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Transcript of **BOARD MEETING - FULL MEETING**

Date: March 10, 2015

Case: STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 OPEN SESSION
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6 REPORT OF PROCEEDINGS
7
8 Bolingbrook, Illinois 60490
9 Tuesday, March 10, 2015
10 12:33 p.m.
11
12 BOARD MEMBERS PRESENT:
13 KATHY OLSON, Chairperson
14 JOHN HAYES, Vice Chairman
15 PHILLIP BRADLEY
16 ALAN GREIMAN
17 RICHARD SEWELL
18
19
20
21 Job No. 75478
22 Pages: 1 - 145
23 Reported by: Melanie L. Humphrey-Sonntag,
24 CSR, RDR, CRR, CCP, FAPR

1 ALSO PRESENT:
2 JUAN MORADO, JR., General Counsel
3 JEANNIE MITCHELL, Assistant General Counsel
4 COURTNEY AVERY, Administrator
5 NELSON AGBODO, Health Systems Data Manager
6 CLAIRE BURMAN, Board Staff
7 CATHERINE CLARKE, Board Staff
8 MICHAEL CONSTANTINO, IDPH Staff
9 BILL DART, IDPH Staff
10 GEORGE ROATE, IDPH Staff
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1 P R O C E E D I N G S
2 CHAIRPERSON OLSON: I'll call the meeting to
3 order.
4 May I have the roll call, please.
5 MR. ROATE: Thank you, Madam Chair.
6 Mr. Hayes.
7 VICE CHAIRMAN HAYES: Here.
8 MR. ROATE: Mr. Bradley.
9 MEMBER BRADLEY: Here.
10 MR. ROATE: Dr. Burden's absent.
11 Ms. Demuzio's absent. Mr. Galassi's absent.
12 Justice Greiman.
13 MEMBER GREIMAN: Here.
14 MR. ROATE: Mr. Sewell.
15 MEMBER SEWELL: Here.
16 MR. ROATE: Ms. Olson.
17 CHAIRPERSON OLSON: Here.
18 MR. ROATE: Five members present.
19 CHAIRPERSON OLSON: The next order of business
20 is executive session.
21 May I have a motion to go into closed session
22 pursuant to Sections 2(c)(1), 2(c)(5), 2(c)(11), and
23 2(c)(21) of the Open Meetings Act.
24 MEMBER BRADLEY: So moved.

1 VICE CHAIRMAN HAYES: Second.
2 CHAIRPERSON OLSON: All those in favor
3 say aye.
4 (Ayes heard.)
5 CHAIRPERSON OLSON: Opposed, like sign.
6 (No response.)
7 CHAIRPERSON OLSON: We are now in executive
8 session for approximately 20 minutes, so a quick
9 executive session.
10 Thank you for your patience and tolerance
11 today.
12 (At 12:35 p.m. the Board adjourned into
13 executive session. Open session proceedings resumed at
14 1:08 p.m. as follows:)
15 CHAIRPERSON OLSON: Okay. There's no business
16 to come out of executive session.
17 May I have a motion to approve the agenda.
18 VICE CHAIRMAN HAYES: So moved.
19 MEMBER SEWELL: Second.
20 CHAIRPERSON OLSON: All those in favor
21 say aye.
22 (Ayes heard.)
23 CHAIRPERSON OLSON: The motion passes.
24 May I have a motion to approve the minutes of

1 the January 27th, 2015, meeting.
2 VICE CHAIRMAN HAYES: So moved.
3 CHAIRPERSON OLSON: Second, please.
4 MEMBER GREIMAN: Second.
5 MR. ROATE: Motion made by Mr. Hayes; seconded
6 by Justice Greiman.
7 CHAIRPERSON OLSON: All those in favor
8 say aye.
9 (Ayes heard.)
10 CHAIRPERSON OLSON: The motion passes. The
11 minutes are approved.
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1 CHAIRPERSON OLSON: Jeannie, public
2 participation.
3 MS. MITCHELL: Yes. First, we're going to
4 have those speaking on behalf of Project 14-025,
5 Winchester Endoscopy Center. First up is Anne Cooper.
6 Please come up and please remember to sign in.
7 Come up to the table on my right, on your left.
8 You may begin.
9 CHAIRPERSON OLSON: Nelson, are you going to
10 time it?
11 MS. AVERY: I've got it.
12 CHAIRPERSON OLSON: Please go ahead.
13 MS. COOPER: Good afternoon. My name is
14 Anne Cooper. I'm here on behalf of Dr. Mohina Gupta, the
15 medical director for Winchester House. I'd like to read
16 her testimony.
17 "Good afternoon. My name is Dr. Mohina Gupta,
18 and I am here to voice my support for Winchester
19 Endoscopy Center, Project No. 14-025.
20 "I'm the medical director for Winchester
21 House, which is the County-operated nursing home in
22 Lake County. The nursing home is just a couple miles
23 down the road from the location of this proposal. The
24 medical practice associated with this project has been an

1 invaluable asset to our residents, most of whom are
2 indigent. As I'm sure you know, as a county nursing
3 home, the vast majority of our residents are Medicaid
4 recipients.
5 "While I and other internists manage our
6 residents' care to the extent feasible, our residents
7 have ongoing needs for specialist consultation. At
8 Winchester House gastrointestinal problems are a major
9 reasons for specialist consultation, and in the senior
10 population these problems are often difficult to manage.
11 Most of our patients are elderly, and many suffer from
12 chronic conditions.
13 "Physicians who care for nursing home
14 residents in their private practice have to deal with the
15 complexities of managing frail patients whose
16 communication skills may be lacking. They also must be
17 flexible to accommodate late arrivals of our residents
18 due to transportation issues.
19 "Drs. Al-Rashid, Lee, and Tasiopoulos have
20 been compassionate and generous in their treatment of our
21 residents. In addition, their collaboration with me and
22 other physicians regarding continued oversight of our
23 residents' GI care in the facility has been excellent.
24 "Finally, in connection with bringing this

1 matter before the Board, the physicians have agreed to
2 the ongoing care of these patients going forward, and we
3 are indebted to them for stepping in to help although
4 they are not under any obligation to do so.
5 "Please approve the Winchester Endoscopy
6 proposal, which is in the best interests of specialist
7 care delivery to our residents."
8 CHAIRPERSON OLSON: Thank you, Anne.
9 MS. MITCHELL: Next up for the same project is
10 Kevin Klahs.
11 Kevin, please sign in.
12 CHAIRPERSON OLSON: Please proceed.
13 MR. KLAHS: My name is Kevin Klahs. I'm the
14 chief of police in Lindenhurst, Illinois, and a patient
15 of Dr. Al-Rashid's, who has a project for --
16 MEMBER GREIMAN: Speak into the microphone.
17 MS. AVERY: Yeah. Bring it closer, please.
18 MR. KLAHS: I'm a patient of Dr. Al-Rashid,
19 who has a project for an endoscopy center before you here
20 today. That project is Winchester Endoscopy, Project
21 No. 14-025, and I urge you to approve this proposal.
22 More than 50,000 Americans will die of colon
23 cancer this year, and many of those stats could have been
24 prevented by regular screening and early treatment.

1 Dr. Al-Rashid saved my life, and I might not
2 be here today if it weren't for him. I had a routine
3 screening this December, and three days later I had a
4 complete resection of my colon due to cancer. This
5 project will support early diagnosis and treatment of
6 colon cancer and allow these physicians to continue to
7 provide the excellent care that I received.
8 Lake County has a population of over
9 700,000 people, which is continually expanding in the
10 area, and we need this center to do more treatment such
11 as I received. This provider has demonstrated a
12 commitment to its community by, among other things,
13 accepting uninsured patients from the Lake County Health
14 Department, and I ask you to vote yes on this project
15 today.
16 CHAIRPERSON OLSON: Thank you very much.
17 MS. MITCHELL: Angie Underwood for Winchester
18 Endoscopy Center, also.
19 CHAIRPERSON OLSON: Please proceed.
20 MS. UNDERWOOD: Good afternoon.
21 I'm Angie Underwood. I'm the Village
22 president for the Village of Long Grove, which is a
23 community in Lake County that would benefit from the
24 enhanced endoscopy services, including colorectal cancer

1 screening services, in Libertyville. For that reason I'm
2 here today in support of the proposed Winchester
3 Endoscopy Center, Project No. 14-025.
4 Presently, in a county with more than
5 700,000 residents, there are only two small endoscopy
6 centers in Lake County. Both of them are located at
7 least 30 minutes away from my community. Those are in
8 Grayslake and in Lake Bluff. Neither of these facilities
9 have the additional capacity to serve the patients of the
10 Libertyville proposal. The approval of the Winchester
11 Endoscopy Center will improve access to high-quality,
12 low-cost endoscopy procedures to my community and other
13 residents of Lake County.
14 I have been active in county-wide efforts to
15 raise awareness for the fight against lung cancer, and
16 I'm here today to support this project and raise
17 awareness about the simple measure of screening
18 colonoscopy. A patient who receives the screening can
19 avoid later stages of colon cancer and the high costs
20 associated with treatment of advanced colon cancer.
21 Not only does colorectal cancer screening save
22 lives, but studies have shown the cost-effectiveness of
23 colorectal cancer screening is consistent with other
24 preventative services. Additionally, when a colonoscopy

1 is performed in a small endoscopy center rather than a
2 hospital outpatient department, patients, employers,
3 insurers, and the State of Illinois as a payer all
4 benefit from the cost savings. This element should not
5 be overlooked.
6 Colorectal cancer is the third most common
7 cancer diagnosed in the United States and the third
8 leading cause of cancer deaths. However, if it's
9 discovered in its earlier stages, as is possible by using
10 of a screening colonoscopy, colorectal cancer is usually
11 treatable without costly intervention.
12 The CDC recommends regular screening beginning
13 at age 50 and 45 for African-Americans; however, one in
14 three adults aged 50 to 75 have not been tested for
15 colorectal cancer. This may be due to lack of public
16 awareness or fear or financial barriers.
17 This group is not only improving the screening
18 rates in our community, but Winchester Endoscopy has an
19 arrangement to provide free colorectal cancer screenings
20 to uninsured patients referred to them by the Lake County
21 Health Department, and it also opens its practice to
22 Medicaid patients. Both of these policies set them apart
23 from other providers in the county.
24 Thank you for your time. And I urge you to

1 approve the Winchester Endoscopy Center's application to
2 establish an endoscopy center in Lake County.
3 Thank you.
4 CHAIRPERSON OLSON: Thank you.
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1 MS. MITCHELL: Next up are people speaking on
2 behalf of Project 14-065, RCG Morris/Fresenius Medical
3 Care, Plainfield North.
4 And the person is Anne Cooper.
5 MS. COOPER: Good afternoon.
6 "I am here on behalf of Tim Tincknell of
7 DaVita Health Care Partners to oppose Project No. 14-065,
8 RCG Morris/Fresenius Plainfield North.
9 "The relocation of the 12 stations from RCG
10 Morris to Plainfield will adversely impact patients in
11 the Morris area. DaVita currently operates a
12 nine-station facility in Morris. As stated in Fresenius'
13 application, it is one of the facilities the existing
14 Morris patients are anticipated to transfer to, as it is
15 the closest facility for those patients living in the
16 immediate Morris area. DaVita does not have sufficient
17 capacity to accommodate Fresenius' Morris patients. The
18 existing Morris facility has no room to expand and would
19 need to relocate itself to accommodate all of DaVita's
20 and Fresenius' patients.
21 "Additionally, Fresenius' proposal to
22 establish a facility in Plainfield North was previously
23 denied by this Board. As was the case before, approval
24 of FMC's Plainfield North will result in unnecessary

1 duplication of services, particularly in light of the
2 Board's approval of FMC Lemont at the November 2014 Board
3 meeting.
4 "FMC Lemont, which is projected to open in
5 September 2016, is approximately 20 minutes from the
6 proposed FMC Plainfield North and is within 30 minutes of
7 95 percent of the projected FMC Plainfield North
8 patients. Both FMC Lemont and FMC Plainfield North will
9 serve the same patient base. There is no reason why the
10 projected FMC Plainfield North patients cannot use the
11 oncoming FMC Lemont facility.
12 "Accordingly, another facility in this area is
13 not warranted at this time.
14 "Thank you for your time."
15 CHAIRPERSON OLSON: Thank you.
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1 MS. MITCHELL: Next is Esther Corpuz speaking
2 on behalf of Project 14-066, MacNeal Hospital.
3 MS. CORPUZ: Good afternoon.
4 My name is Esther Corpuz, and I'm the CEO of
5 Alivio Medical Center, and I am here to strongly support
6 MacNeal Hospital's application to establish an inpatient
7 physical rehabilitation unit at their hospital.
8 By way of background, Alivio Medical Center is
9 a bilingual, bicultural organization committed to
10 providing access to high-quality, low-cost health care to
11 the Latino community, the underinsured, uninsured, and
12 the undocumented.
13 As a Federally qualified health center, Alivio
14 takes care of the whole spectrum of care, from obstetrics
15 to geriatrics. Last year we served 30,000 patients and
16 did a hundred thousand visits.
17 Alivio considers MacNeal as our hospital of
18 choice because of its high quality of care and for fully
19 embracing our bilingual and bicultural mission. In
20 addition, we can count on MacNeal to take care of all of
21 our patients regardless of their ability to pay,
22 including our unfunded, undocumented patients. Alivio
23 and MacNeal have enjoyed a committed partnership since
24 2000.

1 At the present time MacNeal does not provide
2 physical rehabilitation services on an inpatient basis.
3 The result of this is that patients who need these
4 services must be discharged from the hospital to a
5 physical rehabilitation unit located outside of our
6 community. This transfer brings with it frustration for
7 the patient, the patient's family, and for the clinical
8 team that has been caring for the patient. This transfer
9 interrupts care in significant ways.
10 I can speak to this matter on a personal -- on
11 a personal basis, and that is why I'm here. My mother
12 has received her medical care at MacNeal for over
13 20 years. Last year my mother suffered a stroke and was
14 hospitalized at MacNeal. Upon discharge she was -- it
15 was determined that she would require inpatient rehab
16 services.
17 MacNeal recommended sending her to Schwab
18 Rehab Hospital even though Schwab is geographically
19 remote from my sister and me, who are my mother's primary
20 caregivers. The move would have completely disrupted my
21 mother's care, taking her away from her community,
22 family, and MacNeal's fully bilingual clinical teams.
23 I also understand that MacNeal designed this
24 project, with the input of agency staff, so that the

1 addition of these rehab beds at MacNeal will not increase
2 your inventory's rehab beds.
3 MR. AGBODO: It's been two minutes.
4 MS. CORPUZ: Specifically, MacNeal has
5 committed to discontinue the same number of rehab beds at
6 Westlake Hospital that are proposed to be added at
7 MacNeal so that there is no net gain in beds as a result
8 of this project. Both hospitals, as you know, are owned
9 by Tenet.
10 CHAIRPERSON OLSON: Can you complete your
11 remarks?
12 MS. CORPUZ: Yes.
13 I believe this commitment is a reflection of
14 Tenet's desire to respect the agency's planning
15 objectives. I believe the establishment of physical
16 rehab beds at MacNeal will strengthen the hospital's
17 ability to care for our community.
18 Thank you.
19 CHAIRPERSON OLSON: Thank you.
20 MS. MITCHELL: That concludes public
21 participation.
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1 CHAIRPERSON OLSON: Okay. The next item is
2 postpermit items approved by the Chairman.
3 Mr. Constantino.
4 MR. CONSTANTINO: Thank you, Madam Chairwoman.
5 The Chairwoman has approved a permit
6 alteration for Permit No. 13-040, FMC Lemont, reduction
7 in project size and scope and cost; and approved a permit
8 relinquishment for Permit No. 13-053, Fresenius Medical
9 Care renal care group, Evanston.
10 Thank you, Madam Chairwoman.
11 CHAIRPERSON OLSON: Are there questions with
12 regard to these approvals?
13 (No response.)
14 CHAIRPERSON OLSON: Seeing none, we'll move on
15 to items for State Board action, permit renewal requests.
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1 CHAIRPERSON OLSON: The first item is
2 St. John's Hospital, Springfield, for a seven-month
3 renewal.
4 May I have a motion to approve a seven-month
5 permit renewal for St. John's Hospital.
6 MEMBER BRADLEY: So moved.
7 VICE CHAIRMAN HAYES: Second.
8 CHAIRPERSON OLSON: Would the Applicant come
9 to the table.
10 If you would state your name, sir, and be
11 sworn in.
12 MR. CAMPOS: Joshua Campos.
13 THE COURT REPORTER: Raise your right hand,
14 please.
15 (One witness sworn.)
16 THE COURT REPORTER: Thank you. And please
17 print your name.
18 CHAIRPERSON OLSON: Mr. Constantino, State
19 Board staff report.
20 MR. CONSTANTINO: Thank you, Madam Chairwoman.
21 The Applicants are asking for a seven-month
22 permit renewal to complete their external audit for
23 Permit No. 10-042.
24 Thank you, Madam Chairwoman.

