41:9	176:20	199:3	170:18 179:3
<b>radiology</b>	41:11	178:18	<b>receiving</b> 60:5	181:3 185:20
104:19 131:2	<b>reach</b> 88:1	191:12,18	134:6 147:4	<b>reevaluating</b>
<b>radius</b> 190:11	129:1 130:3	<b>reason</b> 38:24	152:14	102:8
<b>raised</b> 94:21	<b>reached</b> 64:14	55:17 61:14	158:10	<b>Reeve</b> 90:17
183:24	157:24	93:15 95:11	173:20	<b>refer</b> 48:2
<b>Ranalli</b> 56:1	<b>reaching</b>	134:21	195:17	88:20 131:18
	156:20 191:1	145:24	<b>recess</b> 70:2,4	<b>reference</b>
	<b>read</b> 7:11 51:13			

204:17	79:1 81:9	<b>relocating</b>	59:10	167:20
<b>referrals</b> 4:9,14	97:8	168:7 172:17	<b>rep</b> 58:18	<b>represent</b> 9:13
4:15 142:12	<b>regulations</b>	174:19	<b>repeat</b> 7:18	9:16 72:10
196:1	12:21 45:1	179:21 184:2	<b>replace</b> 102:19	84:12 89:20
<b>referred</b> 196:5	<b>regulatory</b>	<b>relocation</b>	<b>replacement</b>	121:2,12
<b>refinance</b> 59:24	135:12	167:17 180:8	135:16	<b>representative</b>
60:11,12	<b>rehab</b> 59:22	183:7	<b>report</b> 37:23	38:24 45:21
<b>refinances</b>	78:21 87:19	<b>Reluctantly</b>	52:13,18	<b>represented</b>
59:19,20	89:7,16 90:1	68:20	55:20 57:16	9:17
<b>reflect</b> 188:21	90:9 115:10	<b>rely</b> 13:5	64:11 65:4,11	<b>representing</b>
<b>reflects</b> 149:19	<b>rehabilitation</b>	<b>remain</b> 10:4	65:15,19 67:3	8:15 200:15
<b>reform</b> 13:10	70:8,13,17	150:5 180:16	69:23 70:24	<b>represents</b>
13:11,16	71:22,24 73:9	<b>remaining</b>	79:7,12 80:6	18:23 22:12
24:19 150:10	74:3 75:4	35:23 83:13	83:9 84:10	129:6 189:23
<b>reforms</b> 23:3	76:1,16,22,23	<b>remains</b> 47:17	99:13 100:7	190:1,10
<b>refresher</b> 127:7	77:6,13,14	<b>remarkable</b>	102:9 104:6	<b>request</b> 55:17
<b>regain</b> 81:12	78:16,17,19	84:13 97:14	107:3 116:7	56:6,11 67:2
<b>regard</b> 41:6	79:3,5,10	<b>remarks</b>	117:18 118:9	67:15 102:11
<b>regarding</b>	80:2,5,20	117:12 148:4	120:9,14	120:11
41:18,19 42:6	81:17 82:21	<b>remember</b> 18:9	123:17	130:20 136:9
127:23	83:18 87:4,12	<b>remind</b> 138:18	127:13	168:9 204:10
150:10	88:4,12,14,19	180:19	131:22 139:2	<b>requested</b> 4:12
187:22	88:23 89:14	<b>reminded</b>	139:10	55:20 100:11
188:10,17	93:1,9 97:3	180:7	145:21 146:3	102:6 107:9
<b>regardless</b>	98:8,9 158:16	<b>removal</b> 40:8	146:14	120:17 121:2
27:15 90:3	<b>reiterate</b> 202:4	<b>remove</b> 4:10	147:16 148:7	130:18
110:4 113:2	<b>reject</b> 49:5	161:9	149:2 151:8	153:20
130:14	<b>rejected</b> 48:22	<b>removes</b> 44:2,7	151:16	167:10
175:24	<b>rejecting</b> 49:4	<b>renal</b> 10:5,23	153:14 154:8	171:15 183:1
<b>regards</b> 26:6	<b>relate</b> 120:15	25:22 26:13	154:15 155:1	<b>requesting</b>
<b>region</b> 90:15	<b>related</b> 7:17	27:17 29:4	155:14 167:3	42:22 45:24
128:19	29:5 154:8	34:9 155:16	171:8 174:16	55:13,19
144:18	207:7	155:19 160:3	174:16 175:5	57:18,24
171:23	<b>relates</b> 40:23	166:2,18	175:10,21	75:24 102:10
186:18	121:9	169:14 191:7	176:11	120:12 196:5
<b>regional</b> 55:5,6	<b>relationship</b>	192:21 193:4	177:24	<b>requests</b> 55:4
55:14 56:12	18:11 34:13	<b>renew</b> 167:22	182:18	69:16,18,19
76:22 197:14	37:1,5 89:13	<b>renewal</b> 54:15	187:11 195:2	73:2 93:23
<b>regions</b> 12:4	<b>relative</b> 87:23	54:18 55:4,14	200:1	<b>require</b> 44:24
<b>registered</b> 7:9	207:9	56:6,11 57:19	<b>reported</b> 2:20	46:3 53:21
33:17 173:1	<b>release</b> 12:21	57:24 60:21	15:3 154:15	78:7 83:6
<b>registration</b>	85:14	60:22,23 67:2	175:1,3	108:20 109:7
110:9	<b>reliant</b> 128:24	67:15,24 68:4	<b>Reporter</b> 8:8	114:3 131:11
<b>regrettably</b>	<b>relo</b> 179:19	183:20	25:5,9 115:13	149:6 155:12
84:1	<b>relocate</b> 168:9	<b>renewals</b> 169:8	207:1,4	<b>required</b> 43:24
<b>regular</b> 1:12	184:14	<b>reorganized</b>	<b>reports</b> 54:2	51:10 56:5

149:10 155:4 204:22 <b>requirements</b> 45:12 96:20 107:14 119:13 <b>requires</b> 40:13 <b>requiring</b> 10:5 46:5 <b>rescind</b> 203:14 <b>rescuing</b> 38:7 <b>research</b> 11:17 11:18 72:20 73:4,17 74:15 75:7 76:11,13 76:14,24 77:6 77:11,18 78:1 84:16 96:3,5 97:17 101:15 106:22 <b>researchers</b> 75:11 <b>reside</b> 9:15 <b>residency</b> 71:21,23 <b>resident</b> 28:21 30:6 119:20 <b>residents</b> 8:17 8:20 9:11,18 10:1,17 12:7 28:14,19 29:4 29:7,9,10,14 32:1,21 33:3 116:18 117:11 118:1 118:17 119:7 119:8 121:6 131:16 132:8 132:13,14,18 133:18 149:18 163:4 <b>residing</b> 119:7 <b>resolution</b> 54:1 <b>resource</b> 80:4 83:20 144:1,2 144:8,12,15	<b>resources</b> 12:6 17:13 32:9 59:18,23 92:9 103:16 <b>respect</b> 8:21 44:17 84:19 199:8 <b>respectfully</b> 40:18 136:9 <b>respects</b> 76:4,4 <b>respond</b> 40:20 <b>responded</b> 136:6 <b>response</b> 40:16 <b>responsibility</b> 34:4 <b>rest</b> 10:14 173:15 <b>restate</b> 161:18 <b>restraining</b> 44:19 <b>restrict</b> 99:9,18 107:18 115:14 116:22 <b>restricting</b> 45:1 <b>restrictive</b> 42:19 43:11 <b>restroom</b> 82:14 82:16 <b>result</b> 24:19 118:6 160:17 <b>resulting</b> 10:23 46:21 119:1 <b>results</b> 17:3 <b>retailing</b> 157:5 <b>retirement</b> 116:14 118:15 <b>retirements</b> 164:20 <b>retroactively</b> 44:15 <b>retrofit</b> 178:7,8 <b>return</b> 91:22 <b>revenue</b> 96:3	<b>revenues</b> 22:21 175:17 <b>revere</b> 79:6 116:3 <b>review</b> 1:1,13 3:4 36:12 38:24 42:10 43:10,15,19 44:11 46:11 51:13,18 60:17 67:4,7 70:7 91:18 100:22 126:21,22 136:9 145:21 151:9 196:6 <b>reviewed</b> 41:17 41:21 42:2,7 42:10 46:22 <b>reviewing</b> 49:4 160:8 188:9 <b>reviews</b> 46:13 138:19 <b>revised</b> 40:19 40:22 <b>RIC</b> 72:5 76:19 77:10,13 78:14,14 79:4 80:12,13,18 81:6,23 82:12 82:18 83:19 83:23 84:12 84:15 85:1,21 87:24 88:6 89:10,17 90:13 <b>Richard</b> 2:3 3:20 5:14 21:11,15 37:17 182:14 <b>Rick</b> 166:23 <b>rid</b> 138:22 <b>Ridge</b> 9:7 <b>Riedmann</b> 14:4 14:5,7 15:13 15:23	<b>right</b> 8:7 11:2 26:11 29:20 30:19 33:7 37:7 54:3 63:13 66:12 74:11 75:12 82:20 85:8 86:2,19 91:6 97:10 127:10 136:15 137:14 144:24 145:1 173:7 176:19 177:1,8 190:10 193:18 203:19 204:3 205:8 <b>right-in</b> 62:10 62:24 <b>right-out</b> 62:10 62:24 <b>ring</b> 62:5,14 <b>rise</b> 90:6 <b>risk</b> 10:4 27:17 29:4 <b>Rita</b> 25:16 <b>Riverside</b> 9:10 19:6,11 21:18 23:18,22 24:2 24:6,8 126:18 128:12,16,21 129:1,3,22 130:5,12,17 131:8 132:3,7 133:15,20 136:5 143:23 144:9 145:10 <b>Riverside's</b> 132:19 136:9 <b>road</b> 20:7 57:23 62:5,8 62:10,13,14 63:2,5 118:18 149:8 <b>roads</b> 131:16	191:17 <b>Roate</b> 2:9 3:7 3:10,12,14,16 3:18,20,22 5:2,4,6,8,10 5:12,14,16 6:6,8,10,12 6:14,16,18,20 49:24 50:4,6 50:8,10,12,14 50:16 56:17 56:20,22,24 57:2,4,6,8 68:9,13,15,17 68:19,21,23 69:1 98:13,17 98:19,21,23 99:1,3,5 105:10,14,16 105:18,20,22 105:24 106:2 114:14,18,20 114:22,24 115:2,4,6 122:7,11,13 122:15,17,19 122:21,23 125:18,22,24 126:3,5,7,9 126:11 145:17 146:2 146:7,10,15 146:18,21,24 151:5,14,19 151:22 152:2 152:4,7,10 165:18,22,24 166:5,7,9,11 166:13 169:21 170:1 170:3,6,8,10 170:12,14 181:9,13,15 181:17,19,21 181:23 182:3 186:1,5,7,10
--	--	--	---	---

