Transcript of **BOARD MEETING - FULL MEETING**

Date: March 10, 2015

Case: STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

PLANET DEPOS
Phone: 888.433.3767
Fax: 888.503.3767
Email: transcripts@planetdepos.com
Internet: www.planetdepos.com

Worldwide Court Reporting | Interpretation | Trial Services

1

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
OPEN SESSION

REPORT OF PROCEEDINGS

Bolingbrook, Illinois 60490
Tuesday, March 10, 2015
12:33 p.m.

BOARD MEMBERS PRESENT:
KATHY OLSON, Chairperson
JOHN HAYES, Vice Chairman
PHILLIP BRADLEY
ALAN GREIMAN
RICHARD SEWELL

Job No. 75478
Pages: 1 - 145
Reported by: Melanie L. Humphrey-Sonntag,
CSR, RDR, CRR, CCP, FAPR

2

ALSO PRESENT:
JUAN MORADO, JR., General Counsel
JEANNIE MITCHELL, Assistant General Counsel
COURTNEY AVERY, Administrator
NELSON AGBODO, Health Systems Data Manager
CLAIRE BURMAN, Board Staff
CATHERINE CLARKE, Board Staff
MICHAEL CONSTANTINO, IDPH Staff
BILL DART, IDPH Staff
GEORGE ROATE, IDPH Staff

3

CONTENTS

PAGE
CALL TO ORDER 5
ROLL CALL 5
EXECUTIVE SESSION 5
APPROVAL OF AGENDA 6
APPROVAL OF MINUTES 6
PUBLIC PARTICIPATION
Winchester Endoscopy Center 8
RCG Morris/Fresenius Medical Care 15
MacNeal Hospital 17
POSTPERMIT ITEMS APPROVED BY THE CHAIRMAN 20
ITEMS FOR STATE BOARD ACTION 20
PERMIT RENEWAL REQUESTS
St. John's Hospital, Springfield 21
EXTENSION REQUESTS 24
EXEMPTION REQUESTS 24
ALTERATION REQUESTS 24
DECLARATORY RULINGS AND OTHER BUSINESS
Illini Hospital 25
Herrin Hospital 25
OSF Saint Anthony's Health Center 25
Advocate Condell Medical Center 25
Ritacca Laser Center of Vernon Hills 28

4

CONTENTS CONTINUED

PAGE
HEALTH CARE WORKER SELF-REFERRAL ACT 44
STATUS REPORT ON CONDITIONAL/CONTINGENT PERMITS 44
APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
Sarah Bush Lincoln Center 45
Center for Comprehensive Services, Inc. 48
Winchester Endoscopy Center 52
St. Anthony's Hospital Ambulatory Care Center 80
Illini Community Hospital 92
Northwestern Memorial Hospital 106
Renal Care Group of Morris 114
MacNeal Hospital 120
APPLICATIONS SUBSEQUENT TO INTENT TO DENY 128
OTHER BUSINESS
HFSRB/IDPH Interagency Agreement 128
Legislative Update 129
RULES DEVELOPMENT 136
UNFINISHED BUSINESS 141
NEW BUSINESS
Financial Report 141
Notice of Additional Procedures 143
ADJOURNMENT 144

5

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.

6

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

7

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.
12 - - -
13
14
15
16
17
18
19
20
21
22
23
24

8

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

9

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

10

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.

11

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

12

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

13

is performed in a small endoscopy center rather than a hospital outpatient department, patients, employers, insurers, and the State of Illinois as a payer all benefit from the cost savings. This element should not be overlooked.

Colorectal cancer is the third most common cancer diagnosed in the United States and the third leading cause of cancer deaths. However, if it's discovered in its earlier stages, as is possible by using of a screening colonoscopy, colorectal cancer is usually treatable without costly intervention.

The CDC recommends regular screening beginning at age 50 and 45 for African-Americans; however, one in three adults aged 50 to 75 have not been tested for colorectal cancer. This may be due to lack of public awareness or fear or financial barriers.

This group is not only improving the screening rates in our community, but Winchester Endoscopy has an arrangement to provide free colorectal cancer screenings to uninsured patients referred to them by the Lake County Health Department, and it also opens its practice to Medicaid patients. Both of these policies set them apart from other providers in the county.

Thank you for your time. And I urge you to

14

approve the Winchester Endoscopy Center's application to establish an endoscopy center in Lake County.

Thank you.

CHAIRPERSON OLSON: Thank you.

- - -

15

MS. MITCHELL: Next up are people speaking on behalf of Project 14-065, RCG Morris/Fresenius Medical Care, Plainfield North.

And the person is Anne Cooper.

MS. COOPER: Good afternoon.

"I am here on behalf of Tim Tincknell of DaVita Health Care Partners to oppose Project No. 14-065, RCG Morris/Fresenius Plainfield North.

"The relocation of the 12 stations from RCG Morris to Plainfield will adversely impact patients in the Morris area. DaVita currently operates a nine-station facility in Morris. As stated in Fresenius' application, it is one of the facilities the existing Morris patients are anticipated to transfer to, as it is the closest facility for those patients living in the immediate Morris area. DaVita does not have sufficient capacity to accommodate Fresenius' Morris patients. The existing Morris facility has no room to expand and would need to relocate itself to accommodate all of DaVita's and Fresenius' patients.

"Additionally, Fresenius' proposal to establish a facility in Plainfield North was previously denied by this Board. As was the case before, approval of FMC's Plainfield North will result in unnecessary

16

duplication of services, particularly in light of the Board's approval of FMC Lemont at the November 2014 Board meeting.

"FMC Lemont, which is projected to open in September 2016, is approximately 20 minutes from the proposed FMC Plainfield North and is within 30 minutes of 95 percent of the projected FMC Plainfield North patients. Both FMC Lemont and FMC Plainfield North will serve the same patient base. There is no reason why the projected FMC Plainfield North patients cannot use the oncoming FMC Lemont facility.

"Accordingly, another facility in this area is not warranted at this time.

"Thank you for your time."

CHAIRPERSON OLSON: Thank you.

- - -

17

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.

18

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

19

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.
22 - - -
23
24

20

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.
16 - - -
17
18
19
20
21
22
23
24

21

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.

22

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.

23

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.
5 - - -
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

24

1 CHAIRPERSON OLSON: Extension requests, there
2 are none.
3 Exemption requests, there are none.
4 Alteration requests, there are none.
5 - - -
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

25

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

26

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.)

27

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.
19 ---
20
21
22
23
24

28

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

29

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

30

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

31

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 --

32

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.

33

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.

34

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

35

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,

36

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.

37

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?

38

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

39

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

40

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.

41

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.)

42

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.

43

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.
6 - - -
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

44

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.
5 - - -
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

45

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

46

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

47

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.
15 - - -
16
17
18
19
20
21
22
23
24

48

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.

49

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.

50

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

51

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.
11 ---
12
13
14
15
16
17
18
19
20
21
22
23
24

52

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-

53

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

54

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

55

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

56

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

57

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

58

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

59

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

60

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

61

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

62

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.

63

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

64

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

65

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.

66

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.

67

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 --

68

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.

69

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

70

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

71

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

72

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

73

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

74

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

75

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.

76

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

77

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

78

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.

79

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.)
15 - - -
16
17
18
19
20
21
22
23
24

80

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.

81

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

82

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

83

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

84

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?

85

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.

86

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,

87

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?

88

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

89

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.

90

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

91

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.)
14 - - -
15
16
17
18
19
20
21
22
23
24

92

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.

93

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,

94

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

95

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

96

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.

97

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?

98

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.

99

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

100

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

101

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.

102

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.

103

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.

104

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.

105

1 CHAIRPERSON OLSON: That would be you.
2 The motion passes. Thank very much.
3 MS. KAHN: Thank you.
4 MS. HULL: Thank you.
5 - - -
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

106

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

107

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.

108

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

109

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

110

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

111

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

112

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.

113

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.
22 - - -
23
24

114

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

115

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

116

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.

117

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

118

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.

119

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.
14 - - -
15
16
17
18
19
20
21
22
23
24

120

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

121

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

122

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,

123

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.

124

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

125

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

126

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

127

Mr. Hayes.
VICE CHAIRMAN HAYES: I'm going to vote yes based on the State agency report and the, you know, 10 beds that they'll be discontinuing at Westlake.
MR. ROATE: Thank you.
Mr. Sewell.
MEMBER SEWELL: I vote yes for reasons stated.
MR. ROATE: Thank you.
Chairwoman Olson.
CHAIRPERSON OLSON: I vote yes for reasons stated.
MR. ROATE: 5 votes in the affirmative.
CHAIRPERSON OLSON: The motion passes. Congratulations.
MR. AXEL: Thank you.
MR. STEINER: Thank you.
- - -

128

CHAIRPERSON OLSON: Applications subsequent to intent to deny, there are none.
HFSRB/IDPH interagency agreement update.
Juan.
MR. MORADO: We have had an opportunity to send the most recent draft of the IGA agreement between IDPH and the Board to the new general counsel for IDPH. They've had an opportunity to review that. They accepted all of our changes.
There are no real significant changes from the IGA that was signed in calendar year 2014, and we would seek your approval of the Board executing the 2014 agreement as soon as possible. Today.
CHAIRPERSON OLSON: Now?
May I have a motion to approve the interagency agreement.
MEMBER SEWELL: So moved.
VICE CHAIRMAN HAYES: Second.
CHAIRPERSON OLSON: Roll call vote, please.
MR. ROATE: Motion made by Mr. Sewell; seconded by Mr. Hayes.
Mr. Bradley.
MEMBER BRADLEY: Yes.
MR. ROATE: Justice Greiman.

129

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

130

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.

131

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.

132

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

133

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

134

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

135

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

136

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

137

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

138

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

139

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

140

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.

141

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

142

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.

143

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

144

1 they're required.
2 MEMBER SEWELL: Mike just thought he'd throw
3 that in.
4 CHAIRPERSON OLSON: May I have a motion to
5 adjourn.
6 VICE CHAIRMAN HAYES: So moved.
7 MEMBER SEWELL: So moved.
8 CHAIRPERSON OLSON: I got that one right away.
9 All those in favor say aye.
10 (Ayes heard.)
11 CHAIRPERSON OLSON: Opposed?
12 (No response.)
13 CHAIRPERSON OLSON: The next meeting is
14 April 21st in Bolingbrook, Illinois.
15 Thank you all.
16 (Off the record at 3:49 p.m.)
17
18
19
20
21
22
23
24

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

A

Abbie 115:10,15
abdominoplasty 39:23
abide 30:24
ability 17:21 19:17 54:7
able 35:18,21,22 40:2 56:15 69:10 71:16 74:9 86:12 96:11 116:2 119:4 131:12 132:14 134:11
abortion 137:12 138:11
abortion-related 137:13,17,22 138:8
absent 5:10,11,11
absolutely 112:22
ACC 82:22
accept 62:14 66:9 115:23 130:11
accepted 36:2 37:14 58:7 74:20 128:8
accepting 11:13
access 12:11 17:10 54:9 61:12 62:8,11 62:19 64:9 77:11,11 78:10 78:20 79:3 82:6 84:12 93:19 96:5,11,11 102:22 116:6
accessing 61:19
accommodate 9:17 15:17,19 63:17 116:2 117:22
accommodated 108:17 119:4
accord 90:22
account 56:24
achieve 96:6
acknowledged 116:3 122:20
acquire 130:11
acquired 122:9
act 4:3 5:23 41:18 44:2 69:24 76:4 76:4 96:4 130:23 139:6
acted 35:17
action 3:13 20:15
active 12:14 62:15
actively 67:3 71:2 74:2
activities 70:2
activity 82:1,2 133:9
actual 108:23
acute 82:2 93:3 94:9 99:7 121:20 122:19
Adams 99:18,21
add 28:13 31:7,11 36:7,22 39:19 41:8,10 65:8 123:7,22 124:7 137:18
added 19:6 30:16 123:8 137:15 143:10 143:12
addendum 133:23
adding 107:8 133:22
addition 9:21 17:20 19:1 82:15 83:13 123:11
additional 4:22 12:9 28:14 39:19 56:12 74:18 83:13 84:1,4 107:18 108:7 123:8 139:3,15 143:8
Additionally 12:24 15:21 54:22
address 33:22 39:20 58:19 60:21 69:18 93:21 94:15 95:7 97:15 99:14 107:23 108:2
addressed 99:5 102:19,24
addresses 82:6 83:21
addressing 104:12 124:4
adequate 112:22
adequately 102:19 112:18 113:3
adjacent 56:14
adjourn 144:5
adjourned 6:12
ADJOURNME... 4:23
administration 132:15
Administrative 140:19
administrator 2:4 58:1
admit 77:8
adolescents 95:6 96:18
adult 95:4,9 96:18
adults 13:14 94:18 95:7 95:23
advance 70:17
advanced 12:20
advantages 71:20
adversely 15:10
advice 29:15
advised 31:18 133:13
Advocate 3:23 25:15 26:13
aesthetics 34:17 36:2 40:1
affairs 106:24
affirmative 23:1 27:16 42:24 47:9 51:4 79:6 91:2 104:24 113:18 119:9 127:12 129:8 131:13
affirmatively 131:22
affixed 145:17
affordable 96:4,5
afoul 33:16,20 34:21 40:13
African 55:21
African-Americ... 13:13
afternoon 8:13,17 11:20 15:5 17:3 53:14 89:20 115:7,14 121:8
after-hours 84:12
AGBODO 2:5 19:3
age 13:13 55:22 104:15
aged 13:14
agency 18:24 25:5 47:4 50:14,20 61:3,7 64:14 69:5 75:2 90:10,16 103:23 104:12 109:11 110:19 112:16 113:2 118:12,22 123:12 124:2 126:18 127:3
agency's 19:14
agenda 3:6 6:17
ages 95:24
age-specific 98:22
ago 33:21 74:15
agree 62:5 76:7 77:16 118:17
agreed