1 CHAIRPERSON OLSON: And they've met all the
2 criteria of ours?
3 MR. CONSTANTINO: Yes.
4 CHAIRPERSON OLSON: Would you like to say
5 something to the Board? Or since there --
6 MR. CAMPOS: I'm happy to answer any
7 questions.
8 CHAIRPERSON OLSON: Are there any questions?
9 (No response.)
10 CHAIRPERSON OLSON: Seeing none, may I have a
11 roll call vote.
12 MR. ROATE: Thank you, Madam Chair.
13 Motion made by Mr. Bradley; seconded by
14 Mr. Hayes.
15 Mr. Bradley.
16 MEMBER BRADLEY: Yes.
17 MR. ROATE: Justice Greiman.
18 MEMBER GREIMAN: Yes.
19 MR. ROATE: Mr. Hayes.
20 VICE CHAIRMAN HAYES: Yes.
21 MR. ROATE: Mr. Sewell.
22 MEMBER SEWELL: Yes.
23 MR. ROATE: Madam Chair.
24 CHAIRPERSON OLSON: Yes.

1 MR. ROATE: That's 5 votes in the affirmative.
2 CHAIRPERSON OLSON: The motion passes.
3 Thank you, sir.
4 MR. CAMPOS: Thank you.
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1 CHAIRPERSON OLSON: Extension requests, there
2 are none.
3 Exemption requests, there are none.
4 Alteration requests, there are none.
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1 CHAIRPERSON OLSON: Declaratory rulings and
2 other business, we have E-01, Illini Pittsfield, to
3 revise their annual hospital profile.
4 Is there anybody here representing that
5 agency?
6 MR. CONSTANTINO: Madam Chairwoman, the first
7 four declaratory rulings regard corrections to the annual
8 profiles. I don't know if you want to take them as one
9 or do them individually.
10 MEMBER BRADLEY: I will move approval of the
11 first four items listed under this category.
12 CHAIRPERSON OLSON: Okay. Let's -- I'll have
13 to read all the names, but if there's any representative
14 from Illini Hospital, Herrin Hospital, OSF Saint
15 Anthony's Health Center in Alton, and Advocate Condell
16 Medical Center in Libertyville, would they please come to
17 the table.
18 State your names and be sworn in.
19 MS. HULL: Kathy Hull.
20 MS. MULVIHILL: Wendy Mulvihill,
21 M-u-l-v-i-h-i-l-l.
22 MS. BLYTHE: Cathy Blythe, C-a-t-h-y
23 B-l-y-t-h-e.
24 CHAIRPERSON OLSON: Do any of you have

1 comments for the Board members -- oh, you need to be
2 sworn in.
3 THE COURT REPORTER: Would you raise your
4 right hands, please.
5 (Three witnesses sworn.)
6 THE COURT REPORTER: Thank you.
7 And please print your names, as well.
8 Thank you.
9 CHAIRPERSON OLSON: So I'm going to read each
10 motion.
11 May I have a motion to approve a declaratory
12 ruling for Illini Hospital or Herrin Hospital or OSF
13 Saint Anthony's Medical Center in Alton or for Advocate
14 Condell Medical Center in Libertyville, each to revise
15 their annual hospital profile.
16 MEMBER BRADLEY: So moved.
17 CHAIRPERSON OLSON: And a second?
18 MEMBER GREIMAN: Second.
19 CHAIRPERSON OLSON: Do I -- any of you have
20 comments for the Board or --
21 (No response.)
22 CHAIRPERSON OLSON: Does anybody have any
23 questions?
24 (No response.)

1 CHAIRPERSON OLSON: Seeing none, I would call
2 for a roll call vote on those four items.
3 MR. ROATE: Thank you, Madam Chair.
4 Motion made by Mr. Bradley; seconded by
5 Justice Greiman.
6 Mr. Bradley.
7 MEMBER BRADLEY: Yes.
8 MR. ROATE: Justice Greiman.
9 MEMBER GREIMAN: Yes.
10 MR. ROATE: Mr. Hayes.
11 VICE CHAIRMAN HAYES: Yes.
12 MR. ROATE: Mr. Sewell.
13 MEMBER SEWELL: Yes.
14 MR. ROATE: Chairwoman Olson.
15 CHAIRPERSON OLSON: Yes.
16 MR. ROATE: 5 votes in the affirmative.
17 CHAIRPERSON OLSON: The motion passes.
18 Thank you, ladies.
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1 CHAIRPERSON OLSON: Next, we have Ritacca
2 Laser Center of Vernon Hills, removal of a condition on a
3 permit. It's a declaratory ruling request.
4 MR. MORADO: If I may, before the Applicant
5 begins, I wanted to give a little background to the
6 members on why we're here today.
7 You may recall hearing the name Ritacca Laser
8 Center and that -- the fact that the Board has previously
9 voted on a declaratory ruling dealing with this very
10 issue.
11 Initially when Dr. Ritacca's certificate of
12 need was approved, a condition was placed on it requiring
13 him to come before the Board if he wanted to add any
14 additional categories of service.
15 Shortly after, Dr. Ritacca had concerns with
16 this condition and came to the Board for guidance. At
17 that time he decided, Dr. Ritacca, to file an alteration.
18 He thought he would seek an alteration to remove the
19 condition from his CON permit. The Board staff at that
20 time indicated to Dr. Ritacca that alteration was not the
21 appropriate method to go about removing that condition
22 and suggested that he seek a declaratory ruling.
23 Dr. Ritacca went ahead and sought a
24 declaratory ruling; it came before this Board. There

1 were five Board members here that day. The vote on that
2 declaratory ruling was 4 to 1 to not -- to -- 4 to 1 to
3 remove the condition. The one member who voted to not
4 remove the condition, Member Galassi, stated when he gave
5 his vote that he was not -- he was voting no because he
6 thought the appropriate method was to file a new
7 certificate of need application and to not be going
8 through the declaratory ruling process.
9 At that time previous counsel stated that was
10 correct, that he thought he should be going through the
11 certificate of need process. You can all see in the
12 transcript, if you would like, there was a little
13 back-and-forth whereby the Chairwoman at that time wanted
14 to make sure that Dr. Ritacca was being given correct
15 advice, if you will, before the -- at that time.
16 Dr. Ritacca submitted a certificate of need
17 application. That application was later deemed by the
18 Board staff to not be an appropriate method whereby to
19 remove the condition on his permit. We returned his
20 application to him and his filing fee.
21 As you know, I recently joined the Board back
22 in January, and this has been an issue that I've been
23 dealing with since when I left the Board the first time,
24 so I'm happy to now have given some guidance to the

1 Applicant to come back again for a declaratory ruling.
2 And you'll notice that Dr. Ritacca is not here
3 today. I spoke with his counsel and didn't think it was
4 necessary to have him here because the issue that we're
5 dealing with is essentially how do you remove a condition
6 from a permit. And based on our reading of the statute,
7 I can tell you with confidence today that you remove a
8 condition from a permit via a declaratory ruling.
9 So we are here again to consider the removal
10 of the condition on Dr. Ritacca's CON permit. And with
11 that, I'll leave it to the Applicant.
12 CHAIRPERSON OLSON: Do you need to --
13 MS. AVERY: Swear them in.
14 MEMBER BRADLEY: What was the condition?
15 MR. MORADO: The condition was that, anytime a
16 category of service would be added at Dr. Ritacca's
17 facility, that he would have to come back for a
18 certificate of need.
19 And I -- excuse me. I should also speak about
20 this point, as well.
21 Since the original condition was placed on the
22 CON permit, this Board has approved ASTC rules that state
23 that any CON permit that was approved with a condition
24 would have to abide by that condition. So you have rules

1 that state that.
2 Now, that does not mean that today you cannot
3 vote to remove that condition. If you chose to remove
4 that condition today, you could. The effect that that
5 would have would mean that Dr. Ritacca would be treated
6 like every other ASTC that's out there right now where
7 they can add categories of service by simply giving
8 notice to the Board until January 2018.
9 Is that right? Until January of 2018.
10 Come January 2018, every ASTC that wants to
11 add a category of service will have to come in for a
12 CON revision.
13 CHAIRPERSON OLSON: So just sort of to -- if
14 I can take one second just to reiterate a little bit, the
15 discussion at the last meeting was not whether or not the
16 condition should be removed. The disagreement was how to
17 go about removing it.
18 And our counsel has now advised us that it is
19 a declaratory ruling which is the proper way to go about
20 removing the condition. I just want to make sure
21 everybody understands that.
22 So comments for -- oh, we have to swear
23 you in.
24 VICE CHAIRMAN HAYES: No, I have to --

1 CHAIRPERSON OLSON: We have to swear them in.
2 VICE CHAIRMAN HAYES: Okay. I want to -- a
3 question for Juan first.
4 When you mentioned the opposition, wasn't I in
5 opposition, as well?
6 MR. MORADO: If I --
7 VICE CHAIRMAN HAYES: I just want a point of
8 clarification.
9 MR. MORADO: I guess I have to look at the
10 transcript again, but I recall it being just a matter of
11 1 vote short of the 5 needed for the removal of the
12 condition.
13 Mr. Hayes, you were a no.
14 VICE CHAIRMAN HAYES: It was six members
15 voting here, though.
16 MR. MORADO: Correct. Six members that day.
17 I apologize. 4 to 2.
18 VICE CHAIRMAN HAYES: Okay. And I think maybe
19 the confusion is that me and -- Member Galassi and myself
20 had different perspectives on why we voted no going into
21 that.
22 MR. MORADO: Correct.
23 CHAIRPERSON OLSON: I stand corrected.
24 I'm sorry.

1 VICE CHAIRMAN HAYES: No problem.
2 CHAIRPERSON OLSON: Can we swear them in?
3 THE COURT REPORTER: Would you raise your
4 right hands, please.
5 (Two witnesses sworn.)
6 THE COURT REPORTER: Thank you. And please
7 print your names.
8 CHAIRPERSON OLSON: Comments?
9 MR. SILBERMAN: Very briefly.
10 Mr. Kniery and I are here on behalf of
11 Dr. Ritacca. We want to sincerely thank the Board and
12 the staff for reconsidering and revisiting the
13 circumstances.
14 The only condition that Dr. Ritacca is looking
15 to create is -- if you'll remember, he has a cutting-edge
16 practice, and he didn't want to risk running afoul of the
17 Board's regulation. It's a two-OR surgery center. His
18 concern is that, since his practice is at the front edge
19 and could step into other categories of service, he
20 doesn't want to risk running afoul of the Board's rules.
21 That's how this all started three years ago.
22 So we are here to -- available to address any
23 questions that the Board may have and appreciate the time
24 and the effort that's gone into this.

1 THE COURT REPORTER: Could you state your
2 name, please?
3 MR. SILBERMAN: My name is Mark Silberman.
4 CHAIRPERSON OLSON: Questions from Board
5 members?
6 VICE CHAIRMAN HAYES: You know, maybe --
7 Madam Chairman, I'm a little -- you know, basically --
8 where are we going with this? You know, since,
9 basically, you know -- why can't you live with this
10 condition?
11 MR. SILBERMAN: So the answer is this:
12 Dr. Ritacca -- the best example is there are various
13 procedures he does that could theoretically cross over
14 into other categories of service.
15 This all started with an area that Dr. Ritacca
16 wanted to see his practice go that was at the cutting
17 edge of aesthetics and plastics, which is one of his
18 categories of service, his specialty. When he conferred
19 with Board staff to make sure he was doing it right,
20 there was some confusion, and he doesn't want to risk
21 running afoul of the Board's rules.
22 The situation this will create in -- I believe
23 it's 18 months -- he will have to come forward to
24 complete -- to change any categories of service, just

1 like any other facility. What this will allow him to do
2 is to avoid the uncertainty that he's currently facing.
3 And, very candidly, that uncertainty has kept
4 him from performing some of the procedures simply out of
5 a risk that -- he doesn't want to risk offending these
6 Board's rules and taking a misstep. Without this
7 condition his practice won't particularly change, but in
8 the event that a procedure did step into a different
9 category of service, it would then be reported as one of
10 the categories he provides.
11 The other issue -- thank you -- is there have
12 been other physicians who have been wanting to help him
13 with the practice that he has that, when they come to him
14 and ask, "Is there any concern with our doing this?" he
15 can't, in all honesty, say there's no risk whatsoever
16 because, obviously, this is an issue he felt needed to
17 come before the Board, and it has acted as an inhibition
18 to him being able to recruit physicians.
19 And he's not going to go anywhere. This --
20 I mean, this is a two-bed facility. This is his
21 business. He wants to be able to expand, and he wants to
22 be able to provide quality care. This will just give him
23 a short window of flexibility.
24 The best example is the original procedure,

1 which was questionable at the time of whether it fell
2 into the aesthetics practice, is now routinely accepted.
3 He was just a few years ahead of the game.
4 VICE CHAIRMAN HAYES: So, Mike, what would
5 happen if in 18 months --
6 MR. CONSTANTINO: He'd have to submit an
7 application to add a surgical specialty.
8 VICE CHAIRMAN HAYES: And that's why we put
9 this provision in there as -- to essentially do that, to
10 have them do that, to follow that procedure, to submit an
11 application if they wanted to have a new --
12 MR. CONSTANTINO: And that's what he agreed to
13 at that Board meeting. He was asked on three different
14 occasions if he agrees with the stipulation, and he said
15 he did. And then we've been fighting this for the last
16 2 1/2 years.
17 MR. MORADO: Member Hayes, it should be noted,
18 as I mentioned before, the rules that were passed that
19 have those -- there's a -- I believe it's 1541(c). It
20 cites that CON permits with conditions would still
21 require those folks to come in for a new CON anytime they
22 wanted to add a category of service. That was part of a
23 negotiation with the industry, which is where you also
24 get that January 2018 date from.

1 So, again, I just want to make clear that the
2 effect of this would be to put Dr. Ritacca in the
3 position of every other ASTC that is -- that exists that
4 was not approved with a condition.
5 VICE CHAIRMAN HAYES: Because, essentially,
6 this condition does not go into effect until January of
7 2018?
8 MR. MORADO: That's correct.
9 VICE CHAIRMAN HAYES: Okay. And -- but we had
10 done that, and we had this -- we had put that into the
11 rules because we had done these conditions with several
12 ASTCs, and that's -- with basically trying to enforce
13 that rule, that we eventually got into the rules, yes,
14 that were eventually accepted.
15 MR. MORADO: Yes. We have, I think, overall,
16 anywhere from 13 to 15 projects -- not just exclusive to
17 ASTCs -- that have conditions on them at this time, any
18 number of different types of conditions, whether they be
19 reporting about charity care or reporting that a certain
20 change happened in an operating agreement, when there's a
21 merger, for example, between two health systems.
22 So there are, like I said, anywhere from 13 to
23 15 permits out there that have conditions on them.
24 VICE CHAIRMAN HAYES: Of all different types?

1 MR. MORADO: Of all different types. And
2 those include ASTCs.
3 VICE CHAIRMAN HAYES: Do you know how many
4 that -- of ASTCs -- that have this particular provision
5 in them?
6 MR. MORADO: It's more than half of the 13.
7 I can't tell you for sure that that --
8 MS. AVERY: I think it's eight.
9 MR. MORADO: Is it eight?
10 MS. AVERY: I think it's eight.
11 MR. MORADO: We think close to eight.
12 VICE CHAIRMAN HAYES: Okay. Well, you know,
13 it's -- I mean, this has been going on for 2 1/2 years.
14 You know, and these are part of our rules. You know,
15 what will this declaration -- this will somehow allow
16 him -- to do what? To be more comfortable in doing
17 procedures?
18 MR. MORADO: Part of our concern and part of
19 the negotiation with the industry was that we didn't want
20 to put Board staff in the position of telling physicians
21 how they should be practicing medicine.
22 We didn't want to get questions like some of
23 the questions that we -- that Mike and George are asked
24 on a daily basis of "Does XYZ procedure fall within this

1 category of service or does it fall in this category of
2 service?"
3 Because we are not physicians. We are Board
4 staff. And we look at our criteria and we apply it to
5 applications that come before us. So we didn't want to
6 be in that position.
7 And part of the concern is that we would have
8 someone like Dr. Ritacca who is seeking technical
9 assistance from us and has on several occasions, and we
10 don't want to be in the position of telling him how to
11 practice medicine, which was one of the comments that was
12 made previously.
13 And we feel like once -- part of -- as I -- to
14 go back to the negotiation with the 2018 time frame, part
15 of the thought is that we will give some facilities some
16 time to determine how best they're going to be practicing
17 medicine in their facility and then, come 2018, they'll
18 have an idea of whether or not they're going to need to
19 add any additional categories of service, and we can
20 address them as a Board at that time.
21 MR. SILBERMAN: If I may clarify one point
22 specific to Dr. Ritacca, a couple examples of where this
23 started is, if he's doing an abdominoplasty on a
24 patient -- which is clearly a plastics procedure or an

1 aesthetics procedure -- but he finds a hernia, he wants
2 to be able to repair the hernia without worrying that
3 he's now stepping into the general category -- general
4 surgery category.
5 If one comes to him having -- this is a silly
6 example -- a hammer toe. If there's a medical reason to
7 do a hammer toe, it's podiatry. But if it's because
8 someone's embarrassed of how their feet look in sandals,
9 it's cosmetic and it's appropriate.
10 There's just a degree -- these are easy
11 examples, but there's a degree of uncertainty. And,
12 simply put, this all started off with not wanting to risk
13 running afoul of the rules because he had committed to
14 that. And it's not only been inhibiting him but other
15 physicians because there's just a degree of uncertainty,
16 and no one wants to disrespect this Board's rules.
17 CHAIRPERSON OLSON: Because I think he's been
18 very candid about the fact that he is not going to
19 intentionally create another category of service.
20 He's just concerned about the kinds -- and
21 that's just the same kind of example I was going to give,
22 too. He's not going to suddenly start, you know, doing
23 ears when he's only supposed to be doing cosmetics --
24 unless I've got an ugly ear. I don't know.