# DRAFT

OPEN SESSION 2/5/2013

Page 246

186:12,14,16	21:24 22:5,5	183:18	<b>salute</b> 15:24	<b>scope</b> 43:16
186:19	36:2,8 38:14	188:10 196:9	<b>sanctions</b> 196:8	<b>score</b> 77:15
194:11,16,20	38:21 80:22	198:24 199:2	<b>Sandoval</b> 8:10	<b>scramble</b>
194:22 195:3	80:24 81:11	199:9,12	8:12,14,15	184:24
195:6,10,14	81:14,17,18	200:16,17	14:1 164:7	<b>screen</b> 101:23
196:15,19,21	81:22 82:7,13	203:1,3 204:9	<b>sanitarium</b>	<b>screenings</b> 40:7
196:23 197:1	82:23 83:5	<b>rule-making</b>	165:3	<b>seamless</b> 112:8
197:3,5,7,24	96:21,21	204:11 205:6	<b>SAR</b> 36:3	<b>seat</b> 8:4 26:16
198:4,6,8,10	97:15 106:16	<b>Rulings</b> 69:20	<b>sat</b> 155:24	<b>second</b> 4:24 6:4
198:12,14,16	130:24	<b>run</b> 59:15 88:3	162:19	20:17 24:2
205:14,18,20	134:18 135:2	89:13 118:21	<b>satellite</b> 129:6	30:2 34:17
205:22,24	139:18,21,22	184:9,11,12	129:19,22	41:22 49:22
206:2,4,6	140:14,22	<b>running</b> 7:6	177:4	55:13 56:14
<b>robot</b> 82:11	141:6,24,24	74:4 89:11	<b>satisfaction</b>	56:15 57:18
<b>robotics</b> 77:1	143:5,9,17	<b>runs</b> 109:5	17:6	57:24 61:21
<b>robots</b> 77:21	164:5	<b>rural</b> 130:5	<b>satisfied</b> 172:4	62:7,13,23
<b>Rochelle</b> 143:4	<b>rooms</b> 22:19,21	132:1 137:1	<b>satisfy</b> 178:10	66:4 68:7
<b>Rock</b> 9:3	36:3 74:5,6,9	137:12	<b>saw</b> 78:12	72:19 83:3,9
<b>Rockford</b>	80:8 81:3,9	142:21 143:4	150:11	98:3,12 105:8
171:1,13,24	82:1 97:6	184:4,5,7	<b>saying</b> 36:12	114:11 119:3
176:21,23	119:17	<b>rush</b> 4:10	84:11 90:8	122:4 125:9
177:2 179:4	140:20 141:3	191:16	143:5 164:23	125:15,16
181:4	141:8,13	<b>Ruth</b> 147:13	201:2 202:23	139:12
<b>Rodeo</b> 1:15	<b>roughly</b> 22:4		205:4	145:14 151:2
<b>Rodriguez</b> 28:9	<b>Route</b> 143:14	<b>S</b>	<b>says</b> 66:18 95:8	165:9,15
28:10,12	149:9	<b>S</b> 2:22 79:12	125:2 177:24	169:18
29:23	<b>routinely</b> 129:9	191:7	<b>scale</b> 75:10	173:22
<b>Rogal</b> 116:4,4,4	<b>row</b> 79:6,13	<b>Sadly</b> 29:2	113:17,20	175:11 181:6
123:8,8,9	<b>RPR</b> 2:21	<b>safe</b> 12:8,11	<b>scatter</b> 191:22	185:23 194:8
124:1,9,16,18	207:3,16	15:6,20 28:15	<b>scenario</b> 60:7	196:3,11
125:1,5	<b>rule</b> 43:5 45:12	28:23 40:9	<b>Schaps</b> 11:13	197:21
128:12	45:22 46:10	111:12 136:6	11:14,16 13:7	203:14 205:6
<b>role</b> 16:20	46:16 47:16	172:19 174:5	13:19,24	<b>seconded</b> 50:1
<b>roll</b> 3:6 5:1 6:5	138:23 155:4	<b>safely</b> 77:22	<b>Schaumburg</b>	56:18 68:10
49:23 56:16	199:7 200:19	173:24 174:2	117:23,24	98:13 105:11
68:8 105:9	200:21	176:16	<b>schedule</b> 26:1	114:12,14
114:13 122:6	<b>rules</b> 12:21	<b>safest</b> 15:17	29:15	122:5,8
125:17	14:15 25:1	<b>safety</b> 12:14	<b>scheduled</b>	125:19
145:16 151:4	39:12,21	22:17 23:5	206:10	145:15,17
165:17	40:19,22 41:5	112:17	<b>schedules</b> 34:7	151:3,5
169:20 181:8	41:18 43:15	173:16,21	<b>scheduling</b>	165:16,19
194:10	44:21 46:3	176:21	32:16	169:19,21
196:14	47:18 52:18	<b>SAH</b> 152:20	<b>School</b> 71:23	181:7,9
197:23	87:5 110:23	165:11	<b>science</b> 71:19	185:24 186:2
205:13	135:12	<b>sake</b> 179:23	71:20 84:13	194:9,11
<b>room</b> 8:24	138:20 155:5	<b>sale</b> 86:13	<b>sciences</b> 110:1	196:13,15

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 247

197:22 198:1 205:14 <b>seconds</b> 7:24 13:6 15:12 17:18 23:8 24:14 32:12 34:22 36:23 42:12 44:10 47:2 <b>section</b> 4:16,18 15:20 39:9 43:14,18 44:2 45:11 49:19 52:16,17 58:21 60:14 63:5 69:16 203:22 204:16 <b>sector</b> 162:14 <b>secure</b> 57:22 118:17 120:4 <b>see</b> 17:3 21:6 27:6 28:22 78:3 90:6 92:5 134:14 134:15,19 141:9 143:10 150:17 158:4 160:12 163:7 172:5 175:9 178:17 179:17 189:9 189:20 190:5 191:21 199:23 201:5 201:15 <b>seeing</b> 5:24 16:14,17 55:1 56:10 67:20 67:23 78:24 121:23 150:21 180:6 190:10 201:16 204:3 <b>seek</b> 46:5 112:2 112:12	116:20 <b>seeking</b> 136:18 <b>seen</b> 16:15 20:22 24:22 97:12 107:10 134:24 135:3 160:6 189:19 191:19 <b>select</b> 40:10 <b>Self-Referral</b> 69:21 <b>sell</b> 85:22,23 <b>Senator</b> 3:12 5:6 6:8 8:9,11 8:15 9:2 11:12 14:1 49:24 50:4 56:17,20 68:9 68:13 98:17 105:14 114:4 114:18 122:11 125:18,22 146:2 151:15 164:7 165:22 170:1 181:13 186:2,5 194:17 196:19 198:4 205:18 <b>send</b> 51:14 52:6 52:7 142:20 191:4 205:9 <b>sending</b> 61:23 <b>senior</b> 26:22 70:20 115:18 116:1 117:15 117:19 128:4 <b>seniors</b> 118:16 120:4 <b>sense</b> 23:20 24:22 34:23 36:22 200:3 <b>sensitive</b> 18:16 <b>sent</b> 72:3 196:7 <b>separated</b>	156:14 <b>separately</b> 109:5 <b>separation</b> 62:9 <b>September</b> 48:14 57:21 61:11 116:12 120:9 160:9 187:18 <b>serious</b> 16:11 17:12 38:4 133:5 <b>seriously</b> 176:12 <b>seriousness</b> 138:9 <b>servant</b> 84:11 <b>serve</b> 9:5 12:5 18:14 26:22 27:13 28:19 32:23 35:17 37:19 38:17 76:7 89:23 90:13 103:17 103:22 113:11 115:17 116:17 117:24 118:5 118:13 160:4 164:24 <b>served</b> 9:24 13:2 18:17 20:15 27:24 29:14 110:8 121:6 131:4 149:17 158:8 <b>serves</b> 33:5 76:19 117:20 129:2 130:6 <b>service</b> 20:14 24:6,8,12 36:18 41:1,24 44:24 46:11 49:1 89:3,6 89:14,16,18	90:7,11,21 109:3,4,5 110:6,12,24 111:24 117:10,22 131:23 132:1 132:12,18 136:22 137:2 137:10,12 138:12 145:5 145:23 154:14 155:4 155:15 156:18 157:10,24 158:8 <b>services</b> 1:1,13 2:22 3:4 12:5 13:8 16:23 18:15,19 22:17,24 23:5 24:3 26:2 32:10,14,24 36:2 37:4,8 38:2,5 40:16 40:24 41:3 43:15 44:23 45:2,3 46:12 99:24 102:20 103:2,10,12 108:11 110:19 119:23 120:15,16,22 124:13,23 128:19 129:7 129:24 130:6 130:18,22 131:2,3,5,15 132:6,8 133:16,19,23 136:8 142:15 142:22 144:13 146:4 146:5,13,20 148:23 149:1	150:17,18 151:17 152:1 153:9 156:22 158:17 162:11,22 194:19 195:1 195:9 <b>service-specific</b> 46:13 <b>servicing</b> 21:16 137:12 <b>serving</b> 72:9 108:4 110:15 112:18,20 113:6,10 115:22 128:17 130:13 131:16 159:14 168:10,24 183:9 <b>session</b> 1:9,12 49:14,16,17 50:20,22,23 51:1,4 <b>set</b> 7:12 46:13 58:9 79:23 92:18 119:17 173:14 <b>Seth</b> 19:7,8 <b>Seth's</b> 22:6 <b>sets</b> 135:9 <b>setting</b> 9:23 18:16 19:23 29:13 82:17 129:8,13 161:4 163:4 173:18 <b>settings</b> 30:14 46:18 88:10 129:9 133:5 150:14 <b>Settlement</b> 195:21 <b>seven</b> 3:22 5:16
---	---	--	--	--

