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Transcript of Board Meeting - Open Session

Date: September 22, 2020

Case: State of Illinois Health Facilities and Services Review Board

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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD

3
4 OPEN SESSION - MEETING

5
6 Held Virtually
7 Tuesday, September 22, 2020
8 9:14 a.m. CST
9

10
11 BOARD MEMBERS PRESENT:

12 DEBRA SAVAGE, Chairwoman

13 STACY GRUNDY

14 GARY KAATZ

15 DEANNA DEMUZIO

16 SANDRA MARTELL

17 LINDA RAY MURRAY
18
19
20
21

22 Job No. 257115

23 Pages: 1 - 268

24 Reported by: Paula Quetsch, CSR, RPR

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1 ALSO PRESENT:

2

3 COURTNEY AVERY, Administrator

4 MICHAEL CONSTANTINO, IDPH Staff

5 ANN GUILD, Compliance Manager

6 GEORGE ROATE, IDPH Staff

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1 CHAIRWOMAN SAVAGE: Calling the meeting to
2 order. If everyone can put themselves on mute
3 until it's time to talk.

4 Okay, so, George, could we do a roll call?

5 MR. ROATE: Thank you, Madam Chair.

6 Senator Demuzio.

7 (No audible response.)

8 MR. ROATE: Dr. Grundy.

9 MEMBER GRUNDY: Here.

10 MR. ROATE: Mr. Kaatz.

11 MEMBER KAATZ: Here.

12 MR. ROATE: Dr. Martell.

13 MEMBER MARTELL: Here.

14 MR. ROATE: Chairwoman Savage.

15 CHAIRWOMAN SAVAGE: Here.

16 MR. ROATE: Once again, Senator Demuzio.

17 CHAIRWOMAN SAVAGE: Senator, be sure to
18 take yourself off mute.

19 (Audio disruption.)

20 MR. ROATE: Present.

21 CHAIRWOMAN SAVAGE: Present, yes.

22 MR. ROATE: There's five in attendance.

23 CHAIRWOMAN SAVAGE: Thank you, George.

24 And if I may ask for everyone's patience with our

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1 technology and any challenges we may face.

2 So may I have a motion to alter the agenda to
3 be heard as follows: Items for State Board Action,
4 Applications Subsequent to Initial Review, Approval
5 of the June 30th, 2020, meeting transcript, Items
6 Approved by the Chairwoman, and Executive Session.

7 May I have a motion to change the agenda.

8 MEMBER KAATZ: So moved.

9 CHAIRWOMAN SAVAGE: And may I have a second.

10 MEMBER MARTELL: Second.

11 CHAIRWOMAN SAVAGE: Thank you. May I have
12 a motion to approve the September 22nd, 2020,
13 meeting agenda with the stated changes.

14 MEMBER KAATZ: So moved.

15 CHAIRWOMAN SAVAGE: A second.

16 (Audio disruption.)

17 CHAIRWOMAN SAVAGE: Motion approved.

18 As noted on the agenda, opportunity will be
19 given prior to each agenda item. I ask that those
20 providing testimony please limit your comments to two
21 minutes. George Roate will ask you to conclude your
22 comments at the two-minute mark. Prior to giving
23 your testimony, please spell your name. Thank you.

24 - - -

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1 CHAIRWOMAN SAVAGE: So next on the agenda
2 is an exemption request, C-01, Exemption 032-20,
3 Javon Bea Hospital-Rockton, Rockford.

4 Prior to the motion, I would like to remind
5 Board members that in accordance with Part 1130 of
6 the Health Facilities and Services Review Operational
7 Rules, the Chair shall act upon an exemption
8 application for the discontinuation of a healthcare
9 facility, discontinuation of a category of service,
10 or change of ownership that is not among related
11 persons after Board staff finds that the application
12 is complete and includes the requested information
13 and that the Chair may refer the application to
14 the Board. Since this application is complete and
15 included the requested information, as the Chair I
16 made the decision to refer this application to the
17 full Board for discussion. Now I will proceed
18 with hearing the application.

19 May I have a motion to approve Exemption
20 032-20, Javon Bea Hospital to discontinue its
21 20-bed acute mental illness unit.

22 MEMBER KAATZ: I so move.

23 MEMBER GRUNDY: So moved.

24 CHAIRWOMAN SAVAGE: Okay. So Gary will be

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1 our first and Dr. Martell second.

2 Okay. There are requests from the public
3 to offer testimony. Mike Mitchell, please proceed.

4 MR. MITCHELL: Yes, we did have two public
5 requests to speak to this project from Wester
6 Wuori and Xavier Whitford, but I am not seeing
7 them listed as attendees, so I cannot let them
8 comment because I can't identify them.

9 MEMBER KAATZ: Madam Chairman?

10 CHAIRWOMAN SAVAGE: Yes.

11 MEMBER KAATZ: Those are both very respected
12 individuals in our community, just to -- just to
13 let everybody know.

14 CHAIRWOMAN SAVAGE: Okay. Well, we're
15 looking for them so that they can testify during
16 this time.

17 MR. MITCHELL: Yes, we have three attendees
18 just identified as call-in users. I cannot tell
19 who those are, but I do not see either Xavier
20 Whitford or Wester Wuori listed on my list of
21 attendees, so I'm going to say exit and re-sign in
22 with their names so we can identify them.

23 CHAIRWOMAN SAVAGE: Mike, could you please
24 call out their names again and see if they are

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1 those people that are not identified on the call?

2 MR. MITCHELL: Yes, we are looking for
3 Wester Wuori and Xavier Whitford, but they are not
4 identified in our list of attendees.

5 CHAIRWOMAN SAVAGE: Actually, we're going
6 to amend the second motion. The second motion is
7 going to be from Dr. Grundy. And I would be
8 remiss if I did not also welcome Dr. Stacy Grundy
9 to our Board. This is her first meeting, and
10 she's so far doing real good.

11 All right. Well, since we do not have our
12 participants from Javon Bea that requested to be
13 on the agenda, we are going to move forward.

14 Okay. So, Mike Constantino, please
15 present the State Board staff report.

16 MR. CONSTANTINO: Thank you, Madam Chair.

17 The Applicants are asking the State Board
18 to approve the discontinuation of a 20-bed acute
19 category of service at Javon Bea Hospital -
20 Rockton Avenue campus in Rockford, Illinois.
21 According to the applicants, the reason for the
22 discontinuation is the low utilization of the
23 20-bed unit, the loss of the psychiatrist at the
24 hospital, and financial losses. Patients presenting

1 at the ER will be stabilized and if requiring
2 inpatient hospitalization will be transferred to
3 SwedishAmerican Hospital in Rockford or the
4 Chicago AMI hospitals. Upon approval there will
5 be a calculated need for 9 AMI beds in this
6 planning area.

7 Thank you, Madam Chair.

8 CHAIRWOMAN SAVAGE: Do we have anyone from
9 Javon Bea Hospital to testify at this moment?

10 MR. MORADO: Yes.

11 CHAIRWOMAN SAVAGE: Okay. Please proceed
12 to be sworn in and state your name for the court
13 reporter.

14 MR. MORADO: Great. And I just want to
15 ensure that we also have -- there's going to be
16 four presenters. My name is Juan Morado. We're
17 going to have Mark Silberman, Deb Potempa, and
18 John Dorsey.

19 (Whereupon, the witnesses were thereupon
20 duly sworn.)

21 MR. MORADO: Thank you so much. Good
22 morning, members of the Board. My name is Juan
23 Morado, Jr., at Benesch Law, and we are CON counsel
24 for the project. As I mentioned, I'm joined today

1 by Dr. John Dorsey, chief medical officer for the
2 Mercyhealth system, Deb Potempa, the chief nursing
3 officer for the Mercyhealth system, and my partner
4 Mark Silberman. We'd like to thank Board staff
5 for their time reviewing the application and their
6 efforts to hold a public hearing allowing the
7 community a chance to express its views and for
8 the public to provide additional insight -- and
9 for applicant, rather, to provide additional
10 insight into today's application.

11 Allow me to provide you with a brief roadmap
12 of today's deposition. I will provide background
13 on Mercyhealth and the hospital. Dr. John Dorsey
14 will discuss the background as to why the application
15 was filed and services available in the region.
16 Deb Potempa will discuss Mercyhealth's commitment to
17 continuing to provide mental health services to the
18 Mercyhealth patients. And Mark will provide a
19 brief summary, including the facility's plans
20 moving forward.

21 The decision to discontinue the inpatient
22 AMI unit at the Rockford campus was made after
23 much deliberation and planning. Over the last
24 five years Mercyhealth has invested over 500 million

1 in constructing the Riverside Hospital, the
2 physician clinic campus, and updates to the Rockton
3 campus.

4 When other health systems abandoned
5 Rockford's west side and closed down services,
6 Mercyhealth maintained and renovated its Rockton
7 Avenue campus. If there was ever a time for a
8 hospital operator to abandon a facility it was in
9 recent years when there was substantial flood
10 damage to the Rockton campus but Mercyhealth did
11 not. Instead, it invested additional money to
12 abate the extensive flood damage and ensure that
13 the community could continue to access healthcare
14 services on the west side of Rockford.

15 I think it's worth mentioning that the
16 Rockton campus will continue to offer 20-plus
17 different specialties with over 60 positions
18 located at that facility, and Mercyhealth is still
19 moving forward with its recently approved subacute
20 unit to provide transitional care services to its
21 patients.

22 This was not an easy decision for
23 Mercyhealth, but it's one that they believe is the
24 right decision at this time. As I mentioned,

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1 Dr. Dorsey will further describe the ongoing
2 challenges the system has faced and how that led
3 them to this decision.

4 With that I will pass it to Dr. John Dorsey,
5 chief medical officer for Mercyhealth.

6 DR. DORSEY: Thank you, Juan.

7 Good morning everyone. My name is John
8 Dorsey and I'm the chief medical officer here at
9 Mercyhealth in Rockford.

10 I came to Rockford in 1984, finishing my
11 internal medicine residency in Pennsylvania, and I
12 worked three years at Crusader Clinic before
13 coming to then the Rockford Memorial Hospital and
14 Rockford Health System. I practiced internal
15 medicine for over 25 years before transitioning
16 into administration full time about seven years ago.

17 During my times -- my clinical times I
18 actually spent time treating patients, evaluating
19 their medical needs on the mental health --
20 behavioral mental health unit. Also, at the time
21 we also had addiction treatment center, as well.
22 And as a primary care doctor, of course, spent a
23 significant amount of time taking care of patients
24 with mental health needs.

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1 I'd like to echo first what Juan said about
2 the commitment from Mercyhealth to the west side
3 of Rockford. We have poured well over \$50 million
4 into the building and the campus and facilities
5 not only to address the substantial flood damage
6 but to update all of the inpatient units, and this
7 is consistent with our not-for-profit mission, our
8 values and commitment to the west side. But we
9 have had difficult economic times.

10 We, like many organizations, have struggled.
11 Our high Medicaid population that has been over
12 30 percent and the highest in the Rockford area
13 and the fact that we are owed tens of millions of
14 dollars from the State of Illinois have contributed
15 to losses this past year, losses in excess of
16 \$70 million. That as a consequence has caused us
17 to have to look at services in order to remain
18 viable for the community at large, and one of the
19 subservices was the behavioral mental health unit.

20 We have had declining inpatient volumes
21 over the last few years. For example, in 2015 our
22 inpatient utilization was 53 percent. In 2019 it
23 was 45 percent. In 2020 it continued a downward
24 trend 38 percent overall, but there were many

1 times during the months of COVID where we would
2 have five or less patients in at a time. This
3 creates obviously a significant number of
4 difficulties.

5 First of all, I think you could question
6 whether we can adequately deliver quality clinical
7 services with such a low volume of patients. We had
8 difficulty recruiting and retaining psychiatrists
9 as well as nursing staff, and it is our belief
10 that an organizational commitment should exist in
11 the Rockford area from all the health systems to
12 optimize existing community resources. Quite
13 frankly, that commitment could best be served by
14 optimizing the existing care that's given at
15 SwedishAmerican and Rosekrantz among others.

16 SwedishAmerican Hospital UW has been for
17 many years heavily involved in inpatient psychiatric
18 care, which means they can maintain the staff,
19 volume, full inpatient services. Quite frankly,
20 this allows them to do a better job than we've
21 been able to do.

22 They have 42 beds, 12 of which are specialty
23 units for adolescents a capability we have never
24 had. Their reported state utilization metrics

1 indicate that they have capacity. The last metric
2 I saw from 2018 indicated that they had less than
3 50 percent utilization, which would indicate that
4 they have the capacity to the serve additional
5 patients. So we believe that the closure of our
6 underutilized inpatient beds will allow for the
7 better utilization of the existing beds allocated
8 to SwedishAmerican.

9 I do want to comment that no health system,
10 no physician, no provider can get out of mental
11 health services nor is that our intent. We are
12 negotiating even enhanced services with Rosekrantz
13 and remedies, and we look forward to an enhanced
14 partnership with SwedishAmerican.

15 We still employ a full-time ambulatory-
16 based psychiatrist who treats adults and kids
17 above age 3. We have just signed a contract for
18 telemedicine services for our system. We continue
19 to have strong referral patterns to outpatient
20 mental health providers, social workers, and
21 psychiatrists in the community, and we employ a
22 social worker/psych assessors internally who are
23 available for inpatient and ED consults in both of
24 our hospitals, and when they get those calls, then

1 they contact the psychiatrist to review what the
2 most appropriate disposition is for those patients.

3 So we are committed to providing mental
4 health services. Our primaries do that every day.
5 I did that every day. The inpatient units are
6 only a very, very, very small percent of those
7 patients requiring mental health services. We
8 know that this is a huge problem nationally,
9 locally. We are committed to that. What we are
10 not committed to is the maintenance of a low-
11 volume unit where we cannot provide what we don't
12 believe is the full spectrum of care and quality
13 that those patients deserve when they are in times
14 of crisis, and that is what led us to this
15 decision.

16 And with that I'd like to turn it over to
17 Deb Potempa, who is our system CNO.

18 MS. POTEPA: Good morning. Thank you for
19 your time. My name is Deb Potempa, P-o-t-e-m-p-a,
20 and as Dr. Dorsey stated, I'm the chief nursing
21 officer for Mercyhealth system. I've been working
22 for our system for a little over 10 years --

23 MS. AVERY: Deb, I apologize to cut you
24 off, but we're going to switch back over to the

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1 public participation and let the person give their
2 testimony, and then we'll come back to you.

3 Mike Mitchell, I believe there's just
4 one person?

5 MR. MITCHELL: Well, we now have both West
6 Wuori and Xavier Whitford.

7 MS. AVERY: So those two and then we'll
8 come back to you, and we'll organize it in the
9 public record to have a flow.

10 Okay. Mike Mitchell.

11 MEMBER KAATZ: Madam Chairman, I'm sorry
12 to interrupt, and Courtney, I'm sorry to interrupt.
13 It's Gary Kaatz and I have a commitment that I
14 need to address. Do you need my vote now, or can
15 I give it to you later in the day? I have a yes
16 vote on that.

17 CHAIRWOMAN SAVAGE: We really need your
18 vote, Gary. We're trying to get your public
19 testimony and then back to the organizational
20 testimony.

21 MEMBER KAATZ: My vote is yes. I support
22 this exemption, Madam Chairman.

23 CHAIRWOMAN SAVAGE: Okay. Thank you.

24 MEMBER KAATZ: Thank you.

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1 CHAIRWOMAN SAVAGE: Mr. Mitchell, can you
2 go forth with Wester and the other attendee,
3 please, and have them do their testimony?

4 MR. MITCHELL: Okay. I have Wester Wuori
5 unmuted, if you would proceed, please.

6 MR. WUORI: Okay. Can you hear me okay?

7 CHAIRWOMAN SAVAGE: We can. Thank you.

8 MR. WUORI: Thank you. My name is Wester
9 Wuori, W-e-s-t-e-r; last name is Wuori, W-u-o-r-i,
10 and I'm the chief of staff for the City of Rockford.
11 Thank you for your time this morning. Today I'm
12 representing Mayor Tom McNamara who delivered
13 similar remarks on this issue earlier in September
14 at a public hearing in Rockford.

15 I come before you to urge you to reject the
16 request by Mercyhealth system to close its inpatient
17 mental health unit located on the North Rockton
18 Avenue campus. The need for mental health services
19 in Rockford is absolutely critical and reaches
20 across our community. Every day we see firsthand
21 what a lack of mental healthcare does to our
22 schools, our businesses, and our neighborhoods.
23 No one is untouched by the challenges of mental
24 illness. But doing nothing will not make the

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1 problem go away, and the statistics tell the story.

2 From August of 2019 to August 2020 the
3 Rockford Police Department had more than 500 calls
4 that involved mental illness or mental health
5 issues. In Winnebago County the number of
6 suicides each year has jumped 30 percent in the
7 last decade. A minimum of 50 psychiatric beds per
8 100,000 people is considered necessary to provide
9 minimally adequate treatment for individuals with
10 severe mental illness. The State of Illinois
11 fails to meet this minimum standard.

12 Mercyhealth has said it is confident other
13 providers can provide the services that have been
14 offered by its now closed unit. However, the
15 facts tell a different story. SwedishAmerican
16 Hospital in Rockford currently only has 20 adult
17 inpatient beds for mental health. Since Mercyhealth
18 closed the unit prior to this hearing, the adult
19 unit at SwedishAmerican has been 90 percent full.
20 When that unit reaches its capacity of 20 adult
21 patients and someone needs inpatient care,
22 SwedishAmerican is forced to transfer the patient
23 to another facility usually in the Chicago area.

24 Now more than ever the community should be

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1 adding resources for mental health, not taking them
2 away. The inpatient unit at Mercyhealth North
3 Rockton Avenue is a chief part of those services.
4 I urge you to require Mercyhealth to fulfill its
5 stated responsibility to serve all its patients.
6 All of us who should have the right -- all of us
7 should have the right to safe and affordable
8 mental healthcare in our community.

9 Thank you.

10 CHAIRWOMAN SAVAGE: Okay. May we have the
11 next attendee, please.

12 MR. MITCHELL: Okay. We have Xavier Whitford
13 online. Go ahead, sir.

14 MS. WHITFORD: I'm actually a ma'am.

15 MR. MITCHELL: Oh, sorry.

16 MS. WHITFORD: That's okay. My name is
17 Xavier Whitford. It's spelled X-a-v-i-e-r
18 W-h-i-t-f-o-r-d.

19 I'm here today to speak in absolute
20 opposition of Mercyhealth Rockford closing their
21 mental health unit on Rockton Road. I'm a board
22 member of the National Alliance of Mentally Ill of
23 Northern Illinois. This petition to discontinue
24 20 acute mental health beds at Javon Bea Rockton

1 campus is personal for me. I know the lasting
2 impact of not receiving adequate mental healthcare,
3 as I lost my 19-year-old son Tommy to suicide as a
4 result of depression six years ago.

5 Statistics show that suicide deaths in and
6 around Winnebago County continue to rise year
7 after year. Our police and fire departments are
8 responding to an average of 15 mental health-
9 related to calls daily resulting in transport to
10 local hospitals, yet Mercy's request in front of
11 you today to vote on is to shut down 20 mental
12 health treatment beds in this very same community.

13 Mercyhealth has failed their commitment to
14 our community. They would like us to believe that
15 there is no demand for inpatient services, hence
16 no need, but the truth is the Mercy deliberately and
17 premeditatedly created no demand by systematically
18 eliminating the people who needed their service
19 the most by refusing their insurance coverage.

20 What does this say about Mercy ignoring
21 the needs of people coping with severe mental
22 illness in their time of crisis by increasing the
23 barriers of treatment access and then using those
24 barriers as a reason to file this petition? This

1 is clear discrimination against people who need
2 this protection and quality mental health
3 treatment.

4 If this petition for certification of
5 exemption is granted, 20 inpatient treatment beds
6 will instantly disappear from our community.
7 Without another hospital petitioning for their
8 expansion of the acute mental illness bed allotment,
9 our citizens in need of immediate care will have
10 to compete for care instead of receiving it.

11 So many families I hear time and time
12 again are having to have family members sent out
13 of town and into Chicago for inpatient care
14 because the need is so great, and there's not
15 enough beds here locally as it is. We should be
16 adding beds, not eliminating them in our
17 community.

18 I ask that you deny this petition and show
19 Mercyhealth and our community that those living
20 and fighting for mental illness matter more than
21 them. That's all I have.

22 CHAIRWOMAN SAVAGE: Thank you, Ms. Xavier.

23 - - -

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1 CHAIRWOMAN SAVAGE: Now we would like to
2 return to Deb Potempa from Javon Bea.

3 MS. POTEPA: Thank you. Are you able to
4 hear me?

5 CHAIRWOMAN SAVAGE: We are. Thank you.

6 MS. POTEPA: Good morning. My name is
7 Deb Potempa, P-o-t-e-m-p-a, and I serve as the
8 system chief nursing officer for Mercyhealth.
9 Thank you for this time.

10 I've been working for our system for a little
11 over 10 years and had the privilege of coming to
12 Rockford to support the Javon Bea Hospital this
13 past year. Prior to this, my first nine years was
14 spent in our southern Wisconsin region where we
15 did -- I was supporting the very robust behavioral
16 health inpatient/outpatient adolescent and day
17 treatment program within the Mercyhealth system.
18 I just wanted to point that out as a matter of
19 reference that, you know, while we are making
20 changes here in Illinois, as a system we have
21 shown great commitment to behavioral health.

22 As Dr. Dorsey stated, with the advent of
23 new medication to treat depression, bipolar
24 disorders, and other psychiatric illnesses more

1 patients are able to be appropriately stabilized
2 on medication in the outpatient setting. Our
3 primary care doctors routinely screen and engage
4 in treatment and evaluation of their patients'
5 psychiatric needs and monitor the effectiveness of
6 this treatment if their patient is placed on one
7 of the many medications that may effectively treat
8 their illness.

9 As you heard earlier, we are utilizing
10 telehealth technology. We've seen many benefits
11 in the use of telehealth with the behavioral
12 health population especially during the COVID
13 pandemic. Telehealth has offered the ability to
14 treat patient outside of the hospital, and this
15 provides increased access to care. Patients can
16 receive behavioral and mental health services
17 through telehealth in their primary care settings.
18 Telehealth technology is being used to observe
19 patients in our emergency departments, in our
20 inpatient units, and to help perform assessments
21 and screenings and diagnose conditions. We can
22 provide counseling and psychotherapy which can be
23 delivered to individuals, couples, or groups.
24 Telehealth allows us to help patients adhere to

1 their medication regime and can help facilitate
2 coordination with family members or social service
3 agencies to meet the identified needs of patients.

4 Our Glenwood Clinic continues to provide a
5 full-time psychiatrist, Dr. Irfan, and offers
6 general psychiatric services and medical management
7 to children, adolescents and adults. Dr. Irfan is
8 also part of the psychiatric on call team
9 supporting our Rockton and Riverside emergency
10 departments and inpatient units.

11 As Dr. Dorsey mentioned, our licensed
12 clinical social workers and certified social
13 workers who worked on the inpatient unit on the
14 Rockton campus will transition to full-time
15 psychiatric assessors. They will provide support
16 to our emergency department and the inpatient
17 units on the Rockton and Riverside campus. This
18 will be a combination of on-site support and
19 telehealth support. They will also work closely
20 with case management nursing teams to identify
21 appropriate discharge planning as they currently
22 do today.

23 As a part of our regional approach we will
24 begin to share resources from the Wisconsin

1 behavioral health program into a larger psychiatric
2 assessment team to serve the Mercyhealth system.
3 The main hubs for this program will be the Rockton
4 Avenue campus and the Janesville campus in southern
5 Wisconsin. Assessors will provide telehealth
6 service our Rockton, Riverside, Harvard, Walworth,
7 and Janesville hospital campuses. When a patient
8 requires an inpatient admission for behavioral
9 health treatment, we will continue to work with
10 those agencies in the community Dr. Dorsey
11 mentioned as a referral source as we have done in
12 the past.

13 Thank you for your time, and I will turn
14 it over to Mark Silberman.

15 MR. SILBERMAN: Good morning and thank you
16 members of the Board. My name is Mark Silberman,
17 S-i-l-b, as in "boy," -e-r-m-a-n. I want to begin
18 by thanking staff for all of their hard work on
19 this project and all of their coordination
20 throughout.

21 For those who voiced concerns that
22 Mercyhealth is abandoning Rockton or this aspect
23 of the community, we just want to point out that
24 simply is not true. While we do understand that

1 there is frustration that gets expressed by
2 different organizations, please, we want people to
3 understand that this decision is, in fact, being
4 made because of Mercyhealth's continued commitment
5 not only to maintain this as just a viable but a
6 vibrant Rockton campus.

7 I do want to address one point that was
8 raised by the public comments, the issue of 20 beds
9 at SwedishAmerican versus 42. SwedishAmerican is
10 approved for 42 beds. They currently have 20 beds
11 online. I can't speak intelligently as to why
12 it's taken almost two years and those beds are not
13 yet online, but we are confident that they are
14 under construction and in process and presume at
15 some point that the additional 22 beds, which will
16 double the amount of beds online and available in
17 the Rockford community will be available and will
18 be available soon. So for them to talk about being
19 at 90 percent capacity of 20 beds, if you consider
20 their 42-bed complement, it actually puts them
21 underneath a 50 percent utilization.

22 Now, while we understand that this is a
23 matter where the Board regulations require
24 approval of this certificate of exemption, please

1 understand that Mercyhealth appreciates the
2 feedback that it obtained from the community
3 throughout the public hearing and comment process,
4 and we look forward to the feedback that we are
5 going to get from this Board because this is what
6 truly helps Mercyhealth in its long-term strategic
7 planning.

8 The fact is that Mercyhealth continues to
9 invest significant capital dollars to address
10 issues like women's and children's health and
11 services for the aging population within this
12 community through projects like its subacute care
13 unit which is currently under construction already
14 approved by this board. Mercyhealth continues in
15 investing this type of money within the west side
16 community of Rockford.

17 So in conclusion we would want to note the
18 following both to support and justify your votes
19 to approve this project. Mercyhealth has provided
20 all of the information that is required by the
21 Illinois Health Facilities Planning Act to justify
22 the approval of this exemption, and we have been
23 successfully deemed complete by the Board staff.

24 So we want to thank you again for your

1 time, and with that we are happy to address and
2 answer any questions that you may have regarding
3 this project. Thank you.

4 CHAIRWOMAN SAVAGE: Thank you,
5 Mr. Silberman.

6 Do any of our Board members have any
7 questions?

8 (No response.)

9 CHAIRWOMAN SAVAGE: Okay. I do have
10 one question for Deb Potempa, if she could please
11 reiterate a little bit more about what happens
12 when a patient with psychiatric illness comes into
13 the emergency room, and if they're acute or if
14 they could be sent home, both aspects, what kind
15 of services are available to them?

16 MR. MORADO: Deb, did you hear that
17 question?

18 MS. POTEPA: I think I heard most of it.
19 Would you repeat it?

20 CHAIRWOMAN SAVAGE: Sure. I was asking
21 more specifically to get a little bit more detail
22 about if a patient comes into the emergency room,
23 and then they're either acute, what happens to
24 them then, what kind of services will be provided,

1 obviously, generalized. And then also, from an
2 outpatient standpoint, if they could be sent back
3 home, you did talk about one clinic with a
4 psychiatrist I guess that was affiliated. If you
5 could just reiterate that a bit more.

6 MS. POTEMPA: Yes. If a patient presents
7 to our emergency room, they will be treated no
8 differently than they have in the past. So they
9 will be seen by a physician; they will have their
10 medical screening exam done per EMTALA regulations
11 by a qualified physician. If they are found to be
12 presenting with a behavioral health emergency, we
13 have on-site and via telehealth psychiatric
14 assessors that are available in our emergency
15 departments. They will confer with a psychiatrist
16 via telehealth, and then a plan will be made --
17 once it's been established what level of care that
18 patient would need, a plan will be made utilizing
19 case management and all of the community resources
20 that are available and have been available. That
21 process will be no different. And if a patient
22 does need an inpatient bed, we will continue to
23 care for them as we do today until a safe bed has
24 become available.

1 If a patient arrives and they have both a
2 behavioral need and a medical need, as we do
3 today, if the medical need requires inpatient
4 care, we will admit that patient and make sure
5 that they are at a point where they are medically
6 stable before they are discharged either to home
7 or an inpatient behavioral health bed if that is
8 what they require.

9 CHAIRWOMAN SAVAGE: Okay. Thank you.
10 That helps.

11 Now, just to reiterate, based on the State
12 law of Part 1130 of the Health Facilities and
13 Services Review operational rules, basically we
14 need to proceed based on Javon Bea meeting all the
15 requirements, and that's why we're bringing it to
16 the Board so that we could hear more information,
17 but technically based on that law we're needing to
18 proceed with the vote. So just so everybody is
19 aware of that.

20 So, George, if you could please call
21 the roll.

22 MR. ROATE: Thank you, Madam Chair.

23 Senator Demuzio.

24 (No response.)

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1 MR. ROATE: I'll pass.

2 Dr. Grundy.

3 MEMBER GRUNDY: Aye.

4 MR. ROATE: Thank you.

5 Dr. Martell.

6 MEMBER MARTELL: I must recuse myself and
7 abstain from the vote.

8 MR. ROATE: Okay. Thank you.

9 Dr. Murray.

10 (No response.)

11 MR. ROATE: Dr. Murray.

12 CHAIRWOMAN SAVAGE: Dr. Murray, we can't
13 hear you.

14 MEMBER MURRAY: Can you hear me now?

15 CHAIRWOMAN SAVAGE: Yes.

16 MEMBER MURRAY: Great. First, I have to
17 apologize. It's my understanding -- I'm sorry
18 that I got distracted for a minute -- that we --
19 that if the application is complete, which I
20 understand staff has said that it is -- is that
21 correct? -- then we are not allowed by statute to
22 vote against this? Is that also correct? That is
23 my understanding.

24 CHAIRWOMAN SAVAGE: That is correct.

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1 MEMBER MURRAY: So let me say this then.
2 I have said this before, but I want to put it on
3 the record here.

4 This Board was set up to do two things.
5 One is the certificate of need kind of thing we're
6 doing, and then the second thing is to help with
7 health planning. And we haven't done that; we
8 haven't talked about that. And, in fact, our
9 rules and regulations about what is needed and
10 what's not needed are old, and they haven't even
11 been updated. So I greatly resent having to vote
12 on these things when we have not done the other
13 piece of what we should be doing, which is planning.

14 I also understand that other participants
15 are from the local area and may have to abstain,
16 so I'm going to reluctantly vote, as I think I'm
17 ordered to, yes on this. But I want to make sure
18 we put on our agenda some real discussion about
19 planning and putting resources into appropriate
20 planning to guarantee that needed services are met
21 throughout the state. So my vote is yes.

22 MR. ROATE: Thank you, Dr. Murray.

23 Doubling back, Senator Demuzio.

24 (No response.)

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1 MR. ROATE: Chairwoman Savage.

2 CHAIRWOMAN SAVAGE: I vote yes based on
3 the State Board staff report, but I reiterate what
4 Dr. Murray had said and agree.

5 MR. ROATE: Thank you.

6 Senator Demuzio.

7 MEMBER DEMUZIO: (Inaudible) Yes.

8 MR. ROATE: Yes.

9 CHAIRWOMAN SAVAGE: Yes. Thank you.

10 MR. ROATE: Thank you.

11 That's 5 votes in the affirmative, 1 vote
12 of refusal.

13 CHAIRWOMAN SAVAGE: So the application for
14 Javon Bea Hospital exemption is approved. Thank you.

15 MR. SILBERMAN: Thank you members of the
16 Board.

17 CHAIRWOMAN SAVAGE: Have a good day.

18 MR. SILBERMAN: Thank you.

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1 CHAIRWOMAN SAVAGE: Next on the agenda are
2 the Applications Subsequent to Intent to Deny. We
3 will start with 1-01, Project 19-021, the
4 Rehabilitation Institute of Southern Illinois in
5 Shiloh.

6 May I have a motion to approve Project
7 19-021, the Rehabilitation Institute of Southern
8 Illinois to establish a 40-bed rehabilitation
9 hospital. May I have a motion, please.

10 MEMBER MARTELL: I so move.

11 CHAIRWOMAN SAVAGE: May I have a second.

12 MEMBER MURRAY: Second.

13 CHAIRWOMAN SAVAGE: Okay. There are no
14 requests for the public to offer testimony. Is
15 there anyone here to present -- to represent the
16 applicant?

