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 1       HEALTH FACILITIES AND SERVICES REVIEW BOARD

             525 West Jefferson Street, 2nd Floor

 2               Springfield, Illinois  62761

                      217-782-3516

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 9                      BOARD MEETING

10                    (May 14, 2013)

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12      Regular Session of the meeting of the State of

13  Illinois Health Facilities and Services Review Board

14  was held on May 14, 2013, at the Bolingbrook Golf

15  Club, 2001 Rodeo Drive, Bolingbrook, Illinois.

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 1   PRESENT:

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         Dale Galassie - Chairman
 3       Mike Jones

         Matthew Hammoduh
 4       Alan Greiman

         Alexis Kendrick
 5       Frank Urso

         Courtney Avery
 6       Richard Sewell

         Kathy Olson
 7       James Burden

         Deanna DeMuzio
 8       David Carvalho

 9

10   The Court Reporter:

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12   Pamela K. Needham, IL CSR, MO CCR
     Midwest Litigation Services
13   711 North 11th Street
     St. Louis, MO  63101
14   314-644-2191

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 1   P R O C E E D I N G S

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 3   (On the record at 10:02 a.m.)

 4   CHAIRMAN DALE GALASSIE: Good morning,

 5   ladies and gentlemen. I'm going to attempt to call

 6   us to order. Welcome here on this beautiful summer

 7   day. Or so we're told. We are a little disjointed

 8   in our agenda this morning, we will soon be doing

 9   the formalities of agenda and minutes. Alexis will

10   guide us through public participation, there are

11   nine or ten folks here who have signed up for public

12   participation in which, if you're new to the room,

13   we have moved up into the beginning of the meeting

14   for multiple sakes. We also have guidelines

15   regarding public participation, trying to respect

16   your time lines, as well as the time lines of the

17   Board and staff and everyone involved. We

18   appreciate your staying within those guidelines, and

19   if, in fact, we have to interrupt you during public

20   participation, we certainly mean to do it

21   respectfully, but we also respect everyone else's

22   time in the room, so we will, in fact, do it. Thank

23   you for that.

24   We will then be going into an Executive

25   Session, which we felt we needed to move up into the

 1   beginning of the meeting for, for reasons that I

 2   will not articulate right now. And I, and we

 3   anticipate our Executive Session to be half hour, 45

 4   minutes. So after public participation, we will go

 5   in on Executive Session, we will need to clear the

 6   room, and you can anticipate a half hour to 45

 7   minutes if you want to go out there and get golf

 8   lessons or something.

 9   That having been said -- oh. Let me

10   welcome Nelson Agbodo, our new Health Data Manager;

11   welcome Nelson, we're happy to have you here, a new

12   face in the room. If those of you that are regulars

13   haven't met Nelson, please introduce yourselves

14   during the day.

15   I would like to have a call to order.

16   Roll call.

17   MR. GEORGE ROATE: Certainly. Chairman

18   Dale Galassie.

19   CHAIRMAN DALE GALASSIE: Here.

20   MR. GEORGE ROATE: Vice-Chairman John

21   Hayes.

22   CHAIRMAN DALE GALASSIE: Absent.

23   MR. GEORGE ROATE: Phillip Bradley.

24   MR. PHILLIP BRADLEY: Here.

25   MR. GEORGE ROATE: Dr. James Burden.

1   DR. JAMES BURDEN: Here.

2   MR. GEORGE ROATE: Senator Deanna

3   DeMuzio.

4   SENATOR DEANNA DeMUZIO: Here.

5   MR. GEORGE ROATE: Justice Allen

6   Grieman.

7   JUSTICE ALLEN GRIEMAN: Here.

8   MR. GEORGE ROATE: Kathy Olson.

9   MS. KATHY OLSON: Here.

10   MR. GEORGE ROATE: David Penn.

11   MR. MR. DAVID PENN: Here.

12   MR. GEORGE ROATE: Richard Sewell.

13   MR. RICHARD SEWELL: Here.

14   MR. GEORGE ROATE: Eight members

15   present.

16   CHAIRMAN DALE GALASSIE: Now we're going

17   to put members through a freshman year project. If

18   you could find a piece of paper and just do a

19   fourfold and print your last name on there, we have

20   a new recorder, and I think she would be very

21   appreciative if you would, please, place a folded

22   sheet in front of you. We apologize, we forgot the

23   name pens.

24   That having been said, can I have an

25   approval of the agenda? Prior to approval, I think

 1   there's a change to the agenda?

 2   MR. MIKE CONSTANTINO: Yes, sir.

 3   Riverside Medical Center has deferred project Number

 4   12-089.

 5   CHAIRMAN DALE GALASSIE: Very good;

 6   Riverside has, in fact, deferred. May I have an

 7   approval of the agenda with the Riverside deferral,

 8   please?

 9   MR. RICHARD SEWELL: So moved.

10   CHAIRMAN DALE GALASSIE: We need a

11   second.

12   MS. KATHY OLSON: Second.

13   CHAIRMAN DALE GALASSIE: Moved and

14   seconded. All in favor?

15   (All in favor voted in the affirmative.)

16   CHAIRMAN DALE GALASSIE: Opposed?

17   (None opposed.)

18   CHAIRMAN DALE GALASSIE: Hearing none,

19   motion passes, thank you very much.

20   Approval of the minutes. Do I have a

21   motion to approve, put the minutes on the table?

22   SENATOR DEANNA DeMUZIO: So moved.

23   CHAIRMAN DALE GALASSIE: Motion. Thank

24   you, Senator.

25   MS. KATHY OLSON: Second.

1   CHAIRMAN DALE GALASSIE: Motion and a

2 second. Any questions, comments or changes on the

3 minutes?

4   (No comments.)

5   CHAIRMAN DALE GALASSIE: Hearing none,

6 motion to approve. All in favor?

7   (All in favor voted in the affirmative.)

8   CHAIRMAN DALE GALASSIE: Opposed?

9   (None opposed.)

10   CHAIRMAN DALE GALASSIE: Hearing none,

11 thank you very much. Minutes are approved.

12   We will now move into public

13 participation, and I will turn it over to Mrs.

14 Kendrick for both advising our public rules, and

15 then following through with public participation.

16 We will, in fact, invite people up four or five at a

17 time, if you will. You will not have to be sworn in

18 for public participation, but when you do speak, we

19 would ask that you advise us if you are in support

20 or opposed to the issue, and if, in fact, you would

21 please spell your name for our reporter. Alexis,

22 it's all yours.

23   MS. ALEXIS KENDRICK: Thank you,

24 Mr. Chairman. I'm going to read some guidelines for

25 public participation. The Open Meetings Act

 1   requires that any person shall be permitted an

 2   opportunity to address public officials under the

 3   rules established and recorded by the public body.

 4   Each speaker will be allotted two minutes to provide

 5   their comments about agenda items listed on today's

 6   agenda. Please understand, when signalled, you must

 7   conclude your comments. Inflammatory or derogatory

 8   comments are prohibited. Comments should not be

 9   personal, and not be disruptive to the Board's

10   proceedings. Again, please make sure that your

11   comments are focused and relevant to the specific

12   projects on the current day's agenda.

13   We actually only have four speakers

14   today, so I'm going to call all four speakers to the

15   table. John Burger, Nathian Llewellyn, Edwin Cook,

16   and Gihad Ali.

17   In light of the deferral, those who

18   signed up for 12-089 will not speak today. And

19   we'll begin with Project 12-096, Jonathan Burger and

20   Nathian Llewellyn.

21   CHAIRMAN DALE GALASSIE: Good morning,

22   folks. Welcome.

23   MR. JONATHAN BURGER: Good morning, I'm

24   speaking in opposition; my name is Burger,

25   B-U-R-G-E-R.

 1   CHAIRMAN DALE GALASSIE: Thank you.

 2   MR. JONATHAN BURGER: Good morning, my

 3 name is John Burger, and I'm the Medical Director

 4 for the Emergency Department at Presence St.

 5 Joseph's Medical Center in Joliet, and I'm here

 6 today to express my opposition to Silver Cross

 7 Hospital's proposed free-standing emergency center.

 8 Presence St. Joseph is a non-for-profit hospital and

 9 a member of the Presence Health System, and with the

10 moving of Silver Cross to New Lenox, it's the only

11 remaining hospital in Joliet.

12   As this Board is aware, early in 2012

13 Silver Cross relocated from Joliet to the more

14 affluent community of New Lenox. Their FEC has

15 proposed to be located in Frankfort, again, one of

16 the more affluent communities within the suburban

17 area. This is important to recognize not only

18 because of the obvious financial benefits to Silver

19 Cross, but because of the impact on other area

20 providers, including Presence St. Joseph Medical

21 Center, which has elected to stay and serve in

22 Joliet.

23   Silver Cross insists that these

24 residents of Frankfort are somehow their patients.

25 As a result, other area hospitals, five of which

 1   have been deemed underutilized by a report from your

 2   staff, will not be directly impacted. That position

 3   is not supported by the current state of affairs.

 4   Since its relocation and opening of its Homer Glen

 5   FEC, Silver Cross has already gained market share

 6   and competitive advantage in that area. When one

 7   provider's share goes up, the other provider's share

 8   invariably goes down. The vast majority of patients

 9   are free to seek care wherever they choose, and that

10   includes providers other than Silver Cross. We,

11   along with every other hospital in the area, treat

12   patients in the Frankfort community for a 12-month

13   period ending in June of 2012, our area took care of

14   over 190 patients from the Frankfort area, just as

15   we treated every other patient in the community,

16   specifically those who are most financially

17   disadvantaged. More importantly, so did every other

18   hospital in the area. For Silver Cross to say they

19   fully anticipate that no other provider will be

20   impacted by the proposed FEC simply does not make

21   sense.

22   Lastly, Presence St. Joseph has recently

23   developed a relationship as a highly respected FQAC,

24   which is also building a clinic on the former Silver

25   Cross Hospital site, not avoiding services. We

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 1    would encourage Silver Cross to also develop cost

 2    effective services commensurate with the appropriate

 3    levels of care for communities most in need,

 4    particularly -- particularly those that are

 5    financially disadvantaged and underserved

 6    populations.

 7              Thank you again for considering the

 8    negative impact this project will have on the area

 9    hospitals.

10              CHAIRMAN DALE GALASSIE:  Thank you, Dr.

11    Burger.

12              MR. NATHIAN LLEWELLYN:  Nathian

13    Llewellyn.

14              CHAIRMAN DALE GALASSIE:  Good morning

15    Mr. Llewellyn.

16              MR. NATHIAN LLEWELLYN:  Good morning.

17    The first name is N-A-T-H-I-A-N; the last name

18    L-L-E-W-E-L-L-Y-N.

19              I am here today on behalf of Advocate

20    South Suburban Hospital in Hazel Crest, Illinois, to

21    oppose the proposed Silver Cross Hospital

22    Free-Standing Emergency Center in Frankfort.

23    Considering the current financial situation in

24    Illinois, we believe that providers should continue

25    to work with the State to lower costs and coordinate
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 1   care, not promote a greater rate of transitory

 2   Emergency Department utilization.

 3   Conservatively, about 56 percent or 67

 4   million of US ED visits are potentially avoidable

 5   each year. Unnecessary Emergency Department usually

 6   accounts for about $40 billion in basic US health

 7   care spending each year. While there may be a

 8   small, isolated set of numbers that show FEC's

 9   provide a marginally cheaper care than acute care

10   hospital Emergency Departments, treatment at a

11   free-standing emergency facility still is

12   significantly more expensive than the care provided

13   by a primary care physician. According to a study

14   commissioned by the Agency for Health Care Research

15   and Quality, the average cost of an ED visit is

16   $580.00 more than the cost of a primary physician

17   office based health care visit. In an area already

18   well served by existing emergency care facilities,

19   urgent care centers and primary care physicians,

20   there seems no need to facilitate greater access to

21   a higher cost option.

22   In addition, experts believe that for

23   nonemergency patients, the ED simply cannot provide

24   the continuity of care that the primary care system

25   offers. The episodic nature of ED care lacks the

 1   benefits associated with a primary care provider,

 2   including enhanced clinical diagnostic accuracy and

 3   treatment, disease prevention, and patient

 4   compliance to treatment regimens.

 5   As we continue to work with the

 6   Government to find effective solutions to our

 7   growing health care crisis, it has become clear that

 8   decreasing unnecessary Emergency Department visits

 9   and coordinating care through primary care

10   physicians are our foundations.

11   For these reasons, we are confident that

12   an FEC is not the right thing for the area at this

13   time. We urge the Board to stand by its previous

14   decision to deny the application for a free-standing

15   Emergency Department in Frankfort. Thank you.

16   CHAIRMAN DALE GALASSIE: Thank you.

17   Good morning. If you could just pull

18   that mike up close to you, please? Thank you.

19   MS. GIHAD ALI: Good morning, Chairman

20   Galassie and members of the board and staff, my name

21   is Gihad Ali, G-I-H-A-D, last name A-L-I, and I'm an

22   American Muslim born and raised in Chicago. As a

23   staff member of the Arab American Action Network, a

24   non-profit organization that networks primarily with

25   Muslim families, I am here today to support

 1   Preferred Surgicenter's Certificate of Need permit

 2   application and express how it would greatly benefit

 3   American Muslims of all backgrounds, whether Arab,

 4   South Asian, African American, Latino, white

 5   converts, or others. If you grant a CON, Preferred

 6   Surgicenter would become the first health care

 7   facility in Illinois that is responsive to the needs

 8   of American Muslims who want to follow the

 9   principles of Islamic law regarding health care

10   services.

11   My Muslim mother was a cancer patient

12   for five years before she passed. Together we

13   visited close to 1000 hospitals across Chicagoland.

14   The hospital gowns she had to wear were far from

15   appropriate for a Muslim whose religion teaches her

16   to dress conservatively and wear hijabs, and she

17   missed many obligatory prayers, not because of her

18   health, but because there were no facilities to make

19   the necessary cleansing before prayer. The

20   hospitals offered religious services, but never

21   Muslim ones, and there were often Bibles in the

22   room, but never a Koran or Muslim prayer rug.

23   The Pew Forum on Religion and Public

24   Life predicts that the number of US Muslims will

25   grow from 2.6 million today to 6.2 million in 2030.

 1   Here we have one the largest populations of Muslims

 2   in the country with close to 500,000 living across

 3   greater Chicago. As an American, I should not have

 4   to leave my religion at the door when I utilize

 5   health services. Preferred Surgicenter will allow

 6   me to receive care from professionals who understand

 7   my specific needs.

 8   As you know, a delay in receiving

 9   medical care today would increase the cost of care

10   in the future. For 18 years, our organization has

11   advocated for community members, and we have found

12   that, unfortunately, many American Muslims do not

13   seek treatment because existing providers are

14   unfamiliar with their cultural and religious customs

15   and practices. We must immediately address the

16   needs of the growing American Muslim population.

17   Please help Preferred Surgicenter be an agent for

18   positive social change and vote yes to approve this

19   proposal. Thank you very much.

20   CHAIRMAN DALE GALASSIE: Thank you,

21   Ms. Ali. Good morning.

22   MR. EDWIN COOK: Good morning. Hello,

23   Mike.

24   CHAIRMAN DALE GALASSIE: Could you pull

25   that mike closer, please? Thank you very much.

 1   MR. EDWIN COOK: Good morning, my name

 2   is Dr. Edwin Cook, that's E-D-W-I-N, C-O-O-K. I am

 3   a practicing nephrologist in the Chicago area for

 4   over 30 years, I'm here in support of the proposal

 5   to establish West Side Dialysis.

 6   In over 30 years of practice, I have

 7   seen the number of cases of end stage renal disease

 8   skyrocket. From 1980 when I began, to 2010, the

 9   number of recorded end stage renal disease cases in

10   the United States has increased nearly tenfold, from

11   around 60,000 to about 600,000. This increase is

12   due in a large part to the epidemic in diabetes and

13   hypertension fueled by the obesity epidemic in our

14   country. One of the results of the higher obesity

15   rates is the increased prevalence of diabetes and

16   hypertension, which together account for about

17   two-thirds of the end stage renal disease we see.

18   In fact, diabetes accounts for about 44 percent of

19   all new cases of kidney failure, and hypertension

20   causes about 25,000 new cases of kidney failure

21   annually. The number of individuals with diabetes

22   and hypertension continues to rise. The incidence

23   and prevalence of kidney failure will continue to

24   increase for the foreseeable future.

25   African Americans are particularly at

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BOARD MEETING 5/14/2013

 1   risk for the high incidence of chronic kidney

 2   disease, and the hazard ratio of 1.83 for developing

 3   end stage renal disease means they're almost twice

 4   as likely as the general population to need

 5   dialysis, or transplantation. African Americans

 6   with chronic kidney disease are two times likely to

 7   need renal replacement therapy prior to death than

 8   the general population.

 9   In my years as a nephrologist I've been

10   part of a vast improvement in the quality of renal

11   care provided to patients. While the nephrology

12   community can take a lot of credit for improvements

13   in dialysis protocols, DaVita is responsible for

14   implementing many processes in the quality at issue

15   such as Kidney Smart Impact and CathAway, which are

16   aimed at improving patient education and outcomes.

17   Kidney Smart classes and the accompanying website

18   educate individuals on treating kidney disease, how

19   to better manage their health and slow the

20   progression of the disease, and available treatment

21   options.

22   MS. ALEXIS KENDRICK: Thirty seconds.

23   MR. EDWIN COOK: Since we've been

24   associated with DaVita, our patients have benefited

25   from the rigorous and robust quality assurance

 1   program that we, as individual providers, utilize

 2   constantly. We are incessant in measuring and

 3   remeasuring outcomes and providing evidence-based

 4   protocols and adjusting those protocols that truly

 5   do improve outcomes. Thank you.

 6   CHAIRMAN DALE GALASSIE: Thank you,

 7   Dr. Cook.

 8   MS. ALEXIS KENDRICK: Just for board

 9   members, that was project 12-102, it's Item E-06 on

10   the agenda.

11   MR. DAVID PENN: Say that again.

12   MS. ALEXIS KENDRICK: 12-102, West Side

13   Dialysis, and it's Item E-06.

14   And that concludes our public

15   participation.

16   CHAIRMAN DALE GALASSIE: That having

17   been said, we will be moving into Executive Session.

18   I need a motion to move into Executive Session. If

19   Counsel Urso will read that, please.

20   MR. MR. MR. MR. FRANK URSO: The Board

21   has requested to go into Executive Session pursuant

22   to Section 2C-11 and 2C-21 of the Open Meetings Act.

23   CHAIRMAN DALE GALASSIE: Can I have a

24   motion and a second on that?

25   SENATOR DEANNA DeMUZIO: So moved.

1   MS. KATHY OLSON: Second.

2   CHAIRMAN DALE GALASSIE: A motion and a

3 second. I need a -- all in favor of the motion.

4   (All in favor voted in the affirmative.)

5   CHAIRMAN DALE GALASSIE: Opposed?

6   (None opposed.)

7   CHAIRMAN DALE GALASSIE: Hearing none,

8 we'll go into Executive Session. Thank you for

9 clearing the room.

10

11   (The Board went into Executive Session at 10:20

12 a.m.)

13   (Executive Session bound under separate cover.)

14   (Recess)

15

16   (Open session resumed at 10:54 a.m.)

17   CHAIRMAN DALE GALASSIE: We are out of

18 Executive Session, thank you very much, we

19 appreciate your compliance.

20   We are moving forward to Item Number 7

21 on the agenda, Compliance Issues, Settlement

22 Agreements and Final Orders. We have three actions.

23 Okay, the motion will read: To refer three

24 projects, Project Number 1, Project Number 10-031,

25 Pecatonica Pavilion, LLC, comma, to refer Morrison

 1   Community Hospital Re: Annual Hospital

 2   Questionnaire, comma, and to refer Van Matre

 3   HealthSouth Rehabilitation Hospital Re: Annual

 4   Hospital Questionnaire. That is a motion to refer

 5   all three of those items.

 6   MR. PHILLIP BRADLEY: So moved.

 7   CHAIRMAN DALE GALASSIE: Yeah, Frank's

 8   going to elaborate.

 9   MR. FRANK URSO: What we're seeking,

10   Mr. Chair and Board Members, is a motion to refer

11   these matters to legal counsel for review and filing

12   of any notices of noncompliance, which may include

13   sanctions that are detailed and specified in the

14   Board's act and the Board rolls. Thank you.

15   CHAIRMAN DALE GALASSIE: Do I have a

16   motion and a second on that?

17   SENATOR DEANNA DeMUZIO: Motion.

18   MS. KATHY OLSON: Second.

19   CHAIRMAN DALE GALASSIE: Moved and

20   seconded. Roll call, please?

21   MR. GEORGE ROATE: Motion made by

22   Senator DeMuzio, seconded by Ms. Olson. Mr.

23   Bradley?

24   MR. PHILLIP BRADLEY: Yes.

25   MR. GEORGE ROATE: Dr. Burden?

1   DR. JAMES BURDEN: Yes.

2   MR. GEORGE ROATE: Senator DeMuzio?

3   SENATOR DEANNA DeMUZIO: Yes.

4   MR. GEORGE ROATE: Justice Greiman?

5   JUSTICE ALLEN GRIEMAN: Yes.

6   MR. GEORGE ROATE: Ms. Olson?

7   MS. KATHY OLSON: Yes.

8   MR. GEORGE ROATE: Mr. Penn?

9   MR. DAVID PENN: Yes.

10   MR. GEORGE ROATE: Mr. Sewell?

11   MR. RICHARD SEWELL: Yes.

12   MR. GEORGE ROATE: Chairman Galassie?

13   CHAIRMAN DALE GALASSIE: Yes.

14   MR. GEORGE ROATE: That's eight votes in

15   the affirmative.

16   CHAIRMAN DALE GALASSIE: Thank you very

17   much; motion passes.

18   Moving on to 7B, final orders. Mr.

19   Urso?

20   MR. FRANK URSO: Mr. Chair and Board

21   Members, I request approval on final order for

22   Sherman Hospital, which is Docket Number 13-02. We

23   need a final order of approval on than particular

24   matter. Thank you.

25   CHAIRMAN DALE GALASSIE: May I have a

 1   motion and a second?

 2   MR. RICHARD SEWELL: So moved.

 3   SENATOR DEANNA DeMUZIO: Second.

 4   CHAIRMAN DALE GALASSIE: Moved and

 5   seconded. Roll call, please?

 6   MR. GEORGE ROATE: Motion made by

 7   Mr. Sewell, seconded by Senator DeMuzio.

 8   Mr. Bradley?

 9   MR. PHILLIP BRADLEY: Yes.

10   MR. GEORGE ROATE: Dr. Burden?

11   DR. JAMES BURDEN: Yes.

12   MR. GEORGE ROATE: Senator DeMuzio?

13   SENATOR DEANNA DeMUZIO: Yes.

14   MR. GEORGE ROATE: Justice Greiman?

15   JUSTICE ALLEN GRIEMAN: Yes.

16   MR. GEORGE ROATE: Ms. Olson?

17   MS. KATHY OLSON: Yes.

18   MR. GEORGE ROATE: Mr. Penn?

19   MR. DAVID PENN: Yes.

20   MR. GEORGE ROATE: Mr. Sewell?

21   MR. RICHARD SEWELL: Yes.

22   MR. GEORGE ROATE: Chairman Galassie?

23   CHAIRMAN DALE GALASSIE: Yes.

24   MR. GEORGE ROATE: Eight votes in the

25   affirmative.

 1   CHAIRMAN DALE GALASSIE: Motion passes;

 2   thank you very much.

 3   Moving on to Item 8, Post Permit Items

 4   Approved By the Chair. Mr. Constantino, if you

 5   could share those with us, please. And if board

 6   members have any questions, of course, we'll

 7   entertain them.

 8   MR. MIKE CONSTANTINO: Thank you,

 9   Mr. Chairman. The first item is an exemption,

10   Fresenius Medical Care Naperville North was approved

11   to add 7 ESRD stations.

12   A permit renewal for Fresenius Medical

13   Care Holdings, Inc., approved for the renewal of

14   permits until May, 2014. This transaction involved

15   a corporate restructuring by Fresenius of 21

16   facilities.

17   Third item, Permit Alteration, St.

18   Joseph Hospital Medical Office Building approved for

19   an alteration to permit to increase the leased gross

20   square footage. There is no change in the total

21   cost of this project. This was approved May 4th,

22   2013.

23   The final item was a Permit Alteration

24   for Manor Court of Freeport. The permit holders

25   increased the gross square footage and the project

1   cost. Thank you, Mr. Chairman.

2   CHAIRMAN DALE GALASSIE: Thank you. Any

3   questions from board members?

4   (No questions.)

5   CHAIRMAN DALE GALASSIE: Hearing none,

6   moving on to Item Number 9, Items For State Board

7   Action. Permit Renewal Requests, we have none.

8   Extension Requests, we have none.

9   9C, we have two presentations, updates

10 for the Board. And the first, if we have any

11 representatives here from SwedishAmerican Regional

12 Cancer Center.

13   Good morning, folks. If you will come

14 up and introduce yourselves, spelling your names for

15 our recorder, and we'll then have you sworn in.

16   DR. BILL GORSKI: Thank you, Mr.

17 Chairman, I'm Dr. Bill Gorski, G-O-R-S-K-I, I'm the

18 CEO of SwedishAmerican Health System, and I will let

19 my colleagues introduce themselves.

20   MR. TOM MYERS: I'm Tom Myers,

21 M-Y-E-R-S, I'm Vice-president of Strategy at

22 SwedishAmerican Health System.

23   MR. ROCKY EPHRAIM: Good morning, Rocky

24 Ephraim, last name is E-P, as in Paul, H-R-A-I-M,

25 Director of Performance Improvement.

 1   CHAIRMAN DALE GALASSIE: Thank you,

 2 gentlemen. If you would swear them in.

 3   (All were sworn.)

 4   CHAIRMAN DALE GALASSIE: Comments for

 5 the Board, Doctor?

 6   MR. BILL GORSKI: Thank you,

 7 Mr. Chairman. Good morning, everyone. It was a

 8 little over a year ago that we were here and you

 9 were gracious enough to approve our project for the

10 Regional Cancer Center, which is under way, and I'll

11 give you a report on that in a moment. I believe

12 that the major intent of being here, and I think it

13 was Dr. Burden back then who expressed an interest

14 in our affiliation with the University of Wisconsin

15 in Madison, and I'd be happy to give you an update

16 on that if the Chair, if that's okay with you, sir.

17   CHAIRMAN DALE GALASSIE: Sure.

18   MR. BILL GORSKI: So this affiliation

19 agreement is approximately three years old. The

20 intent at that time remains the same, it was to --

21 was and is to have secured a relationship with a

22 very well respected academic medical center actually

23 very close to Rockford in proximity. The driving

24 time is a little over an hour, and the relationship

25 has worked out very well.

 1   Actually, in our market, University of

 2   Wisconsin in Madison is the most popular place for

 3   tertiary and quarternary care to be delivered on the

 4   market. It isn't actually Chicago or Milwaukee, or

 5   even academic centers in other states. So we know

 6   and in the course of that relationship sought to

 7   develop this relationship to further that, that

 8   tertiary and quarternary relationship with patients.

 9   The other thing that we have seen over

10   the years is that self-referral or health migration

11   is relatively common. And again, from the very

12   beginning in our relationship with UW was the intent

13   that this relationship would not foster further out

14   migration, but actually keep more patients in the

15   Rockford area and the SwedishAmerican. So that has

16   been a cornerstone of that relationship from the

17   very beginning, and I would have to say that our

18   partners at UW are very in tune with that and

19   understand that that's the intent.

20   So far, three years in, there have been

21   a variety of things that we have done with UW. We

22   have a telestroke relationship with them, any of you

23   who may be familiar with telestroke, which is the

24   electronic way you can assess the status of a stroke

25   patient in an emergency room, has worked out very

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 1   very well.  It has added to our own capability of

 2   delivering prompt care to stroke patients.

 3                 We also have an electronic ICU

 4   relationship with UW, which again is a telemedicine

 5   way to allow oversight 24/7 to our ICU from the

 6   intensive care specialists at UW, again to augment

 7   the care that we are already delivering.  We have a

 8   complex congestive heart failure clinic at

 9   SwedishAmerican where a UW expert comes down monthly

10   and meets with our congestive heart failure

11   patients.  That's also worked out very well.

12                 Clearly the cornerstone of the

13   relationship has been the Regional Cancer Center.

14   We have recently provided a status report to you on

15   the progress of that project, and with blessings for

16   their mild winter, we had up until about February or

17   so, the project's on time and is on budget.  By the

18   time the snow came down, we were under roof and well

19   under way.  The facility, itself, is magnificent,

20   and again, we're very grateful for your approval,

21   approval last year.

22                 With respect to how UW enters into that

23   project, UW has a nationally known cancer center

24   called the Carbone Cancer Center, and with that

25   relationship we have forged with them, we now will
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 1   have access to their protocols so that patients who

 2   enter into our cancer center will have the benefit

 3   of knowing that they are getting the latest top

 4   notch recommendation that they might. We also will

 5   be looking to UW to provide medical direction and

 6   leadership to this program. There will be, as

 7   needed, onsite physician clinics to be determined,

 8   and then robust telemedicine services with UW to

 9   allow us to augment our multi-disciplinary treatment

10   teams, which include cancer of the breast and lung.

11   So again, the goal with the

12   relationship, particularly with this cornerstone of

13   the cancer center, is to keep more patients in our

14   area to receive cancer treatment here rather than

15   out migrating to UW.

16   So really, in summary, three years in

17   it's been a very gratifying situation with them,

18   we're appreciative of their expertise, and believe

19   that it will augment the care of patients in

20   Illinois.

21   CHAIRMAN DALE GALASSIE: Thank you,

22   Doctor. Any questions from the Board for Dr. Gorski

23   or Mr. Myers or Ephraim?

24   Yes, Dr. Burden?

25   DR. JAMES BURDEN: I appreciate very

 1   much what you had to say, since I was, what I

 2   oftentimes have to say has little to do with the

 3   applicants, sometimes it does. I try and stay on

 4   course occasionally, but I'm getting on in years,

 5   but I grew up in Chicago, I spent a lot of time on

 6   farms of relatives in the northwest part of the

 7   state, and I remember hearing when I was late

 8   grammar school the only clinic to go to for care was

 9   the Mayo Clinic. I grew up with an inboard

10   prejudice, knowing now there is an option, and I

11   wasn't aware that UW, from my intern days, became

12   Executive Chief of Neurology which I became, of

13   course, so I was aware of what was going on at that

14   institution, but I am now more cognizant, maybe it's

15   personal, maybe it's my paranoia, I think there are

16   other medical centers besides the Mayo Clinic that

17   render excellent care, not just to me that great

18   institution both historically has grown to immense

19   influence in the medical community period, but --

20   and that's what I had in mind was a sole member kind

21   of comment, I wanted to know if, indeed, from

22   Rockford one could get to Madison and not

23   necessarily have to travel all the way around the

24   state to get first rate opinions for medical

25   problems. I appreciate what you just said, thank

 1 you much.

 2   MR. BILL GORSKI: Thank you, Doctor.

 3 Appreciate it.

 4   CHAIRMAN DALE GALASSIE: Gentlemen,

 5 thank you very much for the update, we appreciate

 6 it. Good luck with your venture, it's good to hear.

 7 It's good for the community.

 8   Moving on to Item 9C(2), Cook County

 9 Health and Hospital System, I believe we have some

10 folks here who again would like to give an update to

11 the Board regarding the Cook County Health System,

12 and most specifically Oak Forest, I believe.

13   If you could introduce yourselves, spell

14 your name for our recorder, and then we'll have you

15 sworn in.

16   DR. JOHN SHANNON: Good morning,

17 Chairman Galassie, my name is Dr. John J. Shannon,

18 S-H-A-N-N-O-N, I'm the Chief of Clinical Integration

19 for Cook County Health and Hospital System.

20   DR. CLAUDIA FEGAN: My name is

21 Dr. Claudia Fegan, F as in father, E-G-A-N, I am the

22 Executive Medical Director for the Cook County

23 Health and Hospital System.

24   CHAIRMAN DALE GALASSIE: Thank you

25 Dr. Fegan.

DRAFT

BOARD MEETING 5/14/2013

 1   MR. ANTHONY RAJKUMAR: Good morning, my

 2   name is Anthony Rajkumar, that's R-A-J-K-U-M-A-R,

 3   I'm the Chief Business Officer for the Cook County

 4   Health and Hospital System.

 5   CHAIRMAN DALE GALASSIE: Thank you, Mr.

 6   Rajkumar.

 7   DR. JOHN SHANNON: Members of the Board,

 8   we're here to --

 9   CHAIRMAN DALE GALASSIE: Pardon me,

10   Doctor, we'll just swear you in.

11   DR. JOHN SHANNON: Oh, I'm sorry.

12   CHAIRMAN DALE GALASSIE: That's all

13   right.

14   (All were sworn.)

15   MR. MIKE CONSTANTINO: Mr. Chairman?

16   CHAIRMAN DALE GALASSIE: Yes, Mike.

17   MR. MIKE CONSTANTINO: We passed out

18   this morning a recent handout that we received from

19   Cook County.

20   CHAIRMAN DALE GALASSIE: We did.

21   MR. MIKE CONSTANTINO: I just wanted to

22   remind you that that --

23   CHAIRMAN DALE GALASSIE: I also got a

24   letter from them that Mike handed out dated May 16th

25   addressed to Ms. Avery. And it was emailed last

1   week, as I recall.

2   Very good. Dr. Shannon.

3   DR. JOHN SHANNON: Yes, thank you,

4   Chairman. We're here to update the Board about our

5   continuing transformation of Oak Forest into a

6   regional outpatient center for Cook County Health

7   and Hospital System. As you're all aware, it was

8   approximately two years ago that this Board approved

9   the closure of inpatient services of Oak Forest

10   Hospital. We have continued to work with the

11   community and within the constructs of our own

12   health system and its strategic plan to continue to

13   make Oak Forest Health Center a vibrant part of the

14   community. As you know, on September 1st, Oak

15   Forest Hospital completed a successful survey with

16   IDPH for final closure, and beginning that very same

17   day, signage was changed to inform and reflect to

18   the community the fact that it was no longer a

19   hospital campus.

20   As I believe you're also aware, the

21   emergency room transformed to an immediate --

22   intermediate care center -- an immediate care center

23   on September the 1st, the same day. We had, in

24   building up to that transition, informed regional

25   health care providers, health care facilities,

 1   ambulance services, the fire department and so on on

 2   the change of scope for Oak Forest at that time, and

 3   we, running up to September 1st of 2011 and

 4   subsequently have continued to work with community

 5   partners to keep them abreast of developments and

 6   investments that we're making in Oak Forest as a

 7   regional outpatient center.

 8   We transformed the center not only with

 9   the expansion of ambulatory, primary and specialty

10   services, but we've also continued to consolidate

11   services there with the movement of the immediate

12   care center to the E Building, which is where the

13   primary care and specialty ambulatory services are

14   all, also held, both for ease of use for patients,

15   ease of wave finding, and ease for the community.

16   So since February of 2012, the immediate care center

17   has been in the E Building.

18   Guiding principles that were established

19   not only by health system leadership, but also by

20   our Community Advisory Board, were used to help make

21   a patient center campus, and we've continued to work

22   on that, and I'll share with the Board some

23   photographs that we can pass around -- and maybe

24   Tom, can you share those -- just to give you a sense

25   of what we're doing with wave finding and

 1   beautification of the area as we continue to expand

 2   services there and continue to invest in particular

 3   kinds of services, particularly diagnostic and

 4   specialty services. Those services importantly

 5   include upgrades to diagnostic facilities at Oak

 6   Forest, and specifically since August of last year

 7   we've been working very hard to upgrade the

 8   laboratory and radiology services at that facility.

 9   That includes bringing state-of-the-art plain

10   imaging, ultrasound imaging, and CT scanning, and

11   that upgraded radiology facility is slated to open

12   in August of this year. We're hoping very quickly

13   after the opening to have Ax capability, which many

14   of you are familiar with is the archiving system

15   that allows distant retrieval of these increasingly

16   complex images, and off-site reading and so on. So

17   again, that radiology expansion is slated to open in

18   August of this year, and we're very excited about

19   that. And we hope down the road, and we've built

20   into the planning for that radiology, to have onsite

21   MRI capability to also serve the neighborhood

22   better.

23   So we're also happy to say that we've

24   had a continuing upgrade and expansion of again both

25   primary care -- primary care and specialty services.

 1   As you're all familiar, late last year Cook County

 2   Health and Hospital System was given a waiver by CMS

 3   that gave us an opportunity to early enroll single

 4   adults who are going to be eligible for Medicaid

 5   coverage under the Affordable Care Act starting in

 6   January of next year. The development of Oak Forest

 7   as a regional outpatient center is going to be an

 8   integral part of that, and as we expand the ability

 9   to have specialty services there, as well as expand

10   our primary care services, we're doing that using

11   the patient center medical home model. I am happy

12   to inform the Board that today approximately 125

13   staff at Oak Forest Health Center are serving about

14   26,000 unique individuals. In the last year they've

15   provided approximately 85,000 primary and specialty

16   care visits, and those include all of the visits to

17   the facility, again, including primary care,

18   specialty care, physical therapy services, and

19   visits to the immediate care center.

20   Included in this has also been working

21   with community partners to consolidate services

22   where it made sense, so to give you just a couple of

23   examples of that, we have moved over the Chest and

24   TB Clinic from Harvey, Illinois, to the E Building,

25   and we now have expanded, expanded pulmonary

 1   services there, which include not only general

 2   pulmonary services, but also tuberculosis treatment,

 3   and we've also expanded and included diagnostic and

 4   specialty services for persons who have sleep

 5   disordered breathing, so we do diagnostic testing of

 6   that type there.

 7   The infectious disease services continue

 8   to be provided in that area, including the

 9   incorporation of the South Suburban HIV/AIDS

10   Regional Coalition, it's now providing continued

11   services to patients with HIV in the E Building in

12   the specialty center.

13   I'd also point out, as we go through,

14   that we have, as I mentioned earlier, continued to

15   engage and involve the community there, and I've got

16   details that I'm happy to share with you if I can,

17   but just to let you know, the Southland Ministerial

18   Health Network meets on a regular basis on our

19   facility and continues to give us advice, as does

20   the Southland Health Advisory Council, which was

21   initiated by President Preckwinkle in anticipation

22   of the closing of Oak Forest as a hospital facility

23   and its transformation to a regional outpatient

24   center.

25   So I'm here today with my colleagues

 1   just to give you that update to let you know that

 2   we're very interested in the continued well-being of

 3   the community that we serve in that area, the

 4   investments that we continue to make in primary

 5   care, specialty care, and diagnostic services at Oak

 6   Forest Health Center we think are a meaningful

 7   contribution to the mission of Cook County Health

 8   and Hospital System. And with that, I'll close my

 9   comments, and we'd be happy to answer any questions

10   that you might have.

11   CHAIRMAN DALE GALASSIE: Thank you.

12   It's good news to hear. Any comments or questions

13   from board members?

14   DR. JAMES BURDEN: I have one.

15   CHAIRMAN DALE GALASSIE: Dr. Burden?

16   And I have one myself.

17   DR. JAMES BURDEN: I appreciate this

18   response. As you are well aware, it was very testy

19   at the time this Board voted for what subsequently

20   has become a significant upgrade in my judgment. As

21   a former intern in 1959 at Cook County Hospital, I

22   migrated through Oak Forest in those years, it

23   sounds like a tremendous improvement that you

24   provided to the community. The community is very

25   upset, as you're well aware, I'm happy to hear the

 1   relationship with you has been so positive, and to

 2   go forward I expect to even hear more improvements

 3   that you are, as you have already related to us

 4   today. I think that's great.

 5   DR. JOHN SHANNON: Thank you, Doctor.

 6   CHAIRMAN DALE GALASSIE: Well,

 7   Dr. Burden beat me, I was going to comment that I

 8   volunteered at Oak Forest way back in 1965. Of

 9   course, I was only 12.

10   I do have a question, pardon me. The

11   letter that you sent on May 6 to Courtney advising

12   us that there was going to be a temporary suspension

13   of the third shift at the Immediate Care Center from

14   April 27th, do you have a sense of how long of a

15   suspension is this, do we know?

16   DR. JOHN SHANNON: We don't know at the

17   present time. It was prompted by the loss of three

18   providers who gave services on that overnight shift.

19   These were natural changes, two of them retired, one

20   resigned. So we have a process whereby we have

21   ongoing reassessment of what's going on with those

22   services, those physicians still exist, they have

23   been reposted. But we continue to try and see what

24   we can do to expand those services. And as an

25   example, the, bringing on the expanded diagnostic

 1   capacity we hope is, in fact, going to provide

 2   better services. One of the things I was a little

 3   chagrin to find out when I came back to Cook County

 4   in the early part of this year is that even those

 5   overnight services were sometimes less effective

 6   than they could be, because we didn't have

 7   radiology, and we didn't have laboratories, so there

 8   wasn't a whole lot that we could do. So we're

 9   continuing to reassess that, but we did lose those

10   positions, and as it stands, we, we're going to have

11   to play that on an ongoing basis.

12   CHAIRMAN DALE GALASSIE: This is a sole

13   member comment, but because there was such interest

14   from the community, as Dr. Burden pointed out, on

15   this project, and as I recall, there was a

16   commitment on Cook County's part to maintain a

17   24-hour presence, I would ask perhaps not another

18   formal presentation, but perhaps six months down the

19   road if you could give an update to staff and staff

20   would update us as to the status of the third shift.

21   DR. JOHN SHANNON: We'd be happy to do

22   that.

23   CHAIRMAN DALE GALASSIE: I would

24   appreciate that. I think the Board in general would

25   appreciate that.

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 1              Any other comments or questions?

 2                  (No comments or questions.)

 3              CHAIRMAN DALE GALASSIE:  Hearing none,

 4   thank you very much, we appreciate it.