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 248

6:20 50:16	181:23,24	148:16	<b>sign-in</b> 8:4,8	132:6 150:16
57:8 69:1	183:24	174:24 184:9	<b>Silver</b> 21:19	<b>sitting</b> 39:20
88:7 99:5	185:22 186:1	184:11	24:5 35:12,19	162:17
106:2 115:6	186:16,17	185:11,12	35:22 36:6,8	174:10,11
118:3 122:23	195:11,12	<b>short</b> 117:12	36:11 37:4,7	<b>situated</b> 78:10
126:11	197:5,6	<b>shortage</b>	37:21 137:3	<b>situation</b> 22:14
166:13 169:2	198:14,15	110:13	138:6,6	38:18 162:21
170:14	199:4,6,22	<b>shorten</b> 132:15	142:19,20,24	<b>situations</b>
188:13 197:7	200:4,8 201:3	132:17 172:6	144:3,8,10,23	109:7
198:16 206:6	201:12	<b>shorter</b> 183:22	147:10	<b>six</b> 24:7,10
<b>seven-year</b>	203:16	<b>shortfalls</b> 38:4	148:13,20,22	48:15 63:24
118:6	204:12	<b>Shortly</b> 72:1	149:17	64:2 76:10
<b>several-fold</b>	205:15 206:4	<b>show</b> 17:10	150:14,23	77:8 88:7
76:6	206:5	159:24	190:13	108:21
<b>severe</b> 74:11	<b>Sewell's</b> 203:14	174:20	<b>Silver's</b> 138:9	135:11 147:1
76:9 77:7	<b>sewer</b> 149:7	<b>showed</b> 102:9	138:13	152:10 182:4
88:21 157:20	<b>shaded</b> 190:9	<b>shows</b> 83:22	<b>similar</b> 141:5	185:11,12
<b>Sewell</b> 2:3 3:20	<b>shades</b> 81:1	155:9 189:1	159:2 164:10	186:20
3:21 4:22	<b>share</b> 20:18	<b>sic</b> 14:22 69:16	186:17	195:14
5:14,15 6:18	24:9 76:5	116:16 171:1	<b>simply</b> 19:17	<b>six-month</b>
6:19 50:14,15	79:7 80:11,18	<b>sick</b> 16:12	36:15,22 56:3	67:24 68:4
56:14,18 57:6	80:20 88:1	192:4	74:21 135:2	<b>size</b> 80:8,11
57:7 64:9,10	96:6 101:6	<b>side</b> 8:16 9:4,15	167:17 168:7	82:13 92:15
65:3,10,14,17	117:7,8,13	10:21 11:5	168:9 184:12	92:24,24
65:20 66:1,9	159:2	28:15 90:13	<b>single</b> 27:20	93:13,20
66:14 68:7,10	<b>shared</b> 80:3	91:21 108:4	42:8	97:15 156:15
68:23,24 87:2	<b>shareholders</b>	174:8	<b>sir</b> 3:7 138:7	168:4 172:15
87:3,14,16,22	157:22,23	<b>sides</b> 90:3	141:14	172:18
88:9 89:3,19	164:3,18	<b>Sidley</b> 70:15	146:15,21,24	176:10
95:22 96:2,6	<b>Shea</b> 116:4	<b>sight</b> 173:6,15	151:14 182:3	<b>sizes</b> 34:1
96:11 99:3,4	123:8 128:11	<b>sign</b> 8:6 25:9	186:19 195:3	<b>skilled</b> 116:10
104:4,5,11,13	<b>sheer</b> 26:1	51:13	197:24	119:16,22
105:24 106:1	<b>sheet</b> 8:4,8	<b>signal</b> 7:22	198:17	<b>skim</b> 202:9
106:18 115:4	126:23,24	<b>signed</b> 178:20	<b>sister</b> 39:2	<b>Skinner</b> 18:3,5
115:5 122:21	<b>SHEETS</b> 58:5	<b>significance</b>	<b>sit</b> 26:24 33:3	19:4 70:15,15
122:22 125:9	60:8 61:15	75:5	73:5 140:8	93:22
125:15,19	63:14,17,21	<b>significant</b>	<b>site</b> 7:13 24:1	<b>sliding</b> 113:17
126:9,10	64:1,5,8,16	22:12 24:2	37:4 48:2	<b>small</b> 34:20
146:22,23	65:9 66:23	40:6 78:22	62:7,12	45:11 93:12
151:2,6 152:7	67:2,11 68:1	88:24 96:15	131:10,12	94:8 121:2
152:8 162:8	69:10,14	99:11 133:24	137:16	174:7
165:2 166:11	<b>Sherman</b> 196:3	149:6 184:17	143:12 149:4	<b>smaller</b> 75:10
166:12	<b>shift</b> 129:10	190:3,11	149:4 171:12	104:19
169:18,22	184:12,19	<b>significantly</b>	206:11	141:11
170:12,13	185:1,9	38:11 60:24	<b>sites</b> 108:7	143:13 168:3
176:7,8,9	<b>shifts</b> 129:15	141:11	129:3 130:9	<b>smaller-scale</b>

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334



# DRAFT

OPEN SESSION 2/5/2013

Page 249

75:10	<b>sounds</b> 87:3,6	47:22	90:16 91:7	18:20 23:15
<b>smarter</b> 111:22	89:4	<b>speakers</b> 8:5	<b>spite</b> 49:1	29:8 34:12
<b>Smith</b> 70:12,13	<b>source</b> 94:10	<b>speaking</b> 8:6	134:13	40:5 47:5
71:11 83:16	<b>sources</b> 96:10	13:24 14:1	<b>spoke</b> 157:9	50:21 71:7
85:9,13,16,21	96:14	41:15 43:5	204:9	72:15 75:14
85:23 86:8,20	<b>south</b> 15:24	45:21	<b>sponsored</b> 96:3	81:22 83:9
86:24 87:21	21:16 24:5	<b>speaks</b> 25:18	<b>sponsoring</b>	91:18 100:23
87:23 89:8,23	28:14 37:20	25:23 26:4,8	20:18 21:4	102:16
91:13 94:18	54:15 106:7	103:20	117:20	107:13
94:24 95:20	114:7 130:3	<b>special</b> 74:23	<b>sponsors</b> 53:18	108:13,17
96:5,13,24	131:24	76:15 95:24	<b>sponsorship</b>	109:19 112:4
<b>soccer</b> 140:6,8	132:20	161:10 173:3	130:18	112:5 117:5
<b>social</b> 26:2	137:13,16	<b>specialize</b>	<b>spot</b> 173:24	131:1 156:6
109:24	143:13	108:12	177:11	163:10
<b>society</b> 11:9	<b>southeastern...</b>	<b>specialized</b>	<b>spread</b> 104:20	174:16,16
15:9	73:14	77:20 88:18	<b>Spring</b> 177:4	188:8 200:1
<b>socioeconomic</b>	<b>southern</b> 103:8	<b>specializing</b>	<b>Springfield</b> 1:3	203:20 204:2
110:5	131:17	72:6	<b>square</b> 80:9,10	204:8
<b>soil</b> 149:4	<b>Southland</b>	<b>specialties</b>	93:2,3,4,14	<b>staffed</b> 109:10
<b>sold</b> 85:21	22:17	41:23 43:20	96:19,19	130:23
<b>soldiers</b> 91:6	<b>southwest</b> 8:16	44:6 46:4	100:16 104:9	<b>staffing</b> 59:14
<b>solutions</b> 47:9	9:4,15 10:21	103:3 124:12	104:20	<b>stage</b> 10:5
<b>somebody</b>	11:5 28:14	<b>specialty</b> 44:1,1	187:14	25:22 26:13
60:11 143:3	29:18	45:14 46:7	<b>Sr</b> 26:21	27:17 34:9
144:22	<b>space</b> 8:21	<b>specific</b> 34:3	<b>St</b> 8:17,18 9:21	155:16 160:3
168:18	73:20 74:19	94:6 144:15	10:24 19:9,10	192:21 193:4
203:22	74:21,22 75:4	<b>specifically</b> 4:2	19:14,22 20:7	201:24
<b>somewhat</b>	78:7 81:21,22	59:12 110:22	23:16 24:4	<b>staggering</b>
109:5 125:2	81:22 103:16	138:20 150:4	25:21 26:10	163:7
201:18	131:6 153:17	163:9	26:17 27:2,8	<b>Stan</b> 25:15,16
<b>son</b> 9:2 140:6	167:24 168:6	<b>specifications</b>	27:13,19 28:1	<b>stance</b> 15:11
<b>soon</b> 155:22	172:22	96:22	28:3,20 29:6	<b>standard</b> 23:6
178:20	182:22	<b>specified</b> 196:8	29:7,9,19	24:21 80:10
180:10	184:16	<b>spectrum</b>	30:5,16,18	83:7 92:19,20
<b>sooner</b> 139:8	187:15	101:17	31:4,12 32:8	92:23 93:1,6
<b>sorry</b> 13:22	<b>spacial</b> 74:5	<b>spell</b> 115:12	33:6,15 35:8	93:7,14,24
21:12 113:9	<b>Spanish</b> 25:18	<b>spend</b> 13:9	35:18,21	96:23 104:16
179:19	25:23 26:4,8	203:2	36:24 149:13	131:11 135:8
201:13	31:11 112:6	<b>spending</b> 34:7	153:3,5	<b>standardized</b>
<b>sort</b> 60:8 63:12	<b>Spanish-spea...</b>	<b>spent</b> 58:10	155:15	34:1
89:10 91:7	29:8	61:17 157:4	156:11 160:8	<b>standards</b>
97:24 173:20	<b>speak</b> 14:6,8	163:15 188:8	162:20,24	19:19 37:24
<b>sorts</b> 77:20	39:22,23 49:6	<b>Spiller</b> 26:19	164:12,23	46:22 74:7
82:4 83:4	55:7 59:16	26:20,21	<b>stab</b> 162:16	79:23 94:4
<b>sought</b> 31:22	86:9	<b>spinal</b> 71:17	<b>stability</b> 39:5	104:14 127:8
72:24	<b>speaker</b> 7:20	76:8,22 78:23	<b>staff</b> 2:7,8,9,9	<b>stapled</b> 67:3