17 MS. FRIEDMAN: Yes, we're here.

18 CHAIRWOMAN SAVAGE: Okay. Please identify
19 yourself and proceed with the swearing in of the
20 applicants.

21 (Witnesses sworn.)

22 MS. FRIEDMAN: Thank you so much. For the
23 court reporter, my name is Kara Friedman. You
24 might be able to see my name there, K-a-r-a;

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1 Friedman is F-r-i-e-d-m-a-n. I'm with the law
2 firm of Polsinelli as counsel for the applicants.
3 Thank you all --

4 MR. MORADO: Can I ask you to hold on one
5 second. Mike, I'm trying to share my screen, if
6 you wouldn't mind giving me that ability because
7 we have a PowerPoint presentation, as well.

8 MS. FRIEDMAN: It looks like you're on, Juan.

9 MR. MORADO: There we go. Okay. I think
10 we're all set. Sorry about that.

11 MS. FRIEDMAN: I don't see the first slide
12 of our presentation. I'll wait for that.

13 CHAIRWOMAN SAVAGE: Juan, it seems like
14 the last slide maybe.

15 MS. FRIEDMAN: There we go.

16 MR. MORADO: All right. Thank you.

17 MS. FRIEDMAN: So thank you everyone for
18 your time this morning. We so appreciate the hard
19 work of Ms. Avery putting this together virtually
20 to make this a safe meeting, and I know as we live
21 through it right now it is no small change. If
22 you have any trouble hearing any one of us, I'm
23 sure you'll stop and we'll regroup to make sure
24 all of our speakers are heard and all of our

1 points communicated to the group. This is a bit
2 awkward, and we're doing our best despite the fact
3 that none of us are together.

4 This is my first time appearing before the
5 newest Board member, Dr. Grundy. Thank you so
6 much for your service to the state. And while
7 Mr. Kaatz has expressed support for this model of
8 care, specifically at the last meeting he voiced
9 his support for it, is absent for this docket item
10 does mean that we need your unanimous approval
11 today. So we appreciate your questions if you have
12 any before endorsing this project with a yes vote.

13 Here today with us to discuss a plan for a
14 rehabilitation facility in the Metroeast region,
15 which is the Illinois side of the St. Louis
16 metropolitan area are Michael McManus, the president
17 of Memorial Regional Health system; Troy DeDecker,
18 area president of Encompass; Marty Chafin, our
19 health planning consultant; and my colleague, Juan
20 Morado. Mark Dwyer, who runs the Rehabilitation
21 Institute of St. Louis for the applicants is also
22 on the line and available to answer questions.

23 I'm particularly excited to present this
24 project to you today to bring specialized

1 rehabilitation services to an area of Illinois that
2 currently does not have any dedicated inpatient
3 rehabilitation program. You may recall last year
4 the other hospital in this area, St. Elizabeth's
5 filed an application to close its rehabilitation
6 program at the hospital, so this will be a great
7 benefit to this community for us to be able to
8 continue to provide this care.

9 And on a personal note, though he has no
10 involvement with this application or the applicants,
11 my brother is a physician specializing in Seattle
12 in physical medicine and rehabilitation, and it's
13 his life work to help people recover from
14 catastrophic illnesses and injuries. Because I've
15 supported loved ones, as well, through extensive
16 rehabilitation, I've learned the benefit of
17 intensive inpatient rehab services, and I know the
18 great resource that this program will be for the
19 Metroeast region.

20 So to begin our substantive presentation I
21 will pass the microphone, so to speak, to Michael
22 McManus. Michael.

23 MR. McMANUS: Good morning. Thank you for
24 your time today. My name is Michael McManus, and

1 as just mentioned, I'm the president of Memorial
2 Regional Health system, which includes Memorial
3 Hospital in Belleville and Memorial East Hospital
4 in Shiloh.

5 Memorial is part of the BJC health system,
6 the largest health system in the St. Louis metro
7 area and affiliated with Washington University
8 School of Medicine. Before I continue, we'd like
9 to first thank the community for coming forward to
10 support this project with letters of support.
11 Also invaluable was the staff's technical assistance
12 during this process which guided us in fully
13 describing the demand for this service.

14 As the Board staff report reflects, this
15 project is unopposed. With the exception of a few
16 minor technical issues which our attorneys will
17 discuss in a few minutes, this project complies
18 with the Board's applicable criteria.

19 For those of you less familiar with the
20 Metroeast region where this inpatient rehabilitation
21 facility will be built, the Metroeast is a name we
22 use to refer to the eastern suburbs of the
23 St. Louis, Missouri, area, which lie across the
24 Mississippi River in Illinois. It's the state's

1 second largest urban area with a population of over
2 700,000 which encompasses more than five counties.

3 I've been in health system leadership and
4 a steward of healthcare resources in the Metroeast
5 region for over 30 years. This long engagement
6 provides me with a deep understanding of the
7 community healthcare needs and guides me in helping
8 direct the steps we need to take to advance care
9 to the communities we serve.

10 One of the things that some of you may
11 understand is that while there are some people who
12 will travel to St. Louis for care, there's an
13 equally large group that are adverse to crossing
14 the river. We recently completed a market study
15 which validated this fact. To many of our residents
16 the river might as well be an ocean for the
17 healthcare access barrier it creates for a meaningful
18 segment of our community, especially the more
19 vulnerable members like our seniors. This is a
20 service that needs to be provided locally especially
21 following last year's closure of the inpatient
22 rehabilitation services at St. Elizabeth in a
23 neighboring town of O'Fallon.

24 Our executive leadership approaches each

1 task with the goal of improving the quality of
2 life for residents throughout the area. It's with
3 this charge in mind that we collaborated with our
4 rehabilitation services partner Encompass to develop
5 this proposal.

6 The inpatient rehabilitation services that
7 will be developed if this project is approved are
8 an extension of the existing partnership we have
9 in Encompass in St. Louis, which is an essential
10 component of helping our patients who have
11 suffered serious and debilitating illnesses and
12 injuries to return to the activities of daily
13 living and maximize their ability to return to
14 independency enjoyed before their hospitalization.

15 As you will hear more about further along
16 in our presentation, approximately 9 out of 10 of
17 the admissions to this program will follow an
18 acute hospital stay. Currently there is no provider
19 of this service in our county, St. Clair County,
20 and patients must either receive a lower level of
21 care or travel to Missouri for this care. Sometimes
22 their acute hospital stay is extended while an
23 appropriate discharge plan is developed to meet
24 their significant rehabilitation care needs.

1 To give you a better sense of what we are
2 trying to accomplish, I'd like to turn the
3 presentation over to Troy DeDecker of Encompass so
4 he can tell you more about how we intend to extend
5 our Missouri partnership to the Metroeast region
6 here in Illinois and give you a better sense of
7 the patients we will serve and the services that
8 we will offer in this setting if this request is
9 approved. DJC Health system and Encompass have
10 had a 20-year relationship, so I'm delighted to
11 have Troy and Encompass with us today.

12 Thank you very much.

13 MR. DeDECKER: Thank you, Michael.

14 My name is Troy DeDecker, and I am the
15 central region president for Encompass Health. I
16 have responsibility for largely the Midwest which
17 also includes the state of Illinois where we have
18 a very successful inpatient rehab hospital in
19 Rockford, Illinois, and we are currently under
20 construction in Libertyville, Illinois, and
21 received approval in the Quad Cities at the last
22 Board meeting.

23 As Michael pointed out, Encompass has a
24 history of developing strong partnerships with

1 community hospitals across the country like BJC,
2 and our partnership at BJC has been in place for
3 over 20 years. In fact, it's been such a
4 successful partnership that in 2017 we opened a
5 second location in St. Peters, Missouri, which is
6 important because, as you will learn about
7 inpatient rehab, being closer to the community
8 where our patients are from is important because
9 patients support -- if they have support is a
10 critical part of the recovery from devastating
11 events or injuries.

12 Another important point is the quality.
13 The Rehabilitation Institute in Kansas City -- I'm
14 sorry -- the Rehabilitation Institute in St. Louis
15 exceeds both regional as well as national performance
16 measures on patient outcomes. They are accredited
17 by the Joint Commission as well as our Commission
18 of Accreditation of Rehabilitation Facilities. They
19 have five disease-specific certifications, which
20 is probably the only rehab hospital in the area
21 that has such designations.

22 Our proven outcomes is a reason why patients
23 from Illinois come to St. Louis for care. And, in
24 fact, 25 percent of the patients that are currently

1 being served at our St. Louis location are from
2 Illinois. That represents about 29 beds of
3 patients that need care that are coming over the
4 river, as Michael pointed out, for this care. It
5 is important for these patients to be able to have
6 the support of their family members to be available
7 for family teaching and training as we rehabilitate
8 them to get back home.

9 Next slide. I first want to talk about
10 what Encompass Rehabilitation is, and I will then
11 go into the details on the slide in front of you.

12 Patients that come to us require intensive
13 inpatient physical therapy, occupational therapy,
14 oftentimes speech therapy. They're supervised by
15 a physician who is managing their care and
16 coordinating the care with the support of our
17 rehabilitation nurses which have specialized
18 training to provide care for their patients.

19 The primary goal for patients that come to
20 inpatient rehab is for them to regain their
21 functional ability to allow them to go back home
22 and into the community and return to work if
23 necessary. The typical length of stay for our
24 patients in inpatient rehab is about 14 days.

1 Now, on the slide in front of you -- and
2 Michael touched on this -- it shows not only the
3 source of where admissions come from for inpatient
4 rehabilitation but also the patient mix, the
5 patient diagnostic mix. Although, I'd like to
6 share some patient stories with you to help
7 reflect that.

8 The first story comes actually from
9 Illinois, from our Rockford hospital and recently
10 was profiled on many media outlets in the community.
11 It was a 26-year-old woman that contracted COVID
12 while pregnant. She had an emergency C-section
13 and while hospitalized suffered from a debilitating
14 stroke. She was on a ventilator for 40 days and
15 suffered cognitive deficits as well as physically
16 debilitated. Her goal was to return home and hold
17 her baby for the first time. She spent 17 days in
18 our Rockford rehabilitation hospital, and earlier
19 this month she was able to hold her baby. She
20 hopes to return to care for patients herself in
21 the future.

22 Another example is a 32-year-old mother
23 that was involved in a car accident that resulted
24 in a brain injury and a broken pelvis. Her goal

1 was to return home with her family and eventually
2 return to work. After her stay in an inpatient
3 rehab hospital she is now home with her family,
4 and she is working on returning back to work.

5 Or a 60-year-old father that suffered a
6 devastating stroke. He needed an inpatient
7 rehabilitation stay to return home, but more
8 importantly to walk his daughter down the aisle
9 late last year.

10 It's important as we talk about where our
11 patients come from, patients still may go to
12 St. Louis for the complex high-level care, but at
13 the end of the day they need to be closer to home
14 for the inpatient rehabilitation care that we are
15 offering today.

16 This project at 40 beds we feel is the
17 right size, and Marty is going to go into detail
18 with regard to healthcare planning as to what would
19 justify it. But remember today we have 29 average
20 daily census worth of patients that are currently
21 being treated at our St. Louis hospital that are
22 from the Illinois area.

23 So thank you for your time today, Board
24 and staff, and for your review. I'd like to hand

1 it off to Marty for her to provide additional
2 details of the need.

3 MS. CHAFIN: Thank you, Troy. I'm Marty
4 Chafin with Chafin Consulting Group, M-a-r-t-y
5 C-h-a-f-i-n. By way of background, I have 33 years
6 of experience in the healthcare industry. I work on
7 both the provider and the consulting side. On the
8 provider side I worked for an integrated healthcare
9 delivery system that provided, in addition to
10 general acute care services, psychiatric services,
11 skilled nursing facilities, and inpatient rehab
12 services.

13 Most of my time has been spent on the
14 consulting side. Though I am located in Atlanta,
15 Georgia, I work with clients throughout the United
16 States and have also worked internationally with
17 the Supreme Council of Health in Qatar, or as we
18 say in the U.S. Qatár, to develop a regulatory
19 framework in which to evaluate community need.

20 Where I want to start today is to convince
21 you and educate you that there is, in fact,
22 significant community need. Mike and Troy both
23 talked about the community benefits of the
24 proposed project, but I'm going to look at the

1 other side of that coin, if you will, and talk about
2 community need.

3 Before I walk through several methodologies
4 that were used to quantify community need, I want
5 to start with where we are today. In front of you
6 is Slide 4. You see the four-county HSA on the
7 map, and while Mike talked about this is part of
8 the Metroeast St. Louis area, I'm going to focus
9 my comments specifically on these four counties,
10 St. Clair, Madison, Monroe, and Clinton Counties.

11 The four-county area has the population of
12 600,000 residents. However, there are only
13 34 inpatient rehab beds to serve those 600,000
14 residents. What that means is that HSA 11 ranks
15 absolutely last in terms of statewide beds per
16 population.

17 In front of you you also see on Slide 4 a
18 bar chart that represents beds per thousand
19 population. The bar chart is from high to low
20 moving left to right, and each bar represents an
21 HSA, and as you know, there are 11 in the state.
22 So HSA 6, for example, has the highest beds per
23 population of .233 per thousand population. If
24 you move all the way to the right, HSA 11 is the

1 red bar and has the state's lowest beds per
2 population. In fact, the .055 is less than half
3 of the statewide average, and the statewide
4 average is illustrated by the red line that you
5 see running across the bar chart, the .123.

6 Dr. Murray's comments earlier with regard
7 to the need for the Board to think about appropriate
8 planning to ensure that the needed services are
9 available throughout the state, I'm going to ask
10 you to do that today. What you see in front of
11 you as a bar chart is the significant gap in care
12 that exists between the beds per population for
13 HSA 11 and the statewide average. You can close
14 that gap in care and ensure access to services by
15 approving the proposed 40 beds. In fact, if you
16 approve this 40-bed project, that HSA 11 bar raises
17 to almost exactly the statewide average to a
18 .1219 number.

19 The one question that you may have is why
20 the state bed need methodology shows only one bed
21 needed, and we are proposing 40 beds needed, and
22 the data in front of you shows that 40 beds would
23 close that gap in care. And the difference is
24 two population groups are not accounted for in

1 your bed need methodology.

2 One of the population groups are the patients
3 that are crossing the river and going to Missouri
4 for care. As Troy mentioned, there are so many
5 patients leaving Illinois to go to Missouri for
6 intensive inpatient rehab services that there is a
7 bed need of 29 to serve those patients alone.

8 The second population group that is not
9 accounted for in the bed need methodology are those
10 patients that have an unrealized need or patients
11 that need and would benefit from inpatient rehab
12 but are not receiving that care because there are
13 simply not enough beds available. As both Mike
14 mentioned and Troy mentioned, there are 34 beds
15 available to this population. Those beds will be
16 located in northern Madison County, and they are
17 the approved Anderson Rehab Institute. To be
18 clear, Mike mentioned that St. Elizabeth's, which
19 was located in St. Clair County, that unit has
20 closed. So there is not a single bed available to
21 the residents in St. Clair County.

22 Next slide, please.

23 That was the high-level picture, and that
24 was the simple way to evaluate a 40-bed project is

1 needed to enhance access and close the gap in care.
2 What I'd like to do now is walk you through three
3 different approaches that individually each show
4 this community need for 40 beds.

5 The first is physician referrals, and I'll
6 talk about that in just a moment in detail. Based
7 on the physicians caring for HSA 11 patients we
8 know that there is a bed need of 51. We are asking,
9 as you know for 40.

10 The second methodology that I will discuss
11 is kind of a 30,000-foot view, and that is to look
12 at actual patients from HSA 11 that either are
13 crossing the river to go to Missouri for care, and
14 that need is for 29 beds, or St. Elizabeth's that
15 has now closed, we have to considered those
16 patients who no longer can access that service.
17 So HSA 11 actual patients in need of the proposed
18 project would justify 47 beds.

19 Finally, you as a Board have recognized
20 that patients in need of rehab services but unable
21 to receive those services should be accounted for.
22 Again, looking back to Dr. Murray's comments about
23 the appropriate planning to ensure that services
24 are available, this gap in care or expected patients

1 are sufficient that there is a need for 38. And I
2 will remind you, as Troy said, you have approved
3 both Libertyville and Quad Cities projects, and in
4 doing so you approved the methodology that we are
5 using here to identify these 38 beds for the
6 patients who need it and would have benefited from
7 rehab services but did not receive it.

8 So taken individually the three methodologies
9 support the community need for 40 beds. More
10 appropriately, when these three methodologies are
11 taken into in totality, there's clearly a need for
12 the proposed 40-bed project.

13 Next slide, please. Thank you.

14 To go through the first methodology in a
15 little bit more detail to be sure that we all
16 understand what we're looking at and the relevance
17 of this, as you know, the Board rules require that
18 physician referrals are included to ensure that
19 the project is needed and will then be successful.
20 The Board rules have a 85-percent occupancy
21 threshold.

22 Slide 6 in front of you shows that the
23 physicians who are caring for HSA 11 patients
24 today have testified that they have sufficient

1 numbers of patients in their practices, most of
2 them across the river in Missouri, that were
3 referred for care in Missouri or that needed rehab
4 care but because (audio interruption) chose a less
5 optimal service such as skilled nursing or to go
6 home with home healthcare. So these physicians,
7 all of whom are chair, or chiefs, or medical
8 directors affiliated with the Barnes-Jewish
9 Hospital have documented 1,138 patients for whom
10 they care for that they intend to refer to this
11 proposed facility.

12 The average length of stay that you see
13 here, 13.9 is the most recent data available, and
14 it's calendar year '18 information. If you use
15 the 13.9 length of stay by the actual patients
16 that the patients have treated and intend to
17 refer, and you factor in the 85 percent occupancy,
18 then there is a bed need for 51 beds to care for
19 the physician patients. These are the boots on
20 the ground, the patients cared for by the physicians,
21 and there is a community need of 51 beds.

22 We could stop here, but rather than doing
23 that we've looked at several other methodologies.
24 Next side, please, Juan.

1 The next slide shows you what I would call
2 a 30,000-foot view and a methodology that looks at
3 bed need in terms of the community as a whole.
4 Again, we had the physicians just a moment ago who
5 justified the need for 51 beds; we're proposing 40.
6 This analysis looks at a combination of actual
7 patients and expected patients.

8 A year ago the presentation to this Board
9 for this proposed project received four yes votes,
10 and that was based on the community benefits alone.
11 The question was asked at that time how many beds
12 were needed for actual patients before we consider
13 what I'm calling expected patients.

14 The answer then that Dr. Martell -- her
15 question was how many actual beds were needed.
16 The answer then and the answer now is 29 beds are
17 needed to take care of the patients from HSA 11 that
18 travel across the river to receive care in
19 Missouri. That is the 635 patients you see in
20 front of you, consideration of the 13.9 average
21 length of stay that is statewide for calendar year
22 '18, and consideration of the 85 percent occupancy.
23 That's how we get to the 29 beds needed for actual
24 patients having to leave their community and go to

1 Missouri for care. So that answers Dr. Martell's
2 question from a year ago.

3 Since that time and the four yes votes
4 were received something has changed, and you heard
5 about it from Mike. St. Elizabeth's has closed.
6 The unit in calendar year '18 that was in
7 St. Clair County served 400 patients. Again,
8 assuming the 13.9 average length of stay for the
9 statewide average and an 85 percent occupancy
10 factor, there is a bed need of 18 to take care of
11 actual patients who previously utilized
12 St. Elizabeth's but who can no longer do so because
13 that program is closed. So before we even
14 consider the previously approved methodology by
15 this Board on the expected or projected patients,
16 we have a 47-bed need for actual current patients
17 that either travel out of state for care or use
18 St. Elizabeth's that is now closed.

19 Again, we do not stop there. We look at
20 expected patients, and that's where you see in the
21 line item that has No. 3. The Board previously
22 has heard detail on this, so I will not go through
23 a lot of detail unless you have questions, but the
24 methodology that is used here is the exact same

1 methodology that I presented to you for the approved
2 Libertyville project and the approved Quad Cities
3 project.

4 Three factors form the basis for this
5 expected patient need. One is to identify the
6 patients that are leaving the general acute care
7 hospital that are most likely in need and appropriate
8 for intensive inpatient rehab services. That
9 number was approximately 22,000 patients.

10 But we know that all 22,000 patients will
11 not be admitted to rehab; they cannot, for example,
12 undergo that intensive three-hour-a-day therapy.
13 So then the question becomes what discharge rate do
14 you use, and we have used an approximate 8 percent
15 discharge rate. That is based on what happens for
16 HSA 11 patients who do cross the river and receive
17 care. It also corresponds to Encompass' experience
18 in the Midwestern states. So an 8 percent factor
19 multiplied by your approximately 22,000 rehab-
20 appropriate cases and the third factor in
21 consideration of the statewide 13.9 length of stay
22 results in a 38-bed need for the expected, or
23 estimated, or projected patients, if you will.

24 From a health planning standpoint, when we

1 add the 47 beds needed for actual patients and the
2 38 beds needed for the expected or estimated
3 patients, there is a gross bed need of 85. So
4 HSA 11 needs 85 intensive inpatient rehab beds to
5 meet their patients' needs.

6 We have to then subtract Anderson Rehab
7 Institute's approved and under construction beds
8 from that 85 to have a net bed need of 51. It is
9 no coincidence that the 30,000-foot view and the
10 objective methodology using the data shows a
11 51-bed need, and the physicians who care, and
12 understand, and know the patients' needs also
13 resulted in a 51-bed need.

14 Next slide, please.

15 In conclusion, we've looked at the numeric
16 need from two ways. We've looked at it from the
17 physicians who know and understand the patients
18 and who are testifying that they will refer the
19 1,138 patients supporting and justifying 51 beds.
20 We've also looked at it from a 30,000-foot view of
21 actual and expected patients, and the result, as I
22 just walked you through, is 51 beds.

23 The last comment I'd like to make is in
24 addition to the patients and their families who

1 will directly benefit from this project, there is
2 a positive impact to the economy. And while, of
3 course, you would not approve a project based on
4 that, I do think it's important to mention that
5 short- and long-term the proposed 40-bed hospital
6 will positively impact the Illinois economy.

7 And with that I will turn it over to
8 Juan Morado.

9 MR. MORADO: Thank you so much, Marty.
10 And members of the Board, I appreciate your
11 attention and patience with us. Allow me an
12 opportunity to summarize our presentation for you.
13 I'm going to be touching on three points and
14 addressing the findings in the staff report.

15 First, this project is the right size for
16 this community. Second, current migration patterns
17 of patients traveling across state lines as we sit
18 here today, along with referral letters supporting
19 this project justify its approval. And third,
20 this is a huge investment for this community.

21 This project is truly the right size
22 facility at this time. That's why this project is
23 for 40 beds, not 22, and not 100. As the Board
24 knows, and as I recall from my days on your side

1 of the table, and as we discussed with staff
2 during our technical assistance meeting, the
3 100-bed rule is historically not based on any
4 particular research and policy. And while we
5 understand and respect that it is the Board's
6 rule, we appreciate the Board's willingness over
7 the years to use your discretion to approve
8 right-size projects that can provide needed
9 services to the community.

10 Today you heard from Marty Chafin, a
11 premier health planner who undertook a rigorous
12 planning analysis and educated us all on the
13 statistical justification for the project. We are
14 all in agreement that there is a need for these
15 services in the planning area. The data clearly
16 reflects Illinois residents are leaving the state
17 for this care, and with the recent closure of the
18 St. Elizabeth's unit, this is the right project to
19 ensure that this community can maintain access to
20 this crucial service.

21 Members of the Board, you had questions
22 for us the last time we appeared before you, and
23 we went back and did our homework. Along with the
24 changes in access that I've just described, the

1 data shows that this project is needed now more
2 than ever. Under every need methodology there is
3 ample justification for you to approve this 40-bed
4 facility. The distinct referrals for this project
5 justify it; the data justifies it.

6 You previously accepted an alternative need
7 methodology for three similar projects in Evansville,
8 Moline, and Libertyville in just the last year,
9 and you found that methodology to be sufficient to
10 approve those projects.

11 Consistent with your accepted practice we
12 used rehabilitation inpatient codes and discharge
13 data of patients who have received the type of
14 high-dose inpatient rehab that Troy discussed today,
15 and it reflects that there is a need for even more
16 beds than we're seeking in this application.

17 As I mentioned, we are seeking a 40-bed
18 facility because that's the right size facility at
19 this time. However, it's important to note that our
20 construction designers build our facilities in a
21 manner that would accommodate future growth and
22 would allow us to come back to this Board and add
23 additional capacity to meet the needs of the
24 community.

1 Your staff report correctly notes that our
2 alternative need methodology justifies the 40 beds
3 being sought, and as you can see on the graphics
4 on the screen, there just simply isn't enough
5 sufficient access to rehab beds in the region.

6 This project represents a \$30 million
7 investment in the east St. Louis Metroeast region
8 and specifically in Shiloh, Illinois. We expect
9 significant economic growth resulting from this
10 project, including hundreds of construction jobs,
11 150 new jobs at the hospital, and natural
12 significant long-term economic growth within the
13 region. We think it's telling that we have
14 received an overwhelming number of support letters
15 from physicians, businesses, and political leaders,
16 and still zero opposition to this project.

17 We hope we provided you with ample
18 documentation of the need for the services in the
19 region and evidence that gives you comfort to use
20 your discretion to approve this project, fulfill your
21 mission and provide access to necessary care to this
22 community. We thank you for your consideration and
23 would be happy to answer my questions you may have.

24 CHAIRWOMAN SAVAGE: Do any members of

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1 staff have any comments or questions?

2 (No response.)

3 CHAIRWOMAN SAVAGE: Do any Board members
4 have any further questions or comments?

5 (No response.)

6 CHAIRWOMAN SAVAGE: Mike Constantino, can
7 you please present the State Board staff report.

8 (Audio disruption.)

9 CHAIRWOMAN SAVAGE: Okay. Change of plans.
10 One more time, do any Board members have
11 any questions?

12 (No response.)

13 CHAIRWOMAN SAVAGE: Okay. So we're going
14 to proceed with the roll call. So, George, if you
15 could please call the roll.

16 MS. FRIEDMAN: I'm not sure that there's
17 been a motion to approve.

18 MR. ROATE: Motion made by Dr. Martell,
19 seconded by Dr. Murray.

20 Senator Demuzio.

21 MS. AVERY: Senator, your vote.

22 MEMBER DEMUZIO: I vote yes.

23 MR. ROATE: Thank you.

24 Dr. Grundy.

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1 MEMBER GRUNDY: I vote yes.

2 MR. ROATE: Mr. Kaatz is absent.

3 Dr. Martell.

4 MEMBER MARTELL: I vote yes based on the
5 testimony heard today and the staff analysis.

6 MR. ROATE: Dr. Martell, we need you to
7 unmute. We couldn't hear you; I'm sorry.

8 MEMBER MARTELL: It's a yes based on staff
9 report and testimony.

10 MR. ROATE: Thank you.

11 Dr. Murray.

12 MEMBER MURRAY: I vote yes based on the
13 staff report and testimony.

14 MR. ROATE: Chairwoman Savage.

15 CHAIRWOMAN SAVAGE: I vote yes based on the
16 State Board staff report and the testimony heard
17 today.

18 MR. ROATE: Thank you. That's 5 votes in
19 the affirmative.

20 CHAIRWOMAN SAVAGE: The application is
21 approved. Thank you.

22 MR. MORADO: Thank you so much members of
23 the Board.

24 - - -

1 CHAIRWOMAN SAVAGE: So next on our agenda
2 is Project I-02, Project 19-027, Midway Dialysis,
3 Chicago. May I have a motion to approve Project
4 19-027, Midway Dialysis to establish a 12-station
5 ESRD facility.

6 MEMBER MARTELL: I so move.

7 CHAIRWOMAN SAVAGE: May I have a second.
8 May I have a second for our motion?

9 Stacy has seconded motion.

10 Are there any outside folks people who are
11 testifying today for the Midway Dialysis, Chicago?

12 (No response.)

13 CHAIRWOMAN SAVAGE: Okay. That seems to
14 be a no.

15 MS. FRIEDMAN: This is Kara Friedman, and
16 we were not anticipating anyone testifying. I'm
17 representing the applicant, and if I could just
18 note I just texted our presenter, so she should be
19 dialing in in just a moment.

20 CHAIRWOMAN SAVAGE: Okay. Mike Mitchell
21 will be on the lookout.

22 MS. FRIEDMAN: We're running early, which
23 is usually a good thing.

24 MR. MITCHELL: Kara, could I ask you who

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1 the presenter is?

2 MS. FRIEDMAN: Sure. Dawn Thomas.

3 MR. MITCHELL: Okay. I have her now.

4 We're connected.

5 MS. FRIEDMAN: Okay. Great.

6 CHAIRWOMAN SAVAGE: We're going to move on
7 to Mike Constantino presenting our State Board
8 staff report.

9 MR. CONSTANTINO: The Applicants are
10 asking the State Board to approve a 12-station
11 ESRD facility in Chicago, Illinois, at a cost of
12 \$5.2 million. There is a need for 66 ESRD stations
13 in the City of Chicago by 2022. Within the 5-mile
14 GSA there are 23 ESRD facilities. Three of the 16
15 stations that have been in operation over two years
16 are at target occupancy of 80 percent. Seven of
17 the facilities with 90 stations are not operational
18 or are in ramp-up. Utilization of the 16 facilities
19 is 61 percent, and of the 23 facilities 55 percent.
20 Currently there is an excess 131 stations at the
21 80 percent target utilization. There is a surplus
22 of stations in this 5-mile GSA per the ratio of
23 station to population.

24 CHAIRWOMAN SAVAGE: Thank you, Mike.

1 Okay. So, Kara, I see that Dawn is here,
2 so if you would like to have Dawn sworn in, if you
3 could spell your name, we'll proceed with your
4 testimony.

5 MS. FRIEDMAN: Sure. Is the court reporter
6 swearing us in? I guess I'm sworn.

7 CHAIRWOMAN SAVAGE: Yes, she is.

8 (Witness sworn.)

9 MS. THOMAS: Good morning everyone. My
10 name is Dawn Thomas, and I'm the division vice
11 president for DaVita Chicagoland region -- or
12 division, and with me today is our CON attorney,
13 Kara Friedman.

14 So the planned clinic is designed to
15 address the need for additional clinics in this
16 area of Chicago. As part of a collaboration with
17 the University of Chicago Medical Center DaVita
18 now operates clinics within the south side
19 neighborhoods of Stony Island, Woodlawn, Kenwood,
20 and Park Manor.

21 In assessing the need identified in various
22 parts of the city, there is a need for a clinic on
23 the south side. This clinic will address that
24 need, and we are placing it in an area with a high

1 concentration of individuals that suffer from
2 kidney disease. And as the Board is aware, in
3 2018 there was an executive order that was signed
4 by the administration aimed at advancing kidney
5 health in the United States, and obviously,
6 DaVita supports these efforts to take steps
7 towards holistic value-based care for our kidney
8 patients.

9 As the largest provider of home dialysis
10 in the U.S., we along with our nephrologist partners
11 are well positioned to deliver the in-home
12 dialysis -- or deliver in-the-home dialysis base,
13 excuse me. We've been accelerating home growth
14 with our investment in technologies such as home
15 remote monitoring and a telehealth platform to
16 make it easier for our patients to treat at home.

17 While the growth in our home program is
18 four times the growth rate of our in-center
19 treatment options, we realize our home modalities
20 are not viable options for all patients. Some
21 patients face situational and psychosocial
22 barriers. Situational barriers include inadequate
23 housing or water or inadequate family support,
24 which are difficult or impossible to overcome even

1 when patients are motivated to initiate home
2 modalities. Psychological barriers may include
3 lack of confidence in a patient's ability to
4 conduct dialysis at home, fear of self-cannulation,
5 fear of a catastrophic event, quality of care at
6 home. But even with these factors I mean, we
7 still continue to offer home modality to patients.

8 Socioeconomic factors also account for the
9 election of home modalities. The Midway geographic
10 service area specifically is an economically
11 disadvantaged community. It's got a pretty high
12 minority population. There's about 21 percent
13 African-Americans there and 54 percent Hispanic.
14 And we looked at a recent study and saw that
15 African-Americans are about 30 percent less
16 likely, and Hispanic patients are about 19 percent
17 less likely to elect a home modality than are
18 white patients. A lot of this is due in part to a
19 lack of a referral to a nephrologist prior to
20 initiating dialysis, higher unemployment, higher
21 rates of being uninsured, sometimes not having as
22 much support, and greater likelihood of living in
23 poorer communities with lower levels of
24 educational attainment.

