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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

PROJECT 11-025
US RENAL CARE BOLINGBROOK DIALYSIS

PUBLIC HEARING

JULY 11, 2011

ORIGINAL

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 #11-025

U.S. Renal Care Bolingbrook Dialysis

Public hearing held on July 11, 2011, at Village of Bolingbrook, Board Room, 375 W. Briarcliff Road, Bolingbrook, Illinois, before Courtney Avery, Facilitator.

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Reported by:

Karen K. Keim

CRR, RPR CSR-IL, CRR-MO

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START TIME: 10:25 a.m.

MS. AVERY: Good morning everyone, thanks for your patience. We apologize for starting a little late. We had some weather issues around the City this morning.

I'm Courtney Avery. I'm the Administrator for the Illinois Health Facilities and Services Review Board. Joining us today is Ms. Cathy Clarke, who is the Administrative Assistant, Mr. John Hayes, who is our Board member.

The purpose and intention of today is to afford an opportunity for interested parties to present oral and/or written comments related to Project 11-025, U.S. Renal Care Bolingbrook Dialysis of Illinois. The applicant is USRC Bolingbrook, LLC and USRC Alliance, LLC. In accordance with the requirements of the Illinois Health Facilities Planning Act, notice is given of receipt to establish a 13-station end stage renal dialysis, ESRD, facility, Project No. 11-025, U.S. Renal Care Bolingbrook, Dialysis, Bolingbrook, Illinois.

Again, the applicants are USRC Bolingbrook, LLC and USRC Alliance, LLC. The applicants are proposing this station -- a 7,219 gross square feet of leased space, to be located at 396 Remington Boulevard in Bolingbrook,

and the cost of the project is $2,486.029.

Again, the public hearing is being held by the Illinois Department of Public Health pursuant to the Planning Act. The hearing is open to the public and will afford an opportunity for interested parties to present their comments relevant to the project only. All allegations or assertions must 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 size 8 1/2 x 11 paper.

The public hearing is taking place today pursuant to Part 1130.910 and is scheduled for 10:00 a.m. July 21st, 2011, located at the Village of Bolingbrook in the Board Room, at 375 West Briarcliff Road in Bolingbrook, Illinois. The consideration by the State Board for this project has been tentatively scheduled for August 16th, 2011. Any person wanting to submit written comments on this project must submit these comments no later than 9:00 a.m. on July 27th, 2011.

If you have not registered your participation in this public hearing, I would ask that you please see Ms. Clarke to do so. To ensure that the Health Facilities Planning Board's public hearings protect the privacy and maintain the confidentiality of an individual's health

information, covered entities as defined by the Health Insurance Portability Act of 1996, such as facilities, hospital providers, health plans, and health clearinghouses, submitting oral or written testimony that discloses protected health information of individuals shall 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.

Those who came with prepared text for your presentation may choose to submit the text without giving oral testimony. If you're giving oral testimony, please be as brief as possible. We will limit each participant to approximately three minutes. Should anyone want to speak for more than the time that is allowed, when time permits you may do so after everyone has an opportunity to participate. As per the legal notice, if available, please provide two copies of your testimony. Prior to beginning your oral testimony, please give the Court Reporter the complete spelling of your full name. Oral testimonies will be taken in the order in which we signed in, and if you have any questions, please hold those until we conclude today's proceedings.

We will proceed now. So I afford the

opportunity for the applicants to speak first, unless you want to go with the one that signed in for number one, and I think that was Phil O'Connor.

(Pause)

MR. CLAAR: Good morning, and welcome to the Village of Bolingbrook. My name is Roger Clara. I've been Mayor of Bolingbrook for 27 years.

Bolingbrook, according to the 2010 census is 73,300 people, and about 45 percent of that population are minorities. We're a very diverse community with a variety of Asian residents, Korean, Cambodian, Pakistanian, and Indian, as well as a large number of Hispanic and African American population. I'm writing in support of the U.S. Renal Care Certificate of Need application to establish a 13-station dialysis facility in Bolingbrook, Illinois. U.S. Renal Care is known for providing high quality care for patients of chronic and acute renal disease. U.S. Renal Care also provides patients with a choice of full range of quality care, including in center and at-home dialysis for dialysis services.

