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ORIGINAL

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

IN RE: PROJECT 10-086
FRESENIUS MEDICAL CARE EAST AURORA

PUBLIC HEARING

FEBRUARY 24, 2011

STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

(217)782-3516

PUBLIC HEARING

Re: Project 10-086

Fresenius Medical Care East Aurora

Public Hearing held on February 24, 2011, at the Aurora Police Department Headquarters, 1200 East Indian Trail, Aurora, Illinois 60505 presided over by Courtney Avery, Administrator for the Illinois Health Facilities and Services Review Board

Reported by:

Linda DeBisschop, CSR-MO, CCR-IL

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MS. AVERY: Good morning, everyone. I am Courtney Avery, Administrator for the Illinois Health Facilities and Services Review Board. My purpose here today is to act as the hearing officer and a facilitator for Project Number 10-086 Fresenius Medical Care East Aurora, Illinois. The applicants, Fresenius Medical Care Holdings, Inc. and Fresenius Medical Care Sandwich DBA Fresenius Medical Care East Aurora, are proposing to establish a 12-station ESRD facility in 8,500 GSF of leased space located at 924 East New York Street in Aurora, Illinois, with a project cost of $4,368,990.

As per the rules of the Illinois Health Facilities and Services Review Board, I would like to read the previously posted legal notice into the record. Notice of review and opportunity for public hearing and written comment. 10-086. Fresenius Medical Care East Aurora, Aurora.

In accordance with the requirements of the Illinois Health Facilities Planning Act, notice is given of receipt to establish a 12-station End Stage Renal Dialysis ESRD facility, Project #10-086 Fresenius Medical Care East Aurora, Aurora, Illinois. Applicants: Fresenius Medical Care Holdings, Inc., Fresenius Medical Care Sandwich DBA

Fresenius Medical Care East Aurora. The applicants propose to establish a 12-station ESRD facility in 8500 GSF of leased space located at 924 East New York Street, Aurora with a project cost $4,368,990.

A public hearing is to be held by the Illinois Department of Public Health pursuant to the Illinois Health Facilities Planning Act. The hearing is open to the public and will afford an opportunity for parties with interest to present written and/or verbal comment relevant to the project. All allegations or assertions should be relevant to the need for the proposed project and be supported with two copies of documentation or materials that are printed or typed on paper, size 8 and a half by 11. Consideration by the State Board has been tentatively scheduled for March 22, 2011, at the state board meeting.

The public hearing will take place pursuant to part 1130.910. The hearing is scheduled for 10 a.m. February 24, 2011 located at Aurora Police Department New Headquarters, Community Room, 1200 East Indian Trail, Aurora, Illinois. 60505. For additional information, call (217)782-3516, TTY number 800-547-0466 for hearing impaired only. Any person wanting to submit written comments on this

project must submit these comments by 9:00 a.m. March 20, 2011 and the application for this project can be viewed here and has the project application which is on the website.

Notice: This meeting will be accessible to persons with special needs in compliance with pertinent state and Federal laws upon notification of anticipated attendance. People with special needs should contact Bonnie Hills at the Illinois Facilities and Services Review Board Office by telephone at 217-782-3516, TTY number 800-547-0466 for hearing impaired only or by letter not later than Monday, February 21st, 2011.

If you have not done so, please let me know and I can sign you in on the appropriate forms. We have three forms. The green form is for those individuals who would like to provide testimony in support of the project. The blue form is for those individuals who would like to provide testimony in opposition of the project. The yellow form is for those individuals who would like to register attendance, but who do not wish to testify.

To insure that the State Board public hearings protect the privacy and maintain a confidentiality of an individual's health

information, covered entities is defined by the Illinois Insurance Portability Act of 1996 such as facilities, hospital providers, health plans and health care clearinghouses submitting oral or written testimony that discloses protected health information of individuals should have a valid written authorization from that individual. The authorization shall allow the covered entity to share the individual's protected health information at this hearing only.

For those of you who have come with prepared text for your presentation, again, you can submit it to me without giving oral testimony that will be part of the legal record and the transcript for this meeting. In order to give everyone an opportunity to participate, please limit your oral presentation to three minutes. Should anyone want to speak for more than three minutes, you may do so after everyone has the opportunity to speak. Also, as part of legal notice, if possible, provide two copies of your testimony and when making your oral presentation, please give the court reporter the spelling of your complete name. If there is a lead spokesman for the applicant, we would like that individual to make the presentation. The remaining

testimony will be taken in order of the names on the registration form and, because of the process, I may not be able to go in order as you signed in here, but everyone will have the opportunity to speak. If you have any questions about the process here today, not particularly questions on the application, I can answer those at the conclusion of the presentation.

At this time, I would like for anyone that's part of the applicant in supporting the project to please come forth and give oral presentation.

BY LORI WRIGHT: Go morning, everybody. My name is Lori Wright and I'm a CON Specialist for Fresenius Medical Care. I compiled the application for the East Aurora dialysis facility. Our operations and marketing team, along with physician input, determine where our next facility might be needed. Once I begin to work on the application, I research for myself such things as community characteristics, patient demographics, population, ESRD growth and facility options for future patients. The more research I did on the East Aurora facility, the more profound the evidence was that we needed a facility here.

I would have to admit the evidence found,

as you will see here today, is not always this compelling. I have to question the motives of Renaisance Management for opposing the establishment of this facility since they also opposed the four-stage expansion of our current Fresenius Aurora facility, despite the fact that the facility currently remains at 80 percent post-expansion. In fact, this facility added ten stations in the past year to account for ESRD growth and to reduce the utilization rate without success, attesting to the fact that the ESRD growth in the area is extreme and the need for more stations exists in downtown Aurora.

The East Aurora Project will meet all of the State Board criteria except the need and maldistribution criteria. While all facilities within 30 minutes travel time of Fresenius East Aurora are near or above 80 percent, some are slightly over, some are slightly below. There is only one facility that essentially keeps this application from meeting the criteria. It is the West Batavia Clinic which is right at 30 minutes away from Fresenius East Aurora and is not yet in operation.

Dr. Dodhia's practice will be supporting

this facility. It was established to alleviate Aurora and to give the patients from Batavia and North Aurora access to dialysis services and also to eliminate long drive times. It will not serve the residents who live in East Aurora or the patients identified in this application.

The West Batavia facility is much closer to Renaissance's Tri-Cities Dialysis than the East Aurora facility, yet Renaissance did not oppose that application. Outside of the 30 minute travel area for East Aurora, Renaisance Management operates 18 station Tri-Cities Dialysis Center and the eight station Yorkville Dialysis Center. These are 12 and 15 miles away respectively, and, again, over 30 minutes from East Aurora, therefore, they are not considered options for the patients from East Aurora.