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 250

<b>star</b> 143:10	127:13	53:21	<b>stock</b> 164:20	15:18,19
<b>start</b> 3:1 25:12	131:11,22	<b>State-paid</b>	<b>stop</b> 139:20	111:20
118:10	139:2 142:6	142:2	<b>storage</b> 83:6	<b>stuff</b> 137:22
126:19	144:7 145:20	<b>stating</b> 15:19	<b>stories</b> 104:22	<b>subcommittee</b>
168:19	146:3,14	143:7	<b>Stotz</b> 166:23	53:24 199:24
178:21	147:12,16	<b>station</b> 135:2	170:20	<b>subject</b> 46:13
180:10	148:6,15	154:10	<b>straightforw...</b>	187:1
<b>started</b> 7:1	149:2,3	158:14 168:3	124:2	<b>submit</b> 40:18
16:13 35:3	150:10,12	174:17	<b>strains</b> 26:1	56:4 177:12
59:23 64:4	151:8 152:22	<b>stations</b> 10:20	<b>Straub</b> 115:19	204:10
77:13 97:15	153:14 154:7	49:1,2 54:13	115:20	<b>submitted</b> 7:16
111:11	154:10,11,15	154:12,14	117:17 120:8	48:16,17
156:19	155:1,3,14	155:2 168:8	<b>street</b> 1:2 2:22	55:18 120:20
157:17	159:8 166:19	174:19	8:19 27:3	131:18 175:4
<b>starting</b> 8:9	167:3,20	176:10,19,20	28:3 31:13	187:20 188:9
39:8 95:1,4	171:2,8 175:9	179:21 180:9	33:7 90:9	199:2
<b>starts</b> 29:1	175:20 176:1	180:10 183:8	152:21	<b>submitting</b>
<b>state</b> 1:12 4:1	177:9,24	184:3,15,17	165:11	152:16 172:5
8:15,24 9:1	182:10,18	<b>statistical</b>	<b>stress</b> 30:11	<b>subsequent</b>
12:21,22	187:5,11,18	135:23	<b>strict</b> 34:7	70:7 95:15
13:16 14:8	187:19 189:8	<b>statistically</b>	<b>strike</b> 10:17	160:18
15:9,15 17:1	190:2 192:21	155:18	<b>strives</b> 19:22	<b>subsequently</b>
17:10 22:20	195:1 204:21	<b>statistics</b> 42:17	<b>stroke</b> 76:9,16	16:14 116:18
23:6 37:23	<b>stated</b> 19:18	150:9 159:24	88:15 90:11	<b>substantial</b>
38:9,11,18	83:21 102:12	<b>status</b> 69:23	97:7	17:9 95:12
39:20 41:14	140:5 146:23	110:5 118:8	<b>strong</b> 11:1	<b>substantially</b>
43:22 52:16	152:3,6,9	<b>statute</b> 53:19	92:4,7	43:16 136:19
55:3 57:16	<b>Statement</b>	107:14	<b>strongly</b> 26:11	137:23
64:11 65:10	51:24 52:3,11	<b>statutorily</b>	<b>struck</b> 204:20	<b>suburban</b>
67:3 70:10,24	<b>states</b> 12:2,24	204:22	<b>structural</b>	18:10,20
71:6,20 72:12	14:13,18	<b>stay</b> 14:21 45:1	133:7	21:16 24:5
78:12 79:3,8	16:15,22	82:19 83:3	<b>structurally</b>	37:20 108:5
79:22 80:9	76:17,18	84:6 135:11	104:21	108:21,22
83:18 84:10	77:10 79:11	163:20	<b>structure</b> 78:8	109:9,14
88:23 90:15	89:5 90:24	<b>stayed</b> 71:23	<b>structures</b>	112:1
91:8 93:9,19	110:20	<b>staying</b> 163:22	60:24 128:24	<b>suburbs</b> 103:8
99:13 100:7	111:18	<b>stays</b> 25:10	<b>struggle</b> 25:24	108:4
102:9 104:6	179:10	<b>Steger</b> 131:16	130:11	<b>success</b> 31:17
106:9 107:3	<b>state's</b> 20:24	<b>step</b> 8:3 18:3	<b>struggles</b> 27:7	91:21
107:12	23:3 37:22	26:16 27:21	30:9 32:3	<b>successful</b> 11:4
110:21	38:7 39:4	<b>Stephen</b> 115:17	<b>struggling</b>	12:24 129:13
115:12 116:7	154:17,19	<b>Steve</b> 26:21	27:12	163:24 164:1
116:15	155:6,10	<b>Steven</b> 26:19	<b>student</b> 86:23	<b>suffer</b> 10:21
117:18 118:9	<b>state-of-the-art</b>	43:1 128:7	<b>studies</b> 77:3	29:2
120:9,14	103:4 119:18	134:9	133:15,17,20	<b>suffered</b> 193:4
123:17	<b>State-operated</b>	<b>Stickney</b> 9:10	<b>study</b> 12:16	<b>suffering</b> 26:12

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 251

<b>suffice</b> 8:23	<b>supporters</b>	<b>Sweet</b> 99:20,20	113:24	<b>technology</b>
<b>suggest</b> 41:23	8:22 162:9	<b>swift</b> 75:17	115:13	16:14 77:20
204:15,20	<b>supportive</b>	<b>sworn</b> 55:9	126:15	78:7 101:14
<b>suggesting</b>	12:8 103:2	57:14 70:10	135:13	129:11
137:5	157:9	99:18 147:11	136:23	<b>teeth</b> 82:9
<b>suggestions</b>	<b>supposed</b> 67:5	152:22	137:10	<b>tell</b> 31:23 32:22
42:2	164:17	153:11	141:18 142:7	65:23 66:3
<b>Suh</b> 31:6	<b>sure</b> 52:3 86:24	166:20 171:3	143:12	71:13 74:17
<b>suit</b> 30:16	91:14 95:11	182:11 187:6	162:16	79:15 81:17
<b>Suite</b> 2:22	96:11 140:9	<b>system</b> 9:21	167:24	88:9 89:12
<b>suited</b> 30:17	146:8 164:16	35:22 38:7,9	172:22 173:2	95:21 117:16
<b>sum</b> 96:3	185:7 194:1	38:16 47:6	173:11	139:5 156:6
<b>summarize</b>	200:13	80:14,19	181:24	157:2,7
60:8	205:12	101:2 111:14	190:24	172:23
<b>summarizes</b>	<b>surgeon</b> 46:15	128:17,23	202:11,12,17	178:18
175:13	<b>surgeons</b> 46:24	129:3 140:17	203:21	183:13
<b>summary</b> 65:2	<b>surgeries</b> 40:8	142:13	204:24	<b>telling</b> 30:8
<b>Summit</b> 9:10	<b>surgery</b> 39:19	144:16	<b>taken</b> 161:21	142:3
<b>Sun</b> 48:12	39:21 40:1,2	199:13 200:7	202:1 203:23	<b>temporary</b>
190:24 191:4	40:15,23	200:8,9	207:5	83:1
<b>supervised</b>	41:12,14,15	201:15	<b>takes</b> 27:5	<b>ten</b> 21:1 90:9
174:2	42:3,15,16,18	<b>systems</b> 11:19	<b>talk</b> 61:23	99:10,19
<b>supply</b> 132:10	43:12 44:18	16:21 77:22	87:16 92:16	107:19
147:6	45:20 124:3	142:14	161:11 163:2	115:14 143:9
<b>support</b> 8:18	124:10	200:10	189:4 192:2	161:14
11:2,22 17:21	125:13	202:16	<b>talked</b> 138:24	189:13
17:22 18:18	135:16 196:4		144:21	<b>tend</b> 88:20
26:11 27:2	199:12	<b>T</b>	<b>talking</b> 63:2	<b>term</b> 9:13
28:1,19 29:12	<b>surgical</b> 4:17	<b>table</b> 8:5,7	64:11 140:3	144:13
29:18 30:4,18	40:12,13 41:3	13:21 21:13	179:8 200:5	<b>terms</b> 37:6
31:12 33:3,15	41:23 43:7	25:6,10 31:1	<b>Tamara</b> 53:2	44:14,18 89:6
35:7 72:18	44:1,6 45:3	39:10 57:14	<b>target</b> 19:20	90:10 93:23
84:17 92:9	46:7 123:5	65:3,7,10,17	20:24 64:14	144:17
97:6 119:6,8	125:12	70:9 99:17	66:19,22	151:16
121:7 127:23	134:23	106:8 112:17	83:10 91:20	162:13
131:1,5 138:1	<b>surplus</b> 83:22	115:11	154:18 175:7	176:10
138:2 147:23	<b>surprised</b>	147:11	175:10 182:2	<b>Terri</b> 33:11,12
153:21	113:10	152:21	185:10	33:14
154:13	<b>surprising</b> 93:8	166:19 187:3	<b>targeted</b> 20:2	<b>tertiary</b> 87:11
155:13	<b>surrounded</b>	<b>tailor</b> 129:20	131:23	<b>test</b> 75:10
157:11 161:4	137:2	<b>take</b> 8:4 37:13	137:10	<b>testified</b> 140:3
167:10	<b>surrounding</b>	48:2 49:15,16	<b>Task</b> 12:1 14:9	<b>testifying</b>
171:16 183:1	138:2 184:7	50:19 51:18	<b>team</b> 172:16	199:11
187:21 189:1	<b>survey</b> 149:4	59:20 79:17	<b>teams</b> 84:17,17	<b>testimony</b> 10:8
<b>supported</b> 45:9	<b>swearing</b>	81:23 90:2	<b>technologies</b>	11:21 18:6
130:21 175:8	127:11	91:2 106:9,9	77:7	21:19,21