 5              DR. JOHN SHANNON:  Thank you all.

 6              CHAIRMAN DALE GALASSIE:  And keep up the

 7   good work.

 8              And let the record note, please, that

 9   Member Carvalho did leave the room due to his

10   affiliation with the Cook County System.

11              Moving forward, thank you very much.

12   Item 9D, Alteration Requests.  We have none.

13              We are moving to Item 9E, Applications

14   Subject to Initial Review.  Garfield Park Hospital.

15   Do we have representatives here from Garfield Park

16   Hospital?

17              We'll ask you to come up and introduce

18   yourselves, spelling your names, and we will have

19   you sworn in.  Good morning.  If you could just

20   spell your names, introducing yourself.

21              MR. KEITH KUHN:  My name is Keith Kuhn,

22   last name is spelled K-U-H-N, I am the CEO of

23   Garfield Park Hospital.

24              MR. STEPHEN AIRHART:  My name is Stephen

25   Airhart, A-I-R-H-A-R-T, CEO of Hartgrove Hospital.
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 1   MR. JEFFREY MARK: And my name is

 2   Jeffrey Mark, M-A-R-K, and I'm a consultant to

 3   Garfield.

 4   CHAIRMAN DALE GALASSIE: Thank you very

 5   much. Staff report?

 6   MR. MIKE CONSTANTINO: Thank you,

 7   Mr. Chairman. The applicants are proposing a change

 8   of ownership of Garfield Park Hospital, an 88-bed

 9   acute mental illness hospital in Chicago, Illinois.

10   There is no cost to this transaction, there was no

11   public hearing, and no letters of opposition were

12   received. The anticipated completion date is July

13   1st, 2013. Thank you, Mr. Chairman.

14   CHAIRMAN DALE GALASSIE: Thank you, sir.

15   Comments for the Board?

16   JUSTICE ALLEN GRIEMAN: I have a

17   question.

18   CHAIRMAN DALE GALASSIE: Yes.

19   JUSTICE ALLEN GRIEMAN: What does

20   limited liability organization mean in the context

21   of your operation? What does that mean?

22   MR. STEPHEN AIRHART: Essentially what

23   we're doing is separating it from Hartgrove Hospital

24   as its own entity. So as it was initially approved

25   by the Board as an element of Hartgrove Hospital,

 1   we're just simply making it a stand alone facility

 2   under its own TID.

 3   JUSTICE ALLEN GRIEMAN: So it's

 4   liability, limited liability that normally

 5   services --

 6   MR. STEPHEN AIRHART: Absolutely, yes,

 7   sir. Absolutely.

 8   JUSTICE ALLEN GRIEMAN: All right, thank

 9   you.

10   MR. STEPHEN AIRHART: Sure.

11   CHAIRMAN DALE GALASSIE: Did you have

12   comments for the Board?

13   MR. KEITH KUHN: Garfield Park Hospital

14   is an 88-bed adolescent and child acute psychiatric

15   facility. We currently -- we currently provide

16   acute mental health care there, inpatient care, and

17   are looking to provide partial hospitalization there

18   in the coming months. We locally employ both nurses

19   and mental health specialists there and are very

20   well connected to the community and continue to make

21   efforts to do so, engaging in strong working

22   relationships with the Chicago Public School System,

23   as well as the Chicago Police Department. We're

24   developing specialized programming to assist schools

25   with potentially violent patients and potentially

 1   violent students, and in the wake of Newtown and

 2   Columbine, it seems even more relevant now days for

 3   psychiatric facilities to try to hone programs to

 4   help with that kind of a threat. And so we are

 5   looking to do that here in the future.

 6   We also specialize with traumatized

 7   youth and are looking to make an impact both in the

 8   community in which we currently reside, but then

 9   also we are one of just two new hospitals in the

10   inner city of Chicago and look to really try to make

11   an impact in helping our community, our family

12   members in that area, and the, the youth that are

13   attending school in that area, as well, too.

14   I'd like to thank the Board for their

15   review and for your consideration of this

16   application.

17   CHAIRMAN DALE GALASSIE: Thank you very

18   much. Any questions or comments from the board

19   members? Dr. Burden?

20   DR. JAMES BURDEN: I have one that

21   probably is not relevant to your application, but

22   it's curious. Table 4, Riveredge Hospital, had a

23   tremendous increase in cost of charity care, I don't

24   know whether you can even answer that question, I

25   can't understand it, it went from 5,000 to 404,000

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 1   in one year.  No comment?

 2            MR. STEPHEN AIRHART:  No comment, no,

 3   sir.  Mr. Mark, you don't have a comment either

 4   about that?

 5            MR. JEFFREY MARK:  Dr. Burden, if you so

 6   wish, we could get back to you on that.

 7            DR. JAMES BURDEN:  No, that's fine, it

 8   really has little to do with your application, it's

 9   just something I noticed, thank you.

10            CHAIRMAN DALE GALASSIE:  Yes.

11            MS. KATHY OLSON:  I just wondered if you

12   could speak to the recent DCFS hold on your

13   facility.  Could you explain that?

14            MR. KEITH KUHN:  Certainly.

15            MR. DAVID PENN:  Mr. Chairman, are these

16   mikes on?  I'm having a hard time hearing the

17   questions.

18            CHAIRMAN DALE GALASSIE:  Yeah, if we

19   could just pull the mikes closer to our faces,

20   please?

21            MS. KATHY OLSON:  I asked if he could

22   speak to the recent DCFS hold to the facility.

23            MR. DAVID PENN:  Thank you.

24            MR. KEITH KUHN:  We have, we have no

25   contractual relationship with DCFS, they are just
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 1   simply a referring body, and as guardians or wards

 2   of this state, like a parent, they can kind of

 3   choose who they would like to, to refer to. And so

 4   they are, they are simply choosing at this point in

 5   time to hold referrals for us, and we are currently

 6   working on issues that we've addressed with them in

 7   the past related to communication. And it's

 8   communication breakdown between the hospital and,

 9   and a couple of particular cases workers, as well,

10   too. So we are looking and looking forward to

11   reestablishing that relationship very quickly, and

12   certainly I can answer any other questions you may

13   have about that.

14   MS. KATHY OLSON: That's fine. Thank

15   you.

16   CHAIRMAN DALE GALASSIE: Any other

17   questions? Mr. Carvalho?

18   MR. DAVE CARVALHO: Thank you. Could

19   you draw a picture, right now you have a common

20   ownership, common ownership of this and several

21   other hospitals, correct?

22   MR. KEITH KUHN: Correct.

23   MR. DAVE CARVALHO: So at the end of

24   this transaction, how will that organization change?

25   MR. STEPHEN AIRHART: As noted in the

 1   application, basically again what this change means

 2   is it allows Garfield Park Hospital to function as

 3   an independent stand-alone facility versus as part

 4   of an extension of Hartgrove Hospital, so it simply

 5   allows it to function as a stand-alone facility.

 6   MR. DAVE CARVALHO: But it's still owned

 7   under the --

 8   MR. STEPHEN AIRHART: Yes, absolutely.

 9   Absolutely. They are all still wholly and fully

10   owned by Universal Health services.

11   MR. DAVE CARVALHO: Now the item that is

12   also referenced, at least as described in the

13   newspapers, wasn't merely a preference, it was the

14   DCFS actually saying some pretty scathing things

15   about safety and concern about patients. Does this

16   isolate liability in some way, or what --

17   MR. STEPHEN AIRHART: Not at all.

18   MR. DAVE CARVALHO: -- is this tied in

19   any way to the DCFS action or the issues about

20   concern about quality of the hospital.

21   MR. STEPHEN AIRHART: No, sir, this was,

22   this action began far before that action was taken.

23   MR. DAVE CARVALHO: So this is

24   unrelated.

25   MR. STEPHEN AIRHART: Completely

 1   unrelated, yes, sir.

 2   MR. DAVE CARVALHO: Thank you.

 3   CHAIRMAN DALE GALASSIE: Any other

 4   questions or comments?

 5   (No comments.)

 6   CHAIRMAN DALE GALASSIE: Hearing none,

 7   may I have a motion to approve project 13-009,

 8   Garfield Park Hospital, for change of ownership at

 9   its hospital in Chicago, Illinois?

10   MR. RICHARD SEWELL: So moved.

11   DR. JAMES BURDEN: Second.

12   CHAIRMAN DALE GALASSIE: Moved and

13   seconded. Roll call, please.

14   MR. GEORGE ROATE: Motion made by Mr.

15   Sewell, seconded by Dr. Burden.

16   Mr. Bradley?

17   MR. PHILLIP BRADLEY: Yes.

18   MR. GEORGE ROATE: Dr. Burden?

19   DR. JAMES BURDEN: Yes.

20   MR. GEORGE ROATE: Senator DeMuzio?

21   SENATOR DEANNA DeMUZIO: Yes.

22   MR. GEORGE ROATE: Justice Greiman?

23   JUSTICE ALLEN GRIEMAN: Yes.

24   MR. GEORGE ROATE: Ms. Olson?

25   MS. KATHY OLSON: Yes.

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 1              MR. GEORGE ROATE:  Mr. Penn?

 2              MR. DAVID PENN:  Yes.

 3              MR. GEORGE ROATE:  Mr. Sewell?

 4              MR. RICHARD SEWELL:  Yes.

 5              MR. GEORGE ROATE:  Chairman Galassie?

 6              CHAIRMAN DALE GALASSIE:  Yes.

 7              MR. GEORGE ROATE:  Eight votes in the

 8  affirmative.

 9              CHAIRMAN DALE GALASSIE:  Motion passes.

10  Congratulations.  Thank you very much.

11              Moving on to Item Number 13-012,

12  Elmhurst Memorial Hospital of Elmhurst.  This is the

13  first of a half dozen applications today that we

14  have coming in front of us that have no opposition,

15  and they have met all of our criteria.  There are no

16  negative findings.

17              I will have you introduce yourselves and

18  be sworn in.  You are welcome to give a presentation

19  to the Board.  If you so choose, you can also waive

20  that presentation for any questions that may be

21  there by the Board due to no opposition and no

22  findings.

23              That having been said, if you could

24  introduce yourselves, please?

25              MR. JAMES DOYLE:  My name is James
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 1   Doyle, D-O-Y-L-E, I'm the Acting Chief Executive

 2   Officer of Elmhurst Memorial.

 3   MR. JACK AXEL: Jack Axel, Axel &

 4   Associates.

 5   MS. GAIL WARNER: Gail Warner, G-A-I-L,

 6   W-A-R-N-E-R, Vice-president for Strategic Planning

 7   at Elmhurst Memorial.

 8   CHAIRMAN DALE GALASSIE: Thank you very

 9   much. If we could have you sworn in.

10   (All were sworn.)

11   CHAIRMAN DALE GALASSIE: Thank you.

12   Mike, comments for the Board?

13   MR. MIKE CONSTANTINO: Thank you, Mr.

14   Chairman. The applicants are proposing to relocate

15   their oncology-related programs from the Berteau

16   Avenue campus to the new Elmhurst Memorial Hospital

17   campus on East Brush Hill Road in Elmhurst,

18   Illinois. The anticipated cost of the project is

19   approximately $21.7 million.

20   This project was originally approved as

21   Project 12-019 at a cost of approximately $19.2

22   million. Subsequently, the applicants made a, made

23   a change that increased the cost of the project

24   above the alteration threshold of 5 percent,

25   therefore, requiring them to submit a new

 1   application for permit. They are here before you

 2   today to, seeking approval of the same project --

 3   essentially the same project. There was no

 4   opposition; no public hearing was requested. Thank

 5   you, Mr. Chairman.

 6   CHAIRMAN DALE GALASSIE: Thank you.

 7   Would you like to make comments to the Board?

 8   MR. JAMES DOYLE: Mr. Chairman, we'll

 9   pass on that on a favorable staff report.

10   CHAIRMAN DALE GALASSIE: Thank you very

11   much. Questions from board members for these

12   applicants?

13   (No questions.)

14   CHAIRMAN DALE GALASSIE: Hearing none,

15   may I have a motion to approve Project 13-012,

16   Elmhurst Memorial Hospital, to relocate oncology

17   services at its hospital in Elmhurst, Illinois?

18   SENATOR DEANNA DeMUZIO: Motion.

19   MR. RICHARD SEWELL: Second.

20   CHAIRMAN DALE GALASSIE: Motion and

21   second. Roll call, please.

22   MR. GEORGE ROATE: Motion made which

23   Senator DeMuzio; seconded by Mr. Sewell.

24   Mr. Bradley?

25   MR. PHILLIP BRADLEY: Yes.

 1   MR. GEORGE ROATE: Dr. Burden?

 2   DR. JAMES BURDEN: Yes.

 3   MR. GEORGE ROATE: Senator DeMuzio?

 4   SENATOR DEANNA DeMUZIO: Yes.

 5   MR. GEORGE ROATE: Justice Greiman?

 6   JUSTICE ALLEN GRIEMAN: Yes.

 7   MR. GEORGE ROATE: Ms. Olson?

 8   MS. KATHY OLSON: Yes.

 9   MR. GEORGE ROATE: Mr. Penn?

10   MR. DAVID PENN: Yes.

11   MR. GEORGE ROATE: Mr. Sewell?

12   MR. RICHARD SEWELL: Yes.

13   MR. GEORGE ROATE: Chairman Galassie?

14   CHAIRMAN DALE GALASSIE: Yes.

15   MR. GEORGE ROATE: That's eight votes in

16   the affirmative.

17   CHAIRMAN DALE GALASSIE: Motion passes.

18   Congratulations. Thank you very much.

19   Moving forward Item 13-005, Southern

20   Illinois Healthcare Cancer Center in Carterville.

21   Good morning, folks.

22   The same example applies here, this is

23   another application that has no opposition and no

24   findings. We'll ask you to introduce yourselves and

25   be sworn in, please.

 1   MS. JENNIFER BADIU: Good morning,

 2 Jennifer Badiu, B-A-D-I-U, and I'm the

 3 Administrative Director of the SH Cancer Institute.

 4   MR. PHILIP SCHAEFER: Good morning, I'm

 5 Philip Schaefer, S-C-H-A-E-F-E-R, and I'm

 6 Vice-President of Ambulatory and Physician Services.

 7   MR. BART MILLSTEAD: I'm Bart Millstead,

 8 I'm the Administrator for Memorial Hospital of

 9 Carbondale, last name is M-I-L-L-S-T-E-A-D.

10   CHAIRMAN DALE GALASSIE: Thank you very

11 much, folks. May we have them sworn in, please?

12   (All were sworn.)

13   CHAIRMAN DALE GALASSIE: Staff report.

14   MR. MIKE CONSTANTINO: Thank you, Mr.

15 Chairman. The applicants are proposing the

16 construction of a free-standing outpatient cancer

17 center in approximately 44,000 gross square feet of

18 space in Carterville, Illinois, at a cost of

19 approximately $24.5 million. There was no

20 opposition comments, no findings, and no public

21 hearing requested. The anticipated project

22 completion date is March 31st, 2016. Thank you Mr.

23 Chairman.

24   CHAIRMAN DALE GALASSIE: Appreciate

25 that. Would you like to make comments to the Board?

 1   MR. PHILIP SCHAEFER: We would, just a

 2   brief comment.

 3   CHAIRMAN DALE GALASSIE: Sure. Please

 4   do.

 5   MR. PHILIP SCHAEFER: Good morning. Our

 6   present CEO, Rex Budde, apologizes he couldn't be

 7   here today, he's caring for a close family member

 8   who, ironically, has just been diagnosed with

 9   cancer.

10   CHAIRMAN DALE GALASSIE: I'm sorry to

11   hear that.

12   MR. PHILIP SCHAEFER: The Cancer Center

13   will be located in Carterville, which is seven miles

14   from our hospital in Carbondale and centrally

15   located within our service area. We're about six

16   hours south of Chicago.

17   As you know, our application in the

18   staff report, from the staff report, we're the only

19   hospital-affiliated provider in the area that offers

20   these services. Today over 40 percent of the cancer

21   patients in our region leave the area for cancer

22   care. Many of them leave the state of Illinois.

23   We're privileged to care for these individuals, and

24   we believe that an integrated cancer center will

25   allow us to keep more people at home.

 1   We thank the staff for their positive

 2   review of our application; we'd be pleased to answer

 3   any questions that you might have. Thank you.

 4   CHAIRMAN DALE GALASSIE: Thank you very

 5   much. I would like to open up to board members if

 6   there are any questions.

 7   MR. DAVID PENN: I have a question.

 8   CHAIRMAN DALE GALASSIE: Mr. Penn was

 9   it?

10   MR. DAVID PENN: Yes. Do you have a

11   start date? Do you have costs? Do you have a

12   completion date? And we also have our compliance

13   rules. If you could not complete this on time, if

14   you go past your estimated costs, do you have a

15   safety net built in where you can withhold money

16   from the general contractor to recoup whatever fines

17   would be put on your hospital?

18   MR. PHILIP SCHAEFER: We have not bid

19   the project yet, and that certainly could be a

20   contingency within the bid process. You bet.

21   MR. DAVID PENN: This is a question

22   we'll probably be asking a lot in the future,

23   because most of the fines we put on people because

24   of cost overruns are not completed on time.

25   MR. PHILIP SCHAEFER: Sure.

 1   MR. DAVID PENN: And I hate to get into

 2   your pocket when the contractor isn't completing his

 3   obligations.

 4   MR. PHILIP SCHAEFER: We intend, first

 5   of all, to be compliant; and second, we intend for

 6   the contractors to help us remain compliant, and

 7   yes, sir.

 8   MR. DAVID PENN: Good language in

 9   contracts also helps that happen. Thank you.

10   CHAIRMAN DALE GALASSIE: Other questions

11   from board members?

12   (No questions.)

13   CHAIRMAN DALE GALASSIE: Hearing none,

14   may I have a motion to approve Project 13-005,

15   Southern Illinois Healthcare Center -- Southern

16   Illinois Healthcare Cancer Center to establish a

17   free-standing cancer center in Carterville,

18   Illinois?

19   JUSTICE ALLEN GRIEMAN: So moved.

20   MS. KATHY OLSON: Second.

21   CHAIRMAN DALE GALASSIE: Moved and

22   second. Roll call, please?

23   MR. GEORGE ROATE: Motion made by

24   Justice Greiman, seconded by Ms. Olson.

25   Mr. Bradley?

1   MR. PHILLIP BRADLEY: Yes.

2   MR. GEORGE ROATE: Dr. Burden?

3   DR. JAMES BURDEN: Yes.

4   MR. GEORGE ROATE: Senator DeMuzio?

5   SENATOR DEANNA DeMUZIO: Yes.

6   MR. GEORGE ROATE: Justice Greiman?

7   JUSTICE ALLEN GRIEMAN: Yes.

8   MR. GEORGE ROATE: Ms. Olson?

9   MS. KATHY OLSON: Yes.

10   MR. GEORGE ROATE: Mr. Penn?

11   MR. DAVID PENN: Yes.

12   MR. GEORGE ROATE: Mr. Sewell?

13   MR. RICHARD SEWELL: Yes.

14   MR. GEORGE ROATE: Chairman Galassie?

15   CHAIRMAN DALE GALASSIE: Yes.

16   MR. GEORGE ROATE: Eight votes in the

17 affirmative.

18   CHAIRMAN DALE GALASSIE: Motion passes.

19 Congratulations.

20   MR. PHILIP SCHAEFER: Thank you very

21 much.

22   CHAIRMAN DALE GALASSIE: Good luck with

23 the project.

24   Moving forward to Item 13-007, Preferred

25 Surgicenter in Orland Park. Good morning, folks.

 1   If you would introduces yourselves and spell your

 2   names, and then we'll have you sworn in.

 3   MR. NASER RUSTOM: My name Naser Rustom,

 4   N-A-S-E-R, first name; last name Rustom,

 5   R-U-S-T-O-M, and I'm the owner and the applicant for

 6   the Preferred Surgicenter.

 7   MR. JOSEPH HYLAK-REINHOLTZ: Joseph

 8   Hylak-Reinholtz, it's H-Y-L-A-K, hyphen,

 9   R-E-I-N-H-O-L-T-Z, legal counsel for the applicant.

10   MS. ROBIN FINA: My name is Robin Fina,

11   F-I-N-A, and I am the manager of the Post-surgery

12   Center.

13   CHAIRMAN DALE GALASSIE: Thank you.

14   Swear these ladies and gentlemen in.

15   (All were sworn.)

16   CHAIRMAN DALE GALASSIE: Thank you.

17   Staff report, Mike?

18   MR. MIKE CONSTANTINO: Mr. Chairman, I

19   had forgotten mention to the Board this morning that

20   one of your members was recently elected Mayor of

21   Carlinville, and I think it's very important that we

22   now have a place where we can hold our meetings free

23   from any interference with the legal authorities.

24   And then finally --

25   CHAIRMAN DALE GALASSIE: Congratulations,

 1 Mayor.

 2   MR. MIKE CONSTANTINO: Since we last

 3 met, our oldest member had another birthday, and

 4 unfortunately, it will not keep him quiet, so.

 5   CHAIRMAN DALE GALASSIE: We'll leave

 6 that anonymous.

 7   DR. JAMES BURDEN: No comment.

 8   CHAIRMAN DALE GALASSIE: Happy birthday,

 9 Dr. Burden.

10   MR. MIKE CONSTANTINO: Thank you, Mr.

11 Chairman. The applicant is proposing to establish a

12 multispecialty ASTC in Orland Park, Illinois. The

13 anticipated cost of the project is approximately

14 $5.5 million. The anticipated project completion

15 date is July 1st, 2014.

16   There were oppositions to the --

17 opposition to this project. There were findings

18 related to this project. Thank you, Mr. Chairman.

19   CHAIRMAN DALE GALASSIE: Thank you. And

20 board members have copies of those. Comments for

21 the Board?

22   MR. NASER RUSTOM: Good morning,

23 Chairman Galassie and other distinguished member of

24 the State Board. My name Naser Rustom, and I'm the

25 owner of the Preferred Surgicenter, LLC, the company

 1 proposing to establish a multispecialty service

 2 center in Orland Park, Illinois. Our discussion for

 3 the surgery center which, upon your approval, will

 4 be the first health facility, health care facility

 5 of its design, and I'm ready to address the special

 6 needs of Muslim American. Our Preferred Surgicenter

 7 will address the immense needs of the growing Arab

 8 population, but will also serve the needs of all.

 9 For this reason and many others, I'm asking you, you

10 to support our CON permit for application.

11   Ms. Fina now will present you with a

12 discussion about the project, if you don't mind.

13   CHAIRMAN DALE GALASSIE: Thank you.

14 Please do.

15   MS. ROBIN FINA: Thank you for allowing

16 me to provide a brief summary of the project. We

17 are proposing the establishment of a multispecialty

18 surgery center, which will be located in Orland

19 Park, Illinois. Our surgery center will initially

20 provide three surgical specialties,

21 gastroenterology, pain management, and general

22 surgery. The ASTC will have five treatment rooms,

23 consisting of three operating rooms and two

24 procedure rooms. The surgery center will be

25 constructed in 11,000 gross square feet of space. I

 1   want to stress that our project's primary purpose is

 2   to establish a surgery center that meets the needs

 3   of all persons living in our proposed service area.

 4   Our surgery center will provide the highest quality

 5   of care, use the latest technology, and offer the

 6   most advanced procedures from surgeons who are

 7   respected in their areas of practice. We will

 8   provide services to patients without regard to their

 9   income level, ethnicity, cultural background, or

10   religious faith. We will make every effort to

11   assure that our surgery center is appealing to the

12   population, as a whole.

13   In addition, our surgery center will

14   save money, as surgery centers on average are about

15   30 percent less costly than equivalent hospital

16   care. Moreover, we want our surgery center to be

17   the first health care facility in Illinois that

18   takes into account the special needs of Arab

19   American patients who practice the Islam faith. It

20   is vitally important to have health care in the

21   southwest suburbs that has physicians and staff who

22   are aware of the needs and desires of patients who

23   practice the Islamic faith.

24   Dr. Rustom and I have heard countless

25   stories from Muslim American patients who feel that

Page 61

 1 our nation's health care system is failing to

 2 adequately address their needs. In fact, two

 3 reports that we included with our CON application

 4 explain that failing to provide health care services

 5 to Muslim American patients in a manner that

 6 understands and respects their culture and beliefs

 7 often leads to increased health disparities. Health

 8 disparities can result when an Arab American patient

 9 has a negative experience with a health care

10 provider, which discourages the patient from

11 obtaining health care treatments and services in the

12 future. The failure to obtain vital health care

13 services, or the delay of such care, often leads to

14 poor health outcomes. At the proposed surgery

15 center, we hope to address many of the needs and

16 desires of Muslim American patients who live in our

17 service area.

18   First, we selected the project site in

19 Orland Park because it is centrally located among

20 communities with growing Arab American populations.

21 On the build-out site when we modernize the existing

22 space, we plan to include features in the design and

23 construction that will appeal to Muslim Americans.

24 For example, we plan to build private recovery rooms

25 to offer our Muslim American patients an enhanced

 1   level of privacy following their surgery. We also

 2   plan to include additional space to ensure that our

 3   patients, as well as our physicians, nurses and

 4   staff, have adequate room to complete their daily

 5   prayers, which are required five times each day. In

 6   addition, the surgery center is being designed to

 7   have more washing areas than a typical surgery

 8   center. Muslims must wash their hands and other

 9   body parts as part of the daily prayers, so it is

10   important to have a sufficient number of washing

11   areas to meet this special need. It is also

12   important that we hire or contract with physicians

13   and staff who understand the special needs of

14   Muslims. We intend to hire nurses and other staff

15   who are viable in one or more of the Arabic

16   languages. We will make every effort to make our

17   surgery center as multilingual as possible.

18   In addition, we plan to recruit female

19   surgeons who will be able to provide

20   gender-sensitive services to female patients who

21   practice Islamic law. According to the teachings of

22   Islam, caring for the sick and the weak is a

23   collective societal responsibility. Because of this

24   tenet, the surgery center will be enrolled as a

25   vendor in the Illinois Medicaid program. We will

DRAFT

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 1   also establish a charity care program.  We will make

 2   all reasonable efforts to care for as many of our

 3   service area's needy patients as we are financially

 4   able to accommodate.  We make that commitment here

 5   today before this board.  Indeed, the primary

 6   purpose of the project is to establish a surgery

 7   center that meets the needs of all persons in our

 8   service area, but because the Chicagoland area does

 9   not have a single health care facility that is

10   designed or operated to address the special needs of

11   Muslim Americans, we plan to establish a surgery

12   center that provides culturally sensitive care from

13   an understanding and well trained staff.  We firmly

14   believe that our plan will encourage Muslim

15   Americans to access health care services when

16   needed, which should reduce the problems of health

17   disparities among this demographic group.

18             For the reasons mentioned here today, we

19   believe there is a very clear need for our proposed

20   surgery center.  I urge each of you to vote yes and

21   grant Preferred Surgicenter a CON permit.  Please,

22   give us an opportunity to make a difference in the

23   communities that we hope to serve.  Thank you very

24   much for your time, and we're ready for any

25   questions that you might have.
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 1   CHAIRMAN DALE GALASSIE: Thank you for

 2   those comments. I will open it up to board members

 3   for questions. Mr. Sewell.

 4   MR. RICHARD SEWELL: Yes, I wanted to

 5   ask, what do you anticipate as the proportion of

 6   your patients that are Muslim?

 7   MR. JOSEPH HYLAK-REINHOLTZ: Thank you.

 8   We are looking to serve -- let me start with some

 9   general demographic information. Our proposed

10   geographic service area has about 4.6 million

11   persons that live in the area. Of this, about 2

12   percent are persons of Arabic descent, so there's

13   100,000 individuals who are, who on the census form

14   identify as being Arabic. Because of that, and

15   because we will be the first not only in the state

16   of Illinois, but the first ever health care facility

17   in the nation that takes into account the special

18   needs of Muslim American patients, we believe that

19   there will be a, I can't give you a specific

20   percentage, but there will be a good number of our

21   patients will be Muslim American, because we're

22   going to be the only, only facility that will give

23   them the services that they're looking for.

24   MR. RICHARD SEWELL: I had a follow-up

25   question. I heard some design specifications that

 1   would be sensitive to Islamic culture, but what

 2   about the more subjective kinds of things in terms

 3   of how people are received with respect to their

 4   dignity? Are you testifying that the other

 5   multispecialty ambulatory surgery treatment centers

 6   sort of lack this sensitivity, or have they just not

 7   done the architectural work and they don't have the

 8   staff that is sensitive or knowledgeable about the

 9   differences?

10   MR. JOSEPH HYLAK-REINHOLTZ: We --

11   actually, it's both issues. The, it's a bricks and

12   mortar build-out issue when it comes to, typical

13   surgery center will have open recovery areas where

14   females can see males and, and that, to someone who

15   practices Shari'a law is problematic. So compared

16   to your normal surgery center, we're going to have

17   enhanced privacy areas by having more privacy areas

18   when it comes to those types of places.

19   But what we've heard quite often from

20   Dr. Rustom's patients and other Muslim American

21   patients, and like individuals like Gihad Ali who

22   spoke this morning, that existing health care

23   providers in Chicago and in, across our nation, are

24   not giving -- they're not mindful of the individual

25   regional religious or ethnic diversity that is

 1   within the Arab culture, and because of that,

 2   they're getting care that they feel is, does not

 3   address their special needs and will take into

 4   account their religious practices. So at this

 5   proposed surgery center, we're going to have staff

 6   that are multilingual in Arabic, Arabic languages,

 7   or Persian, or other Middle Eastern languages that

 8   are spoken among Arabic populations or Muslim

 9   American populations. We're going to have

10   physicians and other health care staff that are

11   trained and are aware of the, of the special needs

12   that are, that they need to know of. It's going to

13   be -- it's never possible to know everything,

14   because Shari'a law is very, it's a very -- there's

15   no textbook on it, there's no case book that says

16   this is what it is. Shari'a law varies between

17   every Middle Eastern country, you've got one

18   interpretation in Syria, you've got another

19   interpretation in Saudi Arabia. So we're going to

20   be sensitive to those needs and do everything we can

21   that's reasonable to address those needs, but on the

22   other side of that, we also are mindful of US law

23   such as the Civil Rights Act that prohibits separate

24   legal treatment of individuals, and other

25   antidiscrimination laws, state-based laws. So we

1   will first and foremost comply with US-based law,

2   Illinois law, but do what we can to address the

3   needs of Muslim Americans, as well.

4   CHAIRMAN DALE GALASSIE: Thank you.

5   Judge Greiman?

6   JUSTICE ALLEN GREIMAN: Yeah, I just

7   wanted to sort of ask you about it says on the notes

8   you provide culturally sensitive health care

9   services, that's what you're saying you're going to

10   do.

11   What does that mean? What are the

12   services that you will provide that are culturally

13   sensitive that you wouldn't have in some other

14   place?

15   MR. JOSEPH HYLAK-REINHOLTZ: Thank you,

16   Justice Greiman. Culturally sensitive -- again, I'm

17   turning back to the comments made by Gihad earlier

18   today about just, something as simple as hospital

19   gowns. Make sure that they, we provide some sort of

20   clothing or, or privacy that, that they're looking

21   for. So we, on the front end, before care is

22   provided, will make reasonable efforts to determine

23   what they want to see or receive from their health

24   care provider, and then we will do everything that's

25   reasonable in our, within our power to accommodate

 1   those special needs. So it might be, it might be

 2   nothing more than a hospital gown, but it also could

 3   be preference to be treated by a female-only staff.

 4   So nurses and female physicians.

 5   JUSTICE ALLEN GREIMAN: And will the

 6   hospital stop working because it's time for prayer?

 7   MR. JOSEPH HYLAK-REINHOLTZ: We would

 8   not stop in the middle of a surgical procedure to

 9   have our daily prayer met, but there is a need to

10   have space for that, because we will have a large

11   number of Muslim American staff members, physicians,

12   and we would want to give them ample space to

13   maintain their daily prayers.

14   JUSTICE ALLEN GREIMAN: And tell me,

15   Shari's? Shari's law?

16   MR. JOSEPH HYLAK-REINHOLTZ: Shari'a

17   law, Your Honor.

18   JUSTICE ALLEN GREIMAN: Shari'a law. So

19   is there anything in Shari'a's law more religious,

20   or religious, more of the law of Islam that

21   contradicts the law of the state of Illinois and how

22   doctors and hospitals and what, view that medical

23   care should be delivered?

24   MR. JOSEPH HYLAK-REINHOLTZ: Your Honor,

25   good question. And there might be instances where

DRAFT

 1 Shari'a law may, in essence, conflict with either

 2 federal or state law.

 3   JUSTICE ALLEN GRIEMAN: Can you give me

 4 an example of what it might be?

 5   MR. JOSEPH HYLAK-REINHOLTZ: Well, let's

 6 say we wanted to -- under Shari'a law, if you went

 7 to a health care facility say in the Middle East, in

 8 Saudi Arabia.

 9   JUSTICE ALLEN GRIEMAN: Yeah.

10   MR. JOSEPH HYLAK-REINHOLTZ: You may

11 have two separate waiting rooms, one female, one

12 male. We obviously can't do that in the United

13 States. Civil Rights Act and Brown vs. Board of

14 Education, and a long history of case decisions have

15 been very clear on that. So we will, first and

16 foremost, adhere to federal law and state of

17 Illinois law. But then we will make reasonable

18 efforts to accommodate Muslim Americans that follow

19 Shari'a law. And it's law that governs most

20 activities of daily living, both secular and

21 nonsecular practices.

22   JUSTICE ALLEN GREIMAN: Any other

23 examples you can give us of a conflict?

24   MR. JOSEPH HYLAK-REINHOLTZ: Another

25 example of conflict other than discrimination might

 1 be dealing with -- I -- well, again, you, it's

 2 challenging, because again, Shari'a law, there's so

 3 many different perceptions of what Shari'a law is,

 4 but for example, oftentimes Shari'a law will govern

 5 political, how you should act in politics, or how

 6 you should act in your moral code, so, you know,

 7 obviously we wouldn't be able to handle situations

 8 where individuals may want to, us to do things that

 9 aren't allowed under other types of state laws, but

10 the primary and the foremost thing that we've heard

11 has been --

12   JUSTICE ALLEN GREIMAN: And how will

13 your employees know that Illinois' law is number

14 three or number one? What kind of training will you

15 give them to know that?

16   MR. JOSEPH HYLAK-REINHOLTZ: We will

17 develop a training protocol for the facility staff

18 that trains them on religious practices and other

19 types of major, the major tenets of what Shari'a law

20 is, but other than the training, there also will be

21 an assessment of each patient as they're coming to

22 the surgery center to try to understand what they,

23 what their view of Shari'a law is and the needs and

24 desires that they want to have from their particular

25 care, from their physicians and from their staff.

DRAFT

BOARD MEETING 5/14/2013

Page 71

 1   JUSTICE ALLEN GREIMAN: Okay, thank you.

 2   CHAIRMAN DALE GALASSIE: Do you have any

 3 sense of what -- Dr. Burden and Mr. Carvalho.

 4   DR. JAMES BURDEN: Thank you. You

 5 recognize this is more than the first in the state

 6 of Illinois, this is a ground breaking request that

 7 you're asking of us to consider, which is much

 8 greater than any prior application, the impact of

 9 it, than anything I've experienced in my five and a

10 half years on this Board. But I have a question or

11 two that relates.

12   I respectfully understand why this has

13 been, but if I might, as a retired surgeon, what

14 happens to, in hospitals? I must admit, I was not

15 aware that 500,000 Muslim, Muslim Americans exist in

16 the Chicagoland community. Are they traveling to

17 another state for medical care, or do they live with

18 Illinois law at our institutions that we currently

19 have? Would this institution solve that issue, or

20 would it enhance the acceptance of what exists now?

21 I'm totally unaware, if you can tell me, that

22 Shari'a law has evidence-based activity in any

23 institution in our state. But maybe it is, I'd like

24 to know that. Over and above what your application

25 presents. Can you answer that?

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 1              MR. JOSEPH HYLAK-REINHOLTZ:  Well, there

 2  were a number, a few questions in there, so --

 3              DR. JAMES BURDEN:  Yes.

 4              MR. JOSEPH HYLAK-REINHOLTZ:  For

 5  starters, the, there is, the location is central for

 6  Orland Park, and that was strategically chosen

 7  because it's geographically central in one of the

 8  largest areas of Arabic, the growing Arabic

 9  population in the Chicagoland area.  In fact, one

10  out of three Muslims live in one of six major area

11  urban centers in the country, Chicago being the

12  third largest major city where Arabic residents are

13  residing, choosing to reside.  The -- and even

14  before -- and even greater than that is the Detroit

15  area.

16              And it's interesting, because I want to,

17  I pretty -- it makes sense when you look at it from

18  a demographic perspective and a population-shifting

19  perspective, because Detroit actually is one of the

20  largest Arabic populations in the country, and it

21  has been there, that way for close to 100 years.  A

22  lot of it, there's a lot of family members that, in

23  the Chicago, in the suburbs that have family that

24  also live in the south, southern part of Michigan,

25  so they're locating along the southern, the south
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 1   and southwest suburb, because it's geographically

 2   convenient to get to Interstate 80 and other access

 3   main roads to get into Indiana and to, and into

 4   South Michigan. And it's true, we will be, what we

 5   are proposing to do is the first ever of its kind

 6   surgery center, and what we've heard from patients,

 7   what Dr. Rustom has heard from his patients, and

 8   Robin also as an administrative of surgery centers,

 9   and she's heard the same thing, is that patients

10   just are feeling underserved. And those patients

11   are underserved in the sense that they try to

12   communicate their desires to, if they go to a

13   hospital, for example, or another surgery center,

14   there might be language barriers that they can't get

15   across to convey what they want or what they need.

16   In other cases there are experiences patients have

17   had where, where the staff has just been insensitive

18   to their needs, and they felt either offended by it

19   or, or just hurt, or just a number of different

20   feelings that they may have. And what we've seen --

21   we don't have studies in Illinois, but, and that's

22   why we concluded two studies that were both

23   conducted in the state of Michigan, both which

24   conclude that health disparities result because

25   Muslim Americans who have had experiences are

 1   choosing to forego future health care services based

 2   on a prior bad experience. So that's why we, we are

 3   pretty strong about the need for this surgery center

 4   to do this in our community.

 5   DR. JAMES BURDEN: One last question,

 6   then I'll defer. You recognize there are several

 7   state board standards that were not met, and not the

 8   least of which was the impact on other facilities

 9   which, which in a way I presume you're trying to

10   evade by saying that we will only accept Muslim

11   Americans so that we'll, we will not by force of our

12   appeal, so that we will not impact the other

13   competing ambulatory surgery centers will of course

14   object not to Muslim Americans, but they object to

15   your presence, period, because you may affect their

16   overall census. Now I think that's a reasonable

17   objection, I wonder how you can explain away the

18   fact that just because you're there, forget the fact

19   that you are implying to us, to me, that we're going

20   to, we're going to attract Muslim Americans, you're

21   still going to be in a community, in a hospital

22   service area that is being well served currently,

23   and doesn't really need your services based on what

24   I see here in the state board findings.

25   So help me, if you're, if you're

 1   attempting to evade that criteria by saying: We're

 2   attracting Muslim Americans who normally wouldn't

 3   come to this area for medical care, even though they

 4   live there by your statement, I have a little

 5   conflict there. Something you -- help straighten it

 6   out in terms of what I'm saying. Am I aware that

 7   you are not attracting Muslim Americans in the

 8   community, they're going to come from all over

 9   period, because there is no other Muslim American

10   facility specifically for them in the country? I,

11   there seems to be a possibility that you would

12   attract people who don't normally come to this area

13   for medical care. Does that enhance your

14   application's acceptance to us to review that in

15   that, in that way? Am I wrong, or am I overstepping

16   by making that statement?

17   MR. JOSEPH HYLAK-REINHOLTZ: I thank you

18   for the question, Doctor. First and foremost, we do

19   plan to be a surgery center that treats all

20   residents of our geographic service area. We are

21   not going to be a Muslim only or Arabic only health

22   care facility. So we will, we will be treating

23   individuals who, no matter what their religious

24   background and cultural background, would like to

25   get care provided in our surgery center. We'd just

1   like to take that extra step forward, though, and

2   Dr. Rustom wants to be a pioneer and do something

3   unique in the southwest suburbs which also, you walk

4   in, it will seem like a normal surgery center, but

5   will also, we will have the staff and the resources

6   and the, and the structure, the physical structure

7   of the building to address the needs of Muslim

8   Americans. So we will, yes, be looking to serve all

9   residents of the geographic service area no matter

10   what their religious background.

11   I also think it's very -- it's common

12   from what I've seen, and I've been doing this

13   process a long time, in fact, I actually spoke to a

14   member of the board here a long time ago in the mid

15   2000's, and I remember it being very common to see

16   that surgery centers would raise issues with the

17   proposals because of an impact of, on existing

18   providers. What always troubled me with that, with

19   that thought was we, as every service center

20   applicant must do, have referring physicians, and

21   those referring physicians must commit on a

22   notarized statement that we will refer X number of

23   patients to the surgery center as proposed, and

24   those referrals help build our volume, justify our

25   OR's, and a number of different elements within the

1   CON permit application. So we, based on our

2   referral numbers, should not have a negative impact

3   on the other surgery centers, because we're not

4   taking the referrals away from, from other, from

5   other -- well, we do have some, some coming from

6   decisions offices and some have been treated in the

7   past from other centers, but I think that the impact

8   will be minimal and is no, really not much different

9   than what we see in a number of other surgery center

10   applications that have come before this Board and

11   been approved.

12   I think of another interesting --

13   CHAIRMAN DALE GALASSIE: I'm going to

14   actually interrupt and move to Mr. Cavalho's

15   questions.

16   MR. DAVE CARVALHO: And just on your

17   point, Joe, referral centers are a snapshot in time,

18   I mean nobody can tell you how they're going to be

19   referring a year from now, two years from now, three

20   years from now, this facility is going to be around

21   for quite a long period of time.