Although both facilities are under utilized, their distance and excessive drive time do not make these facilities treatment alternatives for these patients residing in Aurora. The Fresenius East Aurora facility will, therefore, have no impact on either one of these facilities. The only other facility serving Aurora besides Fresenius Aurora is the 26 station Fox Valley Dialysis Center. This is

supported by the physicians from Renaisance Management as well. Due to the fact that this facility has been operating between 85 and 92 percent utilization for the past seven years, it is apparent that the East Aurora facility could not possibly have an adverse effect on that facility. Dr. Dodhia does refer some patients to this facility, but it clearly cannot accommodate the growth of ESRD seen in Aurora.

As some of you may have heard lately in the news, Aurora has grown tremendously in the last ten years, 38 percent to be exact, and with that the growth of the minority population has increased to 41 percent Hispanic and 10 percent African American.

The East Aurora community itself has a higher percent of these two ethnic backgrounds residing within its borders. These groups are disproportionally affected by diabetes and hypertension which are the leading two causes of kidney disease. This trend is causing the continual rise in dialysis patients seen in larger cities such as Aurora. It is for these disadvantaged patient populations that Fresenius Medical Care is preparing to serve.

Aside from the health risks experienced by

this patient population, these patients are at an economic disadvantage as well. Many of these patients are undocumented and do not have insurance coverage. Fresenius Medical Care would like to offer these patients access to treatment in their community.

In sum, it is clear that, due to neighborhood demographics, current clinic utilizations, growth of the general population, the minority growth, the growth of ESRD patients and the excessive distance to any other facility with excess capacity, that additional access to dialysis services is needed to serve the residents of the City of Aurora. I want to thank the board for their time and their attention to this matter.

MS. AVERY: Next speaker is Jenny Lowe.

BY MS. LOWE: My name is Jenny Lowe and I'm the area manager with Fresenius Medical Care covering the far west suburbs including the current Aurora Dialysis Center. I also cover the Fresenius Oswego, Sandwich and the new West Batavia dialysis facilities.

I had lived in Aurora for the last 18 years and have been associated with the Aurora Dialysis Center for almost as long formerly working

one and on with patients there as a registered dietician. I have seen this facility grow from six stations with less than 50 patients to 24 stations with nearly 120 patients. In just the last year we have added ten stations, ten of these stations placing the facility at its physical capacity.

With the continual increase in patient referrals to this facility, it is still operating close to 80 percent utilization. From my experience, I believe Aurora will need another facility in the near future due to its growth.

Living in the Aurora community, I have also witnessed the extensive population growth and the changing demographics of the city. I am aware that Aurora is now the second largest city in Illinois behind Chicago. With this growth, the city has seen an increase in Hispanic population to 41 percent and African American population to 10 percent.

The Aurora dialysis facility represents this too with 59 percent of the patients coming from Hispanic and African American backgrounds. This being said, the patient population has a two time higher risk of developing diabetes and hypertension which are the two leading causes of kidney failure.

This accounts for the continual rise in end stage renal disease cases in the City of Aurora.

For this reason, we need to be prepared to serve this community's needs with access to treatment and the community where these patients live. Dialysis patients come to the facility three times a week for usually over four hours. Transportation for these patients can be very difficult. Some patients rely on family, friends, church members, public transportation or medical vans. Having the dialysis center in the neighborhood makes it so much easier and convenient for dialysis patients. The hardship of obtaining transportation is one burden we can help alleviate for these patients when they are trying to cope with chronic illness. Transportation is also an issue for many of these patients from East Aurora because this is a disadvantaged population.

As I mentioned earlier, this is a minority population and many of these patients are underinsured or have no insurance coverage at all. Those that are undocumented cannot obtain any transportation coverage.

Along with this is the economic disadvantage these patients experience making travel

outside of their neighborhood an even greater hurdle.

I also know that many of Dr. Dodhia's patients who are insured are managed by Dreyer Managed Care. These patients can only dialyze where their managed care organization has contracted with. The Fresenius Aurora facility is currently in their network and so will the East Aurora facility and they can only dialyze at these facilities.

I strongly support the need for another dialysis center in downtown Aurora to meet the constantly growing needs to this diverse community.

Thank you for your time and attention in this matter.

MS. AVERY: Gail Bumgarner.

BY MS. BUMGARNER: My name is Gail Bumgarner. I'm a Senior Vice-president of Strategy at Rush-Copley Medical Center in Aurora, Illinois. Rush-Copley Medical Center opposes the request for a certificate of need permit filed by Fresenius Medical Care Sandwich, LLC to establish a 12-station in-center hemodialysis facility at 924 East New York Street, Aurora, Illinois, 60505.

We ask the Health Facilities and Services Review Board to deny this application. We are

convinced by the evidence that this project is premature and will have a negative impact on the other hemodialysis facilities already approved to operate in a community.

Our community has the following available or approved in-center hemodialysis facilities which are easily accessible to the proposed population to be served by the new facility, and then we have a chart that lists eight facilities all of which are within 12 to 28 minutes drive time and none of which have greater than 76 percent occupancy and capacity available.

The applicants submitted an independent travel study showing that three of the above facilities may be over 30 minutes travel time: Yorkville Dialysis, Tri-Cities Dialysis and Fresenius Medical Care West Chicago. Other travel studies may be conducted to dispute or corroborate this study. However, these data indicate that the applicant has five underutilized facilities within 30 minutes of the project. Conveniently located quality dialysis services are readily accessible to the patients served by Rush-Copley Medical Center and the physicians on its medical staff. We experience no difficulty finding available dialysis

services for our patients.

We support the reasonable and timely development of health care facilities in the greater Aurora area. We respectfully ask the Health Facilities and Services Review Board to consider the impact on existing approved facilities. We urge the State Board to deny this CON application at this time.

Thank you for your consideration of our comments on this important matter. Thank you.

BY DR. DODHIA: Good morning ladies and gentlemen, members of the Health Facilities and Services Review Board. My name is Navinchandra Dodhia and I am a nephrologist practicing in the Aurora area for almost 20 years. I am the Medical Director of Fresenius Aurora and Oswego Dialysis centers. I also lived in the far east side of Aurora ever since I started practicing here.

I am employed by the Dreyer Medical Clinic, which is a multi-specialty clinic with 160 physicians including about 50 primary care physicians, over 500,000 out-patient visits, 125,000 active patients at multiple sites. My practice partner is Dr. Atif Fakhruddin and Dr. Bina Mirza is in the process of joining our practice. All three

of us are on staff at Rush-Copley and Provena Mercy Medical Center. I have been very active in the health care community in Aurora. Every year I have volunteered at the African American Health Fair. At this event, members of the public are screened for high blood pressure and chronic kidney disease. Early detection and treatment will lead to prevention of complications, dialysis and transplant.

For many years I volunteered at the Aurora Wellness Clinic which was set up to serve anyone who had no insurance. There was no charge for the services. Unfortunately, the Wellness Clinic was closed.