25:20 131:18	107:21	<b>therapist</b> 77:22	<b>third</b> 17:7	<b>tie</b> 62:5
140:2 148:4	109:17,19	<b>therapy</b> 74:16	24:11 91:23	<b>tied</b> 148:8
149:12 199:6	111:1 112:14	158:16	149:2 167:23	<b>tight</b> 89:14
199:15,24	113:23 114:1	<b>thereto</b> 207:10	184:12,18,19	<b>tightness</b> 89:17
201:19	116:8 117:1,2	<b>they'd</b> 86:3	185:1	<b>time</b> 3:1 8:21
<b>test-bed</b> 75:6	120:7 121:20	<b>thing</b> 11:2	<b>Thirdly</b> 174:6	29:16,21 30:8
<b>thank</b> 3:23 4:4	123:2,18,22	26:11 29:20	<b>thirty</b> 7:24 13:6	31:8 32:9,17
4:20 5:18 7:2	127:14 128:1	30:19 33:7	15:12 17:18	45:4 46:6
8:7,12 11:11	128:2,13,15	62:18 81:4	23:8 24:14	47:6 49:9
11:12,14	136:4,13	113:15	32:12 34:22	51:12 55:19
13:19 14:6	145:1 146:7	136:19	36:23 42:12	56:5 59:9
16:3,5 17:24	146:15,18,21	137:23 163:2	44:10 47:2	61:1,5 62:11
18:1,5 19:3,4	146:24	170:17 172:2	<b>thirty-day</b>	63:23 65:4,19
21:9,10 23:11	147:17,24	180:7 202:13	135:14,21	67:15 71:12
23:12 25:2,11	148:1,3	202:19	<b>thought</b> 86:12	82:15,16
26:13,14 28:7	149:20,22	206:12	91:16 163:13	99:10 103:24
28:8,10 29:21	151:14,19	<b>things</b> 34:20	176:9 183:16	104:23
29:22 30:21	152:4,10	64:11 65:20	<b>thousand</b> 21:2	107:10 109:1
30:22 31:7,8	153:15,22,23	78:5 82:5	63:8 117:24	112:13
33:9,10 35:9	154:4 156:9	88:15 119:10	<b>thousands</b>	116:15
35:10 37:12	158:2 161:24	141:4 166:22	28:18 31:20	117:17
37:16 39:6,7	166:21 167:4	189:5 190:3	<b>threatening</b>	121:18
39:17 41:7,8	167:12,13,15	201:19	38:8	124:19,20
41:11 42:23	168:11 169:9	<b>think</b> 60:21	<b>three</b> 23:6 53:1	132:13,15,17
42:24 43:2	170:21 171:9	62:2 64:5,19	53:18 77:15	149:15
45:16,17	171:18,19	67:23 93:7	78:21 95:4	155:10
47:19,20,22	172:11 176:6	94:2 97:4,12	96:14 108:24	156:22
48:13 49:3,6	177:22 182:3	113:15	111:20	168:20,21
49:7,10 50:17	182:19 183:4	120:16	132:20	169:3,6 174:5
50:23 51:7	185:14	123:11	136:20	175:3,14
52:15 54:4,9	186:19	124:16,18	155:21	180:3,15
54:20 55:12	187:12,23	164:21 166:3	159:19,19	183:6,22
55:22 56:1,6	188:7,8 192:1	174:14	184:11	186:18 188:7
57:11,17 58:2	192:12,13	175:13	185:11	188:8 189:12
59:6 68:1	194:16 195:3	179:24	192:22	190:6 191:17
69:10,12,14	195:6,10,24	180:14,16	193:10	199:15 203:3
70:3 71:1,8,9	197:10,19	183:11 199:8	197:11	206:17
71:12 72:12	206:9	199:14,22	200:15,16	<b>timeline</b> 162:3
84:18 85:3,5	<b>Thanks</b> 112:13	201:4,18,19	202:5 203:4	<b>timely</b> 40:20
87:1 92:22	<b>theirs</b> 30:15	202:13,15,21	<b>three-fold</b>	<b>times</b> 32:16
94:7 96:1	138:16	202:23	13:11	77:15 82:16
100:8,17,18	<b>theme</b> 162:10	203:19,23	<b>three-week</b>	132:18
100:23	<b>themselves</b> 81:13	205:5,6	84:6	134:14 143:6
102:15	81:13	<b>thinking</b> 86:4	<b>threshold</b>	155:6 159:8
103:23 104:1	<b>therapeutic</b>	178:15	119:12	169:3 172:4
107:1,4,15,16	81:20	<b>thinned</b> 59:24	<b>thrilled</b> 72:17	173:11

# DRAFT

OPEN SESSION 2/5/2013

Page 253

184:23	<b>tough</b> 192:5	149:15	<b>trucks</b> 62:11	167:7 168:24
188:16	<b>towns</b> 189:8	191:15	<b>true</b> 30:14	172:20,23
191:15,15	<b>Township</b>	<b>traveling</b> 103:8	84:12 199:14	173:14
193:14	132:16	<b>treat</b> 125:2	<b>truly</b> 76:2	176:19 184:8
200:15,16	<b>track</b> 134:16	133:4 135:18	77:10 134:20	184:9,11
202:5 203:4	134:21	<b>treated</b> 14:23	184:22	185:12
<b>tinted</b> 174:8	<b>tracks</b> 110:11	22:1,7 24:5	<b>trust</b> 13:5	190:12 203:9
<b>tirelessly</b> 27:9	<b>trade</b> 44:19	30:12 36:17	<b>truth</b> 139:24	<b>two-lane</b>
<b>title</b> 39:24 85:7	<b>traded</b> 163:17	36:17 78:11	<b>try</b> 58:8 140:15	191:17
85:11	<b>traditional</b>	101:23	162:12	<b>two-sided</b> 52:7
<b>today</b> 4:3 7:12	129:12	134:18	163:12 164:3	<b>two-year</b> 60:21
8:9,10,23	<b>traffic</b> 191:16	<b>treating</b> 158:9	188:5 189:4	60:22
11:21 12:23	<b>trained</b> 17:11	<b>treatment</b>	<b>trying</b> 34:5	<b>type</b> 31:24 35:4
13:13 16:16	71:21 112:4	14:20 16:11	47:14 62:15	45:1 46:16
21:17 22:3	<b>training</b> 17:15	17:1 32:20	142:9	90:17 107:11
27:2 28:18	31:18 51:8,11	33:24 34:2,7	<b>Tuesday</b> 3:5	124:13
30:4 32:22	51:12 76:11	40:2 43:7	<b>turn</b> 4:9 51:5	<b>types</b> 71:17
33:15 41:15	76:13,14	101:20 103:1	54:6 107:17	124:12 141:4
72:11 74:8	77:12	105:6 125:13	109:15	<b>typewriting</b>
79:20 81:21	<b>transfer</b> 142:19	130:1 135:8	191:24	207:6
83:12 84:2	190:20	161:3 173:7,8	195:22	
88:17 99:12	<b>transferred</b>	173:12,20,21	<b>turnaround</b>	<b>U</b>
102:2 108:1	108:20	174:1,2,3,4	156:19 172:8	<b>U</b> 79:12 191:7
116:19	<b>transfers</b> 18:22	190:15	<b>turned</b> 84:4	<b>ultimate</b> 95:14
117:12 118:9	<b>transform</b>	199:13	102:13	<b>ultimately</b>
118:23 119:2	128:20	<b>treatments</b>	<b>turning</b> 84:2	32:18 97:5
119:21	<b>transitions</b>	160:18 163:3	<b>twice</b> 63:24	<b>ultrasound</b>
140:17	133:7	163:3,7,8	159:12	131:3
171:22 172:1	<b>translate</b>	<b>treats</b> 101:8	<b>two</b> 4:14 7:20	<b>unable</b> 57:21
200:15	111:22	<b>tremendous</b>	20:2,12 44:22	<b>unanimously</b>
<b>today's</b> 7:17	<b>translating</b>	80:22	48:15 52:7	72:23
102:18 204:8	25:16	<b>trend</b> 22:12	62:6,12 63:7	<b>unchanged</b>
<b>toilet</b> 81:13	<b>TRANSLAT...</b>	129:15	63:19 65:15	73:7
<b>Toiletting</b> 82:9	25:19,24 26:5	154:22	67:11 72:19	<b>uncomfortable</b>
<b>told</b> 81:5	26:9	<b>trends</b> 148:21	73:5,13 77:10	125:3
<b>tomorrow</b> 98:1	<b>transparency</b>	<b>triage</b> 135:2	78:21 86:5	<b>undergraduate</b>
<b>tools</b> 21:7	179:23	<b>TRICARE</b>	89:23 91:1,5	71:18
<b>top</b> 32:4 48:3	<b>transplant</b>	90:23	101:24	<b>underinsured</b>
79:5	159:21	<b>tried</b> 75:6	102:10	23:1 130:10
<b>total</b> 36:12 96:3	<b>transport</b>	<b>tripled</b> 189:9	104:18	<b>underlying</b>
104:10	78:15 112:9	189:17	118:21 131:7	32:10
119:11 121:3	<b>transportation</b>	<b>Tri-Cities</b>	135:9 137:7	<b>undermines</b>
121:11 189:9	184:23	39:19,23 40:1	137:22 139:2	46:24
<b>totally</b> 138:13	<b>trauma</b> 19:24	40:19	148:8 154:7	<b>underprivile...</b>
140:5	40:12 88:12	<b>trouble</b> 57:22	154:21 160:2	130:10
<b>touches</b> 162:24	<b>travel</b> 32:17	58:11	160:2 166:3	<b>underserved</b>