1 So in addition to the barriers of electing
2 home modalities, the population of this geographic
3 service area continues to age. While other areas
4 on the south side have seen some outmigration, the
5 population in the West Lawn area, the neighborhood
6 where Midway would be located has been stable.
7 Further, departures to the Chicago suburbs have
8 skewed the age cohort of the midway geographic
9 service area such that the 55-and-older age
10 cohort, the age cohort with the highest prevalence
11 of end-stage renal disease we've seen it increase
12 from 2010 to 2017 by about 13 percent. So we see
13 a continued need for in-center hemodialysis in
14 neighborhoods like West Lawn.

15 Now, dialysis centers are effectively the
16 medical home for these patients with kidney
17 failure, and as such we are charged with renal
18 disease population health management and use
19 evidence-based practices to improve patient
20 dialysis outcomes and overall health. Our patients
21 nearly always suffer from associated disease
22 comorbidities such as cardiovascular disease,
23 diabetes, glucose intolerance, hypertension and
24 lipid disorders, and we're on the front line of

1 managing the patients' overall well-being and the
2 associated high costs with hospitalizations and
3 other complication that we find with these patients.

4 In my role specifically overseeing all the
5 Chicago clinics, I mean, I see how important
6 neighborhood access to care is in getting patients
7 to be compliant with their treatments. And as you
8 know, treatment compliance leads to lower
9 hospitalizations and better patient outcomes.

10 On the point of lowering hospitalization
11 rates, this is a core focus for DaVita. In all of
12 our integrated kidney care initiatives, we take a
13 patient-centered approach to managing the unique
14 needs of medically complex renal patients across
15 the entire care team and continuum, and our
16 holistic approach is built on ongoing community
17 with patients during their treatment to address
18 their health needs beyond dialysis. We want to
19 treat the whole patient.

20 In Chicago specifically our clinical team
21 partners with the clinic managers to develop plans
22 for our frequently hospitalized patients to help
23 them manage their total healthcare needs, and these
24 initiatives and our patient compliance monitoring

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1 have resulted in lowering hospitalizations.

2 So given the various barriers of election
3 of home dialysis coupled with the aging of the
4 Midway geographic service area population and lack
5 of access to healthcare services, the need for
6 in-center hemodialysis remains high in this area.

7 Thank you for your time today, and we
8 respectfully ask the Board to consider the
9 establishment of Midway Dialysis.

10 MS. FRIEDMAN: Thank you. We're happy to
11 answer questions.

12 CHAIRWOMAN SAVAGE: Do our Board members
13 or staff have any questions for the applicant?

14 MEMBER MARTELL: I don't have a question
15 for the applicant but more so for the staff Board,
16 and I have raised this before.

17 The projections in the attached data that
18 we received seem to imply that all centers will be
19 over 80 percent by November 31st of 2022. Could
20 that be verified?

21 MR. CONSTANTINO: Dr. Martell, it's a
22 projection based upon usage rate. Within this
23 5-mile area, though, what we're seeing is there is
24 an abundance of stations.

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1 CHAIRWOMAN SAVAGE: Any further questions
2 or comments?

3 (No response.)

4 CHAIRWOMAN SAVAGE: Okay. George, if you
5 could please call the roll.

6 MR. ROATE: Thank you, Madam Chair.
7 Motion made by Dr. Martell, seconded by Dr. Grundy.
8 Dr. Grundy.

9 (No response.)

10 MR. ROATE: Dr. Martell.

11 MEMBER MARTELL: Again, no based on the
12 staff report and the ongoing overcapacity in that
13 system in that region.

14 MR. ROATE: Thank you.
15 Dr. Murray.

16 MEMBER MURRAY: I vote no based on the
17 staff report.

18 MR. ROATE: Thank you.
19 Senator Demuzio.

20 (Audio interruption.)

21 MR. ROATE: Thank you.
22 Dr. Grundy.

23 MEMBER GRUNDY: I vote no based on the
24 staff report.

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1 MR. ROATE: Chairwoman Savage.

2 CHAIRWOMAN SAVAGE: I vote no based on the
3 State Board staff report.

4 MR. ROATE: Thank you.

5 That's 5 votes in the negative.

6 CHAIRWOMAN SAVAGE: Application for this
7 permit has been denied. Thank you.

8 We're going to take approximately a
9 five-minute break, and we'll be right back at
10 about 10:55 or so.

11 (Recess taken, 10:51 a.m. to 11:04 a.m.)

12 CHAIRWOMAN SAVAGE: Thank you everyone.
13 We're going to go into executive session. So our
14 Board members and ex-officio members, if you can
15 check your State email, there's going to be a new
16 link sent for that, not the one that was already
17 sent.

18 And then we're going to, for everyone
19 else, come back in session at about 1:00 after
20 lunch. So if you want to go ahead and get some
21 lunch, that would be great.

22 (At 11:05 a.m. the Board adjourned into
23 executive session. Open session proceedings
24 resumed at 1:24 p.m. as follows:)

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ITEMS APPROVED BY THE CHAIRWOMAN

a. #19-039 Midwest Endoscopy Center, Arlington Heights, 9-Month Permit Renewal

b. #18-018 North Suburban Pain & Spine Center, Des Plaines, Decrease Project Size, Alter Project Funding Sources

c. #19-029 Blessing Hospital ASTC, Quincy, Permit Alteration Increase Project Cost 2.97%

d. #20-005 DaVita Rogers Park Dialysis, Chicago, Establish 12-Station ESRD Facility

e. #20-015 Winchester Endoscopy, Libertyville, Discontinuation of an ASTC

f. #20-016 DaVita Illini Renal Dialysis, Champaign, Add 6 ESRD Stations

g. #20-024 Coulterville Rehabilitation and Health Care Center

h. #20-031 Mount Sinai Hospital Medical Center, Chicago, Ogden Commons I, Establish Medical Office Building

i. #20-032 Mount Sinai Hospital Medical Center, Chicago, Ogden Commons Project II, Relocate ESRD Facility

j. #20-023 Silver Cross Hospital and Medical Centers Establish a 16-bed Dedicated Observation Unit

1 k. #18-020 Silver Cross Hospital and Medical
2 Centers Alteration to Permit

3 l. Declaratory Ruling Hope Creek Care Center
4 Revise 2017 Patient Days Data

5 m. Declaratory Ruling AMITA Health Saint Joseph
6 Hospital, Chicago Correct 2018 Surgical and
7 Procedure Rooms

8 n. E-042-20 Rush Oak Park Hospital, Discontinue
9 36 LTC beds add 20 M/S beds

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1 CHAIRWOMAN SAVAGE: Hello and welcome back
2 to our Health Facilities and Services Review Board
3 meeting. We apologize for our technical delays
4 and again ask for your patience as we're dealing
5 with technical issues sometimes. So we're going
6 back into order.

7 So we're now going to move on to
8 Applications Subsequent to Initial Review. Our
9 first one will be H-01, Project 19-022, Austin
10 Dialysis at Loretto, Chicago.

11 May I have a motion to --

12 MEMBER MARTELL: I so move.

13 CHAIRWOMAN SAVAGE: Sandra, if you can
14 renege your motion; we're going to do something
15 else first. You're on mute.

16 MEMBER MARTELL: I'll renege my motion or
17 withdraw my motion.

18 CHAIRWOMAN SAVAGE: One moment. We're
19 going to have Mike Constantino speak now in just a
20 second.

21 MR. CONSTANTINO: Thank you, Madam Chair.
22 The State Board staff is asking the State Board to
23 grant a Board deferral until the December 2020
24 State Board meeting so the applicants can address

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1 the hiring of a medical director and obtaining the
2 appropriate referrals. This project has been in
3 our office since May of 2019, and this is the
4 second Board deferral for this applicant.

5 Thank you, Madam Chair.

6 CHAIRWOMAN SAVAGE: Thank you. Okay. May
7 I now entertain a motion to defer Project 19-022,
8 Austin Dialysis at Loretto, Chicago, to establish
9 a 12-station ESRD facility.

10 MEMBER MARTELL: I so move the deferral of
11 project -- Agenda Item I-01, Project 1902 -- I'm
12 sorry; I've got the wrong one -- 19-022 to
13 establish the 12-station ESRD facility to December
14 of 2020.

15 CHAIRWOMAN SAVAGE: And may I have a second.

16 MEMBER GRUNDY: I second the motion.

17 CHAIRWOMAN SAVAGE: Thank you.

18 Is there anyone present to represent the
19 applicant?

20 MR. HYLAK-REINHOLTZ: This is Joe
21 Hylak-Reinholtz, attorney for the applicant. Can
22 you guys hear me through my phone or my computer?

23 CHAIRWOMAN SAVAGE: We hear you. If you
24 can be sworn in.

1 Paula, can you swear him in?

2 (Witness sworn.)

3 CHAIRWOMAN SAVAGE: You can proceed.

4 MR. HYLAK-REINHOLTZ: Thank you. Good
5 afternoon, Madam Chairwoman, distinguished members
6 of the Board, Administrator Avery, and staff. My
7 name is Joseph Hylak-Reinholtz, counsel for the
8 applicants Austin Dialysis at Loretto Hospital, a
9 not-for-profit community-focused safety net
10 hospital located on Chicago's west side. Thank
11 you for taking the time today to consider Project
12 19-022 that proposes the establishment of a
13 12-station end center hemodialysis unit in leased
14 space inside Loretto Hospital.

15 The purpose today is to request a Board
16 deferral on this project to allow the applicants a
17 little more time to secure a replacement
18 nephrologist or an affiliated physician practice
19 group. Before taking questions, please allow me a
20 few more minutes to give a brief update on the
21 project and how we arrived at the situation my
22 clients find themselves in today.

23 As Mike said, this project was originally
24 submitted in May of 2019. When the application

1 was submitted, Austin and Loretto were negotiating
2 principals of Maple Avenue Kidney Center to be the
3 main source of referrals for the project.

4 Nephrologists at Maple Avenue are presently taking
5 care of the hospital's inpatient dialysis
6 treatments.

7 Unfortunately, negotiations failed to
8 result in an agreement between the parties and
9 Loretto. However, Loretto's seeing a need in its
10 highly African-American community for dialysis
11 care due to a disproportionate number of diabetes
12 and other diseases that end up in chronic kidney
13 disease, and they decided to submit a permit
14 application.

15 That application, when we first filed we
16 took a different approach, one not traditionally
17 seen by this Board. The application relied on
18 hospital inpatient data instead of the more common
19 historical numbers this Board sees in other
20 dialysis applications, that is historical numbers
21 from nephrologists already in practice submit such
22 data to the relevant renal network, which is Renal
23 Network 10. Data provided by my client instead
24 relied on historical case load experience over the

1 past three years of the hospital, data which was
2 not credited towards any specific nephrologist or
3 nephrology practice and therefore is not data that
4 is sent to the renal network. However, the data
5 was certified by the hospital's primary nephrologist
6 and represented the hospital's best effort to move
7 forward after the negotiations with Maple Avenue
8 ended without a compromise.

9 As anticipated, Maple Avenue submitted a
10 letter of opposition to the State Board making a
11 number of false and inaccurate claims. I will
12 point out one thing. Maple Avenue did make a
13 salient point that my clients took note of, that
14 is their claim that the hospital's data included
15 patients who already had a nephrologist,
16 suggesting that we were overcounting our numbers.

17 My client was prepared to ask the State
18 Board for consideration at the October 2019
19 meeting. Staff recommended that we seek a Board
20 deferral then. We accepted that recommendation,
21 and the project was put on hold.

22 Since then certain assertions made by
23 Maple Avenue, Loretto then dove back into its
24 numbers and eventually removed any patient data

1 having a nephrologist that was already being double
2 counted. So we submitted revised need information
3 to the State Board in January of this year.

4 Unfortunately, my clients had another
5 setback. Before initial submission I asked the
6 primary nephrologist in our present application a
7 common threshold question that I pose is, "Do you
8 have any issues with contracts that might pose a
9 noncompete issue?" She said no. That ended up
10 not being the case. She had to remove herself
11 from the project, and we had then recontinued the
12 search of looking for a nephrologist.

13 Since then my clients have renewed
14 discussions with Maple Avenue Kidney Center. Again,
15 unfortunately, those negotiations fell apart and did
16 not result in an agreement. Therefore, Loretto
17 and my other client Austin Dialysis submitted a
18 letter to the Board indicating that we had now
19 engaged with a physician practice affiliated with
20 Loretto Hospital, and that practice has agreed to
21 recruit and retain a nephrologist to serve as the
22 medical director and also be the source of referrals.

23 My client also stated that it was willing to
24 appear before the State Board at its last meeting

1 and ask for your approval despite not having an
2 identified nephrologist perhaps seeking a conditional
3 approval or conditional permit that would allow us
4 time to obtain a nephrologist. Staff did not
5 support that recommendation. So again, we delayed
6 the process.

7 The process does continue to be a daunting
8 task. It's hard to find a nephrologist that's not
9 affiliated with a DaVita or Fresenius. It's a
10 very real challenge. Therefore, I am unable to
11 report today that we have secured a nephrologist.
12 They are still moving forward diligently, and are
13 not only expanding -- they're expanding their
14 search not just from Illinois but beyond Illinois'
15 borders, as well.

16 To be clear, Maple Avenue at present
17 continues to remain a nonviable option for the
18 applicants, but in this ongoing saga anything
19 remains possible.

20 In sum, I'm here today to ask for another
21 Board deferral and ask you to give my client a
22 little bit more time to search for a nephrologist
23 that can join the practice group and then bring an
24 in-center dialysis center to a historically

1 medically underserved area in the city of Chicago.

2 If there are any questions, I'm happy to
3 answer them.

4 CHAIRWOMAN SAVAGE: Do any of our State
5 Board staff members or Board members have any
6 questions? Did you hear me?

7 Oh, go ahead.

8 (No response.)

9 MEMBER MARTELL: I think that, again,
10 based on the request for deferral, really looking
11 to understand more about the capacity issue and
12 the concern with the number of stations in the
13 region and their current usage so that this is not
14 a duplication of service.

15 MR. HYLAK-REINHOLTZ: Based on the current
16 Board need data which was also the case when we
17 submitted the application, there is still a need
18 for extra dialysis stations in the HSA. So we're
19 looking to fill that, as well.

20 Also, Loretto is on the west side of
21 Chicago in the Austin neighborhood which is just
22 one of the largest African-American populations in
23 the city of Chicago, so we see -- the hospital
24 sees quite a bit of cases of patients who are

1 without nephrologists and need dialysis care when
2 they come into the hospital for other reasons.

3 So we did look -- when I say "we," my client
4 Loretto looked at this data and showed that there
5 was a number of patients who were not affiliated
6 with nephrologists and that are receiving inpatient
7 care over the past three years, and those numbers,
8 if you apply the same threshold as we do with
9 traditional cases, we could show that there's a
10 need for a 12-station inpatient dialysis center or
11 an in-center dialysis unit.

12 CHAIRWOMAN SAVAGE: Anyone with anymore
13 questions for our applicant?

14 (No response.)

15 CHAIRWOMAN SAVAGE: Okay. Then that is --
16 the Board deferral is approved.

17 HYLAK-REINHOLTZ: Thank you.

18 CHAIRWOMAN SAVAGE: You'll be back at the
19 December meeting. Thank you.

20 HYLAK-REINHOLTZ: Thank you.

21 MR. ROATE: Do we have to have a vote?

22 CHAIRWOMAN SAVAGE: Okay. We're going to
23 have a vote now, George, if you could please call
24 the roll regarding Austin Dialysis at Loretto.

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1 MR. ROATE: Thank you, Madam chair. Motion
2 made by Dr. Martell, seconded by Dr. Grundy.

3 Dr. Martell.

4 MEMBER MARTELL: Yes, support the deferral.

5 MR. ROATE: Thank you.

6 Dr. Murray.

7 MEMBER MURRAY: Yes, I support the deferral.

8 MR. ROATE: Thank you.

9 Senator Demuzio.

10 (No response.)

11 MR. ROATE: Dr. Grundy.

12 MEMBER GRUNDY: Yes, I support the deferral.

13 MR. ROATE: Thank you.

14 Chairwoman Savage.

15 CHAIRWOMAN SAVAGE: Yes, I support the
16 deferral.

17 MR. ROATE: Thank you.

18 Senator Demuzio.

19 MEMBER DEMUZIO: Yes, I support the deferral.

20 MR. ROATE: Thank you.

21 That's 5 votes in favor of deferral.

22 CHAIRWOMAN SAVAGE: Thank you. Now the
23 Board deferral is approved.

24 - - -

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1 CHAIRWOMAN SAVAGE: Okay. So now we're
2 going to move on to H-02, Project 20-017,
3 Metroeast Endoscopic Surgery Center in Fairview
4 Heights.

5 May I have a motion to approve Project
6 20-017, the Metroeast Endoscopic Surgery Center to
7 add orthopedic specialties.

8 MEMBER MARTELL: I so move.

9 CHAIRWOMAN SAVAGE: A second, please.

10 MEMBER MURRAY: Second.

11 MEMBER GRUNDY: I second the motion.

12 CHAIRWOMAN SAVAGE: There are requests
13 from the public to offer testimony. Mike Mitchell,
14 please proceed with our testimony people.

15 MR. MITCHELL: All right.

16 MS. AVERY: We ask that you -- please,
17 two minutes or less so that we can stay on -- so
18 George will be timing. Thank you.

19 MR. MITCHELL: All right. We have a
20 Dr. Georgia Costello. Are you here, Dr. Costello?

21 DR. COSTELLO: Yes.

22 CHAIRWOMAN SAVAGE: Okay. Dr. Costello,
23 if you'd like to please provide your testimony now.

24 DR. COSTELLO: My name is Dr. Georgia

1 Costello. I'm a lifelong resident of the
2 Metroeast, and my family and I have participated
3 civilly and civically in our region for many
4 decades. Among other things I am the immediate
5 past president of Southwestern Illinois College
6 and presently serve on the board of HSHS
7 St. Elizabeth's Hospital in O'Fallon.

8 I respectfully oppose the Metroeast
9 Endoscopic Surgery Center project for three basic
10 reasons.

11 First, it's a duplication of services
12 based entirely on procedures offered at two
13 existing HSHS hospitals, one being a critical
14 access hospital.

15 Second, the proposed duplicated services
16 will, according to the application, significantly
17 increase patient costs with exorbitant
18 professional fees.

19 And third, the resulting reduction in
20 revenues to the existing hospitals will diminish
21 safety net services in the area.

22 The project file contains opposition letters
23 from some 75 significant people in our region.
24 They include letters of opposition or comments

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1 from city, county, and State elected officials,
2 fire department, EMS and ambulance service
3 representatives, local health departments, business
4 leaders, physicians, and hospital executives.

5 Beyond the adverse impacts and staff
6 documented deficiencies, I cannot understand what
7 is going on with the physicians associated with
8 this project. First, they say Dr. Ungacta will
9 make the referrals. Then they say Dr. Bradley
10 will. Then Dr. Bradley says he will not refer,
11 and now I'm told he says he will. Ladies and
12 gentlemen, something is quite out of order here.
13 Certainly, this should present some concerns for
14 the Review Board. I respectfully ask that this
15 project be denied.

16 CHAIRWOMAN SAVAGE: Thank you. Next person.

17 MR. MITCHELL: Next we have Pat Schou.

18 MS. SCHOU: Good afternoon. I'm Pat Schou,
19 executive director of the Illinois Critical Access
20 Hospital Network which represents the 51 critical
21 access hospitals across the state. We respectfully
22 oppose the Metroeast Surgery Center project.

23 St. Joseph's Hospital in Highland has been
24 a Federally designated critical access hospital

1 since 2004, highlighting its importance in providing
2 safety net and other essential healthcare services.
3 Seven years ago they built a brand-new hospital
4 with improved patient access and state-of-the-art
5 surgery suites to accommodate orthopedic, vascular,
6 general surgery, and other surgical specialties.

7 In the past decade, 120 of America's 2000
8 rural hospitals closed for good. Many rural
9 hospitals in Illinois are now under serious
10 financial strain due to loss of population and the
11 ongoing pandemic. Preserving rural hospitals has
12 become a Federal and State priority.

13 As has been long true, the viability of
14 rural hospitals and of access to care in rural
15 areas depends on the sort of collaboration that
16 St. Joseph's has provided to the physician group
17 associated with this project, collaboration that
18 should be preserved, not destroyed.

19 This project admits that it will take
20 hundreds of outpatient orthopedic cases away from
21 a critical access hospital. In doing so it will
22 cause significant financial harm to the hospital
23 and puts at risk access to emergency, inpatient,
24 other necessary healthcare services. We

1 respectfully believe that there is no justification
2 for duplicating these orthopedic services.

3 Thank you for the opportunity to submit my
4 comments.

5 CHAIRWOMAN SAVAGE: Thank you. Next, Mike.

6 MR. MITCHELL: Next we have Michelle
7 Clatfelter.

8 MS. CLATFELTER: Good morning. My name is
9 Michelle Clatfelter, associate general counsel for
10 the Hospital Sisters Health System which opposes
11 the Metroeast Surgery Center project.

12 The applicant submitted two new letters
13 into the project last Friday, well beyond the
14 20-day cutoff period for written comment.

15 CHAIRWOMAN SAVAGE: Ma'am, you're cutting
16 in and out.

17 MS. CLATFELTER: The applicant submitted
18 two new letters into the project file last Friday,
19 well beyond the 20-day cut-off period for written
20 comment. In the past, this Board's general counsel
21 would have marked those letters as ex parte
22 communications and reported them to General
23 Assembly under Section 4.2 of the Planning Act and
24 the State Officials and Employees Ethics Act.

1 The Board's Administrative Rules state that any
2 communication that is not authorized by the public
3 comment process is a prohibited ex parte
4 communication. Such communications are not to be
5 considered by the Board or form the basis for any
6 decision.

7 The applicant attempts to justify these
8 communications as a response to the Board's staff
9 report. They are not proper responses. First,
10 the submission was made after the statutory deadline
11 for responding to the staff report. Second, under
12 the Planning Act, responses must be limited to
13 addressing factual errors in the staff report.
14 Yet here the applicant submitted entirely new
15 information via letters written after the staff
16 report was posted. Some of that new information
17 is plainly untrue.

18 We respectfully request that this Board
19 defer Project No. 20-017 to determine whether the
20 applicant's last-minute submissions should be
21 considered at all by this Board, and if so, to
22 allow the public and HSHS time to submit written
23 comment on it. Alternatively, we request that the
24 project be denied. Thank you.

1 CHAIRWOMAN SAVAGE: Thank you. Next
2 speaker.

3 MR. LUDWIG: My name is John Ludwig,
4 President and CEO of HSHS St. Joseph Hospital
5 Highland. We are a small, 25-bed Critical Access
6 Hospital in southern Illinois and oppose the
7 Metroeast Endoscopic Surgery Center project.

8 The permit application states that
9 200 orthopedic surgeries will be redirected from
10 our hospital to the surgery center by Dr. Felix
11 Ungacta. When we notified your staff that
12 Dr. Ungacta performed few surgeries at our
13 hospital, the applicant then claimed that the
14 referrals were really coming from Dr. Matthew
15 Bradley.

16 I then called Dr. Bradley, who told me
17 that he did not even know about this project until
18 my call. Dr. Bradley sent me a letter stating
19 that he had left Dr. Ungacta's medical group last
20 May and that all relationships and referrals to
21 any provider of that group, including Dr. Ungacta,
22 had immediately ceased. Dr. Bradley's letter was
23 timely included in the project file per Planning
24 Board rules.

1 In spite of those rules, the applicant
2 filed two letters last Friday, well after the
3 legal comment period, claiming that Dr. Bradley
4 now supports the project with 49 patient referrals.
5 The letters include factual inaccuracies such as
6 Dr. Ungacta's supposed generosity to our hospital
7 via a donation, when, in fact, he never actually
8 fulfilled his pledge.

9 Something strange is going on here, but
10 one thing is certain. The applicant previously
11 misled this Board by claiming Dr. Bradley's
12 referrals when he did not even know about this
13 project. They should be held accountable for
14 that, and this project should be denied.

15 Thank you.

16 CHAIRWOMAN SAVAGE: Thank you. Next
17 attendee.

18 MR. KLAY: Good afternoon. My name is
19 Chris Klay. I am President and CEO of HSHS
20 St. Joseph Hospital in Breese, Illinois.

21 I am opposed to the Metroeast Endoscopic
22 Surgery Center project. It relies entirely on
23 shifting outpatient orthopedic surgeries away from
24 my rural hospital and others and will further

1 deplete already anemic volumes due to the impact
2 of the COVID-19 pandemic.

3 We have already suffered job losses of
4 healthcare professionals and colleagues related to
5 the pandemic, and this project comes at the worst
6 possible time.

7 Pre-COVID, our 40-bed medical-surgical
8 unit was below 20 percent utilization, and our
9 operating rooms were at only 35 percent capacity.
10 There is no need whatsoever for another orthopedic
11 surgical facility in our area.

12 It is especially disheartening to see one of
13 our local surgeons, Dr. Felix Ungacta, supporting
14 this project. My health system purchased expensive
15 advanced robotic surgery equipment at his request
16 and for his use. Obviously, utilization of that
17 equipment, which is costly to maintain, could
18 plummet if this project were approved.

19 We are a 52-bed rural hospital and are
20 doing all we can to recover from, and continue
21 providing services during, this pandemic. We are
22 proud of our five-star rating with CMS' Hospital
23 Compare program, which recognizes our consistent
24 delivery of high-quality and safe patient care,

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1 but there is only so much we can weather. We
2 respectfully request that this Board deny
3 Project 20-017.

4 Thank you.

5 CHAIRWOMAN SAVAGE: Thank you.

6 Mike, on to the next person, please.

7 MR. MITCHELL: Okay. We have Brian Wilson,
8 Nancie Zobrist, and Kurt Prenzler, but I cannot
9 identify them on our attendee list, so I'm going
10 to go on to Dr. Donald Bassman. Dr. Bassman, are
11 you there?

12 DR. LUDWIG: Dr. Bassman will be joining
13 in just one minute. As he was listed last on the
14 agenda, I am calling him right now.

15 Dr. Bassman is here.

16 DR. BASSMAN: I am Dr. Donald Bassman, a
17 longtime orthopedic surgeon serving patients in the
18 greater St. Louis and Metro East areas. I oppose
19 the Metroeast Endoscopic Surgery Center project
20 for three reasons. One, it adversely impacts rural
21 hospitals. Number two, it will cause a reduction
22 in the safety net of services in the area. And
23 number three, it unnecessarily duplicates existing
24 hospital services.

1 The most disappointing element of this
2 project is its complete disregard for the historic
3 collaboration between St. Joseph's Hospital-
4 Highland, and the orthopedic physician group at
5 the involved surgery center. At the request of
6 these physicians, the hospital in 2015 invested
7 \$1 million on a Mako surgical robot and thereafter
8 spent \$125,000 annually for preventative maintenance.
9 In 2019, the hospital invested another \$290,000 in
10 software upgrades for the Mako. These were
11 significant investments for a small, 25-bed critical
12 access hospital.

13 It is beyond disappointing that this
14 physician group now wants to redirect its surgical
15 cases to a competing facility and destroy the sort
16 of collaboration that is so important in rural
17 health care.

18 Two letters containing factual inaccuracies
19 were filed by the applicant on Friday, well after
20 the comment period. Contrary to Dr. Ungacta's
21 letter, he was not the only orthopedic provider at
22 the hospital from 2007 to 2018 -- myself and
23 several others were there, too -- and know that
24 St. Joseph's Hospital Breese and Highland both

1 hold the prestigious CMS five-star rating for
2 outstanding quality care and commitment to patients.

3 Please deny this project.

4 CHAIRWOMAN SAVAGE: Are there any other
5 participants to speak?

6 MR. MITCHELL: That is all that I can
7 identify.

8 CHAIRWOMAN SAVAGE: Okay. Thank you, Mike.

9 Okay, Mike Constantino, could you please
10 present the State Board staff report.

11 MR. CONSTANTINO: Thank you, Madam Chair.
12 The applicants are asking the State Board to
13 approve --

14 MEMBER MURRAY: Mike, it's cutting out.

15 MR. CONSTANTINO: -- the addition or
16 orthopedic surgery services to its current ASTC
17 center located in Fairview Heights, Illinois. The
18 reported project costs are approximately \$180,000.
19 The expected completion date is March 31st, 2021.

20 No public hearing was requested. We did
21 receive a number of support letters and opposition
22 letters on this project. We also received
23 three comments on the State Board staff report all
24 concerning the referrals from Dr. Ungacta and

1 Dr. Bradley.

2 The first letter is from HSHS that owns
3 St. Joseph Hospital in Highland, critical access
4 hospital affected by this proposal. That letter
5 concerned the historical referrals of Dr. Ungacta.
6 Those historical referrals from HSHS St. Joseph
7 Hospital in Highland that were provided were actually
8 patients of Dr. Bradley and not Dr. Ungacta. To our
9 understanding, Dr. Ungacta did not perform any
10 surgeries for the period of time covered by the
11 letter submitted by the applicants.

12 On May 29th, 2020, Dr. Bradley resigned
13 from his position with Dr. Ungacta's practice. To
14 date we have not received a referral letter from
15 Dr. Ungacta that meets the requirements of the
16 State Board.

17 As mentioned in the public comments, on
18 Friday we received a referral letter from
19 Dr. Bradley, and it was put on the State Board
20 website as is our practice. That letter stated
21 that Dr. Bradley performed surgery on 49 Illinois
22 patients in the past 12 months to a surgery center
23 in St. Louis, and now of those 49 historical
24 referrals Dr. Bradley predicts that he will be

1 able to refer 49 patients to Metroeast Endoscopic
2 Surgery Center.

3 The third letter we received was from
4 Dr. Ungacta providing an overview of the history
5 of Midwest Bone and Joint surgery and the plans
6 for the future, as well as the statement that he
7 performs 200 to 250 surgeries per year and the
8 hiring of additional surgeons in his practice. As
9 I mentioned, this letter from Dr. Ungacta does not
10 meet any of the requirements of the State Board
11 for a referral letter.

12 We did have findings related to this project.
13 None of the referrals we reviewed provide services
14 to any patient within the 17-mile GSA or the
15 geographic service area. The applicant was unable
16 to meet one of the four conditions required by
17 service accessibility and planning. There appears
18 to be averages in capacity in the 17-mile GSA that
19 can accommodate the workload identified with this
20 application. Additionally, the proposed referrals
21 to the surgery center from HSHS St. Joseph
22 Hospital Highland will reduce the hours at the
23 hospital surgery department by 23 percent.

24 Thank you, Madam Chair.

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1 MS. AVERY: Madam Chair, it's my
2 understanding that we may have three more people
3 for public comment.

4 Kara, can you hear us and if you can --

5 MS. FRIEDMAN: I can just barely hear you,
6 Courtney, but I hear you announcing that we have
7 three supporters that are on.

8 MS. AVERY: Public comment --

9 MS. FRIEDMAN: I'm sorry, Courtney, I
10 can't hear you.

11 CHAIRWOMAN SAVAGE: Kara, can you hear me?

12 MS. FRIEDMAN: I can.

13 CHAIRWOMAN SAVAGE: Okay. So she said who
14 are the three participants, and who is the
15 presenter, and who is the participants that -- you
16 know, just for testimony.

17 MS. FRIEDMAN: Sure. So the three supporters
18 are Matthew Greenberg, Felix Ungacta, and Matthew
19 Bradley, and then the presenters and Mark Freeland
20 and myself.

21 CHAIRWOMAN SAVAGE: Okay. Thank you.
22 One second.

23 MS. FRIEDMAN: And I'm sorry for any
24 confusion, but we did submit their information

1 before the deadline yesterday.

2 CHAIRWOMAN SAVAGE: So, Mike Mitchell, can
3 you facilitate those other three that were
4 originally on the list of participants, and then
5 we'll move to Kara Friedman's list of three people
6 she said.

7 MR. MITCHELL: All right. Just one moment.
8 Do we have Brian Wilson?

9 MR. WILSON: Yes.

10 MR. MITCHELL: Okay. Go ahead, sir.

11 MS. FRIEDMAN: Can I just have one moment,
12 please? That is not one of the three people I
13 mentioned, just as note.

14 CHAIRWOMAN SAVAGE: No, Kara, we're going
15 to the three people who originally said they
16 wanted to testify, and then we'll move to your
17 three people after that.