22   The conversation, what, remember where

23   we are here, the application has been found

24   deficient on three of the first part, three on the

25   financial part findings, and so we aren't talking

 1   that -- this whole conversation about the community

 2   served and the fashion of serving is in the context

 3   of an application that has those negative six -- six

 4   negative findings. Now it would be interesting if

 5   it weren't, because I think some of the

 6   conversation's been a little confused. When you say

 7   you're going to comply with Shari'a law, you don't

 8   mean that you're going to -- you mean the

 9   opportunity within the Illinois law to do something,

10   there may be things that the religious law says

11   don't do, and you won't do them, just like a

12   Catholic hospital won't do certain things that the

13   law allows them to do; and on the flip side there

14   are certain things that you will do that the law

15   doesn't require you to do, just like Mt. Sinai will

16   serve kosher meals, even though the law doesn't

17   require them to do it. So that aspect of the law is

18   not controversial, and I don't think your

19   application in any way suggests that where there are

20   conflicts where Illinois law requires you to do

21   something, you're not going to do it, or where

22   Illinois prohibits from you doing something, you

23   are. So that's not controversial at all, and that's

24   very straight forward, and I think that's what

25   you're asking.

 1   But the reason why I noted that you have

 2   all those negatives, and so wondering why we're

 3   having this other conversation, I was imagining 100

 4   years ago if St. Joseph's wanted to be built and

 5   Northwestern said there's no need, and St. Joseph's

 6   was saying: Well, our community isn't being served.

 7   Or if Mt. Sinai said: Our community isn't being

 8   served. Or Provident Hospital, which was built in

 9   1890's because the African American community wasn't

10   being served. So if there had been a planning board

11   100 years ago what that conversation would have

12   looked like in this context.

13   If the normal process under our rules,

14   if unique criteria hasn't been met, but there's an

15   articulation of some other need that isn't being

16   served, is there, if -- there are rules on that,

17   there is a way to make a case under those rules.

18   Now do you assert that you have made the case under

19   those rules, or is this just a discussion of

20   adjectives and nouns that's kind of stirring the

21   pot. Have you literally made the case under our

22   rules for an exception, notwithstanding the other

23   findings that you don't have the need? And the if

24   so, could you articulate how?

25   MR. JOSEPH HYLAK-REINHOLTZ: Thank you,

 1   Dave. The application as we presented it, I, you're

 2   absolutely, you are right, it has some negative

 3   findings. Some of those negative findings, one, for

 4   example, we were off on one of the building

 5   components by .6 percent, so that resulted in a

 6   negative finding. We have another finding that our

 7   financials were not sufficient, that we needed to

 8   demonstrate that a, something like tax returns --

 9   MR. DAVE CARVALHO: In the interest of

10   time, could you focus on the need ones? Because

11   those are the ones where there's a possible

12   exception.

13   MR. JOSEPH HYLAK-REINHOLTZ: Right,

14   okay.

15   CHAIRMAN DALE GALASSIE: Focus -- for my

16   sake at least, focus on the referral problem.

17   MR. JOSEPH HYLAK-REINHOLTZ: Right, the

18   referral problem. As this Board generally looks at

19   proposed surgery centers, there are qualifying

20   referrals and nonqualifying referrals. For

21   referrals to be qualified or acceptable to the

22   Board, those referrals need to either historically

23   have been from hospitals or from other surgery

24   centers. So if you have a referral coming from a

25   physician's office, these would not be qualified

 1   referrals, and we wouldn't be allowed to count those

 2   towards justifying the number of OR's. So we are

 3   presenting five treatment room surgery center. We

 4   have sufficient data to justify four of those based

 5   on the hospital and surgery center referrals. The

 6   fifth OR, however, is based on office-based

 7   referrals, but I happen to -- I've had this Board

 8   have -- I've seen this Board in the past accept that

 9   office-based referrals have, can justify OR's,

10   operating rooms. For example, Howell Surgery Center

11   was entirely based on office-based referrals and was

12   approved by this Board.

13   So in that sense we are substantially

14   compliant with the referral rule, four out of our

15   five OR's meet the surgery center for hospital

16   referral requirement in this Board's rules, it's the

17   fifth OR that we are using to justify the, or 20

18   percent basically of our interest case load would be

19   in the nonqualifying referral range.

20   CHAIRMAN DALE GALASSIE: Mike, did you

21   want to comment to the Board on that?

22   MR. MIKE CONSTANTINO: Yeah, just for a

23   minute. The reason we do not accept referrals from

24   office-based physician is because this Board has no

25   jurisdiction over those entities. You have

 1   jurisdictions over ASTC's and hospitals only, not

 2   office-based procedures.

 3   CHAIRMAN DALE GALASSIE: I appreciate

 4   that.

 5   MR. MIKE CONSTANTINO: Thank you, Mr.

 6   Chairman.

 7   CHAIRMAN DALE GALASSIE: Clarification.

 8   MR. JOSEPH HYLAK-REINHOLTZ: So now Mr.

 9   Chairman, that does result in a negative finding,

10   but we can justify a number of ours that we

11   requested, despite there being a negative finding in

12   the report.

13   CHAIRMAN DALE GALASSIE: Well, again,

14   sir, I have to say respectfully, in your opinion you

15   can justify that.

16   MR. JOSEPH HYLAK-REINHOLTZ: Well --

17   CHAIRMAN DALE GALASSIE: I find

18   myself --

19   MR. JOSEPH HYLAK-REINHOLTZ: And we

20   certify it, too.

21   CHAIRMAN DALE GALASSIE: I find myself

22   empathic to your mission and the need that you are,

23   have determined is there. I'll stop at that

24   comment. Any other questions?

25   (No questions.)

 1   CHAIRMAN DALE GALASSIE: Hearing none --

 2   DR. NASER RUSTOM: If I may address the

 3 Board, if you don't mind, for a second. About the,

 4 what we're trying to accomplish with this project --

 5   CHAIRMAN DALE GALASSIE: Can you pull

 6 that mike a little closer, sir?

 7   MR. NASER RUSTOM: What we're trying to

 8 accomplish with this project actually address the

 9 serious needs for the community. Now when we

10 mention about two studies attached to the

11 application, these are serious studies done by

12 reputable organization and research programs. One

13 of them is, if I may read, is done by --

14   CHAIRMAN DALE GALASSIE: Sir, I'm sorry,

15 I'm going to interrupt you, only because -- the

16 Board has the information you're discussing. If

17 there's a poignant comment you'd like to make, I'd

18 ask you to make it, but I think, I think there's

19 ample understanding here of what you're trying to

20 do.

21   DR. NASER RUSTOM: Well, what we're

22 trying to do is address the issue of the need of the

23 community. There was a question from a

24 distinguished board member about these needs, and,

25 and there was another question about is Shari'a law

 1   is going to change or break any Illinois law. This

 2   in fact, is not what we're trying to establish. We

 3   are trying to establish very simply address the

 4   serious need of the community, and I can give you an

 5   example. I know it's mentioned already, and I know

 6   you hear it earlier before, but serious example, it

 7   has to do with the culture, and we are talking about

 8   specific culture, Muslim culture, Muslim American

 9   culture; and yes, Muslim American culture they do

10   have needs. These needs when it's dealt with with

11   the providers, how they deal with these people, with

12   the Muslim American, we have some issues, and these

13   issues can be very serious issues with the, which

14   affect the outcome of the treatment of this, of

15   these patients. The patients are consumer, and the

16   provider is not able to meet their needs for very

17   simple things, do not understand, and this is the

18   key issue here, their culture. The issue as simple

19   as the clothing, issue as simple as the prayer,

20   issue as simple as the dietary, these are serious

21   issues for the Muslim community, and yes, need to be

22   addressed in the -- and if it was addressed in the

23   set-up of the surgery center, yes, the patient will

24   be feeling, will be feeling much more comfortable

25   continuing with their treatment, or feeling they're

 1   welcome. And we can mention here and numerous

 2   example of about how issues came from providers not

 3   understanding these, these basic basic cultural

 4   needs.

 5   And what you mention here is yes,

 6   there's an issue of deposition, there's an issue of

 7   dietary, there's an issue of maintaining as much

 8   possible as privacy, these issues are simple issues

 9   can be accomplished in this proposed surgery center,

10   and I can assure you, it's not going to break any

11   state or federal law. The bulk of it look into the

12   needs of the community. When we are part of the

13   community and these are our needs.

14   Another question was asked earlier, was

15   there another, another surgery center who does

16   something like that or, or do objection because of

17   that. Well, the community members basically do not

18   find any other surgery center who is willing to do

19   these small things which, when you put it

20   collectively together in the set-up, it will be a

21   very culturally sensitive to their culture. It does

22   not exist. And this, this is where we are coming

23   with this project.

24   Now are we going to be in the process of

25   admitting the other member of the community? We

 1   assure you that we are open for everybody, and we

 2   are not going to be distinguish between any person

 3   who come to the facility based on religion or, or

 4   background, or cultural background, or gender, or

 5   sex or, name it, we're going to make sure that we

 6   don't have that. But I think it's very, and I think

 7   very strongly about it; yes, there is needs; and

 8   yes, there is needs for our community; and yes,

 9   there is ignorance sometimes in the community, not

10   in our community at least -- well, partially maybe

11   yes, but in general, to see these needs and address

12   these needs. And what we are applying here in this

13   project is really will help addressing these needs.

14   I'm sorry to say this, but I...

15   CHAIRMAN DALE GALASSIE: I think we

16   understand your desire, and I think we understand

17   the need you have articulated.

18   I will now ask for a, a vote on a motion

19   to approve Projects 13-007, Preferred Surgicenter.

20   MR. DAVID PENN: Dale, I don't believe

21   we made the motion.

22   CHAIRMAN DALE GALASSIE: No, I'm making

23   the motion now.

24   MR. DAVID PENN: Oh, I'm sorry.

25   CHAIRMAN DALE GALASSIE: I'm sorry,

 1   perhaps I misspoke. Thank you, Mr. Penn.

 2   I'm proposing a motion to approve

 3   Project 13-007, Preferred Surgicenter, to establish

 4   a Multispecialty Ambulatory Surgery Treatment Center

 5   in Orland Park, Illinois.

 6   DR. JAMES BURDEN: So moved.

 7   CHAIRMAN DALE GALASSIE: Moved.

 8   MR. DAVID PENN: Second.

 9   CHAIRMAN DALE GALASSIE: And seconded.

10   Roll call, please.

11   MR. GEORGE ROATE: Motion made by

12   Dr. Burden, seconded by Mr. Penn.

13   Mr. Bradley?

14   MR. PHILLIP BRADLEY: Mr. Chairman?

15   CHAIRMAN DALE GALASSIE: Yes, sir.

16   MR. PHILLIP BRADLEY: These people have

17   come forward with a report that an application that

18   addresses 16 of our standards, 7 of the standards

19   are not met, according to the staff review. I am

20   particularly concerned by the fact that the

21   standards on the impact on other facilities and the

22   establishment of a new facility are not met. What

23   this means is that this application contains 7 out

24   of 16 items which are substandard.

25   Now going back to Dr -- to Mr.

 1   Carvalho's statement earlier, had we been asked to

 2   approve a Catholic hospital and said: Oh, we'll

 3   approve it for those people, but it's going to be

 4   substandard. Or if we had been asked to approve a

 5   Jewish hospital and had said: Well, yeah, we'll

 6   approve it for those people, but it's going to be

 7   substandard. I think that the 100-year board would

 8   have been out of line on taking that approach. What

 9   we are being asked to do today is to approve a

10   proposal for a particular group as the majority of

11   users, and that the proposal, itself, is

12   substandard. I don't think that it serves any

13   particular group well to say: Oh, yeah, we'll give

14   you this, but understand you're going to have a

15   substandard facility from the very beginning. And

16   for that reason, I vote no.

17   MR. GEORGE ROATE: Thank you.

18   CHAIRMAN DALE GALASSIE: Thank you,

19   Phil.

20   MR. GEORGE ROATE: Dr. Burden?

21   DR. JAMES BURDEN: I also have and share

22   Mr. Bradley's comments, there's no need to repeat

23   it, my feeling is I appreciate the attempts of Dr.

24   Rustom to be a pioneer in this area, but I am

25   concerned about the impact on other facilities when

 1 establishing new facilities, the overall feeling of

 2 what the State Board found out about those two

 3 factors, and I am, as a consequence, vote no.

 4   MR. GEORGE ROATE: Thank you. Senator

 5 DeMuzio.

 6   SENATOR DEANNA DeMUZIO: Yes, yes, I,

 7 too, will be voting no due to the fact that there

 8 are numerous proposals here that have not been met,

 9 including in the issues of operating costs, project

10 costs, financing, then feasibility, among others.

11 So again, I understand and appreciate your, your

12 testimony here today, but in light of, of what I see

13 here in the report, and I agree with the, with

14 Mr. Bradley's comments that I appreciate your

15 bringing this forth, but again, I don't feel that we

16 can go ahead and give you a yes vote here today. I

17 vote no.

18   MR. GEORGE ROATE: Justice Greiman.

19   JUSTICE ALLEN GREIMAN: Well, my, I have

20 been impressed by Member Bradley's initial comments,

21 as well, but I wanted to make it clear I think that

22 the vote that I cast has nothing to do with the

23 goal, the, the overall goal.

24   CHAIRMAN DALE GALASSIE: Judge, can you

25 use your mike, please?

 1   JUSTICE ALLEN GREIMAN: Yeah. It has

 2   nothing to do with the overview that you wish to

 3   have available for Muslims to be comfortable, I

 4   think that is an appropriate goal, and I think, I

 5   certainly respect your views on it, assuming that

 6   Illinois's law and US government's laws will be

 7   ahead of all that, but it's the other things that

 8   you haven't met still, are still delinquent, and

 9   that leads me to vote no, as well, but it's not

10   because of the basic goal that you have, I think

11   that is a goal that's acceptable.

12   MR. GEORGE ROATE: Ms. Olson.

13   MS. KATHY OLSON: I also vote no based

14   on the negative findings in the State Agency Report,

15   but I would like to say that this has been very

16   interesting to me, and I certainly think our health

17   care system needs to step up to the plate and be

18   much more sensitive, and it's certainly brought

19   awareness to my mind of issues that I was not aware

20   existed. But because of the negative impact,

21   especially of the other providers, I vote no.

22   MR. GEORGE ROATE: Mr. Penn.

23   MR. DAVID PENN: I'm voting no for the

24   negative impact finding by the State Board.

25   MR. GEORGE ROATE: Mr. Sewell.

 1   MR. RICHARD SEWELL: I am aware of how

 2   important cultural sensitivity is in patient care,

 3   and I'm also aware of the extraordinary growth of

 4   Islam in the Chicago metropolitan area, I heard

 5   Cardinal George speak about three or four years ago

 6   and he said there were more Muslims in the Chicago

 7   metro area than there were Jews. And most people

 8   don't know that. But I think for that reason, I

 9   think market forces are going to force the issue of

10   cultural sensitivity, I think that I'm not willing

11   to ignore the impact on other facilities in

12   establishment of a new facility criteria that we

13   have.

14   I sort of trust that the advocacy of the

15   Islamic community to make providers more culturally

16   sensitive will have a greater long-term impact, and

17   we wouldn't just have this one ambulatory surgery

18   treatment facility that was sensitive to the needs

19   of Islam, we'd have all of them. So I vote no.

20   MR. GEORGE ROATE: Chairman Galassie.

21   CHAIRMAN DALE GALASSIE: For comments

22   that have already been made, and again I, I do

23   commend the pioneering vision and agree with the

24   need for appropriate sensitivity in that regard, but

25   this application simply doesn't carry muster for it,

1   so I'm voting no.

2   MR. GEORGE ROATE: That's eight votes in

3   the negative.

4   CHAIRMAN DALE GALASSIE: Motion fails.

5   MR. FRANK URSO: You're going to be

6   receiving an Intent To Deny. You'll have the

7   opportunity to come back before the Board, as well

8   as present additional information. Thank you.

9   CHAIRMAN DALE GALASSIE: Good luck with

10   your project.

11   We're going to move on to one more item,

12   and then we'll be breaking for lunch. And again,

13   this afternoon we have multiple no opposition, no

14   finding change of ownerships, so I will be

15   encouraging those of you, you're always welcome to

16   make a presentation to the Board, but it's probably

17   not going to help you very much, so we should be

18   able to move along with most of those this

19   afternoon. But you are welcome to if you so choose.

20   13-011, Presence St. Joseph's Hospital

21   Chicago. Good morning, folks.

22   For those of you at the table, if you'll

23   introduce yourselves, spelling your name, and we'll

24   have you sworn in.

25   DR. ROBERTA LUSKIN-HAWK: Hello, I'm

 1 Dr. Roberta Luskin-Hawk, that's R-O-B-E-R-T-A, last

 2 name is spelled L-U-S-K-I-N hyphen H-A-W-K, and I'm

 3 the President and CEO of Presence St. Joseph's

 4 Hospital, Chicago.

 5   MR. JACK AXEL: Jack Axel, A-X-E-L, Axel

 6 & Associates.

 7   MS. CLAIR RANALLI: Clair Ranalli,

 8 R-A-N-A-L-L-I, with McDermott, Will & Emery.

 9   CHAIRMAN DALE GALASSIE: Thank you,

10 folks. Would you swear them in?

11   THE REPORTER: Yes.

12   (All were sworn.)

13   CHAIRMAN DALE GALASSIE: Staff report,

14 please?

15   MR. MIKE CONSTANTINO: Thank you, Mr.

16 Chairman. The applicants are proposing the

17 construction of a nine-story medical office building

18 consisting of 300 and -- approximately 311,000 gross

19 square feet of space adjacent and connected to the

20 existing acute care hospital. The anticipated

21 project cost is approximately $157 million. A

22 public hearing was held on this project, there were

23 opposition comments made, and we do have findings.

24 The anticipated project completion date is November

25 30th, 2016. Thank you, Mr. Chairman.

 1   CHAIRMAN DALE GALASSIE: Thank you. In

 2   making your comments to the Board, can I ask you to

 3   try to address specifically the findings? I think

 4   that would be helpful for the Board.

 5   DR. ROBERTA LUSKIN-HAWK: Just first of

 6   all, thank you for allowing us to present this

 7   today, and because of the positive nature of our

 8   SAR, I will keep the comments brief.

 9   I have been affiliated with the St.

10   Joseph Hospital since 1985, first as a practicing

11   infectious disease specialist and faculty, and then

12   my role evolved with the addition of numerous

13   medical staff and hospital positions of leadership.

14   I've been the CEO since 2009.

15   Our hospital was founded in 1868 in

16   response it a cholera epidemic, and we have

17   continuously evolved since that time, providing not

18   only a broad array of health care services to the

19   communities we serve, but providing innovative

20   programming, including one of the first HIV/AIDS

21   inpatient treatment units in Chicago, and cutting

22   edge programming on addiction treatment. We have

23   strong teaching programs and currently host 143

24   residents through six independent residency

25   programs. We are also the clinical site for six

 1   nursing programs, University of Illinois medical

 2   students, and a variety of training programs,

 3   including pharmacists, physical therapists, and

 4   other health care professionals. We are a member of

 5   Presence Health, the largest Catholic hospital

 6   system in the state of Illinois. I will focus on

 7   the findings shortly, I just wanted to give you some

 8   framework on why this project is extremely important

 9   to us.

10   It will it greatly assist us to continue

11   to provide our community the highest quality of

12   care. As laid out in our application, this project

13   has three clear and critical goals. They are; one,

14   to allow us to attract and retain quality physicians

15   to provide medical services needed in the community

16   through the provision of on-campus medical office

17   space. Two, to provide facilities and equipment

18   necessary to efficiently deliver outpatient services

19   in a patient-friendly fashion; and three, to

20   renovate the ancillary services within the existing

21   hospital to support both our inpatient care and our

22   educational mission.

23   The first two goals, provision of the

24   medical office space and outpatient services space,

25   will be accomplished through the construction of a

 1   new building connected by a bridge to the existing

 2   hospital. The third goal, renovation of

 3   approximately 80,000 square feet within the existing

 4   hospital, will be addressed primarily upon the

 5   completion of the new building and relocation of

 6   certain services to the building. The project does

 7   not involve any additional beds, nor does it propose

 8   any new categories of service or discontinuation of

 9   any service.

10   The planning for this project was

11   participatory and included both our physicians and

12   community representatives, and been ongoing since

13   2009. The project, as we are proposing, has

14   undergone careful scrutiny not only by our own

15   health system, but within our community through both

16   the zoning and community planning processes, and has

17   received the endorsement of our alderman.

18   With the introduction of our plans, I

19   will go on to answer questions. I believe there

20   were two negative findings which, if you want, can

21   be addressed.

22   MR. JACK AXEL: I'll be happy to address

23   the negative findings, Chairman.

24   CHAIRMAN DALE GALASSIE: Thank you,

25   Jack.

 1   MR. JACK AXEL: Sure, and actually,

 2   there was one, it was the criteria that asks the

 3   applicant to justify the project based on historical

 4   utilization, and that can be found on Page 25 of the

 5   SAR, and this project was found to be in compliance

 6   with all of the different services with the

 7   exception of two, the number of operate -- general

 8   operating rooms, and the number of mammography

 9   units, and on Page 21 of the application -- of the

10   SAR, there is another review criteria which compares

11   the proposed project on a service-by-service basis

12   to project the utilization. We were found to be in

13   compliance with all of those. So it's the one

14   negative finding. Thank you.

15   CHAIRMAN DALE GALASSIE: Good, thank

16   you. I'll open it up to questions or comments from

17   board members.

18   (No questions or comments.)

19   CHAIRMAN DALE GALASSIE: Seeing none,

20   may I have a motion to approve Project 13-011,

21   Presence St. Joseph's Hospital to construct a

22   nine-story medical office building in Chicago,

23   Illinois?

24   MR. PHILLIP BRADLEY: So moved.

25   MR. DAVID PENN: Second.

 1   CHAIRMAN DALE GALASSIE: Moved and

 2   seconded. Roll call, please.

 3   MR. GEORGE ROATE: Motion made by Mr.

 4   Bradley, seconded by Mr. Penn.

 5   Mr. Bradley?

 6   MR. PHILLIP BRADLEY: Yes.

 7   MR. GEORGE ROATE: Dr. Burden?

 8   DR. JAMES BURDEN: Yes.

 9   MR. GEORGE ROATE: Senator DeMuzio?

10   Absent.

11   CHAIRMAN DALE GALASSIE: Stepped out.

12   MR. GEORGE ROATE: Justice Greiman?

13   JUSTICE ALLEN GRIEMAN: Yes.

14   MR. GEORGE ROATE: Ms. Olson?

15   MS. KATHY OLSON: Yes.

16   MR. GEORGE ROATE: Mr. Penn?

17   MR. DAVID PENN: Yes.

18   MR. GEORGE ROATE: Mr. Sewell?

19   MR. RICHARD SEWELL: Yes.

20   MR. GEORGE ROATE: Chairman Galassie?

21   CHAIRMAN DALE GALASSIE: Yes.

22   MR. GEORGE ROATE: That's seven votes in

23   the affirmative.

24   CHAIRMAN DALE GALASSIE: Motion passes.

25   Congratulations. Thank you.

 1   I have 12:25 on my watch. We are going

 2   to break, and then we'll return on Item 12-102. We

 3   should be back here approximately about 20 after 1,

 4   does that sound about right?

 5   DR. JAMES BURDEN: Good.

 6   CHAIRMAN DALE GALASSIE: 1:20 we'll try

 7   to reconvene. Thank you very much.

 8   (A lunch recess was taken at 12:25 p.m.)

 9   (Lunch recess taken.)

10   (Back on the record at 1:29 p.m.)

11   CHAIRMAN DALE GALASSIE: Thank you for

12   being timely. We are moving into Item Number EO-6

13   12-102, DaVita West Side Dialysis.

14   Good afternoon. Welcome. We'll do a

15   spelling of your names after you introduce

16   yourselves, and then we'll have you sworn in.

17   DR. DON HOLLANDSWORTH: My name is Don

18   Hollandsworth, last name is

19   H-O-L-L-A-N-D-S-W-O-R-T-H.

20   MS. PENNY DAVIS: Penny Davis.

21   MR. CHUCK SHEETS: Chuck Sheets.

22   MR. JOE VANLEER: Joe Vanleer,

23   V-A-N-L-E-E-R.

24   CHAIRMAN DALE GALASSIE: Thank you.

25   Swear these folks in.

 1   (All were sworn.)

 2   CHAIRMAN DALE GALASSIE: Staff report,

 3   please?

 4   MR. MIKE CONSTANTINO: Thank you, Mr.

 5   Chairman. The applicants are proposing to establish

 6   a 12-station ESRD facility in approximately 6700

 7   gross square feet of leased space in Chicago. The

 8   cost of the project is approximately $2.7 million.

 9   There was opposition to this project. There are

10   findings. The anticipated project cost --

11   completion date is September 30th, 2014. Thank you,

12   Mr. Chairman.

13   CHAIRMAN DALE GALASSIE: Appreciate it.

14   And whoever will be speaking to the Board, if you

15   could address the findings, we'd again appreciate

16   that.

17   MS. PENNY DAVIS: My name is Penny

18   Davis, and I'm the Division Vice-president for

19   DaVita in the Chicagoland area. With me today is

20   our Plan Medical Director of the facility, Dr. Don

21   Hollandsworth, and our legal counsel, Chuck Sheets

22   and Joe Vanleer.

23   We are proposing to establish a

24   12-station facility in the city of Chicago's Lower

25   West Side, close to two of the largest transplant

 1   centers in the city. To put this in context, 12

 2   stations will serve up to 72 patients running three

 3   shifts six days a week. These additional stations

 4   will improve access to a community in need of these

 5   services most. This community exhibits a largely

 6   Hispanic, 60 percent, and African American, 25

 7   percent, population. Due to the socioeconomic

 8   conditions in the city of Chicago's Lower West Side,

 9   this population exhibits a higher prevalence of

10   obesity, diabetes and hypertension. Diabetes and

11   hypertension are the two leading causes of chronic

12   kidney disease and end stage renal disease. In

13   fact, the end stage renal disease incident rate

14   among the Hispanic population is one and a half

15   times greater than the non-Hispanic population, and

16   among African Americans it is three times greater.

17   This, coupled with the aging population, is expected

18   to increase utilization. Dr. Hollandsworth's

19   projected referrals demonstrate this.

20   While there maybe appear to be a large

21   number of facilities in the city of Chicago, I'd

22   like you to compare the 2011 facility data for

23   suburban Chicago, HSA7, to the city of Chicago. You

24   can see that the lower income parts of metro Chicago

25   have reduced access to dialysis care. While patient

 1   numbers between each HSA are virtually the same,

 2   with Chicago having slightly more, 4,685 patients as

 3   of December 31st, 2011, versus 4,674 in the near

 4   suburbs, the suburban patients have better access to

 5   treatment with 990 stations for Chicago residents,

 6   and 1,065 stations for suburban Cook and DuPage

 7   Counties. Further, based upon the data gathered by

 8   the Board for 2011, other patients treated in the

 9   city of Chicago, 21 percent were Hispanic, and 67

10   percent were people of African American or nonwhite.

11   When it comes to health care services

12   access limitations, the city of Chicago is unlike

13   any other in the state of Illinois. Given these

14   access issues, we believe the facility is absolutely

15   necessary.

16   During the last hearing, there were some

17   discussions regarding clinical outcomes and clinical

18   research and innovation among dialysis companies.

19   While I do not want this to take away from the core

20   rationale from the project, I'd like to briefly

21   describe how DaVita will directly benefit this

22   community.

23   In the six-county Chicago area, we

24   provide dialysis care to approximately 3000

25   patients. In the most recent reporting from CMS, we

 1   met all quality metrics. DaVita, as a whole, has

 2   improved clinical outcomes 12 years in a row.

 3   Adequacy of dialysis or how well we remove toxins

 4   from the body has improved 72 percent since 2000.

 5   Our catheter rate has dropped from 24 percent in

 6   2007 to 13.6 percent today. It's the lowest in the

 7   industry. Vaccination rates are nearly 92 percent,

 8   which again is the highest in the industry. What do

 9   these metrics mean? They mean that DaVita's

10   patients have the highest quality care in the nation

11   with the lowest mortality rate of any major dialysis

12   provider. Since 2001, the gross mortality rate of

13   DaVita's patients has decreased by 19 percent. This

14   means that we keep our patients healthier, and we

15   reduce the overall cost of health care.

16   With the Board's inventory identifying a

17   need for 15 dialysis stations in the city of

18   Chicago, we suggest these stations be placed in a

19   community that truly needs them.

20   I'll now turn it over to Dr.

21   Hollandsworth, who will discuss the project as it

22   relates to his patients.

23   CHAIRMAN DALE GALASSIE: Thank you,

24   Penny.

25   DR. DON HOLLANDSWORTH: Good afternoon.

 1   CHAIRMAN DALE GALASSIE: Good afternoon.

 2   DR. DON HOLLANDSWORTH: My voice will

 3   probably give out, so I may have to take a sip of

 4   water periodically.

 5   Good afternoon, I am Don, Dr. Don

 6   Hollandsworth, and I practice nephrology in the city

 7   of Chicago. I am pleased to support DaVita's

 8   proposal to bring much needed dialysis services to

 9   the Pilsen community. Over the years I have seen my

10   base of chronic kidney disease and end stage renal

11   disease patients steadily increase alongside the

12   rapidly growing population that suffers from

13   diabetes and hypertension, the two leading causes of

14   kidney disease, as Penny stated.

15   As I know many of you already

16   understand, there are basically two options for

17   patients once they reach end stage renal disease,

18   that is transplant or dialysis. Transplantation is

19   the ideal solution for patients with renal failure

20   when donor kidneys are not rejected. First,

21   however, many patients simply are not eligible to

22   receive a donor kidney. Generally patients must be

23   in satisfactory physical condition and not suffer

24   from other medical conditions that severely limit

25   life expectancy. Obese patients also will not

 1   likely be eligible for transplant. Age is also a

 2   factor for transplant. Historically, many of my

 3   patients have been too old to qualify for a

 4   transplant. This is less the case now, as the

 5   average age of those suffering are entering new

 6   onset end stage renal disease becomes lower.

 7   Dialysis in many is viewed as a bridge to cross

 8   until transplantation.

 9   The proposed facility is close to

10   multiple transplant centers and will mitigate a lot

11   of the transportation problems we have had getting

12   patients to the transplant center. The bottom line

13   is there are many challenges associated with

14   transplant, so dialysis is an essential component of

15   kidney disease treatment for most end stage renal

16   disease patients.

17   I have witnessed DaVita's commitment to

18   improving its dialysis patients' quality of life by

19   an integrated care management approach. DaVita

20   works to educate patients formally and informally,

21   provide emotional support, coordinate care among

22   providers, and also to identify modalities that

23   allow patients to continue living their lives with

24   few interruptions as possible. In fact, DaVita has

25   the largest home peritoneal and home hemodialysis

 1   program in the United States. One of the key

 2   considerations with these programs, however, is

 3   patients must have the tools to self-manage their

 4   care, and an adequate support network at home.

 5   Unfortunately, in the city of Chicago and other

 6   communities with higher concentrations of minority

 7   and low income population, patients are more often

 8   without these tools. This is particularly true for

 9   many of my chronic kidney disease patients. Over

10   the past 15 years, my partner and I have worked at

11   Cook County Provident Hospital Clinic taking care of

12   chronic kidney disease patients. However, we

13   provide all of renal care for some of the city of

14   Chicago's most vulnerable and social economically

15   disadvantaged patients, our Provident Hospital

16   patients are drawn from multiple zip codes around

17   the city, many from within 20 minutes of the

18   proposed site. Because most of them are uninsured,

19   and Provident is one of the few providers besides

20   Oak Forest and Stroger Hospital Outpatient Clinics

21   that will take them, after these patients initiate

22   dialysis, they need a provider like DaVita that will

23   take patients without regard to ability to pay.

24   I have been sending most of my patients

25   to DaVita's Emerald facility. This facility is

 1   operating right now at about 90 percent occupancy

 2   and can really not accommodate much more of my

 3   patient base. Further, while Cook County's dialysis

 4   facility has treated these patients for many years,

 5   they're utilizing their space to basically continue

 6   to treat their acutes, and the chronic patients that

 7   are there, they are trying to find new locations for

 8   them. There's no question that there's more

 9   recipients than slots.

10   This is just one more reason we need the

11   West Side facility right now. Without that

12   facility, I will have to be sending patients to

13   other facilities where I do not round. When

14   patients are placed at dialysis facilities

15   throughout the city, direct patient contact is

16   compromised as a physician cannot physically see

17   each patient when he is rounding. We work with

18   these patients for years during the early stages of

19   chronic kidney disease through the development of

20   end stage renal disease. They have entrusted us

21   with the management of their health care. When we

22   tell them we will not be overseeing their dialysis,

23   it makes their transition much more difficult. If

24   patients were placed in a limited number of

25   facilities where the physician had privileges within

 1   a much smaller geographic area, it would permit

 2   the -- it would limit the time spent traveling

 3   between these facilities and would allow the

 4   physician to continue on with his continuity of

 5   care.

 6   Given DaVita's potential contributions

 7   to this community and the documented need for 15

 8   stations, I urge the Board to approve the West Side

 9   facility.

10   CHAIRMAN DALE GALASSIE: Thank you,

11   Doctor.

12   MR. CHUCK SHEETS: Mr. Chairman, I'd

13   like to briefly, briefly address the negative

14   findings.

15   CHAIRMAN DALE GALASSIE: Appreciate

16   that.

17   MR. CHUCK SHEETS: We had a negative

18   finding regarding the size of the proposed facility.

19   The total gross square footage of the proposed

20   facility is 6700 square feet, which is 7 percent

21   more than the state standard. We've always, at

22   DaVita, they've always designed facilities to be in

23   accordance with the Board's, Board's rules, but

24   because of the site selection of the city of

25   Chicago, sometimes we're forced to get buildings

 1   that don't quite fit within our ideal size, and this

 2   one was a slightly larger, 7 percent larger

 3   facility.

 4   With regard to the construction cost on

 5   the facility, that was actually due to an error in

 6   the calculation of the construction costs. As they

 7   exist right now, they exceed the standard by 5

 8   percent, but what we did was we actually had a

 9   contingency fee added in twice on the construction

10   budget, so we're actually at the Board's standards

11   in the real, in the real budget.

12   Finally, the other two negative findings

13   had to deal with area utilization, which I'm sure

14   you can see from the staff report, and I'm also sure

15   that you can understand that with dialysis, the

16   patients are where the doctors are. I mean they

17   have their physicians, and they want to go with

18   their physicians to get dialysis. In the city of

19   Chicago, using a 30-minute net is a very broad net.

20   In fact, in our area, for instance, we're

21   essentially just south of Roosevelt Road, the

22   proposed site, it's 13th Street and Ashland, and in

23   our area, there's, there's, you know, 4600 North,

24   that's in our area, and realistically we can't

25   expect people in the city of Chicago to get from

1   1300 South to 4600 North for dialysis. It's just

2   not practical.

3   With that said, we're here to answer any

4   questions you might have.

5   CHAIRMAN DALE GALASSIE: Is there, Mike,

6   any issues on his findings? Comments?

7   MR. MIKE CONSTANTINO: Regarding the

8   contingency cost, what that will do, they double --

9   evidently they doubled down on the contingency cost.

10   They will be, we would expect them to be under the

11   approved permit amount that they have submitted you

12   to date when they submit their final cost report.

13   CHAIRMAN DALE GALASSIE: Okay.

14   MR. MIKE CONSTANTINO: By that five

15   percent.

16   CHAIRMAN DALE GALASSIE: Very good.

17   MR. MIKE CONSTANTINO: At least five

18   percent.

19   MR. CHUCK SHEETS: Very good. Thank

20   you.

21   CHAIRMAN DALE GALASSIE: Thank you for

22   your comments, I'm going to open it up for any

23   questions from board members. Dr. Burden, Mr.

24   Carvalho.

25   DR. JAMES BURDEN: An unusual conundrum,

 1   but I'm sure Mr. Sheets can straighten me out. How

 2   is it, and Mike Constantino, I ask it because I

 3   don't seem to learn. There's a need for 15 stations

 4   in the planning area, but there are 35 facilities

 5   that are not a target of occupancy within the usual

 6   30 minutes. I always have trouble with that.

 7   Obviously you think the need is greater than the

 8   fact that 35 of them are not --

 9   CHAIRMAN DALE GALASSIE: Dr. Burden,

10   could you pull your mike closer?

11   THE REPORTER: I'm sorry, Doctor, I

12   didn't hear the end of your comment.

13   DR. JAMES BURDEN: Oh, I said I presume

14   that they're going to claim, or identify the need of

15   15 stations in the area that the State Board has

16   stated, as opposed to the 35 existing facilities

17   that are in that target area that are not at the

18   target occupancy. And my question is how so?

19   MR. CHUCK SHEETS: I think Penny would

20   be the best one to address that.

21   MS. PENNY DAVIS: Right. When we look

22   at patient populations, I mean I understand that

23   there's a 30-minute rule for target occupancy at 80

24   percent, but because HSA-VI is so large, and if you

25   use Mapquest to get from, you know, the South Side

 1   to the far North Side, it says it's 30 minutes.

 2   However, in reality, it's not. And so there's a

 3   need for 15 stations in HSA-VI, and it's our belief

 4   that those stations should be in the area of highest

 5   incidence of dialysis, end stage renal disease, and

 6   in an area where a physician who practices at

 7   Provident Hospital, he and his partner conveniently

 8   can send those patients. So while the need of 15

 9   stations is throughout the Chicagoland area, it

10   really, we want to target in the poorest

11   communities. And so where we find the need being

12   the highest, for where patients have the most

13   difficulty with transportation, and with getting to

14   their doctor. The only way they can see Dr.

15   Hollandsworth before they're on dialysis is to go to

16   Provident Hospital, that's where he practices. And

17   so for him to be able to round at a facility close

18   by, this facility would be close enough for him to

19   round at. He already goes to Emerald, and that

20   facility is full. I hope I answered the question,

21   but Chuck will --

22   MR. CHUCK SHEETS: I'm going to add one

23   thing, Doctor, and that is the projected -- I'm sure

24   Dave will talk about this, too -- the need is a

25   projection, so we're trying to look in the crystal

 1 ball two years from now and three years from now to

 2 figure out what's needed at that point. So that's

 3 why that number doesn't always jive with utilization

 4 of the area facilities.

 5   But the one thing I wanted to point out

 6 that struck me about this project was that we have

 7 almost the exact same number of patients that need

 8 dialysis in suburb Cook and DuPage County as in the

 9 city of Chicago, and there are 75 more stations for

10 the suburban patients than there are for the city

11 patients. And to me, that goes to access, because

12 it's much more difficult for people in the city to

13 get around I think than it is for people in the

14 suburbs. So for me, it's a question of accessing

15 the community where it's needed.

16   DR. JAMES BURDEN: I think that's a

17 valid response. I am impressed as I age, getting

18 around is more of an issue, but I wanted to know

19 just as an aside, maybe anecdotally, what percentage

20 of patients actually take public transportation in

21 general in the communities that you round as opposed

22 to cabs and/or private automobile or whatever, cabs?

23 Is there a significant number on public

24 transportation?

25   DR. DON HOLLANDSWORTH: I wish that I

 1   was a social worker at our facility, I could give

 2   you the exact. I think it's probably about 15 to 20

 3   percent. And that raises an issue in the 30,

 4   30-mile -- or 30-minute. When you're taking public

 5   transportation, and sometimes they have to have a

 6   transfer on a bus, it certainly is much longer than

 7   30 minutes for a lot of these folks traveling.

 8   Especially the ones that we had to send to DaVita

 9   that wanted the, wanted me to remain either their

10   nephrologist, they -- and don't live in the

11   neighborhood and take public transportation. So I

12   think that when we get this new facility, I think

13   there will be a great number of them that will be

14   taking public transportation.

15   CHAIRMAN DALE GALASSIE: Thank you. Mr.

16   Carvalho?

17   MR. DAVE CARVALHO: Two quick things.

18   First, I usually avoid a conflict with entities

19   involving the DaVita Health Systems. Are you a

20   doctor at Provident did you say?

21   DR. DON HOLLANDSWORTH: Yes, I am.

22   MR. DAVE CARVALHO: Employed by

23   Provident or...

24   DR. DON HOLLANDSWORTH: No. Well, yes,

25   I am, I -- part-time.

 1   MR. DAVE CARVALHO: Okay. Well, then I

 2   only have a neutral question. During your remarks,

 3   you said uninsured patients, and Judge Greiman must

 4   have raised this topic a dozen times in the last

 5   several years with applicants from several

 6   facilities when he looks at their charity care

 7   numbers and their charity care numbers are almost

 8   nonexistent, and they say it's because there aren't

 9   any uninsured people in this particular subject,

10   because everybody, one way or another, winds up

11   getting covered by Medicare or Medicaid or something

12   for dialysis. So who are the uninsured you are

13   referring to with respect to dialysis, and, and I

14   guess why don't they show up at any of these health

15   facilities?

16   MS. PENNY DAVIS: I would be glad to

17   answer that question. First of all, when these

18   patients are coming to Provident, they are chronic

19   kidney disease, they may not be end stage renal

20   disease. At that point they have no insurance,

21   because their Medicare only covers the patient once

22   they become end stage renal disease. Same is true

23   with emergency Medicaid, so -- for the undocumented

24   patient. So they would be coming to Provident,

25   seeing Dr. Hollandsworth, they're uninsured at that

 1   point. He refers them to us even prior to them

 2   needing dialysis to provide what we call Kidney

 3   Smart, which is our chronic disease -- chronic

 4   kidney disease education programs, and we do those

 5   for free, as well, there's no charge for anybody for

 6   those programs. Then once they are referred for

 7   dialysis, we will begin working with them to help

 8   them get coverage, whether it's through Medicaid,

 9   Medicare, a prior job, or maybe they have Cobra, and

10   so they are uninsured when they come to us.