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

23:6 108:9 110:24 112:19 113:8 <b>understand</b> 7:22 10:10 21:20 43:6,9 77:6 124:14 126:20,23 139:24 140:7 144:20 159:4 162:13 164:5 188:10 202:12 203:3 <b>understanding</b> 9:20 46:23 116:17 159:3 <b>understandi...</b> 79:17 <b>underwriter</b> 60:1 <b>underwritten</b> 60:3 <b>under-develo...</b> 149:6 <b>undocumented</b> 9:2 <b>undue</b> 47:9 <b>unending</b> 109:21 <b>unequal</b> 44:14 <b>unfair</b> 44:12 46:7,11 47:10 <b>unfavorable</b> 44:14 <b>Unfinished</b> 206:8 <b>unfortunate</b> 124:10 <b>unfortunately</b> 58:22 95:10 140:21 141:22 <b>unhealthy</b> 10:4 <b>Uicare</b> 78:15 <b>uninsured</b> 22:24 130:10	141:11 <b>unintelligible</b> 8:14 14:20 71:14 84:11 97:10 111:4 160:9,13 161:4,12 192:6 193:11 <b>unique</b> 74:10 76:12 77:9 78:7,7 79:14 79:17 80:3 89:9 90:21 95:20,23 111:12 112:11 159:13 161:4 188:12 <b>uniquely</b> 79:9 88:18 <b>uniqueness</b> 92:16 <b>unit</b> 33:19,20 33:21 34:11 34:15 55:16 74:10 88:3 89:14 90:9,20 92:24 93:2,12 153:7 172:13 172:17 173:11,24 174:6,10 <b>United</b> 16:15 76:16,18 77:10 79:11 90:23 <b>units</b> 34:16,18 78:21 79:3 80:10 82:22 89:16 93:1,9 93:10 111:7 119:6 175:1 177:4 <b>University</b> 4:1 4:10 71:19,20 72:4 85:13	86:1,9,17,20 <b>University's</b> 71:23 <b>unloading</b> 174:9 <b>unnecessary</b> 23:20 48:19 145:23 146:13 151:11,17 194:24 <b>unneeded</b> 37:10 48:18 48:24 <b>unquote</b> 36:7 36:14 90:5 <b>unusual</b> 14:17 20:11 <b>unwed</b> 14:24 <b>update</b> 4:19 53:14,15 54:3 <b>upper</b> 37:10 <b>ups</b> 30:8 <b>urban</b> 12:6 <b>urge</b> 21:6 49:5 <b>urgent</b> 20:5 22:2,8 38:16 130:2 142:19 <b>Urso</b> 2:7 51:5,7 52:2,13,15 69:4,7,11 106:15 127:1 138:18,24 144:12 147:4 152:14 177:24 180:5 180:12 195:17,23,24 197:10 198:20 <b>use</b> 24:21 25:1 61:24 74:22 77:7,19,23 81:14,15,21 81:22,22 82:3 82:4,14,16	86:7,11,14 93:10 140:6 140:22 154:11,16 176:19 177:16 188:3 194:2 199:21 200:11 201:8 <b>usually</b> 7:6 12:13 156:15 <b>Utah</b> 158:24 <b>utilization</b> 19:19 20:24 36:5,7 66:11 67:13,16 83:10 154:8 154:20 167:19 174:20,21,23 175:2,3,7,11 176:13,17 177:14 185:8 188:19 <b>utilize</b> 17:13 <b>utilized</b> 184:2 191:7 <b>utmost</b> 84:19 <b>U.S</b> 79:7 <hr/> <b>V</b> <hr/> <b>valid</b> 116:21 <b>Valley</b> 190:15 <b>value</b> 117:10 <b>Van</b> 99:23 <b>VANDEWE...</b> 99:23 <b>Vanguard</b> 18:8 18:9,12,20 <b>variance</b> 116:22 120:11 <b>varied</b> 15:10 <b>variety</b> 23:20 <b>various</b> 71:17 83:5 92:3 96:9 133:5	154:9 <b>vary</b> 129:24 132:6 <b>vast</b> 16:12 17:14 20:1 93:8 108:14 <b>vehicle</b> 12:6 62:8 <b>ventilators</b> 88:22 90:19 <b>venture</b> 40:3,9 <b>verify</b> 199:10 199:19 200:12 201:1 201:4 <b>Vernon</b> 54:17 <b>versus</b> 40:24 42:8 <b>Vice-Chair</b> 152:23 153:10 <b>Vice-Chairm...</b> 2:2 3:3,9,23 4:21 5:1,3,18 5:24 6:5,13 6:22 49:10,23 50:9,17 51:3 51:24 52:13 53:9,13 54:4 54:10,21 55:1 55:9,11,23 56:7,10,15 57:10,16 58:3 63:10 64:9 66:15 67:1,8 67:14,20,23 68:3,8 69:3,8 69:12,15 70:5 70:24 71:9 83:11 85:5 87:2 91:9 92:12 94:9 96:17 98:4,7 98:22 99:6,8 100:7,18 104:1,24
---	--	--	---	--

106:4,6,14	186:11,22,24	133:14,14	<b>vulnerable</b>	202:14
107:1,3,16	187:5,11,24	134:15	84:14 130:8	<b>wanted</b> 34:24
112:14 114:4	193:22 194:3	139:22	<b>vying</b> 139:3	53:16 60:12
114:6,12,23	194:9,23	142:13,23		60:20 61:20
115:7,9 116:7	195:16,20	150:5,12	<b>W</b>	62:5,11 91:16
117:2 121:20	196:12,24	<b>Vista</b> 99:14	<b>wait</b> 32:16	96:11 104:5
121:23 122:5	197:9,20,22	<b>Visual</b> 7:14	65:14 134:14	106:18 127:6
122:16 123:1	198:9,18,22	<b>visualize</b>	169:1,5 174:1	157:3 162:12
123:4,14,17	199:5 202:21	173:12,19	174:2,4 179:6	172:2 180:19
123:23 124:5	203:6,13,18	<b>visualizing</b>	<b>waiting</b> 56:3	<b>Ware</b> 177:7
124:11,17	204:6,14	173:6	141:24	<b>warm</b> 34:20
125:4,6,10,16	205:5,13,23	<b>voice</b> 41:2	<b>waits</b> 134:19	<b>warning</b> 7:24
126:4,12,14	206:7,15	<b>void</b> 37:4	<b>walk</b> 77:22	<b>Warren</b> 19:7,8
126:17 127:3	<b>Vice-President</b>	<b>volume</b> 36:13	<b>walkers</b> 82:10	19:9
127:10,13	18:7 58:19	101:8 137:3	92:17	<b>washing</b> 82:10
128:2,13	70:16,21	148:10,17	<b>walks</b> 80:16	<b>wasn't</b> 205:2
131:21	99:24 128:5,9	<b>volumes</b> 22:18	81:24	<b>waste</b> 30:8
136:13,16	171:23	134:1	<b>wall</b> 173:8,9	<b>water</b> 149:7
139:15	<b>view</b> 9:9 46:22	<b>vote</b> 12:23 13:1	<b>walls</b> 141:5	<b>Watseka</b> 130:3
143:18 144:1	118:22	13:14,17 21:7	<b>Walter</b> 91:3	<b>wax</b> 139:23
144:11,20	173:15	48:15 92:14	<b>want</b> 7:11 8:24	<b>way</b> 17:23
145:1,6,9,15	<b>Village</b> 8:20	98:2 138:5,8	30:11 47:22	23:10 58:8
146:11 147:3	9:8 28:14,22	146:1,5,9,11	51:21 52:8,10	60:24 75:17
147:9,16	29:10 31:21	146:17,20,23	58:7,16 60:13	78:18 79:19
148:1 149:22	138:1 149:10	147:1 151:12	67:6 69:11	88:7 90:18
150:1,19,21	164:10	151:18,23	71:10 81:10	94:6 123:11
151:3,23	<b>Villita</b> 9:8	152:3,6,8,11	81:11 85:19	156:16,22
152:12,19	<b>Vilt</b> 128:9,9	166:4 170:5,7	88:22 89:2	157:16
153:14,23	<b>virtual</b> 78:4,4	182:4 186:8	97:24 100:23	162:22
154:3 160:20	97:7	186:17,20	106:24	164:14,19
161:13,18,24	<b>virtually</b> 82:24	194:15,18,21	109:17,19	168:8 172:19
165:5,7,10,16	124:14	194:23 195:5	121:10	199:11
166:6,15,17	<b>virtue</b> 53:3	195:8,12,15	136:17	<b>ways</b> 75:14
167:3,13	177:13	<b>votes</b> 5:16 6:20	141:23	77:24 157:18
168:13,16	<b>visibility</b>	50:16 57:8	142:12	<b>weakens</b> 22:22
169:10,13,19	176:20	69:1 99:5	144:21 148:2	<b>weather</b> 191:16
170:7,17,21	<b>vision</b> 73:20,21	106:2 115:6	155:21	<b>web</b> 7:12 48:2
170:24 171:8	74:14 75:6	122:23	164:19	206:11
171:19	84:21 97:4,7	126:11 147:1	172:10	<b>week</b> 139:6
175:15 176:8	110:3 173:10	152:10	176:18	159:20
177:18 179:1	<b>visit</b> 22:10,11	166:13	177:19 178:5	174:11
180:14 181:1	81:6	170:14 182:4	180:12	185:12,13
181:7,18	<b>Visiting</b> 101:10	186:20	183:13,18	<b>weekly</b> 34:8
182:6,8,18	<b>visits</b> 22:4,15	195:14 197:7	188:6 192:3	<b>weeks</b> 80:24
183:5 185:6	24:18 37:6	198:16 206:6	192:23	119:10
185:15,18,24	113:21	<b>voting</b> 140:7	200:13 202:4	<b>Wege</b> 99:23