1 MR. SILBERMAN: When he was here last, he
2 talked about one of the studies that he's in where, you
3 know, he might have to inject something into a joint, and
4 he doesn't want to risk that becoming now orthopedics.
5 And this is a two-OR facility. One of the
6 biggest challenges Mr. Kniery and I had -- and we can
7 discuss this and -- the idea of, if we do a certificate
8 of need to add categories of service, we actually
9 couldn't evidence the necessary number of procedures to
10 add full categories because it's too large. There's not
11 enough hours in the day to show 250 surgeries of each of
12 the various categories he might touch on.
13 What we're really hoping is, at the end of the
14 day, during this period his practice will normalize.
15 Anything that he touched on -- any other category of
16 service that he touched on he can report, and then, once
17 the prohibition -- or once the rule is in place for
18 everyone, he'll act in accordance with everyone else.
19 He's just asking, between now and then, to be treated
20 just like all of the other multispecialty facilities.
21 CHAIRPERSON OLSON: I think that sums it up,
22 Juan.
23 Other questions or comments?
24 (No response.)

1 CHAIRPERSON OLSON: Seeing none, I would ask
2 for a roll call vote.
3 MR. ROATE: Madam Chair, could we have a
4 motion and a second?
5 CHAIRPERSON OLSON: Oh, I'm sorry.
6 May I have a motion to approve a declaratory
7 ruling for Ritacca Laser Center, Limited, to remove a
8 condition from its CON permit.
9 MEMBER BRADLEY: So moved.
10 CHAIRPERSON OLSON: Can I have a second?
11 MEMBER GREIMAN: Second.
12 MR. ROATE: Motion made by Mr. Bradley;
13 seconded by Justice Greiman.
14 Mr. Bradley.
15 MEMBER BRADLEY: Yes.
16 MR. ROATE: Justice Greiman.
17 MEMBER GREIMAN: Yes.
18 MR. ROATE: Mr. Hayes.
19 VICE CHAIRMAN HAYES: Yes.
20 MR. ROATE: Mr. Sewell.
21 MEMBER SEWELL: Yes.
22 MR. ROATE: Chairwoman Olson.
23 CHAIRPERSON OLSON: Yes.
24 MR. ROATE: That's 5 votes in the affirmative.

1 CHAIRPERSON OLSON: The motion passes.
2 MR. SILBERMAN: Thank you very much.
3 MR. KNIERY: Thank you.
4 CHAIRPERSON OLSON: Congratulations. Long
5 process.
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1 CHAIRPERSON OLSON: There is nothing -- no
2 business under Health Care Worker Self-Referral Act.
3 There is currently no status report on
4 conditional/contingent permits.
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1 CHAIRPERSON OLSON: Applications subsequent to
2 initial review, the first two Applicants have no
3 opposition and no findings.
4 First, we have Applicant 14-062, Sarah Bush
5 Lincoln Center in Mattoon. Would the Applicants please
6 come to the table.
7 While they're doing that, may I have a motion
8 to approve Project 14-062, Sarah Bush Lincoln Health
9 Center, to construct a cancer care center.
10 MEMBER SEWELL: So moved.
11 VICE CHAIRMAN HAYES: Second.
12 CHAIRPERSON OLSON: Please state your names
13 for the court reporter and be sworn in.
14 MR. OLS: Timothy Ols.
15 MS. UPHOFF: Kim Uphoff.
16 MS. STOLLARD: Erica Stollard.
17 THE COURT REPORTER: And raise your right
18 hands, please.
19 (Three witnesses sworn.)
20 THE COURT REPORTER: Thank you. And please
21 print your names, as well.
22 CHAIRPERSON OLSON: Mr. Constantino.
23 MR. CONSTANTINO: The Applicant is proposing
24 to construct a cancer center on the campus of Sarah Bush

1 Lincoln Health Center in Mattoon, Illinois.
2 The cost of the project is approximately
3 $18.2 million. The anticipated completion date is
4 December 31st, 2018. There were no findings, no public
5 hearing, no letters of opposition.
6 Thank you, Madam Chairwoman.
7 CHAIRPERSON OLSON: Thank you.
8 In light of the positive report, would you
9 like to give a presentation or open to questions? It's
10 your choice.
11 MR. OLS: I'd like to open for questions.
12 CHAIRPERSON OLSON: Great. Thank you.
13 Questions from Board members?
14 (No response.)
15 CHAIRPERSON OLSON: Seeing none, I would call
16 for a roll call vote.
17 MR. ROATE: Thank you, Madam Chair.
18 Motion made by Mr. Sewell; seconded by
19 Mr. Hayes.
20 Mr. Bradley.
21 MEMBER BRADLEY: In light of the State report,
22 which shows no findings, I vote yes.
23 MR. ROATE: Justice Greiman.
24 MEMBER GREIMAN: I vote yes for the reasons

1 stated.
2 MR. ROATE: Mr. Hayes.
3 VICE CHAIRMAN HAYES: I vote yes because of
4 the positive State agency report.
5 MR. ROATE: Mr. Sewell.
6 MEMBER SEWELL: Yes, for reasons stated.
7 MR. ROATE: Chairwoman Olson.
8 CHAIRPERSON OLSON: Yes, for reasons stated.
9 MR. ROATE: That's 5 votes in the affirmative.
10 CHAIRPERSON OLSON: The motion passes.
11 Congratulations.
12 And I hope the fog is not so bad going home.
13 MR. OLS: Thank you.
14 MS. UPHOFF: Thank you.
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1 CHAIRPERSON OLSON: The next project, also
2 with no opposition and no finding, is 14-067, Center for
3 Comprehensive Services, Inc., in Palatine.
4 As the Applicant moves to the table, may
5 I have a motion to approve Project 14-067, Center for
6 Comprehensive Services, Inc., to establish a five-bed
7 residential rehab facility.
8 MEMBER BRADLEY: So moved.
9 MEMBER SEWELL: Second.
10 CHAIRPERSON OLSON: Mr. Constantino, State
11 Board staff report.
12 MR. CONSTANTINO: Thank you, Madam Chairwoman.
13 The Applicants are proposing to establish a
14 five-bed community-based comprehensive rehabilitation
15 center in Palatine, Illinois.
16 The total cost of the project is approximately
17 1.1 million. The anticipated project completion date is
18 April 30th, 2015. There was no public hearing requested
19 and no opposition or support letters received.
20 As you recall, this project was initially
21 approved as Project 13-051. Subsequently the project was
22 not completed on time and the Applicant had to come back
23 before you today and ask for the project again.
24 Thank you, Madam Chairwoman.

1 CHAIRPERSON OLSON: Thank you, Mike.
2 Do you have comments for the Board?
3 THE COURT REPORTER: Raise your right hand,
4 please.
5 (One witness sworn.)
6 THE COURT REPORTER: Thank you. And please
7 print your name.
8 CHAIRPERSON OLSON: Would you like to open for
9 questions?
10 MR. WILLIAMSON: To just open for questions
11 will be fine. Thank you.
12 CHAIRPERSON OLSON: I do have one question.
13 So you're going to complete this project by
14 April 30th?
15 MR. WILLIAMSON: Yes, that's correct.
16 CHAIRPERSON OLSON: How does that happen? Are
17 you --
18 MR. WILLIAMSON: Because we had a previously
19 approved permit and a lot of the work was completed prior
20 to the pulling now.
21 CHAIRPERSON OLSON: Okay. And there was some
22 question, too, in the application about your zoning.
23 Are you good with your zoning now?
24 MR. WILLIAMSON: Yes.

1 CHAIRPERSON OLSON: Your zoning is all taken
2 care of?
3 MR. WILLIAMSON: Yes.
4 CHAIRPERSON OLSON: Other questions or
5 comments?
6 (No response.)
7 CHAIRPERSON OLSON: Seeing none, I'll call for
8 a roll call vote.
9 MR. ROATE: Thank you, Madam Chair.
10 Motion made by Mr. Bradley; seconded by
11 Mr. Sewell.
12 Mr. Bradley.
13 MEMBER BRADLEY: In light of the positive
14 State agency report, I vote yes.
15 MR. ROATE: Justice Greiman.
16 MEMBER GREIMAN: For the reasons stated,
17 I vote yes.
18 MR. ROATE: Mr. Hayes.
19 VICE CHAIRMAN HAYES: In light of the positive
20 State agency report, I vote yes.
21 MR. ROATE: Mr. Sewell.
22 MEMBER SEWELL: Yes, for reasons stated.
23 MR. ROATE: Chairwoman Olson.
24 CHAIRPERSON OLSON: Also yes for reasons

1 stated, and I applaud this model. I think the work you
2 do is wonderful. So thank you.
3 MR. WILLIAMSON: Thank you.
4 MR. ROATE: 5 votes in the affirmative.
5 CHAIRPERSON OLSON: The motion passes. Good
6 luck.
7 MR. WILLIAMSON: Thank you.
8 THE COURT REPORTER: Could you tell me your
9 name, please? I'm sorry. What's your name?
10 MR. WILLIAMSON: Chris Williamson.
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1 CHAIRPERSON OLSON: Next is Winchester
2 Endoscopy Center in Libertyville.
3 Would the Applicant please come to the table.
4 As the Applicant's being seated, may I have a
5 motion to approve Project 14-025, Winchester Endoscopy
6 Center, to establish a limited ASTC.
7 MEMBER SEWELL: So moved.
8 VICE CHAIRMAN HAYES: Second.
9 CHAIRPERSON OLSON: Thank you.
10 Would you ladies and gentlemen please
11 introduce yourselves and be sworn in.
12 DR. AL-RASHID: Arkan Al-Rashid.
13 DR. TASIOPOULOS: I'm John Tasiopoulos.
14 DR. LEE: Sean Lee.
15 MS. FRIEDMAN: Kara Friedman.
16 THE COURT REPORTER: Now raise your right
17 hands.
18 (Four witnesses sworn.)
19 THE COURT REPORTER: Thank you. And please
20 print your names.
21 CHAIRPERSON OLSON: Mr. Constantino, State
22 Board staff report.
23 MR. CONSTANTINO: Thank you, Madam Chairwoman.
24 The Applicants propose to establish a limited-

1 specialty ASTC with two operating rooms and four recovery
2 stations in a medical office building at a cost of
3 approximately $2.2 million. The anticipated completion
4 date is August 31st, 2016.
5 There was no public hearing requested. There
6 was opposition to this project. No public hearing was --
7 I'm sorry. No public hearing was requested.
8 Thank you, Madam Chairwoman.
9 CHAIRPERSON OLSON: Thank you, Mike.
10 Do you have comments for the Board?
11 DR. AL-RASHID: Yes.
12 CHAIRPERSON OLSON: Thank you, Doctor. Go
13 ahead.
14 DR. AL-RASHID: Good afternoon. We are
15 pleased to be here before the Board today to present our
16 CON application.
17 My name is Dr. Arkan Al-Rashid. I'm here with
18 my colleagues, Dr. Sean Lee and Dr. John Tasiopoulos, and
19 our counsel, Kara Friedman.
20 We are board-certified gastroenterologists,
21 and our primary tool for diagnosis and treatment is
22 endoscopy. We are presenting an application to have our
23 medical practice endoscopy service licensed by IDPH.
24 Before I begin, I would like to thank our

1 supporters for their endorsement, Lake County Health
2 Department, Long Grove Village president, Lindenhurst
3 police chief, Winchester House, and Lambs Farm. It
4 really means a lot to us.
5 My partners and I believe we have a
6 professional obligation to serve patients regardless of
7 their ability to pay. To that end, since opening the
8 practice in Lake County, we have invested in serving the
9 underserved, and we are committed to providing access to
10 uninsured and Medicaid patients as we move forward. The
11 other endoscopy providers don't do this.
12 Looking at the facilities identified in your
13 Board staff report, of the 19 freestanding centers,
14 collectively they performed almost 60,000 procedures in
15 2013. Out of that 60,000, only 1 percent or 615 cases
16 were Medicaid patients. There were only 130 cases --
17 charity cases -- out of the 60,000.
18 Last year alone our practice performed
19 457 endoscopy exams for Medicaid patients, which is more
20 than three-quarters of the volume of the Medicaid
21 patients in the 19 existing centers combined.
22 Additionally, six facilities, including the North Shore
23 Endoscopy Center, who submitted comments against our
24 project, did not provide any Medicaid or charity care

1 this year.
2 In 2001 I volunteered at the Lake County
3 Health Department for almost two years. When I started
4 their hepatitis C clinic, I was taking care of those
5 patients for free. We now have an agreement in place
6 with Lake County Health Department to perform and provide
7 colonoscopy free of charge -- free of charge for
8 uninsured patients -- and will routinely take care of --
9 take these cases. We also work with the county nursing
10 home, Lambs Farm, to care for their residents.
11 Our medical practice, Northshore Center for
12 Gastroenterology, as I said, treats disorders of the
13 digestive tract. A significant portion of focus of our
14 practice is to treat colorectal cancer, which is the
15 second leading cause of death, cancer death, in the
16 country. Early detection and treatment of colorectal
17 cancer is essential in prevention and cure.
18 Colonoscopy is the gold standard for
19 diagnosing and treating colon cancer, and the guideline
20 currently is that every individual of 50 years old should
21 have a colonoscopy -- and for African- American, because
22 of higher risk, to start at the age of 45 -- and then
23 every 10 years after.
24 As many patients are anxious about the

1 procedure, we find that continuity of care associated
2 with having the service within our practice improved
3 patient compliance. Presently there are 16 licensed
4 endoscopy centers in the state of Illinois. Most of
5 these centers evolved from office-based practice and
6 converted as their volume grew to a licensed endoscopy
7 center to comply with IDPH requirements.
8 We have performed endoscopy in our clinic, in
9 our practice, as an office-based endoscopy since 2005.
10 But because of increasing volume of endoscopy procedure
11 and patient flow issues, we determined we needed an
12 additional space.
13 It would have been convenient and ideal, but
14 there was no space immediately adjacent to our current
15 office. We were able, however, to obtain a nearby space
16 in the same medical complex and built it. It was a shell
17 and we built it as an extension of our practice. Our
18 second suite houses our endoscopy procedures -- our
19 endoscopy procedure rooms, imaging equipment, and
20 consults rooms.
21 Under Illinois law gastroenterologists are
22 permitted to perform endoscopy within their medical
23 offices. There's a limit, in that the endoscopy
24 procedure must account for less than 50 percent of the

1 total patient encounter. Given our endoscopy volume,
2 while growing, has historically been less than 50 percent
3 of our total encounters, we built out this office, second
4 office suite, to comply with the Joint Commission, not
5 IDPH, meaning our second suite was built to -- with an
6 intention to be an office endoscopy, not a surgery
7 center.
8 However, our endoscopy volume -- and I'll
9 be -- for interests of time, I can indulge questions in
10 the -- later on.
11 It grew and -- much faster than we
12 anticipated. We were approached by an endoscopy
13 management consultant last year who was working with our
14 counsel, Ms. Friedman, and became aware, the three of us,
15 of a potential licensing issue based on the fact of the
16 physical separation of the two suites by a parking space.
17 This fueled our decision to seek a CON license.
18 Subsequent to our filing of our CON
19 application, which I think was in June of last year, our
20 counsel contacted IDPH about the project. And based on
21 initial communication, IDPH did not express any concerns
22 given the fact we had CON application pending, and she
23 didn't suggest alteration regarding our current
24 operations. However, in October of 2014 and based on a

1 letter from Mark Mayo, who was the administrator for
2 Golf Surgical Center in Des Plaines, was sent to CON
3 Board and CC'd to IDPH, IDPH conducted a survey of our
4 medical practice and notified us that it believed our
5 endoscopy service requires a license.
6 In working with IDPH to resolve the matter, we
7 submitted and IDPH accepted a plan of correction. Under
8 this plan IDPH will permit us to continue providing
9 endoscopy service for now under the current model, which
10 operates as part of our medical practice, but pending
11 IDPH issuance of license.
12 At this juncture we have executed a settlement
13 agreement with IDPH, and IDPH has concluded their
14 investigation with no finding of wrongdoing on our part.
15 As a part of the agreement, IDPH is requiring our second
16 suite to be licensed, and we are required to obtain the
17 CON permit by March 15th and to be survey ready by
18 December 1st.
19 At this time I would like to address certain
20 findings in your report.
21 One element of the report finding discussed
22 the existing endoscopy capacity of other area providers.
23 First, in analyzing the area capacity, note that the
24 State Board uses the 45-minutes radius around the project