10:1 36:12 75:16 123:16
agreement 4:16 37:20 55:5 58:13,15 62:9 128:3,6,13,16
agrees 36:14
ahead 8:12 28:23 36:3 53:13 92:21 98:20 100:18
air 83:14 97:7 111:15
air-handling 97:3
ALAN 1:16
alarming 130:14
Alivio 17:5,8,13,17,22 125:3
allegedly 76:21
allow 11:6 35:1 38:15 108:9 140:2
allowing 82:13
allows 69:24 124:15 140:7
alluding 70:22 73:19
alongside 94:6
alter 134:2
alteration 3:18 20:6 24:4 28:17,18,20 57:23
altered 111:4
alternative 59:12,20 109:8
Alton 25:15 26:13
Al-Rashid 9:19 10:18 11:1 52:12,12 53:11 53:14,17 63:3,9 63:11,17,20 66:5,10 70:22 75:20,24 76:2 76:23 79:10
Al-Rashid's 10:15
ambulatory 4:9 80:2,5,23 81:15
amendment 130:10,12 136:24 137:8,10,14 138:1 140:18
American 55:21 69:12 139:14
Americans 10:22 96:4
AMI 92:6 94:2,13,24 95:5 98:12 100:1,5 101:2 103:17,18
amount 66:21 78:8 140:7
analysis 101:13 110:18
analyzing 58:23
ancillary 72:17,20
Angie 11:17,21
Ann 129:13,19
Anne 8:5,14 10:8 15:4
anniversary 121:23
annual 25:3,7 26:15 66:13 108:20 133:7
answer 22:6 34:11 69:16 84:21 102:3 113:17 116:8 125:8
answered 102:6 103:22 113:3
answering 103:5
answers 77:17
Anthony's 3:22 4:9 25:15 26:13 80:1,5 81:10 87:3
anticipated 15:14 46:3 48:17 53:3 57:12 93:6 107:11 111:20 114:24 120:22
anxious 55:24
anybody 25:4 26:22 141:24
anytime 30:15 36:21
apart 13:22
apologize 32:17 104:4
appear 119:3
appears 90:19 97:1
applaud 51:1 79:4 104:11
applicable 124:3
Applicant 21:8 28:4 30:1,11 45:4,23 48:4,22 52:3 92:2 94:1 101:4 104:11 106:3 120:3
Applicants 21:21 45:2,5 48:13 52:24 80:22 93:2 96:23 107:6 114:19 120:8,18 120:24
Applicant's 52:4
application 14:1 15:13 17:6 29:7,17,17,20 36:7,11 49:22 53:16,22 57:19 57:22 60:10 62:17 89:12 93:17 95:12 109:10 121:19 122:15 123:5,8 123:22 134:8
applications 4:5,14 39:5 45:1 128:1
apply 39:4 73:15
appreciate 33:23 123:13
appreciated 129:15
appreciative 125:2
approached 57:12
approaching 121:22
appropriate 28:21 29:6,18 40:9 65:2 69:23 76:19 77:17,19 132:8
approval 3:6,7 12:10 15:23 16:2 25:10 81:14 100:7 123:18 128:12 142:18
approvals 20:12
approve 6:17,24 10:5,21 14:1 21:4 26:11 42:6 45:8 48:5 52:5 59:16 62:17 74:18 75:13 80:4 92:5 106:4 114:4 120:4 128:15 140:18 141:22 142:4,9,21
approved 3:12 7:11 20:2,5 20:7 28:12 30:22,23 37:4 48:21 49:19 75:4 99:6,7 100:13,20 102:23 123:9 137:9 142:11
approving 123:22
approximately 6:8 16:5 46:2 48:16 53:3 80:24 93:4 95:16 100:17 107:10 114:23 120:21
April 48:18 49:14 144:14
area 11:10 15:11,16 16:12 34:15 58:22,23 64:10 74:18,19 78:21 83:22 88:18,19 88:19 90:17 94:9,11,24 95:11,13 96:14 97:8 99:6,17 101:1,1,3,3,6,21 104:15 116:4,5

122:7,22,24 123:24 124:5,8 124:18
areas 69:18 78:8 97:19 98:6 100:2,11 103:19
argument 77:10
Arkan 52:12 53:17
arrangement 13:19
arrivals 9:17
art 104:17
aside 75:6
asked 36:13 38:23 131:11,18 132:7
asking 21:21 41:19 75:3 101:23 109:23
assessment 69:6 82:5
asset 9:1
assistance 39:9 61:22 81:8 122:16 132:5
Assistant 2:3
associated 8:24 12:20 56:1 69:14
association 67:13 69:13,14
assume 95:19
Assuming 108:22
assure 65:16
ASTC 30:22 31:6,10 37:3 52:6 53:1 59:21 60:15 61:5 65:17,20 66:3 67:12 68:4 69:11 71:23 72:6,9 75:19 76:4,9 137:9 138:7
ASTCs 37:12,17 38:2,4 60:11 61:7 65:8 69:14 137:13 139:8
asymptomatic 70:17
attachment 133:23
audit 21:22
August 53:4
available 33:22 60:12 94:20
average 108:4,20 109:19
AVERY 2:4 8:11 10:17 30:13 38:8,10 125:24 129:20 132:3,23 133:12 133:17,20 134:6 134:18,21 135:1 135:4,12,21,24 136:3,13,18 140:24 143:18
avoid 12:19 35:2 71:16 72:1
awards 103:5
aware 57:14 60:8 140:3 143:20
awareness 12:15,17 13:16
Axel 121:18 126:1,5 127:15
aye 6:3,21 7:8 112:22 141:12 143:3 144:9
Ayes 6:4,22 7:9 141:13 143:4 144:10

B

back 29:21 30:1,17 39:14 48:22
background 17:8 28:5
backup 134:12
back-and-forth 29:13
bad 47:12
bank 86:24 87:9,10,11 87:11,14,15,19 88:2,9,13
banking 87:21,23
banks 87:18,19,20
barriers 13:16 122:3
base 16:9
based 30:6 57:15,20,24 90:9,15 95:4,8 97:15 108:4 113:1 126:17,22 127:3
basically 34:7,9 37:12 70:2 71:24 78:5 86:7 100:1,8 110:18 139:2 140:5 143:20
basis 18:2,11 38:24
becoming 41:4
bed 60:17 94:7 98:22
beds 19:1,2,5,7,16 94:2 94:5,10,13,14 94:15,17,19,21 95:4,5,6,7,9,21 96:16,17,18 97:19,20 98:5 98:13 100:1,24 101:4 109:15,17 109:22 121:1 122:22 123:6,8 123:12,20,23 124:7,13,18 125:16 126:7,7 126:19 127:4
beginning 13:12
begins 28:5
behalf 8:4,14 15:2,6 17:2 33:10 124:22
believe 19:13,15 34:22 36:19 54:5 72:10 74:5 76:5 76:13,14,15,18 83:21 84:17
believed 58:4
benchmark 83:3,20
bending 78:5
benefit 11:23 13:4
benefits 96:9
Berwyn 120:2,20 121:21 122:13
best 10:6 34:12 35:24 39:16 72:23
better 63:8
Betty 92:14
bicultural 17:9,19
big 129:13
biggest 41:6
bilingual 17:9,19 18:22 122:4,5
bilingual/bicult... 122:6
bill 2:9 130:1,3,5,6,13 130:14,14 131:1 131:12,15,21 133:4,13 134:16 134:20,21 135:5 135:6,8,18 136:7,14
billion 60:6
bills 129:21 130:16
bit 31:14 69:17 99:5 131:1
Blessing 94:12 95:2 96:1 96:16
Blessing's 95:7
Bluff 12:8
Blythe 25:22,22
board 1:2,12 2:6,7 3:13 6:12 10:1 15:23 16:2 20:15 21:19 22:5 26:1 26:20 28:8,13

28:16,19,24 29:1,18,21,23 30:22 31:8 33:11,23 34:4 34:19 35:17 36:13 38:20 39:3,20 46:13 48:11 49:2 52:22 53:10,15 54:13 58:3,24 62:17,23 73:7 74:15,18,23 75:4,12,15 80:20 81:4,6 84:24 92:24 93:12,16 94:1 97:23 102:20,22 107:15 109:4 114:17 115:3,6 115:19 116:11 121:4,7,9 124:21,22 125:10 128:7,12 131:4,16 132:7 132:16 136:5 137:20 142:24 143:17
Board's 16:2 33:17,20 34:21 35:6 40:16 97:1,12
board-certified 53:20 121:14
Bolingbrook 1:8 144:14
bond 86:10
Bradley 1:15 5:8,9,24 21:6 22:13,15 22:16 25:10 26:16 27:4,6,7 30:14 42:9,12 42:14,15 46:20 46:21 48:8 50:10,12,13 77:7,8 80:7 90:6 90:8,9 102:15 102:16 106:7 112:13,15,16 118:11,12 120:6 126:14,16,17 128:22,23
Brady 134:17 135:9
branches 88:5
break 91:9
Bridget 106:16
brief 137:7
briefly 33:9
bring 10:17 64:24 75:9 82:11 83:13
bringing 9:24
brings 18:6
brought 74:10,23
budget 60:6
buffer 111:18
build 85:23
building 53:2 80:6,23,24 81:15,16 82:3 82:10 83:1,9 84:3 85:7,12 86:16 94:4 97:5 97:6,14 98:16
builds 86:16
built 56:16,17 57:3,5
Burden's 5:10
BURMAN 2:6 137:2,6 138:5 138:12,17,20 139:12,16 140:9 140:13,21 141:1 141:4,17
Bush 4:6 45:4,8,24
business 3:19 4:15,19,20 5:19 6:15 25:2 35:21 44:2 82:14 133:9 141:19
butt 73:10
buying 86:15
B-l-y-t-h-e 25:23

C

c 3:1 4:1,1 5:1 55:4 124:5
calculated 94:9 108:16
calculation 107:22
calendar 108:24 109:20 128:11
Calhoun 99:22
call 3:3,4 5:2,4 22:11 27:1,2 42:2 46:15,16 50:7,8 64:21 72:2 77:3 77:4 90:4 102:11,11 106:1 112:10,11 118:8 126:12 128:19 130:16,21 134:1
called 62:4 74:3
calls 130:22
Campos 21:12,12 22:6 23:4
campus 45:24 120:20
cancer 10:23 11:4,6,24 12:15,19,20,21 12:23 13:6,7,8 13:10,15,19 45:9,24 55:14 55:15,17,19
candid 40:18
candidly 35:3
capability 63:6
capacity 12:9 15:17 58:22 58:23 60:18,24 63:2 64:9,13,15 65:3 66:9 74:17 107:18 110:4 115:23 123:2
capital 133:7
care 3:10 4:3,9,12 9:6 9:13,23 10:2,7 11:7 15:3,7 17:10,14,14,18 17:20 18:9,12 18:21 19:17 20:9,9 35:22 37:19 44:2 45:9 50:2 54:24 55:4 55:8,10 56:1 59:22 60:13 61:12,21 62:1,6 62:7,9 66:14,21 67:12 68:6 70:12 78:14 80:2,5,23 81:15 81:21 82:6 84:7 89:21 93:20 96:2,4,5 107:9 114:2 115:9
caregivers 18:20
caring 18:8 121:24
carries 141:16
carry 130:7 132:11
carrying 130:5
Carter 135:9
case 15:23 73:4,9 74:8 139:20,24 145:13
cases 54:15,16,17 55:9 61:1,2 65:1 66:24 67:1,9 68:21 71:2 73:11
cash 86:8 87:1,3
categories 28:14 31:7 33:19 34:14,18,24 35:10 39:19 41:8,10,12 104:15
category 25:11 30:16 31:11 35:9 36:22 39:1,1 40:3,4,19 41:15 63:14 92:6 93:3 98:23 99:7
CATHERINE 2:7
Cathy 25:22
cause 13:8 55:15 140:1
CCP 1:24 145:4
CC'd 58:3

CDC
13:12
census
59:8 117:16
Centegra
59:14,15
center
3:9,22,23,24 4:6,7 4:8,9 8:5,19 10:19 11:10,18 12:3,11 13:1 14:2 17:5,8,13 25:15,16 26:13 26:14 28:2,8 33:17 42:7 45:5 45:9,9,24 46:1 48:2,5,15 52:2,6 54:23 55:11 56:7 57:7 58:2 60:20,22,23 61:9 62:12,18 68:10 69:11 73:3,4 74:3,24 80:2,5 83:8,24 122:11 125:3 130:1 131:5 138:21 143:10 143:12
centers
12:6 54:13,21 56:4,5 59:19 62:3 64:14 67:2 68:14
Center's
14:1
central
60:2 88:19
CEO
17:4 81:10 93:14 121:11 125:3
certain
37:19 58:19 71:20 94:5 140:7
certainly
72:4 74:11,12
certificate
28:11 29:7,11,16 30:18 41:7 60:3 101:17 130:18 145:1
Certified
145:3
certify
145:7
chain
87:19
chair
5:5 22:12,23 27:3 42:3 46:17 50:9 66:18 90:5 102:12 112:12 121:9,13 124:21 126:13
Chairman
1:14 3:12 5:7 6:1 6:18 7:2 20:2 21:7 22:20 27:11 31:24 32:2,7,14,18 33:1 34:6,7 36:4 36:8 37:5,9,24 38:3,12 42:19 45:11 47:3 50:19 52:8 69:2 69:3 71:10,13 73:12,20 74:7 75:8 77:23 86:5 86:6 87:7,15,22 88:4,8,12,20,22 89:2,6 90:15 92:7 99:1,1,3,11 99:14,24 100:4 100:22 101:10 102:9 103:16 106:9 110:17 111:7,12,16,22 112:3,6 113:1 114:8 118:21 120:7 127:2 128:18 129:3 133:2,16,19 134:4,14,19,22 135:2,18,22 136:1,11,17 138:2,10,23 139:13,17,24 140:5,10,14,16 141:10 142:22 143:15,19,23 144:6
Chairperson
1:13 5:2,17,19 6:2,5,7,15,20,23 7:3,7,10 8:1,9 8:12 10:8,12 11:16,19 14:4 16:15 19:10,19 20:1,11,14 21:1 21:8,18 22:1,4,8 22:10,24 23:2 24:1 25:1,12,24 26:9,17,19,22 27:1,15,17 28:1 30:12 31:13 32:1,23 33:2,8 34:4 40:17 41:21 42:1,5,10 42:23 43:1,4 44:1 45:1,12,22 46:7,12,15 47:8 47:10 48:1,10 49:1,8,12,16,21 50:1,4,7,24 51:5 52:1,9,21 53:9 53:12 62:22 65:13 66:6,11 66:16,19 67:21 68:1,5,15,20 69:1 75:17,21 76:1,5,20,24 77:3 79:1,8,13 80:1,19 81:4 84:23 86:4 89:7 89:10,23 90:3 90:24 91:3,8 92:1,9,23 93:11 97:23 98:2,11 98:17,20 99:2 102:7,10 104:2 104:8,21 105:1 106:1,8,10 107:3,14 108:1 109:2 110:14 112:7,10 113:11 113:16,19 114:1 114:10,16 115:5 116:10,13,17,20 117:24 118:4,7 119:6,10 120:1 120:8,15 121:7 125:10,13,19,23 126:4,8,11 127:10,13 128:1 128:14,19 129:7 129:9 131:10,23 132:21,24 136:19,22 137:5 137:24 138:16 138:18,22 140:15,17,22 141:3,6,9,11,14 141:16,18 142:3 142:6,8,14,20 142:23 143:2,5 143:7,21 144:4 144:8,11,13
Chairwoman
20:4,5,10 21:20 21:24 25:6 27:14 29:13 42:22 46:6 47:7 48:12,24 50:23 52:23 53:8 78:24 80:21 90:23 93:1,10 104:1,20 107:5 107:13 113:10 114:18 115:4 119:5 120:17 121:6 127:9 129:6
challenges
41:6 122:2
change
34:24 35:7 37:20 69:23 82:24 130:11 131:21 132:14
changes
128:9,10 133:21
changing
71:3
charge
55:7,7 59:23
charitable
68:14
charity
37:19 54:17,24 61:2,12 62:1 66:14,21 67:6,7 67:12 68:6 78:13
Chicago
103:20 106:2 122:8,13
chief
10:14 54:3
children
94:18 95:6,8
chime
100:9
choice
17:18 46:10
choose
116:1
chose
31:3
Chris
51:10 124:20
Christie
106:23,23 112:2
chronic
9:12
Chuck
92:16
Cicero
122:14
circumstances
33:13
cited
66:23
cites
36:20
citing