11   Medicare doesn't kick in until 90 days, so those

12   patients are uninsured for that period of time.

13   We're also finding longer and longer

14   periods of time where they're undocumented to be

15   able to get emergency Medicaid, and, again, you

16   know, we have patients who it's taking five to six

17   months for Medicaid to kick in. So that is all

18   charity care at that point.

19   CHAIRMAN DALE GALASSIE: I'm going to

20   try and move this along. Any other questions?

21   (No questions.)

22   CHAIRMAN DALE GALASSIE: Seeing none,

23   may I have a motion to approve Project 12-102,

24   DaVita West Side Dialysis, for the establishment of

25   a 12-station end stage renal dialysis facility in

 1   Chicago, Illinois?

 2   MR. PHILLIP BRADLEY: So moved.

 3   MS. KATHY OLSON: Second.

 4   CHAIRMAN DALE GALASSIE: Moved and

 5   seconded. Roll call, please.

 6   MR. GEORGE ROATE: Motion made by Mr.

 7   Bradley, seconded by Ms. Olson.

 8   Mr. Bradley?

 9   MR. PHILLIP BRADLEY: Yes.

10   MR. GEORGE ROATE: Dr. Burden?

11   DR. JAMES BURDEN: Yes.

12   MR. GEORGE ROATE: Senator DeMuzio?

13   SENATOR DEANNA DeMUZIO: Yes.

14   MR. GEORGE ROATE: Justice Greiman?

15   JUSTICE ALLEN GRIEMAN: Yes.

16   MR. GEORGE ROATE: Ms. Olson?

17   MS. KATHY OLSON: No, based on excess

18   capacity, there's eight facilities within ten

19   minutes, noncapacity.

20   MR. GEORGE ROATE: Mr. Penn?

21   MR. DAVID PENN: No; education services.

22   MR. GEORGE ROATE: Mr. Sewell?

23   MR. RICHARD SEWELL: No; reasons stated.

24   MR. GEORGE ROATE: Chairman Galassie?

25   CHAIRMAN DALE GALASSIE: No, excess.

 1   MR. GEORGE ROATE: That's four votes in

 2   the negative, four votes in the affirmative.

 3   CHAIRMAN DALE GALASSIE: The motion does

 4   not pass.

 5   MR. FRANK URSO: You're going to be

 6   getting an Intent To Deny, you'll have another

 7   opportunity to come before the Board, as well as

 8   submit additional information. Thank you.

 9   CHAIRMAN DALE GALASSIE: Moving on to

10   Item 13-008 for City of Chicago Dialysis Center of

11   Chicago. There are no oppositions, but there are

12   some findings here.

13   Good afternoon, ladies. Welcome again.

14   You can do introductions, and then we'll have you

15   sworn in.

16   MS. CLAIR RANALLI: Absolutely. My name

17   again is Clair Ranalli, R-A-N-A-L-L-I. To my left

18   is Laurie Wright, W-R-I-G-H-T. On her left is

19   Coleen, C-O-L-E-E-N, Muldoon, M-U-L-D-O-O-N.

20   CHAIRMAN DALE GALASSIE: Thank you.

21   (All were sworn.)

22   CHAIRMAN DALE GALASSIE: Staff report?

23   MR. MIKE CONSTANTINO: Thank you, Mr.

24   Chairman. The applicants are proposing to

25   discontinue an existing 21-station ESRD facility in

 1 Chicago, Illinois, and establish a 21-station

 2 replacement facility in the same city. The

 3 estimated cost of the project is $9.5 million, the

 4 anticipated project completion date is December

 5 31st, 2014. There was no opposition; however, there

 6 were findings on this project.

 7   Thank you, Mr. Chairman.

 8   CHAIRMAN DALE GALASSIE: Thank you very

 9 much. Can I ask again, I respectfully, or, and

10 humbly say this, I don't think the Board needs any

11 more 101 on dialysis. If you can address the

12 findings, we would be most appreciative.

13   MS. CLAIR RANALLI: Absolutely. Thank

14 you Mr. Chairman, and thank you, Mr. Constantino,

15 for the State Board report. The only -- well, there

16 were two negatives on this project, I'll dispense

17 with one very quickly, I hope very quickly. We were

18 four gross square feet over per station, which is a

19 very small amount, that's just one versus -- one

20 foot less than meet. So small amount per station,

21 hopefully that won't be too much of a problem.

22   The real negative amounts to the issue

23 which Dr. Burden raised previously. There are a

24 number of facilities in Chicago that are

25 underutilized. We were seeking to relocate a

 1   clinic, we are not adding stations to the inventory,

 2   we are simply relocating the clinic, because it's

 3   been at its current location in Greek Town for 15

 4   years, and the landlord would like to use the space

 5   for other purposes, which is probably appropriate

 6   given the nature of Greek Town and how it's changed

 7   over the past 15 years. We located an ideal

 8   location very close by with free parking and easy

 9   access right off of Ashland Avenue. We considered

10   relocating and reducing the number of stations so we

11   would be at your 80 percent target utilization rate,

12   which wouldn't necessarily address the

13   maldistribution, because there are clinics in

14   Chicago that are underutilized, but because this is

15   a relocation, we thought that would help greatly.

16   It also, quite frankly, would help Fresenius with

17   respect to the cost the project, because we would be

18   using fewer gross square feet.

19   The problem with that and the reason we

20   did not decide to approach the project in that

21   manner is that this clinic sees 43 percent Medicaid

22   patients. It is the highest clinic that Fresenius

23   has in the state of Illinois, the highest level of

24   Medicaid patients. 53 percent of the remainder of

25   the patients are Medicare. In the past year the

 1   clinic saw four wholeness patients. It is a

 2   challenged patient population that this clinic

 3   serves. The staff, quite frankly, is very proud of

 4   that, they have good relationships with the patient

 5   population, and the clinic works well with the

 6   community of patients that it serves.

 7   If we were to have reduced stations, the

 8   first and second shifts are completely full. We run

 9   one shift -- one third shift Monday, Wednesday and

10   Friday with ten patients on it, so what we would

11   have had to have done is shift a lot of those

12   patients on the first and second shift to the third

13   shift. That is doable, it can be done, but it does

14   create a great deal of patient hardship. And when

15   you have 43 percent of the patients on Medicaid,

16   it's not as easy for those patients to make

17   different travel arrangements as it might be for

18   other patients who don't rely on public

19   transportation, Medicaid transportation, you know,

20   the Medicaid cars that will take patients from

21   hospitals or from their homes to dialysis, they

22   don't run after 4 p.m., so the third shift is not an

23   option if patients who are Medicaid recipients rely

24   on that mode of transportation. That is the reason

25   we chose not to do that.

1   It is very important that we relocate

2   this clinic, we're going to be out in June of 2014.

3   To scatter these patients to all the other clinics

4   in Chicago would be very unfair to them, quite

5   frankly, as well as to the staff who's developed

6   good relationships with the patients of this clinic.

7   You know, we, we really would request that we not be

8   required to reduce the stations for the reasons that

9   we've stated, it just would bring up patient

10   hardship. Fresenius is not necessarily invested in

11   keeping those stations, but it is invested in making

12   sure that its patients don't face hardships,

13   particularly at this clinic. And the revenue

14   generated by this clinic does not exceed the

15   expenses; to the contrary. But we do want to make

16   sure our patient population is well served and most

17   of the patients can continue to dialyze on the first

18   and second shift. And we think the utilization will

19   increase when we move into a less congested area and

20   have more readily available parking; we can't

21   guarantee that we'll go to 80 percent. Thank you.

22   CHAIRMAN DALE GALASSIE: Thank you. Any

23   issues on the findings response?

24   MR. MIKE CONSTANTINO: None.

25   CHAIRMAN DALE GALASSIE: Thank you very

 1   much.   Any questions from board members?

 2   DR. JAMES BURDEN: Quickly, I know

 3   you're anxious to move along, Mr. Chairman, but

 4   shouldn't -- Mr. Constantino, shouldn't we address

 5   this problem at some point to maybe reduce the

 6   target advocacy of dialysis units, because it's

 7   creating it seems on a regular basis the issue of so

 8   many of these units already here are not a target

 9   occupancy, yet there seems to be the applications

10   continue to build more.   I -- I wonder.   I'm

11   sometimes confused.   Maybe we need to drop that

12   target occupancy number to allow us to move more

13   quickly on this problem, I don't know.   You tell me.

14   MR. MIKE CONSTANTINO: Well, I'm sure

15   we'd be very happy to take a look at it, that target

16   occupancy percentage, yes, we can do that.   What --

17   DR. JAMES BURDEN: These low target

18   occupancies, are they still revenue central or

19   revenue neutral, I presume they're positive revenues

20   to the, Fresenius and DaVita or whoever owns it?   I

21   mean I'm curious.

22   MS. CLAIR RANALLI: The 80 percent

23   target really has nothing to do with revenue.   I

24   mean obviously the clinic is full, but even that, it

25   depends on the patient population and the payor mix.

 1   DR. JAMES BURDEN: That truly supports

 2   what I'm contending, and I'd like to hear, not now

 3   perhaps, but later on, but that I think is a

 4   worthwhile thing to pursue so we don't have this

 5   ongoing discussion, save time and move more quickly.

 6   That's my feeling.

 7   MR. MIKE CONSTANTINO: Yes, sir.

 8   CHAIRMAN DALE GALASSIE: And I'm sure

 9   national models come into play with that whole

10   dialogue, so... Any other questions?

11   JUSTICE ALLEN GREIMAN: Yeah, I have.

12   How far, how far is it from the present location?

13   MS. CLAIR RANALLI: From the current

14   clinic site to the new site?

15   JUSTICE ALLEN GRIEMAN: Yes.

16   MS. CLAIR RANALLI: It's about ten

17   blocks. The current clinic site is at Jackson and

18   Hallstead, and the new site --

19   JUSTICE ALLEN GRIEMAN: In Greek Town

20   there.

21   MS. CLAIR RANALLI: Right, right at

22   Greek Town there, and the new site is on Hubbard

23   Street just west of Ashland, so it's about ten

24   blocks away.

25   JUSTICE ALLEN GREIMAN: And let me ask

 1   you a question.

 2   CHAIRMAN DALE GALASSIE: Judge, can you

 3   use your mike, please?

 4   JUSTICE ALLEN GRIEMAN: Oh, I'm sorry.

 5   This may be a silly question to ask, and I apologize

 6   if it's a silly question to the Board. So is this

 7   next to a, the DaVita place?

 8   MS. CLAIR RANALLI: No.

 9   JUSTICE ALLEN GREIMAN: No. Where is

10   the nearest DaVita place?

11   MS. CLAIR RANALLI: Well, hold on one

12   minute.

13   JUSTICE ALLEN GREIMAN: I mean you guys

14   are obviously in competition with each other. You

15   spoke against their -- and I just wanted to know

16   between the two of you, you own 8 percent of the

17   facilities.

18   MS. CLAIR RANALLI: You're right, and

19   DaVita and Fresenius are the primary providers in

20   the service areas. The closest DaVita clinic,

21   according to the State Board report, is about ten

22   minutes away.

23   But again, this is just a relocation, we

24   aren't adding stations.

25   CHAIRMAN DALE GALASSIE: Other questions

 1 from board members?

 2   (No questions.)

 3   CHAIRMAN DALE GALASSIE: Seeing none,

 4 may I have a motion to approve Project 13-008,

 5 Chicago Dialysis Center to relocate an existing

 6 21-station end stage renal dialysis facility in

 7 Chicago, Illinois?

 8   SENATOR DEANNA DeMUZIO: Motion.

 9   MS. KATHY OLSON: Second.

10   CHAIRMAN DALE GALASSIE: Moved and

11 seconded. Roll call, please?

12   MR. GEORGE ROATE: Motion made by

13 Senator DeMuzio, seconded by Ms. Olson.

14   Mr. Bradley?

15   MR. PHILLIP BRADLEY: Yes.

16   MR. GEORGE ROATE: Dr. Burden?

17   DR. JAMES BURDEN: Yes.

18   MR. GEORGE ROATE: Senator DeMuzio?

19   SENATOR DEANNA DeMUZIO: Yes.

20   MR. GEORGE ROATE: Justice Greiman?

21   JUSTICE ALLEN GRIEMAN: Yes.

22   MR. GEORGE ROATE: Ms. Olson?

23   MS. KATHY OLSON: Yes.

24   MR. GEORGE ROATE: Mr. Penn?

25   MR. DAVID PENN: Yes.

 1   MR. GEORGE ROATE: Mr. Sewell?

 2   MR. RICHARD SEWELL: No. Oh, you want a

 3   reason? The maldistribution and the planning area

 4   need.

 5   MR. GEORGE ROATE: Thank you, sir.

 6   Chairman Galassie?

 7   CHAIRMAN DALE GALASSIE: No, for the

 8   reasons stated.

 9   MR. GEORGE ROATE: That's six votes in

10   the affirmative, two in the negative.

11   CHAIRMAN DALE GALASSIE: Motion passes,

12   thank you.

13   We are moving on to agenda letter F,

14   Exemptions, Number E-001-13 Sherman Hospital of

15   Elgin.

16   Good afternoon, gentlemen. Do

17   introductions, spelling your names, and we will then

18   have you sworn in.

19   MR. GERALD OURTH: Good afternoon.

20   CHAIRMAN DALE GALASSIE: Good afternoon,

21   welcome back.

22   MR. GERALD OURTH: Gerald Ourth,

23   O-U-R-T-H.

24   MR. RICK FLOYD: Rick Floyd, R-I-C-K,

25   F-L-O-Y-D.

1   MR. SCOTT POWDER: Scott Powder,

2   P-O-W-D-E-R.

3   MR. RICK JAKLE: And Rick Jakle,

4   J-A-K-L-E.

5   CHAIRMAN DALE GALASSIE: Thank you,

6   gentlemen. Would you swear them in, please?

7   (All were sworn.)

8   CHAIRMAN DALE GALASSIE: Thank you very

9   much. Staff report?

10   MR. MIKE CONSTANTINO: Thank you, Mr.

11   Chairman. The applicants are proposing the

12   affiliation of Sherman Health System and Sherman

13   Hospital, a 250-bed acute care hospital located at

14   1425 North Randall Road in Elgin, Illinois. The

15   fair market value of the transaction is $412

16   million. The transaction involves a transaction

17   that results in a person obtaining control of a

18   health care facility's operation or a physical plant

19   and assets. The applicants have met all the

20   requirements for exemption involving a change of

21   ownership.

22   The public hearing was held on this

23   project, and there was opposition. Thank you, Mr.

24   Chairman.

25   CHAIRMAN DALE GALASSIE: Thank you,

 1   Mike. And would someone like to address the Board?

 2   MR. RICK FLOYD: I'd be grateful, thank

 3   you, Chairman Galassie; and thank you Members of the

 4   Board, for this opportunity to ask for your support

 5   for this proposed affiliation between Sherman

 6   Hospital and Advocate Health Care. And I just

 7   wanted to point out that Rick Jakle, the Chair of

 8   our Health Systems Board, is here with me today.

 9   You know, across the last three years,

10   the perspective of Sherman's board has changed 180

11   degrees. We started believing that we could and

12   should remain independent, and today we're here to

13   ask for your permission to join the system. What

14   changed was our assumptions about the future. We

15   realized that American health care value needed to

16   be improved, that the fee-for-service world was

17   unsustainable, and that we were moving toward the

18   world of population management. The implications

19   for Sherman were that we were not prepared for that.

20   Huge investments in information technology and

21   physician integration infrastructure would be

22   required to be successful in this world. We see

23   today that by joining Advocate Health Care, we are

24   going to be not only better positioned to

25   participate in population management, but this will

 1   accelerate our traditional commitment to quality, to

 2   service, to safety, and it will allow us to take

 3   advantage of economies scale. So we are here today

 4   to ask for your support and approval of our proposed

 5   affiliation.

 6   CHAIRMAN DALE GALASSIE: Thank you

 7   Mr. Floyd. Comments and questions from members?

 8   Yes, Judge.

 9   JUSTICE ALLEN GREIMAN: Yeah, you don't

10   have to be articulate or convincing in this, but I

11   want to know what was the -- it said that was

12   opposition at the hearing? What was the basis of

13   the opposition, please?

14   MR. GERALD OURTH: 100 percent of the

15   opposition came from Centegra Health Care, and you

16   were there, so you heard their various arguments,

17   and I guess my assessment is that I didn't think

18   there was much validity to those allegations or

19   concerns, in my humble opinion.

20   JUSTICE ALLEN GREIMAN: Okay.

21   CHAIRMAN DALE GALASSIE: Other

22   questions?

23   (No questions.)

24   CHAIRMAN DALE GALASSIE: Seeing and

25   hearing none, may I have a motion to approve

 1   Exemption E-001-13, Sherman Hospital Elgin, for a

 2   change in ownership?

 3   MR. RICHARD SEWELL: So moved.

 4   JUSTICE ALLEN GREIMAN: Seconded.

 5   CHAIRMAN DALE GALASSIE: Moved and

 6   second. Roll call, please.

 7   MR. GEORGE ROATE: Motion made by Mr.

 8   Sewell, seconded by Justice Greiman.

 9   Mr. Bradley?

10   MR. PHILLIP BRADLEY: Yes.

11   MR. GEORGE ROATE: Mr. Burden?

12   DR. JAMES BURDEN: Yes.

13   MR. GEORGE ROATE: Senator DeMuzio?

14   SENATOR DEANNA DeMUZIO: Yes.

15   MR. GEORGE ROATE: Justice Greiman?

16   JUSTICE ALLEN GRIEMAN: Yes.

17   MR. GEORGE ROATE: Ms. Olson?

18   MS. KATHY OLSON: Yes.

19   MR. GEORGE ROATE: Mr. Penn?

20   MR. DAVID PENN: Yes.

21   MR. GEORGE ROATE: Mr. Sewell?

22   MR. RICHARD SEWELL: Yes.

23   MR. GEORGE ROATE: Chairman Galassie?

24   CHAIRMAN DALE GALASSIE: Yes.

25   MR. GEORGE ROATE: That's eight votes in

 1   the affirmative.

 2   CHAIRMAN DALE GALASSIE: Motion passes.

 3   Congratulations. Hope all goes well going forward.

 4   MR. GERALD OURTH: Thank you.

 5   CHAIRMAN DALE GALASSIE: Moving on to

 6   004-13, Oak Lawn Endoscopy of Oak Lawn. This is an

 7   item that has no opposition and no findings.

 8   We would ask that you introduce

 9   yourselves, we'll swear you in, and if you would

10   like to make a presentation, you're welcome to.

11   MR. JOE OURTH: Joe Ourth, O-U-R-T-H.

12   MR. ROBERT McCULLOUGH: Rob McCullough,

13   M-C-C-U-L-L-O-U-G-H.

14   DR. THOMAS ARNDT: Dr. Thomas Arndt,

15   A-R-N-D-T.

16   MR. WAYNE LUE: Wayne Lue, L-U-E.

17   CHAIRMAN DALE GALASSIE: Thank you very

18   much.

19   (All were sworn.)

20   CHAIRMAN DALE GALASSIE: Thank you.

21   Staff report, Mr. Constantino?

22   MR. MIKE CONSTANTINO: Thank you, Mr.

23   Chairman. The applicants are proposing the purchase

24   of 51 percent ownership of the assets of Oak Lawn

25   Endoscopy, LLC. The anticipated acquisition price

 1 is approximately $6.6 million. No letters of

 2 support or opposition were received by the State,

 3 State Board staff, and there was no request for a

 4 public hearing. The applicants have met all the

 5 requirements of the change of ownership exemption.

 6 Thank you, Mr. Chairman.

 7   CHAIRMAN DALE GALASSIE: Thank you.

 8 Would you like to make comments to the Board?

 9   MR. JOE OURTH: Picking up on the

10 chairman's hints there, we would be happy to forego

11 making any presentation at this time, but do have

12 Mr. Rob McCullough, Dr. Tom Arndt and others to

13 answer any questions that you may have.

14   CHAIRMAN DALE GALASSIE: And we welcome

15 all of you. Thank you. Comments or questions from

16 the Board, please?

17   (No comments or questions.)

18   CHAIRMAN DALE GALASSIE: Seeing none,

19 may I have a motion to approve Exemption E-004-13,

20 Oak Lawn Endoscopy of Oak Lawn, for a change in

21 ownership?

22   MR. RICHARD SEWELL: So moved.

23   MR. DAVID PENN: Second.

24   CHAIRMAN DALE GALASSIE: Moved and

25 seconded. Roll call, please?

 1   MR. GEORGE ROATE: Motion made by

 2   Mr. Sewell, seconded by Mr. Penn.

 3   Mr. Bradley?

 4   MR. PHILLIP BRADLEY: Yes.

 5   MR. GEORGE ROATE: Dr. Burden?

 6   DR. JAMES BURDEN: Yes.

 7   MR. GEORGE ROATE: Senator DeMuzio?

 8   SENATOR DEANNA DeMUZIO: Yes.

 9   MR. GEORGE ROATE: Justice Greiman?

10   JUSTICE ALLEN GRIEMAN: Yes.

11   MR. GEORGE ROATE: Ms. Olson?

12   MS. KATHY OLSON: Yes.

13   MR. GEORGE ROATE: Mr. Penn?

14   MR. DAVID PENN: Yes.

15   MR. GEORGE ROATE: Mr. Sewell?

16   MR. RICHARD SEWELL: Yes.

17   MR. GEORGE ROATE: Chairman Galassie?

18   CHAIRMAN DALE GALASSIE: Yes.

19   MR. GEORGE ROATE: That's eight votes in

20   the affirmative.

21   CHAIRMAN DALE GALASSIE: Motion passes,

22   good luck.

23   MR. JOE OURTH: Thank you very much.

24   CHAIRMAN DALE GALASSIE: Thank you.

25   Have a good day.

 1   Elmhurst Memorial Hospital of Elmhurst,

 2   Number E-008-13. Again, a change of ownership

 3   representing no opposition and no findings.

 4   Good afternoon, folks. We'll do

 5   introductions, please, welcoming you, and if you

 6   would spell your name, we'll have you sworn in.

 7   Thank you.

 8   MR. JAMES DOYLE: Good afternoon, James

 9   Doyle, Acting Chief Executive of Elmhurst Memorial.

10   D-O-Y-L-E.

11   MS. PAMELA DAVIS: Pamela Davis,

12   D-A-V-I-S.

13   MR. VINCE PRYOR: Vince Pryor,

14   P-R-Y-O-R.

15   MR. CHRIS MOLLET: Chris Mollet,

16   M-O-L-L-E-T.

17   (All were sworn.)

18   CHAIRMAN DALE GALASSIE: Thank you.

19   Staff report, please?

20   MR. MIKE CONSTANTINO: Thank you, Mr.

21   Chairman. The applicants are proposing a change of

22   ownership of Elmhurst Memorial Hospital. The fair

23   market value of the hospital is approximately $466

24   million. No letters of support or opposition were

25   received by the State Board staff, and there was no

1   request for a public hearing. The applicants have

2   met all the requirements for exemptions involving a

3   change of ownership. Thank you, Mr. Chairman.

4   CHAIRMAN DALE GALASSIE: Thank you, sir.

5   Would you folks like to make any comments to the

6   Board?

7   MS. PAMELA DAVIS: No; we'll be happy to

8   answer questions.

9   CHAIRMAN DALE GALASSIE: Thank you very

10   much, we appreciate that. I'd like to open this

11   item up for questions or comments from Board

12   Members.

13   JUSTICE ALLEN GREIMAN: Mr. Chairman?

14   CHAIRMAN DALE GALASSIE: Judge.

15   JUSTICE ALLEN GRIEMAN: Shouldn't we,

16   instead, pursue this one with the next one? I think

17   so, maybe we...

18   CHAIRMAN DALE GALASSIE: Well, I'm

19   assuming the same people are going to be at the

20   table, but we need to handle it in individual

21   motions.

22   JUSTICE ALLEN GREIMAN: I mean do we

23   have a change of ownership for one, but not the

24   other, is that ...

25   CHAIRMAN DALE GALASSIE: They're --

1   there's a change of ownership for both.

2   JUSTICE ALLEN GREIMAN: Yes, I know.

3   All right, well, nevermind.

4   CHAIRMAN DALE GALASSIE: They're just --

5   they're two separate applications. Mr. Constantino

6   can tell us why.

7   MR. MIKE CONSTANTINO: They're two

8   separate facilities, so therefore, they need to be

9   two separate applications. They're just one

10 transaction document, though.

11   CHAIRMAN DALE GALASSIE: Okay. So --

12 I'll leave that alone.

13   All right, let's just move forward and

14 handle these on two separate motions. They have

15 stated they didn't, don't have to make a

16 presentation, we're at questions. Any other

17 questions by Board Members?

18   (No questions.)

19   CHAIRMAN DALE GALASSIE: Seeing none,

20 may I have a motion to approve Exemption E-008-13,

21 Elmhurst Memorial Hospital of Elmhurst for a change

22 of ownership?

23   MR. PHILLIP BRADLEY: So moved.

24   DR. JAMES BURDEN: Second.

25   CHAIRMAN DALE GALASSIE: Moved and

1 seconded.

2 MR. GEORGE ROATE: Motion made by Mr.

3 Bradley, seconded by Dr. Burden.

4 Mr. Bradley?

5 MR. PHILLIP BRADLEY: Yes.

6 MR. GEORGE ROATE: Dr. Burden?

7 DR. JAMES BURDEN: Yes.

8 MR. GEORGE ROATE: Senator DeMuzio?

9 SENATOR DEANNA DeMUZIO: Yes.

10 MR. GEORGE ROATE: Justice Greiman?

11 JUSTICE ALLEN GRIEMAN: Yes.

12 MR. GEORGE ROATE: Ms. Olson?

13 MS. KATHY OLSON: Yes.

14 MR. GEORGE ROATE: Mr. Penn?

15 MR. DAVID PENN: Yes.

16 MR. GEORGE ROATE: Mr. Sewell?

17 MR. RICHARD SEWELL: Yes.

18 MR. GEORGE ROATE: Chairman Galassie?

19 CHAIRMAN DALE GALASSIE: Yes.

20 MR. GEORGE ROATE: Eight votes in the

21 affirmative.

22 CHAIRMAN DALE GALASSIE: Motion passes.

23 Congratulations.

24 Do you have anyone else coming to the

25 table?

 1   MS. PAMELA DAVIS: No.

 2   CHAIRMAN DALE GALASSIE: Thank you. I

 3   have E-009-13, Elmhurst SurgiCenter of Elmhurst.

 4   These folks are already sworn in. Staff report,

 5   please?

 6   MR. MIKE CONSTANTINO: Thank you, Mr.

 7   Chairman. The applicants are proposing a change of

 8   ownership of Elmhurst Outpatient Surgery Center,

 9   LLC. No letters of support or opposition were

10   received by the State Board staff, and there was no

11   request for a public hearing. The applicants have

12   met all the requirements of a change of ownership.

13   Thank you, Mr. Chairman.

14   CHAIRMAN DALE GALASSIE: Thank you.

15   Comments, folks?

16   MS. PAMELA DAVIS: No, thank you.

17   CHAIRMAN DALE GALASSIE: Thank you for

18   that consideration.

19   Comments or questions from the Board?

20   (No comments or questions.)

21   CHAIRMAN DALE GALASSIE: Hearing none,

22   may I have a motion to approve Exemption E-009-13,

23   Elmhurst SurgiCenter of Elmhurst, for a change of

24   ownership?

25   MR. PHILLIP BRADLEY: So moved.

 1   MR. DAVID PENN: Second.

 2   CHAIRMAN DALE GALASSIE: Moved and

 3 seconded. Motion please?

 4   MR. GEORGE ROATE: Motion made by Mr.

 5 Bradley, seconded by Mr. Penn.

 6   Mr. Bradley?

 7   MR. PHILLIP BRADLEY: Yes.

 8   MR. GEORGE ROATE: Dr. Burden?

 9   DR. JAMES BURDEN: Yes.

10   MR. GEORGE ROATE: Senator DeMuzio?

11   SENATOR DEANNA DeMUZIO: Yes.

12   MR. GEORGE ROATE: Justice Greiman?

13   JUSTICE ALLEN GRIEMAN: Yes.

14   MR. GEORGE ROATE: Ms. Olson?

15   MS. KATHY OLSON: Yes.

16   MR. GEORGE ROATE: Mr. Penn?

17   MR. DAVID PENN: Yes.

18   MR. GEORGE ROATE: Mr. Sewell?

19   MR. RICHARD SEWELL: Yes.

20   MR. GEORGE ROATE: Chairman Galassie?

21   CHAIRMAN DALE GALASSIE: Yes.

22   MR. GEORGE ROATE: That's eight votes in

23 the affirmative.

24   CHAIRMAN DALE GALASSIE: Motion passes.

25 Again, congratulations, and thank you.

 1   MR. JAMES DOYLE: Thank you.

 2   CHAIRMAN DALE GALASSIE: So while we're

 3   transitioning to Item 011-13, Foster McGaw Hospital,

 4   this is just a question not to be answered today, so

 5   if we have two facilities, but it's one

 6   application --

 7   MR. MIKE CONSTANTINO: It has to do with

 8   the way it was structured, Mr. Galassie. Okay, the

 9   ultimate parent for Elmhurst, Edward Health System,

10   was going to become -- if I can get this right --

11   Elmhurst Health Care, Edward Health System was going

12   to be, control that system, and that Elmhurst Health

13   Care controlled those two entities. So there was

14   just one transaction that was involved, because the

15   affiliation was with Elmhurst Health Care. The

16   affiliation was between the ultimate parents I call

17   them, Edward Health Care, and Elmhurst Health Care.

18   CHAIRMAN DALE GALASSIE: So just bear

19   with me, then I'll leave it alone. So did they

20   submit two separate applications?

21   MR. MIKE CONSTANTINO: Oh, yes.

22   CHAIRMAN DALE GALASSIE: They did?

23   MR. MIKE CONSTANTINO: Oh, yes, yeah.

24   CHAIRMAN DALE GALASSIE: Understood,

25   okay. That just made my point easier. Thank you

 1   very much.

 2   Good afternoon. If you folks would

 3   introduce yourselves and spell your names in order

 4   to be sworn in.

 5   MS. AGNUS HAGERTY: Agnus Hagerty,

 6   H-A-G-E-R-T-Y.

 7   MR. ED GREEN: Ed Green from Foley and

 8   Martin.

 9   CHAIRMAN DALE GALASSIE: And the

10   spelling of your last name, G-R-E-E-N?

11   MR. ED GREEN: Yes, just like the color.

12   CHAIRMAN DALE GALASSIE: Thank you,

13   appreciate that. If you could swear these ladies

14   and gentlemen in?

15   (All were sworn.)

16   MS. AGNUS HAGERTY: Good afternoon.

17   CHAIRMAN DALE GALASSIE: Pardon me,

18   thank you. Good afternoon to you. We'll just start

19   with the staff report.

20   MS. AGNUS HAGERTY: Okay.

21   MR. MIKE CONSTANTINO: Okay, there's

22   five transactions involved here, five separate

23   entities that are involved, five separate

24   applications.

25   CHAIRMAN DALE GALASSIE: Five separate

 1 applications, which is why I was asking for five

 2 separate entities, which I received.

 3   MR. MIKE CONSTANTINO: And one

 4 transaction document.

 5   CHAIRMAN DALE GALASSIE: And one

 6 transaction document.

 7   MR. MIKE CONSTANTINO: Okay.

 8   MS. KATHY OLSON: So we've got -- that

 9 means we can't do it together.

10   CHAIRMAN DALE GALASSIE: Correct. We

11 can, we can review -- pardon me. Will you be

12 bringing anyone else to the table for this?

13   MS. AGNUS HAGERTY: No.

14   MR. ED GREEN: No.

15   CHAIRMAN DALE GALASSIE: So we'll do

16 separate motions, because there's a separate

17 application on each, but all five are no opposition

18 and no findings.

19   MR. MIKE CONSTANTINO: Yes.

20   CHAIRMAN DALE GALASSIE: Okay.

21   MR. PHILLIP BRADLEY: And the end result

22 when everything is finished will be what?

23   MS. AGNUS HAGERTY: Yeah, all five of

24 these applications are all related to subsidiaries

25 now of Trinity Health Corporation. This transaction

 1 involves putting a parent above Trinity Health, so

 2 really with respect to the local entities, there

 3 won't be any change of ownership, it will still be

 4 owned by the same corporate entities and still have

 5 the same corporate parent. So this is above that

 6 level, so it's one transaction, but removed from

 7 corporate --

 8   CHAIRMAN DALE GALASSIE: Thank you,

 9 we'll come back to that if we need to. I apologize,

10 I was disjointed and lost my place.

11   Mr. Constantino's staffing report,

12 please?

13   MR. MIKE CONSTANTINO: Thank you, Mr --

14   CHAIRMAN DALE GALASSIE: Which we're

15 sure will be sterling.

16   MR. MIKE CONSTANTINO: Thank you very

17 much. The applicants are proposing -- I'm sorry.

18 CHE Trinity is proposing to become the sole

19 corporate member of Trinity Health Corporation and

20 Catholic Health East. More specifically, Trinity

21 and CH will consolidate under CH Trinity, Inc. This

22 transaction is a consolidation of two parent

23 entities and does not have a direct impact on any of

24 the facilities. However, on your, under our rules,

25 under -- control of those health care facilities is

 1 changing. The ultimate parent is changing, so

 2 control is changing. Therefore, they have to come

 3 before you for a change of ownership.

 4   The applicants for this transaction,

 5 Foster G. McGaw Hospital-Loyola University Medical

 6 Center, the applicants have met all of the

 7 requirements for a, for an exemption for a change of

 8 ownership. Thank you, Mr. Chairman.

 9   CHAIRMAN DALE GALASSIE: Thank you. And

10 now I come back to you, pardon me for interrupting.

11 Did you want to amplify?

12   MS. AGNUS HAGERTY: No, we really would

13 like to just thank you and your staff, but in

14 interest of time, we'll leave it there, unless you

15 have any questions.

16   CHAIRMAN DALE GALASSIE: Okay. Any

17 questions -- thank you very much, I apologize. Any

18 questions from Board Members?

19   (No questions.)

20   CHAIRMAN DALE GALASSIE: Hearing none,

21 we're now going to have a --

22   MS. KATHY OLSON: I need a point of

23 clarification.

24   CHAIRMAN DALE GALASSIE: Go ahead.

25   MS. KATHY OLSON: I guess it's my simple

 1   mind, but ... so if we vote yes on this first

 2   application, we have just voted that Trinity can own

 3   CF -- help me out. The parent parent can own this

 4   other company. So what, how -- you can't not have

 5   approved all of them. Because she said there's

 6   no -- am I correct?

 7   MS. AGNUS HAGERTY: Trinity Health

 8   Corporation is the parent of Loyola University

 9   Health System, which is the parent of the two

10   hospitals, Gottlieb and Loyola Medical Center, and

11   the Ambulatory Center, and it's also the parent of

12   Mercy Hospital. So Trinity Health Corporation is

13   the parent of those Illinois facilities, and will be

14   the parent for some time. It's above that for

15   another corporation, CHE Trinity, Inc.

16   MS. KATHY OLSON: So just play along

17   with me for a second. So let's say we approve the

18   first three of these, and then the fourth we don't

19   approve. We can't do that, right? Because if we

20   approve the first one, we've in effect approved all

21   of them.

22   MR. FRANK URSO: Well, there are five

23   different facilities.

24   MS. KATHY OLSON: It doesn't matter,

25   because it's owned by the same --

 1   CHAIRMAN DALE GALASSIE: Mr.

 2   Constantino.

 3   MR. MIKE CONSTANTINO: Under your

 4   exemption rules, if the applicants have provided all

 5   the required information, you have to approve the

 6   transaction. That's the statute.

 7   CHAIRMAN DALE GALASSIE: So in answer to

 8   your question --

 9   MS. KATHY OLSON: Just shut my mouth, I

10   know.

11   CHAIRMAN DALE GALASSIE: We're doing a

12   side bar.

13   MR. MIKE CONSTANTINO: In this

14   transaction, the ultimate parent is changing. The

15   ultimate control of Trinity who controls those five

16   health care facilities is changing, okay?

17   CHAIRMAN DALE GALASSIE: So to get to

18   Kathy's point, we approve one, we have to approve

19   all.

20   MR. MIKE CONSTANTINO: Yeah, you,

21   under -- if they've provided us with all the

22   required information, by your rules and by statute,

23   you have to approve the exemption application.

24   MR. COURTNEY AVERY: Can you explain to

25   them why the COE was created?

 1   MR. MIKE CONSTANTINO: For a change of

 2   ownership? It was -- to the best of my knowledge,

 3   it was created to make the, you know, a need had

 4   already been proved to the Board for these

 5   facilities. The Board at some time had approved

 6   need for these facilities. It was, it was a process

 7   in statute that re -- to make it easier to do these

 8   change of ownerships. So --

 9   CHAIRMAN DALE GALASSIE: Easier than

10   what?

11   MR. MIKE CONSTANTINO: What's that?

12   CHAIRMAN DALE GALASSIE: Easier than

13   what?

14   MR. MIKE CONSTANTINO: Easier than going

15   through a Certificate of Need, proving need all

16   over.

17   CHAIRMAN DALE GALASSIE: Got it.

18   MR. MIKE CONSTANTINO: So we -- so that

19   in statute they created this process. Exempt from

20   the Certificate of Need process.

21   MR. FRANK URSO: There are specific

22   requirements for exemptions, which is getting a

23   permit, they have to meet certain financial

24   requirements and so on.

25   MR. MIKE CONSTANTINO: Yes, and they

 1   have to meet need. And the Board at some time

 2   determined that these facilities had met the need

 3   requirements.

 4   CHAIRMAN DALE GALASSIE: Thank you very

 5   much. Are there any other questions? Because

 6   unless our Counsel, Counsels begin twitching, I'm

 7   going to do one long hopefully not too convoluted

 8   motion and do a roll.

 9   MR. FRANK URSO: All right.

10   CHAIRMAN DALE GALASSIE: I will ask for

11   a motion to approve Exemption E-011-13, Foster McGaw

12   Hospital and Loyola Medical Center of Maywood for a

13   change in ownership, comma, to approve Exemption

14   E-012-13, Gottlieb Memorial Hospital and Loyola

15   University Health -- Loyola University Health System

16   of Melrose Park, comma, and to approve Exemption

17   E-013-13, Loyola University Medical Center

18   Outpatient Dialysis Center of Maywood, comma, and to

19   approve Exemption E-014-13, Loyola University

20   Medical Center Ambulatory Surgery Center, Maywood,

21   comma, and to approve Exemption E-015-13, Mercy

22   Hospital and Medical Center of Chicago for changes

23   in ownership.

24   MR. RICHARD SEWELL: So moved.

25   MS. KATHY OLSON: Second.

 1   CHAIRMAN DALE GALASSIE: Moved and

 2   seconded. Roll call.

 3   MR. GEORGE ROATE: Motion made by

 4   Mr. Sewell, seconded by Ms. Olson.

 5   Mr. Bradley?

 6   MR. PHILLIP BRADLEY: Yes.

 7   MR. GEORGE ROATE: Dr. Burden?

 8   DR. JAMES BURDEN: Yes.

 9   MR. GEORGE ROATE: Senator DeMuzio?

10   SENATOR DEANNA DeMUZIO: Yes.

11   MR. GEORGE ROATE: Justice Greiman?

12   JUSTICE ALLEN GRIEMAN: Yes.

13   MR. GEORGE ROATE: Ms. Olson?

14   MS. KATHY OLSON: Yes.

15   MR. GEORGE ROATE: Mr. Penn?

16   MR. DAVID PENN: Yes.

17   MR. GEORGE ROATE: Mr. Sewell?

18   MR. RICHARD SEWELL: Yes.

19   MR. GEORGE ROATE: Chairman Galassie?

20   CHAIRMAN DALE GALASSIE: Yes.

21   MR. GEORGE ROATE: That's eight votes in

22   the affirmative.

23   CHAIRMAN DALE GALASSIE: Motion passes,

24   and thank you for bearing with us, as well.

25   MS. AGNUS HAGERTY: Thank you.

1   MR. ED GREEN: Thank you.

2   CHAIRMAN DALE GALASSIE: A learning

3 experience.

4   MR. MIKE CONSTANTINO: Mr. Chairman?

5   CHAIRMAN DALE GALASSIE: Yes, sir.

6   MR. MIKE CONSTANTINO: Can I make one

7 additional comment?

8   CHAIRMAN DALE GALASSIE: Sure.

9   MR. MIKE CONSTANTINO: Previously we

10 would send all of these change of ownerships to the

11 Chairman of the Board for approval. However, when

12 the --

13   CHAIRMAN DALE GALASSIE: I'm with you so

14 far.

15   MR. MIKE CONSTANTINO: Okay. When the

16 Open Meetings Act changed and they have a -- and in

17 it or some person would have an opportunity to come

18 before you today and speak against a project, we had

19 to put these on the agenda.

20   CHAIRMAN DALE GALASSIE: I see.

21   MR. MIKE CONSTANTINO: I mean this is,

22 historically we have always sent these to the

23 Chairman for approval, and the Board would not see

24 them other than, than we would --

25   CHAIRMAN DALE GALASSIE: So unless you

 1   folks want to be here very late, you should complain

 2   to your elected representatives about the Open

 3   Meetings Act.

 4   MR. COURTNEY AVERY: Off the record.

 5   CHAIRMAN DALE GALASSIE: Off the record.

 6   It's afternoon, bear with the Chairman, thank you

 7   very much.