1 site; however, nearly 90 percent of our patients reside
2 in Lake County. Requiring a patient to travel outside of
3 Lake County, the third most populated county in the
4 state, is impractical and discourages patient compliance
5 and defeats the purpose.
6 IDPH recent population projection, which was
7 published last month, estimates 13 percent increase in
8 the county population from the last census to 2025.
9 Three-quarter of this growth will be in the senior
10 population, which will be served by this program.
11 And for your reference, we are distant from
12 most -- from the suggested alternative providers that --
13 we are not eligible to be on their medical staff. For
14 example, in your report, to say -- it mentions Centegra,
15 Centegra Hospital in McHenry, which actually will not
16 approve privileges for physicians who are located east of
17 Route 45.
18 With regard to Lake County, there are
19 currently five hospitals and six freestanding centers in
20 Lake County. None of these are a feasible alternative to
21 us. First, utilizing a hospital rather than an ASTC is
22 not prudent use of health care resources as the median
23 hospital charge for a colonoscopy is around $8,000 while
24 we, in our endoscopy suite, is $1500. You can see the

1 difference in the cost for these procedures.
2 As cost containment is a central tenet of the
3 certificate of need process because the price share
4 between fee setting is an essential consideration,
5 particularly with the current proposal, this will reduce
6 under our Medicaid budget by $1.5 billion.
7 And just for reference, no hospital in
8 Lake County opposed our project, and they're all aware --
9 I personally talked to the CON from that hospital. She's
10 the one who opposed the CON application.
11 As far as the ASTCs in Lake County, there are
12 no available options for our group. As part of a large
13 health care system, which employs hundreds of doctors,
14 both Lake Forest Endoscopy and Northwestern in Grayslake,
15 outpatient ASTC operate as part of the closed health
16 system where, if you work there, you have to be employed
17 by them. And they don't have -- looking at the older bed
18 report, they don't have -- they're at capacity. They
19 cannot take any more patients.
20 As far as North Shore Endoscopy Center, which
21 I would like to address because they submitted a letter
22 of opposition, North Shore Endoscopy Center is very
23 similar to our proposed Winchester Endoscopy Center in
24 size and scope, and they don't have capacity for our

1 cases. They also did not -- don't take Medicaid, and
2 they will never do charity cases. And that's in their
3 report, too. You can see it on the State agency that
4 their Medicaid is zero last year, that place.
5 Some of the ASTC -- I'm going to -- for the
6 interest of time, I'm going to just go through this.
7 Some of the ASTCs listed in your agency report don't have
8 even GI services and -- such as the Hawthorn Lindenhurst
9 Surgery Center.
10 To reiterate, we are committed to continue to
11 work with nonprofit programs, Winchester House and Lambs
12 Farm, to improve access to charity care for residents of
13 these programs. Winchester House, which is operated by
14 the County primary -- primarily operated by the County --
15 primarily serves indigent nursing home residents. Lambs
16 Farm is a residential program for individuals with
17 developmental disability.
18 Many of the current residents have difficulty
19 accessing endoscopy service due to the fact that
20 colonoscopy is, for the majority of the services,
21 preventative care and typically elective and not covered
22 by health system financial assistance policies.
23 Notwithstanding their significant physician
24 integration efforts, health systems have been very slow

1 to extend their charity care policies to elective and
2 preventative services in a meaningful way, and, instead,
3 they refer these services to unaffiliated health centers
4 called FQHCs.
5 While we agree with this strategy to utilize
6 FQHCs for primary care, FQHCs don't provide
7 gastroenterology or other specialty care. We are making
8 a commitment to provide access to those otherwise
9 unavailable specialty care. Our referral agreement with
10 Lake County Health Department will help ensure this
11 access to specialty service.
12 Finally, the endoscopy center, like our
13 medical practice, will enroll in Medicaid and will
14 routinely accept Medicaid patients. The three of us are
15 already active in the Medicaid program.
16 Thank you for your time, and I respectfully
17 request this Board to approve our application to
18 establish our endoscopy center so we can comply with IDPH
19 licensure rule and, along the way, improve access to the
20 endoscopies for low-income residents of Lake County.
21 Thank you very much.
22 CHAIRPERSON OLSON: Thank you, Doctor.
23 Questions from Board members?
24 MEMBER SEWELL: Yes.

1 Your office-based service, is it currently at
2 capacity?
3 DR. AL-RASHID: We are -- we are less than
4 50 percent --
5 MS. FRIEDMAN: Is the question whether there's
6 more -- capability to take more patients?
7 MEMBER SEWELL: Well, that's what I was
8 getting at. Yeah, that's a better way to say it.
9 DR. AL-RASHID: Yes.
10 MEMBER SEWELL: There is?
11 DR. AL-RASHID: Yes.
12 MEMBER SEWELL: Have you had to -- well, have
13 you had to refer people to other providers that were
14 either in the Medicaid or the uninsured category for
15 endoscopy services from your current office-based
16 service?
17 DR. AL-RASHID: No. We try to accommodate all
18 these patients ourselves.
19 MEMBER SEWELL: Thank you.
20 DR. AL-RASHID: You know, our volume is
21 definitely growing. We have instituted an open screening
22 policy. If you are 50 years old with no medical problem,
23 you can schedule your colonoscopy with our practice
24 without being seen by one of us. We tried to facilitate

1 the process.
2 And we implemented the Saturday rule. We open
3 now every Saturday, a full day Saturday. And that's --
4 we also noted an increase in volume because of that.
5 Because patients don't have to take a day off, their ride
6 don't have to take a day off, it made it much easier for
7 patients to get the colonoscopies done.
8 MEMBER SEWELL: It sounds like there's enough
9 capacity in general but there's not access for Medicaid
10 and uninsured patients in the area.
11 MS. FRIEDMAN: Well, you do have to recognize
12 that you can't do these procedures in a regular OR, so
13 the first place we look for capacity is the two endoscopy
14 centers. And in your State agency report on page 20,
15 you'll see that they don't have capacity.
16 As for --
17 MEMBER SEWELL: Right.
18 MS. FRIEDMAN: Well, Lindenhurst is the other,
19 and they are operating at the target utilization.
20 And most of the -- so what you need is sort of
21 what they call a nonsterile environment separated out
22 from the ORs where they're doing other procedures. So as
23 a general matter, unless it's an endoscopy suite, they're
24 not going to say, "Come bring your endoscopy to our OR

1 where we do orthopedic cases."
2 So I don't think that there is appropriate
3 capacity in Lake County.
4 MEMBER SEWELL: All right.
5 MR. CONSTANTINO: Can I follow up on that?
6 MEMBER SEWELL: Sure.
7 MR. CONSTANTINO: There's a number of
8 multispecialty ASTCs that can add that surgical specialty
9 at any time -- tomorrow, in fact -- if they wanted to.
10 MS. FRIEDMAN: Right. Except they would want
11 to do it in a separate endoscopy room, not in an OR.
12 MR. CONSTANTINO: Yes. But they can do it.
13 CHAIRPERSON OLSON: I just wanted to make a
14 clarification because I did ask Courtney to clarify this
15 after we had our pre-Board meeting.
16 I wanted her to assure me that you are
17 willingly coming here to get a CON to open an ASTC and
18 are not feeling forced into it by IDPH. Because I still
19 don't understand -- I think you're a victim. I still
20 don't understand why you need to be licensed as an ASTC.
21 And I know Mr. Constantino and I will disagree
22 on this until the cows come home, but I don't think that
23 you're -- but I am told that you're willingly coming here
24 to get a CON.

1 So you're willing to spend the 2.3 --
2 $2.2 million that you need to now spend to get this CON
3 for the ASTC because you feel like it's the right thing
4 to do and what you want to do?
5 DR. AL-RASHID: Yes.
6 CHAIRPERSON OLSON: And I also wanted to make
7 sure -- just a clarification -- that North Shore
8 Endoscopy, who wrote the letter of opposition, is at
9 capacity and does not accept Medicaid. Is that correct?
10 DR. AL-RASHID: Yes.
11 CHAIRPERSON OLSON: Thank you.
12 MS. FRIEDMAN: We took reference from your
13 annual questionnaires to see that, their last
14 questionnaire, they reported no charity care and no
15 Medicaid.
16 CHAIRPERSON OLSON: Thank you.
17 Other questions?
18 MEMBER GREIMAN: Chair.
19 CHAIRPERSON OLSON: Justice.
20 MEMBER GREIMAN: You suggested that you would
21 have a significant amount of charity care. Is that what
22 you said?
23 MS. FRIEDMAN: What we cited was the large
24 volume of Medicaid cases.

1 They're doing over 450 cases a year -- which
2 is close to what all the surgery centers in a 45-minute
3 radius are doing -- and that we're also actively taking
4 referrals from Lake County Department of Public Health
5 for specialty referrals for endoscopy.
6 MEMBER GREIMAN: Medicaid isn't charity.
7 MS. FRIEDMAN: Medicaid is not charity.
8 Medicaid is low cost re -- low reimbursement. But they
9 are also taking unreimbursed cases from Lake County.
10 MEMBER GREIMAN: Well, my concern is that in
11 the report there is a suggestion as to the percentage of
12 charity care expense in the ASTC which is .16, which is
13 the lowest of any medical association -- medical
14 institution that I've seen since the end of the war here.
15 MS. FRIEDMAN: I'm sorry. What page are you
16 referring to?
17 MEMBER GREIMAN: 10.
18 MS. FRIEDMAN: That's -- I'm sorry. What's
19 the question? That's citing what the --
20 MEMBER GREIMAN: It's citing a .16.
21 CHAIRPERSON OLSON: That's in the entire HSA,
22 Justice.
23 MEMBER GREIMAN: I understand that. And what
24 everybody --

1 CHAIRPERSON OLSON: Yeah. They're 2 percent
2 on their own.
3 MEMBER GREIMAN: They're part of it, you know.
4 They would be the .16, their ASTC.
5 CHAIRPERSON OLSON: But 2 percent of their
6 payer mix is charity care.
7 MEMBER GREIMAN: Okay. Proposed.
8 MS. FRIEDMAN: Yeah. The number that you're
9 citing on the right is not a number that includes this
10 surgery center.
11 MEMBER GREIMAN: All right. I'm just
12 wondering whether it's an institutional kind of issue,
13 that your fellow -- your fellow doctors don't -- other
14 surgical centers aren't doing charitable work.
15 CHAIRPERSON OLSON: It totally is.
16 MEMBER GREIMAN: That's all I'm suggesting
17 here.
18 And you're saying you will do 2 percent,
19 not .16?
20 CHAIRPERSON OLSON: Yeah.
21 MS. FRIEDMAN: We will take the cases from
22 Lake County Department of Public Health when they refer
23 them to us, yes.
24 MEMBER GREIMAN: Okay.

1 CHAIRPERSON OLSON: Mr. Hayes.
2 VICE CHAIRMAN HAYES: Thank you, Madam
3 Chairman.
4 Could you give an ex- -- you know, one of the
5 things that's here in the State agency report in the
6 service demand and treatment room need assessment -- and
7 they're looking at these referrals when an overwhelming
8 majority of them come from this medical practice of these
9 three doctors. And what they're saying there, that that
10 is not a legitimate way of being able to justify this
11 center, this ASTC.
12 And, you know, the American -- the hospital
13 association has written a letter to that effect as well
14 as the association that's associated with ASTCs. I'm
15 sure you've seen that.
16 Could you try to answer that, what -- you
17 know, I know you've gone quite a bit in your report, but
18 can you address those specific areas for me right now
19 again?
20 MS. FRIEDMAN: You know, I'd actually
21 suggested -- and haven't really gone forward with this at
22 this point but -- that we might consider that a rule
23 change is appropriate because there is a rule under the
24 IDPH licensure act that allows physicians to do endoscopy

1 and other surgical services in their office as long as
2 it's not, basically, a majority of the activities.
3 But for -- particularly -- I'm not really sure
4 if there's other specialties. I think pain management
5 might be another one where you commonly see this. As a
6 normal part of practicing medicine, a surgical procedure
7 may be really a core part of what's being done in the
8 office setting.
9 I think in this particular instance what's
10 happening -- and if you've all been getting your
11 physicals every year, you're probably hearing this,
12 too -- is that your primary care physician, if he or she
13 is doing their job, is going to send you to a
14 gastroenterologist for their -- for an endoscopy every
15 10 years. And when you get sent to the
16 gastroenterologist, you're not going to be seen for a
17 consult in advance because you're asymptomatic and you're
18 only going for screening.
19 So that puts a whole population of patients in
20 this setting -- in this medical practice setting -- that
21 does not follow with this physician in the long term.
22 I think Dr. Al-Rashid was alluding to that previously.
23 But that gets the volumes that relate to
24 solely the surgical or endoscopy procedures to increase

1 at a level that doesn't reflect how the rest of their
2 practice -- where they actively follow their cases -- is
3 increasing or changing.
4 And so because we're doing such a good job
5 in -- at least most of the doctors that I've seen -- in
6 increasing screening colonoscopies, they've got this
7 patient population in their office that are not their
8 patients except for the purpose of the colonoscopy, which
9 is a surgical procedure.
10 VICE CHAIRMAN HAYES: And that's why they're
11 getting close to this 50 percent --
12 MS. FRIEDMAN: That's right.
13 VICE CHAIRMAN HAYES: -- margin there?
14 Well, how do you -- you know, one of the
15 reasons -- why might -- I think one of the reasons why
16 they put this in here is to be able to avoid the
17 situation of a self-referral.
18 In other words, if this -- these types of
19 procedures are being done in an office setting, there are
20 certain advantages, financial as well as, I think, you
21 know, the -- well, the flow, as well -- I mean, they're
22 operating their practice. I don't deny that. And -- of
23 going into, you know, an ASTC.
24 And -- you know, and, basically, that's why

1 these rules are in there, that -- to avoid this type of
2 self-referral or even what you would call maybe related
3 to a Stark situation, as well, the Stark laws there, but,
4 certainly, self-referral would be along those same lines.
5 Because these physicians, of course, own
6 the -- they'll own the ASTC and they'll be referring, you
7 know, people into that. Their referrals, 99 or
8 98 percent are coming from them, from their practice to
9 this ASTC, and that's why these rules are in effect,
10 I believe.
11 Isn't that correct?
12 MS. FRIEDMAN: Well, I work with surgical
13 providers quite frequently, and there are, you know, a
14 list of about 14 designated health services. And
15 surgical services are not part of the Stark law, so there
16 is not a Stark consideration with respect to this
17 ancillary service.
18 With respect to the State law requirement,
19 what is important on -- the important principle there is
20 that any surgical service or any ancillary service that a
21 physician is referring to, they must be using that
22 service as an extension of their practice. And endoscopy
23 is one of the best examples of that because it's such an
24 integral part of the service that a gastroenterologist

1 provides.
2 So as long as they're not just referring --
3 let's say it's an imaging center and not just referring
4 the case to an imaging center that they don't do any work
5 at. Then it's proper under both State and Federal law.
6 The rule has been around for a very long time
7 because I've been practicing with this Board for about
8 20 years, and I think it's been there all the time, and
9 there is, from time to time, a case where you see that
10 they butt up against this issue. And so we're here today
11 in one of those cases that, over time, I've worked with.
12 VICE CHAIRMAN HAYES: And so you're saying
13 that, you know, this is not a definition of a surgical
14 procedure so this does not -- the Stark law does not
15 apply?
16 MS. FRIEDMAN: Surgery is not a designated
17 service under the Stark law. There are other Federal
18 principles around self-referral that you're probably
19 alluding to. And, again, so --
20 VICE CHAIRMAN HAYES: For State and Federal,
21 yes.
22 MS. FRIEDMAN: Right. So under both of those,
23 both State and Federal, again, there's an idea that, if
24 you are going to refer a service -- for a service that

1 you have an ownership interest in, then you need to be
2 using that service actively.
3 They're called safe harbors for surgery center
4 ownership, and here in Illinois it's just part of the
5 rules of your self-referral law. So I do believe that we
6 very much comport with those laws.
7 VICE CHAIRMAN HAYES: Now, that may be the
8 case under these safe harbor rules, but how do we --
9 Mike, how are we able to get around this essential thing
10 of this self-referral? Which other people have brought
11 up, and, certainly, I -- even maybe IDPH.
12 But, certainly, in our rules it sounds like
13 a -- very problematic to --
14 MR. CONSTANTINO: That was put in there years
15 ago, John. It was -- the Board, as a planning function,
16 was supposed to be serving as a planning function. And
17 it was -- if there was capacity within that planning
18 area, the Board didn't want to approve any additional
19 services for a specific planning area.
20 That's why we never accepted referrals from a
21 medical office practice.
22 MS. FRIEDMAN: Although many of you were on
23 this Board when we brought Metroeast Endoscopic Surgery
24 Center before you, in which they had the identical

1 problem. And they did have the same negative finding on
2 their State agency report, but IDPH was knocking on their
3 door asking them to get a license, and so we came before
4 this Board and were approved.
5 Here, we have a legal commitment to IDPH to
6 get a license. And setting that aside, we also have the
7 issue of the 50 percent rule.
8 VICE CHAIRMAN HAYES: Now, Metroeast --
9 MR. CONSTANTINO: I want to bring up one thing
10 about this.
11 IDPH does not have any jurisdiction over this
12 Board whatsoever. You're the ones who determine need.
13 Once you approve it, that's when IDPH gets involved.
14 They will issue the license.
15 I -- your Board was not a party to anything
16 these people agreed to with IDPH.
17 CHAIRPERSON OLSON: I think we sort of put
18 that issue to rest when you said that you're voluntarily
19 here to get the ASTC licensure.
20 DR. AL-RASHID: Yes.
21 CHAIRPERSON OLSON: And I think that that's,
22 in part, because you're getting close to that 51 percent
23 threshold.
24 DR. AL-RASHID: Yes.