67:19,20 68:9
city
122:13
Civil
139:14
Claire
2:6 137:1 141:18
clarification
32:8 65:14 66:7
clarify
39:21 65:14 89:10 116:14
CLARKE
2:7
cleanup
136:15
clear
37:1 101:7,9,11
clearly
39:24
clinic
55:4 56:8 84:8 85:12,23 89:13 115:11,13,22 116:5 117:1,12 117:13
clinical
18:7,22 82:23 85:7,8,9,20 121:15
clinics
117:16
close
38:11 67:2 71:11 75:22 85:13 126:18
closed
5:21 60:15
closer
10:17
closest
15:15 99:12
closing
118:2
Code
140:19
codes
95:15 99:19
collaboration
9:21 82:8 89:18
colleagues
53:18 84:2
collect
134:10
collection
133:23
collectively
54:14
colon
10:22 11:4,6 12:19,20 55:19
colonoscopies
64:7 71:6
colonoscopy
12:18,24 13:10 55:7,18,21 59:23 61:20 63:23 71:8
colorectal
11:24 12:21,23 13:6,10,15,19 55:14,16
combine
117:16
combined
54:21 122:12
come
6:16 8:6,7 21:8 25:16 28:13 30:1,17 31:10 31:11 34:23 35:13,17 36:21 39:5,17 45:6 48:22 52:3 64:24 65:22 69:8 92:3 100:6 109:15 110:20 137:20 138:9
comes
40:5 82:23
comfortable
38:16
coming
65:17,23 72:8
78:7 87:4 135:15 137:21
comment
140:18,23 141:2
comments
26:1,20 31:22 33:8 39:11 41:23 49:2 50:5 53:10 54:23 77:1 81:4 89:8 90:1 93:12 102:8 109:4 110:15 112:8 115:6 116:10 118:5 121:7 126:9
commission
57:4 132:16 145:20
commitment
11:12 19:13 62:8 75:5 79:4 86:24 123:16,18 124:12
committed
17:9,23 19:5 40:13 54:9 61:10 84:18
committee
129:22 131:4,8 135:14,15,16
common
13:6 97:19 98:6 98:13
commonly
70:5
communication
9:16 57:21
communities
122:13
community
4:10 11:12,23 12:7,12 13:18 17:11 18:6,21 19:17 81:12,21 82:4,6,9,15 84:4 84:5,11,14,15
92:2,5 93:14,18 121:24
community-bas...
48:14
comparable
83:1,3
compared
97:1
compassionate
9:20
compensate
131:16
compensation
132:10
competition
84:11 99:12
complete
11:4 19:10 21:22 34:24 49:13 84:19
completed
48:22 49:19 89:1
completely
18:20
completion
46:3 48:17 53:3 93:6 107:11 114:24 120:22
complex
56:16
complexities
9:15
complexity
97:13
compliance
56:3 59:4 109:16
comply
56:7 57:4 62:18
components
138:6
comport
74:6
comprehensive
4:7 48:3,6,14 120:19 121:20
CON
28:19 30:10,22,23
31:12 36:20,21 42:8 53:16 57:17,18,22 58:2,17 60:9,10 65:17,24 66:2 115:8
concern
33:18 35:14 38:18 39:7 67:10 88:9 131:2
concerned
40:20
concerns
28:15 57:21 136:4
concluded
58:13
concludes
19:20
concurred
123:10
Condell
3:23 25:15 26:14
condition
28:2,12,16,19,21 29:3,4,19 30:5,8 30:10,14,15,21 30:23,24 31:3,4 31:16,20 32:12 33:14 34:10 35:7 37:4,6 42:8
conditional/con...
4:4 44:4
conditions
9:12 36:20 37:11 37:17,18,23 125:21
conducted
58:3
conferred
34:18
confidence
30:7
confident
84:15
confirm

98:6
confirmed 123:14
confirms 123:13
conformance 116:14
confusion 32:19 34:20
Congratulations 43:4 47:11 79:9 91:4 113:20 119:11 127:14
conjunction 84:9
connected 121:23
connection 9:24
consider 30:9 69:22 101:15 103:11
consideration 60:4 72:16 83:20 84:20 99:19
considering 93:17
considers 17:17
consistent 12:23 83:16
consolidate 81:19
Constantino 2:8 20:3,4 21:18 21:20 22:3 25:6 36:6,12 45:22 45:23 48:10,12 52:21,23 65:5,7 65:12,21 74:14 75:9 76:3 80:19 80:21 81:13 85:5 88:21,23 89:4 92:23 93:1 98:10,24 100:16 100:23 101:15 101:19 102:2 107:3,5,14 114:16,18 116:13,16,19 120:15,17 123:14 143:22 143:24
construct 45:9,24 81:14
constructed 107:9
construction 85:15 86:21 106:21
consult 70:17
consultant 57:13
consultation 9:7,9
consults 56:20
contacted 57:20
contained 137:10
containment 60:2
contiguous 101:20
contingency 97:10
continually 11:9
continue 11:6 58:8 61:10 76:13 81:20
continued 9:22 107:19
continuing 81:22
continuity 56:1
contribution 82:12 87:6
controversial 136:16
convenient 56:13 84:7
conversations 122:16
converted 56:6
cooling 83:15
Cooper 8:5,13,14 15:4,5
coordinated 124:16
copy 125:14 137:7
core 70:7 96:8
corporate 87:14 88:1
Corpuz 17:1,3,4 19:4,12 125:4
correct 29:10,14 32:16,22 37:8 49:15 66:9 72:11 76:1,20 86:18,20 87:16 87:24 88:1 98:9 98:10 99:9 109:13 110:7,7 111:3,10,14,24 112:5 116:16 117:1 125:18 131:23 134:11 134:20,24 135:1 135:3 139:12 140:12,13 143:20,21,22 145:8
corrected 32:23
correction 58:7
corrections 25:7
correctly 98:3 116:20
cosmetic 40:9
cosmetics 40:23
cost 13:4 20:7 46:2 48:16 53:2 60:1 60:2 67:8 78:8,9 80:24 81:21 82:21 83:7,11 93:4 96:23,24 97:2,18 107:10 114:23 120:21
costly 13:11
costs 12:19 83:19 85:3 85:8,9
cost-effective 85:23
cost-effectiveness 12:22
counsel 2:2,3 29:9 30:3 31:18 53:19 57:14,20 128:7 145:11
count 17:20
Counties 99:23
country 55:16
county 8:22 9:2 11:8,13 11:23 12:4,6,13 13:20,23 14:2 54:1,8 55:2,6,9 59:2,3,3,8,18,20 60:8,11 61:14 61:14 62:10,20 65:3 67:4,9 68:22 99:18 145:5
County-operated 8:21
county-wide 12:14
couple 8:22 39:22 133:3
course 72:5 78:8 83:10 84:6 101:12
court 21:13,16 26:3,6 33:3,6 34:1 45:13,17,20 49:3,6 51:8 52:16,19 80:9 80:12,18 92:9 92:17,20 106:11 106:14 107:2 114:11,14 120:10,13 139:20,24
Courtney 2:4 65:14 129:19
covered 61:21
covering 115:11
cows 65:22
create 33:15 34:22 40:19 111:6 130:19
criteria 22:2 39:4 82:19 82:19 83:4,6 90:17 93:22,24 94:8 96:13,22 98:22 102:20,24 103:22 104:14 112:17 113:3 115:20 118:13 118:18 124:4,4 124:5,6
critical 93:18 102:21,22
cross 34:13
CRR 1:24 145:4
CSR 1:24 145:4

cure
55:17
current
56:14 57:23 58:9 60:5 61:18 63:15 95:1 97:5 116:6
currently
15:11 35:2 44:3 55:20 59:19 63:1 82:8,11 84:8 94:3,19 95:3,20 115:24 117:2
cut
132:20,22,23
cutting
34:16
cutting-edge
33:15
C-a-t-h-y
25:22

D

D
4:1 5:1
daily
38:24
DART
2:9 135:11
data
2:5 108:12,21 109:21 110:10 133:23 134:10
date
36:24 46:3 48:17 53:4 93:6 107:11 108:11 114:24 120:22 125:20
dated
123:17 126:1
Dave
80:15
Davis
130:5 133:13 134:7
DaVita
15:7,11,16 115:23 117:1,13,22
DaVita's
15:19
day
29:1 32:16 41:11 41:14 64:3,5,6 89:16,22 145:17
days
11:3
deal
9:14 140:11
dealing
28:9 29:23 30:5 139:21,23
dealt
100:14,15
death
55:15,15
deaths
13:8
decade
108:12,20 109:24
December
11:3 46:4 58:18 93:7 107:12 110:20 115:1 120:23 123:17 125:22 126:1
decided
28:17
decision
57:17
declaration
38:15
declaratory
3:19 25:1,7 26:11 28:3,9,22,24 29:2,8 30:1,8 31:19 42:6
decrease
121:1 131:12
decreased
94:14
dedicated
95:5
deemed
29:17
deeply
121:23
default
84:16,19
defaults
88:24
defeats
59:5
definitely
63:21
definition
73:13
degree
40:10,11,15
delivery
10:7
demand
69:6 107:19 110:6
Democrat
136:8,9
demonstrate
108:12
demonstrated
11:11
demonstrates
85:18
Demuzio's
5:11
denied
15:23
deny
4:14 71:22 128:2
department
1:1 11:14 13:2,21 54:2 55:3,6 62:10 67:4 68:22
Des
58:2 143:10
described
103:22 113:2
designated
72:14 73:16
designed
18:23
designing
95:22
desire
19:14 94:15
detection
55:16
determine
39:16 75:12
determined
18:15 56:11
developed
122:15
developer
86:13,22,22 87:2 87:8 88:24
development
4:18 84:13 136:23
developmental
61:17
diabetes
84:5
diagnosed
13:7
diagnosing
55:19
diagnosis
11:5 53:21
diagnostic
82:23 83:8 85:20
diagnostics
83:14,24
dialyzing
117:18
die
10:22
Dieterich
87:10,11,16,20 88:2
difference
60:1
different
32:20 35:8 36:13 37:18,24 38:1 87:18 132:3
difficult
9:10
difficulty
61:18
digestive
55:13
directed
139:18
directly
104:11 139:19
director
8:15,20 106:16,20 115:11,12,16
directors
124:23
disability
61:17
disadvantaged
78:13
disagree
65:21 76:7,12,13
disagreement
31:16
discharge
18:14
discharged
18:4
disclose
133:14
discontinuation
114:19 123:20
discontinue
19:5 114:5 123:5 124:13 125:17 126:6
discontinuing
127:4
discourages
59:4
discovered
13:9
discuss
41:7
discussed
58:21
discussion
31:15 79:14 124:6 130:2,20 130:24 133:14

142:7
discussions
133:15
disorders
55:12
disrespect
40:16
disrupted
18:20
distant
59:11
distinct-part
93:20
disturbs
103:6
diverse
121:24
Doctor
53:12 62:22
doctors
60:13 68:13 69:9 71:5
documented
78:1
doing
34:19 35:14 38:16 39:23 40:22,23 45:7 64:22 67:1,3 68:14 70:13 71:4 76:8 90:21 92:4 109:11
dollars
97:3
door
75:3 97:17
double
86:10
Dr
5:10 8:14,17 10:15,18 11:1 28:11,15,17,20 28:23 29:14,16 30:2,10,16 31:5 33:11,14 34:12 34:15 37:2 39:8 39:22 52:12,13 52:14 53:11,14 53:17,18,18 63:3,9,11,17,20 66:5,10 70:22 75:20,24 76:2 76:23 79:10,11 79:12 92:11 115:12 119:13 121:12,14
draft
128:6
draw
83:24
drawn
103:7
drive
95:18,20
drop
117:17
Drs
9:19
due
9:18 11:4 13:15 61:19 94:4
duplication
16:1 81:22

E

E
3:1 4:1,1 5:1,1
ear
40:24
earlier
13:9
early
10:24 11:5 55:16
ears
40:23
easier
64:6
east
59:16 94:12
eastern
94:22 95:12,19 101:6
easy
40:10
Ed
80:17
edge
33:18 34:17
education
84:1,5
effect
31:4 37:2,6 69:13 72:9
Effingham
80:2 81:11 87:14 87:24 88:3,13 88:18
effort
33:24
efforts
12:14 61:24
eight
38:8,9,10,11 89:16 107:8 111:21,23
either
63:14 101:14 133:22
elderly
9:11
elective
61:21 62:1
electrical
97:17
element
13:4 58:21
elevate
83:14
elevator
97:5
eligible
59:13
eloquently
104:22
embarrassed
40:8
embracing
17:19
emergency
130:20
employed
60:16 145:12
employers
13:2
employs
60:13
encompass
90:20
encounter
57:1
encounters
57:3
endorsement
54:1
Endoscopic
74:23
endoscopies
62:20
endoscopy
3:9 4:8 8:5,19 10:5,19,20 11:18,24 12:3,5 12:11,12 13:1 13:18 14:1,2 52:2,5 53:22,23 54:11,19,23 56:4,6,8,9,10,18 56:19,22,23 57:1,6,8,12 58:5 58:9,22 59:24 60:14,20,22,23 61:19 62:12,18 63:15 64:13,23 64:24 65:11 66:8 67:5 69:24 70:14,24 72:22
enforce
37:12
enhanced
11:24
enjoyed
17:23
enroll
62:13
ensure
62:10 123:21
ensures
96:4,6
enterprise
133:9
entertain
97:21
entire
67:21 83:18
entity
134:13
environment
64:21
equation
98:8
equipment
56:19 83:9,16 87:5
Erica
45:16
escalation
85:9
ESRD
114:6 117:17
essential
55:17 60:4 74:9
essentially
30:5 36:9 37:5 110:21 111:4
establish
14:2 15:22 17:6 48:6,13 52:6,24 62:18 80:6,22 92:6 120:5,18 121:20
establishment
19:15 93:2 114:21
Esther
17:1,4 125:3
estimates
59:7
ethically
124:16
Evanston
20:9
event
35:8
eventually
37:13,14
everybody

31:21 67:24
evidence
41:9
evolved
56:5
ex
69:4
exact
88:6
exactly
91:10
example
34:12 35:24 37:21 40:6,21 59:14
examples
39:22 40:11 72:23
exams
54:19
exceeds
94:1
excellent
9:23 11:7
exceptions
102:20
excess
78:6,12 94:9,21 122:21 123:23 124:18
exclusive
37:16
excuse
30:19 84:9 111:1 121:10 126:5 135:13 138:17
executed
58:12
executing
128:12
executive
3:5 5:20 6:7,9,13 6:16 110:19
exempt
137:21 138:9
Exemption
3:17 24:3
existing
15:13,18 54:21 58:22 94:4 97:6 98:16,17,18 107:7
exists
37:3 122:21
expand
15:18 35:21 106:5 107:6
expanding
11:9 109:8
expansion
108:10
expect
96:10 116:1
expectations
84:16
expenditure
133:7
expense
67:12 81:22
expertise
82:12
expires
145:20
explain
137:1
explained
90:16 112:18 122:17
explanation
103:9 112:21
express
57:21 85:22
expressed
123:4
extend
62:1
extension
3:16 24:1 56:17 72:22
extent
9:6
external
21:22 106:24
e-mailed
129:11
E-01
25:2