 8   Moving on to Item G: Applications

 9   Subsequent To Intent To Deny. Item 12-055,

10   Fresenius Medical Care of Lockport, is withdrawn.

11   And Item 12-089, Riverside Medical Center of

12   Frankfort, is deferred.

13   Thus, moving on to Item 12-096 -- no?

14   Are we okay with that referral?

15   MR. MIKE CONSTANTINO: 12-096 -- I was

16   just going to mention, 12-096 has deferred also.

17   CHAIRMAN DALE GALASSIE: All right. And

18   the latest news is 12-096 is also deferred, Silver

19   Cross Emergency -- Emergicare Center. Thank you for

20   that.

21   We are moving on to Item H, Declaratory

22   Rulings and Other Business. There is a hospital

23   profile corrections. Somebody help me out here.

24   MS. COURTNEY AVERY: Mike.

25   CHAIRMAN DALE GALASSIE: Mike, do you

 1   want to address these?

 2   MR. MIKE CONSTANTINO: Mr. Chairman, we

 3   want to discuss the declaratory rulings?

 4   CHAIRMAN DALE GALASSIE: Whatever

 5   comments you feel are necessary to ground the motion

 6   that I will submit in front of the Board.

 7   MR. MIKE CONSTANTINO: Okay. We, what

 8   we're asking you to do -- I'm sorry. What we're

 9   asking you to do to approve these six declaratory

10   rulings, to change the profile information, and I

11   believe you can take that in one motion, I thought

12   that's --

13   CHAIRMAN DALE GALASSIE: More like

14   internal documents of our own?

15   MR. MIKE CONSTANTINO: Right.

16   CHAIRMAN DALE GALASSIE: So may I have a

17   motion to improve the corrections of the hospital

18   profiles for -- do you want me to read all of these

19   or --

20   MR. FRANK URSO: Read them.

21   CHAIRMAN DALE GALASSIE: Read them?

22   For, number one, Advocate Good Shepherd

23   Hospital-Correct IDPH AHQ 2006-2011.

24   Number 2, Advocate Christ Medical

25   Center, correct IDPH AHQ 2005-2011.

 1   Number 3, Advocate Trinity

 2   Hospital-Correct IDPH AHQ 2009-2012.

 3   Number 4, Vista Medical Center

 4   East-Correct IDPH AHQ 2010-2011.

 5   Number 5, Memorial Hospital of

 6   Carbondale-Correct IDPH AHQ 2009-2011.

 7   Number 6 and the final, St. Anthony

 8   Memorial Hospital of Effingham-Correct IDPH AHQ

 9   2011.

10   That's a motion. If I could get a

11   motion and a second.

12   MS. KATHY OLSON: So moved.

13   DR. JAMES BURDEN: Second.

14   CHAIRMAN DALE GALASSIE: Moved and a

15   second. That's a mouthful. Roll call, please.

16   MR. GEORGE ROATE: Motion made by

17   Ms. Olson, seconded by Dr. Burden.

18   Mr. Bradley?

19   MR. PHILLIP BRADLEY: Yes.

20   MR. GEORGE ROATE: Dr. Burden?

21   DR. JAMES BURDEN: Yes.

22   MR. GEORGE ROATE: Senator DeMuzio?

23   SENATOR DEANNA DeMUZIO: Yes.

24   MR. GEORGE ROATE: Justice Greiman?

25   JUSTICE ALLEN GRIEMAN: Yes.

 1   MR. GEORGE ROATE: Ms. Olson?

 2   MS. KATHY OLSON: Yes.

 3   MR. GEORGE ROATE: Mr. Penn?

 4   MR. DAVID PENN: Yes.

 5   MR. GEORGE ROATE: Mr. Sewell?

 6   MR. RICHARD SEWELL: Yes.

 7   MR. GEORGE ROATE: Chairman Galassie?

 8   CHAIRMAN DALE GALASSIE: Yes.

 9   MR. GEORGE ROATE: That's eight votes in

10   the affirmative.

11   CHAIRMAN DALE GALASSIE: Motion passes.

12   Thank you very much.

13   MR. RICHARD SEWELL: Mr. Chairman, may I

14   ask a question?

15   CHAIRMAN DALE GALASSIE: Yes, sir.

16   MR. RICHARD SEWELL: Why does the Board

17   have to approve these?

18   CHAIRMAN DALE GALASSIE: That is a very

19   articulate question.

20   MR. RICHARD SEWELL: Why can't the staff

21   receive these and then send us an email --

22   CHAIRMAN DALE GALASSIE: Passed.

23   MR. RICHARD SEWELL: -- that the profile

24   has been changed? I mean it's not a policy issue,

25   is it?

 1   MR. GEORGE ROATE: It's -- when these,

 2   when these changes are presented, it is, it's

 3   practice, it's common practice to bring it before

 4   the Board, the Board be made aware of these changes,

 5   and then ultimately make the decision to grant this

 6   change.

 7   MR. RICHARD SEWELL: But what would it

 8   mean to say no to these? It wouldn't mean anything.

 9   MR. GEORGE ROATE: Further inquiry on

10   both, both sides.

11   MR. RICHARD SEWELL: I see, okay.

12   CHAIRMAN DALE GALASSIE: You know,

13   another alternative would be to bring this to the

14   Chair, and we'd just so advise the Board it would be

15   in their packets. I think it might work for this

16   type of -- Mr. Carvalho is going to have a great

17   suggestion.

18   MR. DAVE CARVALHO: I'll try. George,

19   doesn't the Board approve the original?

20   MR. GEORGE ROATE: They do, sir.

21   MR. DAVE CARVALHO: The staff, the staff

22   presents you the original package of all of these

23   instant hospitals, and then it gets incorporated

24   into all of their analyses going forward. And so I

25   believe, since you acted to approve the original

 1 set, they don't want to start doing analyses based

 2 on information that they have changed without your

 3 input, because I -- as you suggest, you're unlikely

 4 to look at it and say: Wait a second, that hospital

 5 should have a 37 instead of a 36 in Column 12.

 6 However, just to cross T's and dot I's, since you

 7 approved the original package, they don't want to

 8 start out reading different data that you haven't

 9 seen.

10   CHAIRMAN DALE GALASSIE: Which again, I

11 hear, but I think the Board would be comfortable

12 with empowering that change via the Chairman's

13 approval, so advising the Board at the next meeting.

14   Moving on. Item I, Health Care Worker

15 Self-Referral Act, no business.

16   Other business? Do we have any other

17 business? I have none on my agenda.

18   Item K, Rules Development, Number 1130

19 Rules, and Courtney is going to address that.

20   MR. COURTNEY AVERY: Okay, in your

21 packets you've received the latest Rules Development

22 for what we need to submit, for you to approve and

23 submit to Part 1130. I don't know if there are any

24 questions, but one of them just clarifies that, the

25 public comment period, and public hearings, and then

1   we had a conflict in the rule about ESRD's. So we

2   want to clarify those.

3   Did everybody receive that via email and

4   in your packets?

5   (No response.)

6   CHAIRMAN DALE GALASSIE: I'm going to

7   take that silence as no questions. Thank you very

8   much.

9   Moving on to Item N, New Business,

10 Financial Report, you have received a copy of the

11 Financial Report with your packets. If there are

12 any questions, staff will entertain them.

13   (No questions.)

14   CHAIRMAN DALE GALASSIE: Hearing none,

15 we'll move to Legislative Update, and I believe

16 we're getting a handout on that right now, and

17 Alexis will comment on this.

18   MS. ALEXIS KENDRICK: Courtney is

19 passing them out.

20   CHAIRMAN DALE GALASSIE: That's because

21 the Chair was holding onto them. I thought it was a

22 multipage document. Sorry.

23   MS. ALEXIS KENDRICK: This is just an

24 update on both of our initiatives and some bills

25 that amend our act or impact the Board.

 1   House Bill 2423 is currently on second

 2   reading in the Senate; it passed out of the House

 3   previously this session. We worked out an amendment

 4   in the Senate with IHA with some concerns that David

 5   Carvalho raised about the language. That amendment

 6   was adopted in the Public Health Committee, we

 7   didn't have any issues with that.

 8   House Bill 2812, which is the bill that

 9   originally moved to no longer require state-operated

10   facilities to come out to require board approval

11   prior to establishment and modifications. That bill

12   is currently on second reading in the Senate, it

13   passed out of the House earlier this session, and it

14   passed out of the State's Government and Veterans

15   Affairs Committee earlier in April.

16   CHAIRMAN DALE GALASSIE: So, so they

17   would no longer have to come in front us for

18   modifications, but they would for discontinuations.

19   MS. ALEXIS KENDRICK: Yes, that was a

20   compromise we made with ASME that discontinuations

21   of facilities would still have to come before the

22   Board.

23   CHAIRMAN DALE GALASSIE: Thank you.

24   MS. ALEXIS KENDRICK: And if there's any

25   other questions about the other bills on the list,

1 please let me know.

2   CHAIRMAN DALE GALASSIE: On the 3468,

3 the appropriations, is this including the

4 longstanding instance route that was part of the,

5 what I'm going to call the Garrett legislation? I

6 apologize for calling it that.

7   MS. ALEXIS KENDRICK: The Center for

8 Comprehensive Health Planning?

9   CHAIRMAN DALE GALASSIE: Yeah. Did that

10 get in here?

11   MR. DAVE CARVALHO: Here, yes, that is

12 in, it was in the Governor's budget, and so if the

13 legislature approves the Governor's budget as it was

14 submitted with respect to this line, it will be

15 included in the final one.

16   CHAIRMAN DALE GALASSIE: Do we know, is

17 that a million, do we know what that is?

18   MR. DAVE CARVALHO: 900,000.

19   CHAIRMAN DALE GALASSIE: And once that's

20 in, exposing my ignorance, is there another 900,000

21 that comes out of next year GRF, does that come out

22 of our fund?

23   MR. DAVE CARVALHO: This only would

24 affect next year.

25   CHAIRMAN DALE GALASSIE: This was a

 1 one-time initiative?

 2   MR. DAVE CARVALHO: Well, it's one time

 3 to get it up and running, and then the conversations

 4 we've had is, among both the Board staff, the IDPH

 5 staff and the Governor's office staff is under

 6 current projections of the resources in the fund,

 7 it's not likely that the Comprehensive -- Center For

 8 Comprehensive Health Planning will be able to be

 9 sustained from this fund. It works next year, it

10 may work a year or more after that, but ultimately

11 if the Government wants to continue to operate that

12 center, it needs to find an additional or

13 alternative source of funding for the center.

14   However, as you've pointed out, it's

15 been many years in the law and not started, it's

16 been something Senator Garrett was very anxious to

17 see started and something the Governor's office

18 would very much like to see started, so this is a

19 way to get it started.

20   CHAIRMAN DALE GALASSIE: And does IDPH

21 have to spend this whole 900,000 in that one year

22 appropriation?

23   MR. DAVE CARVALHO: We do not have to,

24 we would be authorized to, we could not spend more,

25 we could spend less.

 1   CHAIRMAN DALE GALASSIE: I just thought,

 2   because it's a beginning, could there be a

 3   carryover?

 4   MR. DAVE CARVALHO: Well, actually the

 5   projection as to how much it would cost to operate

 6   the center when it was up and running full-time for

 7   a full year was 1.5 million, so the 900,000 already

 8   reflects the ramp-up of a start-up. As you know,

 9   and I guess implicit in your question, in government

10   when you start something, it takes a while to get --

11   well, I guess in any group it takes a while to get

12   up and running, but especially since the budget

13   isn't passed until July 1, you can't start hiring

14   people until 2, the 900,000 reflects the fact that

15   it would be a partial year and a ramp-up.

16   CHAIRMAN DALE GALASSIE: And I apologize

17   to belabor this, but has there, if I may ask, has

18   there been dialogue within IDPH about how this

19   center will interact, if it so does, with I Plan?

20   MR. DAVE CARVALHO: Yes, because as luck

21   would have it, I Plan and the center are both in my

22   office, so I've been talking to myself about that.

23   CHAIRMAN DALE GALASSIE: Well, don't

24   argue.

25   MS. ALEXIS KENDRICK: David, do you want

 1   to give a background to some of the board members on

 2   what the center... and how it would impact the

 3   Board, for those who weren't around in 2009?

 4   MR. DAVE CARVALHO: Sure. If the Chair

 5   would like me to do that.

 6   CHAIRMAN DALE GALASSIE: Yeah, please.

 7   MR. DAVE CARVALHO: Okay. If you

 8   recall, this Board used to be called the Health

 9   Facilities Planning Board, and it was founded --

10   formed under the Health Facilities Planning Act.

11   However, when the Task Force on Health Facilities

12   Reform conducted its hearings about four or five

13   years ago, it recognized that the planning function

14   of the Planning Board under the Planning Act had

15   dissipated over time. In fact, it's a fitting

16   metaphor that Mr. Sewell had to step out, because he

17   had been part of that more robust planning function

18   20 years ago when there were regional planning

19   agencies, and the Federal Government financed it,

20   and people who now talk about that this is a slow

21   process used to have to go to those local boards

22   first and then come to this Board, so this may seem

23   slow compared to nothing, but it's certainly not

24   slowed compared to what used to be.

25   As that planning process phased out, it

 1   was never really replaced, so the Task Force

 2   concluded that we really need a comprehensive

 3   planning function to look at what I sometimes call

 4   the affirmative aspects of planning, not just the

 5   negative. This isn't a criticism of the Board, but

 6   the Board is mostly in a position to say no; it's

 7   not in a position to go out and find something

 8   that's needed and say: Hey, come in here and do

 9   this. You can only say yes or no to things that

10   someone else has decided that they are going to take

11   the initiative to do.

12   What a Comprehensive Health Planning

13   Center could do is look around the state, what's

14   needed, see an area of something that doesn't exist,

15   and then work either with internal resources, or

16   with the legislature, to develop incentives for

17   things that need to exist, but aren't coming before

18   you to exist. The Center For Comprehensive Health

19   Planning could look at work force needs, could look

20   at health systems needs to go beyond your

21   jurisdiction.

22   You'll recall that earlier Michael

23   alluded to the fact that part of the reason why

24   referrals from facilities you don't regulate aren't,

25   don't count when someone makes an application here

 1   is because you don't regulate them, you don't

 2   inventory them, you don't know what they are. The

 3   Center would be able to take a count of all the

 4   facilities out there, and that's where the

 5   comprehensive part comes from.

 6   The idea was, is that the Center will

 7   develop a Comprehensive Health Plan from a

 8   facilities side and a work force side for Illinois

 9   that will be available to you to then compare to the

10   applications that come before you so that you can

11   consider them in the context of overall health

12   planning, rather than the narrow context of the

13   types of things that you review and whether this is

14   needed to add or subtract from the types of things

15   that you review. So it would give a broader

16   picture, have a broader jurisdiction, but work very

17   closely with your activity to inform your activity.

18   And that's the sense in which it supports your

19   activity and why legally at least it's appropriate

20   to fund out of the Certificate of Need fund.

21   Whether it's appropriate or not, the

22   issue is whether there are enough funds there, and

23   that leads back to the earlier part of the

24   conversation, yes, there are enough funds to get it

25   up and running, but in the long-term there aren't

 1   enough funds to sustain both activities, and this

 2   center will have to take second seat to your needs

 3   for medical.

 4   CHAIRMAN DALE GALASSIE: I appreciate

 5   that. That, number one, I appreciate the background

 6   for board members, but the financial issue which

 7   some of us discussed in the beginnings of it I never

 8   opposed initially, because there's sufficient funds

 9   in that fund, but when one looks out two or three

10   years, four years, if there isn't sufficient moneys

11   in the fund, then the center should become secondary

12   to the day-to-day function of the Board to maintain

13   the Board's presence in the world. It will be

14   interesting to see.

15   Any other questions or comments?

16   (No questions or comments.)

17   CHAIRMAN DALE GALASSIE: Hearing none,

18   thank you for that Legislative Update. And where

19   are we? We're on long-term care. Some of you want

20   to address these change of ownerships?

21   MR. MIKE CONSTANTINO: Thank you, Mr.

22   Chairman. We've provided you with a list of change

23   of ownerships for your information that were

24   reported to us by IDPH. Mt. Vernon Health Care

25   Center approved for change of ownership, White Oaks

 1 Rehab Health Center, Casey Health Care Center

 2 approved for a change of ownership, Flora Rehab and

 3 Health Care Center, Palm Terrace of Mattoon, Toulon

 4 Rehab and Health Care Center approved for a change

 5 in ownership. Thank you, Mr. Chairman.

 6   CHAIRMAN DALE GALASSIE: And moving on

 7 to Number 4, we received the minutes, the closed

 8 minutes through January, 2012. January through

 9 December, 2012. I need a motion to continue those

10 minutes to be kept closed.

11   MS. KATHY OLSON: So moved.

12   MR. DAVID PENN: Second.

13   CHAIRMAN DALE GALASSIE: Moved and

14 second. All in favor?

15   (All in favor voted in the affirmative.)

16   CHAIRMAN DALE GALASSIE: Opposed?

17   (None opposed.)

18   CHAIRMAN DALE GALASSIE: Hearing none,

19 motion passes.

20   And can I get a motion to -- next

21 meeting is June 26 here in Bolingbrook, and then

22 we'll be moving central into

23 Springfield/Bloomington.

24   MR. COURTNEY AVERY: No, August.

25   CHAIRMAN DALE GALASSIE: Our next

 1   meeting is June 26th in Bolingbrook.

 2   Can I get a motion to adjourn at 2:45?

 3   MS. KATHY OLSON: So moved.

 4   CHAIRMAN DALE GALASSIE: Moved and

 5   seconded. Thank you very much.

 6   (The hearing was adjourned at 2:45 p.m.)

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 1              CERTIFICATE OF REPORTER

 2

 3   I, Pamela K. Needham, Certified Court Reporter,

 4   Notary Public within and for the State of Illinois,

 5   do certify that the proceedings in the

 6   above-entitled cause were taken by me to the best of

 7   my ability and thereafter reduced to typewriting

 8   under my direction; that I am neither counsel for,

 9   related to, nor employed by any of the parties to

10   the action, and further, that I am not a relative or

11   employee of any attorney or counsel employed by the

12   parties thereto, nor financially or otherwise

13   interested in the outcome of the action.

14

15

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19   ------------------------------------------

20

21       Notary Public within and for

22       the State of Missouri

23

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25
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A

ability 35:8
106:23 169:7
able 62:19 63:4
70:7 84:16
92:18 112:17
116:15 161:8
165:3
above-entitled
169:6
abreast 33:5
Absent 4:22
98:10
absolutely 42:6
42:7 46:8,9
80:2 102:14
118:16
119:13
academic 25:22
26:5
accelerate
130:1
accept 74:10
81:8,23
acceptable
80:21 90:11
acceptance
71:20 75:14
access 12:20
28:1 63:15
73:2 101:4,25
102:4,12,14
113:11 120:9
accessing
113:14
accommodate
63:4 67:25
69:18 107:2
accompanying
17:17
accomplish
83:4,8
accomplished
85:9 95:25
account 16:16
60:18 64:17

66:4
accounts 12:6
16:18
accuracy 13:2
acquisition
132:25
act 7:25 18:22
20:14 35:5
66:23 69:13
70:5,6 151:16
152:3 157:15
158:25
163:10,14
acted 156:25
Acting 49:1
135:9
action 13:23
24:7 46:19,22
46:22 169:10
169:13
actions 19:22
activities 69:20
166:1
activity 71:22
165:17,17,19
acute 12:9 41:9
42:14,16
93:20 128:13
acutes 107:6
add 23:11
112:22
165:14
added 27:1
109:9
addiction
94:22
adding 120:1
125:24
addition 12:22
60:13 62:6,18
94:12
additional 62:2
92:8 96:7
101:3 118:8
151:7 161:12
address 8:2

15:15 59:5,7
61:2,15 63:10
66:3,21 67:2
76:7 83:2,8
83:22 84:3
86:11 94:3
96:22 100:15
108:13
111:20
119:11
120:12 123:4
129:1 153:1
157:19
166:20
addressed
31:25 45:6
84:22,22 96:4
96:21
addresses
87:18
addressing
86:13
Adequacy
103:3
adequate 62:4
106:4
adequately
61:2
adhere 69:16
adjacent 93:19
adjectives
79:20
adjourn 168:2
adjourned
168:6
adjusting 18:4
administrative
52:3 73:8
Administrator
52:8
admit 71:14
admitting
85:25
adolescent
42:14
adopted 159:6

adults 35:4
advanced 60:6
advantage 10:6
130:3
advice 36:19
advise 7:19
156:14
advising 7:14
38:11 157:13
Advisory 33:20
36:20
advocacy 91:14
123:6
Advocate 11:19
129:6,23
153:22,24
154:1
advocated
15:11
affairs 10:3
159:15
affect 74:15
84:14 160:24
affiliated 94:9
affiliation
25:14,18
40:10 128:12
129:5 130:5
141:15,16
affirmative
6:15 7:7 19:4
21:15 22:25
48:8 51:16
56:17 98:23
118:2 127:10
132:1 134:20
138:21
140:23
150:22
155:10 164:4
167:15
affluent 9:14
9:16
Affordable
35:5
African 14:4

16:25 17:5
79:9 101:6,16
102:10
afternoon
92:13,19
99:14 103:25
104:1,5
118:13
127:16,19,20
135:4,8 142:2
142:16,18
152:6
Agbodo 4:10
age 105:1,5
113:17
agencies
163:19
Agency 12:14
90:14
agenda 3:8,9
5:25 6:1,7 8:5
8:6,12 18:10
19:21 127:13
151:19
157:17
agent 15:17
aging 101:17
Agnus 142:5,5
142:16,20
143:13,23
145:12 146:7
150:25
ago 25:8 32:8
76:14 79:4,11
91:5 163:13
163:18
agree 89:13
91:23
agreement
25:19
Agreements
19:22
ahead 89:16
90:7 145:24
AHQ 153:23
153:25 154:2

154:4,6,8
aimed 17:16
Airhart 40:24
  40:25 41:22
  42:6,10 44:2
  45:25 46:8,17
  46:21,25
Alan 2:4
alderman
  96:17
Alexis 2:4 3:9
  7:21,23 17:22
  18:8,12
  158:17,18,23
  159:19,24
  160:7 162:25
Ali 8:16 13:19
  13:21 15:21
  65:21
allegations
  130:18
Allen 5:5,7
  21:5 22:15
  41:16,19 42:3
  42:8 47:23
  51:6 55:19
  56:7 67:6
  68:5,14,18
  69:3,9,22
  70:12 71:1
  89:19 90:1
  98:13 117:15
  124:11,15,19
  124:25 125:4
  125:9,13
  126:21 130:9
  130:20 131:4
  131:16
  134:10
  136:13,15,22
  137:2 138:11
  140:13
  150:12
  154:25
allotted 8:4
allow 15:5 27:5

28:9 53:25
95:14 105:23
108:3 123:12
130:2
allowed 70:9
  81:1
allowing 59:15
  94:6
allows 34:15
  46:2,5 78:13
alluded 164:23
alongside
  104:11
alteration
  23:17,19,23
  40:12 49:24
alternative
  156:13
  161:13
ambulance
  33:1
ambulatory
  33:9,13 52:6
  65:5 74:13
  87:4 91:17
  146:11
  149:20
amend 158:25
amendment
  159:3,5
American
  13:22,23 14:3
  14:4,8 15:3
  15:12,16 59:6
  60:19,25 61:5
  61:8,16,20,25
  64:18,21
  65:20 66:9
  68:11 75:9
  79:9 84:8,9
  84:12 101:6
  102:10
  129:15
Americans
  16:25 17:5
  61:23 63:11

63:15 67:3
69:18 71:15
73:25 74:11
74:14,20 75:2
75:7 76:8
101:16
amount 110:11
  119:19,20
amounts
  119:22
ample 68:12
  83:19
amplify 145:11
analyses
  156:24 157:1
ancillary 95:20
and/or 113:22
anecdotally
  113:19
Annual 20:1,3
annually 16:21
anonymous
  58:6
answer 37:9
  43:24 45:12
  54:2 71:25
  96:19 110:3
  115:17
  133:13 136:8
  147:7
answered
  112:20 141:4
Anthony 31:1,2
  154:7
anticipate 4:3,6
  10:19 64:5
anticipated
  41:12 49:18
  52:21 58:13
  58:14 93:20
  93:24 100:10
  119:4 132:25
anticipation
  36:21
antidiscrimi...
  66:25

anxious 123:3
  161:16
anybody 116:5
apologize 5:22
  125:5 144:9
  145:17 160:6
  162:16
apologizes 53:6
appeal 61:23
  74:12
appealing
  60:11
appear 101:20
applicant 57:5
  57:9 58:11
  76:20 97:3
applicants 29:3
  41:7 49:14,22
  50:12 52:15
  93:16 100:5
  115:5 118:24
  128:11,19
  132:23 133:4
  135:21 136:1
  139:7,11
  144:17 145:4
  145:6 147:4
application
  13:14 14:2
  43:16,21 44:8
  46:1 50:1
  51:23 53:17
  54:2 59:10
  61:3 71:8,24
  77:1,23 78:3
  78:19 80:1
  83:11 87:17
  87:23 91:25
  95:12 97:9
  141:6 143:17
  146:2 147:23
  164:25
applications
  40:13 48:13
  77:10 123:9
  137:5,9

141:20
142:24 143:1
143:24 152:8
165:10
application's
  75:14
applies 51:22
applying 86:12
appreciate 3:18
  19:19 28:25
  29:25 30:3,5
  37:17 39:24
  39:25 40:4
  52:24 82:3
  88:23 89:11
  89:14 100:13
  100:15
  108:15
  136:10
  142:13 166:4
  166:5
appreciative
  5:21 28:18
  119:12
approach 88:8
  105:19
  120:20
appropriate
  11:2 14:15
  90:4 91:24
  120:5 165:19
  165:21
appropriation
  161:22
appropriations
  160:3
approval 5:25
  5:25 6:7,20
  21:21,23
  27:20,21 50:2
  59:3 130:4
  151:11,23
  157:13
  159:10
approve 6:21
  7:6 15:18

25:9 47:7
50:15 55:14
86:19 87:2
88:2,3,4,6,9
97:20 108:8
116:23 126:4
130:25
133:19
137:20
139:22
146:17,19,20
147:5,18,18
147:23
149:11,13,16
149:19,21
153:9 155:17
156:19,25
157:22
approved 7:11
23:4,10,13,18
23:21 32:8
41:24 49:20
77:11 81:12
110:11 146:5
146:20 148:5
157:7 166:25
167:2,4
approves
160:13
approximately
25:19 32:8
35:12,15
49:19,21
52:17,19
58:13 93:18
93:21 96:3
99:3 100:6,8
102:24 133:1
135:23
April 38:14
159:15
Arab 13:23
14:3 59:7
60:18 61:8,20
66:1
Arabia 66:19

69:8
Arabic 62:15
64:12,14 66:6
66:6,8 72:8,8
72:12,20
75:21
architectural
65:7
archiving
34:14
area 9:17,19,25
10:6,11,13,14
10:18 11:8
12:17 13:12
16:3 26:15
28:14 34:1
36:8 37:3
43:12,13
53:15,19,21
60:3 61:17
63:8,8 64:10
64:11 72:9,10
72:15 74:22
75:3,12,20
76:9 88:24
91:4,7 100:19
102:23 108:1
109:13,20,23
109:24 111:4
111:15,17
112:4,6,9
113:4 122:19
127:3 164:14
areas 60:7 62:7
62:11 65:13
65:17,17 72:8
125:20
area's 63:3
argue 162:24
arguments
130:16
Arndt 132:14
132:14
133:12
arrangements
121:17

array 94:18
articulate 4:2
79:24 130:10
155:19
articulated
86:17
articulation
79:15
Ashland
109:22 120:9
124:23
Asian 14:4
aside 113:19
asked 44:21
85:14 88:1,4
88:9
asking 54:22
59:9 71:7
78:25 143:1
153:8,9
asks 97:2
ASME 159:20
aspect 78:17
aspects 164:4
assert 79:18
assess 26:24
assessment
70:21 130:17
assets 128:19
132:24
assist 42:24
95:10
associated 13:1
17:24 105:13
Associates 49:4
93:6
assuming 90:5
136:19
assumptions
129:14
assurance
17:25
assure 60:11
85:10 86:1
ASTC 58:12
59:22

ASTC's 82:1
attached 83:10
attempt 3:5
attempting
75:1
attempts 88:23
attending
43:13
attorney
169:11
attract 74:20
75:12 95:14
attracting 75:2
75:7
augment 27:6
28:9,19
August 34:6,12
34:18 167:24
authorities
57:23
authorized
161:24
automobile
113:22
available 17:20
90:3 122:20
165:9
Avenue 49:16
120:9
average 12:15
60:14 105:5
Avery 2:5
31:25 147:24
152:4,24
157:20
167:24
avoid 114:18
avoidable 12:4
avoiding 10:25
aware 9:12
29:11,13 32:7
32:20 37:18
37:25 60:22
66:11 71:15
75:6 90:19
91:1,3 156:4

awareness
90:19
Ax 34:13
Axel 49:3,3,3
93:5,5,5
96:22 97:1
A-I-R-H-A-R...
40:25
A-L-I 13:21
A-R-N-D-T
132:15
A-X-E-L 93:5
a.m 3:3 19:12
19:16

_____

B

back 25:13
38:8 39:3
44:6 67:17
87:25 92:7
99:3,10
127:21 144:9
145:10
165:23
background
60:9 75:24,24
76:10 86:4,4
163:1 166:5
backgrounds
14:3
bad 74:2
Badiu 52:1,2
ball 113:1
bar 147:12
barriers 73:14
Bart 52:7,7
base 104:10
107:3
based 12:17
74:1,23 77:1
81:4,6,11
86:3 90:13
97:3 102:7
117:17 157:1
basic 12:6 85:3
85:3 90:10

basically 46:1
 81:18 85:17
 104:16 107:5
basis 36:18
 39:11 97:11
 123:7 130:12
bear 141:18
 152:6
bearing 150:24
beat 38:7
beautification
 34:1
beautiful 3:6
beds 96:7
began 16:8
 46:22
beginning 3:13
 4:1 26:12,17
 32:16 88:15
 162:2
beginnings
 166:7
behalf 11:19
belabor 162:17
belief 112:3
beliefs 61:6
believe 11:24
 12:22 25:11
 28:18 30:9,12
 32:20 53:24
 63:14,19
 64:18 86:20
 96:19 102:14
 153:11
 156:25
 158:15
believing
 129:11
benefit 14:2
 28:2 102:21
benefited 17:24
benefits 9:18
 13:1
Berteau 49:15
best 111:20
 148:2 169:6

bet 54:20
better 17:19
 34:22 39:2
 102:4 129:24
beyond 164:20
Bibles 14:21
bid 54:18,20
bill 24:16,17
 25:6,18 30:2
 159:1,8,8,11
billion 12:6
bills 158:24
 159:25
birthday 58:3,8
blessings 27:15
blocks 124:17
 124:24
board 1:1,9,13
 3:17 9:12
 13:13,20 18:8
 18:20 19:11
 20:10,14
 21:20 23:5
 24:3,6,10
 25:5 28:22
 30:11 31:7
 32:4,8 33:20
 33:22 35:12
 37:13,19
 39:24 41:15
 41:25 42:12
 43:14,18
 48:19,21
 49:12 50:7,11
 52:25 54:5
 55:11 57:19
 58:20,21,24
 63:5 64:2
 69:13 71:10
 74:7,24 76:14
 77:10 79:10
 80:18,22 81:7
 81:8,12,21,24
 83:3,16,24
 88:7 89:2
 90:24 92:7,16

 94:2,4 97:17
 100:14 102:8
 108:8 110:23
 111:15 118:7
 119:10,15
 123:1 125:6
 125:21 126:1
 129:1,4,8,10
 133:3,8,16
 135:25 136:6
 136:11
 137:17
 139:10,19
 145:18 148:4
 148:5 149:1
 151:11,23
 153:6 155:16
 156:4,4,14,19
 157:11,13
 158:25
 159:10,22
 161:4 163:1,3
 163:8,9,14,22
 164:5,6 166:6
 166:12
boards 163:21
Board's 8:9
 20:14 81:16
 103:16
 108:23,23
 109:10
 166:13
body 8:3 45:1
 62:9 103:4
Bolingbrook
 1:14,15
 167:21 168:1
book 66:15
born 13:22
bottom 105:12
bound 19:13
Bradley 4:23
 4:24 20:6,23
 20:24 22:8,9
 47:16,17
 50:24,25

 55:25 56:1
 87:13,14,16
 97:24 98:4,5
 98:6 117:2,7
 117:8,9
 126:14,15
 131:9,10
 134:3,4
 137:23 138:3
 138:4,5
 139:25 140:5
 140:6,7
 143:21 150:5
 150:6 154:18
 154:19
Bradley's
 88:22 89:14
 89:20
break 84:1
 85:10 99:2
breakdown
 45:8
breaking 71:6
 92:12
breast 28:10
breathing 36:5
bricks 65:11
bridge 96:1
 105:7
brief 53:2
 59:16 94:8
briefly 102:20
 108:13,13
bring 104:8
 122:9 156:3
 156:13
bringing 34:9
 38:25 89:15
 143:12
broad 94:18
 109:19
broader 165:15
 165:16
brought 90:18
Brown 69:13
Brush 49:17

Budde 53:6
budget 27:17
 109:10,11
 160:12,13
 162:12
build 61:24
 76:24 123:10
building 10:24
 23:18 32:24
 33:12,17
 35:24 36:11
 76:7 80:4
 93:17 96:1,5
 96:6 97:22
buildings
 108:25
build-out 61:21
 65:12
built 34:19
 54:15 79:4,8
bulk 85:11
Burden 2:7
 4:25 5:1
 20:25 21:1
 22:10,11
 25:13 28:24
 28:25 37:14
 37:15,17 38:7
 39:14 43:19
 43:20 44:5,7
 47:11,15,18
 47:19 51:1,2
 56:2,3 58:7,9
 71:3,4 72:3
 74:5 87:6,12
 88:20,21 98:7
 98:8 99:5
 110:23,25
 111:9,13
 113:16
 117:10,11
 119:23 123:2
 123:17 124:1
 126:16,17
 131:11,12
 134:5,6

137:24 138:3
138:6,7 140:8
140:9 150:7,8
154:13,17,20
154:21
Burger 8:15,19
8:23,24 9:2,3
11:11
bus 114:6
business 31:3
152:22
157:15,16,17
158:9
B-A-D-I-U
52:2
B-U-R-G-E-R
8:25

———— **C** ————

C 3:1
cabs 113:22,22
calculation
109:6
call 3:5 4:15,16
8:14 20:20
22:5 47:13
50:21 55:22
87:10 98:2
116:2 117:5
126:11 131:6
133:25
141:16 150:2
154:15 160:5
164:3
called 27:24
163:8
calling 160:6
campus 32:19
33:21 49:16
49:17
cancer 14:11
24:12 25:10
27:13,23,24
28:2,10,13,14
51:20 52:3,16
53:9,12,20,21

53:24 55:16
55:17
capability 27:1
34:13,21
capacity 39:1
117:18
Carbondale
52:9 53:14
Carbondale-...
154:6
Carbone 27:24
Cardinal 91:5
care 10:9,13
11:3 12:1,7,9
12:9,12,13,14
12:17,18,19
12:19,24,24
12:25 13:1,7
13:9,9 14:6,9
15:6,9,9
17:11 23:10
23:13 26:3
27:2,6,7
28:19 29:8,17
32:22,22,25
32:25 33:12
33:13,16
34:25,25 35:5
35:10,16,17
35:18,19 37:5
37:5 38:13
42:16,16
43:23 53:22
53:23 59:4
60:5,16,17,20
61:1,4,9,11
61:12,13 63:1
63:2,9,12,15
64:16 65:22
66:2,10 67:8
67:21,24
68:23 69:7
70:25 71:17
74:1 75:3,13
75:22,25
90:17 91:2

93:20 94:18
95:4,12,21
101:25
102:11,24
103:10,15
105:19,21
106:4,11,13
107:21 108:5
115:6,7
116:18
128:13,18
129:6,15,23
130:15
141:11,13,15
141:17,17
144:25
147:16
152:10
157:14
166:19,24
167:1,3,4
careful 96:14
caring 53:7
62:22
Carlinville
57:21
carry 91:25
carryover
162:3
cars 121:20
Carterville
51:20 52:18
53:13 55:17
Carvalho 2:8
40:9 45:17,18
45:23 46:6,11
46:18,23 47:2
71:3 77:16
80:9 110:24
114:16,17,22
115:1 156:16
156:18,21
159:5 160:11
160:18,23
161:2,23
162:4,20

163:4,7
Carvalho's
88:1
case 66:15
69:14 79:17
79:18,21
81:18 105:4
cases 16:7,9,19
16:20 45:9
73:16
Casey 167:1
cast 89:22
categories 96:8
CathAway
17:15
catheter 103:5
Catholic 78:12
88:2 95:5
144:20
cause 169:6
causes 16:20
101:11
104:13
Cavalho's
77:14
CCR 2:12
census 64:13
74:16
Centegra
130:15
center 6:3 9:5,7
9:21 11:22
24:12 25:10
25:22 27:13
27:23,24 28:2
28:13 32:6,13
32:22,22 33:7
33:8,12,16,21
35:7,11,13,19
36:12,24 37:6
38:13 51:20
52:17 53:12
53:24 55:15
55:16,17
57:12 59:2,3
59:18,19,24

60:2,4,11,13
60:16 61:15
62:6,8,17,24
63:7,12,20
65:13,16 66:5
70:22 73:6,13
74:3 75:19,25
76:4,19,23
77:9 81:3,5
81:10,15
84:23 85:9,15
85:18 87:4
105:12
118:10 126:5
139:8 145:6
146:10,11
149:12,17,18
149:20,20,22
152:11,19
153:25 154:3
160:7 161:7
161:12,13
162:6,19,21
163:2 164:13
164:18 165:3
165:6 166:2
166:11,25
167:1,1,3,4
centers 12:19
26:5 29:16
60:14 65:5
72:11 73:8
74:13 76:16
77:3,7,17
80:19,24
101:1 105:10
central 72:5,7
123:18
167:22
centrally 53:14
61:19
CEO 24:18
40:22,25 53:6
93:3 94:14
certain 78:12
78:14 96:6

148:23
certainly 3:20
  4:17 44:14
  45:12 54:19
  90:5,16,18
  114:6 163:23
Certificate
  14:1 148:15
  148:20
  165:20 169:1
Certified 169:3
certify 82:20
  169:5
CF 146:3
CH 144:21,21
chagrin 39:3
Chair 20:10
  21:20 23:4
  25:16 129:7
  156:14
  158:21 163:4
Chairman 2:2
  3:4 4:17,19
  4:22 5:16 6:5
  6:10,13,16,18
  6:23 7:1,5,8
  7:10,24 8:21
  9:1 11:10,14
  13:16,19
  15:20,24 18:6
  18:16,23 19:2
  19:5,7,17
  20:7,15,19
  21:12,13,16
  21:25 22:4,22
  22:23 23:1,9
  24:1,2,5,17
  25:1,4,7,17
  28:21 30:4,17
  30:24 31:5,9
  31:12,15,16
  31:20,23 32:4
  37:11,15 38:6
  39:12,23 40:3
  40:6 41:4,7
  41:13,14,18

42:11 43:17
44:10,15,18
45:16 47:3,6
47:12 48:5,6
48:9 49:8,11
49:14 50:5,6
50:8,10,14,20
51:13,14,17
52:10,13,15
52:23,24 53:3
53:10 54:4,8
55:10,13,21
56:14,15,18
56:22 57:13
57:16,18,25
58:5,8,11,18
58:19,23
59:13 64:1
67:4 71:2
77:13 80:15
81:20 82:3,6
82:7,9,13,17
82:21 83:1,5
83:14 86:15
86:22,25 87:7
87:9,14,15
88:18 89:24
91:20,21 92:4
92:9 93:9,13
93:16,25 94:1
96:23,24
97:15,19 98:1
98:11,20,21
98:24 99:6,11
99:24 100:2,5
100:12,13
103:23 104:1
108:10,12,15
110:5,13,16
110:21 111:9
114:15
116:19,22
117:4,24,25
118:3,9,20,22
118:24 119:7
119:8,14

122:22,25
123:3 124:8
125:2,25
126:3,10
127:6,7,11,20
128:5,8,11,24
128:25 129:3
130:6,21,24
131:5,23,24
132:2,5,17,20
132:23 133:6
133:7,14,18
133:24
134:17,18,21
134:24
135:18,21
136:3,4,9,13
136:14,18,25
137:4,11,19
137:25
138:18,19,22
139:2,7,13,14
139:17,21
140:2,20,21
140:24 141:2
141:18,22,24
142:9,12,17
142:25 143:5
143:10,15,20
144:8,14
145:8,9,16,20
145:24 147:1
147:7,11,17
148:9,12,17
149:4,10
150:1,19,20
150:23 151:2
151:4,5,8,11
151:13,20,23
151:25 152:5
152:6,17,25
153:2,4,13,16
153:21
154:14 155:7
155:8,11,13
155:15,18,22

156:12
157:10 158:6
158:14,20
159:16,23
160:2,9,16,19
160:25
161:20 162:1
162:16,23
163:6 166:4
166:17,22
167:5,6,13,16
167:18,25
168:4
chairman's
  133:10
  157:12
challenged
  121:2
challenges
  105:13
challenging
  70:2
change 6:1
  15:18 23:20
  33:2 41:7
  45:24 46:1
  47:8 49:23
  84:1 92:14
  128:20 131:2
  133:5,20
  135:2,21
  136:3,23
  137:1,21
  139:7,12,23
  144:3 145:3,7
  148:1,8
  149:13
  151:10
  153:10 156:6
  157:12
  166:20,22,25
  167:2,4
changed 32:17
  120:6 129:10
  129:14
  151:16