18 I'm sorry. Please go ahead and proceed.

19 MR. WILSON: My name is Brian Wilson. I
20 serve as emergency services chief for the City of
21 Highland. In that role, I manage the Fire and EMS
22 Department. I appear in strong opposition to the
23 Metroeast Surgery Center project. As Dr. Georgia
24 Costello noted --

1 CHAIRWOMAN SAVAGE: Sir, I'm sorry;
2 whoever is speaking right now, could you stop for
3 one second. We have a lot of feedback going on.

4 MS. AVERY: Are you in a room with
5 multiple devices?

6 MR. WILSON: Yes.

7 MS. AVERY: You're going to have to
8 spread out.

9 CHAIRWOMAN SAVAGE: Because we can't really
10 understand what you're saying.

11 Perfect. Okay. Now go ahead and try
12 again.

13 What was his name, Brian something? Brian
14 Wilson?

15 MR. MITCHELL: I think we have lost the
16 connection to Dr. Ludwig now. I think they may
17 have hung it up.

18 CHAIRWOMAN SAVAGE: Okay. Can we move to
19 one of the other people and maybe he'll come
20 back on?

21 MR. MITCHELL: My information was all
22 three of those people were with Dr. Ludwig. I
23 don't have those other individuals listed on my
24 list, so I'm afraid we may have lost them all.

1 CHAIRWOMAN SAVAGE: Okay. Let's move on
2 to Kara's people then.

3 MR. MITCHELL: Okay. We have Dr. Felix
4 Ungacta. However, his connection is such that I
5 cannot unmute him. At this time it's not allowing
6 me to do that, so I'm going to move on to
7 Dr. Matthew Bradley.

8 Dr. Bradley.

9 DR. BRADLEY: Yes. Can you guys hear me?

10 MR. MITCHELL: Yes, we hear you, sir.

11 DR. BRADLEY: Excellent. Thank you.

12 Thank you, Madam Chair. As I said, my
13 name is Dr. Matthew Bradley and I'm a board-
14 certified orthopedic surgeon. I was previously
15 Dr. Ungacta's partner, and during COVID I moved my
16 practice closer to my home. I do live in
17 Columbia, Illinois. I currently work with the
18 affiliated medical practice here in Illinois as
19 well as in the St. Louis area where I see patients
20 from both St. Louis as well as the Metroeast
21 region which now has a population in excess of
22 700,000. This is an increase of about 100,000
23 patients over the last 10 years.

24 Orthopedic -- access to orthopedic surgical

1 care at freestanding surgical centers in the
2 Metroeast area is always very difficult. In fact,
3 the last remaining surgery center in the area
4 recently closed, that being the one in Waterloo.

5 With the growing population it's now
6 become imperative that we be able to provide these
7 safe alternatives to our patients. Last year only
8 about 400 orthopedic cases were performed at
9 ambulatory surgery centers, which is less than
10 10 percent of all outpatient surgeries performed
11 in the area. Nationally you see about 50 percent
12 of outpatient orthopedic cases being performed at
13 ambulatory surgery care centers.

14 The disparity is a great disservice to the
15 local residents of Illinois. As it stands, my
16 Illinois patients have to arrange transportation
17 to go to a Missouri surgery center of their
18 choosing, which provides an increased cost.

19 Additionally, Missouri providers don't
20 typically accept Illinois Medicaid patients and
21 their various programs. The applicant and the
22 surgery center has enrolled all Illinois Medicaid
23 plans and very actively accepts all Medicaid
24 patients despite no legal obligation to do so.

1 There's no specific volume requirements
2 for you to consider to approve the proposal, but I
3 did submit to you my 49 cases on Illinois patients
4 I have done.

5 Off the cuff I can tell you living in
6 Columbia, Illinois, and seeing these patients over
7 the last four or five months since I moved my
8 practice, COVID has changed my practice
9 significantly. Patients are very afraid to even
10 come into the clinic to see me and even more
11 afraid to go to the hospitals. I've got patients
12 that absolutely will refuse to have surgeries and
13 seek medical care in the hospital environment over
14 the fear of COVID. I don't see this fear ceasing
15 anytime soon, and these patients are now not having
16 the care they need, often becoming wheelchair-
17 bound, homebound and not leaving their homes due
18 to their fear of getting surgery at facilities
19 that are treating COVID.

20 Ambulatory surgery centers have the advantage
21 of being able to screen patients and not have to
22 accept patients with COVID, unlike hospitals. Our
23 screening techniques are very, very rigid and
24 provide a very safe environment, a comfortable

1 environment for my patients.

2 I ask that you please consider approving
3 this application to allow me to perform orthopedic
4 surgery at a safe outpatient environment for my
5 patients.

6 Thank you, Madam Chair. Appreciate
7 your time.

8 MS. FRIEDMAN: I have Dr. Ungacta on my
9 line here.

10 Dr. Ungacta, you may need to move away
11 from your computer to get away from the feedback,
12 but I think this is the best we can do. I think
13 we can hear you. Can you test it?

14 DR. UNGACTA: Testing. Can you guys
15 hear me?

16 MS. FRIEDMAN: Okay. They can hear you.

17 DR. UNGACTA: Great. Good afternoon.
18 This is Dr. Felix Ungacta. Thank you, Madam Chair
19 and Board members for having me today.

20 I represent the 12,000 patients that I
21 have treated over the past 13 years and these
22 patients count on me to bring them to a safe place
23 and a place that's appropriate for their outpatient
24 surgery. I'm a board-certified Illinois licensed

1 orthopedic surgeon practicing in the Metroeast
2 region, and my practice covers the communities
3 north of Highland south, east, and west, even into
4 St. Louis.

5 I started my practice in Highland in 2007.
6 Since 2007 St. Joseph's Hospital has been my
7 primary practice location. So in 2013 when they
8 requested financial support for constructing a new
9 hospital, my wife and I made a \$100,000 donation
10 to the hospital. For that the surgery center,
11 thanks to Dr. Felix Ungacta and Mrs. Ungacta the
12 surgery center and the Ungacta Conference Center
13 has been established for a \$100,000 support.

14 Since the new hospital opened in 2013, I
15 have continued to support them and have been the
16 only dedicated full-time orthopedic provider in
17 the community. The Highland Hospital has provided
18 an exceptional level of care in my 13 years of
19 practicing there, and I've never had a single
20 lawsuit since practicing in Highland and since my
21 practice started in 2001.

22 Fast forward to today. My practice is
23 actively recruiting a third and a fourth orthopedic
24 surgeon after signing on Dr. Robert Leff from Ohio

1 who will be starting my practice in October with
2 my group next month and also Lieutenant Colonel
3 Ryan Sieg potentially starting next spring who is
4 a Mako robotic expert.

5 Over the recent years as healthcare
6 shifted from inpatient to outpatient so did my
7 practice. Currently more than 90 percent of my
8 surgical cases are outpatient. Today we send
9 total knee and total hip patients home the same
10 day, the day of surgery. That was not the case
11 even a year ago. So to me the question today for
12 the committee is where is it most appropriate to
13 perform outpatient surgical procedures. I think
14 the answer is obvious.

15 I have gone on record supporting the
16 proposal with a referral commitment. The reason
17 being in today's environment this is an
18 appropriate setting to perform a wide variety of
19 surgeries that I currently perform. With the
20 advent of COVID-19, the reasons to have this
21 option available is critical.

22 In general, I perform about 200 to 250 cases
23 per year. With the addition of additional surgeons
24 to my practice, the estimated number of cases is

1 750 cases per year. Again, 90 percent of these
2 cases can be performed in an outpatient setting.

3 I am seeking out freestanding outpatient
4 surgical facilities as a safer alternative and a
5 lower cost setting for my patients. As a surgeon,
6 it is my responsibility to be my patients' number
7 one advocate, and that's what I'm doing here
8 today.

9 I understand thoroughly the opposition's
10 business case. That's understood. But my support
11 for the project extends beyond business assumptions.
12 I have no business or financial arrangement with
13 the center. I'm here today for my patients. I've
14 never owned or operated a surgery center, an
15 imaging center, or even physical therapy, just my
16 primary orthopedic practice.

17 I brought to Highland four years ago
18 technology far advanced of even Barnes-Jewish
19 Hospital; they haven't started; they start it in
20 2021. So this is something I brought to the
21 community. I spearheaded this effort, and I will
22 continue using the robot if I'm able to.

23 I support the expansion of this Metroeast
24 Endoscopic Surgery Center for cases that are

1 appropriate, and with orthopedic surgery, 90 percent
2 of cases are performed in an outpatient surgery
3 setting. I hope one day that HSHS will establish
4 an outpatient surgery center because it's
5 appropriate, and it's critical that we have a
6 place for patients to go that would decrease the
7 probability of them contracting viruses such as
8 COVID-19.

9 I want to thank you for your time, and I
10 speak on behalf of my 12,000 patients that I
11 currently treat still in Highland, Illinois.
12 Thank you very much, Madam Chair and Board members.

13 CHAIRWOMAN SAVAGE: Thank you.

14 Do you have your other person, Kara?

15 MS. FRIEDMAN: Mike Mitchell is that
16 person able to join by computer?

17 MR. MITCHELL: Yes. I believe we have
18 Matthew Greenberg.

19 MR. GREENBERG: Yes. Can you hear me?

20 CHAIRWOMAN SAVAGE: Yes.

21 MR. GREENBERG: Perfect.

22 Hello everyone. My name is Matthew
23 Greenberg, and I fully support the addition of
24 orthopedic services at Metroeast Surgery Center,

1 Project 20-17.

2 I left my job due to COVID and so currently
3 have insurance under the State's Medicaid plan.
4 12.9 million of the state's residents are enrolled
5 in the Medicaid program, and over 125,000 of them
6 are enrolled in the planning area where this
7 surgery center is located.

8 You're witness today to intimidation and
9 manipulation by a more than \$2 billion, quote,
10 "nonprofit," closed quote, healthcare system which
11 supposedly is a safety net provider. It is here
12 today on that pretense that it should somehow
13 control the area healthcare market and that you
14 should trust it to take care of people in this
15 region. But fact is, if you were a Medicaid
16 enrollee or uninsured, it is going to be impossible
17 for you to get access to anything short of
18 emergency care from this Health Sisters Health
19 System.

20 Unlike this bullying health system, the
21 applicant, which is merely requesting to add
22 certain doctors to its medical staff in a lower
23 cost setting, openly accepts Medicaid, and its
24 payor mix is similar to the planning area's

1 patient population. The pricing of the surgery
2 center helps not just individual patients but this
3 state, as well, for the lower cost that it expands
4 for every Medicaid case done in the ASC.

5 I have some extremely serious medical
6 conditions myself that I'm dealing with, and I am
7 exceedingly frustrated by my inability to get
8 services from nonprofit health systems. I spend
9 hours a day bouncing from one staff person to the
10 next. I get something scheduled only to get a
11 call back before I get to the appointment telling
12 me that, in fact, they will not accept my
13 insurance for the visit.

14 Hospital Sisters has a large group of
15 employed physicians throughout the area it serves
16 in Illinois, yet they do not accept most of the
17 Medicaid managed care plans. Of the four plans
18 offered in the Metroeast region, Hospital Sisters
19 Medical Group only accepts one. That does not get
20 people hurt by the economy and otherwise underserved
21 the care they need. The proposal today will help
22 fill that void. Please approve Metroeast
23 Endoscopic Surgery Center's proposal today.

24 CHAIRWOMAN SAVAGE: Thank you.

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1 MR. MITCHELL: Okay. I believe we have
2 our other commenters again now. Just a moment.
3 Let me try them.

4 Is Brian Wilson there?

5 MR. WILSON: Yes, I am. Can you hear
6 me now?

7 CHAIRWOMAN SAVAGE: We can.

8 MR. WILSON: My name is Brian Wilson. I
9 serve as the emergency services chief for the City
10 of Highland. In that role I manage the fire and
11 EMS department. I appear in strong opposition to
12 the Metroeast Surgery Center project.

13 As Dr. Georgia Costello noted, there is a
14 wide ranging opposition throughout our community
15 and region from elected officials, to local health
16 departments, to business leaders, to physicians
17 and hospital executives. Fire, EMS, and ambulance
18 service representatives, of which I am one example,
19 have likewise registered their opposition.

20 I know the critical importance of having a
21 local hospital with a 24/7/365 emergency department.
22 It can literally make the difference of life or
23 death. The redirection of 200 outpatient surgeries
24 per year from our 25-bed critical access hospital

1 will unavoidably result in-service cuts and
2 possibly impact the emergency department.

3 St. Joseph's Hospital Highland has been a
4 part of our community since 1878. In that 140-year
5 history, no challenge has been greater than the
6 current COVID-19 pandemic. To further financially
7 challenge our hospital at this precarious time
8 would be wrong on many levels. To even consider
9 approving this application which is inconsistent
10 regarding patient referrals, allowing no opportunity
11 to correct last-minute misstates by the applicant
12 would violate procedural rules and be unfair. I
13 respectfully urge denial. Thank you.

14 CHAIRWOMAN SAVAGE: Thank you.

15 MR. MITCHELL: All right. Next we have
16 Nancy Zobrist. Nancy, are you there?

17 MS. ZOBRIST: Yes, I am here.

18 I am Nancy Zobrist, executive director of
19 the Highland Chamber of Commerce. We join the
20 many other organizations and leaders throughout
21 our region in opposing the Metroeast Endoscopic
22 Surgery Center project.

23 The application relies entirely on the
24 redirection of existing outpatient orthopedic

1 procedures performed at two rural hospitals, which
2 certainly must represent the very definition of
3 unnecessary duplication of services. The adverse
4 consequences for our community and its Federally
5 designated critical access hospital would be
6 substantial and irreversible.

7 As a necessary but nonetheless unfortunate
8 consequence of the COVID-19 pandemic, State
9 officials curtailed all elective hospital
10 procedures. That hit our local hospital hard.
11 Now is a particularly bad time to add to the
12 financial challenges facing rural hospitals.

13 Our residents and businesses depend upon
14 the continued viability of Highland's St. Joseph's
15 Hospital. We are justifiably proud of both the
16 effected rural hospitals. Each holds the
17 prestigious five-star rating from CMS, something
18 fewer than 10 percent of all hospitals achieve.
19 They are high quality and worthy of preservation.

20 The CON applicant has benefited from a
21 generous partnership with our small critical
22 access hospital in the form of robotic surgery
23 equipment purchased and maintained by the hospital
24 at the specific request of the involved surgery

1 center practice group. Such collaboration is
2 critical to the success of rural healthcare and
3 should be protected rather than discarded.

4 Our local chamber respectfully urges
5 denial of this project. Thank you.

6 CHAIRWOMAN SAVAGE: Thank you.

7 MR. MITCHELL: Our last commenter is Kurt
8 Prenzler. Are you there, Mr. Prenzler?

9 MR. PRENZLER: Yes, I am.

10 Good afternoon. My name is Kurt Prenzler.
11 I serve as chairman of the Madison County Board
12 and appear before you in opposition to the
13 Metroeast Surgery Center project. I am one of
14 many elected officials referenced by Georgia
15 Costello who opposed this project.

16 My letter to the Review Board details
17 six reasons for my opposition. I echo the grounds
18 for opposition expressed and timely submitted by
19 State Representative Charlie Meier, the mayors of
20 Highland and Breese, the chairman of the Clinton
21 County Board, local public health departments,
22 area EMS providers, and other local officials.

23 In my submitted letter I discussed a
24 balancing of interests. The certificate of need

1 applicant offers as his sole justification to this
2 project a supposed cost savings for patients. Yet
3 no such savings are documented, and the record
4 even reflects cost increases.

5 Balanced against this illusory benefit are
6 many significant adverse impacts. They include an
7 unnecessary duplication of services, negative
8 impact on safety net services by a Federally
9 designated critical access hospital, added
10 financial pressures to rural hospitals already
11 suffering from the COVID-19 pandemic and State
12 orders to curtail elective procedures, and a
13 disregard of the positive history of collaboration
14 by the affected hospitals with the applicant.

15 I believe that the interests of one
16 entrepreneur should not prevail over those of
17 entire communities. I believe that applicants
18 should be held accountable for untruthful
19 submissions and that rules should be followed. I
20 respectfully suggest that this project warrants
21 denial. Thank you.

22 CHAIRWOMAN SAVAGE: Thank you. I believe
23 that's all for public participation. So now, if
24 you'd like to go ahead, Kara. If there's somebody

1 else presenting with you that needs to be sworn
2 in, go ahead, Paula.

3 MS. FRIEDMAN: Yes, Doctor -- Mark
4 Freeland is on the line, and I'm not sure if he
5 can show his video, but he should be here.

6 THE COURT REPORTER: Are you there,
7 Mr. Freeland?

8 MR. MITCHELL: Yes, we have him on the line.

9 THE COURT REPORTER: I'll just need him to
10 raise his right hand and be sworn. Are you doing so?

11 MS. FRIEDMAN: Can we just make sure he's
12 there?

13 Mark, can you say hello?

14 (No response.)

15 MS. FRIEDMAN: Just a moment, please.
16 Because I thought he was on the line.

17 And you say -- Mike Mitchell, you said
18 that you think he is on the line? Mike is muted
19 now, too.

20 MR. MITCHELL: Oh, sorry. He should be
21 unmuted, yes.

22 MS. FRIEDMAN: Okay. Maybe he's muted his
23 own line.

24 Mark Freeland, can you hear me? I may

1 have to do the same thing that I just did with a
2 supporter. Let me see if I can just get him on
3 the line.

4 (An off-the-record discussion was held.)

5 (Witness sworn.)

6 MR. FRIEDMAN: Okay. I think Mark Freeland
7 would like to begin the presentation, and then
8 I'll have some comments, as well.

9 MR. FREELAND: All right. Well, good
10 afternoon. Thank you, Madam Chair and Board for
11 allowing me to speak this afternoon. Again, my
12 name is Mark Freeland. I was formerly executive
13 director of the Southern Illinois Regional
14 Wellness Center, which is a Federally qualified
15 health center located in East St. Louis and
16 Washington Park, Illinois. Currently my job is as
17 an assistant administrator primarily working with
18 credentialing and billing for the surgery center,
19 and I'm here today to request permission for the
20 center to credential orthopedic surgeons and begin
21 providing those services.

22 As you all likely know, a freestanding
23 ambulatory surgery center provides the same high-
24 quality surgical care as hospitals but in a more

1 convenient setting at a fraction of the cost, and
2 for many members of our community this center is
3 the only option for receiving this convenient
4 care. We serve nearly 1,000 Medicaid patients
5 every year, and it would be great to see this
6 number grow even larger with the addition of
7 orthopedic surgery.

8 I want to thank our community for the
9 outpouring of support we received for our plans to
10 have orthopedic surgeons at our center. Over a
11 dozen letters were submitted to this Board,
12 including from State Representatives Jay Hoffman,
13 District 113, and LaToya Greenwood of District 114.

14 Now, these supporters identified many of
15 the access problems for residents of the Metroeast
16 area, including rising healthcare costs and
17 financial ruin experienced by people who get huge
18 surprise medical bills from hospitals. As some of
19 you may know, a former Board member publicized his
20 own medical bankruptcy. And this is not a
21 hypothetical issue, and despite what some want you
22 to think, hospitals are not a panacea for the
23 medical needs of low-income families.

24 To provide you some background, in 2013 the

1 Board approved the establishment of our surgery
2 center in Fairview Heights, which is adjacent to
3 Belleville. If you're unfamiliar, this is the area
4 just across the river from St. Louis. Our center
5 was approved by this Board and has provided and
6 continue to provide high-quality low-cost surgical
7 options for the elderly and the less affluent
8 members of our community.

9 At that time we came before this Board and
10 committed to serving as a safety net provider for
11 our community. I'm proud to say that our accredited
12 surgery center has lived up to that commitment and
13 is the largest provider of Medicaid ambulatory
14 surgical treatment services for the entire
15 planning area, which includes Clinton, Madison,
16 and St. Clair Counties. This creates meaningful
17 savings for government payors and particularly the
18 State of Illinois, but during the last four years
19 more than a quarter of our patients have been
20 Medicaid beneficiaries compared to 7.6 percent of
21 the entire planning area and 4.2 percent statewide.
22 In fact, over 60 percent of Medicaid beneficiaries
23 treated at a surgery center at Health Service
24 Area 11 were served by our small surgery center.

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1 Following our initial focus on colorectal cancer
2 screening and other GI services, we have since
3 expanded our focus to add other surgical specialties
4 with the unanimous approval of this Board.

5 When you approve this request, it will
6 help us fill the local void left by the relocation
7 of St. Elizabeth Hospital from the more urban and
8 impoverished Belleville to the more affluent
9 community of O'Fallon.

10 You'll also hear from a rehab provider
11 applicant later today because of lack of resources
12 in this part of Illinois patients often must
13 travel to Missouri for simple elective lower cost
14 surgical procedures and other relatively basic
15 care. Unfortunately, this is not an option for
16 Medicaid patients, as most of Missouri surgery
17 centers do not contract with Illinois Medicaid
18 managed care plans. We contract with all Medicare
19 plans in St. Clair County. Expanding our medical
20 staff will be a meaningful contribution to
21 healthcare access for all of our area residents.

22 The Medicare Payment Advisory Commission,
23 also known as MedPAC, advises Congress on
24 reimbursement issues relative to Federal healthcare

1 reimbursement policy. According to its most
2 recent 2019 report to Congress, providing Medicare
3 beneficiaries access to freestanding surgery
4 centers is beneficial because services provided at
5 an ASC setting are, and I quote, "Less costly to
6 Medicare and beneficiaries than service delivered
7 at hospital outpatient departments. Medicare
8 payment rates for surgical procedures performed in
9 hospital outpatient departments are almost twice
10 as high as an ASC," unquote.

11 Providing a lower cost alternative is even
12 more important in these days of reduced access to
13 affordable employer-based health insurance. With
14 our region seeing historically high unemployment
15 rates, many people, if insured at all, now have a
16 \$5,000 or more deductible regardless of their
17 income level. With this benefit structure, unless
18 a patient experiences a catastrophic illness,
19 their insurance benefits are generally irrelevant.

20 Further, according to the Census Bureau
21 data, 15 percent of area residents live at or
22 below the Federal poverty limit. This is why MESC
23 treats so many Medicaid patients. In hospitals
24 about 20 percent of patients undergoing surgery

1 receive a surprise medical bill sometimes as much
2 as \$100,000. We do not engage in the practice of
3 surprise medical billing and advertise our rates
4 for people paying out of pocket in advance. We
5 also never send a patient's unpaid bill for
6 collections.

7 Through my involvement with the Federally
8 qualified health clinic I've seen firsthand the
9 impact a large and sometimes unexpected healthcare
10 bill can have on patients and their families. How
11 many GoFundMe campaigns have you all seen to cover
12 extraordinary medical expenses? Unless and until
13 there are affordable health insurance options, the
14 communities we serve deserve a lower cost option.

15 As previously noted, we have historically
16 treated 60 percent of Medicaid beneficiaries
17 receiving ASC services in our planning area, but
18 we also offer our uninsured patients a global fee
19 or free care if they cannot afford it. We readily
20 accept free clinical referrals, and we stand
21 behind our commitment to continuing our practices
22 as a safety net provider and upon adding this
23 service will increase access for the underserved.
24 We've been a safety net provider since we opened

1 our doors six years ago. That is a documented
2 track record that you can count on. With this in
3 mind I urge you to approve this proposal to add
4 orthopedic surgery in our center.

5 Prior to January 1st, 2018, the addition
6 of a surgical specialty was never regulated by
7 this Board. For decades specialty ASC's can offer
8 additional surgical specialties whenever warranted
9 in the way hospitals currently can without seeking
10 regularity approval. Since additional regulations
11 became effective in 2018 this Board has approved
12 several CON permits to add specialties at ASCs
13 without a single denial. This 100 percent
14 approval rate reflects the fact that adding a
15 surgical specialty improves patient access and
16 increases utilization of existing healthcare
17 resources all for a relatively small cost. In
18 this case the permit would allow for an
19 expenditure of up to \$180,000 on surgical
20 equipment.

21 Given that this Board has thus far approved
22 all permit requests and a surgical specialty, I
23 would not expect this project to be received any
24 differently, particularly since MESC is an

1 important safety net provider region, and many of
2 the private surgery centers that have received
3 permits to add specialties do not participate in
4 the safety net as we do.

5 We're very proud of what we do for our
6 community and our patients. I ask that you
7 approve this application so we can provide a high-
8 quality low-cost option for our patients in
9 orthopedic closer to home for Metroeast residents.

10 In closing, I would just like to address,
11 several of the opposers talked about redirection
12 of surgeons. Having worked in the Metroeast area
13 for the last 20 years, our focus has been on
14 primarily the areas of East St. Louis, Washington
15 Park where a higher percentage of Medicaid
16 patients live. So it's not necessarily a
17 redirection; it's providing greater and more
18 access.

19 Thank you for your time.

20 MS. FRIEDMAN: Thank you. If I could just
21 close with a few comments, and in particular I
22 want to make a few points about the project based
23 on your staff report. And, again, my name is Kara
24 Friedman, and I'm counsel for the applicant.

1 First, as reflected in your Board staff
2 report, this is a nonsubstantive project, meaning
3 that though the Planning Board has procedures to
4 require submission of an application, this is not
5 a matter of major consideration for this Board, as
6 it is in outpatient service, it does not create or
7 establish a healthcare facility or a category of
8 service. This is an existing ambulatory surgery
9 center with two key rooms, and there will be no
10 physical expansion of the operations in connection
11 with privileging this additional specialty.

12 You should note that this project was not
13 opposed by Memorial Hospital which is operating in
14 Belleville as well as in Shiloh or its affiliate
15 BJC. Memorial Hospital in Belleville is the
16 closest hospital location to this surgery center.
17 As also Mr. Freeland noted, it's where
18 St. Elizabeth, the Hospital Sisters hospital,
19 operated before it pulled up roots there and went
20 to the more affluent suburbs.

21 Hospital Sisters uses this process
22 regularly to oppose its competitors to maintain
23 its market dominance. Though BJC did not oppose
24 the Hospital Sisters cancer center in 2018 after

1 Memorial had already developed its center,
2 Hospital Sisters opposed the Memorial program.
3 Hospital Sisters also opposed Memorial Hospital's
4 establishment of inpatient services in Shiloh in
5 2011. Hospital Sisters opposed the prior
6 expansion of this surgery center. And we have
7 demonstrated our role as a safety net provider, I
8 hope that's coming through loud and clear, in the
9 years that this surgery center has been operating.

10 Plain and simple, Hospital Sisters has
11 bullied the orthopedic physicians who wish to do
12 cases at this ASC. As for the reference to COVID,
13 we all know COVID has created a backlog of
14 elective orthopedic cases and a serious imperative
15 for having COVID-free zones in which to safely
16 undertake procedures and other medical care.

17 Since it's not adding physical capacity,
18 by its nature this proposal will not create
19 duplication. As your staff report notes, there is
20 no need methodology for surgical services. What
21 we do know is that for a lower cost choice of
22 service for residents of the Metroeast area people
23 must cross into Missouri for outpatient surgical
24 services to be treated in a surgery center. As

1 Dr. Bradley notes in his documents, he does his
2 cases at Apollo Surgery Center in St. Louis.

3 So why should you approve this project?
4 Surgery centers reduced Medicare costs by more
5 than \$4 billion each year, and this state is one of
6 the largest, if not the largest payor at least by
7 number of patients that it covers similar benefits
8 by the cost savings offered by a surgery center.

9 In this case -- and I won't repeat the
10 data because Mr. Freeland did a really good job of
11 that -- this applicant, this operator is a major
12 participant in the delivery of care to area
13 residents enrolled in Medicaid. And on top of
14 that, another 30 percent are Medicare patients,
15 the other government payor.

16 As policy makers, you should be wary of the
17 payment disparity between surgery centers and
18 hospital outpatient departments that may discourage
19 providers like Hospital Sisters from shifting
20 services to surgery centers, and you should
21 prioritize policies that incentivize safe
22 migration of eligible procedures to the ASC
23 setting to achieve maximum savings to government
24 payors.

1 As your records indicate, Hospital Sisters
2 does not operate a surgery center in the Metroeast
3 area nor to my knowledge anywhere that it has
4 hospitals. This is a real shame for the state,
5 and we really need to see something change in this
6 immediate area.

7 In the regulation of healthcare and other
8 industries, there's a principle that market
9 participants should be provided a level playing
10 field despite certain differences in their
11 characteristics. We do not have that level
12 playing field here when it comes to expanding the
13 offerings of the surgical service. The disparity
14 in your oversight of the two types of surgical
15 providers wasn't as meaningful in prior years, and
16 as Mr. Freeland mentioned, previously
17 multispecialty surgery centers like this operator
18 could provide any service that could be safely
19 performed in a surgery center, which is logical
20 because a core principal of health planning is to
21 provide access to high-quality and lower cost care
22 in an appropriate setting.

23 I ask you to also take into consideration
24 the settled law based on judicial review of

1 projects that have come before this Board. This
2 Board is not charged with protecting market share
3 or profitability of individual providers. Though,
4 as a point of reference, the area hospital -- the
5 company opposing this brings in over \$2 billion in
6 annual revenues. This Board is required to consider
7 the impact of another provider only insofar as it
8 is consistent with the public interest and with
9 the orderly and economic development of healthcare
10 resources.

11 As a sophisticated group of healthcare
12 planners, this Board knows that encouraging the
13 use of outpatient ambulatory surgery centers as an
14 alternative to hospital-based care is consistent
15 with the core tenet of health planning to reduce
16 healthcare costs for government payors, employers,
17 patients, and their families, and as such Planning
18 Board rules should be generally construed to
19 encourage the development and utilization of
20 ambulatory surgery centers as an alternative.

21 We thank you for your time today and
22 respectfully ask that you approve this project.

23 CHAIRWOMAN SAVAGE: Thank you.

24 Are there any questions from our Board

1 members or State Board staff?

2 MEMBER MURRAY: I have a question for the
3 staff. In the report you mentioned that -- and I
4 couldn't quite understand the sentence. It said
5 something like "None of the criteria below," and
6 you referred us to pages 11 through 13 or 13 through
7 16, something like that. What I wanted to be
8 clear on, does everything on that page say that
9 this application failed to meet those criteria, or
10 is it one of those criteria?

11 MR. CONSTANTINO: There's currently eight
12 ASTCs and six hospitals within the 17-mile GSA.
13 These applicants have not identified one patient
14 from that 17-mile GSA that they provided any
15 service to.

16 MEMBER MURRAY: Okay.

17 MR. CONSTANTINO: Secondly, one ASTC in
18 this 17-mile GSA has been approved to provide this
19 surgical specialty being proposed, orthopedic
20 surgery, by the applicant to be added. The remaining
21 ASTs have not been approved to provide all the
22 specialties being proposed. All these surgical
23 specialties are available at the six hospitals
24 within the 17-mile GSA. The service proposed to

1 be added by the applicant is available in that
2 17-mile GSA, and this project is not a cooperative
3 venture with another hospital.

4 That was what's meant that they didn't
5 meet four of the conditions required for that
6 service accessibility.

7 MEMBER MURRAY: Thank you.

8 MS. FRIEDMAN: And if I may, I think the
9 idea around that criteria is that they seek to
10 have you meeting a single criteria, not
11 necessarily all four.

12 I would note that I believe that that
13 reference to services being offered at another
14 surgery center are in Madison County, towards the
15 north end of Madison County. This surgery center
16 is located adjacent to Belleville which in many
17 respects is medically underserved. So asking
18 patients in the Belleville area to go to the
19 northern part of the next county over, I don't
20 think it's appropriate access to the service.

21 MR. CONSTANTINO: Well, the doctors who
22 are proposing to refer patients have never
23 identified any patient from the 17-mile GSA.
24 There's been no documentation submitted, so

1 they're not serving residents of the GSA.

2 MS. FRIEDMAN: You heard Dr. Ungacta and
3 Dr. Bradley today speak to their anticipated
4 referral --

5 CHAIRWOMAN SAVAGE: I think Kara -- Kara's
6 internet looks to be out right this second.

7 Do you have any questions, Dr. Martell?

8 MEMBER MARTELL: I do not.

9 CHAIRWOMAN SAVAGE: Kara, can you hear us?
10 We'll give her another minute to try and get her
11 internet back.

12 Kara, are you back with us? Her triangle
13 went away.

14 Kara, we can hear you, so if you want to
15 try and continue speaking even though we can't see
16 your video.

17 MS. FRIEDMAN: Sorry; I don't know what
18 happened there.

19 CHAIRWOMAN SAVAGE: It's just technology.
20 It's fine.

21 MS. FRIEDMAN: So I'm not exactly sure
22 where I dropped off. I think the primary question
23 here that I think people are struggling with is
24 whether or not orthopedic care is available in the

1 immediate area of Fairview Heights and Belleville,
2 the adjacent town. And I don't think there's any
3 question that there are no orthopedic surgical
4 services there. The two physicians testified
5 before you today and discussed where they're doing
6 their cases and what they expect to do.