F

facilitate
63:24
facilities
1:2 12:8 15:13 39:15 41:20 54:12,22 94:24 95:1 96:15 137:12
facility
9:23 15:12,15,18 15:22 16:11,12 30:17 35:1,20 39:17 41:5 48:7 81:14,20 82:13 83:18 95:22 96:16 98:17 100:7 106:21 114:6,20,21 115:23 117:4,7 121:1 138:13
facing
35:2
fact
28:8 40:18 57:15 57:22 61:19 65:9 83:6 115:22 117:8 126:18
factor
98:7 134:9
fair
86:17,19
fall
38:24 39:1 108:18 138:6,14
familiar
78:7
family
18:7,22
famous
134:16
FAPR
1:24 145:5
far
60:11,20 78:5 87:3 108:18 130:9 132:4
Farm
54:3 55:10 61:12 61:16
faster
57:11
favor
6:2,20 7:7 124:22 125:4 132:6 141:11 143:2 144:9
fear
13:16
feasible
9:6 59:20
Federal
73:5,17,20,23
Federally
17:13
fee
29:20 60:4
feedback
134:6
feel
39:13 66:3 76:9 111:16 117:20 132:8
feeling
65:18
feels
130:16
fees
87:5
feet
40:8
fell
36:1
fellow
68:13,13
felt
35:16
fewer
109:15
fight
12:15
fighting
36:15
file
28:17 29:6
filing
29:20 57:18
filling
97:4 110:3
finally
9:24 62:12 120:1
financial
4:21 13:16 61:22 71:20 86:11 141:20,22 142:1 142:4,9,11,19 142:21 145:13
financing
86:8
find
56:1 103:19 131:12,21
finding
48:2 58:14,21 75:1 123:13,14 131:15
findings
45:3 46:4,22 58:20 104:12 124:1,10
finds
40:1 118:13
fine
49:11 102:9
first
8:3,5 21:1 25:6 25:11 29:23 32:3 45:2,4 58:23 59:21 64:13 87:11,19 88:2 93:15 108:24 115:17 133:4 137:11,14 141:4,23
fiscal
132:11
fit

103:10
five
5:18 29:1 59:19 94:24 96:13,14
five-bed
48:6,14
flat
110:1
flexibility
35:23
flexible
9:17
floor
107:8 110:22,24 111:5,8,13,13 111:13,18,20,22
floors
112:4
flow
56:11 71:21
fluke
110:11
FMC
16:2,4,6,7,8,8,10 16:11 20:6
FMC's
15:24
focus
55:13 82:14 104:15
fog
47:12
folks
36:21
follow
36:10 65:5 70:21 71:2
followed
123:21
following
122:15
follows
6:14
foot
82:24 83:19 96:24 97:11 98:4
footage
83:12
footprint
97:5 98:18
forced
65:18
foregoing
145:6,7
Forest
60:14
forth
135:7
forward
10:2 34:23 54:10 69:21 81:8 87:4 135:3,4
found
112:17 124:2
four
25:7,11 27:2 52:18 53:1 76:20 80:11 93:22 106:13 109:17 120:12 122:7
fourth
96:22
FQHCs
62:4,6,6
frail
9:15
frame
39:14
Franks
134:23 135:20 136:1,6
free
13:19 55:5,7,7
freestanding
54:13 59:19 130:19
frequently
72:13
Fresenius
15:12,17,20,21 20:8 115:8 117:12
Friedman
52:15,15 53:19 57:14 63:5 64:11,18 65:10 66:12,23 67:7 67:15,18 68:8 68:21 69:20 71:12 72:12 73:16,22 74:22 76:17 79:7
friends
132:13
front
33:18 135:15
frustration
18:6
fueled
57:17
full
41:10 64:3 108:24 122:4
fully
17:18 18:22 84:15,18
function
74:15,16 89:22
further
137:18
future
108:19

G

G
5:1
gain
19:7
Galassi
29:4 32:19
Galassi's
5:11
game
36:3
Gannotta
106:18,18
garage
111:7,17
gastroenterolog...
70:14,16 72:24
gastroenterolog...
53:20 56:21
gastroenterology
55:12 62:7
gastrointestinal
9:8
general
2:2,3 40:3,3 64:9 64:23 128:7
Generally
85:10
generous
9:20
gentlemen
52:10 104:22
geographically
18:18
geometries
94:3
George
2:10 38:23
geriatric
93:20 94:20 95:23 96:2
geriatrics
17:15
getting
63:8 70:10 71:11 75:22 143:15
GI
9:23 61:8
give
28:5 35:22 39:15 40:21 46:9 69:4 92:9 103:5 135:14 142:14 143:8
given
29:14,24 57:1,22 117:20
giving
31:7
go
5:21 8:12 28:21 31:17,19 34:16 35:19 37:6 39:14 53:12 61:6 76:10 78:3 85:7 86:7 92:21 94:6 95:12 98:20 102:16 111:10 135:7
goal
96:6
goals
81:16
goes
111:7
going
8:3,9 10:2 26:9 29:7,10 32:20 34:8 35:19 38:13 39:16,18 40:18,21,22 47:12 49:13 61:5,6 64:24 70:13,16,18 71:23 73:24 76:6,10 78:3,15 89:16 91:8 99:4 99:12 103:16,21 104:10 113:13 118:21 127:2 129:21 130:21 139:1 140:11 142:17
gold
55:18
Golf
58:2 143:10
good
8:13,17 11:20 15:5 17:3 49:23 51:5 53:14 71:4 101:8 103:9 113:16 115:7,14 121:8 140:15
Governor's
132:4
grateful
124:14,20
Grayslake
12:8 60:14
Great

46:12 89:23
greater
97:13
greatly
129:14
Greene
99:22
Greiman
1:16 5:12,13 7:4 7:6 10:16 22:17 22:18 26:18 27:5,8,9 42:11 42:13,16,17 46:23,24 50:15 50:16 66:18,20 67:6,10,17,20 67:23 68:3,7,11 68:16,24 77:15 77:16 80:8 90:7 90:11,12 103:3 103:4 112:20,21 118:15,16 126:21,22 128:24 129:1 131:20 132:1,18 142:16 143:1
grew
56:6 57:11
group
4:12 13:17 20:9 60:12 96:7 114:2
Grove
11:22 54:2
growing
57:2 63:21
growth
59:9 108:12,20,22 116:4 117:7,9 117:14,21
guarantee
89:4
guaranteed
88:24 89:1
guess
32:9 76:12 141:23
guidance
28:16 29:24
guideline
55:19
Guild
129:13
Gupta
8:14,17
guy
102:17

H

Hale
92:15,15
half
38:6 89:22 97:2 108:22
halfway
85:12
hammer
40:6,7
hand
21:13 49:3 145:17
handed
129:11,11
handle
88:9,10 116:21
handlers
111:15
handling
97:7
hands
26:4 33:4 45:18 52:17 80:10 92:18 106:12 114:12 120:11
happen
36:5 49:16
happened
37:20
happening
70:10
happy
22:6 29:24 97:21 107:23 116:8 125:8 137:2
harbor
74:8
harbors
74:3
hard
103:19
hardware
97:16
Harris
134:24 135:22
Hawthorn
61:8
Hayes
1:14 5:6,7 6:1,18 7:2,5 21:7 22:14 22:19,20 27:10 27:11 31:24 32:2,7,13,14,18 33:1 34:6 36:4,8 36:17 37:5,9,24 38:3,12 42:18 42:19 45:11 46:19 47:2,3 50:18,19 52:8 69:1,2 71:10,13 73:12,20 74:7 75:8 77:6,22,23 85:1 86:4,5 87:7 87:15,22 88:4,8 88:12,20,21,22 89:2,6 90:14,15 92:7 99:1,3,11 99:14,24 100:4 100:22 101:10 102:9,13 103:15 103:16 106:9,10 110:16,17 111:7 111:12,16,22 112:3,6,14,24 113:1,8 114:8 118:9,20,21 120:7 126:15 127:1,2 128:18 128:21 129:2,3 133:2,16,19 134:4,14,19,22 135:2,18,22 136:1,11,17 138:2,10,23 139:13,17,24 140:5,10,14,16 141:10 142:22 143:15,19,23 144:6
HB
133:5
head
89:15
headquarters
87:23
health
1:1,2 2:5 3:22 4:3 11:13 13:21 15:7 17:10,13 25:15 37:21 44:2 45:8 46:1 54:1 55:3,6 59:22 60:13,15 61:22,24 62:3 62:10 67:4 68:22 72:14 81:21 82:4,14 84:14 94:14,15 96:1,5,6,8,9,11 100:7 101:6 122:9
HealthCare
106:17,22 107:1 122:8
hear
137:5
heard
6:4,22 7:9 81:13 82:17 141:13 143:4 144:10
hearing
28:7 46:5 48:18 53:5,6,7 70:11 81:1,7 82:18 93:7 115:1 121:5 125:7
Heart
130:17
heating
83:15
held
79:14 142:7
help
10:3 35:12 62:10
helps
138:22
hepatitis
55:4
hereunto
145:16
Hernandez
124:24
hernia
40:1,2
Herrin
3:21 25:14 26:12
he'll
41:18
HFSRB
139:7
HFSRB/IDPH
4:16 128:3
high
12:19 17:18 97:1 98:4
higher
55:22 85:11,16
highlight
129:19
highlighted
109:3
highlights
131:9
high-quality
12:11 17:10
Hills
3:24 28:2
historical
108:10,11 110:10
historically
57:2 102:22
hit
85:15
home
8:21,22 9:3,13 47:12 55:10 61:15 65:22

131:7
homes
131:3
honesty
35:15
Honey
121:17
hope
47:12 78:4 85:12
hopefully
130:6 137:7
hoping
41:13
hospital
3:11,15,20,21 4:9 4:10,11,13 13:2 17:2,7,17 18:4 18:18 19:6 21:2 21:5 25:3,14,14 26:12,12,15 59:15,21,23 60:7,9 69:12 80:2,5 81:10 82:2 84:2 86:9 92:2,5 93:14,18 93:19 94:13 96:1 99:6 101:1 106:2,5,19 107:20 108:5 120:2,5,20 121:2,11,21 122:11,18,24 124:13,23 130:17,19 131:6
hospitalized
18:14
hospitals
19:8 59:19 96:14 100:11 102:22 122:8,10,12
hospital's
17:6 19:16
hospital-based
107:7
hours
41:11 84:10 89:14,16,17 108:5,13,14,21
House
8:15,21 9:8 54:3 61:11,13 130:1 130:5,6 133:13 134:20 135:5,19
houses
56:18
HSA
67:21 94:10,11,13 94:16,22,24 95:6,8,12,14,19 96:17 116:7
HSHS
84:18
huge
79:3 101:3
Hull
25:19,19 92:12,12 93:13,13 98:14 98:18 99:10,13 99:16 100:3 101:24 105:4
Humphrey-Son...
1:23 145:3
hundred
17:16 94:19 95:3 96:19 100:2
hundreds
60:13

I

IAC
136:24
idea
39:18 41:7 73:23 89:20
ideal
56:13
identical
74:24
identified
54:12 82:5 138:7
IDPH
2:8,9,10 53:23 56:7 57:5,20,21 58:3,3,6,7,8,11 58:13,13,15 59:6 62:18 65:18 69:24 74:11 75:2,5,11 75:13,16 128:7 128:7 130:18
IGA
128:6,11
IHA
130:2 133:14
Illini
3:20 4:10 25:2,14 26:12 92:1,5 93:14,18 95:11 95:13,17,22
Illinois
1:1,8 10:14 13:3 46:1 48:15 56:4 56:21 74:4 81:11 88:18,19 93:4,19 99:22 100:12 101:5,21 114:20,22 120:20 140:19 144:14 145:6,24
illness
93:3 94:10 99:7
imaging
56:19 73:3,4 85:20
immediate
15:16 95:13
immediately
56:14
impact
15:10
impacting
116:6
implemented
64:2
important
72:19,19 78:15
impractical
59:4
impressed
78:20
improve
12:11 61:12 62:19 81:20,23 116:5
improved
56:2
improving
13:17
include
38:2 101:12
included
87:4 100:24
includes
68:9 84:1
including
11:24 17:22 54:22 121:24 122:2,13
increase
19:1 59:7 64:4 70:24 77:17 78:10 83:11
increased
83:7 109:24
increases
77:10,11 97:18
increasing
56:10 71:3,6 107:19 124:17
incur
86:22
indebted
10:3
indicate
86:12
indicated
28:20
indicates
115:19 122:21
indigent
9:2 61:15
individual
55:20 96:7
individually
25:9
individuals
61:16 96:10
indulge
57:9
industry
36:23 38:19 131:8 133:11
information
133:6 143:14
informed
122:23
inhibiting
40:14
inhibition
35:17
initial
4:5 45:2 57:21
initially
28:11 48:20
initiated
130:3
initiative
130:4
inject
41:3
inpatient
17:6 18:2,15 103:18 122:19
input
18:24
inside
96:7
insinuating
104:8
instance
70:9
instituted
63:21
institution
67:14
institutional
68:12
insurance
96:8
insurers
13:3
integral
72:24
integration
61:24
intend

126:18
intent
4:14 125:15 128:2
intention
57:6
intentionally
40:19
interagency
4:16 128:3,15
interest
61:6 74:1 145:13
interests
10:6 57:9
internists
9:5
interpretation
109:12
interrupts
18:9
intervention
13:11
introduce
52:11 120:9
introduced
135:8,12
invaluable
9:1
inventory
94:17 116:6 122:20 123:9,12
inventory's
19:2
invested
54:8
investigation
58:14
investment
82:12 87:2
investor
82:10,16 84:15
involved
75:13 110:21 135:23
issuance
58:11
issue
28:10 29:22 30:4 35:11,16 57:15 68:12 73:10 75:7,14,18 78:6 79:3 99:15
issues
9:18 56:11 97:15 119:3 130:9 132:15 135:6 136:4,15
item
20:1 21:1
items
3:12,13 20:2,15 25:11 27:2

J

Jack
121:18 134:23 135:20 136:1,6
Jacksonville
95:18
January
7:1 29:22 31:8,9 31:10 36:24 37:6 100:19
JCAR
141:2
Jeannie
2:3 8:1
Jennings
80:16,16 91:7
Jim
106:20
job
1:21 70:13 71:4 101:8
John
1:14 52:13 53:18 74:15 100:17
Johnson
92:16,16
John's
3:15 21:2,5
joined
29:21 121:17
joint
41:3 57:4
Joshua
21:12
JR
2:2
Juan
2:2 32:3 41:22 128:4 139:19
July
94:12
juncture
58:12
June
57:19
jurisdiction
75:11 131:4
Justice
5:12 7:6 22:17 27:5,8 42:13,16 46:23 50:15 66:19 67:22 77:15 90:7,11 103:3 112:20 118:15 126:21 128:24
justification
108:9
justified
108:13,14 109:22
justify
69:10 108:6,23 109:20
Justin
92:15

K

Kahn
92:13,13 102:4 105:3
Kane
145:5
Kara
52:15 53:19 76:15
Kasparie
92:14,14
Kathy
1:13 25:19 92:12 93:13
kept
35:3 130:22
Kevin
10:10,11,13
key
109:3
Khandelwal
121:12,14
Kim
45:15
kind
40:21 68:12 130:13 132:3 143:16
kinds
40:20
Klahs
10:10,13,13,18
Kniery
33:10 41:6 43:3
knocking
75:2
know
9:2 19:8 25:8 29:21 34:6,7,8,9 38:3,12,14,14 40:22,24 41:3 63:20 65:21 68:3 69:4,12,17 69:17,20 71:14 71:21,23,24 72:7,13 73:13 77:24,24 78:3,4 78:5,7,12 86:14 100:8,10 101:13 103:8 110:11,18 113:15,16 117:3 122:7 125:6 127:3 132:12 133:5,7 134:23 135:8 139:1,2,9
Kyle
135:9