At Provena Mercy Medical Center, I have been on various committees over the years. Currently I am the Vice Chief of Staff.

Network data will show that the Aurora Dialysis Facility has operated above capacity for many years. This resulted in many patients dialyzing to almost midnight. This caused conflict with transportation options, family obligations or work schedules.

In the last year, the facility has been expanded by ten stations allowing it to operate a

normal three shift a day schedule.

A new Aurora facility in the city is needed to accommodate the 71 pre-ESRD patients I have from the East Aurora area who will utilize the new facility. This number does not account for those patients I see the first time who come to the emergency room in kidney failure or those patients I will continue to refer to the current Aurora facility.

In the 20 years that I have been in the Aurora area, I have witnessed a continued growth of end stage renal disease. This is partly due to the rapid population growth of the region in recent years. According to the 2010 census, Aurora is the fastest growing city in the state and has grown 38 percent in the last ten years. The city demographics have also changed with the percent of Hispanic Americans now at 41 percent and African Americans at 10 percent. I have seen this increase reflected among the patients I treat as well.

I have great concern for these patients because of their higher vulnerability to the two leading causes of kidney failure, diabetes and high blood pressure. Nearly 15 percent of African Americans have diabetes and one-third go undiagnosed

and untreated causing kidney damage. Also, 40 percent have high blood pressure, which is a second leading cause of kidney failure, and one-third of these cases are also undiagnosed.

The fastest growing population in Aurora is Hispanic Americans who are also disproportionately at risk for kidney failure. 11 percent of these two population groups are twice as likely to die of diabetes. I have seen evidence of this in my practice over the years. The number of patients with kidney disease from these two groups has increased exponentially with 50 percent of the current Aurora dialysis patients representing this demographic.

In order to reduce the health disparities in this community, my practice, along with Fresenius Medical Care, reaches out quarterly to those in the early stages of kidney disease to educate them on their disease and ways to prolong kidney health to hold off dialysis as long as possible.

I have also seen over the years my patients' economic status and insurability decrease. Some of my patients are indigent, uninsured or are dependent on Medicaid. Many of these patients are undocumented and cannot qualify for Medicare which

covers end stage renal disease. These patients are admitted to the Fresenius Medical Care facilities regardless of their ability to pay.

If patients are unable to be accommodated at a local dialysis facility due to space, constraints or time, then they will need to seek care at a facility where we may not be on staff. This disrupts the patient/physician relationship.

Often times patients are admitted to a hospital after an operation or change in condition of dialysis. Once at a dialysis facility outside the home area, you end up in a hospital which is not your usual local hospital. This results in a whole new set of physicians taking care of you and you may not -- and they may not be the same ones every time. Thus, we end up with fragmented care.

I hope this application will be approved. Thank you for your time and consideration.

BY MS. WOZNIAK: My name is Delia Wozniak. I'm a CON consultant for Renaisance Management and I urge that the CON board disapprove this application. I know most of you here today are probably supporting the application and just listen to what I have to say for a minute.

The reason that we are opposing this

application is that, if you look at the numerous facilities that are in the area, they are not fully occupied. The applicant has indicated that these are not good alternatives. Yes, some of these facilities are almost 80 percent occupied, but they are too distant and three facilities were excluded by the independent travel study for being over 30 minutes, when using Map Quest unadjusted travel time, they are within even using Map Quest adjusted travel time which adds 15 percent to the travel time, these facilities are within 30 minutes travel time. But let's accept the applicant studies and just look at what they consider to be within 30 minutes of Aurora.

There are five Fresenius' facilities in this area that are not at 80 percent including Fresenius Medical Care of Aurora, which the application states that at 83 percent occupied. Data in the renal network indicate that it's only 76 percent occupied and that the ten stations that were added are not being fully utilized. It is not operating at four shifts any more, it is only operating at three shifts. If you consider the three facilities that are outside the area, based on the travel time, but they are still within a

reasonable time frame, there's room for 83 patients just in those three facilities.

Within the five facilities that they say are within 30 minutes travel time, there is room for another 83 patients before these facilities are 80 percent occupied.

Now, the applicant wants to spend $4 million to bring better care to the people of Aurora. I suggest that what the applicant look at is or, at least, discuss is what do people need?

People need better access to primary care. The Health Care Reform Act is allowing providers now an incentive to bring patients into their system with chronic illnesses and give them the opportunity to have early treatment so that they don't suffer the mortality of having to wait for treatment because they don't have access to primary care physicians. I understand the referring physician has said that he's a member of the Dreyer Medical Clinic that has 168 physicians, including a numerous number of primary care physicians, and I encourage all providers in the area, whether they be hospitals, physicians or hemodialysis facilities, to develop with the incentive of the Health Care Reform Act new accountable care organizations that will

allow the hard working poor that do not have access to care; to have access to physician services before they need end stage renal disease treatment. This is the reason why the minority populations are suffering such high mortality because they don't have access to primary care.

The $4 million could be better spent in this way. Why? Because of the available stations that are here within the community to serve in-center hemodialysis patients.

What do we know about in-center hemodialysis? In the State of Illinois it is fully covered financially. Medicare pays for this service regardless of a patient's age and, fortunately, for those of us that live in Illinois, whether we are citizens or not or whether we have insurance or not, the State of Illinois considers hemodialysis an emergency service, therefore, while it may not pay as much as insurance for the service, a provider of in-center hemodialysis services receives payment eventually. Obviously, not as much, but there is no patient that is denied access outright because they don't have payment for in-center hemodialysis.

The issue is, what is the access to primary care for treating the working poor, they're

largely over represented in the minority population.

The second point that I would like to make relates to why aren't these other facilities decent alternatives since there are so many stations available? The applicant states that, well transportation is a problem. People can't get to them. Well, if that's an issue, let's look at now who is being treated at Fresenius Medical Care Aurora. Over half their patients are not in Aurora, if these data are correct which we get from the CON. If we look at the physicians practice data, unusual changes have occurred in the practice of the referring physicians at Fresenius Medical Care Aurora. Twenty-nine patients now come from North Aurora and 21 of these are brand new. Twenty-seven patients come from West Chicago who have never been treated before. Both of those sets of patients, 56 by my count, that represents half of the utilization at FMC Aurora. Both of those sets of patients would be better served if transportation is a problem at either Fresenius Medical Care West Batavia, which is not yet open. Why don't we wait and see what happens here.

This current physician is supporting that project, this medical director, and has indicated

that 29 patients will be sent there or West Chicago, which is only 29 percent occupied.

We are asking the planning board to wait on this project, find out if patients are being double counted. We don't know. We don't have patient initials. And we are also encouraging health planning to encourage among providers of services the use of accountable care organizations so that patients in minority populations that are the working poor have access to services that they really need, primary care. Thank you.

MS. AVERY: Is there anyone else from Fresenius that wants to speak?

MS. LADYA: Good morning, everyone. I do not have a structured speech, but what I am saying comes from my heart and my passion for the dialysis patients.