# DRAFT

OPEN SESSION 2/5/2013

Page 256

<b>welcome</b> 4:21 8:10 48:6 55:23 110:23 136:11	185:4 194:1 201:8 203:2 204:1	94:21 97:12 97:13,16 113:5 134:12 134:24	111:22 113:11 124:14	<b>Wright</b> 166:23 168:22 182:13 187:9 188:23 189:3 193:15,18
<b>welcomed</b> 119:19	<b>we're</b> 7:3 13:21 14:1 19:5 25:12 26:16 27:1 30:1	144:21 157:10,12,17 161:14 175:21 191:1 191:19 199:17 202:23 204:23	<b>Women's</b> 125:3 <b>wondered</b> 124:21 <b>wonderful</b> 79:14 <b>word</b> 140:2 <b>wording</b> 14:17 15:3 <b>words</b> 38:23 134:10 <b>work</b> 24:20 34:2 35:2 38:19 43:12 48:1 72:13 76:15 80:21 84:18 91:7 98:1 103:3 157:16 164:13 173:2 176:22	<b>write</b> 94:11 180:3 <b>writing</b> 14:15 <b>written</b> 7:17 25:5 48:1 204:10 <b>wrong</b> 65:15 188:20 200:9 201:16 <b>wrote</b> 65:19
<b>welcoming</b> 48:4	31:3 35:11 39:8,11 45:24 48:7 50:20 51:4 53:17 60:18 61:3 63:4,22 67:15 70:6 72:17 74:21 76:3,16 76:22 77:11 78:3,10,20 79:20 81:21 81:23 85:3,24 88:17,22 89:24 90:1,2 90:24,24 92:20 101:16 109:12 112:3 113:16 117:5 120:12 123:10,11,12 137:2 138:3 141:3 142:22 144:9 158:1 163:21,24 164:1,14,15 164:17 175:6 175:11 176:20 179:20 183:20,22 190:10 195:20 196:5 201:15 203:6 203:23	<b>wheelchair</b> 83:1,2 <b>wheelchairs</b> 82:10 92:17 <b>white</b> 110:8 <b>wholehearted...</b> 35:7 <b>widely</b> 128:19 <b>willing</b> 64:2 88:6 180:4 <b>Willows</b> 119:4 <b>Wilmington</b> 130:4 132:5 <b>Wilson</b> 171:7,7 171:24 172:21 173:1 176:18 177:3 177:15 <b>Wilton</b> 132:13 <b>win</b> 63:19 <b>window</b> 81:1 90:6 <b>windows</b> 80:23 174:7 <b>win-win</b> 168:6 <b>wish</b> 10:18 192:10 <b>women</b> 13:2 15:6,7,20 16:10,12 17:3 17:5,12 101:21,24 110:4,15,16 110:17,18,24	<b>worked</b> 27:8 80:21 108:17 111:5 <b>Worker</b> 69:21 <b>working</b> 11:19 16:6 33:18,20 53:17 58:7 60:9 63:12 92:3 139:19 150:15,16 172:16 <b>works</b> 38:21 59:1 172:21 <b>workups</b> 135:4 <b>world</b> 74:17 78:1 79:7,12 84:22 85:1 <b>worth</b> 93:5 <b>wouldn't</b> 8:23 134:21 201:20 <b>wound</b> 156:23 <b>wrap</b> 160:20	<b>X</b> <b>Xia</b> 123:9 <b>x-ray</b> 102:8 <b>Y</b> <b>Yeah</b> 65:17 87:15,22 104:16 124:7 175:16 204:12 <b>year</b> 10:9 20:20 24:3 38:4 48:14 51:9 52:6,8 61:1 61:16,16 62:19,19 63:18,23 75:8 75:9,19,22 78:22 79:9 84:1,4 86:6 91:23 112:20 112:24 118:7 118:22 154:24 163:6 168:18 169:1 175:11 183:17 188:19 192:7 193:17 <b>yearly</b> 193:15
<b>wellness</b> 10:15 11:22 13:2,17 16:23 18:11 27:5,10 32:6 106:20 107:24 111:14,15 158:17 161:3				
<b>well-positioned</b> 132:21				
<b>well-served</b> 39:3				
<b>well-trained</b> 17:20				
<b>well-utilized</b> 167:20				
<b>went</b> 62:15,21 64:17,22 95:17 193:5				
<b>weren't</b> 96:12 203:24				
<b>west</b> 1:2 9:8,8 18:10,20 108:4,5,21,22 109:9,13 112:1 118:18 130:2,4 131:23				
<b>western</b> 8:16 108:4 123:5 125:11				
<b>we'll</b> 49:15,16 49:17 50:22 54:7 55:2 70:1,2 83:15 95:12 117:12 126:15 138:22 178:8	<b>we've</b> 58:13,14 58:22 60:22 64:11 73:7 75:21 77:5 80:21 94:20			