1 CHAIRPERSON OLSON: Is that correct?
2 DR. AL-RASHID: Yes.
3 MR. CONSTANTINO: If they're there, then
4 they're in violation of the Act, the ASTC Act.
5 CHAIRPERSON OLSON: Well, I don't believe that
6 they are now, and that's what you and I are going
7 to agree to disagree on.
8 But I think that what they -- they're doing
9 the ASTC because you feel like you will be shortly
10 because you're going to go over that 51 percent
11 threshold.
12 I guess where you and I disagree -- and will
13 continue to disagree -- is I don't believe that you are
14 in violation now, and I don't believe you do.
15 Right, Kara? You don't believe you're in
16 violation of -- maybe you don't want to say.
17 MS. FRIEDMAN: Because they -- because this is
18 limited to their physicians in their practice, I believe
19 it's appropriate.
20 CHAIRPERSON OLSON: Correct. It's four
21 parking spaces that are allegedly putting you in
22 violation.
23 DR. AL-RASHID: Right.
24 CHAIRPERSON OLSON: Other questions and

1 comments?
2 (No response.)
3 CHAIRPERSON OLSON: Seeing none, I would call
4 for a roll call vote.
5 MR. ROATE: Motion made by Mr. Sewell;
6 seconded by Mr. Hayes.
7 Mr. Bradley.
8 MEMBER BRADLEY: I've got to admit I'm torn on
9 this one.
10 But I think the argument that it increases
11 access and particularly increases access for the Medicaid
12 population is what sways my vote.
13 And so I will vote yes.
14 MR. ROATE: Thank you.
15 Justice Greiman.
16 MEMBER GREIMAN: And I agree that it would
17 increase service and is appropriate, and the answers that
18 they gave to our questions were -- their responses --
19 were appropriate.
20 So I'll vote yes.
21 MR. ROATE: Thank you.
22 Mr. Hayes.
23 VICE CHAIRMAN HAYES: Well, I understand that,
24 you know, that our rules are very -- are -- you know, in

1 particular, we've been well documented by our staff as
2 well as by our questions and by your response here.
3 You know, I'm going to go out on a limb and
4 say yes to this project, you know. And I hope that we're
5 not, you know, basically bending our rules too far.
6 I think the excess issue as well as -- you
7 know, that is coming down because I'm very familiar
8 and -- with the cost areas and, of course, the amount of
9 patients that are -- the cost of the procedures as well
10 as it may increase access to a specific population.
11 So I'm -- in my respect I'm torn and -- but
12 I think those are the reasons, excess and for, you know,
13 a disadvantaged population, a Medicaid as well as charity
14 care.
15 I think that's important so I'm going to
16 vote yes.
17 MR. ROATE: Thank you.
18 Mr. Sewell.
19 MEMBER SEWELL: I'm voting yes because I'm
20 impressed with the lack of access that Medicaid and
21 uninsured populations in that planning area have to this
22 service.
23 MR. ROATE: Thank you.
24 Chairwoman Olson.

1 CHAIRPERSON OLSON: I vote yes, as well, for
2 reasons stated by Mr. Sewell.
3 I think the access issue is huge, and
4 I applaud your commitment to that population.
5 MR. ROATE: Thank you.
6 That's 5 votes in the affirmative.
7 MS. FRIEDMAN: Thank you very much.
8 CHAIRPERSON OLSON: The motion passes.
9 Congratulations.
10 DR. AL-RASHID: Thank you.
11 DR. LEE: Thank you very much.
12 DR. TASIOPOULOS: Thank you.
13 CHAIRPERSON OLSON: All right.
14 (An off-the-record discussion was held.)
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1 CHAIRPERSON OLSON: Next is St. Anthony's
2 Hospital Ambulatory Care Center in Effingham,
3 Project 14-056.
4 May I have a motion to approve Project 14-056,
5 St. Anthony's Hospital Ambulatory Care Center, to
6 establish a medical office building.
7 MEMBER BRADLEY: So moved.
8 MEMBER GREIMAN: Second.
9 THE COURT REPORTER: Would you raise your
10 right hands, please.
11 (Four witnesses sworn.)
12 THE COURT REPORTER: Thank you. Please print
13 your names and would you just tell me your names, please.
14 MS. RUTHERFORD: Theresa Rutherford.
15 MR. STORM: Dave Storm.
16 MR. JENNINGS: Ryan Jennings.
17 MR. PARKHURST: Ed Parkhurst.
18 THE COURT REPORTER: Thank you.
19 CHAIRPERSON OLSON: Mr. Constantino, State
20 Board staff report.
21 MR. CONSTANTINO: Thank you, Madam Chairwoman.
22 The Applicants are proposing to establish an
23 ambulatory care building, along with an medical office
24 building, at a cost of approximately $14 million.

1 There was no public hearing, no opposition,
2 and no letters of support.
3 Thank you.
4 CHAIRPERSON OLSON: Comments for the Board?
5 MS. RUTHERFORD: Thank you very much.
6 Thank you for -- to the Board -- for being
7 here today and hearing our proposal and to the State
8 staff for their assistance with putting this forward.
9 I'm Theresa Rutherford and I'm privileged to
10 serve as the president and CEO at St. Anthony's Hospital
11 in Effingham, Illinois, where we have served our
12 community for over 140 years.
13 As you heard from Mr. Constantino, we're
14 seeking the approval to construct a mixed-use facility.
15 It's both an ambulatory care building but also a
16 physician office building, and our goals here are
17 several.
18 We have multiple sites within a several-block
19 radius that we're trying to consolidate into one
20 facility, looking to continue to improve the value of
21 health care in our community by reducing the cost and
22 expense and duplication of service while continuing to
23 improve the quality of the service.
24 Our trends are like that of our nation and our

1 state. We are having more and more outpatient activity
2 and less and less acute hospital activity, and so this
3 building suits that need.
4 We are -- on our community health needs
5 assessment, the number one identified problem by our
6 community was access to care, and this addresses that, as
7 well.
8 And currently this is a collaboration between
9 our community and our physicians. We have a third-party
10 investor who will be building on land leased from us. We
11 currently own the land itself, and they will bring not
12 only expertise and the investment in the contribution but
13 also facility management for us, so allowing us to really
14 focus on our primary business, being the health and
15 wellness of our community. In addition, we will lease
16 the space from the investor.
17 And as you heard, we had no opposition and no
18 public hearing was requested. Our project meets 13 of
19 the State criteria. The criteria that we do not -- where
20 there was noncompliance stated is related to the space
21 cost.
22 And when you take the space of the ACC and
23 clinical diagnostic space, it comes out at 254 and a
24 little -- and some change per square foot, whereas the

1 comparable for the physician office building -- just
2 physician office space -- is at 209, and that's the
3 benchmark which was used for the comparable of this
4 particular criteria.
5 What I would like to share with you is, in
6 fact, the reason we do not meet that criteria as stated
7 is because of the increased cost around radiation safety
8 because we will have a diagnostic center -- so lab and
9 radiology -- in this building. And with the equipment
10 around the radiation, we have to, of course, have lead
11 line and do other things that increase the cost per
12 square footage of that space.
13 And, in addition, when you bring in additional
14 diagnostics, you have to elevate the type of air --
15 heating and cooling around this space so that we can
16 maintain a consistent temperature around the equipment
17 that we use in that space.
18 When you look at the entire facility, it
19 actually costs out at 201 per square foot, which is below
20 the benchmark of 209, so we would like consideration for
21 that and believe that that addresses the noncompliant
22 area.
23 As you can see from the report, we are looking
24 at draw stations for lab, diagnostics, a women's center

1 which also includes mammography, additional education
2 space, which will be used by the hospital and colleagues
3 within this building but it also will be open to the
4 community, as well, really looking at additional needs
5 around diabetes and education for our community, and
6 then, of course, physician offices as well as a
7 convenient care.
8 This walk-in clinic, though, only currently --
9 excuse me -- operates in conjunction with our physicians
10 in the hours that they are unable to take patients, so it
11 is not a competition to the physicians in our community.
12 So it's after-hours and weekend access for patients.
13 So we see this as a strategic development in
14 the health and wellness of our community. And while we
15 are confident that our community investor will fully meet
16 their expectations, should they default for any reason,
17 we believe that this is such a part of our strategy that
18 we have committed, along with HSHS, to fully meet and
19 complete the project if they should default in any way.
20 We thank you for your positive consideration,
21 and my team and I will answer any questions that you
22 might have.
23 CHAIRPERSON OLSON: Thank you.
24 Questions from Board members?

1 Mr. Sewell and Mr. Hayes.
2 MEMBER SEWELL: I'd like to ask the staff
3 about what the president just said about overall costs
4 being below the standard but --
5 MR. CONSTANTINO: We use RSMeans for our
6 standards, and there is no standard for this specific
7 type of building. And then we go into the clinical and
8 nonclinical, and we can only review the clinical costs,
9 so there will be some escalation on the clinical costs.
10 Generally speaking, what -- the standards
11 we're using, we take the higher of the medical office
12 building and medical clinic and just hope it's halfway
13 close.
14 MEMBER SEWELL: So the radiation safety
15 construction that you had to do is the reason why you hit
16 that higher number?
17 MS. RUTHERFORD: That is the largest. And,
18 actually, Table 3 in the staff report demonstrates that
19 the women's wellness, where we have mammography and then
20 the diagnostic imaging, are the largest of the clinical
21 spaces.
22 And if you look at the express testing and the
23 walk-in clinic, they are a much more cost-effective build
24 than the space around radiology.

1 I'm sorry. That's on page 6 of your report.
2 MEMBER SEWELL: Yes.
3 I'm through.
4 CHAIRPERSON OLSON: Mr. Hayes.
5 VICE CHAIRMAN HAYES: Oh, thank you,
6 Madam Chairman.
7 Could you go into the -- you are basically --
8 the financing of this project is for cash and securities
9 of your -- of the hospital of 5.8 million. And you have
10 a bond rating of A minus for -- double A minus -- for
11 that, and you also have a financial statement that seems
12 to indicate that you'll be able to make that payment.
13 And then you also have a developer of -- and
14 you own the land, but he is -- I don't know if he's
15 buying the land from you or whatever, but he's the one
16 that builds this building and will manage it actually.
17 And he has -- what? -- a fair market value of almost
18 8.2 million; is that correct?
19 The fair market value of that mortgage.
20 MR. STORM: That is correct.
21 That is mostly the construction side that the
22 developer will incur, and the developer has not only the
23 mortgage -- I think about 5 million is what he's got a
24 letter of commitment from his bank -- as well as, also,

1 cash and securities to make up his portion of the
2 investment that the developer will have.
3 As far as St. Anthony's, we do have our cash
4 coming forward of about 3 million. Included is -- was
5 really equipment and fees at this time to make up what
6 our contribution would be to this project.
7 VICE CHAIRMAN HAYES: Okay. Well, my question
8 is that -- of -- this 5 million that the developer has
9 from his bank there.
10 Now, this bank is in -- what? -- in Dieterich?
11 The Bank of -- First National Bank of Dieterich? Or is
12 that -- am I wrong on the name?
13 MR. STORM: That's the name of it. The
14 corporate office is in Effingham for the bank, yes.
15 VICE CHAIRMAN HAYES: Okay. But the bank is
16 in Dieterich; is that correct?
17 MR. STORM: It's one of theirs. They have
18 probably about 10 different banks, yes. So that is the
19 name of the chain of banks, First National Bank of
20 Dieterich, but they do have about 10 banks under that --
21 banking.
22 VICE CHAIRMAN HAYES: Okay. What is the
23 banking -- and they're located -- their headquarters is
24 in Effingham; is that correct?

1 MR. STORM: That is correct. The corporate
2 office for the First National Bank of Dieterich is in
3 Effingham.
4 VICE CHAIRMAN HAYES: Okay. And they have
5 about 10 branches, then?
6 MR. STORM: I'm not sure of the exact number,
7 but I think about 10, yes.
8 VICE CHAIRMAN HAYES: Okay. Now, is there any
9 concern that this bank can handle this mortgage?
10 MR. STORM: No. I think they can handle it
11 very well.
12 VICE CHAIRMAN HAYES: Okay. It is a large --
13 is it the largest bank in Effingham?
14 MR. STORM: I would say at this time it
15 probably is one of the largest. I can't say it's the
16 largest, but it's probably one of the largest.
17 And they have -- they have moved out from just
18 the local Effingham area to be into the southern Illinois
19 area as well as the central Illinois area, as well.
20 VICE CHAIRMAN HAYES: Okay.
21 MR. CONSTANTINO: Mr. Hayes --
22 VICE CHAIRMAN HAYES: Thank you.
23 MR. CONSTANTINO: -- the Sisters have
24 guaranteed -- if the developer defaults, the Sisters have

1 guaranteed that the project will be completed.
2 VICE CHAIRMAN HAYES: Okay. I think I saw
3 that, as well.
4 MR. CONSTANTINO: So we do have a guarantee,
5 yeah.
6 VICE CHAIRMAN HAYES: Okay. Thank you.
7 CHAIRPERSON OLSON: Other questions or
8 comments?
9 (No response.)
10 CHAIRPERSON OLSON: I just wanted to clarify
11 because I think I misunderstood this when I read the
12 application.
13 You're saying the walk-in clinic would be open
14 after hours and weekends?
15 Because I -- for some reason I had in my head
16 it was going to be open eight hours a day during
17 office hours, which made no sense to me.
18 MS. RUTHERFORD: It's a collaboration with our
19 physicians. And we open at three o'clock in the
20 afternoon for the idea that -- patients who could not get
21 into their own primary care. And then they work -- they
22 function half a day on Saturday and Sunday.
23 CHAIRPERSON OLSON: Okay. Great. Thank you.
24 I thought I misunderstood that.

1 Other questions or comments?
2 (No response.)
3 CHAIRPERSON OLSON: Seeing none, I would ask
4 for a roll call vote.
5 MR. ROATE: Thank you, Madam Chair.
6 Motion made by Mr. Bradley; seconded by
7 Justice Greiman.
8 Mr. Bradley.
9 MEMBER BRADLEY: Based on a review of the
10 State agency report, I vote yes.
11 MR. ROATE: Justice Greiman.
12 MEMBER GREIMAN: For the reasons suggested,
13 I vote yes.
14 MR. ROATE: Mr. Hayes.
15 VICE CHAIRMAN HAYES: I vote yes based on the
16 State agency report, and I think they've explained the
17 one area that they did not meet the criteria.
18 MR. ROATE: Mr. Sewell.
19 MEMBER SEWELL: I vote yes. It appears that
20 we -- our standards are not so refined as to encompass
21 everything they're doing here, so I think this is in
22 accord with the spirit of the standard.
23 MR. ROATE: Chairwoman Olson.
24 CHAIRPERSON OLSON: I vote yes, as well, for

1 reasons stated.
2 MR. ROATE: 5 votes in the affirmative.
3 CHAIRPERSON OLSON: The motion passes.
4 Congratulations.
5 MS. RUTHERFORD: Thank you.
6 MR. STORM: Thank you.
7 MR. JENNINGS: Thank you.
8 CHAIRPERSON OLSON: I have 2:35. I'm going to
9 suggest a 15-minute break, and so we'll reconvene in
10 exactly 15 minutes.
11 Thank you.
12 (A recess was taken from 2:35 p.m. to
13 2:54 p.m.)
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1 CHAIRPERSON OLSON: Okay. Next we have Illini
2 Community Hospital in Pittsfield, if the Applicant would
3 come to the table.
4 While they are doing that, may I have a motion
5 to approve Project 14-060, Illini Community Hospital, to
6 establish a 10-bed AMI category of service.
7 VICE CHAIRMAN HAYES: So moved.
8 MEMBER SEWELL: Second.
9 CHAIRPERSON OLSON: If you will give the court
10 reporter your name and be sworn in.
11 DR. VRTIKAPA: Valentina Vrtikapa.
12 MS. HULL: Kathy Hull.
13 MS. KAHN: Maureen Kahn.
14 MS. KASPARIE: Betty Kasparie.
15 MR. HALE: Justin Hale.
16 MR. JOHNSON: Chuck Johnson.
17 THE COURT REPORTER: Would you raise your
18 right hands, please.
19 (Six witnesses sworn.)
20 THE COURT REPORTER: Thank you.
21 And please go ahead and print your names, as
22 well. Thank you.
23 CHAIRPERSON OLSON: Mr. Constantino, State
24 Board staff report.