155:24 157:2
changes 7:2
  38:19 149:22
  156:2,4
changing 145:1
  145:1,2
  147:14,16
charge 116:5
charity 43:23
  63:1 115:6,7
  116:18
CHE 144:18
  146:15
cheaper 12:9
Chest 35:23
Chicago 13:22
  15:3 16:3
  26:4 29:5
  41:9 42:22,23
  43:10 47:9
  53:16 65:23
  72:11,23 91:4
  91:6 92:21
  93:4 94:21
  97:22 100:7
  101:21,23,23
  101:24 102:2
  102:5,9,12,23
  103:18 104:7
  106:5 108:25
  109:19,25
  113:9 117:1
  118:10,11
  119:1,24
  120:14 122:4
  126:5,7
  149:22
Chicagoland
  14:13 63:8
  71:16 72:9
  100:19 112:9
Chicago's
  100:24 101:8
  106:14
Chief 29:12
  30:18 31:3

49:1 135:9
child 42:14
cholera 94:16
choose 10:9
45:3 48:19
92:19
choosing 45:4
72:13 74:1
chose 121:25
chosen 72:6
Chris 135:15
135:15
Christ 153:24
chronic 17:1,6
101:11
104:10 106:9
106:12 107:6
107:19
115:18 116:3
116:3
Chuck 99:21
99:21 100:21
108:12,17
110:19
111:19
112:21,22
city 43:10
72:12 100:24
101:1,8,21,23
102:9,12
103:17 104:6
106:5,13,17
107:15
108:24
109:18,25
113:9,10,12
118:10 119:2
Civil 66:23
69:13
claim 111:14
Clair 93:7,7
118:16,17
119:13
123:22
124:13,16,21
125:8,11,18

clarification
82:7 145:23
clarifies 157:24
clarify 158:2
classes 17:17
Claudia 30:20
30:21
cleansing 14:19
clear 4:5 13:7
63:19 69:15
89:21 95:13
clearing 19:9
Clearly 27:12
clinic 10:24
27:8 29:8,9
29:16 35:24
106:11 120:1
120:2,21,22
121:1,2,5
122:2,6,13,14
123:24
124:14,17
125:20
clinical 13:2
30:18 94:25
102:17,17
103:2
clinics 28:7
106:20
120:13 122:3
close 13:18
14:13 15:2
25:23 37:8
53:7 72:21
100:25 105:9
112:17,18
120:8
closed 167:7,10
closely 165:17
closer 15:25
44:19 83:6
111:10
closest 125:20
closing 36:22
closure 32:9,16
clothing 67:20

84:19
Club 1:15
CMS 35:2
102:25
Coalition 36:10
Cobra 116:9
code 70:6
codes 106:16
COE 147:25
cognizant
29:14
Coleen 118:19
colleagues
24:19 36:25
collective 62:23
collectively
85:20
color 142:11
Columbine
43:2
Column 157:5
come 24:13
40:17 75:3,8
75:12 77:10
86:3 87:17
92:7 116:10
118:7 124:9
144:9 145:2
145:10
151:17
159:10,17,21
160:21
163:22 164:8
165:10
comes 27:9
65:12,18
102:11
160:21 165:5
comfortable
84:24 90:3
157:11
coming 42:18
48:14 70:21
77:5 80:24
85:22 115:18
115:24

138:24
164:17
comma 19:25
20:2 149:13
149:16,18,21
commend
91:23
commensurate
11:2
comment 29:21
38:7 39:13
44:1,2,3 53:2
58:7 81:21
82:24 83:17
111:12 151:7
157:25
158:17
comments 7:2
7:4 8:5,7,8,8
8:11 25:4
37:9,12 40:1
40:2 41:15
42:12 43:18
47:4,5 49:12
50:7 52:20,25
58:20 64:2
67:17 88:22
89:14,20
91:21 93:23
94:2,8 97:16
97:18 110:6
110:22 130:7
133:8,15,17
136:5,11
139:15,19,20
153:5 166:15
166:16
commissioned
12:14
commit 76:21
commitment
39:16 63:4
105:17 130:1
Committee
159:6,15
common 26:11

45:19,20
76:11,15
156:3
communicate
73:12
communicati...
45:7,8
communities
9:16 11:3
61:20 63:23
94:19 106:6
112:11
113:21
community
9:14 10:12,15
15:11 17:12
20:1 29:19
30:7 32:11,14
32:18 33:4,15
33:20 35:21
36:15 37:3,24
37:24 39:14
42:20 43:8,11
71:16 74:4,21
75:8 78:1
79:6,7,9 83:9
83:23 84:4,21
85:12,13,17
85:25 86:8,9
86:10 91:15
95:11,15
96:12,15,16
101:4,5
102:22
103:19 104:9
108:7 113:15
121:6
companies
102:18
company 58:25
146:4
compare
101:22 165:9
compared
65:15 163:23
163:24

compares
 97:10
competing
 74:13
competition
 125:14
competitive
 10:6
complain 152:1
complete 54:13
 62:4
completed
 32:15 54:24
completely
 46:25 121:8
completing
 55:2
completion
 41:12 52:22
 54:12 58:14
 93:24 96:5
 100:11 119:4
complex 27:8
 34:16
compliance
 13:4 19:19,21
 54:12 97:5,13
compliant 55:5
 55:6 81:14
comply 67:1
 78:7
component
 105:14
components
 80:5
comprehensive
 160:8 161:7,8
 164:2,12,18
 165:5,7
compromise
 159:20
compromised
 107:16
CON 14:5
 59:10 61:3
 63:21 77:1

concentrations
 106:6
concern 46:15
 46:20
concerned
 87:20 88:25
concerns
 130:19 159:4
conclude 8:7
 73:24
concluded
 73:22 164:2
concludes
 18:14
condition
 104:23
conditions
 101:8 104:24
conducted
 73:23 163:12
confident
 13:11
conflict 69:1,23
 69:25 75:5
 114:18 158:1
conflicts 78:20
confused 78:6
 123:11
congested
 122:19
congestive 27:8
 27:10
congratulati...
 48:10 51:18
 56:19 57:25
 98:25 132:3
 138:23
 140:25
connected
 42:20 93:19
 96:1
consequence
 89:3
conservatively
 12:3 14:16
consider 71:7

 165:11
consideration
 43:15 139:18
considerations
 106:2
considered
 120:9
considering
 11:7,23
consisting
 59:23 93:18
consolidate
 33:10 35:21
 144:21
consolidation
 144:22
Constantino
 6:2 23:4,8
 31:15,17,21
 41:6 49:13
 52:14 57:18
 58:2,10 81:22
 82:5 93:15
 100:4 110:7
 110:14,17
 111:2 118:23
 119:14
 122:24 123:4
 123:14 124:7
 128:10
 132:21,22
 135:20 137:5
 137:7 139:6
 141:7,21,23
 142:21 143:3
 143:7,19
 144:13,16
 147:2,3,13,20
 148:1,11,14
 148:18,25
 151:4,6,9,15
 151:21
 152:15 153:2
 153:7,15
 166:21
Constantino's

 144:11
constantly 18:2
construct 97:21
constructed
 59:25
construction
 52:16 61:23
 93:17 95:25
 109:4,6,9
constructs
 32:11
consultant 41:2
consumer
 84:15
contact 107:15
contains 87:23
contending
 124:2
context 41:20
 78:2 79:12
 101:1 165:11
 165:12
contingency
 54:20 109:9
 110:8,9
continue 11:24
 13:5 16:23
 32:12 34:1,2
 36:7 37:4
 38:23 42:20
 95:10 105:23
 107:5 108:4
 122:17
 123:10
 161:11 167:9
continued
 32:10 33:4,10
 33:21 36:10
 36:14 37:2
continues
 16:22 36:19
continuing
 32:5 34:24
 39:9 84:25
continuity
 12:24 108:4

continuously
 94:17
contract 62:12
contractor
 54:16 55:2
contractors
 55:6
contracts 55:9
contractual
 44:25
contradicts
 68:21
contrary
 122:15
contribution
 37:7
contributions
 108:6
control 128:17
 141:12
 144:25 145:2
 147:15
controlled
 141:13
controls 147:15
controversial
 78:18,23
conundrum
 110:25
convenient
 73:2
conveniently
 112:7
conversation
 77:22 78:1
 79:3,11
 165:24
conversations
 161:3
conversation's
 78:6
converts 14:5
convey 73:15
convincing
 130:10
convoluted

149:7
Cook 8:15
15:22 16:1,2
17:23 18:7
30:8,11,19,22
31:3,19 32:6
35:1 37:7,21
39:3,16 40:10
102:6 106:11
107:3 113:8
coordinate
11:25 105:21
coordinating
13:9
copies 58:20
copy 158:10
core 102:19
cornerstone
26:16 27:12
28:12
corporate
23:15 144:4,5
144:7,19
corporation
143:25
144:19 146:8
146:12,15
correct 45:21
45:22 143:10
146:6 153:25
corrections
152:23
153:17
cost 11:1 12:15
12:16,21 15:9
23:21 24:1
41:10 43:23
49:18,21,23
52:18 54:24
58:13 93:21
100:8,10
103:15 109:4
110:8,9,12
119:3 120:17
162:5
costly 60:15

costs 11:25
54:11,14 89:9
89:10 109:6
Council 36:20
counsel 18:19
20:11 57:9
100:21 149:6
169:8,11
Counsels 149:6
count 81:1
164:25 165:3
Counties 102:7
countless 60:24
country 15:2
16:14 66:17
72:11,20
75:10
County 30:8,11
30:19,22 31:3
31:19 32:6
35:1 37:7,21
39:3 40:10
106:11 113:8
County's 39:16
107:3
couple 35:22
45:9
coupled 101:17
course 23:6
26:6 29:4,13
38:9 74:13
Court 2:10
23:24 169:3
Courtney 2:5
38:11 147:24
152:4,24
157:19,20
158:18
167:24
cover 19:13
coverage 35:5
116:8
covered 115:11
covers 115:21
create 121:14
created 147:25

148:3,19
creating 123:7
credit 17:12
Crest 11:20
crisis 13:7
criteria 48:15
75:1 79:14
91:12 97:2,10
critical 95:13
criticism 164:5
cross 9:6,10,13
9:19,23 10:5
10:10,18,25
11:1,21 105:7
152:19 157:6
crystal 112:25
CSR 2:12
CT 34:10
cultural 15:14
60:9 75:24
85:3 86:4
91:2,10
culturally
63:12 67:8,12
67:16 85:21
91:15
culture 61:6
65:1 66:1
84:7,8,8,9,9
84:18 85:21
curious 43:22
123:21
current 8:12
10:3 11:23
120:3 124:13
124:17 161:6
currently 42:15
42:15 43:8
45:5 71:18
74:22 94:23
159:1,12
customs 15:14
cutting 94:21
C-O-L-E-E-N
118:19
C-O-O-K 16:2

D

D 3:1
daily 62:4,9
68:9,13 69:20
Dale 2:2 3:4
4:18,19,22
5:16 6:5,10
6:13,16,18,23
7:1,5,8,10
8:21 9:1
11:10,14
13:16 15:20
15:24 18:6,16
18:23 19:2,5
19:7,17 20:7
20:15,19
21:13,16,25
22:4,23 23:1
24:2,5 25:1,4
25:17 28:21
30:4,24 31:5
31:9,12,16,20
31:23 37:11
37:15 38:6
39:12,23 40:3
40:6 41:4,14
41:18 42:11
43:17 44:10
44:18 45:16
47:3,6,12
48:6,9 49:8
49:11 50:6,10
50:14,20
51:14,17
52:10,13,24
53:3,10 54:4
54:8 55:10,13
55:21 56:15
56:18,22
57:13,16,25
58:5,8,19
59:13 64:1
67:4 71:2
77:13 80:15
81:20 82:3,7
82:13,17,21

83:1,5,14
86:15,20,22
86:25 87:7,9
87:15 88:18
89:24 91:21
92:4,9 93:9
93:13 94:1
96:24 97:15
97:19 98:1,11
98:21,24 99:6
99:11,24
100:2,13
103:23 104:1
108:10,15
110:5,13,16
110:21 111:9
114:15
116:19,22
117:4,25
118:3,9,20,22
119:8 122:22
122:25 124:8
125:2,25
126:3,10
127:7,11,20
128:5,8,25
130:6,21,24
131:5,24
132:2,5,17,20
133:7,14,18
133:24
134:18,21,24
135:18 136:4
136:9,14,18
136:25 137:4
137:11,19,25
138:19,22
139:2,14,17
139:21 140:2
140:21,24
141:2,18,22
141:24 142:9
142:12,17,25
143:5,10,15
143:20 144:8
144:14 145:9

145:16,20,24
147:1,7,11,17
148:9,12,17
149:4,10
150:1,20,23
151:2,5,8,13
151:20,25
152:5,17,25
153:4,13,16
153:21
154:14 155:8
155:11,15,18
155:22
156:12
157:10 158:6
158:14,20
159:16,23
160:2,9,16,19
160:25
161:20 162:1
162:16,23
163:6 166:4
166:17 167:6
167:13,16,18
167:25 168:4
data 4:10 81:4
101:22 102:7
157:8
date 41:12
52:22 54:11
54:12 58:15
93:24 100:11
110:12 119:4
dated 31:24
Dave 45:18,23
46:6,11,18,23
47:2 77:16
80:1,9 112:24
114:17,22
115:1 156:18
156:21
160:11,18,23
161:2,23
162:4,20
163:4,7
David 2:8 5:10

5:11 18:11
21:9 22:19
44:15,23 48:2
51:10 54:7,10
54:21 55:1,8
56:11 86:20
86:24 87:8
90:23 97:25
98:17 117:21
126:25
131:20
133:23
134:14
138:15 140:1
140:17
150:16 155:4
159:4 162:25
167:12
Davis 99:20,20
100:17,18
111:21
115:16
135:11,11
136:7 139:1
139:16
DaVita 17:13
17:24 99:13
100:19
102:21 103:1
105:19,24
106:22
108:22 114:8
114:19
116:24
123:20 125:7
125:10,19,20
DaVita's 103:9
103:13 104:7
105:17
106:25 108:6
day 3:7 4:14
32:17,23 62:5
134:25
days 29:11 43:2
101:3 116:11
day's 8:12

day-to-day
166:12
DCFS 44:12,22
44:25 46:14
46:19
deal 84:11
109:13
121:14
dealing 70:1
dealt 84:10
Deanna 2:7 5:2
5:4 6:22
18:25 20:17
21:3 22:3,13
47:21 50:18
51:4 56:5
89:6 117:13
126:8,19
131:14 134:8
138:9 140:11
150:10
154:23
death 17:7
December
102:3 119:4
167:9
decide 120:20
decided 164:10
decision 13:14
156:5
decisions 69:14
77:6
declaratory
152:21 153:3
153:9
decreased
103:13
decreasing
13:8
deemed 10:1
defer 74:6
deferral 6:7
8:17
deferred 6:3,6
152:12,16,18
deficient 77:24

degrees 129:11
delay 15:8
61:13
delinquent
90:8
deliver 95:18
delivered 26:3
68:23
delivering 27:2
27:7
demographic
63:17 64:9
72:18
demonstrate
80:8 101:19
DeMuzio 2:7
5:3,4 6:22
18:25 20:17
20:22 21:2,3
22:3,7,12,13
47:20,21
50:18,23 51:3
51:4 56:4,5
89:5,6 98:9
117:12,13
126:8,13,18
126:19
131:13,14
134:7,8 138:8
138:9 140:10
140:11 150:9
150:10
154:22,23
deny 13:14
92:6 118:6
152:9
department 9:4
12:2,5 13:8
13:15 33:1
42:23
Departments
12:10
depends
123:25
deposition 85:6
derogatory 8:7

descent 64:12
describe
102:21
described
46:12
design 59:5
61:22 64:25
designed 62:6
63:10 108:22
desire 86:16
desires 60:22
61:16 70:24
73:12
despite 82:11
detailed 20:13
details 36:16
determine
67:22
determined
28:7 82:23
149:2
Detroit 72:14
72:19
develop 11:1
26:7 70:17
164:16 165:7
developed
10:23 122:5
developing
17:2 42:24
development
35:6 107:19
157:18,21
developments
33:5
diabetes 16:12
16:15,18,21
101:10,10
104:13
diagnosed 53:8
diagnostic 13:2
34:3,5 36:3,5
37:5 38:25
dialogue
124:10
162:18

dialysis 16:5
  17:5,13 18:13
  99:13 101:25
  102:18,24
  103:3,11,17
  104:8,18
  105:7,14,18
  106:22 107:3
  107:14,22
  109:15,18
  110:1 112:5
  112:15 113:8
  115:12,13
  116:2,7,24,25
  118:10
  119:11
  121:21 123:6
  126:5,6
  149:18
dialyze 122:17
dietary 84:20
  85:7
difference
  63:22
differences
  65:9
different 70:3
  73:19 76:25
  77:8 97:6
  121:17
  146:23 157:8
difficult 107:23
  113:12
difficulty
  112:13
dignity 65:4
direct 107:15
  144:23
direction 28:5
  169:8
directly 10:2
  102:21
Director 9:3
  24:25 30:22
  52:3 100:20
disadvantaged

  10:17 11:5
  106:15
discontinuati...
  96:8
discontinuati...
  159:18,20
discontinue
  118:25
discourages
  61:10
discrimination
  69:25
discuss 103:21
  153:3
discussed
  166:7
discussing
  83:16
discussion 59:2
  59:12 79:19
  124:5
discussions
  102:17
disease 13:3
  16:7,9,17
  17:2,3,6,18
  17:20 36:7
  94:11 101:12
  101:12,13
  104:10,11,14
  104:17 105:6
  105:15,16
  106:9,12
  107:19,20
  112:5 115:19
  115:20,22
  116:3,4
disjointed 3:7
  144:10
disordered
  36:5
disparities 61:7
  61:8 63:17
  73:24
dispense
  119:16

disruptive 8:9
dissipated
  163:15
distant 34:15
distinguish
  86:2
distinguished
  58:23 83:24
diversity 65:25
Division
  100:18
doable 121:13
Docket 21:22
doctor 25:5
  28:22 30:2
  31:10 38:5
  75:18 108:11
  111:11
  112:14,23
  114:20
doctors 68:22
  109:16
document
  137:10 143:4
  143:6 158:22
documented
  108:7
documents
  153:14
doing 3:8 33:25
  35:10 41:23
  76:12 78:22
  147:11 157:1
Don 99:17,17
  100:20
  103:25 104:2
  104:5,5
  113:25
  114:21,24
donor 104:20
  104:22
door 15:4
dot 157:6
double 110:8
doubled 110:9
Doyle 48:25

  49:1 50:8
  135:8,9 141:1
dozen 48:13
  115:4
Dr 4:25 5:1
  11:10 16:2
  18:7 20:25
  21:1 22:10,11
  24:16,17
  25:13 28:22
  28:24,25
  30:16,17,20
  30:21,25 31:7
  31:11 32:2,3
  37:14,15,17
  38:5,7,16
  39:14,21 40:5
  43:19,20 44:5
  44:7 47:11,15
  47:18,19 51:1
  51:2 56:2,3
  58:7,9 60:24
  65:20 71:3,4
  72:3 73:7
  74:5 76:2
  83:2,21 87:6
  87:12,25
  88:20,21,23
  92:25 93:1
  94:5 98:7,8
  99:5,17
  100:20
  101:18
  103:20,25
  104:2,5
  110:23,25
  111:9,13
  112:14
  113:16,25
  114:21,24
  115:25
  117:10,11
  119:23 123:2
  123:17 124:1
  126:16,17
  131:12

  132:14,14
  133:12 134:5
  134:6 137:24
  138:3,6,7
  140:8,9 150:7
  150:8 154:13
  154:17,20,21
draw 45:19
drawn 106:16
dress 14:16
Drive 1:15
driving 25:23
drop 123:11
dropped 103:5
due 16:12 40:9
  48:21 89:7
  101:7 109:5
DuPage 102:6
  113:8
D-A-V-I-S
  135:12
D-O-Y-L-E
  49:1 135:10

E

E 3:1,1 33:12
  33:17 35:24
  36:11
earlier 36:14
  67:17 84:6
  85:14 88:1
  159:13,15
  164:22
  165:23
early 9:12 35:3
  39:4 107:18
ease 33:14,15
  33:15
easier 141:25
  148:7,9,12,14
East 49:17 69:7
  144:20
Eastern 66:7
  66:17
East-Correct
  154:4

easy 120:8
121:16
economically
106:14
economies
130:3
Ed 12:4,15,23
12:25 142:7,7
142:11
143:14 151:1
edge 94:22
educate 17:18
105:20
education
17:16 69:14
116:4 117:21
educational
95:22
Edward 141:9
141:11,17
Edwin 8:15
15:22 16:1,2
17:23
effect 146:20
effective 11:2
13:6 39:5
efficiently
95:18
Effingham-C...
154:8
effort 60:10
62:16
efforts 42:21
63:2 67:22
69:18
eight 5:14
21:14 22:24
48:7 51:15
56:16 92:2
117:18
131:25
134:19
138:20
140:22
150:21 155:9
either 44:3

69:1 73:18
80:22 114:9
164:15
elaborate 20:8
elected 9:21
57:20 152:2
electronic
26:24 27:3
element 41:25
elements 76:25
Elgin 127:15
128:14 131:1
eligible 35:4
104:21 105:1
Elmhurst
48:12,12 49:2
49:7,16,17
50:16,17
135:1,1,9,22
137:21,21
139:3,3,8,23
139:23 141:9
141:11,12,15
141:17
else's 3:21
email 155:21
158:3
emailed 31:25
Emerald
106:25
112:19
emergency 9:4
9:7 11:22
12:2,5,10,11
12:18 13:8,15
26:25 32:21
115:23
116:15
152:19
Emergicare
152:19
Emery 93:8
emotional
105:21
empathic 82:22
employ 42:18

employed
114:22 169:9
169:11
employee
169:11
employees
70:13
empowering
157:12
encourage 11:1
63:14
encouraging
92:15
endorsement
96:17
Endoscopy
132:6,25
133:20
engage 36:15
engaging 42:21
enhance 71:20
75:13
enhanced 13:2
61:25 65:17
enroll 35:3
enrolled 62:24
ensure 62:2
enter 28:2
entering 105:5
enters 27:22
entertain 23:7
158:12
entirely 81:11
entities 81:25
114:18
141:13
142:23 143:2
144:2,4,23
entity 41:24
entrusted
107:20
EO-6 99:12
Ephraim 24:23
24:24 28:23
epidemic 16:12
16:13 94:16

episodic 12:25
equipment
95:17
equivalent
60:15
error 109:5
especially
90:21 114:8
162:12
ESRD 23:11
100:6 118:25
ESRD's 158:1
essence 69:1
essential
105:14
essentially
41:22 50:3
109:21
establish 16:5
55:16 58:11
59:1 60:2
63:1,6,11
84:2,3 87:3
100:5,23
119:1
established 8:3
33:18
establishing
89:1
establishment
59:17 87:22
91:12 116:24
159:11
estimated
54:14 119:3
ethnic 65:25
ethnicity 60:9
evade 74:10
75:1
everybody 86:1
115:10 158:3
evidence-based
18:3 71:22
evidently 110:9
evolved 94:12
94:17

exact 113:7
114:2
example 38:25
51:22 61:24
69:4,25 70:4
73:13 80:4
81:10 84:5,6
85:2
examples 35:23
69:23
exceed 109:7
122:14
excellent 29:17
exception
79:22 80:12
97:7
excess 117:17
117:25
excited 34:18
Executive 3:24
4:3,5 18:17
18:18,21 19:8
19:11,13,18
29:12 30:22
49:1 135:9
Exempt 148:19
exemption 23:9
128:20 131:1
133:5,19
137:20
139:22 145:7
147:4,23
149:11,13,16
149:19,21
exemptions
127:14 136:2
148:22
exhibits 101:5
101:9
exist 38:22
71:15 85:22
109:7 164:14
164:17,18
existed 90:20
existing 12:18
15:13 61:21

65:22 76:17
93:20 95:20
96:1,3 111:16
118:25 126:5
exists 71:20
expand 34:1
35:8,9 38:24
expanded
35:25,25 36:3
38:25
expansion 33:9
34:17,24
expect 38:2
109:25
110:10
expectancy
104:25
expected
101:17
expenses
122:15
expensive
12:12
experience
61:9 74:2
151:3
experienced
71:9
experiences
73:16,25
expert 27:9
expertise 28:18
experts 12:22
explain 44:13
61:4 74:17
147:24
exposing
160:20
express 9:6
14:2
expressed
25:13
extension 24:8
46:4
extra 76:1
extraordinary

91:3
extremely 95:8
E-D-W-I-N
16:2
E-G-A-N 30:21
E-P 24:24
E-001-13
127:14 131:1
E-004-13
133:19
E-008-13 135:2
137:20
E-009-13 139:3
139:22
E-011-13
149:11
E-012-13
149:14
E-013-13
149:17
E-014-13
149:19
E-015-13
149:21
E-06 18:9,13

_____

F

F 30:21 127:13
face 4:12
122:12
faces 44:19
facilitate 12:20
facilities 1:1,13
12:18 14:18
23:16 32:25
34:5 43:3
74:8 87:21
88:25 89:1
91:11 95:17
101:21
107:13,14,25
108:3,22
111:4,16
113:4 115:6
115:15
117:18

119:24
125:17 137:8
141:5 144:24
144:25
146:13,23
147:16 148:5
148:6 149:2
159:10,21
163:9,10,11
164:24 165:4
165:8
facility 12:11
14:7 27:19
34:8,11 35:17
36:19,22 42:1
42:15 44:13
44:22 46:3,5
59:4,4 60:17
63:9 64:16,22
69:7 70:17
75:10,22
77:20 86:3
87:22 88:15
91:12,18
100:6,20,24
101:22
102:14 105:9
106:25,25
107:4,11,12
108:9,18,20
109:3,5
112:17,18,20
114:1,12
116:25
118:25 119:2
126:6
facility's
128:18
fact 3:19,22 6:6
7:16,20 16:18
32:18 39:1
61:2 72:9
74:18,18
76:13 84:2
87:20 89:7
101:13

105:24
109:20 111:8
162:14
163:15
164:23
factor 105:2
factors 89:3
faculty 94:11
failing 61:1,4
fails 92:4
failure 16:19
16:20,23 27:8
27:10 61:12
104:19
fair 128:15
135:22
faith 60:10,19
60:23
familiar 26:23
34:14 35:1
families 13:25
family 43:11
53:7 72:22,23
far 14:14 26:20
46:22 112:1
124:12,12
151:14
farms 29:6
fashion 78:2
95:19
father 30:21
favor 6:14,15
7:6,7 19:3,4
167:14,15
favorable 50:9
feasibility
89:10
features 61:22
February
27:16 33:16
FEC 9:14 10:5
10:20 13:12
FEC's 12:8
federal 69:2,16
85:11 163:19
fee 109:9

feel 60:25 66:2
89:15 153:5
feeling 73:10
84:24,24,25
88:23 89:1
124:6
feelings 73:20
feet 52:17
59:25 93:19
96:3 100:7
108:20
119:18
120:18
fee-for-service
129:16
Fegan 30:20,21
30:25
felt 3:25 73:18
female 62:18
62:20 68:4
69:11
females 65:14
female-only
68:3
fewer 120:18
fifth 81:6,17
figure 113:2
filing 20:11
Fina 57:10,10
59:11,15
final 19:22
21:18,21,23
23:23 32:16
110:12 154:7
160:15
finally 57:24
109:12
financed
163:19
financial 9:18
11:23 77:25
148:23
158:10,11
166:6
financially
10:16 11:5

15:20,24 18:6
18:16,23 19:2
19:5,7,17
20:7,15,19
21:12,13,16
21:25 22:4,22
22:23 23:1
24:2,5 25:1,4
25:17 28:21
30:4,17,24
31:5,9,12,16
31:20,23
37:11,15 38:6
39:12,23 40:3
40:6 41:4,14
41:18 42:11
43:17 44:10
44:18 45:16
47:3,6,12
48:5,6,9 49:8
49:11 50:6,10
50:14,20
51:13,14,17
52:10,13,24
53:3,10 54:4
54:8 55:10,13
55:21 56:14
56:15,18,22
57:13,16,25
58:5,8,19,23
59:13 64:1
67:4 71:2
77:13 80:15
81:20 82:3,7
82:13,17,21
83:1,5,14
86:15,22,25
87:7,9,15
88:18 89:24
91:20,21 92:4
92:9 93:9,13
94:1 96:24
97:15,19 98:1
98:11,20,21
98:24 99:6,11
99:24 100:2

100:13
103:23 104:1
108:10,15
110:5,13,16
110:21 111:9
114:15
116:19,22
117:4,24,25
118:3,9,20,22
119:8 122:22
122:25 124:8
125:2,25
126:3,10
127:6,7,11,20
128:5,8,25
129:3 130:6
130:21,24
131:5,23,24
132:2,5,17,20
133:7,14,18
133:24
134:17,18,21
134:24
135:18 136:4
136:9,14,18
136:25 137:4
137:11,19,25
138:18,19,22
139:2,14,17
139:21 140:2
140:20,21,24
141:2,8,18,22
141:24 142:9
142:12,17,25
143:5,10,15
143:20 144:8
144:14 145:9
145:16,20,24
147:1,7,11,17
148:9,12,17
149:4,10
150:1,19,20
150:23 151:2
151:5,8,13,20
151:25 152:5
152:17,25

153:4,13,16
153:21
154:14 155:7
155:8,11,15
155:18,22
156:12
157:10 158:6
158:14,20
159:16,23
160:2,9,16,19
160:25
161:20 162:1
162:16,23
163:6 166:4
166:17 167:6
167:13,16,18
167:25 168:4
Garfield 40:14
40:15,23 41:3
41:8 42:13
46:2 47:8
Garrett 160:5
161:16
gastroenterol...
59:21
gathered 102:7
gender 86:4
gender-sensit...
62:20
general 17:4,8
36:1 39:24
54:16 59:21
64:9 86:11
97:7 113:21
generally 80:18
104:22
generated
122:14
gentlemen 3:5
25:2 30:4
57:14 127:16
128:6 142:14
geographic
64:10 75:20
76:9 108:1
geographically

72:7 73:1
George 4:17,20
4:23,25 5:2,5
5:8,10,12,14
20:21,25 21:2
21:4,6,8,10
21:12,14 22:6
22:10,12,14
22:16,18,20
22:22,24
47:14,18,20
47:22,24 48:1
48:3,5,7
50:22 51:1,3
51:5,7,9,11
51:13,15
55:23 56:2,4
56:6,8,10,12
56:14,16
87:11 88:17
88:20 89:4,18
90:12,22,25
91:5,20 92:2
98:3,7,9,12
98:14,16,18
98:20,22
117:6,10,12
117:14,16,20
117:22,24
118:1 126:12
126:16,18,20
126:22,24
127:1,5,9
131:7,11,13
131:15,17,19
131:21,23,25
134:1,5,7,9
134:11,13,15
134:17,19
138:2,6,8,10
138:12,14,16
138:18,20
140:4,8,10,12
140:14,16,18
140:20,22
150:3,7,9,11

150:13,15,17
150:19,21
154:16,20,22
154:24 155:1
155:3,5,7,9
156:1,9,18,20
Gerald 127:19
127:22,22
130:14 132:4
getting 28:3
29:4 66:2
105:11
112:13
113:17
115:11 118:6
148:22
158:16
Gihad 8:16
13:19,21
65:21 67:17
give 25:11,15
30:10 33:24
35:22 36:19
37:1 39:19
48:18 63:22
64:19,22
68:12 69:3,23
70:15 84:4
88:13 89:16
95:7 104:3
114:1 163:1
165:15
given 35:2
102:13 108:6
120:6
giving 65:24
glad 115:16
Glen 10:4
go 4:4,7 18:21
19:8 29:8
36:13 38:2
54:14 73:12
89:16 96:19
109:17
112:15
122:21

145:24
163:21 164:7
164:20
goal 28:11
89:23,23 90:4
90:10,11 96:2
goals 95:13,23
goes 10:7,8
112:19
113:11 132:3
going 3:5,24
5:16 7:24
8:14 20:8
29:13 35:4,7
38:7,12,21
39:1,10 64:22
65:16 66:5,9
66:12,19 67:9
74:19,20,21
75:8,21 77:13
77:18,20 78:7
78:8,21 83:15
84:1 85:10,24
86:2,5 87:25
88:3,6,14
91:9 92:5,11
92:17 99:1
110:22
111:14
112:22
116:19 118:5
122:2 129:24
132:3 136:19
141:10,11
145:21
148:14 149:7
152:16
156:16,24
157:19 158:6
160:5 164:10
golf 1:14 4:7
good 3:4 6:5
8:21,23 9:2
11:14,16
13:17,19
15:21,22 16:1

24:13,23 25:7
30:6,6,7,16
31:1 32:2
37:12 40:7,19
51:21 52:1,4
53:5 55:8
56:22,25
58:22 64:20
68:25 92:9,21
97:15 99:5,14
103:25 104:1
104:5 110:16
110:19
118:13 121:4
122:6 127:16
127:19,20
134:22,25
135:4,8 142:2
142:16,18
153:22
Gorski 24:16
24:17 25:6,18
28:22 30:2
Gottlieb 146:10
149:14
govern 70:4
government
13:6 159:14
161:11 162:9
163:19
government's
90:6
Governor's
160:12,13
161:5,17
governs 69:19
gown 68:2
gowns 14:14
67:19
gracious 25:9
grammar 29:8
grant 14:5
63:21 156:5
grateful 27:20
129:2
gratifying

28:17
great 29:17
38:4 114:13
121:14
156:16
greater 12:1,20
15:3 71:8
72:14 91:16
101:15,16
111:7
greatly 14:2
95:10 120:15
Greek 120:3,6
124:19,22
Green 142:7,7
142:11
143:14 151:1
Greiman 2:4
21:4 22:14
47:22 51:5
55:24 56:6
67:5,6,16
68:5,14,18
69:22 70:12
71:1 89:18,19
90:1 98:12
115:3 117:14
124:11,25
125:9,13
126:20 130:9
130:20 131:4
131:8,15
134:9 136:13
136:22 137:2
138:10
140:12
150:11
154:24
grew 29:5,9
GRF 160:21
Grieman 5:6,7
21:5 22:15
41:16,19 42:3
42:8 47:23
51:6 55:19
56:7 69:3,9

98:13 117:15
124:15,19
125:4 126:21
131:16
134:10
136:15
138:11
140:13
150:12
154:25
gross 23:19,25
52:17 59:25
93:18 100:7
103:12
108:19
119:18
120:18
ground 71:6
153:5
group 63:17
88:10,13
162:11
grow 14:25
growing 13:7
15:16 59:7
61:20 72:8
104:12
grown 29:18
growth 91:3
guarantee
122:21
guardians 45:1
guess 115:14
130:17
145:25 162:9
162:11
guide 3:10
guidelines 3:14
3:18 7:24
Guiding 33:18
guys 125:13
G-A-I-L 49:5
G-I-H-A-D
13:21
G-O-R-S-K-I
24:17

G-R-E-E-N
142:10

H

H 152:21
Hagerty 142:5
142:5,16,20
143:13,23
145:12 146:7
150:25
half 4:3,6 48:13
71:10 101:14
Hallstead
124:18
Hammoduh
2:3
handed 31:24
handle 70:7
136:20
137:14
handout 31:18
158:16
hands 62:8
happen 55:9
81:7
happens 71:14
happy 4:11
25:15 34:23
35:11 36:16
37:9,25 39:21
58:8 96:22
123:15
133:10 136:7
hard 34:7
44:16
hardship
121:14
122:10
hardships
122:12
Hartgrove
40:25 41:23
41:25 46:4
Harvey 35:24
hate 55:1
Hayes 4:21

hazard 17:2
Hazel 11:20
health 1:1,13
   4:10 9:9 12:6
   12:14,17 13:7
   14:6,9,18
   15:5 17:19
   24:18,22
   26:10 30:9,11
   30:19,23 31:4
   32:6,12,13,25
   32:25 33:19
   35:2,13 36:18
   36:20 37:6,7
   42:16,19
   46:10 59:4,4
   60:17,20 61:1
   61:4,7,7,9,11
   61:12,14 63:9
   63:15,16
   64:16 65:22
   66:10 67:8,23
   69:7 73:24
   74:1 75:21
   90:16 94:18
   95:4,5 96:15
   102:11
   103:15
   107:21
   114:19
   115:14
   128:12,18
   129:6,8,15,23
   130:15 141:9
   141:11,11,12
   141:15,17,17
   143:25 144:1
   144:19,20,25
   146:7,9,12
   147:16
   149:15,15
   157:14 159:6
   160:8 161:8
   163:8,10,11
   164:12,18,20
   165:7,11

166:24 167:1
   167:1,3,4
Healthcare
   51:20 55:15
   55:16
healthier
   103:14
HealthSouth
   20:3
hear 30:6 37:12
   37:25 38:2
   53:11 84:6
   111:12 124:2
   157:11
heard 60:24
   64:25 65:19
   70:10 73:6,7
   73:9 91:4
   130:16
hearing 6:18
   7:5,10 19:7
   24:5 29:7
   40:3 41:11
   44:16 47:6
   50:4,14 52:21
   55:13 83:1
   93:22 102:16
   128:22
   130:12,25
   133:4 136:1
   139:11,21
   145:20
   158:14
   166:17
   167:18 168:6
hearings
   157:25
   163:12
heart 27:8,10
held 1:14 33:14
   93:22 128:22
Hello 15:22
   92:25
help 15:17
   33:20 43:4
   55:6 74:25

75:5 76:24
   86:13 92:17
   116:7 120:15
   120:16 146:3
   152:23
helpful 94:4
helping 43:11
helps 55:9
hemodialysis
   105:25
Hey 164:8
high 17:1
higher 12:21
   16:14 101:9
   106:6
highest 60:4
   95:11 103:8
   103:10 112:4
   112:12
   120:22,23
highly 10:23
hijabs 14:16
Hill 49:17
hints 133:10
hire 62:12,14
hiring 162:13
Hispanic 101:6
   101:14 102:9
historical 97:3
historically
   29:18 80:22
   105:2 151:22
history 69:14
HIV 36:11
HIV/AIDS
   36:9 94:20
hold 44:12,22
   45:5 57:22
   125:11
holders 23:24
holding 158:21
Holdings 23:13
Hollandsworth
   99:17,18
   100:21
   103:21,25

104:2,6
   112:15
   113:25
   114:21,24
   115:25
Hollandswor...
   101:18
home 35:11
   53:25 105:25
   105:25 106:4
Homer 10:4
homes 121:21
hone 43:3
Honor 68:17
   68:24
hope 34:19
   39:1 61:15
   63:23 112:20
   119:17 132:3
hopefully
   119:21 149:7
hoping 34:12
hospital 9:8,11
   10:11,18,25
   11:20,21
   12:10 14:14
   20:1,1,3,4
   21:22 23:18
   30:9,19,23
   31:4 32:7,10
   32:15,19 35:2
   36:22 37:8,21
   40:14,16,23
   40:25 41:8,9
   41:23,25
   42:13 43:22
   45:8 46:2,4
   46:20 47:8,9
   48:12 49:16
   50:16,17 52:8
   53:14 54:17
   60:15 67:18
   68:2,6 73:13
   74:21 78:12
   79:8 81:5,15
   88:2,5 92:20

93:4,20 94:10
   94:13,15 95:5
   95:21 96:2,4
   97:21 106:11
   106:15,20
   112:7,16
   127:14
   128:13,13
   129:6 131:1
   135:1,22,23
   137:21 141:3
   146:12
   149:12,14,22
   152:22
   153:17 154:5
   154:8 157:4
hospitalization
   42:17
hospitals 9:25
   11:9 14:13,20
   43:9 45:21
   68:22 71:14
   80:23 82:1
   121:21
   146:10
   156:23
Hospital's 9:7
hospital-affil...
   53:19
Hospital-Cor...
   153:23 154:2
Hospital-Loy...
   145:5
host 94:23
hour 4:3,6
   25:24
hours 53:16
House 159:1,2
   159:8,13
Howell 81:10
HSA 102:1
HSA-VI 111:24
   112:3
HSA7 101:23
Hubbard
   124:22

Huge 129:20
humble 130:19
humbly 119:10
hurt 73:19
Hylak-Reinh...
    57:7,8 64:7
    65:10 67:15
    68:7,16,24
    69:5,10,24
    70:16 72:1,4
    75:17 79:25
    80:13,17 82:8
    82:16,19
hypertension
    16:13,16,19
    16:22 101:10
    101:11
    104:13
hyphen 57:8
    93:2
H-A-G-E-R-...
    142:6
H-A-W-K 93:2
H-O-L-L-A-...
    99:19
H-R-A-I-M
    24:24
H-Y-L-A-K
    57:8

———————
I
———————
ICU 27:3,5
idea 165:6
ideal 104:19
    109:1 120:7
identify 64:14
    105:22
    111:14
identifying
    103:16
IDPH 32:16
    153:23,25
    154:2,4,6,8
    161:4,20
    162:18
    166:24

ignorance 86:9
    160:20
ignore 91:11
IHA 159:4
IL 2:12
Illinois 1:2,13
    1:15 11:20,24
    14:7 28:20
    35:24 41:9
    47:9 49:18
    50:17 51:20
    52:18 53:22
    55:15,16,18
    58:12 59:2,19
    60:17 62:25
    64:16 67:2
    68:21 69:17
    70:13 71:6,18
    73:21 78:9,20
    78:22 84:1
    87:5 95:1,6
    97:23 102:13
    117:1 119:1
    120:23 126:7
    128:14
    146:13 165:8
    169:4
Illinois's 90:6
illness 41:9
images 34:16
imaging 34:10
    34:10
imagining 79:3
immediate
    32:21,22
    33:11,16
    35:19 38:13
immediately
    15:15
immense 29:18
    59:7
impact 9:19
    11:8 17:15
    43:7,11 71:8
    74:8,12 76:17
    77:2,7 87:21