7 There's no minimum threshold of, you know,
8 you need to do 250 orthopedic cases to justify
9 this program because the operating rooms already
10 exist. We're not trying to build a volume in order
11 to demonstrate that we should build a surgery
12 center or that we should build operating rooms.
13 We're merely trying to credential physicians to an
14 existing surgery center. So if they had five cases
15 and wanted to come and have some block time,
16 there's no criteria that would say that that's
17 inadequate. These physicians have presented
18 before you today that they intend to use the
19 surgery center.

20 CHAIRWOMAN SAVAGE: Thank you.

21 Do we have any other questions or
22 comments?

23 (No response.)

24 CHAIRWOMAN SAVAGE: Okay. Hearing none,

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1 we would like to then go ahead and proceed with
2 our roll call, George.

3 MR. ROATE: Thank you, Madam Chair.

4 Motion made by Dr. Martell, seconded by Dr. Murray.

5 Senator Demuzio.

6 (No response.)

7 MR. ROATE: I'll skip over.

8 Dr. Martell.

9 MS. FRIEDMAN: Can you please repeat any
10 votes you hear? Because I can't hear any of them.

11 CHAIRWOMAN SAVAGE: Sure.

12 MS. AVERY: Senator Demuzio.

13 MEMBER DEMUZIO: (Inaudible.)

14 THE COURT REPORTER: I didn't hear it.

15 MR. ROATE: Thank you.

16 THE COURT REPORTER: I didn't hear that vote.

17 MR. ROATE: Dr. Martell.

18 MEMBER MARTELL: No, based on the staff
19 report and testimony provided today.

20 MR. ROATE: Thank you.

21 CHAIRWOMAN SAVAGE: Hold on. Senator
22 Demuzio did respond. She voted no.

23 MR. ROATE: Dr. Murray.

24 MEMBER MARTELL: Based on the staff

1 report, no.

2 MR. ROATE: Thank you.

3 Dr. Grundy.

4 MEMBER GRUNDY: Based on the staff report,
5 I'll vote no.

6 MR. ROATE: Thank you.

7 Chairwoman Savage.

8 CHAIRWOMAN SAVAGE: I vote no based on the
9 staff report.

10 MR. ROATE: That's 5 votes in the negative.

11 CHAIRWOMAN SAVAGE: So the application
12 permit has been denied. Thank you -- oh, intent
13 to deny; my apologies. The application for the
14 intent to deny is approved. One moment.

15 (An off-the-record discussion was held.)

16 CHAIRWOMAN SAVAGE: So the applicant has
17 received an intent to deny, and you'll be hearing
18 from our State Board staff in the near future.
19 Thank you.

20 I would like to have a five-minute break.
21 So if everybody can come back in five minutes.

22 (Recess taken, 2:43 p.m. to 2:54 p.m.)

23 - - -

24

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1 CHAIRWOMAN SAVAGE: Next on the agenda is
2 Project 20-029, Birth Center of Chicago in
3 Chicago.

4 May I have a motion to approve Project
5 20-029, Birth Center of Chicago to establish a
6 two-bed freestanding birth center, a motion to
7 approve.

8 MEMBER MURRAY: So moved.

9 CHAIRWOMAN SAVAGE: Thank you, Dr. Murray.
10 A second.

11 MEMBER GRUNDY: I second the motion.

12 CHAIRWOMAN SAVAGE: Thank you, Dr. Grundy.

13 Is there anyone here to present to
14 represent the applicant? Oh, I'm sorry, one
15 second. I'm looking at the wrong thing.
16 Apparently, there are requests from the public to
17 offer testimony. So if Mike Mitchell you would
18 please proceed with whomever those folks are.

19 MR. MITCHELL: Okay. Our first commenter
20 is Robin Ross. Are you there? Robin Ross, are
21 you there?

22 MS. ROSS: Yes.

23 MR. MITCHELL: Proceed.

24 MS. ROSS: Yes. Hi, my name Robin Ross,

1 and I am a birth doula and childbirth educator for
2 the last 12 years. I service the Chicagoland area,
3 and I'm also mother of three children. Two children
4 I birthed in a nearby hospital, and the last one I
5 birthed at home.

6 In my 12 years' experience as a doula, I
7 have supported well over 800 families in their
8 labors and births and hundreds more in the
9 education process in and around the Chicagoland
10 area. In my own personal experience with birth
11 and in being part of the birth experience of
12 hundreds of families around the Chicagoland area,
13 birthing options are a necessity especially for
14 the city of Chicago where we have very limited
15 resources in terms of other options outside of
16 hospital options or home birth options.

17 Families want choices, as did I, and I did
18 not have the option of a birth center. Many do
19 not feel comfortable doing a home birth or a
20 hospital birth. Therefore, the option of a
21 freestanding birth center brings the best of both
22 worlds especially during a pandemic when so many
23 families are now more reluctant to go to a
24 hospital where they need to enter either through

1 the ER or main entrance in which sick patients may
2 also be entering through. Having safe birthing
3 options such as a freestanding birth center in the
4 city of Chicago provides a valuable option to
5 low-risk families in Chicago to safely and
6 comfortably birth their babies.

7 CHAIRWOMAN SAVAGE: Thank you.

8 Next person, Mike.

9 MR. MITCHELL: We have Carrie Stewart and
10 Heather McCullough signed up, but I do not see
11 them on my attendee list, so I'm going to go to
12 Claire Zawa next. Are you there?

13 MS. ZAWA: Yes, I am here. Thank you.

14 Yes, I am Claire Zawa. I'm a certified
15 labor support doula, a postpartum doula, a
16 mindfulness-based childbirth and parenting
17 educator, and I'm also the care manager with
18 Birthways. On behalf of myself and of Birthways,
19 which has been caring for expectant and new
20 families since 1997 in the Chicago area, we are
21 speaking as a proponent of the project to establish
22 a freestanding birth center in the city of Chicago.
23 I will keep my remarks brief, but I'm happy to
24 provide more information if anyone would like.

1 Maternal and infant mortality and morbidity
2 rates continue to rise in the city of Chicago, in
3 our state, and in our country despite the raising
4 cost to the healthcare system. Establishing a
5 freestanding birth center would increase access to
6 high-quality patient-centered care, which has been
7 shown to improve all measures of care and outcomes
8 and decrease the cost to the system.

9 Midwives are trained to assess risk, and
10 if a risk arises in pregnancy or birth, they will
11 refer out to an obstetrician or other specialist.
12 The birth center has already established a transfer
13 location relationship with Illinois Advocate
14 Masonic, ensuring that they have their patients'
15 health and well-being as the top priority for
16 their care.

17 The vast majority of pregnancies and births
18 are low risk. These are biologically normal life
19 events. Self-experience and statistically
20 measured outcomes are improved when the laboring
21 person feels heard and respected by their
22 healthcare provider, when the birth location feels
23 physically and emotionally safe. And when they
24 are an active participant in their care. These

1 all point to how imperative choice is when it comes
2 to our healthcare in general but to pregnancy,
3 birth, and postpartum care in particular. A
4 hospital-based birth or a home birth are not
5 necessarily appropriate or wanted by every
6 pregnant person, and a freestanding birth center
7 provides a safe and supportive alternative. The
8 provider and birth location will determine what
9 options are available to an individual.

10 I support this project for the health and
11 well-being of all pregnant individuals, their
12 families, and our communities. Thank you.

13 CHAIRWOMAN SAVAGE: Thank you.

14 Mike, did you get ahold of any of the --
15 see that Carrie or Heather were on? Mike Mitchell?

16 MR. MITCHELL: No. No, they are not. I
17 don't see them on my list of attendees.

18 CHAIRWOMAN SAVAGE: Okay. Are one of the
19 call-ins Carrie Stewart or Heather McCullough?

20 (No response.)

21 CHAIRWOMAN SAVAGE: Mike Mitchell, could
22 you unmute everybody for one moment, and we can
23 see then if Carrie Stewart and Heather McCullough
24 are on?

1 MR. MITCHELL: Hang on and I will try to
2 do that.

3 CHAIRWOMAN SAVAGE: Thank you.

4 (Audio disruption.)

5 CHAIRWOMAN SAVAGE: So is there anyone
6 present to represent the applicant for Birth
7 Center of Chicago?

8 Is there a Laura Wiegman?

9 MR. MITCHELL: I don't have her listed as
10 an attendee.

11 CHAIRWOMAN SAVAGE: Okay. Mike Mitchell,
12 can you go ahead and unmute again and ask for
13 this -- or maybe Mike Constantino can ask for her.

14 (Audio disruption.)

15 CHAIRWOMAN SAVAGE: We'll put them on hold
16 and move on to our next applicant.

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1 CHAIRWOMAN SAVAGE: H-05, Project 20-030,
2 Effingham Medical Office Building in Effingham.

3 May I have a motion to approve Project
4 20-030, Effingham Medical Building to establish a
5 medical office building.

6 MEMBER GRUNDY: So moved.

7 CHAIRWOMAN SAVAGE: Thank you, Dr. Grundy.

8 A second, please.

9 MEMBER MARTELL: Second.

10 CHAIRWOMAN SAVAGE: Thank you, Dr. Martell.

11 There are members from the public to offer
12 testimony. Mike Mitchell, please proceed.

13 Oh, and we really need to stick to the
14 two-minute rule, which George will let them know
15 if you're heading that way.

16 Go ahead, Mike.

17 MR. MITCHELL: Okay. The first commenter
18 we have is Senator Dale Righter. Senator Righter,
19 are you there?

20 SENATOR RIGHTER: I am. Can you see me
21 and hear me?

22 MR. MITCHELL: We can hear you.

23 CHAIRWOMAN SAVAGE: We can hear you.

24 SENATOR RIGHTER: Give us just a second

1 and we will get the video turned on. Can you
2 unmute Kim Uphoff and allow video?

3 CHAIRWOMAN SAVAGE: He wants video.

4 SENATOR RIGHTER: Okay. Can you hear
5 me okay?

6 CHAIRWOMAN SAVAGE: We can. Please proceed.

7 SENATOR RIGHTER: Thank you very much.

8 Greetings to the Board members who are part of the
9 conference. My name is Dale Righter. I'm the
10 State senator for the 55th District of Illinois,
11 and I appreciate this opportunity to speak in
12 support of the proposed new medical office
13 structure by Sarah Bush Lincoln Bonutti Clinic.

14 As the State senator for the 55th District
15 I represent both Coles and Effingham County, so I
16 have an interest in both areas. I have an interest
17 in their financial advancement, and I certainly
18 have an interest in the patient care that takes
19 place, not only the patient care for my
20 constituents but the patient care that's delivered
21 by people within my district, and that's why I'm
22 here today.

23 I also have an interest that we have an
24 accurate and fact-based discussion of what the

1 application is and its predictable results.

2 As you know, the project that is before
3 you is a proposed \$35 million investment in the
4 city of Effingham to build a new Sarah Bush
5 Lincoln Bonutti Clinic. Right now the services
6 offered by the Bonutti clinic are spread throughout
7 several cities in the city of Effingham. This
8 project would consolidate those services under
9 one brand-new roof. So the advancement in terms
10 of financial investment is obvious and just as
11 obvious for patient care, as well.

12 Critical to the evaluation, I believe of
13 this application, as with all applications that
14 you consider, is an effort to make sure that the
15 comments that are made both to the Board and
16 publicly are verified by the contents of the
17 application and the predictable outcome of the
18 application if it's approved.

19 Early in this process the opponents,
20 HSHS out of Springfield claimed that if this
21 application was granted, the HSHS facility and the
22 city of Effingham would lose \$30 million of
23 revenue annually. Here recently the opponent has
24 revised that number down, so now we have a new and

1 improved loss figure of \$7 million a year. The
2 problem is both of those figures are premised on
3 future projections of what volume may or may not
4 be, which are not -- that is not part of the State
5 standards. In fact, in my 33 years as a member of
6 the General Assembly, and being involved in CON
7 applications, and in monitoring them or watching
8 them, I have never seen a more aggressive and
9 transparent effort to mislead the public or the
10 Board with regards to the impact of an application
11 were it to be granted.

12 MR. ROATE: Two minutes.

13 SENATOR RIGHTER: Yes. As I said a few
14 months ago, I have an interest in both of these
15 areas and in an accurate commentary on the
16 application. The granting of this application is
17 good for both of these areas and the patients that
18 are in them, and I would respectfully request the
19 Board to please grant the application. Thank you
20 very much.

21 CHAIRWOMAN SAVAGE: Thank you.

22 Next person.

23 MS. UPHOFF: Are you ready for me to begin?

24 CHAIRWOMAN SAVAGE: Tell us your name,

1 please.

2 MS. UPHOFF: Good afternoon. I'm Kim Uphoff,
3 vice president of operations at Sarah Bush Lincoln
4 Health Center in Mattoon, Illinois, and my remarks
5 today will address the opposition that has been
6 submitted by HSHS.

7 HSHS has opposed our project to replace a
8 50-year-old medical office building that once served
9 as a skating rink. HSHS has stated three main
10 points of opposition, none of which have been
11 validated by the State Board staff.

12 First, I will address its contention that
13 the building is too large.

14 HSHS states that it would not oppose the
15 project if it was the right size but never states
16 what it would consider to be the right size. We
17 instead chose to follow your regulations and
18 design the project to meet your standards, and the
19 State Board report finds that the size conforms to
20 1110.120A.

21 HSHS claims this project will negatively
22 impact its hospital. The State Board report makes
23 no finding of any negative impact to HSHS as a
24 result of this project. HSHS makes only a self-

1 serving calculation on future volumes that are not
2 applicable. Its calculation is not an accepted
3 methodology by any State standard.

4 HSHS' claims are quite ironic. Three months
5 ago HSHS St. Anthony's opened a new clinic 1 mile
6 from our hospital in Mattoon and established new
7 services, including an MRI, CT, X-ray, ultrasound,
8 mammography, along with primary care, a walk-in
9 clinic, orthopedics, cardiology, and OB/GYN services.
10 It's disingenuous for HSHS to suggest concerns
11 about the impact of our project when it is the
12 one that has established new duplicative services
13 in our planning area a mile from our hospital.

14 Lastly, I will address the claim that this
15 project has duplicative clinical services. It is
16 important to remember that Sarah Bush Lincoln
17 currently operates a medical office building in
18 Effingham, and we currently provide MRI, ultrasound,
19 X-ray, lab, physical and occupational therapy,
20 occupational medicine, a walk-in clinic, primary
21 care, orthopedics, EMT, a general surgery clinic,
22 interventional pain, urology, and pediatrics all
23 in Effingham, and we will continue to provide
24 these services in Effingham regardless of whether

1 we do so in a replacement building. Blocking the
2 replacement of this building will serve no purpose
3 other than to inconvenience our patients and make
4 them continue to receive healthcare in a
5 substandard building. Our patients and the
6 community deserve better.

7 Thank you for allowing me to speak. I
8 respectfully request that you approve this
9 application.

10 CHAIRWOMAN SAVAGE: Thank you.

11 We're going to hold now on the Effingham
12 Medical Office Building project, and we're going
13 to return to the Birth Center of Chicago, which is
14 Project 20-029, and our sincere apologies for going
15 back and forth, and we're very sorry we didn't
16 hear you for the folks from the Birth Center.

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1 CHAIRWOMAN SAVAGE: So for those who want
2 to present for the Birth Center, Mike, can you
3 unmute them?

4 MR. MITCHELL: Okay. I'm trying to locate
5 Dele Ogunleye and Laura Wiegand, but I still do
6 not see them on the list. I'm going to go to
7 Sarah Stitina.

8 MS. STITINA: Hi. Yes, Dr. Dele Ogunleye
9 is presenting. I'm not sure why he's not showing
10 up. They are connected to a computer. Maybe they
11 can send you a message through the chat, and then
12 you'll know what name they're under. I'll text them.

13 MR. MITCHELL: They are not currently
14 showing up on the attendee list.

15 MS. STITINA: I can put them over speaker
16 phone. Would that be okay?

17 CHAIRWOMAN SAVAGE: That is fine.

18 MS. STITINA: Hi, Dr. Ogunleye. I have
19 you on speaker phone for the CON hearing.

20 DR. OGUNLEYE: Hello. Hi, this is
21 Dr. Dele Ogunleye.

22 CHAIRWOMAN SAVAGE: Doctor, if you could
23 hold on one second. If you're in the same room
24 with Sarah -- Sarah, you have to mute your

1 computer so that he can talk a little bit. I
2 think that will help.

3 DR. OGUNLEYE: I just muted my computer, and
4 I hope everyone can hear me better at this point.

5 CHAIRWOMAN SAVAGE: Yes, very clear. Go
6 ahead, Doctor.

7 DR. OGUNLEYE: I can hear you all, but I
8 wish I could also speak to you, but I can see
9 everyone. So sorry for the technology mix-up. I
10 was just going to say a few words for the Birth of
11 Chicago. Can everyone hear me?

12 So thank you, Madam Chairperson and everyone
13 else on the Board. I would like to use this
14 opportunity to thank Mike and everyone on the
15 staff of the Board for getting us to discuss with
16 you today.

17 We are here to talk about the Birth Center
18 of Chicago project. A few months ago we were
19 before this Board talking about the Burr Ridge
20 Birth Center, and a lot has changed since then.
21 We all have to be in separate locations, and we
22 can't be in the same room. However, also, we were
23 with the Board when we first talked about the
24 Birth Center in Bloomington-Normal.

1 So everyone that does not know about the
2 concept of the Birth Center, I will just summarize
3 briefly our journey so far. We were licensed in
4 September 2016 and were accredited by CABC in
5 November of 2016, as well. We have grown steadily
6 and in February 2020 we celebrated our 300th birth.
7 In 2019 we experienced a tremendous growth rate,
8 and this year we expect high growth rate.

9 The Bloomington-Normal Birth Center has
10 about a 4.4 percent C-section rate which compares
11 favorably with the national average of 32 percent
12 C-section rate. Because of the low transfer rates
13 and great safety, many patients have continued to
14 come back to the birth center. We have patients
15 that travel as far north from Rockford and Chicago
16 and as far south as St. Louis. The demand for a
17 safe out-of-hospital alternative for low-risk
18 pregnancies is evident from the birth center in
19 Bloomington.

20 The midwifery model of care is safe and
21 proven. It's a centuries old approach to delivering
22 babies. It's an alternative to hospital care for
23 low-risk patients, and it's still the main model
24 of care in most of the world.

1 Laboring and giving birth under the
2 guidance of a midwife in a birth center does not
3 mean sacrificing appropriate care or safety. Low
4 intervention does not mean no intervention or
5 oversight. Our birth centers are equipped with
6 necessary medication, supplies, equipment, and
7 safety protocols.

8 The American College of Obstetrics and
9 Gynecology and the American Academy of Pediatrics
10 supports certified midwives in properly accredited
11 freestanding birth centers as the first line of
12 care. The birth center model of care has helped
13 to reduce overall cost of births by 30 percent,
14 and it reduces C-section rates and also its
15 associated costs and to meet the demand for
16 out-of-hospital births, which is the fastest
17 growing segment of births in the country.

18 A review of CMS Strong Start initiative,
19 which was a study that looked at 10,000 patients
20 at 47 birth centers found that women who received
21 clinical care in a birth center had better outcomes
22 at lower costs than other Medicaid beneficiaries.
23 Birth centers are very exemplary in their focus on
24 wellness and also provide a strong sense of

1 community and support for many of the patients
2 that seek their care there.

3 We believe that Illinois put itself on the
4 right path nearly a decade ago when it passed
5 legislation for alternative healthcare, not only for
6 the cost savings but also because the state put
7 itself on a path towards meeting the demands for
8 safe alternatives to traditional obstetric care.

9 So when we decide to open a birth center,
10 what do we look at? The first thing that crosses
11 our mind is safety. We usually start off with
12 what makes this birth center safe, and so we talk
13 to the hospitals that potentially are going to
14 collaborate with the birth center, most especially
15 hospitals that have a similar philosophy. And to
16 this end we were able to secure a partnership
17 agreement with Advocate Masonic Medical Center,
18 and they accepted to accept transferring patients
19 who need to leave the birth center for a few
20 different reasons, and this led us to the Cook
21 County location. We considered this location met --
22 we considered that this location met the State
23 guidelines because in the planning area of A1 or
24 A5 within Cook County, there were no other

1 existing birth centers in that area.

2 The other factors that we looked at
3 included transportation corridors, access to
4 cross-section of consumers, commercial, Medicaid
5 patients, and also patients who were experiencing
6 shortage of providers. We found two provinces on
7 the Lincoln Avenue location in Chicago, and we
8 chose the current location because we evaluated
9 parking and ease of transportation and access. We
10 then spoke with some first responders from the
11 nearby fire districts and private ambulance
12 companies, and they were happy to partner with us
13 to transport any patient that we have to the
14 hospital. The city planners unanimously approved
15 a special use permit for this location.

16 The center will attract clients from
17 within and outside the territory, including
18 different minority groups who would regularly
19 visit the birth center. Studies have shown with
20 access to birth centers pregnancy outcomes in
21 minority groups are better when they receive
22 regular care from a birth center.

23 I want to leave you with a comment from
24 the National Birth Center's study which said few

1 innovations in healthcare service promise lower
2 cost, greater availability, and a high degree of
3 satisfaction when compared with urban hospital
4 deliveries. Birth Centers offer a safe and a
5 sensible alternative to hospitals for low-risk
6 patients most especially in this time that many
7 pregnant women are looking for alternatives but
8 also have worries of COVID-19 very high in their
9 mind.

10 I would like to thank the panel for
11 listening to us. I'm sorry about the technical
12 difficulties. We'll take any questions that you
13 have. Thank you.

14 CHAIRWOMAN SAVAGE: Is there anyone else
15 from the Birth Center to present, or are you all
16 finished with your presentation?

17 DR. OGUNLEYE: We still have one, I believe.
18 I believe that was Carrie. Carrie Stewart wanted
19 to speak.

20 CHAIRWOMAN SAVAGE: Okay.

21 All right. Do any Board members have any
22 questions for the applicants or comments?

23 (No response.)

24 CHAIRWOMAN SAVAGE: All right. Mike

1 Constantino, if you could please present the State
2 Board staff report.

3 MR. CONSTANTINO: The Applicants are
4 proposing the establishment of a two-bed birth
5 center in Chicago, Illinois. This will be the
6 third birth center in this planning area. The
7 other two are located in Burr Ridge, owned by the
8 Applicants, and in Berwyn, owned by an FQHC.
9 There was no public hearing, and support letters
10 were included in the application for permit. No
11 opposition letters were received.

12 Thank you, Madam Chair.

13 CHAIRWOMAN SAVAGE: Thank you, Mike. If
14 there are still no questions, George, would you
15 please call the roll.

16 MR. ROATE: Thank you, Madam Chair.
17 Motion made by Dr. Murray, seconded by Dr. Grundy.
18 Dr. Martell.

19 MEMBER MARTELL: Yes, based on the staff
20 Board report. Although, I would like to see
21 future from a policy direction a little more
22 understanding of placement of these so that
23 there's geographic distribution. I know this was
24 not addressed as part of the legislation except

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1 just some kind of general planning guidelines, but
2 some of our highest risk communities in Chicago
3 are not being addressed by these centers.

4 MR. ROATE: Thank you.

5 Senator Demuzio.

6 (Audio disruption.)

7 MR. ROATE: Thank you. Your vote was yes.

8 Dr. Murray.

9 MEMBER MURRAY: I vote yes based on the
10 staff report.

11 MR. ROATE: Thank you.

12 Dr. Grundy.

13 MEMBER GRUNDY: I vote yes based on the
14 staff report.

15 MR. ROATE: Thank you.

16 Chairwoman Savage.

17 CHAIRWOMAN SAVAGE: Yes. I vote yes based
18 on the State Board staff report.

19 MR. ROATE: Thank you. That's 5 votes in
20 the affirmative.

21 CHAIRWOMAN SAVAGE: Okay. The application
22 is approved. Thank you.

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1 CHAIRWOMAN SAVAGE: Kim, are you ready for
2 us to continue with public comment -- I'm sorry --
3 if you could hold one moment. We're conferring.

4 MS. UPHOFF: Okay.

5 CHAIRWOMAN SAVAGE: Thank you. I'm
6 terribly sorry. We're having a bit of an issue
7 right now, if you guys could just hold tight.

8 (An off-the-record discussion was held.)

9 CHAIRWOMAN SAVAGE: All right. Ms. Uphoff,
10 you can continue with your presentation.

11 MS. UPHOFF: Okay. Great.

12 CHAIRWOMAN SAVAGE: I'm sorry; is there a
13 way that you can -- are all of these people adding
14 something individual, or can they sort of combine
15 their comments in some way?

16 MS. UPHOFF: So we have nine speakers that
17 are public speaks that wanted to speak today, and
18 the next person is actually Jim Schultz. He will
19 be joining remotely, and he should be attached --
20 or you should be able to find him.

21 MR. MITCHELL: Yes, we have him unmuted.

22 MS. UPHOFF: Okay. Great. He is the
23 public speaker that would like to speak next.

24 MR. SCHULTZ: Madam Chairperson, thank

1 you. This is Jim Schultz from Effingham.

2 CHAIRWOMAN SAVAGE: We hear you.

3 MR. SCHULTZ: I'm here today in support of
4 the proposed Sarah Bush Lincoln Bonutti Clinic.
5 Throughout my entire career I've been about economic
6 development. I am a private equity investment
7 manager that has invested in over 100 companies
8 throughout the United States creating over 4,000
9 jobs. I also served previously as the chairman of
10 the board of the Illinois Chamber of Commerce, and
11 I had the distinction receiving unanimous Illinois
12 Senate approval to serve as director of Illinois
13 Department of Commerce and Economic Opportunity.

14 I am a fifth-generation descendent of
15 settlers of Effingham County, and I have seen in
16 our county that progress is a hallmark of our
17 past, but it's also a road to our future. I want
18 our future generations to aspire for the same.

19 We're a community comprised of
20 entrepreneurs. Years ago this community decided
21 to put a plan in place to grow the community, and
22 today we are thriving. We are fortunate to be
23 situated on what we call the crossroads of America
24 between Interstates 57 and 70 and State Highways

1 40, 33, and 32. There are about 12,000 residents
2 in Effingham, but we attract a lot of visitors
3 from across the country. They come to stop here
4 for dinner, fuel, a place to rest for the night,
5 but they also come here for Sarah Bush Lincoln
6 Bonutti Clinic's facilities. They travel great
7 distances to receive the excellent orthopedic care
8 right here in our city, and we value all of our
9 guests.

10 The current building that the Bonutti
11 clinic is in was built over 50 years ago as was
12 mentioned earlier as a skating rink. I previously
13 owned a business which occupied 30 percent of this
14 current clinic building, and that was 25 years
15 ago. At the time I vacated the building, I felt
16 the facility had reached its functional
17 obsolescence. I can only imagine what the
18 situation is with the building in 2020.

19 I fully support this project because I
20 think it makes sense for patients, and it makes
21 economic development sense for the community. The
22 proposed building is a contemporary two-story
23 beautifully designed clinic. It meets all the
24 medical needs that are addressed in one building

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1 in a presence on the north entrance of our city
2 which will draw attention to our community. I
3 encourage you to grant this certificate of need.
4 Thank you for your time.

5 CHAIRWOMAN SAVAGE: Thank you. Next.

6 MS. UPHOFF: Next we have Hank Stephens.
7 He's the City commissioner from Effingham, and he
8 would like to make a few remarks.

9 CHAIRWOMAN SAVAGE: Okay.

10 MS. UPHOFF: And he will need to be
11 unmuted. He is joining us remotely.

12 MR. STEPHENS: I believe I've been unmuted.
13 Can you hear me?

14 CHAIRWOMAN SAVAGE: We can. Go forth.

15 MR. STEPHENS: Thank you. My name is Hank
16 Stephens. I'm a commissioner on the Effingham
17 City Council. I'm not speaking today on behalf of
18 either Sarah Bush Lincoln Health Center or
19 St. Anthony Memorial Hospital. As a member of the
20 City Council, I would like to correct the record
21 with respect to the position of the City of
22 Effingham on this project.

23 I've spoken with Mayor Mike Schutzbach as
24 well as with the other members of the City Council,

1 and neither the mayor nor any member of the
2 Council oppose the construction of the proposed
3 building. The City of Effingham wishes to remain
4 neutral as the mayor attempted to make clear in a
5 second letter sent to the Board on September 2nd,
6 2020, some quotes from an initial letter that he
7 said do not clearly reflect his intentions, and
8 those comments were intended only to reflect how
9 much the City appreciates the presence of
10 St. Anthony Hospital in our community.

11 Again, I want to reiterate that the City
12 of Effingham does not oppose this project and
13 wishes to remain neutral. Thank you.

14 CHAIRWOMAN SAVAGE: Thank you.

15 MS. SCHUETZ: Good afternoon. I am Anya
16 Schuetz, a member of the Sarah Bush Lincoln Health
17 Center board of directors.

18 Just as important in life, particularly
19 when it involves your healthcare, Sarah Bush
20 Lincoln's leadership has earned the community's
21 trust through its word that are supported by its
22 actions. This hospital is deeply committed to
23 creating access of care for its community.

24 As a member of the Sarah Bush Lincoln

1 board of directors, I assure you that the building
2 is just a replacement building. It is large
3 enough to accommodate 17 medical staff members in
4 six busy practices as well as ancillary services.
5 I can also assure you there was never a
6 discussion, a mention, or a thought that Sarah
7 Bush Lincoln would convert the new medical office
8 building into a microhospital or a surgery center
9 as some have suggested.

10 I am well acquainted with many of the
11 Sarah Bush Lincoln leaders. They are the epitome
12 of integrity, which is the foundation of their
13 decision making. Our board is a steward of the
14 organization, and I have witnessed my fellow board
15 members wrestle with tough decisions at every turn.

16 Sarah Bush Lincoln has a long history of
17 making thoughtful decisions because staff members
18 mine data, develop long-term projections, and make
19 fact-based decisions that serve the community at
20 large. Sarah Bush Lincoln does this to achieve
21 its mission to provide exceptional care for all
22 and create healthy communities.

23 This means that no one is ever turned away
24 for inability to pay for care. In the most recently

1 published social accountability report, Sarah Bush
2 Lincoln provided approximately \$16.4 million in
3 community benefit programs, services, and financial
4 assistance. Giving back to the community is a
5 hallmark this organization.

6 I encourage you to approve the certificate
7 of need for the Sarah Bush Lincoln Bonutti Clinic
8 Effingham Medical Office Building, No. 20-303.
9 Thank you for your time and consideration today.

10 CHAIRWOMAN SAVAGE: Thank you.

11 MR. POIROT: Next thank you for the
12 opportunity to support the Effingham Medical
13 Office Building, Project No. 20-030. I'm Andy
14 Poirot, project director for McCarthy Building
15 Companies, a company named as one of the top three
16 healthcare builders by Modern Healthcare magazine.
17 We are a national company but have built more than
18 \$350 million in healthcare projects in Illinois in
19 just the last 10 years.

20 McCarthy uses a software called Modelogix
21 to analyze real project cost. The software takes
22 the RSMeans city cost index per location and the
23 Engineering News Record construction cost index
24 for time and applies those adjustments to the

1 selected project to produce cost data for those
2 buildings as if they were built today in Effingham.
3 Applying that model for projects similar to this
4 one, it is higher than the State standard allows.
5 My experience says you cannot build a medical
6 office building with advanced imaging services and
7 a therapy pool that meets the allowable cost-per-
8 square-foot state standard.

9 McCarthy built a medical office building
10 for HSHS in Effingham that finished in 2019, and
11 the cost per square foot was higher than the State
12 standard allows. Despite this the project was
13 justified and approved by the Illinois Health
14 Facilities Service Review Board.