L

L
1:23 145:3
lab
83:8,24
lack
13:15 78:20
lacking
9:16
ladies
27:18 52:10
Lake
8:22 11:8,13,23 12:6,8,13 13:20 14:2 54:1,8 55:2 55:6 59:2,3,18 59:20 60:8,11 60:14 62:10,20 65:3 67:4,9 68:22
Lambs
54:3 55:10 61:11 61:15
land
82:10,11 86:14,15
language
133:20 139:4,11 139:15 140:6
languages
122:3
large
41:10 60:12 66:23 88:12 121:24
largest
85:17,20 88:13,15 88:16,16
Laser
3:24 28:2,7 42:7
late
9:17 104:6
Latino
17:11 122:1
law
56:21 72:15,18 73:5,14,17 74:5 96:6
laws
72:3 74:6
lead
83:10

leading
13:8 55:15
lease
82:15
leased
82:10
leave
30:11
leaving
94:18 95:6
Lee
9:19 52:14,14 53:18 79:11
left
8:7 29:23 115:10 115:12
legal
75:5
legislative
4:17 129:10 136:20
legitimate
69:10
Lemont
16:2,4,8,11 20:6
lesser
109:8
letter
58:1 60:21 66:8 69:13 86:24 117:6 123:17 124:22 125:1,13 125:15,15 126:1 126:3,6
letters
46:5 48:19 81:2 93:8,8 115:2 121:4,5 124:19 124:19 125:6
let's
25:12 73:3
level
71:1
Liberties
139:14
Libertyville
12:1,10 25:16 26:14 52:2
license
57:17 58:5,11 75:3,6,14
licensed
53:23 56:3,6 58:16 65:20 137:13 138:3,5 139:6
licensing
57:15
licensure
62:19 69:24 75:19
life
11:1
ligature
97:15
light
16:1 46:8,21 50:13,19
limb
78:3
limit
56:23
limited
42:7 52:6,24 76:18
Lincoln
4:6 45:5,8 46:1 99:23
Lindenhurst
10:14 54:2 61:8 64:18
line
83:11 132:16 137:18
lines
72:4 103:7
Lisa
124:24
list
72:14
listed
25:11 61:7
little
28:5 29:12 31:14 34:7 82:24 99:5 131:1
live
34:9
lives
12:22
living
15:15
local
88:18
located
12:6 18:5 59:16 87:23 95:16 96:17 101:5 122:24
location
8:23 95:17
long
11:22 43:4 54:2 70:1,21 73:2,6 102:18 134:16
look
32:9 39:4 40:8 64:13 83:18 85:22 109:20 117:9 129:24 140:4 142:5
looked
132:6
looking
33:14 54:12 60:17 69:7 81:20 83:23 84:4 102:5
looks
139:2
Lori
115:8,15
lot
49:19 54:4 100:11 136:7,14 140:6
low
67:8,8
lowest
67:13
low-cost
12:12 17:10
low-income
62:20
luck
51:6
lung
12:15

M

MacNeal
3:11 4:13 17:2,6 17:17,20,23 18:1,12,14,17 18:23 19:1,4,7 19:16 120:2,4 120:20 121:11 121:14,21,22 122:3,7,18 123:7,19 124:17 126:7
MacNeal's
18:22 122:22,24
Madam
5:5 20:4,10 21:20 21:24 22:12,23 25:6 27:3 34:7 42:3 46:6,17 48:12,24 50:9 52:23 53:8 69:2 80:21 86:6 90:5 93:1,10 99:1 102:12 107:5,13 112:12 114:18 115:4 120:17 121:6,9 126:13
main
117:10
maintain
83:16
maintains
122:4
major
9:8 131:7 133:5 134:5
majority
9:3 61:20 69:8 70:2 131:14
making
62:7
maldistribution
124:9
mammography
84:1 85:19
manage
9:5,10 86:16
management
57:13 70:4 82:13
Manager
2:5
managing
9:15
Manjula
121:12
manner
124:17
March
1:9 58:17 145:18
margin
71:13
Marion
99:22
Mark
34:3 58:1
marked
102:20
market
86:17,19 96:7 99:17,20
marketplace
96:8,20 99:18,23
markets
96:7
material
122:18
matter
10:1 18:10 32:10 58:6 64:23
Mattoon
45:5 46:1
Maureen
92:13
maxillofacial
143:12
Mayo
58:1

ma'am 98:14
McCarter 135:9,10
McHenry 59:15
mean 31:2,5 35:20 38:13 71:21 104:16 133:6 138:16 139:22 140:8
meaning 57:5 140:6
meaningful 62:2
means 54:4
measure 12:17
mechanical 97:2,11,16 111:13
median 59:22
Medicaid 9:3 13:22 54:10 54:16,19,20,24 60:6 61:1,4 62:13,14,15 63:14 64:9 66:9 66:15,24 67:6,7 67:8 77:11 78:13,20
medical 3:10,23 8:15,20 8:24 15:2 17:5,8 18:12 20:8 25:16 26:13,14 40:6 53:2,23 55:11 56:16,22 58:4,10 59:13 62:13 63:22 67:13,13 69:8 70:20 74:21 80:6,23 85:11 85:12 115:9,12 122:11 125:3
medicine 38:21 39:11,17 70:6 121:13
meet 83:6 84:15,18 90:17 95:23 112:17 113:4 115:20 118:13 123:2
meeting 5:2 7:1 16:3 31:15 36:13 65:15 100:19 104:7 144:13
Meetings 5:23
meets 82:18 118:17
Melanie 1:23 145:3
Melrose 122:14
member 5:9,13,15,24 6:19 7:4 10:16 21:6 22:16,18,22 25:10 26:16,18 27:7,9,13 29:3,4 30:14 32:19 36:17 42:9,11 42:15,17,21 45:10 46:21,24 47:6 48:8,9 50:13,16,22 52:7 62:24 63:7 63:10,12,19 64:8,17 65:4,6 66:18,20 67:6 67:10,17,20,23 68:3,7,11,16,24 77:8,16 78:19 80:7,8 85:2,14 86:2 90:9,12,19 92:8 98:15,19 98:21 101:17,20 102:1,5,16 103:4 104:6,10 106:7 109:6 110:5,13 112:16 112:21 113:7 114:9 118:12,16 119:1 120:6 126:17,22 127:7 128:17,23 129:1 129:5 131:20 132:1,18,19 141:8 142:5,12 142:16,18 143:1 144:2,7
members 1:12 5:18 26:1 28:6 29:1 32:14 32:16 34:5 46:13 62:23 84:24 97:24 109:4 116:11 121:9 125:11 131:16 142:24
Memorial 4:11 106:2,5,17 106:19,21,24 107:20 108:5,13 122:12
mental 93:3 94:9,14,15 96:1,9,11 99:7 100:7
mention 100:12
mentioned 32:4 36:18 138:3
mentions 59:14
merger 37:21
messed 104:16
met 22:1
metal 97:6
method 28:21 29:6,18
Metroeast 74:23 75:8
MICHAEL 2:8
microphone 10:16
Mike 36:4 38:23 49:1 53:9 74:9 98:6 98:21 100:9 115:5 123:14 144:2
miles 8:22 94:11 95:16 96:20 99:10 100:2
million 46:3 48:17 53:3 66:2 80:24 86:9 86:18,23 87:4,8 93:5 97:2 107:11 110:21 114:24 120:22
minor 130:9
minority-owned 133:8
minus 86:10,10
minutes 3:7 6:8,24 7:11 12:7 16:5,6 19:3 91:10 95:17 99:8
misconstruing 116:22
missing 130:22
mission 17:19
Missouri 95:14 99:17,23 100:1,12 101:14 101:16,17
misstep 35:6
misunderstood 89:11,24
MITCHELL 2:3 8:3 10:9 11:17 15:1 17:1 19:20
mix 68:6
mixed-use 81:14
Mladucky 106:20,20 110:8 111:10,14,19,24 112:5
model 51:1 58:9
modernization 96:24 97:10
Mohina 8:14,17
month 59:7 99:6 100:6 100:13 110:20
months 34:23 36:5
MORADO 2:2 28:4 30:15 32:6,9,16,22 36:17 37:8,15 38:1,6,9,11,18 128:5 137:4 139:22 140:3,12
morel 102:17
morning 116:24
Morris 4:12 15:10,11,12 15:14,16,17,18 114:2,2,5,20 115:11,13,22,23 117:10,16,17,19 117:21
Morrison 115:10,14,15
Morris/Fresenius 3:10 15:2,8
mortgage 86:19,23 88:9

mother
18:11,13
mother's
18:19,21
motion
5:21 6:17,23,24 7:5,10 21:4 22:13 23:2 26:10,11 27:4 27:17 42:4,6,12 43:1 45:7 46:18 47:10 48:5 50:10 51:5 52:5 77:5 79:8 80:4 90:6 91:3 92:4 102:13 105:2 106:4 112:13 113:19 114:4,7 118:9 119:10 120:4 126:14 127:13 128:15 128:20 129:9 140:17 141:7,16 141:22 142:4,8 142:10,21 143:7 144:4
move
18:20 20:14 25:10 54:10 136:22 142:18
moved
5:24 6:18 7:2 21:6 26:16 42:9 45:10 48:8 52:7 80:7 88:17 92:7 106:7 114:8 120:6 128:17 135:7 141:8 142:22 144:6,7
moves
48:4 106:3 120:3
moving
135:3,4
multiple
81:18
multispecialty
41:20 65:8
Mulvihill
25:20,20
mushrooms
102:17
M-u-l-v-i-h-i-l-l
25:21

N

N
3:1,1 4:1,1,1,1 5:1
name
8:13,17 10:13 17:4 21:10,17 28:7 34:2,3 49:7 51:9,9 53:17 87:12,13,19 92:10 93:13 115:7,14 121:9 138:13
names
25:13,18 26:7 33:7 45:12,21 52:20 80:13,13 92:21 106:15 114:15 120:14
nation
81:24
National
87:11,19 88:2
nearby
56:15
nearly
59:1
necessary
30:4 41:9 102:23 103:17 108:10
need
11:10 15:19 18:3 26:1 28:12 29:7 29:11,16 30:12 30:18 39:18 41:8 60:3 64:20 65:20 66:2 69:6 74:1 75:12 82:3 98:22 101:18 108:19 109:22 110:4 113:13 130:18 131:22
needed
32:11 35:16 56:11
needs
9:7 82:4 84:4 95:23,24 97:4 97:16,17 123:2
negative
75:1 107:21 117:21 124:1
negotiation
36:23 38:19 39:14
neither
12:8 145:11
Nelson
2:5 8:9
nephrologist
117:10
net
19:7 123:7
neurology
143:11
neutralized
124:12
never
61:2 74:20 96:10 141:2
new
4:20 29:6 36:11 36:21 110:2 125:16 128:7 135:19 136:6 137:18
newly
107:9
nine
111:8,9,11 117:3
nine-station
15:12
nonclinical
85:8
noncompliance
82:20 124:3
noncompliant
83:21
nonhealth
139:7
nonhospital-ba...
139:7
nonprofit
61:11
nonsterile
64:21
normal
70:6
normalize
41:14
north
15:3,8,22,24 16:6 16:7,8,10 54:22 60:20,22 66:7 116:4
Northshore
55:11
Northwestern
4:11 60:14 106:2 106:4,17,19,21 106:24 107:20 108:5,13
notarial
145:17
Notary
145:5,23
note
58:23 97:13 100:24 132:11
noted
36:17 64:4 115:21,22 117:7 124:1,7
notice
4:22 30:2 31:8 143:8
noticed
134:15 135:19
notified
58:4
Notwithstanding
61:23
November
16:2
number
19:5 37:18 41:9 65:7 68:8,9 82:5 85:16 88:6 94:5 94:5,6,7 97:9 100:24 109:9 123:5 124:17 131:13,22
numbers
97:20
numerous
122:16
nursing
8:21,22 9:2,13 55:9 61:15 131:3,7

O

O
3:1 4:1,1 5:1
Oak
122:14
objectives
19:15
obligation
10:4 54:6
obstetrics
17:14
obtain
56:15 58:16
obviously
35:16
occasions
36:14 39:9
occupancy
94:19 95:2,10 96:15,19
October
57:24 112:1 122:9
offending
35:5
offer
96:6 137:12
offered
96:1
offers
122:4
office

53:2 56:15 57:3 57:4,6 70:1,8 71:7,19 74:21 80:6,23 81:16 83:1,2 85:11 87:14 88:2 89:17 110:22 111:1,5 130:15 132:4
officer 145:6
offices 56:23 84:6
office-based 56:5,9 63:1,15
off-the-record 79:14 142:7
oh 26:1 31:22 42:5 86:5 101:10,15 142:14
okay 6:15 20:1 25:12 32:2,18 37:9 38:12 49:21 68:7,24 87:7,15 87:22 88:4,8,12 88:20 89:2,6,23 92:1 98:12 99:11 102:1,10 104:6 108:3 110:13 111:16 111:22 112:3,6 113:16 114:1 126:8 132:18 133:16,19,19 134:14 135:2,18 136:17 138:23 139:9,17,18 140:14 141:3,6 142:14 143:2,23
old 55:20 63:22 97:4 141:1
older 60:17 95:23
Ols 45:14,14 46:11 47:13
Olson 1:13 5:2,16,17,19 6:2,5,7,15,20,23 7:3,7,10 8:1,9 8:12 10:8,12 11:16,19 14:4 16:15 19:10,19 20:1,11,14 21:1 21:8,18 22:1,4,8 22:10,24 23:2 24:1 25:1,12,24 26:9,17,19,22 27:1,14,15,17 28:1 30:12 31:13 32:1,23 33:2,8 34:4 40:17 41:21 42:1,5,10,22,23 43:1,4 44:1 45:1 45:12,22 46:7 46:12,15 47:7,8 47:10 48:1,10 49:1,8,12,16,21 50:1,4,7,23,24 51:5 52:1,9,21 53:9,12 62:22 65:13 66:6,11 66:16,19 67:21 68:1,5,15,20 69:1 75:17,21 76:1,5,20,24 77:3 78:24 79:1 79:8,13 80:1,19 81:4 84:23 86:4 89:7,10,23 90:3 90:23,24 91:3,8 92:1,9,23 93:11 97:23 98:2,11 98:17,20 99:2 102:7,10 104:1 104:2,8,20,21 105:1 106:1,8 106:10 107:3,14 108:1 109:2 110:14 112:7,10 113:10,11,16,19 114:1,10,16 115:5 116:10,13 116:17,20 117:24 118:4,7 119:5,6,10 120:1,8,15 121:7 125:10,13 125:19,23 126:4 126:8,11 127:9 127:10,13 128:1 128:14,19 129:6 129:7,9 131:10 131:23 132:21 132:24 136:19 136:22 137:5,24 138:16,18,22 140:15,17,22 141:3,6,9,11,14 141:16,18 142:3 142:6,8,14,20 142:23 143:2,5 143:7,21 144:4 144:8,11,13
once 39:13 41:16,17 75:13 102:16
oncoming 16:11
ones 75:12 112:4
ongoing 9:7 10:2
open 1:3 5:23 6:13 16:4 46:9,11 49:8,10 63:21 64:2 65:17 84:3 89:13,16,19 95:20 107:23 110:3 125:16
opened 111:24
opening 54:7 126:7
opens 13:21
operate 60:15
operated 61:13,14
operates 15:11 58:10 84:9
operating 37:20 53:1 64:19 71:22 98:15 107:8 108:6,7 108:14,16,23 109:9 110:3
operations 57:24 115:11,16
ophthalmology 137:19
opinion 117:24
opportunity 125:9 128:5,8
oppose 15:7
opposed 6:5 60:8,10 136:8 136:10 141:14 143:5 144:11
opposing 133:18
opposite 99:19
opposition 32:4,5 45:3 46:5 48:2,19 53:6 60:22 66:8 81:1 82:17 93:9 115:2 116:17,21 117:6 118:1 119:3 121:5 125:6 129:23 131:6
options 60:12
oral 123:14 143:12
orchestrating 132:5
order 3:3 5:3,19 111:5 123:21
organization 17:9
organizations 131:7
original 30:21 35:24
ORs 64:22 111:21,23 112:4
Orth 106:16,16 107:16 108:3 109:18 110:7,9 111:3 113:15,21
orthopedic 65:1 143:11
orthopedics 41:4
OSF 3:22 25:14 26:12
outcome 133:14 145:14
outpatient 13:2 60:15 82:1 106:5 107:7,9 107:18 111:6
outside 18:5 59:2 96:8 103:20 138:14
overall 37:15 85:3
overbedding 124:5
overlooked 13:5
overseeing 115:16
oversight 9:22 130:18
overwhelming 69:7
owned 19:8 122:8
ownership 74:1,4