88:25 90:20
    90:24 91:11
    91:16 144:23
    158:25 163:2
impacted 10:2
    10:20
implementing
    17:14
implications
    129:18
implicit 162:9
implying 74:19
important 9:17
    57:21 60:20
    62:10,12 91:2
    95:8 122:1
importantly
    10:17 34:4
impressed
    89:20 113:17
improve 18:5
    101:4 153:17
improved
    103:2,4
    129:16
improvement
    17:10 24:25
    37:23
improvements
    17:12 38:2
improving
    17:16 105:18
inboard 29:9
incentives
    164:16
incessant 18:2
incidence 16:22
    17:1 112:5
incident 101:13
include 20:12
    28:10 34:5
    35:16 36:1
    61:22 62:2
included 35:20
    36:3 61:3
    96:11 160:15

includes 10:10
    34:9
including 9:20
    13:2 35:17
    36:8 89:9
    94:20 95:3
    160:3
income 60:9
    101:24 106:7
incorporated
    156:23
incorporation
    36:9
increase 15:9
    16:11,24
    23:19 43:23
    101:18
    104:11
    122:19
increased
    16:10,15
    23:25 49:23
    61:7
increasingly
    34:15
independent
    46:3 94:24
    129:12
Indiana 73:3
individual 18:1
    65:24 136:20
individuals
    16:21 17:18
    35:14 53:23
    64:13 65:21
    66:24 70:8
    75:23
industry 103:7
    103:8
infectious 36:7
    94:11
Inflammatory
    8:7
influence 29:19
inform 32:17
    35:12 165:17

informally
    105:20
information
    64:9 83:16
    92:8 118:8
    129:20 147:5
    147:22
    153:10 157:2
    166:23
informed 32:24
infrastructure
    129:21
initial 40:14
    89:20
initially 41:24
    59:19 166:8
initiate 106:21
initiated 36:21
initiative 161:1
    164:11
initiatives
    158:24
inner 43:10
innovation
    102:18
innovative
    94:19
inpatient 32:9
    42:16 94:21
    95:21
input 157:3
inquiry 156:9
insensitive
    73:17
insists 9:23
instance 109:20
    160:4
instances 68:25
instant 156:23
Institute 52:3
institution
    29:14,18
    71:19,23
institutions
    71:18
insurance

115:20
integral 35:8
integrated
   53:24 105:19
integration
   30:18 129:21
intend 55:4,5
   62:14
intensive 27:6
intent 25:12,20
   26:12,19 92:6
   118:6 152:9
interact 162:19
interest 25:13
   39:13 80:9
   81:18 145:14
interested 37:2
   169:13
interesting
   72:16 77:12
   78:4 90:16
   166:14
interference
   57:23
intermediate
   32:22
intern 29:11
   37:21
internal 153:14
   164:15
interpretation
   66:18,19
interrupt 3:19
   77:14 83:15
interrupting
   145:10
interruptions
   105:24
Interstate 73:2
introduce 4:13
   24:14,19
   30:13 40:17
   48:17,24
   51:24 92:23
   99:15 132:8
   142:3

introduces 57:1
introducing
   40:20
introduction
   96:18
introductions
   118:14
   127:17 135:5
invariably 10:8
inventory
   103:16 120:1
   165:2
invest 34:2
invested 122:10
   122:11
investments
   33:6 37:4
   129:20
invite 7:16
involve 36:15
   96:7
involved 3:17
   23:14 141:14
   142:22,23
involves 128:16
   144:1
involving
   114:19
   128:20 136:2
ironically 53:8
Islam 60:19
   62:22 68:20
   91:4,19
Islamic 14:9
   60:23 62:21
   65:1 91:15
isolate 46:16
isolated 12:8
issue 7:20
   17:14 65:12
   71:19 83:22
   84:18,18,19
   84:20 85:6,6
   85:7 91:9
   113:18 114:3
   119:22 123:7

155:24
   165:22 166:6
issues 19:21
   45:6 46:19
   65:11 76:16
   84:12,13,13
   84:21 85:2,8
   85:8 89:9
   90:19 102:14
   110:6 122:23
   159:7
item 18:9,13
   19:20 23:3,9
   23:17,23 24:6
   30:8 40:12,13
   46:11 48:11
   51:19 56:24
   92:11 99:2,12
   118:10 132:7
   136:11 141:3
   152:8,9,11,13
   152:21
   157:14,18
   158:9
items 8:5 20:5
   23:3 24:6
   87:24
I's 157:6

_____

J

J 30:17
Jack 49:3,3
   93:5,5 96:22
   96:25 97:1
Jackson 124:17
Jakle 128:3,3
   129:7
James 2:7 4:25
   5:1 21:1
   22:11 28:25
   37:14,17
   43:20 44:7
   47:11,19
   48:25,25 50:8
   51:2 56:3
   58:7 71:4

72:3 74:5
   87:6 88:21
   98:8 99:5
   110:25
   111:13
   113:16
   117:11 123:2
   123:17 124:1
   126:17
   131:12 134:6
   135:8,8
   137:24 138:7
   140:9 141:1
   150:8 154:13
   154:21
January 35:6
   167:8,8
Jefferson 1:1
Jeffrey 41:1,2
   44:5
Jennifer 52:1,2
Jewish 88:5
Jews 91:7
jive 113:3
job 116:9
Joe 77:17 99:22
   99:22 100:22
   132:11,11
   133:9 134:23
John 4:20 8:15
   9:3 30:16,17
   31:7,11 32:3
   38:5,16 39:21
   40:5
join 129:13
joining 129:23
Joliet 9:5,11,13
   9:22
Jonathan 8:19
   8:23 9:2
Jones 2:3
Joseph 9:8,20
   10:22 23:18
   57:7,7 64:7
   65:10 67:15
   68:7,16,24

69:5,10,24
   70:16 72:1,4
   75:17 79:25
   80:13,17 82:8
   82:16,19
   94:10
Joseph's 9:5
   79:4,5 92:20
   93:3 97:21
Judge 67:5
   89:24 115:3
   125:2 130:8
   136:14
judgment
   37:20
July 41:12
   58:15 162:13
June 10:13
   122:2 167:21
   168:1
jurisdiction
   81:25 164:21
   165:16
jurisdictions
   82:1
Justice 5:5,7
   21:4,5 22:14
   22:15 41:16
   41:19 42:3,8
   47:22,23 51:5
   51:6 55:19,24
   56:6,7 67:6
   67:16 68:5,14
   68:18 69:3,9
   69:22 70:12
   71:1 89:18,19
   90:1 98:12,13
   117:14,15
   124:11,15,19
   124:25 125:4
   125:9,13
   126:20,21
   130:9,20
   131:4,8,15,16
   134:9,10
   136:13,15,22

137:2 138:10
138:11
140:12,13
150:11,12
154:24,25
justify 76:24
81:4,9,17
82:10,15 97:3
justifying 81:2
J-A-K-L-E
128:4

_____
K
_____
K 2:12 157:18
169:3
Kathy 2:6 5:8,9
6:12,25 19:1
20:18 21:7
22:17 44:11
44:21 45:14
47:25 51:8
55:20 56:9
90:13 98:15
117:3,17
126:9,23
131:18
134:12
138:13
140:15 143:8
145:22,25
146:16,24
147:9 149:25
150:14
154:12 155:2
167:11 168:3
Kathy's 147:18
keep 26:14
28:13 33:5
40:6 53:25
58:4 94:8
103:14
keeping 122:11
Keith 40:21,21
42:13 44:14
44:24 45:22
Kendrick 2:4

7:14,23 17:22
18:8,12
158:18,23
159:19,24
160:7 162:25
kept 167:10
key 84:18
106:1
kick 116:11,17
kidney 16:19
16:20,23 17:1
17:6,15,17,18
101:12
104:10,14,22
105:15 106:9
106:12
107:19
115:19 116:2
116:4
kidneys 104:20
kind 29:20 43:4
45:2 70:14
73:5 79:20
kinds 34:3 65:2
know 15:8 26:5
29:21 32:14
36:17 37:1
38:15,16
43:24 53:17
66:12,13 70:6
70:13,15
71:24 84:5,5
91:8 104:15
109:23
111:25
113:18
116:16
121:19 122:7
123:2,13
125:15 129:9
130:11 137:2
147:10 148:3
156:12
157:23 160:1
160:16,17
162:8 165:2

knowing 28:3
29:10
knowledge
148:2
knowledgeable
65:8
known 27:23
Koran 14:22
kosher 78:16
Kuhn 40:21,21
42:13 44:14
44:24 45:22
K-U-H-N 40:22

_____
L
_____
laboratories
39:7
laboratory
34:8
lack 65:6
lacks 12:25
ladies 3:5 57:14
118:13
142:13
laid 95:12
landlord 120:4
language 55:8
73:14 159:5
languages
62:16 66:6,7
large 16:12
68:10 101:20
111:24
largely 101:5
larger 109:2,2
largest 15:1
72:8,12,20
95:5 100:25
105:25
Lastly 10:22
late 29:7 35:1
152:1
latest 28:3 60:5
152:18
157:21
Latino 14:4

Laurie 118:18
law 14:9 62:21
65:15 66:14
66:16,22 67:1
67:2 68:15,17
68:18,19,20
68:21 69:1,2
69:6,16,17,19
69:19 70:2,3
70:4,13,19,23
71:18,22 78:7
78:9,10,13,14
78:16,17,20
83:25 84:1
85:11 90:6
161:15
Lawn 132:6,6
132:24
133:20,20
laws 66:25,25
70:9 90:6
leadership 28:6
33:19 94:13
leading 101:11
104:13
leads 61:7,13
90:9 165:23
learn 111:3
learning 151:2
leased 23:19
100:7
leave 15:4 40:9
53:21,22 58:5
137:12
141:19
145:14
left 118:17,18
legal 20:11
57:9,23 66:24
100:21
legally 165:19
legislation
160:5
Legislative
158:15
166:18

legislature
160:13
164:16
Lenox 9:10,14
lessons 4:8
letter 31:24
38:11 127:13
letters 41:11
133:1 135:24
139:9
let's 69:5
137:13
146:17
level 60:9 62:1
120:23 144:6
levels 11:3
liability 41:20
42:4,4 46:16
life 14:24
104:25
105:18
light 8:17 89:12
limit 104:24
108:2
limitations
102:12
limited 41:20
42:4 107:24
line 88:8
105:12
160:14
lines 3:16,16
list 159:25
166:22
listed 8:5
literally 79:21
Litigation 2:12
little 3:7 25:8
25:24 29:2
39:2 44:8
75:4 78:6
83:6
live 61:16
64:11 71:17
72:10,24 75:4
114:10

lives 105:23
living 15:2 60:3
  69:20 105:23
LLC 19:25
  58:25 132:25
  139:9
Llewellyn 8:15
  8:20 11:12,13
  11:15,16
load 81:18
local 144:2
  163:21
locally 42:18
located 9:15
  53:13,15
  59:18 61:19
  120:7 128:13
locating 72:25
location 72:5
  120:3,8
  124:12
locations 107:7
Lockport
  152:10
long 38:14
  69:14 76:13
  76:14 77:21
  149:7
longer 32:18
  114:6 116:13
  116:13 159:9
  159:17
longstanding
  160:4
long-term
  91:16 165:25
  166:19
look 43:10
  72:17 85:11
  111:21
  112:25
  123:15 157:4
  164:3,13,19
  164:19
looked 79:12
looking 28:5

42:17 43:5,7
  45:10,10 64:8
  64:23 67:20
  76:8
looks 80:18
  115:6 166:9
lose 39:9
loss 38:17
lost 144:10
lot 17:12 29:5
  39:8 54:22
  72:22,22
  105:10 114:7
  121:11
Louis 2:13
low 106:7
  123:17
lower 11:25
  100:24 101:8
  101:24 105:6
lowest 103:6,11
Loyola 146:8
  146:10
  149:12,14,15
  149:17,19
luck 30:6 56:22
  92:9 134:22
  162:20
Lue 132:16,16
lunch 92:12
  99:8,9
lung 28:10
Luskin-Hawk
  92:25 93:1
  94:5
L-L-E-W-E-...
  11:18
L-U-E 132:16
L-U-S-K-I-N
  93:2

_____
M
_____
Madison 25:15
  26:2 29:22
magnificent
  27:19

main 73:3
maintain 39:16
  68:13 166:12
maintaining
  85:7
major 25:12
  70:19,19
  72:10,12
  103:11
majority 10:8
  88:10
making 33:6
  42:1 75:16
  86:22 94:2
  122:11
  133:11
maldistributi...
  120:13 127:3
male 69:12
males 65:14
mammograp...
  97:8
manage 17:19
management
  59:21 105:19
  107:21
  129:18,25
manager 4:10
  57:11
manner 61:5
  120:21
Manor 23:24
Mapquest
  111:25
March 52:22
marginally
  12:9
Mark 41:1,2
  44:3,5
market 10:5
  26:1,4 91:9
  128:15
  135:23
Martin 142:8
Matre 20:2
matter 21:24

75:23 76:9
  146:24
matters 20:11
Matthew 2:3
Mattoon 167:3
Mayo 29:9,16
Mayor 57:20
  58:1
Maywood
  149:12,18,20
McCULLOU...
  132:12,12
  133:12
McDermott
  93:8
McGaw 141:3
  145:5 149:11
meals 78:16
mean 3:20
  41:20,21
  67:11 77:18
  78:8,8 103:9
  103:9 109:16
  111:22
  123:21,24
  125:13
  136:22
  151:21
  155:24 156:8
  156:8
meaningful
  37:6
means 17:3
  46:1 87:23
  103:14 143:9
measuring 18:2
Medicaid 35:4
  62:25 115:11
  115:23 116:8
  116:15,17
  120:21,24
  121:15,19,20
  121:23
medical 6:3 9:3
  9:5,20 15:9
  23:10,12,18

25:22 28:5
  29:16,19,24
  30:22 35:11
  68:22 71:17
  75:3,13 93:17
  94:13 95:1,15
  95:16,24
  97:22 100:20
  104:24 145:5
  146:10
  149:12,17,20
  149:22
  152:10,11
  153:24 154:3
  166:3
Medicare
  115:11,21
  116:9,11
  120:25
meet 62:11
  81:15 84:16
  119:20
  148:23 149:1
meeting 1:9,12
  3:13 4:1
  157:13
  167:21 168:1
meetings 7:25
  18:22 57:22
  151:16 152:3
meets 27:10
  36:18 60:2
  63:7
Melrose 149:16
member 9:9
  13:23 29:20
  39:13 40:9
  53:7 58:3,23
  76:14 83:24
  85:25 89:20
  95:4 144:19
members 5:14
  5:17 13:20
  15:11 18:9
  20:10 21:21
  23:6 24:3

31:7 37:13
43:12,19
50:11 54:5
55:11 57:20
58:20 64:2
68:11 72:22
85:17 97:17
110:23 123:1
126:1 129:3
130:7 136:12
137:17
145:18 163:1
166:6
Memorial
48:12 49:2,7
49:16 50:16
52:8 135:1,9
135:22
137:21
149:14 154:5
154:8
mental 41:9
42:16,19
mention 57:19
83:10 85:1,5
152:16
mentioned
36:14 63:18
84:5
Mercy 146:12
149:21
merely 46:13
met 4:13 48:15
58:3 68:9
74:7 79:14
87:19,22 89:8
90:8 103:1
128:19 133:4
136:2 139:12
145:6 149:2
metaphor
163:16
metrics 103:1,9
metro 91:7
101:24
metropolitan

91:4
Michael 164:22
Michigan
72:24 73:4,23
mid 76:14
middle 66:7,17
68:8 69:7
Midwest 2:12
migrated 37:22
migrating
28:15
migration
26:10,14
mike 2:3 6:2
13:18 15:23
15:25 23:8
31:15,16,17
31:21,24 41:6
49:12,13
52:14 57:17
57:18 58:2,10
81:20,22 82:5
83:6 89:25
93:15 100:4
110:5,7,14,17
111:2,10
118:23
122:24
123:14 124:7
125:3 128:10
129:1 132:22
135:20 137:7
139:6 141:7
141:21,23
142:21 143:3
143:7,19
144:13,16
147:3,13,20
148:1,11,14
148:18,25
151:4,6,9,15
151:21
152:15,24,25
153:2,7,15
166:21
mikes 44:16,19

mild 27:16
miles 53:13
million 12:4
14:25,25
49:19,22
52:19 58:14
64:10 93:21
100:8 119:3
128:16 133:1
135:24
160:17 162:7
Millstead 52:7
52:7
Milwaukee
26:4
mind 29:20
59:12 83:3
90:19 146:1
mindful 65:24
66:22
minimal 77:8
Ministerial
36:17
minority 106:6
minute 81:23
125:12
minutes 3:9 4:4
4:7 6:20,21
7:3,11 8:4
106:17 111:6
112:1 114:7
117:19
125:22 167:7
167:8,10
missed 14:17
mission 37:7
82:22 95:22
Missouri
169:22
misspoke 87:1
mitigate 105:10
mix 123:25
MO 2:12,13
modalities
105:22
mode 121:24

model 35:11
models 124:9
modernize
61:21
modifications
159:11,18
Mollet 135:15
135:15
moment 25:11
Monday 121:9
money 54:15
60:14
moneys 166:10
monthly 27:9
months 39:18
42:18 116:17
moral 70:6
morning 3:4,8
8:21,23 9:2
11:14,16
13:17,19
15:21,22 16:1
24:13,23 25:7
30:16 31:1,18
40:19 51:21
52:1,4 53:5
56:25 57:19
58:22 65:22
92:21
Morrison
19:25
mortality
103:11,12
mortar 65:12
mother 14:11
motion 6:19,21
6:23 7:1,6
18:18,24 19:2
19:3,23 20:4
20:10,16,17
20:21 21:17
22:1,6 23:1
47:7,14 48:9
50:15,18,20
50:22 51:17
55:14,23

56:18 86:18
86:21,23 87:2
87:11 92:4
97:20 98:3,24
116:23 117:6
118:3 126:4,8
126:12
127:11
130:25 131:7
132:2 133:19
134:1,21
137:20 138:2
138:22
139:22 140:3
140:4,24
149:8,11
150:3,23
153:5,11,17
154:10,11,16
155:11 167:9
167:19,20
168:2
motions 136:21
137:14
143:16
mouth 147:9
mouthful
154:15
move 3:25 7:12
18:18 77:14
92:11,18
116:20
122:19 123:3
123:12 124:5
137:13
158:15
moved 3:13 6:9
6:13,22 18:25
20:6,19 22:2
22:4 35:23
47:10,12
55:19,21 87:6
87:7 97:24
98:1 117:2,4
126:10 131:3
131:5 133:22

133:24
137:23,25
139:25 140:2
149:24 150:1
154:12,14
159:9 167:11
167:13 168:3
168:4
movement
33:11
moving 9:10
18:17 19:20
21:18 23:3
24:6 30:8
40:11,13
48:11 51:19
56:24 99:12
118:9 127:13
129:17 132:5
152:8,13,21
157:14 158:9
167:6,22
MRI 34:21
Mt 78:15 79:7
166:24
Muldoon
118:19
multilingual
62:17 66:6
multipage
158:22
multiple 3:14
92:13 105:10
106:16
multispecialty
58:12 59:1,17
65:5 87:4
multi-discipli...
28:9
Muslim 13:22
13:25 14:11
14:15,21,22
15:16 59:6
60:25 61:5,16
61:23,25
63:11,14 64:6

64:18,21
65:20 66:8
67:3 68:11
69:18 71:15
71:15 73:25
74:10,14,20
75:2,7,9,21
76:7 84:8,8,9
84:12,21
Muslims 14:3,8
14:24 15:1,12
62:8,14 72:10
90:3 91:6
muster 91:25
Myers 24:20,20
28:23
M-A-R-K 41:2
M-C-C-U-L-...
132:13
M-I-L-L-S-T...
52:9
M-O-L-L-E-T
135:16
M-U-L-D-O-...
118:19
M-Y-E-R-S
24:21

─────────
N
─────────
N 3:1 158:9
name 5:19,23
7:21 8:24 9:3
11:17,17
13:20,21 16:1
24:24 30:14
30:17,20 31:2
40:21,22,24
41:1 48:25
52:9 57:3,4,4
57:10 58:24
86:5 92:23
93:2 99:17,18
100:17
118:16 135:6
142:10
names 24:14

40:18,20 57:2
99:15 127:17
142:3
Naperville
23:10
narrow 165:12
Naser 57:3,3
58:22,24 83:2
83:7,21
Nathian 8:15
8:20 11:12,12
11:16
nation 64:17
65:23 103:10
national 124:9
nationally
27:23
nation's 61:1
natural 38:19
nature 12:25
94:7 120:6
near 102:3
nearest 125:10
nearly 16:10
103:7
necessarily
29:23 120:12
122:10
necessary
14:19 95:18
102:15 153:5
need 4:5 6:10
11:3 12:20
14:1 17:4,7
18:18 19:3
21:23 62:11
63:19 66:12
68:9 73:15
74:3,23 79:5
79:15,23
80:10,22
82:22 83:22
84:4,21 86:17
88:22 91:24
101:4 103:17
106:22

107:10 108:7
111:3,7,14
112:3,8,11,24
113:7 123:11
127:4 136:20
137:8 144:9
145:22 148:3
148:6,15,15
148:20 149:1
149:2 157:22
164:2,17
165:20 167:9
needed 3:25
28:7 63:16
80:7 95:15
104:8 113:2
113:15
129:15 164:8
164:14
165:14
Needham 2:12
169:3
needing 116:2
needs 14:7 15:7
15:16 59:6,7
59:8 60:2,18
60:22 61:2,15
62:13 63:7,10
64:18 66:3,11
66:20,21 67:3
68:1 70:23
73:18 76:7
83:9,24 84:10
84:10,16 85:4
85:12,13 86:7
86:8,11,12,13
90:17 91:18
103:19
119:10
161:12
164:19,20
166:2
needy 63:3
negative 11:8
48:16 61:9
77:2 78:3,4

80:2,3,6 82:9
82:11 90:14
90:20,24 92:3
96:20,23
97:14 108:13
108:17
109:12 118:2
119:22
127:10 164:5
negatives 79:2
119:16
neighborhood
34:21 114:11
neither 169:8
Nelson 4:10,11
4:13
nephrologist
16:3 17:9
114:10
nephrology
17:11 104:6
net 54:15
109:19,19
network 13:23
36:18 106:4
networks 13:24
Neurology
29:12
neutral 115:2
123:19
never 14:20,22
66:13 164:1
166:7
nevermind
137:3
new 3:12 4:10
4:11 5:20
9:10,14 16:19
16:20 43:9
49:16,25
87:22 89:1
91:12 96:1,5
96:8 105:5
107:7 114:12
124:14,18,22
158:9

news 37:12
152:18
newspapers
46:13
Newtown 43:1
nine 3:11
nine-story
93:17 97:22
noncapacity
117:19
noncompliance
20:12
nonemergency
12:23
nonexistent
115:8
nonqualifying
80:20 81:19
nonsecular
69:21
nonwhite
102:10
non-for-profit
9:8
non-Hispanic
101:15
non-profit
13:24
normal 65:16
76:4 79:13
normally 42:4
75:2,12
North 2:13
23:10 109:23
110:1 112:1
128:14
northwest 29:6
Northwestern
79:5
notarized
76:22
Notary 169:4
169:21
notch 28:4
note 40:8
noted 45:25

79:1
notes 67:7
noticed 44:9
notices 20:12
notwithstand...
79:22
nouns 79:20
November
93:24
number 6:3
14:24 16:7,9
16:21 19:20
19:24,24
21:22 24:6
48:11 62:10
64:20 68:11
70:13,14 72:2
73:19 76:22
76:25 77:9
81:2 82:10
97:7,8 99:12
101:21
107:24 113:3
113:7,23
114:13
119:24
120:10
123:12
127:14 135:2
153:22,24
154:1,3,5,7
157:18 166:5
167:7
numbers 12:8
77:2 102:1
115:7,7
numerous 85:1
89:8 94:12
nurses 42:18
62:3,14 68:4
nursing 95:1
N-A-S-E-R
57:4
N-A-T-H-I-A...
11:17

O

O 3:1
Oak 30:12 32:5
32:9,13,14
33:2,6 34:5
35:6,13 36:22
37:5,22 38:8
106:20 132:6
132:6,24
133:20,20
Oaks 166:25
Obese 104:25
obesity 16:13
16:14 101:10
object 74:14,14
objection 74:17
85:16
obligations
55:3
obligatory
14:17
obtain 61:12
obtaining
61:11 128:17
obvious 9:18
obviously
69:12 70:7
111:7 123:24
125:14
occasionally
29:4
occupancies
123:18
occupancy
107:1 111:5
111:18,23
123:9,12,16
offended 73:18
offer 60:5
61:25
offered 14:20
offers 12:25
53:19
office 12:17
23:18 80:25
93:17 95:16

95:24 97:22
161:5,17
162:22
Officer 31:3
49:2
offices 77:6
office-based
81:6,9,11,24
82:2
officials 8:2
off-site 34:16
oftentimes 29:2
70:4
oh 4:9 31:11
86:24 88:2,13
111:13 125:4
127:2 141:21
141:23
okay 19:23
25:16 71:1
80:14 110:13
115:1 130:20
137:11 141:8
141:25
142:20,21
143:7,20
145:16
147:16
151:15
152:14 153:7
156:11
157:20 163:7
old 25:19 105:3
oldest 58:3
Olson 2:6 5:8,9
6:12,25 19:1
20:18,22 21:6
21:7 22:16,17
44:11,21
45:14 47:24
47:25 51:7,8
55:20,24 56:8
56:9 90:12,13
98:14,15
117:3,7,16,17
126:9,13,22

126:23
131:17,18
134:11,12
138:12,13
140:14,15
143:8 145:22
145:25
146:16,24
147:9 149:25
150:4,13,14
154:12,17
155:1,2
167:11 168:3
once 104:17
115:21 116:6
160:19
oncology 50:16
oncology-rel...
49:15
ones 14:21
80:10,11
114:8
one-time 161:1
ongoing 38:21
39:11 96:12
124:5
onset 105:6
onsite 28:7
34:20
on-campus
95:16
open 7:25
18:22 19:16
34:11,17 54:5
64:2 65:13
86:1 97:16
110:22
136:10
151:16 152:2
opening 10:4
34:13
operate 97:7
161:11 162:5
operated 63:10
operating
59:23 81:10

89:9 97:8
107:1
operation
  41:21 128:18
opinion 82:14
  130:19
opinions 29:24
opportunity
  8:2 35:3
  63:22 78:9
  92:7 118:7
  129:4 151:17
oppose 11:21
opposed 6:16
  6:17 7:8,9,20
  19:5,6 111:16
  113:21 166:8
  167:16,17
opposition 8:24
  9:6 41:11
  48:14,21 50:4
  51:23 52:20
  58:17 92:13
  93:23 100:9
  119:5 128:23
  130:12,13,15
  132:7 133:2
  135:3,24
  139:9 143:17
oppositions
  58:16 118:11
option 12:21
  29:10 121:23
options 17:21
  104:16
order 3:6 4:15
  21:21,23
  142:3
orders 19:22
  21:18
organization
  13:24 15:10
  41:20 45:24
  83:12
original 156:19
  156:22,25

157:7
originally
  49:20 159:9
Orland 56:25
  58:12 59:2,18
  61:19 72:6
  87:5
OR's 76:25
  81:2,9,15
Ourth 127:19
  127:22,22
  130:14 132:4
  132:11,11
  133:9 134:23
outcome 84:14
  169:13
outcomes 17:16
  18:3,5 61:14
  102:17 103:2
outpatient 32:6
  33:7 35:7
  36:23 52:16
  95:18,24
  106:20 139:8
  149:18
overall 74:16
  89:1,23
  103:15
  165:11
overnight
  38:18 39:5
overruns 54:24
overseeing
  107:22
oversight 27:5
overstepping
  75:15
overview 90:2
owned 46:6,10
  144:4 146:25
owner 57:5
  58:25
ownership 41:8
  45:20,20 47:8
  128:21 131:2
  132:24 133:5

133:21 135:2
135:22 136:3
136:23 137:1
137:22 139:8
139:12,24
144:3 145:3,8
148:2 149:13
149:23
166:25 167:2
167:5
ownerships
  92:14 148:8
  151:10
  166:20,23
owns 123:20
O-U-R-T-H
  127:23
  132:11

———————
P
———————
P 3:1
package 156:22
  157:7
packets 156:15
  157:21 158:4
  158:11
Page 97:4,9
pain 59:21
Palm 167:3
Pamela 2:12
  135:11,11
  136:7 139:1
  139:16 169:3
paper 5:18
paranoia 29:15
pardon 31:9
  38:10 142:17
  143:11
  145:10
parent 45:2
  141:9 144:1,5
  144:22 145:1
  146:3,3,8,9
  146:11,13,14
  147:14
parents 141:16

Park 40:14,15
  40:23 41:8
  42:13 46:2
  47:8 56:25
  58:12 59:2,19
  61:19 72:6
  87:5 149:16
parking 120:8
  122:20
part 16:12
  17:10 29:6
  32:13 35:8
  39:4,16 46:3
  62:9 72:24
  77:24,25
  85:12 157:23
  160:4 163:17
  164:23 165:5
  165:23
partial 42:17
  162:15
partially 86:10
participate
  129:25
participation
  3:10,12,15,20
  4:4 7:13,15
  7:18,25 18:15
participatory
  96:11
particular
  21:23 34:2
  45:9 70:24
  88:10,13
  115:9
particularly
  11:4,4 16:25
  28:12 34:3
  87:20 106:8
  122:13
parties 169:9
  169:12
partner 106:10
  112:7
partners 26:18
  33:5 35:21

parts 62:9
  101:24
part-time
  114:25
pass 33:23 50:9
  118:4
passed 14:12
  31:17 155:22
  159:2,13,14
  162:13
passes 6:19
  21:17 23:1
  48:9 51:17
  56:18 98:24
  127:11 132:2
  134:21
  138:22
  140:24
  150:23
  155:11
  167:19
passing 158:19
patient 10:15
  13:3 14:11
  17:16 26:25
  33:21 35:11
  61:8,10 70:21
  84:23 91:2
  101:25 107:3
  107:15,17
  111:22
  115:21,24
  121:2,4,14
  122:9,16
  123:25
patients 9:24
  10:8,12,14
  12:23 17:11
  17:24 26:8,14
  27:2,11 28:1
  28:13,19
  33:14 36:11
  42:25 46:15
  53:21 60:8,19
  60:22,25 61:5
  61:16,25 62:3

62:20 63:3
64:6,18,21
65:20,21 73:6
73:7,9,10,16
76:23 84:15
84:15 101:2
102:2,4,8,25
103:10,13,14
103:22
104:11,17,19
104:21,22,25
105:3,12,16
105:18,20,23
106:3,7,9,12
106:15,16,21
106:23,24
107:4,6,12,14
107:18,24
109:16 112:8
112:12 113:7
113:10,11,20
115:3,18
116:12,16
120:22,24,25
121:1,6,10,12
121:15,16,18
121:20,23
122:3,6,12,17
patient-frien...
  95:19
Paul 24:24
Pavilion 19:25
pay 106:23
payor 123:25
Pecatonica
  19:25
Penn 5:10,11
  18:11 21:8,9
  22:18,19
  44:15,23 48:1
  48:2 51:9,10
  54:7,8,10,21
  55:1,8 56:10
  56:11 86:20
  86:24 87:1,8
  87:12 90:22

90:23 97:25
98:4,16,17
117:20,21
126:24,25
131:19,20
133:23 134:2
134:13,14
138:14,15
140:1,5,16,17
150:15,16
155:3,4
167:12
Penny 99:20,20
  100:17,17
  103:24
  104:14
  111:19,21
  115:16
pens 5:23
people 7:16
  53:25 54:23
  65:3 75:12
  84:11 87:16
  88:3,6 91:7
  102:10
  109:25
  113:12,13
  115:9 136:19
  162:14
  163:20
percent 12:3
  16:18 49:24
  53:20 60:15
  64:12 80:5
  81:18 101:6,7
  102:9,10
  103:4,5,6,7
  103:13 107:1
  108:20 109:2
  109:8 110:15
  110:18
  111:24 114:3
  120:11,21,24
  121:15
  122:21
  123:22

125:16
130:14
132:24
percentage
  64:20 113:19
  123:16
perceptions
  70:3
Performance
  24:25
period 10:13
  29:19 74:15
  75:9 77:21
  116:12
  157:25
periodically
  104:4
periods 116:14
peritoneal
  105:25
permission
  129:13
permit 14:1
  23:3,12,17,19
  23:23,24 24:7
  50:1 59:10
  63:21 77:1
  108:1 110:11
  148:23
permits 23:14
permitted 8:1
Persian 66:7
person 8:1 86:2
  128:17
  151:17
personal 8:9
  29:15
persons 36:4
  60:3 63:7
  64:11,12
perspective
  72:18,19
  129:10
Pew 14:23
pharmacists
  95:3

phased 163:25
Phil 88:19
Philip 52:4,5
  53:1,5,12
  54:18,25 55:4
  56:20
Phillip 4:23,24
  20:6,24 22:9
  47:17 50:25
  56:1 87:14,16
  97:24 98:6
  117:2,9
  126:15
  131:10 134:4
  137:23 138:5
  139:25 140:7
  143:21 150:6
  154:19
photographs
  33:23
physical 35:18
  76:6 95:3
  104:23
  128:18
physically
  107:16
physician
  12:13,16 28:7
  52:6 81:24
  107:16,25
  108:4 112:6
  129:21
physicians
  12:19 13:10
  38:22 60:21
  62:3,12 66:10
  68:4,11 70:25
  76:20,21
  95:14 96:11
  109:17,18
physician's
  80:25
Picking 133:9
picture 45:19
  165:16
piece 5:18

Pilsen 104:9
pioneer 76:2
  88:24
pioneering
  91:23
place 5:21 26:2
  57:22 67:14
  125:7,10
  144:10
placed 103:18
  107:14,24
places 65:18
plain 34:9
plan 32:12
  61:22,24 62:2
  62:18 63:11
  63:14 75:19
  100:20
  162:19,21
  165:7
planning 34:20
  49:6 79:10
  96:10,16
  111:4 127:3
  160:8 161:8
  163:9,10,13
  163:14,14,17
  163:18,25
  164:3,4,12,19
  165:12
plans 96:18
plant 128:18
plate 90:17
play 39:11
  124:9 146:16
please 4:13
  5:21 6:8 7:21
  8:6,10 13:18
  15:17,25
  18:19 20:20
  22:5 23:5
  40:8 44:20
  47:13 48:24
  50:21 51:25
  52:11 53:3
  55:22 59:14

63:21 87:10
89:25 93:14
98:2 100:3
117:5 125:3
126:11 128:6
130:13 131:6
133:16,25
135:5,19
139:5 140:3
144:12
154:15 160:1
163:6
pleased 54:2
104:7
pocket 55:2
poignant 83:17
point 36:13
45:4 77:17
113:2,5
115:20 116:1
116:18 123:5
129:7 141:25
145:22
147:18
pointed 39:14
161:14
Police 42:23
policy 155:24
political 70:5
politics 70:5
poor 61:14
poorest 112:10
popular 26:2
population
15:16 17:4,8
59:8 60:12
72:9 101:7,9
101:14,15,17
104:12 106:7
121:2,5
122:16
123:25
129:18,25
populations
11:6 15:1
61:20 66:8,9

72:20 111:22
population-s...
72:18
position 10:2
164:6,7
positioned
129:24
positions 39:10
94:13
positive 15:18
38:1 54:1
94:7 123:19
possibility
75:11
possible 62:17
66:13 80:11
85:8 105:24
Post 23:3
Post-surgery
57:11
pot 79:21
potential 108:6
potentially
12:4 42:25,25
Powder 128:1
128:1
power 67:25
practical 110:2
practice 16:6
60:7,19,23
62:21 104:6
156:3,3
practices 15:15
65:15 66:4
69:21 70:18
112:6,16
practicing 16:3
94:10
prayer 14:19
14:22 68:6,9
84:19
prayers 14:17
62:5,9 68:13
Preckwinkle
36:21
predicts 14:24

preference
46:13 68:3
Preferred 14:1
14:5 15:5,17
56:24 57:6
58:25 59:6
63:21 86:19
87:3
prejudice
29:10
prepared
129:19
presence 9:4,8
9:9,20 10:22
39:17 74:15
92:20 93:3
95:5 97:21
166:13
present 2:1
5:15 38:17
53:6 59:11
92:8 94:6
124:12
presentation
39:18 48:18
48:20 92:16
132:10
133:11
137:16
presentations
24:9
presented 80:1
156:2
presenting 81:3
presents 71:25
156:22
President
36:21 93:3
presume 74:9
111:13
123:19
pretty 46:14
72:17 74:3
prevalence
16:15,23
101:9

prevention
13:3
previous 13:13
previously
119:23 151:9
159:3
price 132:25
primarily
13:24 96:4
primary 12:13
12:16,19,24
13:1,9 33:9
33:13 34:25
34:25 35:10
35:15,17 37:4
60:1 63:5
70:10 125:19
principles 14:9
33:18
print 5:19
prior 5:25 17:7
71:8 74:2
116:1,9
159:11
privacy 62:1
65:17,17
67:20 85:8
private 61:24
113:22
privileged
53:23
privileges
107:25
probably 43:21
54:22 92:16
104:3 114:2
120:5
problem 80:16
80:18 119:21
120:19 123:5
123:13
problematic
65:15
problems 29:25
63:16 105:11
procedure

59:24 68:8
procedures
60:6 82:2
proceedings
8:10 169:5
process 38:20
54:20 76:13
79:13 85:24
148:6,19,20
163:21,25
processes 17:14
96:16
professionals
15:6 95:4
profile 152:23
153:10
155:23
profiles 153:18
program 18:1
28:6 62:25
63:1 106:1
programming
42:24 94:20
94:22
programs 43:3
49:15 83:12
94:23,25 95:1
95:2 106:2
116:4,6
progress 27:15
progression
17:20
prohibited 8:8
prohibits 66:23
78:22
project 5:17
6:3 8:19 11:8
18:9 19:24,24
23:21,25 25:9
27:15,23
39:15 47:7
49:18,20,21
49:23 50:2,3
50:15 52:21
54:19 55:14
56:23 58:13

58:14,17,18
59:12,16
61:18 63:6
83:4,8 85:23
86:13 87:3
89:9 92:10
93:21,22,24
95:8,12 96:6
96:10,13 97:3
97:5,11,12,20
100:8,9,10
102:20
103:21 113:6
116:23 119:3
119:4,6,16
120:17,20
126:4 128:23
151:18
projected
101:19
112:23
projection
112:25 162:5
projections
161:6
projects 8:12
19:24 86:19
project's 27:17
60:1
promote 12:1
prompt 27:2
prompted
38:17
proportion
64:5
proposal 15:19
16:4 88:10,11
104:8
proposals
76:17 89:8
propose 96:7
proposed 9:7
9:15 10:20
11:21 60:3
61:14 63:19
64:9 66:5

76:23 80:19
85:9 97:11
105:9 106:18
108:18,19
109:22 129:5
130:4
proposing 41:7
49:14 52:15
58:11 59:1,17
73:5 87:2
93:16 96:13
100:5,23
118:24
128:11
132:23
135:21 139:7
144:17,18
protocol 70:17
protocols 17:13
18:4,4 28:1
proud 121:3
proved 148:4
provide 8:4
12:9,23 28:5
39:1 42:15,17
59:16,20 60:4
60:8 61:4
62:19 67:8,12
67:19 95:11
95:15,17
102:24
105:21
106:13 116:2
provided 12:12
17:11 27:14
35:15 36:8
37:24 67:22
75:25 147:4
147:21
166:22
Provident 79:8
106:11,15,19
112:7,16
114:20,23
115:18,24
provider 10:19

13:1 53:19
61:10 67:24
84:16 103:12
106:22
providers 9:20
10:10 11:24
15:13 18:1
32:25 38:18
65:23 76:18
84:11 85:2
90:21 91:15
105:22
106:19
125:19
provider's 10:7
10:7
provides 63:12
providing 18:3
36:10 94:17
94:19
proving 148:15
provision
95:16,23
proximity
25:23
Pryor 135:13
135:13
psychiatric
42:14 43:3
public 3:10,11
3:15,19 4:4
7:12,14,15,18
7:25 8:2,3
14:23 18:14
41:11 42:22
50:4 52:20
93:22 113:20
113:23 114:4
114:11,14
121:18
128:22 133:4
136:1 139:11
157:25,25
159:6 169:4
169:21
pull 13:17

15:24 44:19
83:5 111:10
pulmonary
35:25 36:2
purchase
132:23
purpose 60:1
63:6
purposes 120:5
pursuant 18:21
pursue 124:4
136:16
put 5:17 6:21
54:17,23
85:19 101:1
151:19
putting 144:1
P-O-W-D-E-R
128:2
P-R-Y-O-R
135:14
p.m 99:8,10
121:22 168:6

Q

qualified 80:21
80:25
qualify 105:3
qualifying
80:19
quality 12:15
17:10,14,25
46:20 60:4
95:11,14
103:1,10
105:18 130:1
quarternary
26:3,8
question 38:10
41:17 43:24
54:7,21 64:25
68:25 71:10
74:5 75:18
83:23,25
85:14 107:8
111:18

112:20
113:14 115:2
115:17 125:1
125:5,6 141:4
147:8 155:14
155:19 162:9
Questionnaire
20:2,4
questions 7:2
23:6 24:3,4
28:22 37:9,12
40:1,2 43:18
44:17 45:12
45:17 47:4
48:20 50:11
50:13 54:3,6
55:10,12
63:25 64:3
72:2 77:15
82:24,25
96:19 97:16
97:18 110:4
110:23
116:20,21
123:1 124:10
125:25 126:2
130:7,22,23
133:13,15,17
136:8,11
137:16,17,18
139:19,20
145:15,17,18
145:19 149:5
157:24 158:7
158:12,13
159:25
166:15,16
quick 114:17
quickly 34:12
45:11 119:17
119:17 123:2
123:13 124:5
quiet 58:4
quite 65:19
77:21 109:1
120:16 121:3