15 The recent design and development of a
16 project budget provided includes several items
17 that are not typical of comparable projects. Most
18 notably is the site requires an extensive amount
19 of work. The new MLB is being built within feet
20 of the existing Bonutti clinic while it's
21 operational. This requires additional temporary
22 measures, including a temporary shoring system
23 between the buildings. The existing clinic will
24 be demolished after the new building is complete

1 and the grade is raised, which requires an
2 extensive amount of fill. With replacing the
3 premium site factor with a more typical site cost
4 factor, this project is back in the range
5 expected. There are several other factors that
6 should be considered, and the State staff report
7 notes the valid justifications on page 17 of the
8 report.

9 I appreciate your time today and encourage
10 you to approve the Effingham Medical Office
11 Building, Project No. 20-030. Thank you.

12 CHAIRWOMAN SAVAGE: Thank you.

13 Up next.

14 DR. OMIYI: Good afternoon. My name is
15 Didi Omiyi. I'm an orthopedic surgeon who practices
16 at the Sarah Bush Lincoln Bonutti Clinic. Thank
17 you for listening to my testimony today. I am here
18 to support the Effingham Medical Office Building,
19 Project No. 20-030.

20 I'm originally from Nigeria, and I moved
21 to the United States 22 years ago as a teenager to
22 pursue my lifelong dream of becoming a physician
23 and a surgeon, and I've had an opportunity to
24 train at great institutions in order to help me

1 achieve this goal. My parents instilled in me the
2 importance of helping others, and it's been
3 humbling that I've been able to practice here in
4 the community for six years now in helping to
5 treat patients with difficult problems. My goal
6 has always been to put patients first and to help
7 them achieve their goals and get them to where
8 they want to be in terms of restoring their
9 function, improving their pain, and improving
10 their daily lives.

11 It's this desire to provide the most
12 excellent sort of care that led me to be a leader
13 and a member of the Joint Commission project at
14 St. Anthony's Hospital to help them achieve a gold
15 seal in orthopedics. It was the work of our
16 clinic in conjunction with HSHS St. Anthony's that
17 allowed us to achieve that goal. We're still
18 committed to the community, and we still take call
19 at HSHS St. Anthony's Hospital and treat patients
20 whose insurance does not allow them to have surgery
21 outside of that hospital in that particular location.
22 This exemplifies our dedication of commitment to
23 the community and providing the best care for the
24 patients regardless of their needs.

1 I'm now part of the team leading the Sarah
2 Bush Lincoln project in order to achieve a Joint
3 Commission gold seal status in orthopedics here at
4 Sarah Bush Lincoln. Quality patient care is a top
5 priority for Bonutti Clinic and Sara Bush Lincoln,
6 and that's why our groups combined two years ago
7 in order to provide the best orthopedic services
8 to the patients in our area.

9 There's no substitute for excellence.
10 Everyone who comes to us for care expects the best
11 possible care in a comfortable and welcoming
12 environment. We're fortunate to have the support
13 of Sarah Bush Lincoln which provides us with
14 state-of-the-art equipment to help our patients.
15 We rely heavily on robotic surgeries in advancing
16 total joint replacement and customized surgeries,
17 and a CT scan is critical equipment in use for
18 that particular procedure. We have knowledge and
19 expertise, and I am honored to provide it.

20 Again, thank you for your time. I urge
21 you to approve the CON application so we can
22 continue to provide quality care to our patients
23 in a building that meets our patients' needs.

24 CHAIRWOMAN SAVAGE: Thank you, Doctor.

1 Next. Go ahead.

2 MR. GRUNLOH: Thanks for your time today.
3 I'm Tom Grunloh, a business leader in Effingham,
4 and I support the Medical Office Building,
5 Project 20-0330.

6 As the owner of Grunloh Construction, I am
7 pleased to welcome this new project to Effingham.
8 My presence here today is because I am
9 pro-Effingham. We do construction projects for
10 HSHS St. Anthony, Carle Foundation Hospital, and
11 Sarah Bush Health Center in this area, so I am
12 trying not to pick sides. Quite the opposite, I
13 believe that this project will make all of the
14 entities mentioned better.

15 I know that some have concerns about
16 competition and/or saturation of services. I'm
17 here to tell you the competition is good for a
18 community. I see it every day in my line of work.
19 It creates efficiency and excellence; it makes
20 products better; it makes services better; it
21 makes companies better. Competition is good.

22 My math is pretty simple. Every
23 construction job creates 1.6 downstream jobs. For
24 Sarah Bush Lincoln Bonutti clinic project that

1 translates to many new jobs in our rural community
2 of 12,339 people. Sarah Bush Lincoln has a history
3 of doing business with local companies whenever
4 possible, and I am certain this project will be no
5 different.

6 In all transparency, Grunloh Construction
7 is not the general contractor for this project,
8 but we have worked on other projects for Sarah
9 Bush Lincoln. I can attest that it does not cut
10 corners and builds facilities that welcome its
11 guests.

12 Sarah Bush Lincoln has shown itself to be
13 a true community partner in so many ways for
14 decades. A program that is particularly important
15 to me and to which I have made substantial
16 donation is the SBL dental services. It provides
17 restoration dental care to children on the
18 state-of-art bus that visits schools throughout
19 the region, including Effingham.

20 MR. ROATE: Two minutes.

21 MR. GRUNLOH: Yes?

22 MR. ROATE: You have two minutes, sir.

23 MR. GRUNLOH: Okay. I support the Sarah
24 Bush Lincoln project like the dental service

1 because SBL supports the community. We need this
2 project, these jobs, and the state-of-the-art
3 medical service center in Effingham. I encourage
4 you to approve the CON application. Thank you.

5 MR. ROATE: Thank you.

6 CHAIRWOMAN SAVAGE: Thank you, sir.

7 Next.

8 MR. MITCHELL: Okay. We have a Dennis
9 Pluard on the line. Mr. Pluard.

10 MS. UPHOFF: He needs to mute you on
11 the line because you're signed in on your computer.

12 MR. MITCHELL: It's okay. He's muted now.

13 MS. UPHOFF: Okay. Thank you.

14 MR. PLUARD: Good afternoon. I am Dennis
15 Pluard, CFO of Sarah Bush Lincoln. Today I will
16 address the misconceptions that replacing this
17 clinic presents a hardship to HSHS.

18 In general terms, I would define Sarah
19 Bush Lincoln's financial position in the millions,
20 with an "m" and HSHS's financial position in
21 billions, with a "b." Sarah Bush Lincoln pales in
22 comparison to the financial strength of HSHS's
23 expansive corporation with multiple hospitals in
24 both Wisconsin and Illinois.

1 In the public hearing held on September 2nd
2 and presentations and public hearings throughout
3 the Effingham community and in press coverage, HSHS
4 staff and supporters have repeatedly said that
5 because of the pandemic, it fell on hard times and
6 is struggling financially. According to the CDC
7 website, the HSHS Corporation collectively received
8 \$88 million in Federal stimulus funds just this
9 spring. As reported by the HSHS CEO in its own
10 annual report, HSHS is a 2.5 billion corporation
11 and it has 1.5 billion set side to use at its board
12 of directors' discretion. In my opinion as an
13 executive with 37 years of healthcare experience,
14 HSHS is not as strapped for cash as it would have
15 us believe.

16 HSHS has repeatedly cried poor and wants
17 to stop the construction of the new SBL Bonutti
18 clinic on the guise that it is struggling
19 financially and that this medical office building
20 would hurt it. HSHS has manufactured facts and
21 floated conspiracy theories to attempt to halt the
22 project. The facts are truly clear. Sarah Bush
23 Lincoln has been transparent through this entire
24 process and has stood by its integrity answering

1 everyone's questions and concerns. Our record
2 speaks for itself.

3 I urge you to approve the Effingham
4 Medical Office Building, No. 20-030 today. Thank
5 you for your attention and consideration.

6 CHAIRWOMAN SAVAGE: Thank you.
7 Go ahead, Mike Mitchell.

8 MR. MITCHELL: All right. We have several
9 opposition speakers. The first one on the list is
10 Mary Starmann-Harrison. Are you there?

11 MS. STARMANN-HARRISON: Yes, this is Mary.
12 Can you hear me?

13 MR. MITCHELL: Yes, we can hear you.

14 MS. STARMANN-HARRISON: Great. Thank you
15 very much.

16 My name is Mary Starmann-Harrison, and I
17 am the president and CEO of Hospital Sisters
18 Health System. We oppose the Effingham medical
19 office building application as currently submitted.

20 We operate nine hospitals in central and
21 southern Illinois, including HSHS St. Anthony's
22 Memorial Hospital in Effingham. St. Anthony is a
23 Federally designated Sole Community Hospital. As
24 such, it has been the sole source of inpatient

1 hospital services reasonably available to Medicare
2 beneficiaries in the area. All of our hospitals
3 suffered financial shock of the COVID-19 pandemic,
4 and St. Anthony's was particularly hard hit.

5 We are not opposed to the modernization of
6 healthcare facilities. We do however oppose the
7 unnecessary duplication of healthcare services and
8 the excessive cost of this project. As reflected
9 in the staff report, this project does not meet
10 the criteria for need in Part 1110 or the
11 financial criteria in Part 1120.

12 The project adds so much excess capacity
13 that to meet the State's minimum utilization
14 standards the applicant would need over 25,000
15 additional patient visits beyond its historical
16 referrals. The only source for this volume is the
17 existing area provider, St. Anthony Memorial
18 Hospital.

19 We oppose this duplication of diagnostic
20 services and respectfully request that the project
21 be denied as currently submitted. A right-sized
22 "win-win" is possible. Thank you very much.

23 CHAIRWOMAN SAVAGE: Thank you.

24 Mike, next.

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1 MR. MITCHELL: Next we have E.J. Kuiper.

2 MR. KUIPER: Good afternoon. My name is
3 E.J. Kuiper. I'm the Illinois division president
4 and CEO of the Hospital Sisters Health System. We
5 oppose the Effingham medical office building
6 application.

7 This project is not simply the addition of
8 one surplus X-ray machine. The applicant gamed
9 the system with all of its diagnostic equipment.
10 They are nowhere near the State standard on any of
11 that equipment.

12 One example is CT scan. The State standard
13 is 7,000 visits annually, but the applicant
14 documented only 334 of its own patient referrals,
15 less than 5 percent utilization. The applicant is
16 not going to operate that equipment at 5 percent
17 utilization. It would not be financially viable
18 to do so. They will want much more, and the only
19 source for additional volume is at St. Anthony's.

20 To operate all four diagnostic services at
21 this Board's target utilization levels the
22 applicant would need over 25,000 annual patient
23 visits redirected from St. Anthony's Hospital.
24 That includes over 15,000 X-rays, 6500 CT scans,

1 2700 ultrasounds, and 1200 MRIs. That translates
2 to \$30 million in revenue or \$8 million in lost
3 contribution margin for our hospital. These are
4 high-margin services that St. Anthony's needs to
5 subsidize over services such as the emergency
6 department which the applicant does not provide.

7 Also, the project exceeds your cost
8 standards by nearly 73 percent, \$411 a square foot
9 compared to the State standard of \$238. That is
10 excessive.

11 We oppose this unnecessary duplication of
12 diagnostic services and respectfully request the
13 project be denied as currently configured. Thank
14 you for your time.

15 CHAIRWOMAN SAVAGE: Thank you.

16 Next.

17 MR. MITCHELL: Next speaker is Julie Goebel.

18 MS. GOEBEL: Hi. Good afternoon, my name
19 is Julie Goebel, vice president of strategy for
20 the Illinois division of HSHS. We oppose the
21 Effingham Medical Office Building project as
22 submitted given its significant negative impacts
23 on St. Anthony Memorial Hospital.

24 The applicant fails to require with the

1 basic requirements of demonstrating that this
2 project will not adversely impact existing
3 providers. We agree with the submitted comments
4 of Senator Andy Manar that more information should
5 be required so that a "win-win" outcome can
6 ultimately occur.

7 No one buys expensive medical equipment
8 that will hardly ever be used. Yet that is what
9 the application suggests. The clear intent and
10 impact is to redirect substantial patient volume
11 and revenue away from our Sole Community Hospital.

12 This is not a project to merely update old
13 facilities and equipment; it is a highly aggressive
14 expansion of services that requires substantial
15 numbers of St. Anthony's patients to become
16 financially viable. To the extent this gamble
17 pays off for the applicant, it will severely
18 impair the financial viability of St. Anthony's.

19 The Review Board's regulations and policies
20 are intended to preserve the financial viability
21 of existing providers within a community. This
22 project is not in compliance with those regulations
23 and should be denied as submitted. More than
24 ever, given the ongoing pandemic, rural hospitals

1 need protection from such unnecessary duplication
2 of services. Thank you.

3 CHAIRWOMAN SAVAGE: Thank you.

4 Next, Mike.

5 MR. MITCHELL: All right. The next
6 scheduled speaker is Theresa Rutherford.

7 MS. RUTHERFORD: Good afternoon. I'm
8 Theresa Rutherford, president and CEO of HSHS
9 St. Anthony's Memorial Hospital. I appear in
10 opposition of the Effingham Medical Office
11 Building as submitted.

12 Please know that it is extraordinarily
13 rare for St. Anthony's of the Hospital Sisters
14 Health System to oppose a CON application. This
15 is not something we do casually or take lightly.

16 The project proposes a replacement building
17 literally 2 1/2 times the size of the original.
18 It will redirect away from our Sole Community
19 Hospital patients and revenue the support essential
20 but under-reimbursed hospital services, associated
21 hospital jobs, and a wide range of community
22 benefit projects which last year alone totaled
23 over \$11 million to our community by St. Anthony's.

24 This is not "crying wolf" situation for us.

1 Weeks ago, in response to State-ordered curtailment
2 of elective procedures and the associated loss of
3 hospital revenue, it was heartbreaking to lay off
4 colleagues at St. Anthony's. Another significant
5 reduction would be devastating.

6 Please take a moment to read the submitted
7 comments of our Effingham mayor. You heard
8 earlier from his counsel. Like him we want a
9 "win-win" solution. We have no quarrel with the
10 concept of modernizing this medical office
11 building, just the scope and scale of the original
12 application. Thank you.

13 CHAIRWOMAN SAVAGE: Okay. Mike, I think
14 may be she was done. On to the next person.

15 MR. MITCHELL: Okay. The next speaker is
16 Carrie Crippin.

17 MS. CRIPPIN: I'm Carrie Crippin, board
18 member at St. Anthony's Memorial Hospital speaking
19 in opposition.

20 I wanted to briefly share insights into
21 the community sentiment and also the project file.

22 First, nobody is against a modernized
23 medical office building, nobody. All 165 opposition
24 letters make clear the writers' support for a

1 modernized building, just one that does not
2 duplicate existing and underutilized services at
3 our hospital. The vast majority of support
4 letters make no mention of added services, just a
5 modernized building. In that respect they are on
6 the same page as those who oppose the application
7 as filed, with duplicated service.

8 In local press releases the applicant
9 never mentioned added services, just a modernized
10 building. Same with the full-page ads in our
11 local newspaper, sometimes two in one day
12 soliciting support letters; no mention of added
13 services, just the modernization. And, of course,
14 everyone supports a modernized building.

15 In recent talks before our local rotary
16 and chamber, our hospital CEO and I have
17 personally witnessed the understanding that dawns
18 over people when that nuance is explained.

19 Nobody is closer to a local community than
20 its mayor. I encourage Review Board members to
21 review the letter submitted by our mayor and City
22 manager and also by Senator Andy Manar expressing
23 neutrality while looking for the "win-win" solution
24 that allows modernization without hurting the

1 hospital.

2 Everyone wants both the applicant and the
3 hospital to succeed, not one at the expense of the
4 other. The pathway to that desired "win-win"
5 outcome may require an initial denial. Thank you.

6 CHAIRWOMAN SAVAGE: Thank you.

7 Mike, next one.

8 MR. MITCHELL: Next we have Dr. Ruben
9 Boyajian.

10 DR. BOYAJIAN: Thank you. My name is
11 Dr. Ruben Boyajian. I'm a board certified general
12 surgeon.

13 After more than 40 years practicing general
14 surgery in Effingham I believe I understand the
15 community and its healthcare needs. I make no
16 apology for advocating for my home hospital and
17 community. I oppose the Effingham Medical Office
18 Building as submitted.

19 In its current form this project will lead
20 to service cuts and job losses at our Sole
21 Community Hospital. The net effect will be
22 negative -- effect will be negative for the
23 Effingham area.

24 Collaboration has always been a

1 cornerstone of rural healthcare. In areas of
2 static or declining population like Effingham the
3 gains of one provider can only come at the expense
4 of another.

5 When the physician group affiliated with
6 this application first arrived 20 years ago,
7 St. Anthony's could not have been more supportive.
8 The hospital gave these doctors an entire floor
9 and exclusive use of expensive equipment,
10 including robotic equipment. These physicians
11 thrived in Effingham because of the support they
12 receive from St. Anthony's.

13 A few short years ago the applicant itself
14 showed up in town, and the support and collaboration
15 by St. Anthony's continued. Physicians associated
16 with the applicant enjoyed privileges, space, and
17 access to equipment at the hospital. St. Anthony
18 has recruited doctors now affiliated with
19 applicant.

20 Collaboration in rural healthcare is needed
21 now more than ever. The COVID-19 pandemic has
22 financially challenged all Illinois hospitals and
23 produced necessary but unfortunate layoffs at
24 St. Anthony's. A right-sized building without new

1 procedures would be a "win-win" solution that our
2 community needs.

3 I do thank you for the opportunity to
4 express my opinion. Thank you.

5 CHAIRWOMAN SAVAGE: Thank you, Doctor.

6 Next. Mike Mitchell, do we have Dr. John
7 Scherschel?

8 MR. MITCHELL: We should have him on the
9 line. Are you there, Dr. Scherschel?

10 DR. SCHERSCHEL: I am, yes. Thank you.
11 Thank you for the opportunity to speak.

12 I am Dr. John Scherschel, president of
13 Prairie Cardiovascular. I'm appearing today in
14 opposition to the Effingham Medical Office Building
15 as currently proposed.

16 Prairie Cardiovascular is a 72-physician
17 subspecialty group that serves patients across
18 southern and central Illinois. We've been part of
19 the Effingham community for more than 30 years
20 with a full-time location at St. Anthony's
21 Memorial Hospital and are affiliated with the
22 Hospital Sisters Health System.

23 I feel obligated to respond to public
24 comments today and by the applicant's CEO who has

1 said, and I quote, "I'm looking out my window at a
2 brand-new multimillion dollar building that HSHS
3 St. Anthony's just built a mile from Sarah Bush."
4 Please know that the Prairie and HSHS building is
5 not at all comparable to the one proposed today.

6 The Prairie and HSHS building is just
7 one-fifth the size of the 65,400-square-foot
8 building before you and was completed at a small
9 fraction of the cost. Our small building was well
10 below all threshold for CON approval, and most
11 importantly is why our new building came to be
12 needed at all.

13 After the exclusive and long-standing
14 relationship between the CON applicant and Prairie
15 Cardiovascular was ended, it became necessary for
16 Prairie to have a small building in order to
17 continue providing care for patients in that
18 county. Patients in Coles County continue to
19 require access to cardiology, vascular, and
20 electrophysiology services. Our small building
21 was conceived of a desire to meet an actual
22 patient care need with a project of appropriately
23 modest scope.

24 I will continue to support my community

1 healthcare partners we provide for patient care
2 needs but with an appropriately sized and
3 adequately resourced facility. Thank you.

4 CHAIRWOMAN SAVAGE: Thank you, Doctor. Do
5 we have Dr. Andrew Mahtani?

6 DR. MAHTANI: Yes.

7 CHAIRWOMAN SAVAGE: Okay. Go ahead.

8 DR. MAHTANI: I am Dr. Andrew Mahtani, a
9 hospitalist, meaning I'm a dedicated inpatient
10 physician who works exclusively in a hospital.
11 For me that's St. Anthony's Memorial Hospital, an
12 officially designated Sole Community Hospital in
13 Effingham. I oppose the Effingham medical office
14 building as proposed.

15 It has never been more important than now
16 to safeguard against unnecessary duplication of
17 existing hospital services. No hospital type has
18 been more profoundly harmed by the COVID-19 pandemic
19 than rural hospitals. Their always delicate
20 finances have been strained in unprecedented ways.

21 St. Anthony's has been responding to this
22 pandemic since March. Among other things, the
23 hospital prepared a COVID-19 unit, conserved
24 personal protective equipment, and followed

1 CDC guidelines, executive orders of the governor,
2 and IDPH guidance to close nonemergency services.
3 St. Anthony's followed State orders and prepared
4 for an influx of COVID-19 patients that never
5 came. The loss of revenue from curtailed elective
6 procedures was never offset by COVID-19-related
7 patient volume. All the while our Sole Community
8 Hospital continued to make its essential services
9 and resources available even as usage declined.
10 Hospital layoffs became necessary.

11 Over 75 percent of St. Anthony's revenue
12 comes from outpatient procedures of the sort that
13 are duplicated in this CON application. That
14 revenue must cross-subsidize essential services,
15 including the emergency room, respiratory therapy,
16 obstetrics, emergency surgery, and postoperative
17 care and intensive care units. This project will
18 threaten our Sole Community Hospital's ability to
19 sustain these essential services, and I respectfully
20 ask that the Review Board deny this project as
21 presently proposed. Thank you.

22 CHAIRWOMAN SAVAGE: Thank you, Doctor.

23 Do we have Meghan Rewers?

24 MS. REWERS: Yep, I'm here.

1 I'm Meghan Rewers, executive director of
2 Crisis Nursery of Effingham County. I oppose the
3 medical office building project in its current form.

4 Crisis Nursery is one of many community
5 organizations in Effingham that exists largely due
6 to the support of St. Anthony's Memorial Hospital.
7 We provide protection from and prevention of
8 childhood trauma, abuse, and neglect through
9 24-hour emergency shelter care. At Crisis Nursery
10 there are no income guidelines or demographic
11 limitations; our services are free and open to any
12 family or child in need. We help children from
13 birth to age 6, and over the last three years
14 Crisis Nursery has provided more than 500 children
15 with more than 20,000 collective hours of emergency
16 child care services.

17 St. Anthony's provided the seed money for
18 the development of Crisis Nursery and remains our
19 most significant source of financial and
20 operational support. It is no exaggeration to say
21 that but for St. Anthony's, Crisis Nursery would
22 not exist.

23 The continued existence of many other
24 community organizations in Effingham largely depend

1 on St. Anthony's. There is no question that our
2 rural community is better for it.

3 Nobody objects to a similarly sized
4 replacement medical office building that does not
5 duplicate existing hospital services. A "win-win"
6 solution for everyone should be possible if this
7 initial proposal is denied. Our community simply
8 cannot afford to get this wrong. Thank you.

9 CHAIRWOMAN SAVAGE: Thank you.

10 Do we have Sister Carol Beckerman?

11 SISTER BECKERMAN: Yes. I'm Sister Carol
12 Beckerman. I'm the area director for Effingham
13 Catholic Charities, and I oppose the Effingham
14 Medical Office Building project in its current form.

15 Effingham Catholic Charities is one of
16 many community organizations in the Effingham area
17 that relies on the support of St. Anthony Memorial
18 Hospital. With the help of St. Anthony Memorial
19 Hospital we are able to provide people without
20 insurance and of limited financial means an
21 opportunity to visit a dentist for and exam,
22 X-ray, and an extraction if necessary. We are
23 also able with the hospital's help to provide
24 clients suffering with diabetes access to needed

1 medications. St. Anthony's provides milk for
2 every pantry household and monetary support for
3 our pantry wellness bags for people suffering from
4 diabetes and/or heart disease. These high-cost
5 services would not be possible without the help
6 from St. Anthony Memorial Hospital.

7 We are not the only community organization
8 that St. Anthony helps in seeking to improve the
9 health and wellness of the communities it serves.
10 As with Effingham Catholic Charities, the
11 continued existence of these services of many
12 other community organizations in Effingham largely
13 depends on St. Anthony's. The health of many
14 citizens has improved significantly due to
15 St. Anthony's commitment to the community and to
16 the organizations that serve that community.

17 No one objects to a similarly sized
18 replacement medical office building that does not
19 duplicate existing hospital services. A "win-win"
20 solution for everyone should be possible if this
21 initial proposal is denied. Thank you for your
22 attention.

23 CHAIRWOMAN SAVAGE: Thank you, Sister.

24 Do we have John Kingery?

1 MR. KINGERY: Yes, I'm here.

2 My name is John Kingery. I am the founder
3 and chairman of one of Effingham's largest
4 employers, Kingery Printing Company, and I
5 respectfully oppose the Effingham Medical Office
6 Building as proposed.

7 My wife and I started Kingery Printing
8 52 years ago in a small rented building on the
9 courthouse square in Effingham. Over the years
10 our business grew, and for the past 26 years we've
11 had our own facility on 10 acres of land just
12 outside of Effingham.

13 I've donated both time and resources
14 to many civic and charitable organizations in and
15 around Effingham. Years ago I served as a
16 volunteer board member of St. Anthony's Memorial
17 Hospital. I understand the Effingham area, the
18 healthcare needs of its people, and what our Sole
19 Community Hospital means to this community.

20 St. Anthony's is the largest employer in
21 Effingham County. It provides all essential
22 hospital services, including an emergency room
23 that never closes. It serves everyone, including
24 those who cannot pay for services. St. Anthony's

1 supports our local schools, our park district, our
2 police and fire departments with a wide range of
3 medical services. Many social services
4 organizations in the greater Effingham area are
5 supported by St. Anthony's. This 144-year-old
6 hospital is foundationally important to virtually
7 every aspect of life in Effingham.

8 The proposed new services in this
9 CON application as well as the oversized
10 replacement building are simply not in the best
11 interests of our community. Please do not allow
12 an unnecessary duplication of existing and
13 presently underutilized hospital services. Please
14 right-size this project. Thank you for your
15 consideration today.

16 CHAIRWOMAN SAVAGE: Thank you. Is there
17 anyone else to offer testimony?

18 MR. MITCHELL: That's all of our listed
19 speakers.

20 CHAIRWOMAN SAVAGE: Okay. Thank you. Is
21 there anyone here to present to represent the
22 applicant?

23 And I see you're coming to the podium, so
24 if you could please identify yourself, we can

1 proceed with the swearing in of the applicant
2 whoever is going to speak.

3 MR. ESKER: I'm Jerry Esker, J-e-r-r-y
4 E-s-k-e-r. I have with me Kim Uphoff, vice
5 president of operations; Dr. Peter Bonutti,
6 orthopedic surgeon; Erica Stollard, our director
7 of planning and business development; Tim Kastl,
8 our director of facilities; Patty Peterson, our
9 director of communications; and Joe Ourth, our CON
10 counsel.

11 THE COURT REPORTER: Will you all raise
12 your right hands, please, and be sworn.

13 (Witnesses sworn.)

14 MR. ESKER: All right. Good afternoon.
15 I'm Jerry Esker, president and CEO of Sarah Bush
16 Lincoln Health Center.

17 Sarah Bush Lincoln --

18 CHAIRWOMAN SAVAGE: I'm so sorry; we're
19 going to have the State Board staff report. I do
20 apologize.

21 MR. CONSTANTINO: Thank you, Madam Chair.

22 The applicants are proposing to establish
23 a medical office building to house additional
24 office practice space, diagnostic imaging,

1 laboratory, and rehabilitation services. The
2 proposed 65,400 gross square feet MOB will be
3 located in Effingham, Illinois. The project cost
4 is approximately \$36.3 million. The completion
5 date is June 30th, 2023.

6 We did receive comments on the State Board
7 State Board report. We did make one change. The
8 gross square footage cost should be 4.11 and not
9 12.59 per gross square foot. I used the wrong
10 denominator; I apologize. The applicants are
11 still over the State Board standard for a medical
12 office building and did provide a justification
13 for the overage at the end of the staff report.

14 We did receive comments from HSHS on the
15 State Board State Board report. The first comment
16 from HSHS stated that they had three CT scanners,
17 two at the hospital one located in an ambulatory
18 care building that was completed in 2019 that the
19 Board approved as Permit No. 14-056. The data the
20 Board collects was for 2018. That is the most
21 recent data available and shows the hospital with
22 two CT scanners. The 2019 data shows the hospital
23 with three CT scanners.

24 I just want to point out for the Board's

1 information all diagnostic and treatment utilization
2 standards are the minimums per unit for establishing
3 more than one unit. So essentially when someone
4 comes before the Board and says they have 50 -- a
5 projected utilization of 50 scans, and they want
6 one unit, they've met our standard.

7 Thank you, Madam Chair.

8 CHAIRWOMAN SAVAGE: Thank you, Mike.

9 You can proceed with your presentation now.

10 MR. ESKER: All right. Well, good
11 afternoon. Again, I'm Jerry Esker. I'm the
12 president and CEO of Sarah Bush Lincoln Health
13 Center.

14 Sarah Bush Lincoln is a 149-bed
15 not-for-profit community hospital located between
16 Mattoon and Charleston. We have long served the
17 10-county area throughout eastern Illinois which
18 includes nearby Effingham. In fact, 345 of our
19 employees reside in Effingham.

20 Our success has been built on our mission
21 to provide exceptional care for all. That
22 literally means that no one in our service area is
23 ever turned away from the hospital, or from a
24 clinic, or from utilizing any of our services

1 because of an inability to pay.

2 I'm excited to present the Effingham
3 Medical Office Building to the Board today. We've
4 been planning this for more than two years. The
5 building will house our 12-member orthopedic and
6 occupational medicine team, a walk-in clinic,
7 internal medicine and pediatric practice, and an
8 interventional pain management practice. We
9 successfully operate all of these practices in
10 Effingham today. Additionally, the building will
11 continue to accommodate physical and occupational
12 therapy that features an in-ground therapy pool
13 which exists today, diagnostic imaging services
14 including replacing our docked MRI with a
15 permanent unit that is inside the building rather
16 than outside, and lab stations. In all there will
17 be 17 medical providers and over 100 employees in
18 the building.

19 Again, an important point, we already
20 operate all of these services in Effingham with
21 one exception and that is CT. Designing during
22 the pandemic we were mindful to add sufficient
23 space to create ample social distancing to keep
24 our patients and employees safe.

1 The community has trusted us to be stewards
2 with the health center's resources. When a building
3 has reached the end of its useful life or a practice
4 has grown to the extent it needs additional space,
5 it is only then that we move forward with new
6 construction.

7 The current clinic building is failing.
8 There are constant repair issues, an HVAC system
9 that struggles with seasonal changes, a leaking
10 roof and flooding with all the associated problems
11 that come with water in a building. Exam rooms
12 are too small to accommodate wheelchairs and
13 walkers, and the nurses' stations are not central
14 to their work.

15 Throughout our 43-year history our
16 independent rural community hospital has always
17 taken the high road, but unfortunately Sarah Bush
18 Lincoln has been drawn into debate with a large
19 Springfield company that owns 9 or 10 hospitals in
20 Illinois, including the hospital in Effingham. I
21 want to make this point clear to the State and to
22 the Effingham community, Sarah Bush Lincoln does
23 not want any part of this divisive conflict.
24 Because the HSHS corporation requested a public

1 hearing and advanced multiple forms of opposition,
2 we're now responding in this forum.

3 This process has been really difficult for
4 me. I was born in that Effingham hospital, as was
5 my wife and all of our nine siblings. My parents
6 and my only four siblings and their families still
7 live in the immediate Effingham area, as do many
8 of my wife's family and several lifelong friends
9 and their families. I remember skating at the
10 local rink as a kid. It's a 50-year-old building
11 that was converted to a clothing store and then
12 later to the Bonutti Clinic. Yes, that's the same
13 Bonutti Clinic that we are now replacing.

14 I publicly expressed disappointment and
15 surprise. Surprise because we've been told that
16 it's highly unusual for a hospital to oppose the
17 construction of a replacement doctor's office and
18 disappointment because there are efforts to block
19 a project that will bring so much good to the
20 greater Effingham area. We have been nothing but
21 transparent throughout this process.

22 This project involves millions of dollars
23 in new construction, a beautiful building sitting
24 right at the intersection of two of our country's

1 largest interstates, the Crossroads of America.
2 It's a building that will house the nationally
3 recognized Bonutti orthopedic clinic and serve as
4 a symbol for all of the high-quality care that's
5 delivered inside. We asked the architects, and
6 that includes an Effingham firm, to design a
7 building that reflects the pride and entrepreneurial
8 spirit of the community. I think you'll agree
9 they delivered.

10 Hospital Sisters continues to tell the
11 community it does not object to a new building; it
12 just has questions about the size and redundancy
13 of services. Assuming those questions are
14 genuine, I'm happy to provide the answers today.