1 MR. CONSTANTINO: Thank you, Madam Chairwoman.
2 The Applicants are proposing the establishment
3 of a 10-bed acute mental illness category of service in
4 Pittsfield, Illinois, at a cost of approximately
5 $3.3 million.
6 The anticipated completion date is
7 December 31st, 2016. There was no public hearing
8 requested. Letters of support were received, no letters
9 of opposition.
10 Thank you, Madam Chairwoman.
11 CHAIRPERSON OLSON: Thank you.
12 Any comments for the Board?
13 MS. HULL: Yes. My name is Kathy Hull. I'm
14 president and CEO of Illini Community Hospital.
15 First, I'd like to say thank you to both the
16 Board and the staff for their work reviewing the
17 application and considering our project today.
18 Illini Community Hospital is a 25-bed critical
19 access hospital in Pittsfield, Illinois. We're proposing
20 a 10-bed distinct-part unit for the care of geriatric
21 patients, psychiatric patients. I would like to address
22 the four criteria that were pointed out to us in the
23 staff review.
24 Criteria No. 1110.234(a), size of the project,

1 "The Applicant exceeds the State Board size standard for
2 AMI beds."
3 Currently we're working within the geometries
4 of the building that is existing; therefore, due to the
5 number of -- smaller number of beds, there's a certain
6 number of support space that has to go alongside of that
7 regardless of the bed number.
8 Criteria No. 2 was 1110.730(c)(1), planning
9 area, "There is a calculated excess of 88 acute mental
10 illness beds in the HSA."
11 The planning area for HSA 3 is 120 miles from
12 east to west. In July of 2011 Blessing, the only
13 hospital on the western side of HSA 3 with AMI beds,
14 decreased mental health beds in Quincy from 56 to 41 to
15 address the State's desire to reduce mental health beds
16 in the HSA.
17 Of the 41 beds remaining in the inventory at
18 Quincy, 15 are for children, leaving 26 for adults. The
19 beds are currently at a hundred percent occupancy in 2013
20 and 2014 and rarely are available to serve the geriatric
21 population. The excess beds are all on the Springfield
22 side or the eastern side of the HSA.
23 According to the State staff report, there are
24 five facilities in HSA 3 AMI planning area that provide

1 this service. None of the facilities are current with
2 the target occupancy of 85 percent. Blessing is
3 currently at a hundred percent utilization for the past
4 two years based on their 26 adult beds.
5 113 of the 232 AMI beds are dedicated to
6 children and adolescents, leaving 119 beds in the HSA to
7 address all adults. Blessing's 41 beds on the western
8 side of the HSA, again, are based on 15 children and
9 26 adult beds that are at the stated 100 percent
10 occupancy.
11 The service area proposed by the Illini
12 application does not go to the eastern side of the HSA
13 but is proposed by Illini to serve the immediate area and
14 the western side of the HSA as well as some Missouri zip
15 codes within the service region.
16 Springfield is located approximately 71 miles
17 from our location, and Illini is 38 minutes from --
18 drive -- to Jacksonville. It would not be reasonable to
19 assume residents of the eastern side of the HSA would
20 drive to the western side where currently there are open
21 beds.
22 Illini is specifically designing this facility
23 to meet the needs of older adults and geriatric patients
24 who have very specific needs than those of the ages 20 to

1 40 years. Blessing Hospital has offered mental health
2 patient services, but there is no geriatric care specific
3 for that.
4 The Affordable Care Act ensures that Americans
5 have access to quality affordable health care. To
6 achieve the goal, the law ensures that health plans offer
7 individual and market -- group markets both inside and
8 outside of the health insurance marketplace a core
9 package of benefits which now also requires mental health
10 services. We can expect individuals who have never had
11 access previously to be able to access the mental health
12 system.
13 Criteria No. 3 was 1110.730(d)(1), the five
14 hospitals in the planning area. "None of the five
15 facilities are at target occupancy."
16 Again, the Blessing facility, 41 beds, which
17 is located on the western side of the HSA, has 15 beds
18 serving adolescents and 26 adult beds, and they, again,
19 are at a hundred percent occupancy for the past
20 few years. It is 71 miles to the Springfield marketplace
21 for service.
22 The fourth criteria was 1120.140(c),
23 reasonableness of the project cost. "The Applicants are
24 proposing a modernization cost of $462 per square foot.

1 This appears high when compared to the Board's standard."
2 The mechanical cost is about a half a million
3 dollars of this. There's an air-handling system that
4 needs to be replaced as well as the filling in of an old
5 elevator shaft in the current building footprint. There
6 is an existing metal building that has been utilized
7 primarily for storage and has not had air handling in
8 that area up to this point.
9 So if we take the number we used for the
10 modernization and contingency and subtract the
11 mechanical, it gets us to $355.22 per square foot, even
12 though this is above the Board's standard of $317.43.
13 We do note that there's a greater complexity
14 in the building for a psychiatric unit. There are
15 potential ligature issues that you have to address based
16 on hardware needs for plumbing, mechanical, and
17 electrical as well as door needs. The small size of the
18 project also increases the per-square-foot cost since you
19 have to have the common areas that are -- for all beds
20 regardless of the numbers of beds that you're serving.
21 So we would be happy to entertain any
22 questions that you have.
23 CHAIRPERSON OLSON: Questions from Board
24 members?

1 (No response.)
2 CHAIRPERSON OLSON: So if I understand what
3 you're saying correctly, part of your reason for being
4 high on your square foot is because you only have
5 10 beds. But -- so are you suggesting then -- and maybe,
6 Mike, you can confirm this -- that the common areas --
7 I understand they're the same, but we don't factor that
8 into the equation.
9 Is that correct?
10 MR. CONSTANTINO: That's correct.
11 CHAIRPERSON OLSON: So if this had been a
12 25-bed AMI unit, you might have been okay? Because you
13 have the same common space but you only have 10 beds?
14 MS. HULL: Yes, ma'am.
15 MEMBER SEWELL: And the other was operating
16 within an existing building.
17 CHAIRPERSON OLSON: Existing facility.
18 MS. HULL: An existing footprint, yes, sir.
19 MEMBER SEWELL: I wanted to ask --
20 CHAIRPERSON OLSON: Please go ahead.
21 MEMBER SEWELL: So, Mike, we don't have --
22 what? -- age-specific criteria of bed need for this
23 category of service?
24 MR. CONSTANTINO: No, sir.

1 VICE CHAIRMAN HAYES: Madam Chairman.
2 CHAIRPERSON OLSON: Yes.
3 VICE CHAIRMAN HAYES: Thank you.
4 I was going to ask -- you may have actually
5 addressed it a little bit. But here we have the -- we
6 approved last month the Passavant Area Hospital, and we
7 approved a 10-bed acute mental illness category of
8 service, and that had -- they're about, what, 38 minutes
9 from you? Is that correct?
10 MS. HULL: Yes. They're about 40 miles.
11 VICE CHAIRMAN HAYES: Okay. Which actually is
12 going to be your closest competition; is that right?
13 MS. HULL: Yes, sir.
14 VICE CHAIRMAN HAYES: Did you address that
15 issue?
16 MS. HULL: Yes, sir. Actually, our service
17 area is more toward the Missouri market as well as in the
18 Adams County marketplace. We didn't take into
19 consideration the zip codes to the opposite side of the
20 market for us.
21 So we're actually proposing Pike and Adams,
22 Calhoun, Greene in Illinois and then Pike, Marion, Rails,
23 and Lincoln Counties in Missouri as our marketplace.
24 VICE CHAIRMAN HAYES: And that's where -- you

1 basically said in Missouri there aren't AMI beds within a
2 hundred miles of the -- of those areas?
3 MS. HULL: Yes, sir.
4 VICE CHAIRMAN HAYES: Now, if -- would you
5 have been -- would you have proposed this AMI unit if
6 Passavant had not come in the week -- or the month before
7 and got approval for a 10-bed mental health facility?
8 You know, it's basically -- I was reading this
9 report -- and, Mike, you could chime in on this.
10 I didn't see that much -- you know, they
11 talked a lot about the other hospitals and the areas in
12 Missouri and Illinois, but they did not mention this
13 other project that was approved last month. And anything
14 that dealt with that was -- I didn't read anything,
15 really, that it was dealt with even.
16 MR. CONSTANTINO: They -- both those projects
17 were submitted approximately the same time, John.
18 Passavant was just ahead of these people, so
19 they were submitted to you for the January meeting and it
20 was approved.
21 If you turn to the table --
22 VICE CHAIRMAN HAYES: Table 1?
23 MR. CONSTANTINO: -- Table 3 or Table 1 -- you
24 note we've included them in the number of beds in that

1 planning area now, Passavant Area Hospital.
2 You have to understand this is a 17-county AMI
3 service area. It's a huge service area. And most -- and
4 like the Applicant said, most of the beds are on the --
5 are in -- located in Springfield, Illinois, which is on
6 the eastern side of the health service area.
7 We tried to make that clear in the report;
8 probably didn't do a very good job, but that's what we
9 tried to make clear.
10 VICE CHAIRMAN HAYES: Oh, I think you make it
11 very clear there.
12 And, of course, your report -- you did include
13 their analysis, but your report does -- you know, you
14 don't have anything to do with the Missouri side, either.
15 MR. CONSTANTINO: Oh, no. We didn't consider
16 Missouri whatsoever.
17 MEMBER SEWELL: Does Missouri have certificate
18 of need?
19 MR. CONSTANTINO: Yes.
20 MEMBER SEWELL: Do they do contiguous reviews
21 when the area in Illinois touches?
22 Did they review this? Is the simple way of
23 asking it.
24 MS. HULL: No.

1 MEMBER SEWELL: Okay.
2 MR. CONSTANTINO: Mr. Sewell, I couldn't
3 answer that.
4 MS. KAHN: No, they don't.
5 MEMBER SEWELL: I was looking at you but they
6 answered.
7 CHAIRPERSON OLSON: Other questions or
8 comments?
9 VICE CHAIRMAN HAYES: No. I'm fine.
10 CHAIRPERSON OLSON: Okay. Seeing none, I'll
11 call for a roll call vote.
12 MR. ROATE: Thank you, Madam Chair.
13 Motion made by Mr. Hayes; seconded by
14 Mr. Sewell.
15 Mr. Bradley.
16 MEMBER BRADLEY: Well, once a year I go to
17 Pittsfield to get morel mushrooms from a guy, and I can
18 tell you it's a long way to there from Springfield.
19 I think they've adequately addressed the State
20 Board criteria which have been marked as exceptions, and
21 I think it's also critical to understand that the State
22 Board has historically viewed critical access hospitals
23 as necessary and approved these types of projects even
24 though all the criteria were not successfully addressed.

1 So I vote yes.
2 MR. ROATE: Thank you.
3 Justice Greiman.
4 MEMBER GREIMAN: I also would vote yes and
5 give awards to them for answering a question which always
6 disturbs me sometimes.
7 We've drawn these lines. And you said so many
8 people can be in this and this is it, you know. But they
9 made a good explanation of how "This is our square but we
10 don't quite fit in the square as we might," and I think
11 that that's something we have to consider from time to
12 time and often don't.
13 I vote yes.
14 MR. ROATE: Thank you.
15 Mr. Hayes.
16 VICE CHAIRMAN HAYES: I'm going to vote yes
17 because this is a necessary provider of services and AMI
18 services traditionally have been -- inpatient AMI
19 services -- have been hard to find in these rural areas
20 outside of Chicago.
21 So I'm going to vote yes. And I think they've
22 answered all the other criteria that were described in
23 the State agency report.
24 MR. ROATE: Thank you.

1 Chairwoman Olson.
2 CHAIRPERSON OLSON: Would you like
3 Mr. Sewell's vote?
4 MR. ROATE: I apologize.
5 Mr. Sewell.
6 MEMBER SEWELL: That's okay. I was late for
7 the meeting.
8 CHAIRPERSON OLSON: He's insinuating you
9 weren't here.
10 MEMBER SEWELL: I'm going to vote yes.
11 I want to applaud this Applicant for directly
12 addressing all the findings in the State agency report.
13 And I think what this project points to is
14 sort of weaknesses in our planning criteria about the
15 size of an area we focus on, the age categories of
16 service. I mean, I'm not suggesting that we messed up on
17 that; I think that's just state of the art.
18 So I vote yes.
19 MR. ROATE: Thank you.
20 Chairwoman Olson.
21 CHAIRPERSON OLSON: I vote yes, as well, for
22 all the reasons so eloquently stated by the gentlemen on
23 the panel.
24 MR. ROATE: That's 5 votes in the affirmative.

1 CHAIRPERSON OLSON: That would be you.
2 The motion passes. Thank very much.
3 MS. KAHN: Thank you.
4 MS. HULL: Thank you.
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1 CHAIRPERSON OLSON: Next, we'll call to the
2 table 14-061, Northwestern Memorial Hospital, Chicago.
3 As the Applicant moves to the table, may
4 I have a motion to approve Project 14-061, Northwestern
5 Memorial Hospital, to expand its outpatient surgery
6 service.
7 MEMBER BRADLEY: So moved.
8 CHAIRPERSON OLSON: May I have a second.
9 VICE CHAIRMAN HAYES: Second.
10 CHAIRPERSON OLSON: Mr. Hayes.
11 THE COURT REPORTER: Would you raise your
12 right hands, please.
13 (Four witnesses sworn.)
14 THE COURT REPORTER: Thank you. And would you
15 just tell me your names.
16 MS. ORTH: I'm Bridget Orth, director of
17 regulatory planning for Northwestern Memorial HealthCare.
18 MR. GANNOTTA: Richard Gannotta, president of
19 Northwestern Memorial Hospital.
20 MR. MLADUCKY: Jim Mladucky, director of
21 facility planning and construction, Northwestern Memorial
22 HealthCare.
23 MR. CHRISTIE: Rob Christie, senior vice
24 president, external affairs, Northwestern Memorial

1 HealthCare.
2 THE COURT REPORTER: Thank you.
3 CHAIRPERSON OLSON: Mr. Constantino, your
4 report.
5 MR. CONSTANTINO: Thank you, Madam Chairwoman.
6 The Applicants are proposing to expand an
7 existing hospital-based outpatient surgical service by
8 adding eight operating rooms on the 11th floor of the
9 newly constructed outpatient care pavilion.
10 The total project cost is approximately
11 $24.5 million. The anticipated completion date is
12 December 31st, 2016.
13 Thank you, Madam Chairwoman.
14 CHAIRPERSON OLSON: Thank you, Mr. Constantino.
15 Presentation for the Board?
16 MS. ORTH: Sure.
17 We are here before you today requesting
18 additional outpatient surgery room capacity to support
19 the continued and increasing demand for surgical services
20 at Northwestern Memorial Hospital. The State staff
21 report for our project shows only one negative relating
22 to the utilization calculation.
23 I'm happy to address that now or just open to
24 questions.