I am a registered nurse with Fresenius Medical Services. I have been a nephrology nurse for the past 34 years. I see in the last 34 years the change that has been made in dialysis and our education and what we provide as a dialysis provider is a CKD program where I educate and see patients prior to the start of dialysis. This is a free, non-biased program and I see patients, late stage

three, stage four, stage five so that I can offer to them and educate them on their treatment options such as transplant, peritoneal dialysis, home dialysis, in-center and nocturnal dialysis. This program has been very successful.

Our goal is that, when the patient there has a need for dialysis, that they start dialysis healthy and that they can remain in the work force. They can support their family. They can be there to travel and enjoy quality time with their family.

I support this region and I have seen an increasing number of patients in this region that I educate every month and that will probably be increased to every two weeks to have this program here because of the need for education for these patients.

Again, I really support this. I do believe there is a need here and, as you have heard, the two leading causes of kidney disease are diabetes and high blood pressure, which are very prevalent among the demographics of this area. I fully support this. Thank you.

MS. AVERY: Dr. Sood?

BY DR. SOOD: Good morning. I am Pardeep Sood. I am a practicing nephrologist in Aurora for

the last 20 years and I work at both the Copley Hospital and Provena Mercy Hospital and I have patients at both units and I go to Aurora Dialysis Unit on a daily basis. And I also have representing my partner, Harry Rubenstein, who is a practicing nephrologist here.

We have been serving this dialysis community for last 20 years. Both hospitals I have no problem getting the patients from Copley Hospital or Mercy Hospital for the dialysis unit when they need the space and the data indicates that Aurora unit is at 80 percent, which is not, because I go over there on a daily basis and the last 12/31/2010 data shows that it's only at 76 percent occupancy. Expanding the unit last two years was a good idea because people needed that access, but now there are several other facilities in the area for the patients so that is why we are opposing the need for the other unit. It just dilutes all the health care sources and it's basically wasting precious health care resources that people need for other services.

The applicant needs to justify the project with 71 treating of patients from Dr. Dodhia, which they discount 20 percent to 51 pre-renal patients

and four patient transfer FMC Aurora. While the CON application does not state the number of patients Aurora had on 12/31/10, applicant states its utilization is 83 percent which computes to 120 patients. If that were correct, the occupancy level would allow for the transfer of four patients while permitting the FMC Aurora to maintain the required 80 percent utilization. However, that's not correct.

Renal data indicates that FMC Aurora is not at 80 percent occupancy, but rather posted only 110 hemodialysis patients and 10 home patients on 12/31. And, therefore, this transfer for FMC Aurora realized upon the support of this application will negativity impact the FMC's Aurora's utilization.

As the Illinois Health Facilities and Services Review Board's need determination dated January 18, 2011 showed numerous excess stations in Planning Area 8, the applicant needs to find current patients to justify the establishment of yet another new 12-station facility in the area. In its attempt to justify the need for the project, the applicant provided the travel time and utilization data which is also not accurate.

The Review Board should advise the

applicant to wait at least until the nearby FMC West Batavia facility is 80 percent occupied before it approves another facility in the community. FMC West Batavia is a plausible alternative due both to its proximity and lack of patients. FMC West Batavia should be 80 percent occupied before opening another brand new facility and to shift patients there and that facility should be 80 percent occupied before opening another and we are submitting all of the travel times from several units that are not fully utilized yet.

And the renal network data is not consistent with the CON application they are filing. Whereas, FMC is 76 percent utilized, they are saying it is 83 percent. Naperville unit, which is only 8.3 miles, is 75 percent utilized whereas the CON application says it is 81 percent. The DuPage West unit is only 69 percent utilized and the CON application says 78 percent. So there is a lot of discrepancies in the application they are filing.

Again, we suggest that the units they are all operational, that they are utilized to the extent before we open more units and I realize that I see that dialysis patients all the time that have travel transport is an issue, so they should have

access to the unit. And now actually people can stay at home and do the dialysis at home. I think we should be looking in that direction to serve the people so they are more comfortable at home rather than opening brand new dialysis units and using other resources for doing that. Again, thank you for your consideration of this.

MS. AVERY: Thank you. Bill Gazda.

BY MR. GAZDA: Good morning. My name is Bill Gazda and I serve as Director of Market Development at Fresenius Medical Care. My responsibilities in this role include, but are not limited to, new site development, implementation of initiatives focused on patient care and education and serving as a liaison to nephrologists, hospitals and community physicians.

I've worked in the health care industry for over 16 years and have come to recognize the difference that organizations can make in improving patient outcomes. I've also seen the circumstances where selfish motivations make patient care secondary.

The proposed site in East Aurora will be a shining example of what can be accomplished when patient care and outcomes are the forefront of the

decision-making process. At Fresenius Medical Care, our goal is to deliver healthier patients to our dialysis clinics so that our ESRD population can continue to have all of the same opportunities that were afforded to them prior to being diagnosed with this condition.

Building a dialysis facility in a community is just one step in the process of impacting ESRD patient's lives. There are a number of considerations that are taken into account when making this decision. Is there a need in the community? Is the ESRD population growing? Is there availability and flexibility at the sites in the surrounding area? Do we have a physician partner who shares our vision to supply the highest quality of dialysis services for all patients and not just those with the right insurance?

In the case of the East Aurora site, the answers to each of these questions helps us to determine there was a pressing need for a greater availability of dialysis services in this community. As the state's second largest city, Aurora has experienced growth of 38.4 percent since the year 2000. The ESRD patient growth within Aurora zip codes has grown by 9 percent year over year and

growth within the dialysis facilities in a 10-mile radius of the East Aurora site has been at 6 percent. In the 60505 zip code, where the site would be built, there are well over 100 ESRD patients alone and the nearby facilities that serve this patient population are operating at or near capacity. As these growth trends continue moving forward, there will not be sufficient availability or flexibility to serve this number of ESRD patients suitably.

At Fresenius Medical Care choosing the right physician partner is just as important as finding the right site location. Our commitment to the ESRD population is not just having a facility they can access. We are committed to delivering healthier patients to dialysis and focused on limiting the complications that can inhibit patients from living full lives while managing chronic kidney disease. This commitment is shared by Dr. Dodhia and one of the many reasons he is seen as the top nephrologist in the area.

Our collaborative work in educating all patients under treatment options, increasing the number of patients with permanent access versus catheters and educating the referring physician

base, including internal medicine and primary care about the importance of an early and smooth transition to a nephrologist's care, has been instrumental in meeting our goal of delivering healthy patients to our dialysis clinics.

Lastly, having family in the Aurora area, I have recognized the diversity within the community and have witnessed the disparity of services available to its membership. Our proposed site in East Aurora will open its doors in array of services to all of the area's residents.