15 The additional space is required to house
16 existing services. The floor plan is clear; every
17 square foot is accounted for; there's no shell
18 space.

19 Regarding their claim of redundancy, we've
20 been performing these services in the community
21 for many years, and that will not change regardless
22 of the outcome of this meeting. I want to be clear
23 about that; the services we already offer in
24 Effingham will not change. The Sisters blocking

1 the construction of this building will serve no
2 purpose other than to inconvenience our patients
3 and further deprive this community of a boost to
4 economic development.

5 Hospital Sisters Corporation is a Goliath
6 compared to Sarah Bush Lincoln. As you heard,
7 publicly available information released in 2018 in
8 a Sisters' report shows \$1.5 billion in assets set
9 aside by its board of directors to use at its
10 discretion. Replacement of an outdated Bonutti
11 Clinic with a larger office building will not
12 place the local hospital at risk of closing its
13 emergency department as has been suggested. It's
14 not even reasonable to suggest that to the
15 community.

16 So many of the people I love, including
17 and especially my parents, my 90-year-old parents,
18 my brother, my three sisters and their families,
19 they all live less than 10 minutes from that
20 hospital emergency room. If I thought there was
21 even a remote possibility of this project putting
22 emergency services and my own family at risk, I
23 would not be standing here.

24 I'd be remiss if I didn't mention that

1 HSHS just spent millions of dollars on a new
2 building and equipment within a mile of Sarah Bush
3 Lincoln. You heard Dr. Scherschel talk about
4 that. It's immediately adjacent to yet a third
5 healthcare provider, a building that houses
6 services that HSHS has never been offered in the
7 Mattoon-Charleston community. All of the services
8 in this new building are already being offered by
9 others, and they are the very offices to which
10 HSHS objects to today. Certainly makes their
11 claim of redundancy seem disingenuous.

12 While the speakers were largely made up of
13 employees, you have heard from several people
14 today who have given you reasons to approve this
15 project, and these people represent the heart and
16 soul of Effingham: Jim Schultz, a nationally
17 recognized entrepreneur who's led the state as the
18 director of the Illinois Department of Commerce and
19 Economic Development and as the board chairperson of
20 the Illinois Chamber of Commerce; Senator Dale
21 Righter who represents citizens residing in
22 service areas of both hospitals, and I'll remind
23 you of the points he made in regard to some of the
24 figures that have been put out there; Effingham

1 City Council Member Hank Stephens who spoke today
2 especially and only to set the record straight on
3 the City's position that they do not oppose the
4 construction of this building; Board Member Anya
5 Schuetz, who spoke to our integrity; Tom Grunloh,
6 owner of Grunloh Construction in Effingham as one
7 of the largest builders in the region that's been
8 responsible for several large and noble projects
9 at the University of Illinois and both hospitals
10 present here today; and finally, Dr. Didi Omiyi
11 who provides orthopedic expertise to the Effingham
12 community and actually well beyond our area.

13 I'm really offended by the statement that
14 we have gamed the system, and I'll refer you to
15 the State report on that matter. My integrity is
16 important to me. I care deeply what my family and
17 friends in Effingham think of my actions. SBL is
18 here to do good, to bring our brand of high-quality
19 healthcare, to reinvest our margins directly back
20 into the community to make Effingham better,
21 stronger, and healthier.

22 Mike Mitchell, can you please bring up my
23 first slide?

24 This is a picture of the current SBL Bonutti

1 Clinic. It literally sits in a basin at the north
2 entrance of Effingham on 570 and I57. When it
3 rains hard, the building floods, the roof leaks,
4 and among other things, the HVAC system needs to
5 be replaced.

6 Okay. The next three slides, Mike. These
7 are architectural renderings of the proposed
8 medical office building, and you can go through
9 those pretty quickly.

10 And finally, the last slide is of the
11 medical staff who provide excellent care at our
12 SBL Bonutti clinic. They are beloved by their
13 patients in that community.

14 In closing, I strongly urge the Illinois
15 Health Facilities and Services Review Board to
16 approve the Effingham Medical Office Building
17 project. We have two speakers who will speak
18 briefly. One is Dr. Peter Bonutti for whom the
19 clinic is named. He is off site in Florida, and
20 if he is muted, please unmute him. I'm not sure
21 if you can see him. I think we can. Okay, Peter.

22 DR. BONUTTI: Thank you, Jerry.

23 Good afternoon thank you for your time and
24 attention today. I am Peter Bonutti, an

1 orthopedic surgeon at Sarah Bush Lincoln. For the
2 past 30 years, I have done everything in my ability
3 to provide excellent and cutting edge care to my
4 patients. Despite offers to practice at prestigious
5 units like Stanford, Emory, and the University of
6 Florida, I chose to practice in Effingham, Illinois.

7 I am most proud of the fact that patients
8 have traveled from 41 states and 6 countries to the
9 Sarah Bush Bonutti Clinic for their care. We see
10 patients daily who travel hundreds of miles to our
11 clinic. This incredible growth has required us to
12 build a multidisciplinary facility which encompasses
13 all clinical and diagnostic services under one roof,
14 therefore allowing patients to have access to all
15 services the same day. This consolidation of
16 services improves the quality, is cost efficient,
17 and enhances the patient's experience. I am proud
18 this facility will bear my name.

19 Three years ago Sarah Bush Lincoln president
20 and CEO Jerry Esker talked about advancing our
21 orthopedics practice and improving the quality of
22 care. After understanding Sarah Bush Lincoln's
23 similar commitment to improving and investing in
24 the quality of care, not only I but the entire

1 group of 12 providers and our staff chose to
2 partner with Sarah Bush Lincoln. This partnership
3 affords me the time to focus on patient care while
4 continuing my research and development. To date I
5 have published more than 100 papers, developed over
6 400 patents and in excess of 700 licenses for new
7 medical products. This synergy allows us to
8 continue to bring cutting edge technology to rural
9 downstate Illinois. Surgeons have visited
10 Effingham from across the U.S. and internationally
11 to learn my new surgical techniques. The
12 accumulation of orthopedic practice, clinical
13 research, and medical product development has
14 brought Effingham national and international
15 notoriety.

16 Along with a complement of orthopedic
17 surgeons our occupational medicine practice
18 provided trusted care to employees in over
19 200 local and area companies. To provide a
20 quality program requires space, areas like
21 audiology lab, wound care services to grow a
22 practice. The reception area for this busy
23 two-provider practice is also inadequate and is a
24 long outgrown space, and it's difficult to provide

1 adequate social distancing which now is critical.
2 Occupational medicine should be separated from the
3 orthopedic space because patients present different
4 types of injuries and illnesses. I cannot mix
5 occupational medicine patients with healthy surgical
6 patients recovering; it's simply not safe.

7 Sarah Bush Lincoln's reinvestment in the
8 local community is what earned my trust and
9 convinced me to partner with it three years ago.
10 It continues to demonstrate a long-term commitment
11 to quality safety and care to Effingham with a
12 substantial investment in our new clinic. My
13 physician partners to this date continue to cover
14 emergency room and night call at HSHS St. Anthony's,
15 which is a valuable service to the community.
16 Sarah Bush Lincoln Bonutti Clinic provides care
17 for everyone regardless of payor source, while
18 certain of the medical staff at HSHS do not accept
19 Medicaid or some commercial programs, and so in
20 some cases Sarah Bush Lincoln Bonutti Clinic is
21 the only place which patients can find care.

22 Even HSHS concedes the Bonutti clinic
23 needs to be replaced. Our current structure is
24 50 years old, and space is at a premium. We

1 cannot even bring the MRI in the building; it is
2 docked outside at the north entrance. Like
3 occupational medicine, orthopedics, diagnostics,
4 rehab reception areas are small and again do not
5 allow easily for social distancing.

6 The certificate of need application
7 specifically spells out why we need the space and
8 how it will be used, and the State staff report
9 states the new building meets all the size
10 criteria. The clinic combines several Effingham
11 medical practices into one location, streamlining
12 services and creating efficiencies and comfort for
13 our patients. This new facility is Sarah Bush
14 Lincoln's long-term commitment to providing jobs
15 and exceptional quality of care to the Effingham
16 community.

17 Sarah Bush Lincoln is a dedicated
18 organization with the largest orthopedic group now
19 in downstate Illinois providing innovative and
20 cutting edge technology. We continue to grow
21 because of our commitment to reinvest in the
22 community, and as the commitment is our mission to
23 provide exceptional care to everyone regardless of
24 payor source, it is exactly why we entered medicine,

1 to help everyone in need.

2 I am proud to be part of this team and
3 this growing independent hospital. I will now ask
4 Erica Stollard, director of business and planning
5 development to address the State Board report.
6 Thank you.

7 MS. STOLLARD: Thank you, Dr. Bonutti.

8 Despite the inaccurate information you
9 heard in HSHS' public comment today, we are
10 pleased that our project complies with all of your
11 review criteria with only two exceptions as
12 Mr. Constantino reported. I would like to briefly
13 address the two negative findings.

14 The first item I'd like to address are the
15 X-ray units. The State Board report noted that our
16 volume would justify two rather than three X-ray
17 machines. We currently have three X-ray machines
18 in Effingham and will not be adding any new
19 additional units with this project. As you know,
20 the proposed project replaces an existing medical
21 office building currently in operation. That
22 building has two existing X-ray machines that are
23 used in the orthopedic center. In Effingham we
24 also currently operate a walk-in clinic at another

1 location. As part of this project, we would
2 relocate that walk-in clinic to the new building.
3 That walk-in clinic also currently has an X-ray
4 machine, and that machine will be move to the new
5 location for use in the relocated walk-in clinic.
6 It is important for patient flow to have an X-ray
7 machine in this walk-in clinic area. Let me
8 assure you this project does not add any new X-ray
9 machines than we already have in Effingham.

10 The last item I'd like to address are the
11 construction costs. The State Board report notes
12 that our construction costs are over the State
13 standard. Fortunately, the State Board report
14 also notes that we explain the reasons for being
15 over the State standards. You can find that
16 justification on page 17 of the State Board
17 report.

18 Mr. Andy Poirot, the project manager from
19 McCarthy Building Companies who will also be our
20 contractor gave public comment explaining in more
21 detail the reasons for the project costs. As he
22 noted, McCarthy also constructed the HSHS medical
23 office building in Effingham recently, and those
24 construction costs were also over the State

1 standard. We could go into additional detail on
2 construction issues like imaging shielding issues
3 or cost, HVAC redundancy, and stormwater retention,
4 but in the interest of time we will instead offer
5 to answer any questions you may have. I can
6 assure you that Sarah Bush Lincoln is fiscally
7 responsible, and we have no interest in spending
8 more than is prudent.

9 In closing, I am pleased to share that we
10 have received overwhelming support for this project
11 from the Effingham community as documented in
12 media coverage, a local newspaper editorial,
13 thousands of support letters, hundreds of signed
14 petitions, and hundreds of social media comments.
15 You'll see this in the file submitted during the
16 September 2nd public hearing.

17 Lastly, we would like to thank the State
18 Board staff for their assistance through this
19 entire process; they have truly been a pleasure to
20 work with. Thank you and we'll be happy to answer
21 any questions that you may have.

22 CHAIRWOMAN SAVAGE: Thank you. Do any of
23 our Board members or staff have any comments or
24 questions?

1 (No response.)

2 CHAIRWOMAN SAVAGE: Okay. Hearing no
3 comments or questions, George, can you please call
4 the roll.

5 MR. ROATE: Motion made by Dr. Grundy,
6 seconded by Dr. Martell.

7 Senator Demuzio.

8 (Audio disruption.)

9 MEMBER MARTELL: Okay. I apologize. Can
10 you just come back to me for a minute?

11 MR. ROATE: Thank you. Okay.

12 Dr. Murray.

13 MEMBER MURRAY: Based on the staff report
14 and testimony I vote yes.

15 MR. ROATE: Thank you.

16 Dr. Grundy.

17 MEMBER GRUNDY: Based on the staff report
18 and testimony I vote yes.

19 MR. ROATE: Thank you.

20 Back to Dr. Martell.

21 MEMBER MARTELL: I am back on. I vote yes
22 based on the staff report and testimony provided.

23 MR. ROATE: Thank you, Dr. Martell.

24 Chairwoman Savage.

1 CHAIRWOMAN SAVAGE: I vote yes based on
2 the State Board State Board report.

3 MR. ROATE: Thank you. That's 5 votes in
4 the affirmative.

5 CHAIRWOMAN SAVAGE: So this application
6 for permit is approved. Thank you.

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Transcript of Board Meeting - Open Session
Conducted on September 22, 2020

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1 CHAIRWOMAN SAVAGE: Now we're going to
2 move on to H-06, Project 20-033, Restorative Care
3 Institute of Chicago. May I have a motion to
4 approve Project 20-033, Restorative Care Institute
5 to establish a 28-bed long-term care facility.

6 MEMBER GRUNDY: So moved.

7 CHAIRWOMAN SAVAGE: Thank you, Dr. Grundy.

8 A second, please.

9 MEMBER MURRAY: Second.

10 CHAIRWOMAN SAVAGE: Thank you, Dr. Murray.
11 There are requests for public to offer testimony.
12 Mike Mitchell, please.

13 MR. MITCHELL: All right. We had a
14 Dr. Ann Alley signed up for testimony, but I do
15 not see her on my attendance list, so I'm going to
16 move on to Dr. Adam Bodzin. Are you there?

17 DR. BODZIN: Yes, I'm here. Can you hear me?

18 CHAIRWOMAN SAVAGE: Yes, go ahead.

19 DR. BODZIN: Great. Just first a quick
20 thank you for allowing me to speak on this
21 facility's behalf. I don't work for this facility
22 at all. I'm actually an abdominal transplant
23 surgeon who happens to know one of the project
24 leaders Mitch Hamblet by way of his father's

1 transplant. I performed his transplant quite some
2 time ago. I do have permission to mention that
3 just so if anyone is worried.

4 I'm speaking because I can't stress enough
5 the need for a safe infection-conscious skilled
6 nursing facility for those at high risk after
7 discharge from the hospital. Immunosuppressant
8 debilitated patients include but are not limited
9 to transplant patients, those on chemotherapy, and
10 those with extreme debilitation especially after
11 surgery. While many of the skilled nursing
12 facilities do a wonderful job taking care of
13 certain patient populations, some are simply not
14 quipped to handle the complexity of a certain
15 patient population which especially includes my
16 patients.

17 In my experience this leads to longer
18 hospital stays for these very medically complex
19 patients in the hospital and further unnecessary
20 financial burden on the healthcare system, and
21 I've seen that across all regions in the U.S.,
22 whether that's out in California, in Chicago where
23 I was previously, and now in Philadelphia.

24 I feel confident, having seen plans for

1 this game changing facility that would provide
2 exactly what many hospitals need and healthcare
3 providers, as well, that work with significantly
4 immunosuppressed patients. It would allow for
5 hospital and facility relationships that can make
6 patient care seamless upon discharge from the
7 hospital and actually create early discharge and
8 decrease healthcare costs.

9 A safe haven for those at most risk for
10 infection, setbacks, and hospital readmissions,
11 I've seen first hand a need for facilities such as
12 this and truly believe it would change the landscape
13 for a very vulnerable patient population.

14 Thanks so much for allowing me to speak on
15 behalf of the facility. Appreciate the time.

16 CHAIRWOMAN SAVAGE: Thank you, Doctor.

17 Do we have Senator Sara Feigenholtz?

18 Senator Sara Feigenholtz, do you have her,
19 Mike Mitchell?

20 MR. MITCHELL: We have her. Senator
21 Feigenholtz, are you there?

22 CHAIRWOMAN SAVAGE: I can't hear you,
23 Senator. Senator Feigenholtz, we can't hear you.

24 Do we have Representative Lamont Robinson

1 meanwhile until her audio is fixed?

2 MR. MITCHELL: I do not have Lamont
3 Robinson on the list of speakers at the moment.

4 CHAIRWOMAN SAVAGE: Okay. Do we know if
5 Sara Feigenholtz can talk yet? Then put herself
6 on mute.

7 MR. MITCHELL: Senator Feigenholtz, are
8 you there?

9 CHAIRWOMAN SAVAGE: Can you guys hear
10 something?

11 MR. MITCHELL: I'm hearing background
12 noise, but I'm not getting a communication from
13 Senator Feigenholtz.

14 CHAIRWOMAN SAVAGE: Okay. Well, let's
15 move on to Karin Ulstrup then, and we'll hopefully
16 come back to the Senator.

17 MR. MITCHELL: Dr. Ulstrup, are you there?

18 DR. ULSTRUP: I am. Can you hear me?

19 CHAIRWOMAN SAVAGE: Yes, thank you. Go
20 ahead.

21 DR. ULSTRUP: My name is Dr. Karin Ulstrup.
22 I'm an internal medicine doctor at Northwestern
23 Medicine, been working there for about 20 years,
24 take care -- I'm a primary care provider and

1 primarily take care of patients in the outpatient
2 facility. Thank you for the opportunity to speak
3 today.

4 I have known Mitch both personally and
5 professionally for several years, and over the
6 past year he has talked to me about this project.
7 I am not specifically part of the project, but he
8 has talked to me about this project explaining way
9 before COVID the ideas that he had as far as
10 infection control.

11 One of the biggest things I've seen in my
12 patients who go to care facilities after they're
13 discharged from the hospital is infection, and
14 they are readmitted to the hospital multiple
15 times. Based on the review of what I've seen of
16 this project, I've seen state-of-the-art ideas
17 about infection control, patient care, patient
18 comfort, as well as improvement in patient outcomes
19 with decreased hospital admissions.

20 I feel like the care that will be provided
21 in a facility such as this, similar to what
22 Dr. Bodzin said, will really become state of the
23 art, and I feel like in retrospect Mitch was way
24 ahead of his time now that COVID has occurred.

1 In addition to the infection control, I
2 think the ventilator capabilities in such a highly
3 controlled environment are really fantastic. I
4 feel like the wound care operations that they
5 offer are again state of the art and beyond any
6 other facilities that I have seen. And I feel
7 like patient comfort will really be a key part of
8 this facility.

9 So I am very excited about this being
10 built near our facility and think there's
11 definitely a need for such high-quality care.

12 CHAIRWOMAN SAVAGE: Doctor, were you
13 finished with your testimony?

14 (No response.)

15 CHAIRWOMAN SAVAGE: Doctor, were you
16 finished with your testimony?

17 (No response.)

18 MR. MITCHELL: Okay. I've got Gary on.
19 I'm going to try Senator Feigenholtz again.

20 CHAIRWOMAN SAVAGE: Okay. Thank you.

21 MR. MITCHELL: Senator Feigenholtz? Are
22 you there, Senator Feigenholtz?

23 CHAIRWOMAN SAVAGE: Senator Feigenholtz,
24 we hear a lot of background noise, but we don't

1 hear you speaking.

2 MR. MITCHELL: All right. I'm getting
3 word that Senator Feigenholtz is in a legislative
4 meeting, so she may not be available.

5 CHAIRWOMAN SAVAGE: Okay. Thank you.
6 Then shall we go to the opposing folks?

7 MR. MITCHELL: All right. The first
8 opposition speaker we have is Timothy Wood. Are
9 you there?

10 MR. WOOD: Yes, I'm here. Can you hear me?

11 CHAIRWOMAN SAVAGE: We sure can. Go ahead.

12 MR. WOOD: Thank you so much, Madam
13 Chairman. My name is Tim Wood, and I'm an asset
14 manager for LCS, which is owner-operator of The
15 Clare, which includes the Terraces at The Clare.
16 I'm speaking in opposition of Project 20-033.

17 While there are multiple concerns with this
18 proposed project, I will focus on one of the more
19 significant, which is the concern with regard to
20 the service demand criterion provided by the
21 applicant.

22 The project identifies no relationships
23 with any of the area hospitals such as Northwestern,
24 Rush, UIC, nor any physician affiliated with any

1 of these hospital systems. Why? Because the
2 referring hospitals and affiliated physicians
3 already have the strength and quality they need in
4 order to discharge patients to existing providers
5 within the 10-mile service area.

6 Further, the applicant has provided referral
7 letters that demonstrate taking referrals away
8 from existing providers, as well as obscure
9 providers, a giving indication of the potential
10 referral volume. The applicant does not indicate
11 it's their intent to focus on cosmetic surgery
12 recovery, yet they are providing over 200 patients
13 a year from Wilmette, from a surgeon up in
14 Wilmette which is 20 miles away. Asbury Garden
15 was provided a referral letter, which is a
16 provider in North Aurora, Illinois, almost 40 miles
17 away and is suggesting 60 referrals a year. Who
18 would possibly want resident care services that
19 far from their home when there are tremendous
20 quality providers in the North Aurora and
21 surrounding areas?

22 Finally, the applicant suggests a 90-day
23 length of stay, which is simply unheard of in the
24 current healthcare environment for postacute care.

1 We typically see lengths of stay ranging from
2 7 to 25 days.

3 There is not a need for a facility
4 designed to skim high-reimbursement short-term
5 patients as is represented in their financial
6 projections for the facility which projects a
7 daily rate of almost \$700. There are plentiful
8 and quality providers already within the 10-mile
9 service area, and this project would negatively
10 impact those providers and certainly runs the risk
11 of not filling the large beds proposed.

12 I respectfully present these comments in
13 opposition to Project 20-033. I would ask the
14 Board to deny Restorative Care Institute's
15 application to establish a new facility. Thank you.

16 CHAIRWOMAN SAVAGE: Thank you.

17 Do we have Erin Donaldson?

18 MS. DONALDSON: Yes. Can you hear me?

19 CHAIRWOMAN SAVAGE: We can. Go ahead.

20 MS. DONALDSON: Thank you. My name is
21 Erin Donaldson, vice president/director of
22 operations for LCS, owner-operator of The Clare,
23 which includes the Terraces at The Clare, a
24 facility within the 10-mile geographic service

1 area of the proposed facility. I'm speaking in
2 opposition to Project 20-033.

3 While there are a number of concerns with
4 the proposed project, I will focus on one of the
5 most significant, which is there is no bed need to
6 justify creating a new facility.

7 There are many quality providers providing
8 postacute care with high levels of infection
9 control, rehabilitation, and specialized wound
10 care and management and evidenced by the number of
11 four- and five-star facilities. These services
12 already readily exist within the 10-mile
13 geographic service area and do not need to be
14 replicated.

15 As an established and reputable five-star
16 facility we proudly and compositionally provide
17 these same services within our community and do not
18 hit the target occupancy of 90 percent. I understand
19 the bed need methodology predicts a need for beds,
20 but the overall census being as low as it is for
21 already existing quality care facilities undermines
22 the idea of needing more beds.

23 Bed need methodology is only one part of
24 assessing need. Another is utilization of existing

1 facilities and impact on area facilities. If there
2 were a need for more beds, I am certain you would
3 have far more area facilities looking to add them
4 and they are not. This project would negatively
5 impact other providers and most certainly runs of
6 risk of not filling the large number of beds
7 proposed at 98.

8 I respectfully present these comments in
9 opposition to Project 20-033 and would ask the
10 Board to deny Restorative Care Institute's
11 application to establish a new facility. Thank you.

12 MR. MITCHELL: I now have State
13 Representative Lamont Robinson.

14 CHAIRWOMAN SAVAGE: Okay. Go ahead, State
15 Representative.

16 REPRESENTATIVE ROBINSON: Good afternoon.
17 Can you hear me?

18 CHAIRWOMAN SAVAGE: We can.

19 REPRESENTATIVE ROBINSON: Great. Thank
20 you very much. I am calling in support. Knowing
21 that we have a health desert, particularly in the
22 city of Chicago and across the state, as a
23 representative in Illinois General Assembly we
24 need skilled nursing homes all across the state.

1 We know that this has been an issue for decades.
2 We also need to make sure that in the midst of
3 COVID that we are providing quality healthcare
4 across the state, as well. So that is why this
5 afternoon I am calling in support of the -- I'm
6 sorry -- in I'm not sure if you heard me. Can you
7 still hear me? I think I dropped out a little bit.

8 CHAIRWOMAN SAVAGE: You did drop out. If
9 you could say your last little bit again, please.

10 REPRESENTATIVE ROBINSON: Sure. So I am
11 supportive of Restorative Care Institute that will
12 employ 100 full-time healthcare professionals.
13 That is needed not only in my district but in the
14 city of Chicago, as well as across the state. So,
15 again, I am calling in support. Thank you very
16 much for your time.

17 CHAIRWOMAN SAVAGE: Thank you, State
18 Representative.

19 And did we get Senator Feigenholtz back?

20 MR. MITCHELL: No, we do not have Senator
21 Feigenholtz.

22 CHAIRWOMAN SAVAGE: Okay. She's probably
23 in her meeting.

24 MR. MITCHELL: Probably.

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1 CHAIRWOMAN SAVAGE: Okay.

2 MR. MITCHELL: That's all the speakers
3 we have.

4 CHAIRWOMAN SAVAGE: Is there anyone to
5 present or represent the applicant?

6 MR. SHEETS: Yes, there is, Madam Chair.
7 Chuck Sheets from Polsinelli.

8 CHAIRWOMAN SAVAGE: Okay. If you can get
9 sworn in, please.

10 Paula.

11 Oh, are there more people than you?

12 MR. SHEET: There are. There's Mitch
13 Hamblet, Anne Cooper. I believe we have a couple
14 of bankers, too. We're all on and I'm sure
15 they're going to raise their hands, Madam Chair.

16 (Witnesses sworn.)

17 CHAIRWOMAN SAVAGE: Mike, if you could
18 proceed with the State Board staff report.

19 MR. CONSTANTINO: The applicants are asking
20 the State Board to approve the establishment of a
21 long-term care facility in Chicago, Illinois, at a
22 cost of approximately \$34.6 million. The applicants
23 are Restorative Care Institute, LLC, and 50 Huron
24 Street, LLC, and owned 100 percent by

1 Mr. Hamblet, Jr.

2 The State Board has been updating their
3 findings on this project. There's a calculated
4 need for 207 long-term care beds in the planning
5 area. However, there are already two long-term
6 care facilities within a 10-mile radius of the
7 proposed project with over 14,000 beds with an
8 average occupancy of 60 and a half percent. On
9 any one day there's approximately 4800 beds not in
10 use in this 10-mile GSA, and overall within the
11 city of Chicago there's an excess of approximately
12 1300 long-term care beds.

13 We also had findings related to the
14 financing of the project. This is the first time
15 we have seen these applicants or Mr. Hamblet
16 appear before this State Board. These are new
17 entities owned 100 percent by Mr. Hamblet.

18 On September 10, 2020, we received two
19 revised letters from Lakeside Bank signed by the
20 chairman and CEO of the bank. This was provided
21 to the Board members in an email sent to you
22 labeled No. 6.

23 Just a comment. Board staff is required
24 to inform the Board that the applicants have the

1 financial wherewithal to complete the project and
2 provide a proper standard of care. In my opinion,
3 all the letters from the banks should apply the
4 assurance that should this Board approve this
5 project, the financing as documented in the
6 application for permit will be approved without
7 any mention of due diligence in the letters. In
8 my opinion, the State Board members are entitled
9 to have the due diligence done before the
10 applicant appears before the Board.

11 Thank you, Madam Chair.

12 CHAIRWOMAN SAVAGE: Thank you. If you'd
13 like to proceed with your presentation.

14 MR. SHEETS: Chuck Sheets, I'm counsel for
15 Restorative Care Institute. I would like to thank
16 the Board staff, particularly Courtney and Mike
17 Constantino for their thorough review, and I'd
18 also like to thank Mike Mitchell for holding this
19 all together; it cannot be an easy job. I'd also
20 like to thank Senator Feigenholtz, Representative
21 Robinson, Dr. Alley, Dr. Bodzin, and Dr. Ulstrup
22 for their support in highlighting the need for
23 this project to be developed.

24 To note, this project was unopposed until

1 you just heard two public commenters opposed, but
2 there was no public hearing requested and no letters
3 submitted in opposition to the State agency.

4 The project is a new development. It's a
5 98-bed skilled nursing facility in the city of
6 Chicago that will service Medicare, Medicaid, and
7 private pay residents. You may not know this, but
8 last September the Board staff calculated a new
9 bed need for this particular area in Chicago, and
10 that bed need went up from 30 beds to 207 skilled
11 nursing beds in area 6B, Planning Area 6B.

12 Now, the Restorative Care Institute will
13 be the first stand-alone skilled nursing facility
14 built in Chicago, should you approve it, in nearly
15 40 years that is not part of another continuing
16 care community or a retirement community and is
17 open to the general public. A proposed facility
18 will primarily service postacute patients,
19 including ventilator-dependent patients and will
20 deliver higher levels of infection control while
21 specializing in rehabilitation and wound care
22 through collaboration and innovation within the
23 healthcare community. It will be located in
24 downtown Chicago within 3 miles from Northwestern

1 Memorial Hospital, Rush University Medical Center,
2 University of Illinois Hospital, and John Stroger
3 Hospital of Cook County.

4 Further, through advanced physical plant
5 design and infection prevention protocols it will
6 improve public safety, resulting in better outcomes
7 and a lower chance of subsequent infection-related
8 care.

9 Regarding the State Board findings, our
10 project received a finding on service accessibility
11 and unnecessary duplication and maldistribution.
12 According to the finding, this was due to skilled
13 nursing facilities within the geographic service
14 area operating below the State Board's 90 percent
15 utilization standard in 2018. You heard
16 Mr. Constantino just refer to that.

17 First, I want you to note how expansive
18 the geographic service area is as defined in the
19 Board's criterion. As shown on the map that I'm
20 hoping -- there it is. Thank you, Ms. Cooper. As
21 shown on the map, the area is essentially the
22 entire city of Chicago. Its borders stretch from
23 Lake Michigan to Oak Park, almost the Indiana
24 border to downtown Evanston.

1 Now, within this particular 10-mile general
2 service area there is a population of 2.7 million
3 people, and there are 82 skilled nursing
4 facilities. Of the 82 skilled nursing facilities
5 in the geographic service area, many of these are
6 older facilities that have converted shared units
7 that used to hold three or four people into
8 semiprivate and private units. Thus, the facility
9 may have a license for 150 beds but may actually
10 only have 100 beds that are set up and in use.

11 The result is that the facility utilization
12 rates that are reported to the Board are misleading.
13 In addition, several of the facilities that are
14 within this geographic service area provide
15 services that are totally unrelated to skilled
16 nursing, such as they service a developmentally
17 disabled population and a mentally disabled
18 population.

19 And finally, I would note that there are
20 10 facilities in Table 8 that's in the State
21 agency report at the back that have an occupancy
22 that shows less than 1 percent. Now, clearly this
23 is an error. It simply highlights the inaccurate
24 information that these skilled nursing facilities

1 provide to the Board staff.

2 And then finally and most importantly for
3 your consideration, among the 82 skilled nursing
4 facilities in the service area, only 5 will admit
5 ventilator-dependent patients according to the
6 State Board's information.

7 Now, all of these factors indicate
8 utilization standards that are not fairly comparing
9 apples to apples. Again, I want to stress the
10 type of patients that will come to this facility
11 are ventilator-dependent patients and patients
12 with infectious diseases. And as we've seen over
13 the last six months, this is going to be more and
14 more important in the skilled nursing facility area.

15 Now, the other findings that were found by
16 the State agency and by Mr. Constantino relate to
17 the availability of funds on the project, and they
18 indicate that this project did not meet the State
19 Board's cushion ratio, and the application did not
20 include an adequate commitment letter from a
21 lending institution.

22 Now, our application did include a
23 commitment letter that memorialized an agreement
24 to underwrite the loan, and that letter is dated

1 April 30th and it's in the application. According
2 to the letter, Lakeside Bank is providing 75 percent
3 financing or roughly \$26 million, and the ownership
4 is providing the remainder of the equity. The other
5 financing terms were included in the commitment
6 letter which are customary commitment letters of
7 this type.

8 When we found out that staff had an issue
9 with the wording of the bank letter, we provided a
10 second bank letter from Lakeside Bank that's dated
11 September 10th, 2020, and this further clarifies
12 the bank's commitment to lending upon the Board's
13 approval of the project. The vice chairman and
14 president David Pinkerton from Lakeside Bank is
15 available today to answer your questions you might
16 have regarding this particular project's ability
17 to perform and the bank's willingness to provide
18 the financing for this project.

19 Now, along with the second financing letter
20 we submitted documentation evidencing that there's
21 cash available to fund the 25 percent of the
22 equity contribution, which is roughly \$8.6 million.
23 This criterion is aimed to provide the Board with
24 assurance that the applicant has the ability to

1 actually fund this project and to complete and
2 financially manage the success of the project
3 after its completion.