o'clock
89:19

P

P
5:1
package
96:9
packet
129:12 141:21
page
3:2 4:2 64:14 67:15 86:1 123:12
Pages
1:22
paid
142:17
pain
70:4
Palatine
48:3,15
panel
104:23
Park
122:14,14
Parkhurst
80:17,17
parking
57:16 76:21
part
36:22 38:14,18,18 39:7,13,14 58:10,14,15 60:12,15 68:3 70:6,7 72:15,24 74:4 75:22 84:17 98:3 116:15 120:24 123:17 132:10 134:6 137:8,11
participation
3:8 8:2 19:21 125:5,5
particular
38:4 70:9 78:1 83:4
particularly
16:1 35:7 60:5 70:3 77:11
parties
145:12
partner
125:3
partners
15:7 54:5
partnership
17:23
party
75:15
pass
131:8,13,22
Passavant
99:6 100:6,18 101:1
passed
36:18
passes
6:23 7:10 23:2 27:17 43:1 47:10 51:5 79:8 91:3 105:2 113:19 119:10 127:13 129:9 134:1 143:7
patience
6:10
patient
10:14,18 12:18 16:9 18:7,8 39:24 56:3,11 57:1 59:2,4 71:7 96:2
patients
9:11,15 10:2 11:13 12:9 13:2 13:20,22 15:10 15:14,15,17,20 16:8,10 17:15 17:21,22 18:3 54:6,10,16,19 54:21 55:5,8,24 59:1 60:19 62:14 63:6,18 64:5,7,10 70:19 71:8 78:9 84:10 84:12 89:20 93:21,21 95:23 115:24 116:1,2 116:21 117:2,3 117:11,14,18,23 123:3 124:15
patient's
18:7
pavilion
107:9
pay
17:21 54:7 131:17 132:20 132:22,23
payer
13:3 68:6
payment
86:12 142:23
Pelt
130:15
pending
57:22 58:10
people
11:9 15:1 63:13 72:7 74:10 75:16 100:18 103:8 116:24
percent
16:7 54:15 56:24 57:2 59:1,7 63:4 68:1,5,18 71:11 72:8 75:7,22 76:10 94:19 95:2,3,9 96:19 108:21,22 117:2 117:5,8,17 122:5,5
percentage
67:11
perform
55:6 56:22
performed
13:1 54:14,18 56:8
performing
35:4 137:22
period
41:14
permit
3:14 20:5,6,7,8,15 21:5,22,23 28:3 28:19 29:19 30:6,8,10,22,23 42:8 49:19 58:8 58:17 137:16,20 137:21 138:9
permits
4:4 36:20 37:23 44:4
permitted
56:22
person
15:4
personal
18:10,11
personally
60:9
perspectives
32:20
per-square-foot
97:18
Phelps
131:2
PHILLIP
1:15
Phillips
131:2
physiatrist
121:15
physical
17:7 18:2,5 19:15 57:16 120:19 121:13,20 122:21 123:1,6 123:11,23
physicals
70:11
physician
61:23 70:12,21 72:21 81:16 83:1,2 84:6 110:22 111:5 117:10
physicians
9:13,22 10:1 11:6 35:12,18 38:20 39:3 40:15 59:16 69:24 72:5 76:18 82:9 84:9,11 89:19
picked
141:2
Pike
99:21,22
Pittsfield
25:2 92:2 93:4,19 102:17
place
41:17 55:5 61:4 64:13
placed
28:12 30:21
Plaines
58:2 143:10
Plainfield
15:3,8,10,22,24 16:6,7,8,10 114:3,21 116:4
plan
58:7,8 123:4,10 124:15,22
planning
19:14 74:15,16,17 74:19 78:21 94:8,11,24 96:14 101:1 104:14 106:17 106:21 122:22 122:24 123:23 124:8,18
plans
96:6
plastics
34:17 39:24
please
5:4 7:3 8:6,6,12 10:5,11,12,17 11:19 21:14,16 25:16 26:4,7 33:4,6 34:2 45:5

45:12,18,20 49:4,6 51:9 52:3 52:10,19 80:10 80:12,13 92:18 92:21 98:20 106:12 114:12 114:14 120:9,11 120:13 128:19
pleased 53:15 121:19
plumbing 97:16
Plus 119:3
podiatry 40:7 137:19
point 30:20 32:7 39:21 69:22 97:8 109:3 115:19
pointed 93:22 115:15
points 104:13
police 10:14 54:3
policies 13:22 61:22 62:1
policy 63:22
Polish 122:1
populated 59:3
population 9:10 11:8 59:6,8 59:10 70:19 71:7 77:12 78:10,13 79:4 94:21 122:1
populations 78:21
portion 55:13 87:1
position 37:3 38:20 39:6 39:10 133:10,22
positive 46:8 47:4 50:13 50:19 84:20 118:22 126:17
possible 13:9 128:13
Possibly 118:3
postpermit 3:12 20:2
potential 57:15 97:15
practice 8:24 9:14 13:21 33:16,18 34:16 35:7,13 36:2 39:11 41:14 53:23 54:8,18 55:11,14 56:2,5 56:9,17 58:4,10 62:13 63:23 69:8 70:20 71:2 71:22 72:8,22 74:21 76:18
practicing 38:21 39:16 70:6 73:7
preclude 139:20,23
Pregnancy 138:20
present 1:12 2:1 5:18 18:1 53:15 121:19 122:3 131:14
presentation 46:9 107:15
presenting 53:22 135:15
Presently 12:4 56:3
president 11:22 54:2 81:10 85:3 93:14 106:18,24
pretty 133:17
preventative 12:24 61:21 62:2
prevented 10:24
prevention 55:17 140:7
previous 29:9 126:23
previously 15:22 28:8 39:12 49:18 70:22 96:11
pre-Board 65:15
price 60:3
primarily 61:14,15 97:7
primary 18:19 53:21 61:14 62:6 70:12 82:14 89:21
principle 72:19
principles 73:18
print 21:17 26:7 33:7 45:21 49:7 52:20 80:12 92:21 114:15 120:14
prior 49:19
private 9:14
privilege 135:14
privileged 81:9
privileges 59:16
probably 70:11 73:18 87:18 88:15,16 101:8 133:20 134:12
problem 33:1 63:22 75:1 82:5 111:17 133:5 134:5
problematic 74:13
problems 9:8,10
procedure 35:8,24 36:10 38:24 39:24 40:1 56:1,10,19 56:24 70:6 71:9 73:14
procedures 4:22 12:12 34:13 35:4 38:17 41:9 54:14 56:18 60:1 64:12,22 70:24 71:19 78:9 143:9
proceed 10:12 11:19
proceedings 1:6 6:13 145:7,9 145:9
process 29:8,11 43:5 60:3 64:1
professional 54:6
profile 25:3 26:15
profiles 25:8
program 59:10 61:16 62:15
programs 61:11,13
prohibition 41:17
project 8:4,19,24 10:9,15 10:19,20,20 11:5,14 12:3,16 15:2,7 17:2 18:24 19:8 20:7 45:8 46:2 48:1,5 48:16,17,20,21 48:21,23 49:13 52:5 53:6 54:24 57:20 58:24 60:8 78:4 80:3,4 82:18 84:19 86:8 87:6 89:1 92:5 93:17,24 96:23 97:18 100:13 104:13 106:4 107:10,21 110:23 111:4 114:2,4,23 115:16,18,20 120:2,4,21,22 123:9,22 124:2 124:7,8 125:5
projected 16:4,7,10
projection 59:6
projects 37:16 100:16 102:23
proper 31:19 73:5
proposal 8:23 10:6,21 12:10 15:21 60:5 81:7 120:24
propose 52:24
proposed 12:2 16:6 19:6 60:23 68:7 95:11,13 100:5 131:15
proposing 45:23 48:13 80:22 93:2,19 96:24 99:21 107:6 114:19

120:18
provide
11:7 13:19 18:1 35:22 54:24 55:6 62:6,8 94:24 138:11
provided
108:11,21 109:21 110:9
provider
11:11 103:17
providers
13:23 54:11 58:22 59:12 63:13 72:13
provides
35:10 73:1
providing
17:10 54:9 58:8 137:17 138:8
provision
36:9 38:4
prudent
59:22
PSTC
138:16,18 139:6
PSTCs
138:3,10 139:21 140:2,11
psychiatric
93:21 97:14
public
1:1 3:8 8:1 13:15 19:20 46:4 48:18 53:5,6,7 67:4 68:22 81:1 82:18 93:7 115:1 121:5 125:5,7 140:18 140:23 141:1 145:5,23
published
59:7
pulling
49:20
purpose
59:5 71:8
pursuant
5:22
purview
139:10
put
36:8 37:2,10 38:20 40:12 71:16 74:14 75:17 133:24 139:15
puts
70:19 110:24
putting
76:21 81:8
p.m
1:10 6:12,14 91:12

Q

qualified
17:13
quality
17:18 35:22 81:23 96:5
question
32:3 49:12,22 63:5 67:19 87:7 103:5 113:12 142:6
questionable
36:1
questioned
132:2
questionnaire
66:14
questionnaires
66:13
questions
20:11 22:7,8 26:23 33:23 34:4 38:22,23 41:23 46:9,11 46:13 49:9,10 50:4 57:9 62:23 66:17 76:24 77:18 78:2 84:21,24 89:7 90:1 97:22,23 102:7 107:24 109:4 110:14 112:7 116:9,10 118:4 121:15 125:8,10 126:9 129:16 133:24 134:3 136:19 137:24 141:23 141:24
quick
6:8
Quincy
94:14,18
Quinn
132:15
quite
69:17 72:13 103:10

R

R
5:1
radiation
83:7,10 85:14
radiology
83:9 85:24
radius
58:24 67:3 81:19
Rails
99:22
raise
12:15,16 21:13 26:3 33:3 45:17 49:3 52:16 80:9 92:17 106:11 114:11 120:10
rapid
130:19
rarely
94:20
rate
108:22,23
rates
13:18
rating
86:10
RCG
3:10 15:2,8,9 114:5
RDR
1:24 145:4
reached
136:3
read
8:15 25:13 26:9 89:11 100:14 142:12,13,15,16
reading
30:6 100:8
ready
58:17
real
128:10
really
41:13 54:4 69:21 70:3,7 82:13 84:4 87:5 100:15 130:13 134:5 136:8
reason
12:1 16:9 40:6 83:6 84:16 85:15 89:15 98:3 109:7 117:22 118:13 118:18 119:2 133:21
reasonable
95:18
reasonableness
96:23
reasons
9:9 46:24 47:6,8 50:16,22,24 71:15,15 78:12 79:2 90:12 91:1 104:22 113:7,11 119:7 127:7,10
reassures
140:9,10
Reaves-Harris
130:23
recall
28:7 32:10 48:20
received
11:7,11 18:12 48:19 93:8 115:2 121:4
receives
12:18
recess
91:12
recipients
9:4
recognize
64:11
recommended
18:17
recommends
13:12
reconsidering
33:12
reconvene
91:9
record
123:18 131:11 144:16 145:8
recovery
53:1
recruit
35:18
reduce
60:5 94:15
reduced
145:10
reducing
81:21
reduction
20:6
reestablish
114:5
refer
62:3 63:13 68:22 73:24
reference
59:11 60:7 66:12
referral
62:9
referrals
67:4,5 69:7 72:7 74:20
referred

13:20
referring
67:16 72:6,21 73:2,3
refined
90:20
reflect
71:1
reflected
123:4
reflection
19:13
regard
20:12 25:7 59:18 124:1 129:16 141:24
regarding
9:22 57:23 138:1
regardless
17:21 54:6 94:7 97:20
region
95:15
registered
129:23
regular
10:24 13:12 64:12
regulate
140:2
regulation
33:17
regulatory
106:17
rehab
18:15,18 19:1,2,5 19:16 48:7
rehabilitation
17:7 18:2,5 48:14 120:5,19 121:13 121:20 122:20 122:22 123:1,6 123:11,23
reimbursement
67:8
reiterate
31:14 61:10
reiterates
137:11,14
rejecting
109:8
relate
70:23
related
72:2 82:20 139:7 145:12
relating
107:21
relationship
132:4
relinquishment
20:8
relocate
15:19 114:5 116:1
relocating
118:1
relocation
15:9 116:5
remained
110:1
remaining
94:17
remarks
19:11
remember
8:6 33:15 116:20 138:13
reminds
137:16
remote
18:19
removal
28:2 30:9 32:11
remove
28:18 29:3,4,19 30:5,7 31:3,3 42:7
removed
31:16
removes
131:3
removing
28:21 31:17,20
111:5
renal
4:12 20:9 114:2
renewal
3:14 20:15 21:3,5 21:22
reopening
130:17
repair
40:2
replaced
97:4
report
1:6 4:4,21 21:19 41:16 44:3 46:8 46:21 47:4 48:11 50:14,20 52:22 54:13 58:20,21 59:14 60:18 61:3,7 64:14 67:11 69:5,17 75:2 80:20 83:23 85:18 86:1 90:10,16 92:24 94:23 100:9 101:7,12,13 103:23 104:12 107:4,21 108:4 108:17 109:11 109:19 110:19 113:2 114:17 115:19,21 116:3 118:12,17,22 120:16 123:13 123:15 124:2 126:18 127:3 129:17 133:7 136:20 141:20 141:23 142:1,4 142:9,11,19,21
reported
1:23 35:9 66:14
reporter
21:13,16 26:3,6 33:3,6 34:1 45:13,17,20 49:3,6 51:8 52:16,19 80:9 80:12,18 92:10 92:17,20 106:11 106:14 107:2 114:11,14 120:10,13 145:1 145:4
reporting
37:19,19
representative
25:13 124:20,24 130:5,22 131:2 133:12 134:7,24 135:9,22
representatives
132:2
representing
25:4
request
28:3 62:17 139:16
requested
48:18 53:5,7 82:18 93:8 115:1 125:7
requesting
107:17 108:6
requests
3:14,16,17,18 20:15 24:1,3,4
require
18:15 36:21
required
58:16 131:13 144:1
requirement
72:18
requirements
56:7
requires
58:5 96:9
requiring
28:12 58:15 59:2
resection
11:4
reservations
118:16
reside
59:1
residential
48:7 61:16
residents
9:1,3,6,6,14,17,21 9:23 10:7 12:5 12:13 55:10 61:12,15,18 62:20 95:19
resolve
58:6 124:11
resources
59:22
respect
19:14 72:16,18 78:11
respectful
124:16
respectfully
62:16
respond
121:15
response
6:6 20:13 22:9 26:21,24 41:24 46:14 50:6 77:2 78:2 89:9 90:2 98:1 112:9 116:12 118:6 125:12 126:10 136:5,21 140:18 140:22 141:15 142:2 143:6 144:12
responses
77:18
responsibility
122:2
rest
71:1 75:18
restate
109:14
restrictive
138:15
result