End stage renal disease can have life changing effects on patients and their families. The hope of all patients and families is that their dialysis therapy can given them a chance to live their lives with the same opportunities and convenience that many of us take for granted. The convenience of the East Aurora location, along with the array of services provided by Fresenius and Dr. Dodhia, will give Aurora's ESRD patients the opportunity they seek and deserve. Thank you for granting us the opportunity today to share our thoughts.

BY MR. GANONG: Good morning. My name is Cal Ganong. I'm the Chief Operating Officer of

Renaisance Management Company. Thank you for this opportunity to address the FMC East Aurora Project. We ask that the Health Facilities and Services Review Board deny FMC East Aurora's certificate of need application for three reasons.

First, the project proposes to establish another 12 station in-center hemodialysis facility in the Aurora community before similar projects serving virtually the same population have reached target utilization.

Secondly, the applicant utilizes data in support of its application that we believe is both inaccurate and inconsistent.

And third, the data further indicates that there are not sufficient patients in these communities to support all dialysis stations.

With respect to our first concern, we submit the following. One year ago the Review Board approved FMC West Batavia CON, a new 12-patient facility to be located only approximately 20 minutes from the proposed East Aurora project. In measuring travel time, the CON rules permit increasing Map Quest travel by 15 percent. With this adjustment, FMC West Batavia facility is still only 23 minutes away from the proposed East Aurora site. This

project by the applicant's own admission is 12 months away from becoming operational and, when it becomes operational, it will serve as a plausible alternative site to the East Aurora Project.

Additionally, only four months ago, the review board approved four additional stations at FMC Aurora. These four stations are now operational, but are not yet 80 percent occupied. The renal network's fourth quarter data for 2010 shows the facility's 24 stations served 110 hemodialysis patients with a 76 percent utilization rate. This is in contrast to the data submitted by the applicant which reports an 83 percent utilization rate.

With respect to our second concern, we submit that, in addition to the overstatement of utilization of FMC Aurora, there are other discrepancies in the applicant's supporting data which raises additional questions concerning accuracy and consistency. For example, the project's referring physician, Dr. Dodhia, served only two patients in Aurora zip code 60505 and 60506 at FMC Aurora, according to the third quarter 2010 data submitted by Dr. Dodhia. However, historically, for the years ending December 31st,

2007, 2008 and 2009, his practice on the average served over 50 patients from these Aurora zip codes. A change of this magnitude is highly unusual and we believe should be further explained.

And yet another data discrepancy. Last year, FMC Aurora served 27 patients of Dr. Dodhia from West Chicago zip code 60185, however, in the previous three years not one dialysis patient from this West Chicago zip code was treated by Dr. Dodhia. Moreover, if this data is correct, it begs the question as to why these 27 West Chicago patients are not being served at the new FMC West Chicago facility which is much closer and is only 26 percent utilized.

Lastly, it should be noted that, if FMC's Aurora utilization will fall 25 percent if and when these patients are transferred to the closer FMC West Chicago facility. Similarly, last year FMC Aurora served 29 patients of Dr. Dodhia from the North Aurora zip code 60542. Before last year, FMC Aurora served only eight patients from the zip code.

The review board granted the FMC West Batavia CON permit last year based, in part, on Dr. Dodhia's pledge to refer 29 pre-renal patients from zip code 60542. As the renal network's 2010 data

indicates, 60542 had a total of only 25 patients in total in 2010. We can presume that many of these patients are the same pre-renal patients pledged to justify the establishment of the FMC West Batavia site. We can further presume that the FMC Aurora's utilization will again decline when many of these patients transfer to the West Batavia site, FMC West Batavia unit.

Our concerns for the accuracy of the submitted data continue. The CON application misstates the utilization of other FMC facilities within 30 minutes of the proposed project. For example, the application states that FMC DuPage West is at 78 percent utilization. However, the renal network's 2010 4th quarter data indicates that the facility only serves 68 patients with a 69 percent utilization rate. Additionally, the application states that FMC Naperville North is at 81 percent utilization, but the renal network's fourth quarter data indicates that only 63 patients were served for a 75 percent.utilization. Based on just the data errors alone, we feel that this project should be denied.

With respect to our third and last concern, we believe insufficient patient growth

exists to support the project and other approved projects. All of the following three expansions of hemodialysis services in the Aurora area are supported by the same physician practice of Dr. Dodhia and Dr. Fakhruddin. These include FMC West Batavia's 12 stations, Aurora's four additional stations, FMC Aurora's four additional stations, and the proposed FMC East Aurora's 12-station facility.

An analysis of the physicians practice data in these CONs demonstrates that patient growth in the practice is insufficient to support East Aurora facility without significantly impacting the other approved facilities or projects.

Please consider the following. Dr. Dodhia's practice has grown by only 16 patients from the end of 2008 which he had 133 patients to 149 patients at the end of the third quarter of 2010. Yet in a 24-month period commencing in 2008 and ending in September of 2010, the practice added 189 new patients. Therefore, the practice needed 173 new patients in this two-year period simply to sustain or maintain its status quo of 133 patients.

On an annual basis then, the practice needed 86 patients per year to replace patients lost due to transfer, recovery of renal function or

death. This represents an annual patient loss ratio of 65 percent. We would subsequently adjust the data to match exactly with the patient practice data and we find that the patient loss ratio declined slightly to 62 percent, but 62.6 percent is far larger than the 20 percent patient loss estimate provided in the CON application. Our ratio, however, is derived from the actual data submitted by Dr. Dodhia and is not an estimate. The more accurate patient loss ratio of 62 percent indicates that Dr. Dodhia will need to double the number of new patient referrals in his practice by 2013 in order to maintain the current practice and to achieve an 80 percent utilization of the three expansion projects which I have previously mentioned.

These projections assume that the projects will be completed in two years which is the standard for the CON's board approval. That these projections also assume that the projects will achieve 80 percent utilization by the end of the second year of operation, also a CON standard. And that 50 percent of the target growth will be achieved in year one and 50 percent in year two. Lastly, these projections assume the calculated

patient loss ratio of 62 percent.

Finally, in addition to the aforementioned issues and by way of comparison, data from the renal network indicate that in-center hemodialysis population living within an estimated 30 minutes of Aurora zip code 60505, FMC East Aurora site does not historically support the doubling of new patients in three years. In-center hemodialysis patients living in this area increase 16.5 percent between the years of 2007 and 2010 growing from 558 patients to 650. An annual increase of only 5.2 percent. As the entire hemodialysis population within the 30 minutes of the new facility is increasing only at 5.2 percent per year, it is unreasonable to assume that Dr. Dodhia will be able to double new patient referrals within a three-year period the amount of referrals required to support all three expansions, as well as maintain his current practice level.

Absent a plausible explanation, the new patient referrals from FMC East Aurora CON, if approved, will be obtained at the expense of numerous other area units undermining clinical and operational performance of these units.

We ask the board to consider our evidence and to deny this unnecessary project. Thank you for

your time and consideration.