4 As an additional assurance, we also have
5 invited Paul Weiland, president of Weiland &
6 Associates, who is a certified public accountant
7 to speak on behalf of my client. He is also
8 available to answer any questions you have
9 regarding my client's financial qualifications and
10 the structure of all of his separate businesses
11 and corporate entities.

12 Now, at this time I'd like to introduce
13 Mitch Hamblet, who is the president and founder of
14 Restorative Care Institute, and Mr. Hamblet can
15 provide further detail on all the various aspects
16 of this project that make it very unique and I
17 think a project that you're really going to like.

18 MR. HAMBLET: Thanks, Chuck. Can everyone
19 hear me okay?

20 CHAIRWOMAN SAVAGE: Yes. Go ahead.

21 MR. HAMBLET: Wonderful. I'd like to thank
22 the Board, as well, and staff, and those who have
23 come out in support of our project. It means a
24 lot to all of us, and we greatly appreciate your

1 valuable time and their valuable time over this
2 last year.

3 The concept of the Restorative Care Institute
4 is to improve patient safety and outcomes by
5 developing innovative protocols in infection
6 control in designing systems to prevent communicable
7 diseases. This was conceived last year when my
8 father passed due to several healthcare-associated
9 infections.

10 I've been an owner and creator of healthcare
11 companies for the last 20 years, and I'm not new
12 to infections, but this was the first time it
13 affected someone close to me. In 2016 my father
14 was fortunate to receive a kidney transplant from
15 the University of Chicago. His surgeon was on the
16 phone. He was very instrumental in the process of
17 putting this together and helpful as a source of
18 knowledge.

19 Due to my father's lowered immune system
20 and complications from the infections after the
21 surgery he was in and out of nursing homes for
22 almost two years, back to the ICU, back to the
23 nursing home, back to the ICU. He developed a
24 UTI, he developed a bone infection, and eventually

1 we lost him in 2018.

2 We never once questioned his physicians --
3 as you can see today, some of them were on the
4 call -- and we didn't question the skilled nursing
5 facilities, but we knew that there wasn't a place
6 that could do what we're trying to do today.
7 That's why we're doing this. We want to build a
8 facility that focuses on the rehabilitation of a
9 person in a very safe environment, whether that
10 means weaning a patient with a pulmonary illness
11 off of a ventilator or protecting patients from
12 infections while recovering from major surgeries.

13 Now, it's difficult to do; it's expensive.
14 We know that. We have a lot of experience in
15 developing projects this size and larger, but this
16 particular project makes so much sense because we
17 can do it affordably.

18 One reason is we've secured a building
19 very close and I should say in the heart of the
20 downtown that can significantly save costs on the
21 construction bid reusing the existing building
22 superstructure. Our plan is to demolish the
23 exterior of the building and the nonloadbearing
24 walls, retain the foundations and five floors of

1 structural and then add three more floors to the
2 remaining building and install a modern facade
3 which will then look like one solid building.
4 When we're done, we'll have an eight-story building
5 with the most modern safety systems, a beautiful
6 design, and without the higher price tag.

7 The second reason for this building working
8 so well for this type of project and for this
9 specific project is it was originally designed to
10 house the American Library Association. So the
11 floor loads of the building, the weight that it
12 can handle and the ceiling heights were higher
13 than normal. So these existing characteristics
14 allow us to put the new facility right over the
15 old almost seamlessly. Again, it frees up
16 considerable money which can go towards the
17 advanced environmental systems that we're proposing
18 here today to put into this building that you
19 won't see in other nursing homes.

20 In addition to reusing the current
21 structure, the existing building has over 100 feet
22 of frontage on Huron, and this allows us to design
23 all the patient rooms so that they have city views
24 completely unobstructed.

1 And then lastly, given our ventilator
2 capabilities and the focus of postacute patients
3 and proximity to major hospitals in this area,
4 which -- if you'll allow me to pull up or, Anne,
5 if you'll pull up those, that would be wonderful --
6 we basically are within 3 miles of six different
7 area hospitals. Hopefully -- let me share my
8 screen here. Well, I'm unable to share my screen.
9 So, Anne, if you would, please.

10 MR. MITCHELL: Well, you can share your
11 screen.

12 MR. HAMBLET: Well, it's grayed out on my
13 screen.

14 MR. MITCHELL: Just one moment and I'll
15 get you connected.

16 MR. SHEETS: And, Mike, if you can allow
17 Anne to share.

18 MR. HAMBLET: He's done it for me. I have
19 access now. Let me just pull it up. Hopefully
20 you're able see that. Let me move it down here.

21 If you can see on this map, we're within
22 3 miles of six area hospitals. Mike, if it's
23 possible, if you would let Anne share her screen,
24 it might be easier. It seems like it's turning my

1 exhibits on the side.

2 MR. MITCHELL: Okay.

3 MR. HAMBLET: Thank you.

4 So with our ventilator capabilities, being
5 so close to as many hospitals as we are, and the
6 likelihood of ever encountering another building
7 like this that would be as convenient to these
8 resources and referral sources, that it would fit
9 as well as it does in a neighborhood with the
10 public transportation that it has is highly
11 unlikely.

12 What makes this project the most special
13 is what's behind the scenes. A very special
14 component of each patient room is the negative air
15 pressure. Every patient room will have a minimum
16 of 12 air changes per hour. Effectively our
17 patients will breathe a hundred percent fresh air.
18 This is one of the most important features in
19 protecting someone with an airborne virus.

20 In addition to the negative pressure, each
21 room will be equipped with technology that allows
22 our physicians to collaborate among team members
23 and family. I've included a rendering -- and,
24 Anne, if you could bring up Exhibit 2 a typical

1 patient room. In this rendering you'll see that
2 our rooms are designed to be not like your typical
3 nursing home room. Our concept here is to get
4 someone healthy and get them home and back to the
5 community. So we design our rooms with not just
6 large floor-to-ceiling windows but with the access
7 of a touch screen, very large video center that
8 allows our residents to not only do telehealth but
9 also to enjoy things like Netflix and the sporting
10 games while they're there.

11 So, Anne, if you can go to daytime for me,
12 I'd appreciate that. That's the shared. If you
13 could go to Exhibit 3.

14 MR. SHEETS: This is what happens when
15 lawyers control IT. It's never good.

16 MR. HAMBLET: Thank you. Anne has
17 actually put up something interesting. This is
18 the same patient room, but what it shows you is a
19 fold-out bed for family. And the idea here is
20 that we firmly believe that as a patient is
21 recovering like my father was, the ability to have
22 him close to a spouse was critical but actually
23 helped in his recovery whenever he would go back
24 to the ICU. So our concept here is that we have a

1 convertible bed that becomes a bench in the
2 daytime, but it folds down to become a place where
3 a family member could stay to be close with their
4 loved one.

5 Also, one thing I want to point out in our
6 patient rooms is that our patient has control over
7 these rooms. So they not only can control their
8 entertainment, but they can control by voice the
9 sound in their room, and they control the lighting
10 in their room. And if you notice, this room is
11 actually set to the twilight so that the patient
12 can actually say "Go to twilight," and the room
13 will actually convert. And if we have patients on
14 ventilators, of course, they can still use manual
15 controls, but part of that concept is that we want
16 to have as few things as possible that can
17 possibly spread disease.

18 So finally, as part of every single room
19 we put out, in every single room that we designed
20 we put several things in to consider these things
21 that make it easier for someone who is recovering
22 to not only have the control of their space but
23 also to trust to be able to clean it and keep it
24 sanitary.

1 Over the last year and a half we've
2 interviewed physicians and clinicians and
3 engineers, a lot of our own staff, and that's how
4 we've designed this building. We've invited
5 several people to speak on our behalf. Dr. Eminar
6 Gruall we're hoping will speak and tell you a
7 little bit about some of the designs that he would
8 put into this building, and we've actually adopted
9 some of those. Others here today who have been
10 helpful in designing the safety protocol of this
11 project are also available, and I'd like them to
12 speak and say why they feel this is a necessary
13 project but more importantly why it was designed
14 the way it was and how it can actually produce
15 better outcomes for patients when they're
16 recovering from a surgery, whether that be from a
17 major surgery like a transplant surgery or from a
18 surgery like a hip or orthopedic surgery.

19 Again, I want to thank the Board for their
20 valuable time, and we're open to any questions you
21 may have.

22 MR. SHEETS: Mike, if you can introduce --
23 I don't know if your banker is there with you, but
24 I know Mr. Constantino had some questions about

1 the financing. So maybe we could have the banker
2 if he's available -- I know it's been a long day
3 already, but if he's available have him speak.

4 MR. MITCHELL: What is the name of the
5 gentleman?

6 MR. HAMBLET: It will be David Pinkerton.

7 CHAIRWOMAN SAVAGE: And we'll probably
8 have to have him sworn in.

9 MR. MITCHELL: He's unmuted.

10 MR. PINKERTON: Hello everyone, my name is
11 Dave Pinkerton. I'm the president and vice
12 chairman of Lakeside Bank.

13 CHAIRWOMAN SAVAGE: Mr. Pinkerton, one
14 second. Were you sworn in before?

15 MR. PINKERTON: Yes, I was.

16 CHAIRWOMAN SAVAGE: Okay. Go ahead and
17 proceed.

18 MR. PINKERTON: Okay. Lakeside Bank will
19 be providing the financing for this project. We
20 have over a 20-year relationship with Mr. Hamblet.
21 We've done over eight projects with Mr. Hamblet
22 totaling about \$100 million worth of projects.
23 Mr. Hamblet is well known to us; he's financially
24 strong, has the industry knowledge, and is more

1 than capable of seeing this project through
2 completion.

3 His equity is already on deposit; it is
4 available. His companies are run extremely well.
5 All of our projects have been run in a timely
6 manner and have had no issues whatsoever.

7 Lakeside Bank looks forward to working
8 with Mr. Hamblet to make this project successful,
9 and I'm here to answer any questions that you may
10 have. Thank you.

11 MR. SHEETS: Madam Chair, with all that
12 said we're here to answer any questions, and I
13 know it's late in the day.

14 CHAIRWOMAN SAVAGE: Charles, can we have
15 the banker -- Mr. Constantino had one more
16 question.

17 MR. SHEETS: Sure.

18 MR. CONSTANTINO: Is the Lakeside Bank
19 going to make the loan if the project is approved?

20 MR. PINKERTON: Yes. We are making the
21 loan for the project, correct.

22 MR. CONSTANTINO: I'd just like to make
23 some comments about what Mr. Sheets said.

24 (Audio disruption.)

1 MR. SHEETS: Madam Chair, I didn't hear
2 all that, but I think where Mike is going since
3 we've had this discussion many times over the
4 years.

5 I agree that the Board staff is handcuffed
6 slightly because the skilled nursing facilities
7 and other nursing homes are not required to report
8 accurate data, and many times they leave beds that
9 are -- we used to call them ghost beds, but
10 they're beds that are licensed, but they're never
11 set up, and they're never in the building.

12 I think the reasons for that are long, and
13 I don't want to bore the Board with the history of
14 the nursing home industry and why they keep those
15 licensed beds, but I know Mike's heard this many
16 times before. Essentially, a lot of the mortgage
17 companies that loan money to nursing homes, you
18 know, they use the number of beds as part of the
19 collateral for those loans.

20 So whenever those beds are reduced, the
21 banks get nervous, and the mortgage companies get
22 nervous. So they always resist telling the truth
23 about how many beds they actually have set up in
24 the building. I know that hospitals are much more

1 accurate in their reporting, and there's a little
2 more teeth in the Board's regulations on those.

3 I hope that answers your question, Mike.
4 I wasn't -- I didn't hear the whole thing, but I'm
5 guessing that's where it was going.

6 CHAIRWOMAN SAVAGE: Can you go into a
7 little bit about your Medicare and Medicaid
8 projections? That's the other part.

9 MR. HAMBLET: Okay. Thank you. Yeah,
10 sorry, Mike it's very hard to hear you.

11 We have set up the building to be both
12 Medicaid and Medicare as well as private. Our
13 projections are showing that we have a 30 percent
14 Medicaid population and a 70 percent private and
15 Medicare population.

16 Does that answer your question, Mike? Can
17 you hear me?

18 CHAIRWOMAN SAVAGE: The question is what
19 you all are projecting for Medicare and Medicaid
20 volume.

21 MR. HAMBLET: Yes, that is our projection.

22 CHAIRWOMAN SAVAGE: Can you repeat that
23 again? I'm sorry.

24 MR. HAMBLET: Okay. Sorry; we seem to be

1 having an issue.

2 We're projecting that 30 percent of the
3 building, approximately 30 percent will be
4 Medicaid, and the other 70 percent will be private
5 as well as Medicare.

6 MR. SHEETS: I can clarify a little bit,
7 Mike. All of the beds will be Medicare certified,
8 and 30 percent of them -- 28 are duly certified.

9 MR. HAMBLET: Correct.

10 MR. SHEETS: That might help.

11 MR. HAMBLET: I'm sorry, Madam Chair; I'm
12 having a hard time hearing.

13 CHAIRWOMAN SAVAGE: So do we have any of
14 our Board members that have any questions or
15 comments or other staff board members?

16 MEMBER MURRAY: I just want to be clear
17 with what criteria the staff thinks have not been
18 met. It seems like a long list here in the
19 report.

20 So it seems like six criteria, and now
21 we've had the availability of funds more or less
22 addressed. So I guess my question is still on the
23 unnecessary duplication.

24 MR. CONSTANTINO: Within that 10-mile GSA

1 there's an unnecessary duplication.

2 MR. SHEETS: Well, and if I could just add,
3 you know, again, we're talking about 82 different
4 nursing homes in the entire city of Chicago. So
5 if this project was located, you know, in a more
6 rural area, you might see on that last table of
7 your State agency report, you might see three or
8 four or maybe six or eight other facilities
9 located within that GSA, but because this
10 encompasses the entire city of Chicago you have
11 82 other facilities that are listed.

12 Realistically, that 10-mile geographic
13 area for the city of Chicago is much different, as
14 I'm sure you're aware, that would be out in the
15 suburbs or in a rural area. Just the population
16 density and the travel times, everything changes
17 in the city of Chicago.

18 We believe that those criterion on most of
19 the homes, since only five of those homes actually
20 will admit ventilator-dependent patients and only
21 four will admit patients with infectious diseases,
22 that, you know, those are really the homes that
23 are in this particular service business that this
24 particular new nursing home would address.

1 So we're hoping that you can see that it's
2 not an unusual finding for a nursing home project,
3 as you probably know. There are a lot of empty
4 nursing home beds out in the state of Illinois,
5 but, again, there hasn't been a new standalone
6 nursing home in Chicago in 40 years. So we're
7 hoping that you give Chicago the chance to utilize
8 an upgraded physical plant and something new open
9 like they have out in the suburbs.

10 MR. HAMBLET: Chuck, if I may, can we ask
11 the doctor to give us a quick comment about
12 referrals? He's one of our speakers, and we'd
13 like to at least respond to that, but before we do
14 I'd like to say something just so the Board
15 members understand.

16 This is not the same as the other nursing
17 homes that exist today. This nursing home is being
18 built with infection controls that none of these
19 homes can say they have. We know for a fact that
20 not only is negative pressure one of the most
21 important aspects of this home, but so is HEPA
22 filtration and ultraviolet light inside the duct
23 work. Now, these are not things that exist in
24 nursing homes today, and it's one of the reasons

1 why a lot of the nursing homes have been plagued
2 with lots of COVID cases, for example.

3 And it's very important to note that this
4 is a new idea for a nursing home. It's not that
5 different as far as the operations go, but as far
6 as the building is, the way it's built and
7 designed and the protocols that will be in place
8 for the staff, that's the most critical factor.
9 That's what makes it so different than the other
10 homes.

11 And as I mentioned before, when we lost my
12 father, we were inspired to do something like
13 this. We realized that we probably would still
14 have him with us if there was a nursing home we
15 could have sent him to that had infection
16 prevention controls. He was on massive immune
17 suppressants, and he couldn't go home because of
18 the needs that he had. And we looked everywhere
19 from Wisconsin to Michigan, and we couldn't find
20 anything that could handle this. There was
21 nothing in Chicago; there was nothing in the
22 suburbs. So since we didn't find it, that's why
23 we've decided to build it.

24 As I mentioned earlier, we spent the last

1 year researching this. And I'm sorry that a lot
2 of our witnesses weren't able to come on today, we
3 lost them earlier, but I would like Dr. Agrawal to
4 speak. If he can be unmuted, I would appreciate it.

5 MR. MITCHELL: He's unmuted now.

6 DR. AGRAWAL: Thank you, Mitch, for that.
7 Thank you, Board, for your time today.

8 I'm a board-certified intensivist who has been
9 practicing for over 20 years in the Chicagoland
10 area, and I currently work in both COVID and
11 non-COVID ICUs, I don't want to duplicate what a
12 lot of the other doctors have said and what Mitch
13 very eloquently just said, but I do believe that
14 this is a very unique type of facility that he is
15 trying to create, and I truly do understand the
16 passion behind why he's trying to do this.

17 We've all dealt with very difficult cases
18 both personally and with family when it comes to
19 healthcare-associated infections, the toll it
20 takes on the healthcare system, the amount of
21 debilitation that every new infection brings to
22 that patient, the loss of muscle mass, the
23 decreased mobility which then can lead to a
24 downward spiral that leads to a much lower quality

1 of health, quality of life, quality for the family
2 to be able to interact, isolation leads to
3 depression, leads to all kinds of -- a rolling
4 system if you will. And then as these patients
5 keep bouncing back and forth from the assistive
6 facilities, nursing homes, skilled nursing
7 facilities back to the hospital, they use a lot of
8 resources. I can tell you that during COVID times
9 these patients present very similarly to a
10 possible COVID patient, so a lot of resources were
11 now reallocated to them. They typically ended up
12 having long stays, as well, so a real tax on the
13 healthcare system, a real tax on the availability
14 of beds.

15 If we can minimize these effects more
16 practically, if we can take a look at possible
17 data that can come out of a facility like this and
18 establish new best practices for the community at
19 large, for the country at large, we can really I
20 think have a big impact on our healthcare dollars,
21 how they're spent, on the way the facilities are
22 able to take care of the masses in a much more
23 effective way with good stewardship of resources
24 and, you know, the psychosocial aspects of all

1 this I think can be minimized in a much more
2 dramatic fashion.

3 I have worked with Mitch to try to kind of
4 come up with ideas for how to set up the facility,
5 and I feel that a lot of stuff that he has
6 integrated has been great really from a patient
7 safety need to a staff safety standpoint; I think
8 those are two very important things. I think the
9 advanced infection control policies, the negative
10 pressure, allowing for -- one of the difficulties
11 that we've had, too, in this new pandemic world is
12 where can we send our patients afterwards. A lot
13 of facilities just don't have the capability or
14 are uninterested in taking patients like this. A
15 facility like this could easily accommodate those
16 COVID patients without taxing the patient
17 healthcare system. In a time of true pandemic or
18 crisis this could even be converted to an
19 additional facility, if needed, that could
20 specialize in the care of these types of patients.

21 There's a lot of stuff that excites me
22 about a project like this, but even from a
23 day-to-day grind of taking care of patients who
24 have recurrent infections or difficult infections,

1 a place like this I think is much needed and would
2 alter our perception of how to treat these
3 patients going forward.

4 Thank you for your time. I appreciate it.

5 MR. HAMBLET: Madam Chair, is it possible
6 we can have Deanna Dang speak for us?

7 CHAIRWOMAN SAVAGE: Sure.

8 MR. MITCHELL: Deanna Dang should be
9 available to speak now.

10 CHAIRWOMAN SAVAGE: I'm sorry; can you
11 repeat that?

12 MR. MITCHELL: Deanna Dang should be
13 connected. Are you there?

14 CHAIRWOMAN SAVAGE: Repeat the name again,
15 Mike.

16 MR. MITCHELL: I believe Chuck asked for
17 Deanna Dang.

18 CHAIRWOMAN SAVAGE: Is that correct, Mitch?

19 MR. HAMBLET: Yes, that's correct.

20 Deanna, are you with us?

21 Unfortunately, Madam Chair, we've lost
22 several people due to the time. And we appreciate
23 you all staying; we really do. It makes it
24 difficult.

1 While we're waiting for Deanna, if we can,
2 Mike, we just want to verify that we answered your
3 questions about financing.

4 We are not doing this through what you may
5 be more familiar with as HUD financing. That is
6 not contingent upon that. This is a shovel-ready
7 project with a building that we have under control.
8 I will say we don't have it under control forever;
9 we have it, as we mentioned to the Board, as an
10 option to purchase, and that allows us to do this
11 process, go through licensing and be approved.
12 But as of the time this project started to now
13 we've gone through significant steps in preparing
14 and aligning financing for this and have reviewed
15 multiple sources of financing and have made the
16 decision to go to Lakeside, who has done multiple
17 projects for us in the past and understands our
18 company and understands this project.

19 So I can tell you that the reason why we
20 produced the additional letters as requested and
21 also produced the president of the bank is to show
22 you our seriousness in starting this project. I
23 can also tell you that this project is available
24 to provide not only public but private healthcare

1 and do it in a way that gives each patient the
2 exact same results and services, which I love.

3 The patient rooms are designed to be not
4 only large but private, and that's one of the
5 great features about this project, and I hope that
6 the Board recognizes this when they -- when they
7 review this.

8 MR. CONSTANTINO: I'm comfortable with the
9 financing based upon the statements of the bank.

10 MR. HAMBLET: You're breaking up. Did you
11 say you're comfortable with the financing?

12 MR. CONSTANTINO: Yeah, based upon the
13 statement the president of the bank made under
14 oath today.

15 MR. HAMBLET: Thank you.

16 CHAIRWOMAN SAVAGE: Do any of our other
17 Board members have any questions and concerns,
18 and, Dr. Murray, were your concerns addressed?

19 MEMBER MURRAY: Yes, thank you.

20 CHAIRWOMAN SAVAGE: Thank you.

21 Dr. Martell, you're on mute.

22 MEMBER MARTELL: I don't know if this was
23 answered somewhere in the audio, but what forms of
24 reimbursement are you going to be accepting from

1 the patient population?

2 MR. HAMBLET: I'll answer that or, Chuck,
3 you can go ahead and answer it.

4 MR. SHEETS: Go ahead, Mitch.

5 MR. HAMBLET: The building is going to be
6 open to both Medicaid and Medicare as well as
7 private. Is mine on or can you hear me?

8 MEMBER MARTELL: Yes, I can hear you. You
9 identified the percentage of those?

10 MR. HAMBLET: We did. I'm sorry, Member
11 Martell, that is 30 percent Medicaid and Medicare,
12 and Medicare and private for the remaining 70.

13 MR. SHEETS: So it's actually 28 beds that
14 will be duly certified, and the rest of them will
15 be Medicare certified.

16 CHAIRWOMAN SAVAGE: I can't hear you. What?

17 MR. SHEETS: I'm sorry; let me try to
18 repeat that. So 28 beds will be both Medicare and
19 Medicaid certified, and then the remaining beds
20 will be Medicare certified. And as you probably
21 know, private pay insurance like Blue Cross/Blue
22 Shield, you know, you have to be Medicare certified,
23 too, so it's always smarter to make all of them
24 Medicare certified.

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1 CHAIRWOMAN SAVAGE: Thank you. Does that
2 answer your question, Dr. Martell?

3 MEMBER MARTELL: Yes, it does. Thank you.

4 CHAIRWOMAN SAVAGE: Thank you. Any other
5 questions or concerns by Board members or State
6 Board staff.

7 (No response.)

8 CHAIRWOMAN SAVAGE: All right. Hearing
9 none, George, if you could call the roll.

10 MR. ROATE: Thank you, Madam Chair.
11 Motion made by Dr. Grundy, seconded by Dr. Murray.
12 Senator Demuzio.

13 (Audio disruption.)

14 MR. ROATE: Thank you for the yes vote.
15 Dr. Martell.

16 MEMBER MARTELL: Yes, based on the staff
17 report and the updated information provided under
18 oath today.

19 MR. ROATE: Thank you.

20 Dr. Murray.

21 MEMBER MURRAY: I vote yes based on
22 today's testimony and the staff report.

23 MR. ROATE: Thank you.

24 Dr. Grundy.

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1 MEMBER GRUNDY: I vote yes based on the
2 staff report and the updated testimony.

3 MR. ROATE: Thank you.
4 Chairwoman Savage.

5 CHAIRWOMAN SAVAGE: I vote yes based on
6 the State Board staff report and the testimony and
7 updates today.

8 MR. ROATE: Thank you. That's 5 votes in
9 the affirmative -- oh, Mr. Kaatz, are you with us
10 this evening?

11 MEMBER KAATZ: Yes. I vote yes based on
12 the applicant's ability to answer the questions
13 that were before them, the overall quality of the
14 testimony, and the staff report.

15 MR. ROATE: Sorry about that, sir.
16 Thank you.

17 That's 6 votes in the affirmative.

18 CHAIRWOMAN SAVAGE: And so the application
19 for the permit is approved. Thank you so much and
20 thank you for staying with us during our delays
21 and technological problems today.

22 MR. HAMBLET: Thank you for staying with us.

23 - - -

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1 CHAIRWOMAN SAVAGE: All right. So next up
2 is H-07, Project 20-037, Blessing Hospital
3 Ambulatory Surgical Treatment Center in Quincy.
4 May I have a motion to approve Project 20-037,
5 Blessing Hospital Ambulatory Surgery Treatment
6 Center for the expansion and build-out shell space.

7 MEMBER MURRAY: So moved.

8 CHAIRWOMAN SAVAGE: May I have a second?

9 MEMBER MARTELL: Second.

10 CHAIRWOMAN SAVAGE: Thank you, Dr. Martell
11 and Dr. Murray. There are no requests from the
12 public to offer public testimony, so thank you.

13 Is there anyone present to present the
14 applicant -- to represent the applicant.

15 MS. KAHN: Yes, I am Maureen Kahn.

16 CHAIRWOMAN SAVAGE: Okay. Can we get you
17 sworn in, please?

18 (Witness sworn.)

19 CHAIRWOMAN SAVAGE: Mike Constantino, if
20 you could please present the State Board staff
21 report.

22 MR. CONSTANTINO: The Applicants are
23 proposing a build-out of shell space approved as
24 part of #19-029 the establishment of an ASTC on

1 the Hospital campus at a cost of \$763 thousand.

2 (Audio disruption.)

3 CHAIRWOMAN SAVAGE: Thank you, Mike.

4 Okay. Maureen, if you want to go ahead
5 with your presentation.

6 MS. KAHN: Good afternoon, Ms. Avery, and
7 Board members, and staff. I'm Maureen Kahn. I'm
8 the president and chief executive officer of
9 Blessing Health System and Blessing Hospital, and
10 today in the room with me I've got Patrick Gerveler,
11 our CFO; Lori Wilkey, our administrative director
12 of surgical services; Margaret Stagaman, who is
13 our strategic planning coordinator, and I should
14 probably start with thanking the staff for their
15 assistance and the Board for your time here today
16 since it's been a long day.

17 We had one concern that came out of the
18 project that we submitted, and it was the
19 reasonableness of our project cost at the time of
20 submitting the budget for this fourth OR build-out.
21 At the time that we submitted our project, our
22 pricing at that time was based on the conceptual
23 layout and some estimated pricing. Since the time
24 of our submission we have now gotten all of our

1 finalized prices, and our costs are now coming in
2 below the State standard for the square footage
3 cost. So I think now -- and I hope I don't say
4 that incorrectly, Mike, but I think we are now
5 \$2 below the State standard on cost. So we
6 brought that number back down.

7 So I think other than that, that was the
8 only area that we fell out in our project
9 submission, and I would respectfully ask for the
10 Board's approval on this application to build out
11 the shell space for us in the ambulatory surgery
12 center while it's under construction right now.
13 We're doing this; we've learned a lot going
14 through the project; we've hired additional
15 surgeons; we've got volume, as well as we know
16 with certain viruses we need some time in turning
17 over rooms and allowing them to ventilate properly
18 at the proper air exchange before we put another
19 patient in the room, and we want to be able to
20 have this room to use it as a flip room and get
21 the right timing for our patients in ambulatory
22 surgery. That's the request.

23 CHAIRWOMAN SAVAGE: Thank you. Do our Board
24 members or other Board staff have any questions?

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1 (No response.)

2 CHAIRWOMAN SAVAGE: Okay. Hearing none,
3 if, George, you could call the roll.

4 MR. ROATE: Thank you, Madam Chair.

5 Motion made by Dr. Martell, seconded by
6 Dr. Martell.

7 Senator Demuzio.

8 (Audio disruption.)

9 MR. ROATE: Thank you.

10 Dr. Murray. Dr. Murray.

11 MEMBER MURRAY: I vote yes based on the
12 revised report.

13 MR. ROATE: Thank you.

14 Dr. Martell.

15 MEMBER MARTELL: Yes, based on the staff
16 report and the clarification on the financials.

17 MR. ROATE: Thank you.

18 Mr. Kaatz.

19 MEMBER KAATZ: I vote yes based on the
20 work that the staff did, as well as the material
21 in the testimony, and I also like the level of
22 consciousness that the applicant provided in their
23 explanation of the project. So I vote yes.

24 MR. ROATE: Thank you.

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1 Dr. Grundy.

2 MEMBER GRUNDY: I vote yes based on the
3 revised staff report.

4 MR. ROATE: Thank you.

5 Chairwoman Savage.

6 CHAIRWOMAN SAVAGE: Yes.

7 MR. ROATE: Thank you. That's 6 votes in
8 the affirmative.

9 MEMBER MURRAY: This is our last one. I
10 move we adjourn.

11 CHAIRWOMAN SAVAGE: So now we have to do
12 the approval of all these other things. Right?

13 May I have a motion to approve the
14 June 30th, 2020, meeting transcript.

15 MEMBER MURRAY: Yes, I move -- can we move
16 everything at once because I'm getting ready to
17 get off of this call.

18 MEMBER MARTELL: I second it.

19 CHAIRWOMAN SAVAGE: Okay. So let me revise
20 that. So may I have a motion to approve the
21 June 30th, 2020, meeting transcript, the record
22 items through AA as listed on the September 22nd,
23 2020, final meeting agenda and the -- well, we
24 didn't have a financial report. Just those things.

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1 MEMBER MURRAY: I so move.

2 CHAIRWOMAN SAVAGE: Go ahead.

3 MEMBER MURRAY: I so move.

4 CHAIRWOMAN SAVAGE: And may I have a second.

5 MEMBER MARTELL: Second.

6 CHAIRWOMAN SAVAGE: Thank you. Okay. So
7 those are passed or do we need to vote?

8 MEMBER MURRAY: Just say all in favor and
9 let's move on.

10 CHAIRWOMAN SAVAGE: All in favor everyone.

11 (Ayes heard.)

12 CHAIRWOMAN SAVAGE: We did not have any
13 financial reports and then -- oh, you do.

14 MS. AVERY: We'd ask that you please
15 review the financial report and let us know if you
16 have any questions.

17 CHAIRWOMAN SAVAGE: Okay. And the
18 2021 meeting dates, did anyone have any issues
19 with that.

20 MEMBER MURRAY: If it's not a motion,
21 let's not discuss it.

22 MEMBER MARTELL: Realistic, I'll be
23 honest, I will need to -- I received that in my
24 disk, and I will have to take a look at that. My

1 planning schedule is a little off.

2 CHAIRWOMAN SAVAGE: I can't imagine why.

3 If we can ask everyone no later than
4 October 9th to advise Courtney of any potential
5 conflicts, and we'll approve it at the November 5th
6 next meeting that we have.

7 MEMBER MURRAY: Great.

8 MEMBER MARTELL: All right. Our meeting
9 is adjourned -- oh, motion to adjourn; I'm sorry.

10 (Audio disruption.)

11 MEMBER MARTELL: Thank you, Senator. May
12 I have a second.

13 MEMBER GRUNDY: I'll second.

14 CHAIRWOMAN SAVAGE: Fabulous. All in favor.

15 (Ayes heard.)

16 CHAIRWOMAN SAVAGE: We are now adjourned.

17 (Off the record at 5:44 p.m.)

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CERTIFICATE OF SHORTHAND REPORTER

I, Paula M. Quetsch, Certified Shorthand Reporter No. 084-003733, CSR, RPR, 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 6th day of October, 2020.

My commission expires: October 16, 2021



Notary Public in and for the
State of Illinois

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