15:24 18:3 19:7 123:7,11,18 124:8
resumed 6:13
returned 29:19
review 1:2 4:5 45:2 85:8 90:9 93:23 101:22 115:18 124:3 128:8
reviewed 112:16
reviewing 93:16
reviews 101:20
revise 25:3 26:14
revision 31:12
revisiting 33:12
Richard 1:17 106:18
rid 125:21
ride 64:5
right 8:7 21:13 26:4 31:6,9 33:4 34:19 45:17 49:3 52:16 64:17 65:4,10 66:3 68:9,11 69:18 71:12 73:22 76:15,23 79:13 80:10 92:18 99:12 106:12 109:18 114:12 116:19 120:11 133:24 134:5 135:3,24 139:10 140:24 141:17 142:20 143:18 144:8
risk 33:16,20 34:20 35:5,5,15 40:12 41:4 55:22 140:7
Ritacca 3:24 28:1,7,15,17 28:20,23 29:14 29:16 30:2 31:5 33:11,14 34:12 34:15 37:2 39:8 39:22 42:7
Ritacca's 28:11 30:10,16
road 8:23
ROATE 2:10 5:5,8,10,14 5:16,18 7:5 22:12,17,19,21 22:23 23:1 27:3 27:8,10,12,14 27:16 42:3,12 42:16,18,20,22 42:24 46:17,23 47:2,5,7,9 50:9 50:15,18,21,23 51:4 77:5,14,21 78:17,23 79:5 90:5,11,14,18 90:23 91:2 102:12 103:2,14 103:24 104:4,19 104:24 112:12 112:19,23 113:5 113:9,18 118:9 118:15,19,23 119:5,8 126:13 126:20,24 127:5 127:8,12 128:20 128:24 129:2,4 129:6,8
Rob 106:23
Rockford 143:11,12
roll 3:4 5:4 22:11 27:2 42:2 46:16 50:8 77:4 90:4 102:11 112:11 118:8 126:12 128:19
room 15:18 65:11 69:6 107:18 130:20
rooms 53:1 56:19,20 107:8 108:6,7 108:14,15,16,23 109:9 110:3
Route 59:17
routine 11:2
routinely 36:2 55:8 62:14
RSMeans 85:5
rule 37:13 41:17 62:19 64:2 69:22,23 73:6 75:7
rules 4:18 30:22,24 33:20 34:21 35:6 36:18 37:11,13 38:14 40:13,16 72:1,9 74:5,8,12 77:24 78:5 108:9 109:16 119:4 135:5 136:23,24 137:9 139:3,7
ruling 26:12 28:3,9,22 28:24 29:2,8 30:1,8 31:19 42:7
rulings 3:19 25:1,7
running 33:16,20 34:21 40:13
rural 103:19
Rutherford 80:14,14 81:5,9 85:17 89:18 91:5
Ryan 80:16

S

S 3:1 4:1 5:1
Sacred 130:17
safe 74:3,8
safety 83:7 85:14
Saint 3:22 25:14 26:13
sandals 40:8
Sandoval 134:7
Sarah 4:6 45:4,8,24
sat 116:23
Saturday 64:2,3,3 89:22
save 12:21
saved 11:1
savings 13:4
saw 89:2
saying 68:18 69:9 73:12 89:13 98:3 133:11
says 138:3
SB 133:4
schedule 63:23
scheduled 131:4
Schwab 18:17,18
scope 20:7 60:24
Scott 121:10
screening 10:24 11:3 12:1 12:17,18,21,23 13:10,12,17 63:21 70:18 71:6
screenings 13:19
seal 145:17
Sean 52:14 53:18
seated 52:4
second 6:1,19 7:3,4 21:7 26:17,18 31:14 42:4,10,11 45:11 48:9 52:8 55:15 56:18 57:3,5 58:15 80:8 92:8 106:8 106:9 114:9 120:7 128:18 141:9,10 143:1
seconded 7:5 22:13 27:4 42:13 46:18 50:10 77:6 90:6 102:13 112:13 118:9 126:14 128:21
section 121:13 137:8
Sections 5:22
securities

86:8 87:1
see
29:11 34:16 59:24 61:3 64:15 66:13 70:5 73:9 83:23 84:13 100:10 109:10 117:21 136:4
Seeing
20:14 22:10 27:1 42:1 46:15 50:7 77:3 90:3 102:10 112:10 118:7 126:11 136:22 142:3
seek
28:18,22 57:17 128:12
seeking
39:8 81:14 123:7
seen
63:24 67:14 69:15 70:16 71:5 117:7,15
self-referral
4:3 44:2 71:17 72:2,4 73:18 74:5,10
Senate
130:6,8,14,14 135:5
Senator
130:7,15 134:7,16
send
70:13 128:6
sending
18:17
senior
9:9 59:9 106:23
sense
89:17
sent
58:2 70:15 135:6
sentence
137:15
separate
65:11
separated
64:21
separation
57:16
September
16:5
seriously
122:2
serve
12:9 16:9 54:6 81:10 94:20 95:13 122:12
served
17:15 59:10 81:11
serves
61:15
service
28:14 30:16 31:7 31:11 33:19 34:14,18,24 35:9 36:22 39:1 39:2,19 40:19 41:8,16 53:23 56:2 58:5,9 61:19 62:11 63:1,16 69:6 72:17,20,20,22 72:24 73:17,24 73:24 74:2 77:17 78:22 81:22,23 92:6 93:3 95:1,11,15 96:21 98:23 99:8,16 101:3,3 101:6 104:16 106:6 107:7 120:5 121:23 138:20
services
1:2 4:7 11:24 12:1,24 16:1 18:2,4,16 48:3,6 61:8,20 62:2,3 63:15 70:1 72:14,15 74:19 96:2,10 103:17 103:18,19 107:19 108:10 122:4,18 137:13 137:17,22 138:8 138:11,14
serving
54:8 74:16 96:18 97:20
session
1:3 3:5 5:20,21 6:8,9,13,13,16
set
13:22 145:16
setting
60:4 70:8,20,20 71:19 75:6
settlement
58:12
seven-month
21:2,4,21
several-block
81:18
Sewell
1:17 5:14,15 6:19 22:21,22 27:12 27:13 42:20,21 45:10 46:18 47:5,6 48:9 50:11,21,22 52:7 62:24 63:7 63:10,12,19 64:8,17 65:4,6 77:5 78:18,19 79:2 85:1,2,14 86:2 90:18,19 92:8 98:15,19 98:21 101:17,20 102:1,2,5,14 104:5,6,10 109:5,6 110:5 110:13 113:6,7 114:9 118:10,24 119:1,7 127:6,7 128:17,20 129:4 129:5 132:19 141:8 142:5,12 142:18 144:2,7
Sewell's
104:3
Shafi
115:12 119:13
shaft
97:5
share
60:3 83:5
shell
56:16
Shore
54:22 60:20,22 66:7
short
32:11 35:23
Shorthand
145:1,4
shortly
28:15 76:9
shout-out
129:13
show
41:11 110:10
shown
12:22
shows
46:22 107:21
side
86:21 94:13,22,22 95:8,12,14,19 95:20 96:17 99:19 101:6,14 136:9
sign
6:5 8:6 10:11 141:14 143:5
signed
123:16 128:11
significant
18:9 55:13 61:23 66:21 116:4 117:7 128:10
Silberman
33:9 34:3,3,11 39:21 41:1 43:2
silly
40:5
similar
60:23
simple
12:17 101:22
simply
31:7 35:4 40:12
simultaneous
123:19
sincerely
33:11
single
110:1
sir
21:10 23:3 98:18 98:24 99:13,16 100:3
sister
18:19 121:1
Sisters
88:23,24
site
59:1
sites
81:18
situation
34:22 71:17 72:3
six
32:14,16 54:22 59:19 92:19
size
20:7 60:24 93:24 94:1 97:17 104:15
skills
9:16
Skinner
121:17
slow
61:24
small
12:5 13:1 97:17 133:8
smaller
94:5
solely
70:24 138:8

someday 137:17
someone's 40:8
somewhat 135:23
soon 128:13
sorry 32:24 42:5 51:9 53:7 67:15,18 86:1 129:7 131:3
sort 31:13 64:20 75:17 104:14 125:20
sought 28:23
sounds 64:8 74:12 139:5
south 131:5
southern 88:18
space 56:12,14,15 57:16 82:16,20,22,23 83:2,12,15,17 84:2 85:24 94:6 98:13 110:22 111:5,6
spaces 76:21 85:21
speak 10:16 18:10 30:19 125:4
speaking 8:4 15:1 17:1 85:10
special 135:6
specialist 9:7,9 10:6 115:8
specialties 70:4
specialty 34:18 36:7 53:1 62:7,9,11 65:8 67:5 137:18 143:11
specific 39:22 69:18 74:19 78:10 85:6 95:24 96:2
specifically 19:4 95:22 122:17 140:1
spectrum 17:14
spend 66:1,2
spent 124:15
spirit 90:22
spoke 30:3
sponsor 131:12,15,21 134:23 135:19
sponsored 136:14
Springfield 3:15 21:2 94:21 95:16 96:20 101:5 102:18
square 82:24 83:12,19 96:24 97:11 98:4 103:9,10
St 3:15 4:9 21:2,5 80:1,5 81:10 87:3
staff 2:6,7,8,9,10 18:24 21:19 28:19 29:18 33:12 34:19 38:20 39:4 48:11 52:22 54:13 59:13 78:1 80:20 81:8 85:2 85:18 92:24 93:16,23 94:23 107:20 108:3,17 109:19 114:17 115:3,18,19,21 121:4 122:4,17 122:17,23 123:10 124:6,14 130:21 134:4
stages 12:19 13:9
stand 32:23 138:19
standard 55:18 85:4,6 90:22 94:1 97:1 97:12
standards 85:6,10 90:20
Stark 72:3,3,15,16 73:14,17
start 40:22 55:22
started 33:21 34:15 39:23 40:12 55:3
state 3:13 13:3 20:15 21:10,18 25:18 30:22 31:1 34:1 45:12 46:21 47:4 48:10 50:14,20 52:21 56:4 58:24 59:4 61:3 64:14 69:5 72:18 73:5,20 73:23 75:2 80:19 81:7 82:1 82:19 90:10,16 92:23 94:1,23 102:19,21 103:23 104:12 104:17 107:20 108:3,17 109:10 109:18 110:19 112:16 113:2 114:16 115:2 118:12,17,22 121:4 123:12 124:2,20,23 126:17 127:3 132:17 145:6,24
stated 15:12 29:4,9 47:1 47:6,8 50:16,22 51:1 79:2 82:20 83:6 91:1 95:9 104:22 113:7,12 119:7 124:10 127:7,11 137:12 137:15
statement 86:11 126:23
states 13:7 126:3,6
State's 94:15
station 116:6
stations 15:9 53:2 83:24
stats 10:23
status 4:4 44:3
statute 30:6
Steiner 121:8,10 125:18 125:22 127:16
stenographically 145:10
step 33:19 35:8
stepping 10:3 40:3
stipulation 36:14
Stollard 45:16,16
storage 97:7
Storm 80:15,15 86:20 87:13,17 88:1,6 88:10,14 91:6
strategic 84:13
strategy 62:5 84:17 123:21
street 117:12
strengthen 19:16
strengthens 140:8
stroke 18:13
Strong 110:8
strongly 17:5
studies 12:22 41:2
subcommittee 135:6
subject 139:6
submit 36:6,10 123:16
submitted 29:16 54:23 58:7 60:21 100:17,19 124:24 125:6
subsection 137:10
subsequent 4:5,14 45:1 57:18 128:1
Subsequently 48:21
subtract 97:10
suburban 122:11 131:5
successful 131:15
successfully

102:24
suddenly
40:22
suffer
9:11
suffered
18:13
sufficient
15:16 123:2
suggest
57:23 91:9
suggested
28:22 59:12 66:20 69:21 90:12
suggesting
68:16 98:5 104:16
suggestion
67:11
suite
56:18 57:4,5 58:16 59:24 64:23
suites
57:16 111:1,2,18
suits
82:3
summary
110:19
sums
41:21
Sunday
89:22
supervision
145:11
supply
111:15
support
8:18 11:5 12:2,16 17:5 48:19 81:2 93:8 94:6 107:18 121:4 124:20 125:1
supporters
54:1
supporting
121:3
supposed
40:23 74:16
sure
9:2 29:14 31:20 34:19 38:7 65:6 66:7 69:15 70:3 88:6 107:16 109:7,12 125:19 133:17 137:2
surgeries
41:11
surgery
33:17 40:4 57:6 61:9 67:2 68:10 73:16 74:3,23 106:5 107:18 111:6 143:11,13
surgical
36:7 58:2 65:8 68:14 70:1,6,24 71:9 72:12,15 72:20 73:13 107:7,19 108:5 108:12,21 110:24 111:2,18 143:10
survey
58:3,17
surveys
133:24 134:2
sways
77:12
swear
30:13 31:22 32:1 33:2
sworn
21:11,15 25:18 26:2,5 33:5 45:13,19 49:5 52:11,18 80:11 92:10,19 106:13 114:13 120:9,12
system
60:13,16 61:22 96:12 97:3
systems
2:5 37:21 61:24 122:9
Syverson
130:7