BY MS. ROSA: Hi, my name is Milli Rosa and I work for Fresenius. I'm the secretary there and, not only am I the secretary, I'm also a kidney transplant recipient. I was also a patient at the Aurora Dialysis Center back in 1996.

On January 25, 2001, not only did I receive a kidney, but I received a second chance for life. I was born and raised on the east side of Aurora. I'm 42 years old and just knowing that I had to go to dialysis was a shock. When I was first told that I had to start dialysis, to my knowledge, no one in my family had any kidney problems. So my thoughts were going through my mind and I feared who, what, where, when, and how. Who will help me, what is dialysis, where will I go, how will I get there, when will I have time to because I was working a forty-hour job. And, of course, the why me.

I had no idea what dialysis was or how would I handle it. But when I first went to the center, I spoke to the nurses and the techs. They answered my questions and they made me feel as comfortable as I could. I was educated in the hemo side, the PD side and the nocturna. I chose the

hemo. I chose to go to the dialysis center.

I had explained to them that I can only come at certain times because of my job and who will be taking me which was my father. I also had to consider his time and his job. He works second shift and, if he had the opportunity to work overtime, he would take it, then how would I get there.

Being in Aurora all my life I was grateful to have a dialysis close to me. Transportation was still a little hard. I wasn't driving at the time. And, like I said, my transportation was my father. I was the lucky one, I had someone there for me. Without him, it would have been difficult for me from where I lived. I did let them know they did accommodate me for the shifts that they had, the first, second, third and they did accommodate me with all of those shifts. I did fear that I would have to go further than that, but I did not have to.

One of the reasons I did fear is coming home sick. I feared leaving dialysis feeling too sick to move or too weak because I didn't eat enough, but if I did eat, I would get too sick. Once I arrived home, it was a relief. Mother. My mother was there. She took care of me.

And lastly, the why. I asked myself a million times why did this happen to me. I asked myself over and over. I never received an answer. With the support of my family and faith, and honestly, my faith at that time was questionable. But I decided to leave it in God's hands. I got angry, was sad, depressed and then finally I accepted dialysis. Once I did, things became a little easier. I accepted my path. I tried to take care of myself a little bit more, make myself more knowledgeable and put myself first, which is very hard to do sometimes.

For the opposing side, once you walk in our shoes as patients and you go through the sickness, the cramping, the nausea, 10, 15 minutes versus 20 to 30 minutes does make a difference from your home. When you're in the car, you're sick, the car sickness, motions, while you are cramping, while you are nauseated, and if you're diabetic, your sugar drops and it is the worst feeling ever. So I do support this cause 100 percent wholeheartedly. Thank you for your time.

BY MR. GALLEGOS: Good morning. My name is Andres Gallegos. I'm an attorney with the Chicago Law Firm of Robbins, Salomon and Patt. I also serve

as outside corporate counsel to Fox Valley Dialysis and its affiliates. On behalf of my client, we respectfully move the Health Facilities and Service Review Board to deny Fresenius Medical Care's East Aurora certificate need application. To be clear, we do not oppose the opening of new dialysis facilities when there is a legitimate need in the community. What we do oppose are applications that seem to exaggerate what that need is.

The specific reasons though for opposition and why the board should deny this certificate of need application can be summarized as following:

First, as Dr. Sood testified, the review board should wait until the nearby Fresenius West Batavia facility is at 80 percent utilization before it approves another facility in the community. By the applicant's own admission, that project is 12 months away from becoming operational. When it is operational, Fresenius West Batavia is a possible alternative to the proposed project due to its lack of patients and its proximity, which is between 20 and 23 minutes from the proposed project's location. Moreover, as Dr. Sood also pointed out, the Review Board should also consider the capacity and utilization of Fresenius playing field which,

although omitted from the East Aurora application, is within 28 minutes of the proposed project and is now at 74 percent utilization as of the end of last year, according to data obtained from the renal network.

Second, as Mr. Ganong testified, the Aurora community has an open project recently approved by the board in addition to the West Batavia facility that has not yet reached its target utilization, namely FMC Aurora. With its expansion of the four additional stations, Fresenius Aurora will also serve the same population as the applicant's East Aurora Project for it to serve.

In addition, as Mr. Ganong's testimony reflected, there are serious concerns regarding the project's principal referring physician patient growth. Specifically, the deficiency of his growth to attain the required utilization percentage of this new project and open projects. Those open protects being Fresenius West Batavia and the Fresenius Aurora expansion and also to maintain the required utilization percentage of the four other existing facilities that he refers patients to in the area.

And, finally, as all of my clients have

testified, including their CON consultant, Ms. Wozniak, there exists data discrepancies. We believe there are significant material discrepancies between the applicant's data regarding the utilization of existing alternative facilities and their respective proximity to the proposed project location in addition to the referring physician's data used for his projected referrals.

Part of the problem with the applicant's utilization data could be with its use of Fresenius data obtained internally instead of data reported to the renal network. The problem with referring physicians projected referrals becomes clearer if you review these anticipated referrals for this project together with his anticipated referrals tendered in support of the applicant's two immediately preceding CONs which were approved by the board; Fresenius West Batavia and Fresenius Aurora, and you compare that all against his documented historical case load.

When all of this is reviewed together, it is clear that the anticipated number of referrals do, in fact, exceed the physician's documented historical case load which is in violation of the provisions of the Review Board of Administrative

Regulations for projected referrals.

Through the collective testimonies made on behalf of my client, my client has demonstrated what we believe is by clear and convincing evidence that the applicant's calculation of utilization, under utilization, time travel and the anticipated patient referrals are misstated, if not misrepresented. While the purported purpose of this project is to keep dialysis services accessible in Kane County, more specifically in the Aurora market, we submit that it now is. And for the reasons that I just stated, as elaborated more specifically in my client's testimony, we believe that it will be in the future without the need to the applicant's project.

In summation, we are convinced that this project, if approved, will result in the unnecessary duplication and maldistribution, the essence of what the Illinois Certificate of Need Law was enacted to avoid. Thank you.

BY MS. KEILMAN: Good morning. My name is Geri Keilman. I'm a registered dietician and I have lived on the east side of Aurora for over 30 years. After moving from the west side of Aurora, my son was ready to start school and I was informed that

the east side of Aurora does not have school bus service, so I asked why? East Aurora pays taxes also for these services. I got no answer. The west side still has no bus service. So for 12 years I drove my son to school and also helped my neighbors provide transportation for their children if they worked and couldn't get their children to school on time.

Now, for the last seven years I've worked in dialysis and I understand when a patient says how am I going to get to dialysis, I live so far away, it could be miles from the facility. So I know that they have problems with family, maybe not living near them or relatives or neighbors that can help them out.

So I also believe that we need a facility on the east side of Aurora, in my community. It will provide lifesaving treatments for these people and also jobs for the community. It's hard to work a lot of patients and give them the correct amount of time that they need.