1 CHAIRPERSON OLSON: I would like you to
2 address it.
3 MS. ORTH: Okay. According to the State staff
4 report, based on the average of 2012 and 2013
5 surgical hours at Northwestern Memorial Hospital, we can
6 justify 66 operating rooms. We are requesting an
7 additional 8 operating rooms for a total of 70 by the end
8 of 2016.
9 Your rules allow for justification of
10 expansion of necessary services under -- using historical
11 utilization date. We provided 10 years of historical
12 data to demonstrate a decade of surgical growth at
13 Northwestern Memorial. In 2004 our hours justified
14 50 operating rooms, but by 2013 our hours justified
15 68 rooms.
16 A total of 66 operating rooms as calculated in
17 the State staff report would not have accommodated even
18 our last year's volume and will fall far well below what
19 we need for the future.
20 Our average annual growth for the decade of
21 data we provided was 4 percent for our surgical hours.
22 Assuming a growth rate of just 2 percent, which is half
23 the actual rate, we can justify 73 operating rooms by
24 calendar year '17, which would be the first full year of

1 utilization.
2 CHAIRPERSON OLSON: Thank you. And I had that
3 highlighted as a key point.
4 Questions or comments from Board members?
5 Mr. Sewell.
6 MEMBER SEWELL: Yes.
7 I wanted to make sure I understood your reason
8 for rejecting the alternative of expanding by a lesser
9 number of operating rooms.
10 I see it in your application and in the State
11 agency report, but I think I'm -- I think I'm doing my
12 own interpretation of it, and I'm not sure if it's
13 correct.
14 So maybe if you could just restate that
15 because, had you come in with fewer beds, you would have
16 been in compliance with all of the rules. You're about
17 four beds over.
18 MS. ORTH: Right. According to the State
19 staff report, using the average of 2012 and '13, we can
20 justify the 66. But if you look at just calendar year
21 '13, which was the last year of data that we provided, we
22 need -- we justified 68 beds. So even last year we were
23 only two away from what we were asking.
24 Our -- the past decade we've increased almost

1 every single year. I think one year we remained flat.
2 But -- so there's -- by the time we get these new
3 operating rooms open, we'll be more than filling them
4 and in -- likely, we'll need more capacity.
5 MEMBER SEWELL: So you're trending towards
6 more demand?
7 MS. ORTH: Correct. Correct.
8 MR. MLADUCKY: Strong.
9 MS. ORTH: Which is why we provided the
10 10 years of historical data, to show that that has been
11 the trend and it's not just a fluke, you know, one- or
12 two-year trend.
13 MEMBER SEWELL: Okay.
14 CHAIRPERSON OLSON: Other questions or
15 comments?
16 Mr. Hayes.
17 VICE CHAIRMAN HAYES: Yes. Thank you.
18 You know, basically, from this analysis, the
19 executive summary of the State agency report, last
20 month -- or December of 2014 -- you had come in to
21 essentially take out about 2.35 million that was involved
22 with the 11th floor physician office space.
23 And this -- if I understand this, this project
24 then takes the 11th floor and puts in these surgical

1 office suites. Is that -- or not -- excuse me -- these
2 surgical suites.
3 MS. ORTH: Correct. Yes.
4 So we altered the project, essentially
5 removing a floor of physician office space in order to
6 create space for this outpatient surgery unit.
7 VICE CHAIRMAN HAYES: Now, your garage goes up
8 to what floor? Nine?
9 Three to nine?
10 MR. MLADUCKY: That's correct. It does go --
11 three to nine.
12 VICE CHAIRMAN HAYES: And then on the tenth
13 floor you have -- the tenth floor is a mechanical floor?
14 MR. MLADUCKY: That's correct. Those are the
15 air handlers that supply from 11 through 17.
16 VICE CHAIRMAN HAYES: Okay. Now, you feel
17 that there won't be any problem with a garage on this
18 tenth floor as a buffer to -- for these surgical suites?
19 MR. MLADUCKY: No, not at all. That was
20 anticipated in some ways with the 12th floor, which has
21 eight ORs already.
22 VICE CHAIRMAN HAYES: Okay. The 12th floor
23 has eight ORs already?
24 MR. MLADUCKY: Correct. Those opened in

1 October of this -- of 2014.
2 MR. CHRISTIE: 2014.
3 VICE CHAIRMAN HAYES: Okay. So then the 11th
4 and 12th floors, are they the only ones with ORs?
5 MR. MLADUCKY: That's correct.
6 VICE CHAIRMAN HAYES: Okay. Thank you.
7 CHAIRPERSON OLSON: Other questions or
8 comments?
9 (No response.)
10 CHAIRPERSON OLSON: Seeing none, I'll call for
11 a roll call vote.
12 MR. ROATE: Thank you, Madam Chair.
13 Motion made by Mr. Bradley; seconded by
14 Mr. Hayes.
15 Mr. Bradley.
16 MEMBER BRADLEY: The State agency reviewed
17 15 criteria, found 1 that they did not meet. I think
18 they've adequately explained it and I vote yes.
19 MR. ROATE: Thank you.
20 Justice Greiman.
21 MEMBER GREIMAN: Yes. Their explanation was
22 absolutely adequate and I vote aye.
23 MR. ROATE: Thank you.
24 Mr. Hayes.

1 VICE CHAIRMAN HAYES: I vote yes based on the
2 State agency report, and they've described -- they've
3 adequately answered the one criteria that they did not
4 meet.
5 MR. ROATE: Thank you.
6 Mr. Sewell.
7 MEMBER SEWELL: I vote yes for reasons stated
8 by Mr. Hayes.
9 MR. ROATE: Thank you.
10 Chairwoman Olson.
11 CHAIRPERSON OLSON: I vote yes for reasons
12 stated, but I have a question.
13 What are you going to do in '17 when you need
14 three more?
15 MS. ORTH: I don't know.
16 CHAIRPERSON OLSON: Don't know? Okay. Good
17 answer.
18 MR. ROATE: 5 votes in the affirmative.
19 CHAIRPERSON OLSON: The motion passes.
20 Congratulations.
21 MS. ORTH: Thank you.
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1 CHAIRPERSON OLSON: Okay. Next we have
2 Project 14-065, Renal Care Group of Morris, Morris/
3 Plainfield.
4 May I have a motion to approve Project 14-065,
5 RCG Morris, to discontinue, relocate, and reestablish a
6 10-station ESRD facility.
7 May I have a motion.
8 VICE CHAIRMAN HAYES: So moved.
9 MEMBER SEWELL: Second.
10 CHAIRPERSON OLSON: Thank you.
11 THE COURT REPORTER: Would you raise your
12 right hands, please.
13 (Three witnesses sworn.)
14 THE COURT REPORTER: Thank you. And please
15 print your names.
16 CHAIRPERSON OLSON: Mr. Constantino, State
17 Board staff report.
18 MR. CONSTANTINO: Thank you, Madam Chairwoman.
19 The Applicants are proposing a discontinuation
20 of a 10-station facility in Morris, Illinois, and the
21 establishment of a 10-station facility in Plainfield,
22 Illinois.
23 The cost of the project is approximately
24 $3.6 million. The anticipated completion date is

1 December 31st, 2016. No public hearing was requested.
2 There were letters of opposition received by the State
3 Board staff.
4 Thank you, Madam Chairwoman.
5 CHAIRPERSON OLSON: Thank you, Mike.
6 Comments for the Board?
7 MS. WRIGHT: Good afternoon. My name is
8 Lori Wright, and I'm the CON specialist for Fresenius
9 Medical Care.
10 To my left is Abbie Morrison. She is the
11 director of operations covering the Morris clinic, and to
12 her left is Dr. Shafi, who is the medical director of the
13 Morris clinic.
14 MS. MORRISON: Good afternoon. My name is
15 Abbie Morrison, as Lori just pointed out, and I'm the
16 director of operations overseeing this project.
17 And I'd first like to, as always, thank the
18 staff for the review of this project. I would like to
19 point out that the Board staff report indicates that we
20 meet all the criteria for this project.
21 In the report the staff noted the
22 underutilization of our Morris clinic and noted the fact
23 that the DaVita Morris facility has capacity to accept
24 any of our 13 patients that we currently have. And

1 should those patients choose not to relocate, we expect
2 that they would be able to accommodate those patients.
3 They also acknowledged in the report the
4 significant growth in the north Plainfield area and that
5 the relocation of this clinic to this area will improve
6 access without impacting the current station inventory
7 for HSA 9.
8 At this time we'd be happy to answer any
9 questions you may have.
10 CHAIRPERSON OLSON: Questions or comments from
11 Board members?
12 (No response.)
13 CHAIRPERSON OLSON: So, Mr. Constantino, just
14 to clarify, they're actually in conformance with both
15 Part 1110 and 1120?
16 MR. CONSTANTINO: That's correct.
17 CHAIRPERSON OLSON: There was opposition?
18 That's why there --
19 MR. CONSTANTINO: That's right.
20 CHAIRPERSON OLSON: If I remember correctly,
21 the opposition said they can't handle your patients. Am
22 I misconstruing that?
23 Because I thought they said, when they sat
24 here this morning, no, they can't take your people.

1 MS. WRIGHT: Correct. The DaVita clinic is
2 currently at 61 percent with 33 patients. If they took,
3 say -- you know, there might be nine patients that would
4 transfer over there. Their facility would then be only
5 at 75 percent, still below target.
6 One thing in their opposition letter that they
7 noted was that their facility has seen significant growth
8 over the last three years; 75 percent, in fact.
9 And if you look at what that growth was, the
10 physician who was the main nephrologist in Morris
11 transferred all of his -- not all of his patients,
12 most -- out of the Fresenius clinic across the street to
13 the DaVita clinic. So over those last three years, that
14 growth has been a transfer of patients.
15 What we have actually seen, if you take the
16 two Morris clinics and combine their census utilization,
17 there's been a 23 percent drop in ESRD in Morris since
18 2011. At that time that was 58 patients dialyzing in
19 Morris; there's now 47.
20 So we feel like, given that there has actually
21 been negative growth in Morris, that we don't see any
22 reason why DaVita would not even want to accommodate
23 these patients.
24 CHAIRPERSON OLSON: So is it your opinion that

1 their opposition is more about where you're relocating
2 than where you're closing?
3 MS. WRIGHT: Possibly.
4 CHAIRPERSON OLSON: Other questions or
5 comments?
6 (No response.)
7 CHAIRPERSON OLSON: Seeing none, I will ask
8 for a roll call vote.
9 MR. ROATE: Motion made by Mr. Hayes; seconded
10 by Mr. Sewell.
11 Mr. Bradley.
12 MEMBER BRADLEY: The State agency report
13 finds that they meet all criteria, and for that reason
14 I vote yes.
15 MR. ROATE: Justice Greiman.
16 MEMBER GREIMAN: With some reservations
17 I agree that the State report does -- meets all of our
18 criteria. I'll vote yes for that reason.
19 MR. ROATE: Thank you.
20 Mr. Hayes.
21 VICE CHAIRMAN HAYES: I'm going to vote yes
22 because of the positive State agency report.
23 MR. ROATE: Thank you.
24 Mr. Sewell.

1 MEMBER SEWELL: I vote yes for the same
2 reason.
3 Plus, the opposition issues don't appear to be
4 able to be accommodated within our rules.
5 MR. ROATE: Chairwoman Olson.
6 CHAIRPERSON OLSON: I vote yes, as well, for
7 reasons stated by Mr. Sewell.
8 MR. ROATE: Thank you.
9 That's 5 votes in the affirmative.
10 CHAIRPERSON OLSON: The motion passes.
11 Congratulations.
12 MS. WRIGHT: Thank you very much.
13 DR. SHAFI: Thank you very much.
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1 CHAIRPERSON OLSON: And, finally,
2 Project 14-066, MacNeal Hospital in Berwyn.
3 As the Applicant moves to the table, may
4 I have a motion to approve Project 14-066, MacNeal
5 Hospital, to establish a 12-bed rehabilitation service.
6 MEMBER BRADLEY: So moved.
7 VICE CHAIRMAN HAYES: Second.
8 CHAIRPERSON OLSON: If the Applicants will
9 introduce themselves and be sworn in, please.
10 THE COURT REPORTER: Would you raise your
11 right hands, please.
12 (Four witnesses sworn.)
13 THE COURT REPORTER: Thank you. And please
14 print your names.
15 CHAIRPERSON OLSON: Mr. Constantino, your
16 report.
17 MR. CONSTANTINO: Thank you, Madam Chairwoman.
18 The Applicants are proposing to establish a
19 12-bed comprehensive physical rehabilitation unit on the
20 campus of MacNeal Hospital in Berwyn, Illinois.
21 The cost of the project is approximately
22 $2.6 million. The anticipated project completion date is
23 December 31st, 2015.
24 As part of this proposal, the Applicants will

1 decrease 12 beds at their sister facility in the Westlake
2 Hospital.
3 There were some supporting -- there were
4 support letters received by the State Board staff, no
5 letters of opposition, and no public hearing.
6 Thank you, Madam Chairwoman.
7 CHAIRPERSON OLSON: Comments for the Board?
8 MR. STEINER: Yes. Good afternoon.
9 Madam Chair and members of the Board, my name
10 is Scott Steiner, and I'm here -- I'm -- excuse me. I am
11 here as the CEO of MacNeal Hospital.
12 Today with me I have Dr. Manjula Khandelwal,
13 the section chair of physical medicine and rehabilitation
14 at MacNeal. Dr. Khandelwal is a board-certified
15 physiatrist who will respond to any clinical questions
16 that you may have.
17 I'm also joined at the table by Honey Skinner
18 and Jack Axel.
19 I am pleased to present this application to
20 establish a comprehensive acute physical rehabilitation
21 unit at MacNeal Hospital in Berwyn.
22 MacNeal is approaching our 100-year
23 anniversary of service and today is deeply connected to
24 caring for a very diverse community, including a large

1 Latino and Polish population. We take this
2 responsibility very seriously, including the challenges
3 and barriers that languages often present. MacNeal
4 offers full bilingual services, maintains a staff in
5 which more than 40 percent are bilingual and 30 percent
6 are bilingual/bicultural.
7 As you know, MacNeal is one of the four area
8 Chicago hospitals that are owned by Tenet Healthcare that
9 were acquired from Vanguard Health Systems in October of
10 2013. The other three Tenet hospitals are Westlake
11 Hospital, West Suburban Medical Center, and Weiss
12 Memorial. Combined, our hospitals serve many
13 communities, including the city of Chicago, Berwyn,
14 Cicero, Oak Park, and Melrose Park.
15 This application was developed following
16 numerous technical assistance conversations with your
17 staff. Specifically we went to your staff and explained
18 that MacNeal Hospital has a material void in its services
19 because it does not have an inpatient acute
20 rehabilitation unit. We acknowledged that the inventory
21 indicates there now exists an excess of physical
22 rehabilitation beds in MacNeal's planning area.
23 We informed your staff that Tenet Westlake
24 Hospital, which is located in MacNeal's planning area,

1 has a physical rehabilitation unit and that that unit has
2 more than a sufficient capacity to meet the needs of the
3 Westlake patients.
4 We expressed our plan, as reflected in the
5 application before you, to discontinue the same number of
6 physical rehabilitation beds at Westlake that we are
7 seeking to add at MacNeal. As a result, the net of our
8 application would be zero additional beds added to the
9 inventory if this project is approved.
10 Your staff concurred that this plan would not
11 result in the addition of any physical rehabilitation
12 beds in the inventory and, on page 3 of your State agency
13 report, confirms this finding. We appreciate that
14 Mike Constantino has confirmed this finding in his oral
15 report.
16 We agreed to submit a signed commitment and
17 have done so in a letter dated December 15th that is part
18 of the record. As a result of this commitment, approval
19 of a 12-bed unit at MacNeal will trigger the simultaneous
20 discontinuation of 12 beds at Westlake. Again, this
21 strategy was followed in order to ensure that, in
22 approving this application, our project would not add to
23 the excess physical rehabilitation beds in the planning
24 area.

1 With regard to the negative findings as noted
2 in your State agency report, our project was found to be
3 in noncompliance with only two of the applicable review
4 criteria, those being the two criteria addressing
5 overbedding in the area, Criteria 1110.630(b) and (c).
6 Your staff in their discussion of these two criteria
7 have, however, noted that our project will not add beds
8 to the planning area and that our project will not result
9 in a maldistribution.
10 Stated in another way, these two findings are
11 nothing that we can do anything about to resolve, but we
12 have neutralized them through our commitment to
13 discontinue beds at Westlake Hospital.
14 We are grateful for the time your staff has
15 spent with us working on a plan that allows our patients
16 to be treated in a coordinated and ethically respectful
17 manner at MacNeal while not increasing the number of
18 excess beds in the planning area.
19 Along with the other letters -- 10 letters of
20 support, we are grateful for State Representative Chris
21 Welch, who is the chair of the Westlake board, who wrote
22 a letter in favor of this plan on behalf of the board of
23 directors of Westlake Hospital, and also to State
24 Representative Lisa Hernandez, who also submitted a

1 letter of support.
2 We are, as always, appreciative of our
3 partner, Alivio Medical Center, and its CEO, Esther
4 Corpuz, for taking the time to speak in favor of our
5 project during participation, public participation. As
6 you know, no letters of opposition were submitted and no
7 public hearing was requested.
8 We'd be happy to answer any questions you
9 might have. Thank you for the opportunity.
10 CHAIRPERSON OLSON: Questions from Board
11 members?
12 (No response.)
13 CHAIRPERSON OLSON: So the letter -- I don't
14 have a copy of it.
15 The letter -- the intent of the letter is
16 that, when you open these new 12 beds, you will
17 discontinue the other 12?
18 MR. STEINER: Correct, at Westlake.
19 CHAIRPERSON OLSON: I just wanted to make sure
20 that there was some sort of date on it. We're trying to
21 get rid of these conditions that have no ending on them.
22 MR. STEINER: December 15th of 2014, yes.
23 CHAIRPERSON OLSON: Of 2015.
24 MS. AVERY: 2015.

1 MR. AXEL: The letter was dated December 15th
2 of 2015.
3 The letter states --
4 CHAIRPERSON OLSON: Of '14?
5 MR. AXEL: 2014. Excuse me.
6 The letter states that we will discontinue the
7 beds at Westlake upon the opening of the beds at MacNeal.
8 CHAIRPERSON OLSON: Okay. Thank you.
9 Other questions or comments?
10 (No response.)
11 CHAIRPERSON OLSON: Seeing none, I would ask
12 for a roll call vote.
13 MR. ROATE: Thank you, Madam Chair.
14 Motion made by Mr. Bradley; seconded by
15 Mr. Hayes.
16 Mr. Bradley.
17 MEMBER BRADLEY: Based on the positive State
18 agency report and the fact that they intend to close the
19 beds at Westlake, I vote yes.
20 MR. ROATE: Thank you.
21 Justice Greiman.
22 MEMBER GREIMAN: I vote yes based on the
23 previous statement.
24 MR. ROATE: Thank you.