T

T
3:1,1 4:1,1,1
table
8:7 21:9 25:17 45:6 48:4 52:3 85:18 92:3 100:21,22,23,23 106:2,3 120:3 121:17
take
17:20 25:8 31:14 55:8,9 60:19 61:1 63:6 64:5,6 68:21 82:22 84:10 85:11 97:9 99:18 110:21 116:24 117:15 122:1
taken
50:1 91:12 145:7 145:9
takes
17:14 110:24
talked
41:2 60:9 100:11
target
64:19 95:2 96:15 117:5
Tasiopoulos
9:19 52:13,13 53:18 79:12
team
18:8 84:21
teams
18:22
technical
39:8 122:16 136:15
tell
30:7 38:7 51:8 80:13 102:18 106:15
telling
38:20 39:10
temperature
83:16
tenet
19:9 60:2 122:8 122:10,23
Tenet's
19:14
tenth
111:12,13,18
term
70:21
termination
138:20
tested
13:14
testimony
8:16
testing
85:22
thank
5:5 6:10 10:8 11:16 13:24 14:3,4 16:14,15 19:18,19 20:4 20:10 21:16,20 21:24 22:12 23:3,4 26:6,8 27:3,18 33:6,11 35:11 43:2,3 45:20 46:6,7,12 46:17 47:13,14 48:12,24 49:1,6 49:11 50:9 51:2 51:3,7 52:9,19 52:23 53:8,9,12 53:24 62:16,21 62:22 63:19 66:11,16 69:2 77:14,21 78:17 78:23 79:5,7,10 79:11,12 80:12 80:18,21 81:3,5 81:6 84:20,23 86:5 88:22 89:6 89:23 90:5 91:5 91:6,7,11 92:20 92:22 93:1,10 93:11,15 99:3 102:12 103:2,14 103:24 104:19 105:2,3,4 106:14 107:2,5 107:13,14 109:2 110:17 112:6,12 112:19,23 113:5 113:9,21 114:10 114:14,18 115:4 115:5,17 118:19 118:23 119:8,12 119:13 120:13 120:17 121:6 125:9 126:8,13 126:20,24 127:5 127:8,15,16 129:13 131:10 132:18 136:17 141:17,18 144:15
theirs
87:17
theoretically
34:13
Theresa
80:14 81:9
thing
66:3 74:9 75:9 117:6
things
11:12 69:5 83:11
think
30:3 32:18 37:15 38:8,10,11 40:17 41:21 51:1 57:19 65:2 65:19,22 70:4,9 70:22 71:15,20 73:8 75:17,21 76:8 77:10 78:6 78:12,15 79:3 86:23 88:7,10 89:2,11 90:16 90:21 101:10

102:19,21 103:10,21 104:13,17 109:11,11 110:1 112:17 129:24 130:21 131:8,9 132:13 135:7,23 136:13,13 138:12
third 13:6,7 59:3
third-party 82:9
thought 28:18 29:6,10 39:15 89:24 116:23 144:2
thousand 17:16
three 11:3 13:14 26:5 33:21 36:13 45:19 57:14 62:14 69:9 89:19 111:9,11 113:14 114:13 117:8,13 122:10
Three-quarter 59:9
three-quarters 54:20
threshold 75:23 76:11
throw 144:2
Tim 15:6
time 8:10 13:24 16:13 16:14 18:1 28:17,20 29:9 29:13,15,23 33:23 36:1 37:17 39:14,16 39:20 48:22 57:9 58:19 61:6 62:16 65:9 73:6 73:8,9,9,11 87:5 88:14 100:17 103:11,12 110:2 116:8 117:18 124:14 125:4 132:9 134:16 140:4 141:4 142:15
Timothy 45:14
Tincknell 15:6
today 6:11 10:20 11:2 11:15 12:2,16 28:6 30:3,7 31:2 31:4 48:23 53:15 73:10 81:7 93:17 107:17 121:12 121:23 128:13 131:11
toe 40:6,7
told 65:23
tolerance 6:10
tomorrow 65:9 129:22 131:5
tool 53:21
torn 77:8 78:11
total 48:16 57:1,3 107:10 108:7,16
totally 68:15
touch 41:12
touched 41:15,16
touches 101:21
tract 55:13
traditionally 103:18
transcript 29:12 32:10 145:8
transfer 15:14 18:6,8 117:4,14
transferred 117:11
transportation 9:18
trauma 130:1 131:5
travel 59:2
treat 55:14
treatable 13:11
treated 31:5 41:19 124:16
treating 55:19
treatment 9:20 10:24 11:5 11:10 12:20 53:21 55:16 69:6 130:20
treats 55:12
trend 110:11,12
trending 110:5
trends 81:24
tried 63:24 101:7,9 132:12
trigger 123:19
true 145:8
try 63:17 69:16
trying 37:12 81:19 125:20 142:12
Tuesday 1:9
turn 100:21
two 12:5 19:3 33:5 37:21 45:2 53:1 55:3 57:16 64:13 95:4 109:23 117:16 124:3,4,6,10 129:21,23
two-bed 35:20
two-OR 33:17 41:5
two-year 110:12
type 72:1 83:14 85:7 138:12 140:11
types 37:18,24 38:1 71:18 102:23
typewriting 145:10
typically 61:21

U

U 4:1
ugly 40:24
unable 84:10
unaffiliated 62:3
unavailable 62:9
uncertainty 35:2,3 40:11,15
underinsured 17:11
underserved 54:9
understand 18:23 65:19,20 67:23 77:23 98:2,7 101:2 102:21 110:23 130:15 138:24 142:17
understands 31:21
understood 109:7
underutilization 115:22
Underwood 11:17,20,21
undocumented 17:12,22
unfinished 4:19 141:19
unfunded 17:22
uninsured 11:13 13:20 17:11 54:10 55:8 63:14 64:10 78:21
Union 139:14
unit 17:7 18:5 93:20 97:14 98:12 100:5 111:6 120:19 121:21 122:20 123:1,1 123:19
United 13:7
unnecessary 15:24
unreimbursed 67:9
update 4:17 128:3 129:10
Uphoff

45:15,15 47:14
urge
10:21 13:24
use
16:10 59:22 83:17 85:5 134:8
uses
58:24
usually
13:10 132:5
utilization
64:19 95:3 107:22 108:11 109:1 117:16
utilize
62:5
utilized
97:6
utilizing
59:21

V

Valentina
92:11
value
81:20 86:17,19
Van
130:15
Vanguard
122:9
various
34:12 41:12
vast
9:3
verify
134:11
Vernon
3:24 28:2
veteran-owned
133:8
vice
1:14 5:7 6:1,18 7:2 21:7 22:20 27:11 31:24 32:2,7,14,18 33:1 34:6 36:4,8 37:5,9,24 38:3 38:12 42:19 45:11 47:3 50:19 52:8 69:2 71:10,13 73:12 73:20 74:7 75:8 77:23 86:5 87:7 87:15,22 88:4,8 88:12,20,22 89:2,6 90:15 92:7 99:1,3,11 99:14,24 100:4 100:22 101:10 102:9 103:16 106:9,23 110:17 111:7,12,16,22 112:3,6 113:1 114:8 118:21 120:7 127:2 128:18 129:3 133:2,16,19 134:4,14,19,22 135:2,18,22 136:1,11,17 138:2,10,23 139:13,17,24 140:5,10,14,16 141:10 142:22 143:15,19,23 144:6
victim
65:19
viewed
102:22
Village
11:21,22 54:2
violation
76:4,14,16,22
visits
17:16
voice
8:18
void
122:18
volume
54:20 56:6,10 57:1,8 63:20 64:4 66:24 108:18
volumes
70:23
voluntarily
75:18
volunteered
55:2
vote
11:14 22:11 27:2 29:1,5 31:3 32:11 42:2 46:16,22,24 47:3 50:8,14,17 50:20 77:4,12 77:13,20 78:16 79:1 90:4,10,13 90:15,19,24 102:11 103:1,4 103:13,16,21 104:3,10,18,21 112:11,18,22 113:1,7,11 118:8,14,18,21 119:1,6 126:12 126:19,22 127:2 127:7,10 128:19
voted
28:9 29:3 32:20
votes
23:1 27:16 42:24 47:9 51:4 79:6 91:2 104:24 113:18 119:9 127:12 129:8 131:13,22 135:17
voting
29:5 32:15 78:19
Vrtikapa
92:11,11

W

walk-in
84:8 85:23 89:13
want
25:8 31:20 32:2,7 33:11,16,20 34:20 35:5 37:1 38:19,22 39:5 39:10 41:4 65:10 66:4 74:18 75:9 76:16 104:11 117:22 129:18 133:6 137:1,18 142:10 143:8
wanted
28:5,13 29:13 34:16 36:11,22 65:9,13,16 66:6 89:10 98:19 109:7 125:19 132:10 133:2 139:3,13,15
wanting
35:12 40:12
wants
31:10 35:21,21 40:1,16
war
67:14
warranted
16:13
wasn't
32:4
way
17:8 31:19 62:2 62:19 63:8 69:10 84:19 101:22 102:18 124:10 139:22
ways
18:9 111:20
weaknesses
104:14
week
100:6
weekend
84:12
weekends
89:14
weighing
134:8
Weiss
122:11
Welch
124:21
welcome
136:18
wellness
82:15 84:14 85:19
Wendy
25:20
went
28:23 122:17 141:4
weren't
11:2 104:9 132:14
west
94:12 122:11
western
94:13 95:7,14,20 96:17
Westlake
19:6 121:1 122:10,23 123:3 123:6,20 124:13 124:21,23 125:18 126:7,19 127:4
we'll
20:14 91:9 106:1 110:3,4 130:7 133:24
we're
8:3 28:6 30:4 41:13 67:3 71:4 73:10 78:4 81:13,19 85:11 93:19 94:3 99:21 125:20 130:2,12 140:11 142:17
we've
36:15 78:1 100:24 103:7 109:24 129:22
whatsoever
35:15 75:12 101:16

WHEREOF
145:16
Williamson
49:10,15,18,24 50:3 51:3,7,10 51:10
willing
66:1
willingly
65:17,23
Winchester
3:9 4:8 8:5,15,18 8:20 9:8 10:5,20 11:17 12:2,10 13:18 14:1 52:1 52:5 54:3 60:23 61:11,13
window
35:23
witness
21:15 49:5 145:16
witnesses
26:5 33:5 45:19 52:18 80:11 92:19 106:13 114:13 120:12
women's
83:24 85:19
women-owned
133:8
wonderful
51:2
wondering
68:12 138:2
word
130:11
words
71:18
work
49:19 51:1 55:9 60:16 61:11 68:14 72:12 73:4 89:21 93:16 129:14 133:21
worked
73:11
Worker
4:3 44:2
working
57:13 58:6 94:3 124:15 130:12
worrying
40:2
wouldn't
134:4
Wright
115:7,8 117:1 118:3 119:12
written
69:13
wrong
87:12
wrongdoing
58:14
wrote
66:8 124:21

X

XYZ
38:24

Y

yeah
10:17 63:8 68:1,8 68:20 89:5 129:20 133:2 135:21 137:4,5 137:6 140:16
year
10:23 17:15 18:13 54:18 55:1 57:13,19 61:4 67:1 70:11 102:16 108:24 108:24 109:20 109:21,22 110:1 110:1 128:11 135:8,23 136:7 136:14 137:9 139:2
years
18:13 33:21 36:3 36:16 38:13 55:3,20,23 63:22 70:15 73:8 74:14 81:12 95:4 96:1 96:20 108:11 110:10 117:8,13 132:7
year's
108:18

Z

zero
61:4 123:8
zip
95:14 99:19
zoning
49:22,23 50:1

$

$1.5
60:6
$14
80:24
$1500
59:24
$18.2
46:3
$2.2
53:3 66:2
$2.6
120:22
$24.5
107:11
$3.3
93:5
$3.6
114:24
$317.43
97:12
$355.22
97:11
$462
96:24
$8,000
59:23

0

0294
133:5,13
0691
133:4
084-004299
145:4

1

1
1:22 29:2,2 32:11 54:15 100:22,23 112:17 137:10
1st
58:18
1.1
48:17
1/2
36:16 38:13
1:08
6:14
10
1:9 55:23 67:17 70:15 87:18,20 88:5,7 98:5,13 108:11 110:10 124:19 127:4
10-bed
92:6 93:3,20 99:7 100:7
10-station
114:6,20,21
10-042
21:23
100
95:9
100-year
121:22
106
4:11
11
111:15
11th
107:8 110:22,24 112:3
1110
116:15 136:24 140:19
1110.1540
137:8
1110.234(a)
93:24
1110.630(b)
124:5
1110.730(c)(1)
94:8
1110.730(d)(1)
96:13
1120
116:15
1120.140(c)
96:22
113
95:5
114
4:12
118
132:1
119
95:6
12
15:9 121:1 123:20 125:16 125:17 132:13
12th
111:20,22 112:4
12-bed
120:5,19 123:19
12:33
1:10
12:35
6:12
120
4:13 94:11
128
4:14,16
129
4:17
13
37:16,22 38:6 59:7 82:18 109:19,21 115:24
13-040
20:6
13-051
48:21

13-053
20:8
130
54:16
136
4:18
1398
130:1
14
72:14 126:4
14-025
8:4,19 10:21 12:3 52:5
14-056
80:3,4
14-060
92:5
14-061
106:2,4
14-062
45:4,8
14-065
15:2,7 114:2,4
14-066
17:2 120:2,4
14-067
48:2,5
140
81:12
141
4:19,21
143
4:22
144
4:23
145
1:22
15
3:10 37:16,23 91:10 94:18 95:8 96:17 112:17
15th
58:17 123:17 125:22 126:1
15-minute
91:9
1512
130:1
1541(c)
36:19
16
56:3 67:12,20 68:4,19
1677
130:14
1692
130:14
17
3:11 108:24 111:15 113:13
17-county
101:2
18
34:23 36:5
19
54:13,21

2

2
32:17 36:16 38:13 68:1,5,18 94:8 108:22
2(c)(1)
5:22
2(c)(11)
5:22
2(c)(21)
5:23
2(c)(5)
5:22
2.3
66:1
2.35
110:21
2:35
91:8,12
2:54 p.m
91:13
20
3:12,13 6:8 16:5 18:13 64:14 73:8 95:24
2000
17:24
2001
55:2
2004
108:13
2005
56:9
201
83:19
2011
94:12 117:18
2012
108:4 109:19
2013
54:15 94:19 108:4,14 122:10
2014
16:2 57:24 94:20 110:20 112:1,2 125:22 126:5 128:11,12
2015
1:9 7:1 48:18 120:23 125:23 125:24 126:2 145:18
2016
16:5 53:4 93:7 107:12 108:8 115:1
2017
145:20
2018
31:8,9,10 36:24 37:7 39:14,17 46:4
2025
59:8
209
83:2,20
21
3:15
21st
144:14
23
117:17
232
95:5
24
3:16,17,18
25
3:20,21,22,23
25-bed
93:18 98:12
250
41:11
254
82:23
26
94:18 95:4,9 96:18
27th
7:1
28
3:24
29th
145:17

3

3
85:18 87:4 94:11 94:13,24 96:13 100:23 123:12
3:49 p.m
144:16
30
12:7 16:6 122:5
30th
48:18 49:14
30,000
17:15
31
145:20
31st
46:4 53:4 93:7 107:12 115:1 120:23
3133
130:5
33
117:2
38
95:17 99:8

4

4
29:2,2 32:17 108:21
40
96:1 99:10 122:5
41
94:14,17 95:7 96:16
44
4:3,4
45
4:6 13:13 55:22 59:17
45-minute
67:2
45-minutes
58:24
450
67:1
457
54:19
47
117:19
48
4:7

5

5
3:3,4,5 23:1 27:16 32:11 42:24 47:9 51:4 79:6 86:23 87:8 91:2 104:24 113:18 119:9 127:12 129:8
5.8
86:9
50
13:13,14 55:20 56:24 57:2 63:4 63:22 71:11 75:7 108:14
50,000
10:22
51
75:22 76:10
52
4:8
56

94:14
58
117:18

6

6
3:6,7 86:1
60,000
54:14,15,17
60490
1:8
61
117:2
615
54:15
66
108:6,16 109:20
68
108:15 109:22

7

70
108:7
700,000
11:9 12:5
71
95:16 96:20
73
108:23
75
13:14 117:5,8
75478
1:21
77
136:24 140:19

8

8
3:9 108:7
8.2
86:18
80
4:9
85
95:2
88
94:9

9

9
116:7
90
59:1
92
4:10
95
16:7
98
72:8
99
72:7