In the last 15 years, I have had one nephew, 35 years old on dialysis, a brother-in-law, an uncle and two of my very close neighbors. So I support this facility. Thank you.

MS. AVERY: Is there anyone else who has not signed in to give testimony to give testimony to oppose the project? Anthony Furelli?

BY MR. FURELLI: I don't think I need the microphone. This is a no brainer with the population growth, number one. Number two, the price of transportation. Did anyone look at the gasoline signs lately? Number three, which no one mentioned is weather. When I started out on dialysis which is a year and 20 days ago, I had started out in Oswego, winter time. Right away I was convinced, hey, you got a place six minutes away, why not go there and I feel that the people on the east side should be afforded the same opportunity. There is no rhyme or reason for people -- look at this past winter or just two weeks ago. What happened? The damn snow was so deep you couldn't even get out of the driveway and, to ask the people from the east side to come all the way over to the west side is just ludicrous, so I'm in favor of this station for the east side. Thank you.

MS. AVERY: Joseph Kuzin, K-U-Z-I-N.

BY MR. KUZIN: I was in the same circumstance as this gentleman to my right here. Anyway, I was traveling from North Aurora to Oswego

for a year and a half and I have only partial sight in my eyes so, whenever it would snow, it was kind of a tedious job. To get to my dialysis I had my wife drive me and there was a couple of times that she went over off the road by Wal-Mart on Orchard Road there. So I finally got the opportunity to relocate to Aurora which is only about five minutes from my house. So it makes a difference. I'm able to drive myself back and forth and with this association I just got back from Arizona for three months and they made the accommodations to take care of me out there. It was the second time. So it's a good organization and I support this facility that you want to put up. Thank you.

MS. AVERY: Nancy Kuzin.

MS. KUZIN: That was my husband, Joe. I guess I have the same feeling. You need to be in your community where your friends and neighbors can take care of you. The one instance that I think I will never forget. I had to take Joe to dialysis when he was going to Oswego. From North Aurora to Oswego, to go back home and get him again and come back. I didn't mind it. He's my husband. I love him. It's a commitment we made to each other. One morning at a quarter to five in the morning, I'm

coming back from taking him from dialysis and I hit a patch of ice and I spun out over the median into ongoing traffic. I would not wish that on anyone. I felt like I had an angel on my shoulder. There were cars, but they all avoided me. And shortly after that, Dr. Dodhia was able to get Joe into the Aurora facility.

It was such a burden lifted off of my shoulders that, you know, you are trying to deal with adjustments of the dialysis and change in diet and change in lifestyle and then to have to go for that drive. I feel for these people that have to drive. I mean, you save 20, 30 minutes, but it's not always a good 20 or 30 minutes and it is not always -- I mean, it's stress.

I support what we're trying to do here. I support to keep our friends and neighbors in their community rather than to drive 20 or 30 minutes. I'm sorry. We're dealing with people that are older that don't necessarily have the same abilities as young people to make these transitions. Thank you.

MS. AVERY: Lauralie Davis.

BY MS. DAVIS: I'm a dialysis patient also and all I want to say is I agree with the gentleman and the lady before me. I am for keeping the east

side community whole.

MS. AVERY: Paul O'Brien?

BY MR. O'BRIEN: I had something in writing, but I would just like to say I had a strange situation where I had to have heart surgery and go right back into dialysis because my kidney failed and, if it wasn't for the dialysis center over there and it being located where it was, I couldn't drive or anything like that, it would have been an extreme hardship. And, if this group of doctors wants to spend their own money putting up another dialysis center anywhere, I think it's a good idea.

MS. AVERY: Thank you. Is this Mayer Suj --

BY DR. SUSAIRJANI: Yes. I'm a young physician. So I don't have the experience a lot of these physicians have, but one thing I've been hearing is a lot of numbers and statistics and I came into medicine to take care of patients, not only to worry about numbers and statistics. So I hope that, when this group comes together and this group makes a decision, they don't look at just the numbers and statistics, but listen to patients and patients who probably couldn't get here because of transportation.

I'm a hospitalist. I see many patients in

the hospital that are dialysis patients. There are dialysis patients that come from dialysis center to the hospital because they are the people that will see them and know that something is going wrong and take care of them and send them to the hospital and there is a benefit from not having fragmented care. If their physician is in the area, they benefit from having taking care of those patients going 26 minutes or 12 minutes or whatever numbers you guys want to use away to take care. I will say I'm not a patient. Hopefully, I will not be later, but there is something to say about feeling comfortable with the physician you are with.

Yes, there are excellent physicians everywhere, but it is not only about the physician, it is not only about numbers, it is about the patient. So in this position, what the patients thinks or the patient's comfort is should come foremost, in my opinion, and then the numbers and money should be played afterwards.

I understand there is some reality in this situation and money plays some aspect, the numbers do play some aspect, but there is much more than the numbers that have been used in general today and physician resources and health care resources. It

doesn't only have to do with the dialysis center. It has to do with patients going to different hospitals and length of stay, if you want to talk about that, being taken care of by physicians who know them. Many other things that come into play. I think, basically, without having a long drawn out statement that I thought of, that needs to be said and I could probably go on for another hour and I won't because I'm not allowed to.

MS. AVERY: Thank you.

BY MR. RIHANI: My name is Rami Rihani and I'm a clinical pharmacist and I oversee chronic disease management of patients who have diabetes, hyperkalemia, chronic kidney disease, hypertension and who are in need of anti-coagulation services.

Twenty-five years ago when pharmacies started to pop up, there was a lot of fear in the pharmacy community about all of these pharmacies being opened and whether patients would be able to access these services. Looking back at that, I think one of the greatest benefits of that happening is that it spurred the pharmacy community to be more efficient in the care and to become better at servicing patients and providing the services to the patients that they serve.

So, with dialysis as well, I think having more opportunity to provide dialysis care in the community will spurn dialysis providers to provide better quality of care and will spurn them to differentiate themselves in the community so that they will be the provider of choice and I think that having more access to care is not a deterrent for patients. It is actually a good thing that in terms of the provider to differentiate them to have better care, better quality care and an opportunity for them to provide the opportunities of skill. Thank you.

MS. AVERY: Thank you. It looks like that's it. Clare Ranalli.

MS. RANALLI: Good morning. My name is Clair Ranalli. I'm counsel to the applicant for the facility, Fresenius Medical Care East Aurora. I would like to thank the court reporter here for being able to transcribe and listen to us all as we speak from various parts of the room.

I also have a letter here from Colleen Muldoon. She's the Regional Vice-president for Fresenius Medical Care supporting this project.

In the interest of time, rather than read it into the record, I was planning on doing that,

but a lot of people have spoken here today, so I will just hand this in when I'm done speaking, but I did want to address a couple of things that were brought up by various people here either for or against the project.