1 Mr. Hayes.
2 VICE CHAIRMAN HAYES: I'm going to vote yes
3 based on the State agency report and the, you know,
4 10 beds that they'll be discontinuing at Westlake.
5 MR. ROATE: Thank you.
6 Mr. Sewell.
7 MEMBER SEWELL: I vote yes for reasons stated.
8 MR. ROATE: Thank you.
9 Chairwoman Olson.
10 CHAIRPERSON OLSON: I vote yes for reasons
11 stated.
12 MR. ROATE: 5 votes in the affirmative.
13 CHAIRPERSON OLSON: The motion passes.
14 Congratulations.
15 MR. AXEL: Thank you.
16 MR. STEINER: Thank you.
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1 CHAIRPERSON OLSON: Applications subsequent to
2 intent to deny, there are none.
3 HFSRB/IDPH interagency agreement update.
4 Juan.
5 MR. MORADO: We have had an opportunity to
6 send the most recent draft of the IGA agreement between
7 IDPH and the Board to the new general counsel for IDPH.
8 They've had an opportunity to review that. They accepted
9 all of our changes.
10 There are no real significant changes from the
11 IGA that was signed in calendar year 2014, and we would
12 seek your approval of the Board executing the 2014
13 agreement as soon as possible. Today.
14 CHAIRPERSON OLSON: Now?
15 May I have a motion to approve the interagency
16 agreement.
17 MEMBER SEWELL: So moved.
18 VICE CHAIRMAN HAYES: Second.
19 CHAIRPERSON OLSON: Roll call vote, please.
20 MR. ROATE: Motion made by Mr. Sewell;
21 seconded by Mr. Hayes.
22 Mr. Bradley.
23 MEMBER BRADLEY: Yes.
24 MR. ROATE: Justice Greiman.

1 MEMBER GREIMAN: Yes.
2 MR. ROATE: Mr. Hayes.
3 VICE CHAIRMAN HAYES: Yes.
4 MR. ROATE: Mr. Sewell.
5 MEMBER SEWELL: Yes.
6 MR. ROATE: Chairwoman Olson.
7 CHAIRPERSON OLSON: I'm sorry. Yes.
8 MR. ROATE: 5 votes in the affirmative.
9 CHAIRPERSON OLSON: The motion passes.
10 Next, we have a legislative update. You were
11 handed that at -- it's in our -- handed and e-mailed in
12 our packet.
13 A big shout-out to Ann Guild. Thank you so
14 much for all your work on this. It's greatly
15 appreciated.
16 Are there questions with regard to this
17 report?
18 Anything that you -- anything you want to
19 highlight, Courtney or Ann?
20 MS. AVERY: Yeah.
21 We have two bills that are going to be in
22 committee tomorrow, and I will be there. We've already
23 registered our opposition to those two.
24 And I have to look them up. I think it was

1 1512 and the trauma center, House Bill 1398.
2 So we're still in discussion with IHA over a
3 bill that's initiated by them.
4 We also have our own initiative, which is
5 House Bill 3133. Representative Davis is carrying that
6 bill in the House, and then in the Senate, hopefully,
7 we'll have Senator Syverson that will carry it in the
8 Senate.
9 There are a few minor issues with it so far
10 that -- we had to do one amendment, and that was just to
11 change the word to "accept" instead of "acquire." So
12 we're working on that one amendment.
13 But the other bill that's really kind of
14 alarming to us, Senate Bill 1677 and Senate Bill 1692 by
15 Senator Van Pelt, I understand from her office that she
16 feels like she may not call those bills. And it has to
17 do with Sacred Heart Hospital reopening without a
18 certificate of need or IDPH oversight, and the other one
19 is to create that hospital into a freestanding rapid
20 treatment emergency room. So in discussion with her
21 staff, I don't think she's going to call that one.
22 I kept missing the calls from Representative
23 Reaves-Harris, and she may act the same after we have a
24 discussion with her.

1 The other bill that's of a little bit of
2 concern is Representative Phelps -- Phillips,
3 I'm sorry -- which removes nursing homes from the
4 jurisdiction of the Board. It's scheduled for committee
5 tomorrow, along with the south suburban trauma center.
6 So there's opposition with the hospital -- with the
7 nursing home, from the major organizations within that
8 industry, so I don't think it will pass out of committee.
9 I think those are the highlights.
10 CHAIRPERSON OLSON: Thank you.
11 Just for the record because I was asked today,
12 we were not able to find a sponsor for a bill to decrease
13 the number of affirmative votes required to pass to a
14 majority of those present, and we were also not
15 successful in finding a sponsor for our proposed bill to
16 compensate the Board members.
17 So you're all still here for the same pay
18 you've been here for for a while. But I was asked
19 about --
20 MEMBER GREIMAN: Sometimes -- you say we
21 couldn't find a sponsor of the bill that would change the
22 number of votes we'd need to pass affirmatively?
23 CHAIRPERSON OLSON: That's correct. That's
24 what I said, yes.

1 MEMBER GREIMAN: How many of the 118
2 representatives were questioned on it?
3 MS. AVERY: We have kind of a different
4 relationship with the Governor's office so far. And
5 usually I get some assistance with orchestrating that.
6 But I looked at those who have been in favor
7 of the Board over the last years and asked them to do it,
8 and they just did not feel that that would be appropriate
9 to do at this time.
10 And the compensation part, no one wanted to
11 carry it because of the fiscal note.
12 But, you know, I tried at least, I would say,
13 about 12 that I think are our friends. And, no, we
14 weren't able to get anyone to change it. And one of the
15 issues that we got from the Quinn administration was that
16 it's in line with every other board and commission within
17 the State.
18 MEMBER GREIMAN: Okay. Thank you.
19 MEMBER SEWELL: At least we don't get a
20 pay cut.
21 CHAIRPERSON OLSON: No, we did not get a
22 pay cut.
23 MS. AVERY: We did not get a pay cut.
24 CHAIRPERSON OLSON: Nothing from nothing is

1 still nothing.
2 VICE CHAIRMAN HAYES: Yeah. I wanted to just
3 ask about this, a couple of them.
4 This first bill, SB 0691, and then it's
5 HB 0294, you know, would that -- is that a major problem
6 for these -- I mean, they want information on their
7 annual capital expenditure report for, you know,
8 minority-owned, women-owned, veteran-owned, and small
9 business enterprise activity.
10 You have no position on that. What is the
11 industry saying about that?
12 MS. AVERY: I can say that Representative
13 Davis for House Bill 0294 has advised me that he's in
14 discussion with IHA, but he did not disclose the outcome
15 of those discussions.
16 VICE CHAIRMAN HAYES: Okay.
17 MS. AVERY: But I'm pretty sure they're
18 opposing it.
19 VICE CHAIRMAN HAYES: Okay. Okay.
20 MS. AVERY: Probably with some language
21 changes it may work. But for us it won't -- the reason
22 I said no position on it, it would just be adding either
23 an addendum to our data collection as an attachment or
24 we'll just put the questions right in the surveys.

1 That's what it would call for if this passes.
2 We would just have to alter our surveys to ask those
3 questions.
4 VICE CHAIRMAN HAYES: So our staff wouldn't
5 really have a major problem with that; is that right?
6 MS. AVERY: No. And part of my feedback to
7 both Senator Sandoval and Representative Davis is that we
8 would not use that in weighing in on the application.
9 It will not be a factor.
10 We would just collect the data. We won't be
11 able to verify if it's correct, we won't ask for any
12 backup, that they would probably have to get another
13 entity to do that.
14 VICE CHAIRMAN HAYES: Okay.
15 Now, there's also -- I noticed that -- our
16 famous bill that's been around a long time from Senator
17 Brady --
18 MS. AVERY: Yes.
19 VICE CHAIRMAN HAYES: -- and then, also, there
20 is the bill in the House. Is that correct?
21 MS. AVERY: Same bill, yes.
22 VICE CHAIRMAN HAYES: And that now has a
23 sponsor of, you know, Jack Franks as well as
24 Representative Harris; is that correct?

1 MS. AVERY: Correct.
2 VICE CHAIRMAN HAYES: Okay. So that is not
3 moving forward right now; is that correct?
4 MS. AVERY: It is not moving forward. And
5 one -- the House bill is still in rules, and the Senate
6 bill was sent to the subcommittee on special issues and
7 it hasn't moved, so I don't think it will go forth.
8 I know last year the bill was introduced by
9 Brady and Representative McCarter -- Carter? -- Kyle? --
10 is it McCarter?
11 MR. DART: Yes.
12 MS. AVERY: It was introduced by him.
13 Excuse me.
14 And that committee did give him the privilege
15 of coming and presenting in front of the committee, but
16 it didn't make it out of the committee. It didn't have
17 enough votes.
18 VICE CHAIRMAN HAYES: Okay. But the bill --
19 I noticed that it has a new sponsor in the House of
20 Jack Franks.
21 MS. AVERY: Yeah. He --
22 VICE CHAIRMAN HAYES: Representative Harris,
23 I think, was involved last year somewhat --
24 MS. AVERY: Right.

1 VICE CHAIRMAN HAYES: -- but now Jack Franks
2 is, as well.
3 MS. AVERY: And I have reached out to all of
4 them to actually see what the issues or concerns were
5 with the Board and no -- no response.
6 Jack Franks is new with this one. And
7 last year he had a lot to say about our bill. He was one
8 of the few that was really opposed to it on the Democrat
9 side. He might have been the only Democrat that was
10 opposed.
11 VICE CHAIRMAN HAYES: What? He was the
12 only --
13 MS. AVERY: I think so, when I think about it.
14 Our bill that we sponsored last year did a lot
15 of cleanup and technical issues. It didn't have anything
16 controversial in it.
17 VICE CHAIRMAN HAYES: Okay. Thank you.
18 MS. AVERY: You're welcome.
19 CHAIRPERSON OLSON: Other questions about the
20 legislative report?
21 (No response.)
22 CHAIRPERSON OLSON: Seeing none, I would move
23 on to rules development.
24 We have an amendment to 77 IAC 1110 rules.

1 Claire, do you want to explain that to us?
2 MS. BURMAN: Sure. I'd be happy to.
3 Is this on?
4 MR. MORADO: Yeah.
5 CHAIRPERSON OLSON: We can hear you. Yeah.
6 MS. BURMAN: Yeah. What you have before
7 you -- hopefully, you all have a copy of it -- is a brief
8 amendment for Section 1110.1540. This is part of the
9 ASTC rules that were approved last year.
10 The amendment is contained in subsection (a)(1),
11 and the first part of it reiterates what is already
12 stated about facilities that offer only abortion or
13 abortion-related services but they are licensed as ASTCs.
14 The first amendment just reiterates what is
15 already stated. The last sentence that's been added
16 reminds those who have a permit that, if they are
17 providing only abortion-related services, that if someday
18 further down the line they want to add a new specialty --
19 like podiatry or ophthalmology -- they would then have to
20 come to the Board for a permit. But other than that,
21 they are exempt from coming in to get a permit if they
22 are only performing abortion-related services.
23 So that is what this is about.
24 CHAIRPERSON OLSON: Are there questions

1 regarding this amendment?
2 VICE CHAIRMAN HAYES: I was just wondering,
3 when you mentioned -- it says here "licensed as PSTCs."
4 What is that again?
5 MS. BURMAN: They are licensed. That's what
6 they fall under. They have components that would be
7 identified as being that of an ASTC. But because they
8 are solely providing abortion-related services, they are
9 exempt from having to come in to you on a permit.
10 VICE CHAIRMAN HAYES: Is there any other PSTCs
11 that are -- that do not provide abortion services?
12 MS. BURMAN: I think there is some type of
13 facility -- I don't remember the name of it -- that does
14 fall outside of that, but their services are more
15 restrictive. So I --
16 CHAIRPERSON OLSON: What does "PSTC" mean?
17 MS. BURMAN: Excuse me?
18 CHAIRPERSON OLSON: What does "PSTC"
19 stand for?
20 MS. BURMAN: Pregnancy termination service
21 center.
22 CHAIRPERSON OLSON: That helps.
23 VICE CHAIRMAN HAYES: Okay.
24 Now, I understand from you that there is

1 this -- you know, this has been going on for about
2 a year. And, you know, basically, it's -- it looks like
3 this is already in these rules but they wanted additional
4 language there.
5 It sounds like it already -- on -- if you're
6 licensed as a PSTC under the Act, you are not subject to
7 HFSRB rules related to the nonhealth -- nonhospital-based
8 ASTCs.
9 Okay? So that's -- they are not -- you know,
10 that's not -- they're not under our purview right now
11 with this language.
12 MS. BURMAN: That's correct.
13 VICE CHAIRMAN HAYES: But they wanted to --
14 what is it? The American Civil Liberties Union has
15 wanted additional language put in here?
16 MS. BURMAN: Yes. Yes, this is their request.
17 VICE CHAIRMAN HAYES: Okay.
18 Okay. Now, is there any -- this is directed
19 directly to Juan.
20 Is there any court case that would preclude us
21 from dealing with these PSTCs?
22 MR. MORADO: In what way do you mean,
23 "preclude" us from dealing with them?
24 VICE CHAIRMAN HAYES: Is there any court case

1 that specifically or would cause us to -- that would not
2 allow us to regulate PSTCs?
3 MR. MORADO: Not that I'm aware of at this
4 time, but I can look into that.
5 VICE CHAIRMAN HAYES: So, basically, this is
6 not -- this language is -- doesn't have a lot of meaning,
7 but it allows a certain amount of risk prevention?
8 I mean, it strengthens --
9 MS. BURMAN: It reassures them that --
10 VICE CHAIRMAN HAYES: -- or reassures them
11 that we're not going to deal with PSTCs of any type?
12 MR. MORADO: Correct.
13 MS. BURMAN: That's correct.
14 VICE CHAIRMAN HAYES: Okay.
15 CHAIRPERSON OLSON: Are we all good?
16 VICE CHAIRMAN HAYES: Yeah.
17 CHAIRPERSON OLSON: May I have a motion to
18 approve the response to public comment for amendment to
19 77 Illinois Administrative Code 1110.
20 This is the --
21 MS. BURMAN: That's it.
22 CHAIRPERSON OLSON: Yes. This is the response
23 to public comment?
24 MS. AVERY: Right.

1 MS. BURMAN: Well, this is from old public
2 comment. JCAR never picked up on it --
3 CHAIRPERSON OLSON: Okay.
4 MS. BURMAN: -- the first time that it went
5 through.
6 CHAIRPERSON OLSON: Okay. May I have a
7 motion.
8 MEMBER SEWELL: So moved.
9 CHAIRPERSON OLSON: And a second.
10 VICE CHAIRMAN HAYES: Second.
11 CHAIRPERSON OLSON: All those in favor
12 say aye.
13 (Ayes heard.)
14 CHAIRPERSON OLSON: Opposed, like sign.
15 (No response.)
16 CHAIRPERSON OLSON: The motion carries.
17 MS. BURMAN: All right. Thank you.
18 CHAIRPERSON OLSON: Thank you, Claire.
19 There is no unfinished business.
20 You all had the financial report in your
21 packet.
22 May I have a motion to approve the financial
23 report -- well, first, are there any questions? I guess.
24 Anybody have any questions with regard to the

1 financial report?
2 (No response.)
3 CHAIRPERSON OLSON: Seeing none, I would ask
4 for a motion to approve the financial report.
5 MEMBER SEWELL: Let me look at it.
6 CHAIRPERSON OLSON: Do you have a question?
7 (An off-the-record discussion was held.)
8 CHAIRPERSON OLSON: May I have a motion to
9 approve the financial report.
10 Can I make a motion? I just want the
11 financial report approved.
12 MEMBER SEWELL: I haven't read it. I'm trying
13 to read it.
14 CHAIRPERSON OLSON: Oh, okay. I'll give you
15 time to read it.
16 MEMBER GREIMAN: I read it but I can't
17 understand how we're going to get paid.
18 MEMBER SEWELL: I'll move approval of the
19 financial report.
20 CHAIRPERSON OLSON: All right. I have a
21 motion to approve the financial report --
22 VICE CHAIRMAN HAYES: So moved.
23 CHAIRPERSON OLSON: -- with no payment in it
24 for the Board members.

1 MEMBER GREIMAN: I'll second it.
2 CHAIRPERSON OLSON: Okay. All those in favor
3 say aye.
4 (Ayes heard.)
5 CHAIRPERSON OLSON: Opposed, like sign.
6 (No response.)
7 CHAIRPERSON OLSON: The motion passes.
8 I just want to give a notice of additional
9 procedures.
10 Golf Surgical Center in Des Plaines has added
11 a neurology specialty, and Rockford Orthopedic Surgery
12 Center in Rockford has added oral and maxillofacial
13 surgery.
14 That's information.
15 VICE CHAIRMAN HAYES: Now, why are we getting
16 this? Is that -- they can do that without any kind of
17 Board --
18 MS. AVERY: That's right.
19 VICE CHAIRMAN HAYES: And what have they done?
20 They've basically made us aware of that; is that correct?
21 CHAIRPERSON OLSON: That's correct.
22 MR. CONSTANTINO: That's correct.
23 VICE CHAIRMAN HAYES: Okay.
24 MR. CONSTANTINO: One of the few. Even though

they're required.

MEMBER SEWELL: Mike just thought he'd throw that in.

CHAIRPERSON OLSON: May I have a motion to adjourn.

VICE CHAIRMAN HAYES: So moved.

MEMBER SEWELL: So moved.

CHAIRPERSON OLSON: I got that one right away. All those in favor say aye.

(Ayes heard.)

CHAIRPERSON OLSON: Opposed?

(No response.)

CHAIRPERSON OLSON: The next meeting is April 21st in Bolingbrook, Illinois.

Thank you all.

(Off the record at 3:49 p.m.)

CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CCP, FAPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 29th day of March, 2015.

My commission expires: May 31, 2017

Notary Public in and for the
State of Illinois

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