122:4

R

R 3:1
radiology 34:8
34:11,17,20
39:7
raise 76:16
raised 13:22
115:4 119:23
159:5
raises 114:3
Rajkumar 31:1
31:2,6
ramp-up 162:8
162:15
Ranalli 93:7,7
118:16,17
119:13
123:22
124:13,16,21
125:8,11,18
Randall 128:14
range 81:19
rapidly 104:12
rate 12:1 29:24
101:13 103:5
103:11,12
120:11
rates 16:15
103:7
ratio 17:2
rationale
102:20
reach 104:17
read 7:24 18:19
19:23 83:13
153:18,20,21
readily 122:20
reading 34:16
157:8 159:2
159:12
ready 59:5
63:24
real 109:11,11
119:22

realistically
109:24
reality 112:2
realized 129:15
really 28:16
43:10 44:8
74:23 77:8
86:13 107:2
112:10 122:7
123:23 144:2
145:12 164:1
164:2
reason 59:9
79:1 81:23
88:16 91:8
107:10
120:19
121:24 127:3
164:23
reasonable
63:2 66:21
67:22,25
69:17 74:16
reasons 4:1
13:11 63:18
117:23 122:8
127:8
reassess 39:9
reassessment
38:21
recall 32:1
39:15 163:8
164:22
receive 15:6
28:14 67:23
104:22
155:21 158:3
received 31:18
41:12 65:3
96:17 133:2
135:25
139:10 143:2
157:21
158:10 167:7
receiving 15:8
92:6

recess 19:14
99:8,9
recipients
107:9 121:23
recognize 9:17
71:5 74:6
recognized
163:13
recommenda...
28:4
reconvene 99:7
record 3:3 40:8
99:10 152:4,5
recorded 8:3
16:9
recorder 5:20
24:15 30:14
recoup 54:16
recovery 61:24
65:13
recruit 62:18
reduce 63:16
103:15 122:8
123:5
reduced 101:25
121:7 169:7
reducing
120:10
reestablishing
45:11
refer 19:23,25
20:2,4,10
45:3 76:22
referenced
46:12
referral 77:2
77:17 80:16
80:18,24
81:14,16,19
152:14
referrals 45:5
76:24 77:4
80:20,20,21
80:22 81:1,5
81:7,9,11,23
101:19

164:24
referred 116:6
referring 45:1
76:20,21
77:19 115:13
refers 116:1
reflect 32:17
reflects 162:8
162:14
Reform 163:12
regard 60:8
91:24 106:23
109:4
regarding 3:15
14:9 30:11
102:17
108:18 110:7
regimens 13:4
region 53:21
regional 24:11
25:10 27:13
32:6,24 33:7
35:7 36:10,23
65:25 163:18
regular 1:12
36:18 123:7
regulars 4:12
regulate 164:24
165:1
Rehab 167:1,2
167:4
Rehabilitation
20:3
rejected 104:20
related 38:3
45:7 58:18
143:24 169:9
relates 71:11
103:22
relationship
10:23 25:21
25:24 26:6,7
26:8,12,13,16
26:22 27:4,13
27:25 28:12
38:1 44:25

45:11
relationships
42:22 121:4
122:6
relative 169:10
relatively 26:11
relatives 29:6
relevant 8:11
43:2,21
religion 14:15
14:23 15:4
86:3
religious 14:20
15:14 60:10
65:25 66:4
68:19,20
70:18 75:23
76:10 78:10
relocate 49:14
50:16 119:25
122:1 126:5
relocated 9:13
relocating
120:2,10
relocation 10:4
96:5 120:15
125:23
rely 121:18,23
remain 55:6
114:9 129:12
remainder
120:24
remaining 9:11
remains 25:20
remarks 115:2
remeasuring
18:3
remember 29:7
76:15 77:22
remind 31:22
remove 103:3
removed 144:6
renal 16:7,9,17
17:3,7,10
101:12,13
104:10,17,19

105:6,15
106:13
107:20 112:5
115:19,22
116:25 126:6
render 29:17
renewal 23:12
23:13 24:7
renovate 95:20
renovation
96:2
repeat 88:22
replaced 164:1
replacement
17:7 119:2
report 10:1
25:11 27:14
41:5 50:9
52:13 53:18
53:18 57:17
82:12 87:17
89:13 90:14
93:13 100:2
109:14
110:12
118:22
119:15
125:21 128:9
132:21
135:19 139:4
142:19
144:11
158:10,11
reported
166:24
reporter 2:10
7:21 93:11
111:11 169:1
169:3
reporting
102:25
reports 61:3
reposted 38:23
representativ...
24:11 40:15
96:12 152:2

representing
135:3
reputable
83:12
request 21:21
71:6 122:7
133:3 136:1
139:11
requested
18:21 50:4
52:21 82:11
Requests 24:7
24:8 40:12
require 78:15
78:17 159:9
159:10
required 62:5
122:8 129:22
147:5,22
requirement
81:16
requirements
128:20 133:5
136:2 139:12
145:7 148:22
148:24 149:3
requires 8:1
78:20
requiring
49:25
research 12:14
83:12 102:18
reside 43:8
72:13
residency
94:24
residents 9:24
72:12 75:20
76:9 94:24
102:5
residing 72:13
resigned 38:20
resources 76:5
161:6 164:15
respect 3:15,21
27:22 65:3

90:5 115:13
120:17 144:2
160:14
respected
10:23 25:22
60:7
respectfully
3:21 71:12
82:14 119:9
respects 61:6
response 37:18
94:16 113:17
122:23 158:5
responsibility
62:23
responsible
17:13
responsive 14:7
restructuring
23:15
result 9:25 61:8
73:24 82:9
143:21
resulted 80:5
results 16:14
128:17
resumed 19:16
retain 95:14
retired 38:19
71:13
retrieval 34:15
return 99:2
returns 80:8
revenue 122:13
123:18,19,23
revenues
123:19
review 1:1,13
20:11 40:14
43:15 54:2
75:14 87:19
97:10 143:11
165:13,15
Rex 53:6
Richard 2:6
5:12,13 6:9

21:11 22:2,21
47:10 48:4
50:19 51:12
56:13 64:4,24
91:1 98:19
117:23 127:2
131:3,22
133:22
134:16
138:17
140:19
149:24
150:18 155:6
155:13,16,20
155:23 156:7
156:11
Rick 127:24,24
128:3,3 129:2
129:7
right 4:2 13:12
31:13 42:8
45:19 80:2,13
80:17 99:4
107:1,11
109:7 111:21
120:9 124:21
124:21
125:18 137:3
137:13
141:10
146:19 149:9
152:17
153:15
158:16
Rights 66:23
69:13
rigorous 17:25
rise 16:22
risk 17:1
Riveredge
43:22
Riverside 6:3,6
6:7 152:11
road 34:19
39:19 49:17
109:21

128:14
roads 73:3
ROATE 4:17
4:20,23,25
5:2,5,8,10,12
5:14 20:21,25
21:2,4,6,8,10
21:12,14 22:6
22:10,12,14
22:16,18,20
22:22,24
47:14,18,20
47:22,24 48:1
48:3,5,7
50:22 51:1,3
51:5,7,9,11
51:13,15
55:23 56:2,4
56:6,8,10,12
56:14,16
87:11 88:17
88:20 89:4,18
90:12,22,25
91:20 92:2
98:3,7,9,12
98:14,16,18
98:20,22
117:6,10,12
117:14,16,20
117:22,24
118:1 126:12
126:16,18,20
126:22,24
127:1,5,9
131:7,11,13
131:15,17,19
131:21,23,25
134:1,5,7,9
134:11,13,15
134:17,19
138:2,6,8,10
138:12,14,16
138:18,20
140:4,8,10,12
140:14,16,18
140:20,22

150:3,7,9,11
150:13,15,17
150:19,21
154:16,20,22
154:24 155:1
155:3,5,7,9
156:1,9,20
Rob 132:12
133:12
ROBERT
132:12
Roberta 92:25
93:1 94:5
Robin 57:10,10
59:15 73:8
robust 17:25
28:8 163:17
Rockford
25:23 26:15
29:22
Rocky 24:23,23
Rodeo 1:15
role 94:12
roll 4:16 20:20
22:5 47:13
50:21 55:22
87:10 98:2
117:5 126:11
131:6 133:25
149:8 150:2
154:15
rolls 20:14
roof 27:18
room 3:12,22
4:6,12 14:22
19:9 26:25
32:21 40:9
62:4 81:3
rooms 59:22,23
59:24 61:24
69:11 81:10
97:8
Roosevelt
109:21
round 107:13
112:17,19

113:21
rounding
107:17
route 160:4
row 103:2
rug 14:22
rule 81:14
111:23 158:1
rules 7:14 8:3
54:13 79:13
79:16,17,19
79:22 81:16
108:23
144:24 147:4
147:22
157:18,19,21
rulings 152:22
153:3,10
run 121:8,22
running 33:3
101:2 161:3
162:6,12
165:25
Rustom 57:3,3
57:4 58:22,24
60:24 73:7
76:2 83:2,7
83:21 88:24
Rustom's 65:20
R-A-J-K-U-...
31:2
R-A-N-A-L-...
93:8 118:17
R-E-I-N-H-O...
57:9
R-I-C-K
127:24
R-O-B-E-R-...
93:1
R-U-S-T-O-M
57:5
_____
S
_____
S 3:1
safety 46:15
54:15 130:2

sake 80:16
sakes 3:14
sanctions 20:13
SAR 94:8 97:5
97:10
satisfactory
104:23
Saudi 66:19
69:8
save 60:14
124:5
saw 121:1
saying 46:14
67:9 74:10
75:1,6 79:6
says 66:15 67:7
78:10 112:1
scale 130:3
scanning 34:10
scathing 46:14
scatter 122:3
Schaefer 52:4,5
53:1,5,12
54:18,25 55:4
56:20
school 29:8
42:22 43:13
schools 42:24
scope 33:2
Scott 128:1,1
scrutiny 96:14
seat 166:2
second 6:11,12
6:25 7:2
18:24 19:1,3
20:16,18 22:1
22:3 47:11
50:19,21 55:5
55:20,22 83:3
87:8 97:25
117:3 121:8
121:12
122:18 126:9
131:6 133:23
137:24 140:1
146:17

149:25
154:11,13,15
157:4 159:1
159:12 166:2
167:12,14
secondary
166:11
seconded 6:14
20:20,22 22:5
22:7 47:13,15
50:23 55:24
87:9,12 98:2
98:4 117:5,7
126:11,13
131:4,8
133:25 134:2
138:1,3 140:3
140:5 150:2,4
154:17 168:5
seconds 17:22
Section 18:22
secular 69:20
secured 25:21
see 16:17 38:23
65:14 67:23
74:24 76:15
77:9 86:11
89:12 101:24
107:16
109:14
112:14
129:22
151:20,23
156:11
161:17,18
164:14
166:14
seeing 97:19
115:25
116:22 126:3
130:24
133:18
137:19
seek 10:9 15:13
seeking 20:9
50:2 119:25

seen 16:7 26:9
73:20 76:12
81:8 104:9
157:9
sees 120:21
selected 61:18
selection
108:24
self-manage
106:3
self-referral
26:10 157:15
Senate 159:2,4
159:12
Senator 5:2,4
6:22,24 18:25
20:17,22 21:2
21:3 22:3,7
22:12,13
47:20,21
50:18,23 51:3
51:4 56:4,5
89:4,6 98:9
117:12,13
126:8,13,18
126:19
131:13,14
134:7,8 138:8
138:9 140:10
140:11 150:9
150:10
154:22,23
161:16
send 112:8
114:8 151:10
155:21
sending 106:24
107:12
sense 10:21
33:24 35:22
38:14 71:3
72:17 73:11
81:13 165:18
sensitive 63:12
65:1,8 66:20
67:8,13,16

85:21 90:18
91:16,18
sensitivity 65:6
91:2,10,24
sent 38:11
151:22
separate 19:13
66:23 69:11
137:5,8,9,14
141:20
142:22,23,25
143:2,16,16
separating
41:23
September
32:14,23 33:3
100:11
serious 83:9,11
84:4,6,13,20
serve 9:21
34:21 37:3
59:8 63:23
64:8 76:8
78:16 94:19
101:2
served 12:18
74:22 78:2
79:6,8,10,16
122:16
serves 88:12
121:3,6
service 53:15
59:1 60:3
61:17 63:3,8
64:10 74:22
75:20 76:9,19
96:8,9 125:20
130:2
services 1:1,13
2:12 10:25
11:2 14:10,20
15:5 28:8
32:9 33:1,10
33:11,13 34:2
34:3,4,4,8,25
35:9,10,18,21

36:1,2,4,7,11
37:5 38:18,22
38:24 39:2,5
42:5 46:10
50:17 52:6
53:20 60:8
61:4,11,13
62:20 63:15
64:23 67:9,12
74:1,23 94:18
95:15,18,20
95:24 96:6
97:6 101:5
102:11 104:8
117:21
service-by-se...
97:11
serving 35:13
78:2
session 1:12
3:25 4:3,5
18:17,18,21
19:8,11,13,16
19:18 159:3
159:13
set 12:8 157:1
Settlement
19:21
set-up 84:23
85:20
seven 53:13
98:22
severely 104:24
Sewell 2:6 5:12
5:13 6:9
21:10,11 22:2
22:7,20,21
47:10,15 48:3
48:4 50:19,23
51:11,12
56:12,13 64:3
64:4,24 90:25
91:1 98:18,19
117:22,23
127:1,2 131:3
131:8,21,22

133:22 134:2
134:15,16
138:16,17
140:18,19
149:24 150:4
150:17,18
155:5,6,13,16
155:20,23
156:7,11
163:16
sex 86:5
SH 52:3
Shannon 30:16
30:17 31:7,11
32:2,3 38:5
38:16 39:21
40:5
share 10:5,7,7
23:5 33:22,24
36:16 88:21
Shari'a 65:15
66:14,16
68:16,18 69:1
69:6,19 70:2
70:3,4,19,23
71:22 78:7
83:25
Shari'a's 68:19
Shari's 68:15
68:15
sheet 5:22
Sheets 99:21,21
100:21
108:12,17
110:19 111:1
111:19
112:22
Shepherd
153:22
Sherman 21:22
127:14
128:12,12
129:5,19
131:1
Sherman's
129:10

shift 38:13,18
39:20 121:9,9
121:11,12,13
121:22
122:18
shifts 101:3
121:8
shortly 95:7
show 12:8
115:14
shut 147:9
sick 62:22
side 16:5 18:12
66:22 78:13
99:13 100:25
101:8 107:11
108:8 111:25
112:1 116:24
147:12 165:8
165:8
sides 156:10
signage 32:17
signalled 8:6
signed 3:11
8:18
significant
37:20 113:23
significantly
12:12
silence 158:7
silly 125:5,6
Silver 9:6,10,13
9:18,23 10:5
10:10,18,24
11:1,21
152:18
simple 67:18
84:17,18,19
84:20 85:8
145:25
simply 10:20
12:23 42:1
45:1,4 46:4
84:3 91:25
104:21 120:2
Sinai 78:15

79:7
single 35:3 63:9
sip 104:3
sir 6:2 25:16
41:14 42:7
44:3 46:21
47:1 55:7
82:14 83:6,14
87:15 124:7
127:5 136:4
151:5 155:15
156:20
site 10:25 61:18
61:21 94:25
106:18
108:24
109:22
124:14,14,17
124:18,22
situation 11:23
28:17
situations 70:7
six 39:18 53:15
72:10 78:3,3
94:24,25
101:3 116:16
127:9 153:9
six-county
102:23
size 108:18
109:1
skyrocket 16:8
slated 34:11,17
sleep 36:4
slightly 102:2
109:2
slots 107:9
slow 17:19
163:20,23
slowed 163:24
small 12:8
85:19 119:19
119:20
smaller 108:1
Smart 17:15,17
116:3

snapshot 77:17
snow 27:18
social 15:18
    106:14 114:1
societal 62:23
socioeconomic
    101:7
sole 29:20
    39:12 144:18
solution 104:19
solutions 13:6
solve 71:19
Somebody
    152:23
soon 3:8
sorry 31:11
    53:10 83:14
    86:14,24,25
    111:11 125:4
    144:17 153:8
    158:22
sort 65:6 67:7
    67:19 91:14
sought 26:6
sound 99:4
sounds 37:23
source 161:13
south 11:20
    14:4 36:9
    53:16 72:24
    72:25 73:4
    109:21 110:1
    111:25
southern 51:19
    55:15,15
    72:24,25
Southland
    36:17,20
southwest
    60:21 73:1
    76:3
space 52:18
    59:25 61:22
    62:2 68:10,12
    93:19 95:17
    95:24,24

100:7 107:5
120:4
speak 7:18 8:18
    44:12,22 91:5
    151:18
speaker 8:4
speakers 8:13
    8:14
speaking 8:24
    100:14
special 59:5
    60:18 62:11
    62:13 63:10
    64:17 66:3,11
    68:1
specialist 94:11
specialists 27:6
    42:19
specialize 43:6
specialized
    42:24
specialties
    59:20
specialty 33:9
    33:13 34:4,25
    35:9,15,18
    36:4,12 37:5
specific 8:11
    15:7 64:19
    84:8 148:21
specifically
    10:16 30:12
    34:6 75:10
    94:3 144:20
specifications
    64:25
specified 20:13
spell 7:21 30:13
    40:20 57:1
    135:6 142:3
spelled 40:22
    93:2
spelling 24:14
    40:18 92:23
    99:15 127:17
    142:10

spend 161:21
    161:24,25
spending 12:7
spent 29:5
    108:2
spoke 65:22
    76:13 125:15
spoken 66:8
Springfield 1:2
Springfield/...
    167:23
square 23:20
    23:25 52:17
    59:25 93:19
    96:3 100:7
    108:19,20
    119:18
    120:18
St 2:13 9:4,8,20
    10:22 23:17
    79:4,5 92:20
    93:3 94:9
    97:21 154:7
staff 3:17 10:2
    13:20,23
    35:13 39:19
    39:19 41:5
    50:9 52:13
    53:18,18 54:1
    57:17 60:21
    62:4,13,14
    63:13 65:8
    66:5,10 68:3
    68:11 70:17
    70:25 73:17
    76:5 87:19
    93:13 94:13
    100:2 109:14
    118:22 121:3
    122:5 128:9
    132:21 133:3
    135:19,25
    139:4,10
    142:19
    145:13
    155:20

156:21,21
158:12 161:4
161:5,5
staffing 144:11
stage 16:7,9,17
    17:3 101:12
    101:13
    104:10,17
    105:6,15
    107:20 112:5
    115:19,22
    116:25 126:6
stages 107:18
stand 13:13
    42:1
standard
    108:21 109:7
standards 74:7
    87:18,18,21
    109:10
stands 39:10
stand-alone
    46:3,5
start 54:11
    64:8 142:18
    157:1,8
    162:10,13
started 129:11
    161:15,17,18
    161:19
starters 72:5
starting 35:5
start-up 162:8
state 1:12 10:3
    11:25 24:6
    29:7,24 45:2
    53:22 58:24
    64:15 68:21
    69:2,16 70:9
    71:5,17,23
    73:23 74:7,24
    85:11 89:2
    90:14,24 95:6
    102:13
    108:21
    111:15

119:15
120:23
125:21 133:2
133:3 135:25
139:10
164:13 169:4
169:22
stated 104:14
    111:16
    117:23 122:9
    127:8 137:15
statement 75:4
    75:16 76:22
    88:1
states 16:10
    26:5 69:13
    106:1
State's 159:14
state-based
    66:25
state-of-the-art
    34:9
state-operated
    159:9
station 119:18
    119:20
stations 23:11
    101:2,3 102:5
    102:6 103:17
    103:18 108:8
    111:3,15
    112:3,4,9
    113:9 120:1
    120:10 121:7
    122:8,11
    125:24
status 26:24
    27:14 39:20
statute 147:6
    147:22 148:7
    148:19
stay 9:21 29:3
staying 3:18
steadily 104:11
step 76:1 90:17
    163:16

Stephen 40:24
    40:24 41:22
    42:6,10 44:2
    45:25 46:8,17
    46:21,25
Stepped 98:11
sterling 144:15
stirring 79:20
stop 68:6,8
    82:23
stories 60:25
straight 78:24
straighten 75:5
    111:1
strategic 32:12
    49:6
strategically
    72:6
Strategy 24:21
Street 1:1 2:13
    109:22
    124:23
stress 60:1
Stroger 106:20
stroke 26:24
    27:2
strong 42:21
    74:3 94:23
strongly 86:7
struck 113:6
structure 76:6
    76:6
structured
    141:8
students 43:1
    95:2
studies 73:21
    73:22 83:10
    83:11
study 12:13
subject 40:14
    115:9
subjective 65:2
submit 49:25
    110:12 118:8
    141:20 153:6

157:22,23
submitted
    110:11
    160:14
Subsequent
    152:9
subsequently
    33:4 37:19
    49:22
subsidiaries
    143:24
substandard
    87:24 88:4,7
    88:12,15
substantially
    81:13
subtract
    165:14
suburb 73:1
    113:8
suburban 9:16
    11:20 36:9
    101:23 102:4
    102:6 113:10
suburbs 60:21
    72:23 76:3
    102:4 113:14
successful
    32:15 129:22
suffer 104:23
suffering 105:5
suffers 104:12
sufficient 62:10
    80:7 81:4
    166:8,10
suggest 103:18
    157:3
suggestion
    156:17
suggests 78:19
summary
    28:16 59:16
summer 3:6
support 7:19
    13:25 16:4
    59:10 95:21

104:7 105:21
    106:4 129:4
    130:4 133:2
    135:24 139:9
supported 10:3
supports 124:1
    165:18
sure 8:10 25:17
    42:10 53:3
    54:25 67:19
    86:5 97:1
    109:13,14
    111:1 112:23
    122:12,16
    123:14 124:8
    144:15 151:8
    163:4
surgeon 71:13
surgeons 60:6
    62:19
surgery 59:3
    59:18,19,22
    59:24 60:2,4
    60:11,13,14
    60:16 61:14
    62:1,6,7,17
    62:24 63:6,11
    63:20 65:5,13
    65:16 66:5
    70:22 73:6,8
    73:13 74:3,13
    75:19,25 76:4
    76:16,23 77:3
    77:9 80:19,23
    81:3,5,10,15
    84:23 85:9,15
    85:18 87:4
    91:17 139:8
    149:20
surgical 59:20
    68:8
Surgicenter
    14:6 15:5,17
    56:25 57:6
    58:25 59:6
    63:21 86:19

87:3 139:3,23
Surgicenter's
    14:1
survey 32:15
suspension
    38:12,15
sustain 166:1
sustained
    161:9
swear 25:2
    31:10 57:14
    93:10 99:25
    128:6 132:9
    142:13
SwedishAme...
    24:11,18,22
    26:15 27:9
sworn 7:17
    24:15 25:3
    30:15 31:14
    40:19 48:18
    49:9,10 51:25
    52:11,12 57:2
    57:15 92:24
    93:12 99:16
    100:1 118:15
    118:21
    127:18 128:7
    132:19 135:6
    135:17 139:4
    142:4,15
Syria 66:18
system 9:9
    12:24 24:18
    24:22 30:9,11
    30:19,23 31:4
    32:7,12 33:19
    34:14 35:2
    37:8 40:10
    42:22 61:1
    90:17 95:6
    96:15 128:12
    129:13 141:9
    141:11,12
    146:9 149:15
systems 114:19

129:8 164:20
S-C-H-A-E-F...
    52:5
S-H-A-N-N-...
    30:18

_____

T
table 6:21 8:15
    43:22 92:22
    136:20
    138:25
    143:12
take 17:12 66:3
    76:1 102:19
    104:3 106:21
    106:23
    113:20
    114:11
    121:20
    123:15 130:2
    153:11 158:7
    164:10 165:3
    166:2
taken 46:22
    99:8,9 169:6
takes 60:18
    64:17 162:10
    162:11
talk 112:24
    163:20
talking 77:25
    84:7 162:22
target 111:5,17
    111:18,23
    112:10
    120:11 123:6
    123:8,12,15
    123:17,23
Task 163:11
    164:1
tax 80:8
TB 35:24
teaches 14:15
teaching 94:23
teachings 62:21
teams 28:10

technology
60:5 129:20
telemedicine
27:4 28:8
telestroke
26:22,23
tell 68:14 71:21
77:18 107:22
123:13 137:6
temporary
38:12
ten 3:11 117:18
121:10
124:16,23
125:21
tenet 62:24
tenets 70:19
tenfold 16:10
terms 65:2 75:6
Terrace 167:3
tertiary 26:3,8
testifying 65:4
testimony
89:12
testing 36:5
testy 37:18
textbook 66:15
thank 3:22
6:19,23 7:11
7:23 9:1 11:7
11:10 13:15
13:16,18
15:19,20,25
18:5,6 19:8
19:18 20:14
21:16,24 23:2
23:8 24:1,2
24:16 25:1,6
28:21 29:25
30:2,5,24
31:5 32:3
37:11 38:5
40:4,5,11
41:4,6,13,14
42:8 43:14,17
44:9,23 45:14

45:18 47:2
48:10 49:8,11
49:13 50:4,6
50:10 51:18
52:10,14,22
54:1,3,4 55:9
56:20 57:13
57:16 58:10
58:18,19
59:13,15
63:23 64:1,7
67:4,15 71:1
71:4 75:17
79:25 82:5
87:1 88:17,18
89:4 92:8
93:9,15,25
94:1,6 96:24
97:14,15
98:25 99:7,11
99:24 100:4
100:11
103:23
108:10
110:19,21
114:15 118:8
118:20,23
119:7,8,13,14
122:21,22,25
127:5,12
128:5,8,10,23
128:25 129:2
129:3 130:6
132:4,17,20
132:22 133:6
133:7,15
134:23,24
135:7,18,20
136:3,4,9
139:2,6,13,14
139:16,17
140:25 141:1
141:25
142:12,18
144:8,13,16
145:8,9,13,17

149:4 150:24
150:25 151:1
152:6,19
155:12 158:7
159:23
166:18,21
167:5 168:5
therapists 95:3
therapy 17:7
35:18
thereto 169:12
thing 13:12
26:9 70:10
73:9 112:23
113:5 124:4
things 26:21
39:2 46:14
65:2 70:8
78:10,12,14
84:17 85:19
90:7 114:17
164:9,17
165:13,14
think 5:20,25
25:12 29:15
37:6 38:4
39:24 57:21
74:16 76:11
77:7,12 78:5
78:18,24
83:18,18 86:6
86:6,15,16
88:7,12 89:21
90:4,4,10,16
91:8,9,10
94:3 111:7,19
113:13,16
114:2,12,12
119:10
122:18 124:3
130:17
136:16
156:15
157:11
third 23:17
38:13 39:20

72:12 96:2
121:9,12,22
Thirty 17:22
Thomas 132:14
132:14
thought 76:19
120:15
153:11
158:21 162:1
threat 43:4
three 19:22,23
20:5 25:19
26:20 28:16
38:17 59:20
59:23 70:14
72:10 77:19
77:24,24 91:5
95:13,19
101:2,16
113:1 129:9
146:18 166:9
threshold
49:24
TID 42:2
tied 46:18
time 3:16,16,22
7:17 13:13
25:20,24
27:17,18 29:5
33:2 37:19
38:17 44:16
45:5 54:13,24
63:24 68:6
76:13,14
77:17,21
80:10 94:17
108:2 116:12
116:14 124:5
133:11
145:14
146:14 148:5
149:1 161:2
163:15
timely 99:12
times 17:6 62:5
101:15,16

115:4
today 8:14,18
9:6 11:19
13:25 14:25
15:9 35:12
36:25 38:4
48:13 50:2
53:7,20 63:5
63:18 67:18
88:9 89:12,16
94:7 100:19
103:6 129:8
129:12,23
130:3 141:4
151:18
today's 8:5
told 3:7
Tom 24:20,20
33:24 133:12
tools 106:3,8
top 28:3
topic 115:4
total 23:20
108:19
totally 71:21
Toulon 167:3
Town 120:3,6
124:19,22
toxins 103:3
traditional
130:1
trained 63:13
66:11
training 70:14
70:17,20 95:2
trains 70:18
transaction
23:14 41:10
45:24 128:15
128:16,16
137:10
141:14 143:4
143:6,25
144:6,22
145:4 147:6
147:14

transactions
142:22
transfer 114:6
transformati...
32:5 36:23
transformed
32:21 33:8
transition
32:24 107:23
transitioning
141:3
transitory 12:1
transplant
100:25
104:18 105:1
105:2,4,10,12
105:14
transplantati...
17:5 104:18
105:8
transportation
105:11
112:13
113:20,24
114:5,11,14
121:19,19,24
traumatized
43:6
travel 29:23
121:17
traveling 71:16
108:2 114:7
treat 10:11
107:6
treated 10:15
68:3 77:6
102:8 107:4
treating 17:18
75:22
treatment
12:10 13:3,4
15:13 17:20
28:9,14 36:2
59:22 65:5
66:24 81:3
84:14,25 87:4

91:18 94:21
94:22 102:5
105:15
treatments
61:11
treats 75:19
tremendous
37:23 43:23
Trinity 143:25
144:1,18,19
144:20,21
146:2,7,12,15
147:15 154:1
trouble 111:6
troubled 76:18
true 73:4 106:8
115:22
truly 18:4
103:19 124:1
trust 91:14
try 29:3 38:23
43:3,10 70:22
73:11 94:3
99:6 116:20
156:18
trying 3:15
74:9 83:4,7
83:19,22 84:2
84:3 107:7
112:25
tuberculosis
36:2
tune 26:18
turn 7:13
103:20
turning 67:17
twice 17:3
109:9
twitching
149:6
two 8:4 17:6
24:9 32:8
38:19 43:9
59:23 61:2
69:11 71:11
73:22 77:19

83:10 89:2
95:17,23
96:20 97:7
100:25
101:11
104:13,16
109:12 113:1
114:17
119:16
125:16
127:10 137:5
137:7,9,14
141:5,13,20
144:22 146:9
166:9
two-thirds
16:17
type 36:6
156:16
types 65:18
70:9,19
165:13,14
typewriting
169:7
typical 62:7
65:12
T's 157:6

U
---

ultimate 141:9
141:16 145:1
147:14,15
ultimately
156:5 161:10
ultrasound
34:10
unaware 71:21
undergone
96:14
underserved
11:5 73:10,11
understand 8:6
15:6 26:19
43:25 62:13
70:22 71:12
84:17 86:16

86:16 88:14
89:11 104:16
109:15
111:22
understanding
63:13 83:19
85:3
understands
61:6
Understood
141:24
underutilized
10:1 119:25
120:14
undocumented
115:23
116:14
unfair 122:4
unfamiliar
15:14
unfortunately
15:12 58:4
106:5
uninsured
106:18 115:3
115:9,12,25
116:10,12
unique 35:14
76:3 79:14
United 16:10
69:12 106:1
units 94:21
97:9 123:6,8
Universal
46:10
University
25:14 26:1
95:1 145:5
146:8 149:15
149:15,17,19
unnecessary
12:5 13:8
unrelated
46:24 47:1
unsustainable
129:17

unusual 110:25
update 25:15
30:5,10 32:4
37:1 39:19,20
158:15,24
166:18
updates 24:9
upgrade 34:7
34:24 37:20
upgraded
34:11
upgrades 34:5
upset 37:25
urban 72:11
urge 13:13
63:20 108:8
urgent 12:19
Urso 2:5 18:19
18:20 20:9
21:19,20 92:5
118:5 146:22
148:21 149:9
153:20
use 33:14 60:5
89:25 111:25
120:4 125:3
users 88:11
usual 111:5
usually 12:5
114:18
US-based 67:1
utilization 12:2
97:4,12
101:18
109:13 113:3
120:11
122:18
utilize 15:4
18:1
utilizing 107:5
UW 26:12,18
26:21 27:4,6
27:9,22,23
28:5,8,15
29:11

V				
Vaccination 103:7	**vitally** 60:20	112:10	**welcome** 3:6	39:8,10 41:23
valid 113:17	**voice** 104:2	122:15 127:2	4:10,11 8:22	42:1,23 53:15
validity 130:18	**volume** 76:24	130:11	48:18 85:1	53:18,23
value 128:15	**volunteered** 38:8	145:11 152:1	92:15,19	63:24 64:21
129:15	**vote** 15:18	153:1,3,18	99:14 118:13	65:16 66:5,9
135:23	63:20 86:18	157:1,7 158:2	127:21	66:19 74:19
Van 20:2	88:16 89:3,16	162:25	132:10	74:20 75:1
Vanleer 99:22	89:17,22 90:9	166:19	133:14	77:3 79:2
99:22 100:22	90:13,21	**wanted** 29:21	**welcoming** 135:5	83:4,7,21
varies 66:16	91:19 146:1	31:21 64:4	**well-being** 37:2	84:2 86:5
variety 26:21	**voted** 6:15 7:7	67:7 69:6	**went** 19:11	92:11 108:25
95:2	19:4 37:19	79:4 89:21	43:25 69:6	109:10,20
various 130:16	146:2 167:15	95:7 113:5,18	**weren't** 78:5	110:3 112:25
vast 10:8 17:10	**votes** 21:14	114:9,9	163:3	116:13 122:2
vendor 62:25	22:24 48:7	125:15 129:7	**west** 1:1 16:5	129:12
venture 30:6	51:15 56:16	**wants** 76:2	18:12 99:13	137:16 141:2
Vernon 166:24	92:2 98:22	161:11	100:25 101:8	144:14
versus 46:3	118:1,2 127:9	**wards** 45:1	107:11 108:8	145:21
102:3 119:19	131:25	**Warner** 49:5,5	116:24	147:11 153:8
Veterans 159:14	134:19	**wash** 62:8	124:23	153:8 158:16
viable 62:15	138:20	**washing** 62:7	**we'll** 8:19 19:8	166:19
vibrant 32:13	140:22	62:10	23:6 24:15	**we've** 17:23
Vice-Chairm... 4:20	150:21 155:9	**wasn't** 29:11	30:14 31:10	33:10,21 34:7
Vice-president	**voting** 89:7	39:8 46:13	40:17 50:8	34:19,23 36:3
24:21 49:6	90:23 92:1	79:9	51:24 54:22	45:6 65:19
52:6 100:18	**vs** 69:13	**watch** 99:1	57:2 58:5	70:10 73:6,20
view 68:22	**vulnerable** 106:14	**water** 104:4	74:11 88:2,5	108:21 122:9
70:23	**V-A-N-L-E-...** 99:23	**wave** 33:15,25	88:13 92:12	143:8 146:20
viewed 105:7		**way** 25:10	92:23 99:2,6	161:4 166:22
views 90:5	W	26:24 27:5,19	99:14,16	**white** 14:4
Vince 135:13	**Wait** 157:4	29:23 38:8	118:14	166:25
135:13	**waiting** 69:11	46:16,19	122:21 132:9	**wholeness** 121:1
violent 42:25	**waive** 48:19	72:21 74:9	135:4,6 136:7	**wholly** 46:9
43:1	**waiver** 35:2	75:15 78:19	142:18	**willing** 85:18
virtually 102:1	**wake** 43:1	79:17 112:14	143:15 144:9	91:10
vision 91:23	**walk** 76:3	115:10 141:8	145:14	**winds** 115:10
visit 12:15,17	**want** 4:7 14:8	161:19	158:15	**winter** 27:16
visited 14:13	60:1,16 67:23	**Wayne** 132:16	167:22	**Wisconsin**
visits 12:4 13:8	68:12 70:8,24	132:16	**we're** 3:7 4:11	25:14 26:2
35:16,16,19	72:16 73:15	**weak** 62:22	5:16 20:9	**wish** 44:6 90:2
Vista 154:3	81:21 96:20	**wear** 14:14,16	27:20 28:18	113:25
vital 61:12	102:19	**website** 17:17	31:8 32:4	**withdrawn** 152:10
	109:17	**Wednesday** 121:9	33:6,25 34:12	**withhold** 54:15
		week 32:1	34:18,23	**witnessed**
		101:3	35:10 37:2	

105:17
wonder 74:17
  123:10
wondered
  44:11
wondering
  79:2
work 11:25
  13:5 32:10
  33:4,21 40:7
  65:7 107:17
  156:15
  161:10
  164:15,19
  165:8,16
worked 25:25
  26:25 27:11
  106:10 159:3
worker 114:1
  157:14
workers 45:9
working 34:7
  35:20 42:21
  45:6 68:6
  116:7
works 105:20
  121:5 161:9
world 129:16
  129:18,22
  166:13
worthwhile
  124:4
wouldn't 67:13
  70:7 75:2
  81:1 91:17
  120:12 156:8
Wright 118:18
wrong 75:15
W-A-R-N-E-R
  49:6
W-R-I-G-H-T
  118:18

X
X 76:22

Y
yeah 20:7
  44:18 67:6
  69:9 81:22
  88:5,13 90:1
  124:11 130:9
  141:23
  143:23
  147:20 160:9
  163:6
year 5:17 12:5
  12:7 25:8
  27:21 34:6,12
  34:18 35:1,6
  35:14 39:4
  44:1 77:19
  120:25
  160:21,24
  161:9,10,21
  162:7,15
years 14:12
  15:10 16:4,6
  17:9 25:19
  26:10,20
  28:16 29:4
  32:8 37:22
  71:10 72:21
  77:19,20 79:4
  79:11 91:5
  103:2 104:9
  106:10 107:4
  107:18 113:1
  113:1 115:5
  120:4,7 129:9
  161:15
  163:13,18
  166:10,10
youth 43:7,12

Z
zip 106:16
zoning 96:16

$
$157 93:21
$19.2 49:21

$2.7 100:8
$21.7 49:19
$24.5 52:19
$40 12:6
$412 128:15
$466 135:23
$5.5 58:14
$580.00 12:16
$6.6 133:1
$9.5 119:3

0
004-13 132:6
011-13 141:3

1
1 19:24 99:3
  162:13
1st 32:14,23
  33:3 41:13
  58:15
1,065 102:6
1.5 162:7
1.83 17:2
1:20 99:6
1:29 99:10
10-031 19:24
10:02 3:3
10:20 19:11
10:54 19:16
100 72:21 79:3
  79:11 130:14
100,000 64:13
100-year 88:7
1000 14:13
101 119:11
11th 2:13
11,000 59:25
1130 157:18,23
12 38:9 101:1
  103:2 157:5
12-month
  10:12
12-station
  100:6,24
  116:25

12-019 49:21
12-055 152:9
12-089 6:4 8:18
  152:11
12-096 8:19
  152:13,15,16
  152:18
12-102 18:9,12
  99:2,13
  116:23
12:25 99:1,8
125 35:12
13th 109:22
13-005 51:19
  55:14
13-007 56:24
  86:19 87:3
13-008 118:10
  126:4
13-009 47:7
13-011 92:20
  97:20
13-012 48:11
  50:15
13-02 21:22
13.6 103:6
1300 110:1
14 1:10,14
1425 128:14
143 94:23
15 103:17
  106:10 108:7
  111:3,15
  112:3,8 114:2
  120:3,7
16 87:18,24
16th 31:24
18 15:10
180 129:10
1868 94:15
1890's 79:9
19 103:13
190 10:14
1959 37:21
1965 38:8
1980 16:8

1985 94:10

2
2 64:11 153:24
  162:14
2C-11 18:22
2C-21 18:22
2nd 1:1
2.6 14:25
2:45 168:2,6
20 81:17 99:3
  106:17 114:2
  163:18
2000 103:4
2000's 76:15
2001 1:15
  103:12
2005-2011
  153:25
2006-2011
  153:23
2007 103:6
2009 94:14
  96:13 163:3
2009-2011
  154:6
2009-2012
  154:2
2010 16:8
2010-2011
  154:4
2011 33:3
  101:22 102:3
  102:8 154:9
2012 9:12
  10:13 33:16
  167:8,9
2013 1:10,14
  23:22 41:13
2014 23:14
  58:15 100:11
  119:5 122:2
2016 52:22
  93:25
2030 14:25
21 23:15 97:9

118:25 119:1
126:6
217-782-3516
1:2
24 103:5
24-hour 39:17
24/7 27:5
2423 159:1
25 97:4 101:6
25,000 16:20
250-bed 128:13
26 167:21
26th 168:1
26,000 35:14
27th 38:14
2812 159:8

_____
3
3 154:1
30 16:4,6 60:15
111:6 112:1
114:3,7
30th 93:25
100:11
30-mile 114:4
30-minute
109:19
111:23 114:4
300 93:18
3000 102:24
31st 52:22
102:3 119:5
311,000 93:18
314-644-2191
2:14
3468 160:2
35 111:4,8,16
36 157:5
37 157:5

_____
4
4 43:22 121:22
154:3 167:7
4th 23:21
4,674 102:3
4,685 102:2

4.6 64:10
40 53:20
404,000 43:25
43 120:21
121:15
44 16:18
44,000 52:17
45 4:3,6
4600 109:23
110:1

_____
5
5 49:24 109:7
154:5
5,000 43:25
500,000 15:2
71:15
51 132:24
525 1:1
53 120:24
56 12:3

_____
6
6 38:11 80:5
154:7
6.2 14:25
60 101:6
60,000 16:11
600,000 16:11
62761 1:2
63101 2:13
67 12:3 102:9
6700 100:6
108:20

_____
7
7 19:20 23:11
87:18,23
108:20 109:2
7B 21:18
711 2:13
72 101:2 103:4
75 113:9

_____
8
8 23:3 125:16
80 73:2 111:23

120:11
122:21
123:22
80,000 96:3
85,000 35:15
88-bed 41:8
42:14

_____
9
9 24:6
9C 24:9
9C(2) 30:8
9D 40:12
9E 40:13
90 107:1
116:11
900,000 160:18
160:20
161:21 162:7
162:14
92 103:7
990 102:5