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334



# DRAFT

OPEN SESSION 2/5/2013

Page 257

193:18	126:1	09-048 197:18	198:24	145:10
<b>years</b> 9:12	<b>zip</b> 24:7		<b>11th</b> 8:16 9:11	<b>12-090</b> 14:1
10:10,12		<b>1</b>	<b>11-station</b>	25:13 26:17
11:20 14:8,15	\$	1 4:18 8:3 65:7	169:16	31:4 152:20
15:8 20:15,18	<b>\$10.3</b> 127:17	65:17 88:11	<b>110.1540</b> 43:18	165:11
24:15 25:21	<b>\$106</b> 94:13	113:20	<b>1100</b> 39:13	<b>12-091</b> 182:9
26:24 27:8,24	<b>\$15</b> 113:21	<b>1st</b> 61:11	41:18 204:7	185:19
28:1 31:16	<b>\$150</b> 94:23	116:12	<b>1106</b> 197:14	<b>12-092</b> 70:8
44:9 48:12,12	<b>\$2.6</b> 100:14	171:17 172:7	<b>1110</b> 39:14,24	98:8
58:6 59:10	102:12	177:21 178:2	41:19 102:14	<b>12-096</b> 35:12
63:19 72:2,5	<b>\$2.7</b> 38:6	179:8,11	204:8	147:10
72:16 78:6	<b>\$25.3</b> 58:1	180:15,21	<b>1110.1540</b> 44:5	150:23
79:6,12 85:18	<b>\$3.1</b> 153:18	<b>1,300</b> 109:3	<b>1110.230</b>	<b>1200</b> 113:6
88:3,5 95:4	<b>\$300</b> 94:13,16	<b>1-01</b> 187:2	204:16	<b>1209</b> 197:18
103:13	<b>\$4</b> 187:16	<b>1:30</b> 70:2	<b>1130.140</b> 43:14	<b>13</b> 65:12
106:23	<b>\$4.2</b> 171:14	<b>10</b> 5:21 6:1	44:2	132:14
110:20 111:5	<b>\$42</b> 130:16	9:12 26:16	<b>114</b> 174:21	133:14
118:3 128:22	<b>\$434,000</b> 107:7	103:13	<b>115</b> 2:22	159:10
132:6 136:20	<b>\$48</b> 100:11	134:20	<b>12</b> 34:8 65:9	<b>13,000</b> 136:20
149:18	<b>\$5.4</b> 182:24	148:21	83:12 145:21	189:10
154:21 156:1	<b>\$500,000</b>	189:21	151:9 174:11	<b>139</b> 24:17
156:13	123:21	190:10	206:8	<b>14</b> 30:24 59:8
157:12	<b>\$522</b> 71:5	193:21	<b>12,000</b> 189:22	177:22
167:19,21	<b>\$6,957,000</b>	195:20	<b>12,900</b> 182:22	178:11
168:3,11	121:12	198:23	<b>12-month</b>	191:13
172:14,14	<b>\$600</b> 22:11	<b>10th</b> 187:19,21	36:15	<b>147</b> 118:22
173:5 183:9	<b>\$61</b> 94:12	<b>10,000</b> 12:16	<b>12-station</b>	<b>15</b> 30:24 34:8
188:13	<b>\$7</b> 55:16	189:17	187:13 194:5	54:15 83:13
189:14,21	116:11	<b>10-mile</b> 190:11	<b>12-028</b> 4:17	132:15
193:21	121:11	190:14	196:4	172:14 175:9
204:19	<b>\$730,000</b>	<b>10-minute</b>	<b>12-047</b> 48:8	<b>15th</b> 52:5,8
<b>year's</b> 51:12	121:15	49:16 50:19	187:2 194:4	<b>15,000</b> 15:19
<b>yellows</b> 191:6	<b>\$75</b> 96:5	126:15	<b>12-069</b> 166:18	<b>15-chair</b>
<b>Yenchek</b>	<b>\$8.8</b> 147:20	<b>10-064</b> 54:14	169:14	158:14
115:16,17	<b>\$900,000</b> 58:10	<b>10-068</b> 54:17	<b>12-078</b> 99:16	<b>15-station</b>
117:4		<b>10-077</b> 56:12	105:5	153:17
<b>Yorkville</b>	<b>0</b>	<b>10-77</b> 55:5	<b>12-084</b> 13:24	<b>150-bed</b> 57:19
191:13	<b>009-12</b> 54:11	<b>10:08</b> 3:1	14:2 18:6	<b>16</b> 30:24 59:8
<b>young</b> 91:6	<b>03-001</b> 197:15	<b>100</b> 93:2	106:7 114:7	63:21
	<b>03-091</b> 197:15	149:18	<b>12-086</b> 122:1	<b>16th</b> 119:19
<b>Z</b>	<b>05-254</b> 196:3	189:13	<b>12-087</b> 123:5	<b>16,000</b> 189:23
<b>Zavala</b> 25:14	<b>0780</b> 197:16	<b>101</b> 80:10	125:11	<b>16-station</b>
25:17,18,20	<b>0781</b> 197:16	96:19	<b>12-088</b> 171:1	54:13 165:12
25:23 26:4,8	<b>08-016</b> 197:13	<b>108</b> 93:4,5,14	179:2 181:2	<b>17</b> 30:24 73:15
26:14	<b>08-083</b> 121:17	<b>11</b> 26:16 162:4	<b>12-089</b> 19:6	75:19 83:24
<b>zero</b> 124:8,8	<b>08-099</b> 57:12	170:19	126:18	132:17

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 258

191:13 <b>17th</b> 72:22 <b>17,000</b> 137:6 <b>176</b> 110:11 <b>179</b> 160:11 <b>18</b> 26:23 27:24 44:9 60:10 66:19 168:3 168:10 <b>18-some</b> 167:19 <b>180</b> 87:18 <b>181-bed</b> 71:3 <b>182</b> 74:2 86:6 <b>182-bed</b> 74:8 <b>19</b> 39:9 75:21 83:23 204:18 <b>191</b> 36:17 <b>1925,293</b> 52:17 <b>1959</b> 9:3 <b>1970</b> 16:16 <b>1980</b> 108:5 <b>1987</b> 11:24 130:5 <b>1992</b> 72:1 108:6 <b>1994</b> 42:18 <b>1995</b> 43:18 45:8	192:21 193:9 193:11 <b>2001</b> 1:15 <b>2003</b> 176:23 <b>2004</b> 158:23 <b>2005</b> 112:1 <b>2006</b> 72:7,9 <b>2007</b> 12:19 15:11 156:11 <b>2009</b> 25:22 57:21 61:11 65:18 116:12 120:9 <b>2010</b> 160:9 189:16,22,24 192:21 193:10,12 <b>2011</b> 61:9,12 66:22 130:15 154:19 163:6 <b>2012</b> 5:21 6:1 12:20 24:4 30:7 36:16 43:13 72:22 72:23 75:9 77:13 78:11 84:5 109:3 110:8 118:19 119:4 154:16 154:20 160:9 187:18,19,21 <b>2013</b> 1:10,14 3:5 49:2 54:15,16,18 54:19 55:21 69:5,7,9 136:2 153:20 177:21 178:6 178:17 179:8 179:12 180:4 <b>2014</b> 57:24 107:8 133:12 167:9 171:17 178:1,3 179:9 179:11 180:15,21	183:3,14 <b>2015</b> 127:18 147:22 <b>2016</b> 148:23 <b>2018</b> 49:2 <b>205</b> 24:18 <b>21</b> 39:9 72:5 <b>21st</b> 119:21 139:13 <b>217-782-3516</b> 1:4 <b>22</b> 39:9 79:6,12 82:20 110:7 176:20 <b>23</b> 39:10 175:8 190:1,3 192:16,18,20 192:24 193:1 193:7,12 <b>232</b> 58:21 59:9 <b>233</b> 110:11 <b>24</b> 109:10 111:5 179:21 182:1 <b>24-hour-a-day</b> 108:22 <b>24-station</b> 171:11,11 179:3 181:4 182:21,21 185:20 <b>24/7</b> 75:11 <b>241</b> 71:4 73:8 74:2 <b>25</b> 15:8 23:23 119:22 183:9 <b>250</b> 118:1 <b>26</b> 66:18 119:5 <b>26th</b> 8:18 27:3 28:2 31:13 33:6 51:17,22 52:10 152:20 165:11 206:10 <b>2600</b> 2:22 <b>27</b> 14:8 73:15	<b>27-floor</b> 73:12 <b>272</b> 73:10 <b>279</b> 111:17 <b>28th</b> 55:20 <b>2800</b> 120:24 <b>29</b> 74:12  <b>3</b> <b>3</b> 4:9 73:16 91:19,22 112:17 189:23 <b>3,300</b> 189:17 <b>3-household</b> 119:17 <b>3.4</b> 159:8 <b>3:05</b> 126:15 <b>30</b> 11:20 24:4 48:12 66:18 73:9 142:23 149:9 184:19 191:14 <b>30th</b> 36:16 54:18 69:5,6 69:7,9 180:2 180:4 <b>30-minute</b> 149:15 155:5 <b>300</b> 92:8 154:21 <b>300,000</b> 133:11 141:15 <b>31</b> 103:12 <b>31st</b> 54:16,19 69:9 111:21 118:7 127:18 147:21 153:20 154:16 163:21 167:9 183:3 <b>32</b> 110:7 190:24 <b>33</b> 16:16 133:9 <b>36</b> 12:24 16:22 <b>36-year</b> 117:22	<b>37</b> 111:17 175:16,18 <b>396</b> 160:10  <b>4</b> <b>4</b> 65:17 91:22 <b>4,000</b> 189:12 <b>4:49</b> 206:17 <b>40</b> 31:16 <b>40,000</b> 189:10 <b>42</b> 101:2 <b>43</b> 110:7 116:14,16,22 119:16 120:10 121:1 <b>43,000</b> 110:8 <b>43-bed</b> 116:10 122:2 <b>45</b> 143:14 189:16 <b>47</b> 49:1 <b>471</b> 66:7 <b>49</b> 10:10,12  <b>5</b> <b>5</b> 1:10,14 4:19 8:3 16:16 113:20 <b>5th</b> 3:5 107:8 <b>5-30(5)</b> 45:11 <b>5:00</b> 81:10 <b>50</b> 85:18 89:5 124:2,4 128:21 191:2 <b>500</b> 189:12 <b>51</b> 119:5 <b>525</b> 1:2 <b>53</b> 28:1 74:9,11 74:12 <b>54</b> 186:8 194:21 <b>55</b> 119:1 <b>550</b> 52:16 <b>56</b> 96:10  <b>6</b>
--	--	---	---	---

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334

# DRAFT

OPEN SESSION 2/5/2013

Page 259

<p>6 15:21 21:12 119:8 154:14 190:6 6,500 136:20 60 10:9 64:19 67:10,13 185:8 600 84:5 112:20,23 60611 2:23 62 118:16 62761 1:3 63 190:1 193:6 65 189:15 66 154:14 660 93:1,6 67 22:4 139:21 67,000 22:3 68 78:13,13 89:4</p> <hr/> <p>7</p> <p>7 4:18 21:13 51:4 73:16 7:00 81:10 70 64:19 73 166:1,2 74 175:1 75 19:20 77 39:12,13,24 41:18 44:4 108:13 204:7</p> <hr/> <p>8</p> <p>8 21:13 54:5 65:3,8,10 119:7 154:21 189:24 193:6 8,500 187:14 80 118:24 121:5 154:18 185:10 188:18 190:13 191:1 191:3,9 80% 20:20</p>	<p>800 189:15 800,000 133:12 141:16 85 49:2 74:4 75:20 192:8 88 190:16,16,21 89 183:10 184:18</p> <hr/> <p>9</p> <p>9 26:16 55:3 69:16 150:11 9th 139:12 9-station 167:6 167:7 169:15 170:19 90 60:6 63:15 63:24 66:22 90,000 148:22 91 174:21 94 110:9 167:19 190:22 95 89:15 99 36:10,22</p>			
---	--	--	--	--

MIDWEST LITIGATION SERVICES

www.midwestlitigation.com

Phone: 1.800.280.3376

Fax: 314.644.1334