First of all, one thing that was mentioned were the statistics that were thrown out and a lot of them have been thrown out and statistics, I agree, certainly should be subservient to access to care, quality care and providing care within the community for patients to be seen.

Nonetheless, the Health Facilities Planning Board does have to pay attention to a certain amount of statistics and numbers. It does have rules and obligations that it must fulfill in deciding whether a clinic is appropriate within a community and, in that regard, the statistics do support this clinic despite what has been said here today. So we've been paying attention to the statistics. They support the clinic being established in East Aurora.

I will not dive down into detail like some of the people that have spoken, because the application provides sufficient information, but the Fox Valley Dialysis Clinic and the Aurora Clinic has

served the community of Aurora for many, many, many years. During the time that I've worked with Fresenius for the past ten years, those two clinics have always operated at target utilization here in the Aurora community. Sometimes they slip to 78 percent. The target utilization is 80 percent. Sometimes they go way above and, in fact, many times both Fox Valley and the Aurora Clinic have been so utilized that patients can't get into dialysis, which should not be happening in the United States of America. Certainly shouldn't be happening in Aurora, Illinois.

And what have those clinics done? They have responded to patient's needs. They have grown, they added stations. Every time they have done that, they filled up again and meet the target utilization criteria established by this board. I don't think you have to be a statistical professor to figure out that what that means is there's a need for access to dialysis in the community of Aurora and someone mentioned the fact that Dr. Dodhia's numbers were based upon historical referrals and that projected numbers far exceeded those historical referrals and that somehow implicating that that was wrong or maybe that Dr. Dodhia's numbers were

misleading. Well, that couldn't be further from the truth because, again, dialysis across the country and in various communities, particularly those like East Aurora serving a population that has a majority of the African American and Latino population, are seeing a very large growth of incidence in end stage renal disease. That's documented across the country. That is not made up by Fresenius. That is not made up by anyone. It's apparent information that is available through the renal network and other facilities that provide that type of information.

The fact of the matter is, it's an unfortunate fact, end stage renal disease is growing. That's why Dr. Dodhia and everyone else's patient population is growing and why there is an increased need for dialysis access in all communities, but particular communities like East Aurora that, again, serve a population that are adversely impacted by the underlying causes for end stage renal disease and that's a statistic. It's not a number standard, but that is just a fact. That's why those referrals are growing and that's why there is a need for this clinic.

And the documented case load I would also

like to say because I think there are then some implication or inference that there have been intentionally misleading or inaccurate numbers presented in the application and that is simply not true. That is all I can say about that.

People can throw that out there and it hangs. Well, it won't hang because it will be in black and white in the transcript, but it is simply not true. The information provided is correct and accurate regarding the anticipated need for the clinic in East Aurora and the pre-ESRD patients that Dr. Dodhia and his practice partners are seeing.

Also, someone mentioned that Plainfield was a potential clinic that would accept these patients. The Plainfield Clinic is in no way, shape or form within 30 minutes of the proposed site of East Aurora, so I don't know. That person must drive really, really fast because that is simply not a clinic that is within the service area, however there are clinics within the service area and it is true that some of them are under the State Board target utilization and the Board has to look at that and it does and it looks at it seriously and it should because that's its charged with responsibility.

But those clinics that are underutilized are at 76 percent utilization, 79 percent utilization. I mean, that's just a few patients to get those clinics up to where they need to be and most of those clinics, including the Aurora facility, just recently added, someone mentioned four stations. Those four stations are now operational and at the end of 2010, the Aurora facility was at 79 percent utilization after adding four new stations and certifying them and having accepting patients.

Also, people brought up travel times and, again, maybe implicated that the travel times were wrong. The board looks at Map Quest adjusted travel times and, if it does that, then there are a number of facilities that are within a 30 minute distance. Again, most all of them are at very close to the 80 percent utilization target, so it's easy to say that you have five clinics that are not appropriately utilized. Well, when those clinics are, again, at 78, 76 percent utilization, I think there is a big difference when they are way underutilized, so I think you have to look at the reality of where those clinics are standing and most of them are above the target utilization.

Lastly, I just want to point out that the West Batavia Clinic has been brought up a number of times as a clinic that maybe we should wait and let that clinic get operational and see how it fills up before East Aurora is built. Well, from what I hear from people who live in East Aurora, that is not a very good option. The West Batavia Clinic is, even by the Map Quest adjusted times, 25 minutes from the proposed clinic in East Aurora. According to the travel study, which the board is allowed to accept and which was an accurate travel study, it's around 29 minutes away. So it's not a very good option. Also, that clinic, Dr. Dodhia and his partners, were the physicians who supported that clinic and said they had patients who lived in the West Batavia area who would go to that clinic. There would be absolutely no reason and this is something that I think gets a little bit lost in the shuffle here. No reason for Dr. Dodhia to try and submit patients for a clinic. He gets no benefit from that. None whatsoever. I mean, he and his partners are going to see those patients that require dialysis, whether it is in Aurora or Fox Valley or West Batavia or where ever they might go. He will see them and treat them and take care of those patients.

The only reason that he would say that I need a clinic in West Batavia and I need a clinic in East Aurora is to serve his patients because he knows where they live, he knows what their needs are, he and his partners, and that's the reason he supports this clinic. There is no personal benefit to him. Why would he put himself on the line other than to provide adequate access to his patient population. That's what it's all about, so thank you. That's all I have to say.

MS. AVERY: I would like to thank everyone for their time today and one more time to make sure that I have not overlooked anyone that wanted to provide testimony or give additional statement. Those who need to sign in, will you just please give me like two minutes and I will get you signed in and on the record.

I would like to remind everyone that you still have an opportunity to submit written comments to the planning board so that we will have this information for the record. Please note that this project is scheduled for consideration by the State Board at its March 22, 2011 meeting. The meeting will be held at the Holiday Inn-Joliet Banquet and Conference Center located at 411 South Larkin Avenue

in Joliet, Illinois. Please check the state website for any additional information or last minute changes. The public has until 9:00 a.m. on March 3rd, 2011 to submit any additional written comments. Comments can be sent to the attention of Courtney Avery, Administrator at the Illinois Department of Public Health, 525 West Jefferson Street, Second Floor, Springfield, Illinois, 62761-0001. Or, if you prefer, your comments may be faxed to our offices. That number is (217)785-4111.

Are there any other questions regarding the process today or the State Board meeting? Hearing none, I will deem that this public hearing is now adjourned and I thank you for your time in coming out today.

CERTIFICATE OF REPORTER

I, Linda DeBisschop, Certified Shorthand Reporter, Notary Public within and for the State of Missouri, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; the testimony of said witness was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

Linda DeBisschop

Linda A. DeBisschop - Notary Public
Notary Seal, State of Missouri - St. Louis County
Commission #[illegible]
My Commission Expires 9/16/2013

Notary Public within and for the State of Missouri