Rick Mace of Bolingbrook Hospital has attested to the fact that the hospital is experiencing a significant increase of patients requiring dialysis services. At the same time, the availability of such services in the

existing facilities have become limited, which causes delay in patient discharge and increases inpatient length of stay. Many patients are currently being sent out of town, requiring burden of gas expenses and time and family members commuting three times weekly to maintain their health on dialysis.

As Bolingbrook has seen a growing number of Hispanic and African American patients, who are at a disproportionate risk of diabetes and high blood pressure -- which are the leading cause of kidney failure -- lack of available access to dialysis care will continue to increase without additional dialysis services available. We anticipate that the volume of patients requiring dialysis services will continue to increase and wish to ensure that there will be adequate health resources here in Bolingbrook to meet the needs of the patients here in our community. As such, I strongly support this project and ask the Board to approve the Certificate of Need application for the U.S. Renal Care dialysis facility here in Bolingbrook.

Thank you.

(Pause)

MR. O'CONNOR: I'm always happen to defer to Mayor Claar. First of all, thank you, and thank you to the

Board for the -- for holding this hearing in Bolingbrook and giving me and others an opportunity to testify. I filed two copies of written testimony with you, so I will merely briefly summarize, in accord with your direction, the major conclusions.

First of all, my name is Philip R. O'Connor. I am testifying in support of the application by U.S. Renal, with particular emphasis here on that for Bolingbrook. By way of background, I formerly served as the Illinois Director of Insurance and the Chairman of the Illinois Commercial Commission and in both capacities dealt extensively with competitive issues and regulated industries, and that is what informs my views here today. Further, the Board is in a position of evaluating applications such as this, sort of on a middle ground, between the way in which applications for utility services are evaluated, which is the case of, really, a first-in-the-field standard and orientated towards exclusivity. On the other hand, the granting of licenses for insurance companies in the state is done so without reference to competitive issues but rather just to financial solidity and to the performance of those companies in other markets. The Board sort of weighs these issues and has its own particular set of standards, but in

the end, the issue is what is it that is good for patients in terms of a variety of issues.

In my view, there are four issues that relate to this application. One is the highly likely increase and demand for dialysis in the combined HSA 7 and 9 due, in great part, to the rapid and ongoing demographic changes. Second, is the issue of ease and convenience of patient access to dialysis in these two areas that are both growing well beyond the rate of other areas in the state. Third is the implications for the cost levels and for cost shifting in the wider healthcare system to the extent that accessibility and reliability of dialysis treatment are less than optimal. And then, finally, the issue of treatment options for patients that might be adversely affected to the extent that providers of dialysis do not readily offer home-based, self-administered care as well as care based in renal dialysis centers. So let me just quickly address each of these.

In terms of patient demand, an examination of the census data for these areas in 2010 change shows fairly significant increase in population in the two areas taken together of about 7 percent total. But more significantly is the increase in African American and Hispanic populations. We know that in each of those populations the

incidents of end stage renal disease is much higher than in the population as a whole and certainly much higher than what we might think of as an incumbent demographics of these areas. So, among African Americans it's about 3.6 times higher incident rate than among whites, and with Hispanics, about 1.6 times. So, that's a rather significant change and may indicate that there would be more need for these services than past patterns might indicate. The written testimony provides all of the empirical background for this statement. So, you know, we're facing a situation in these areas where, by reason of change, we could see something different than the current estimates suggest.

Patient access. Let me focus, rather than on the traffic issues, where our region -- our metropolitan area, unfortunately, is now tied for worst place, we would call it, with Washington, D.C. for travel time. In the arterial areas in the suburbs are really where the congestion is and, of course, that's where these sorts of facilities tend to be located. But most importantly in terms of patient access, again I come back to the demographic changes. It would be unrealistic for us to believe that simply by African Americans or Hispanics living in a different area than they might have resided

before that the characteristics of seeking medical care would change, and there are some marked differences. For example, with respect to end stage renal disease, there are big differences between African Americans and whites on a number of lines, but one of them that's interesting is about 47 percent of African Americans seeking -- coming to dialysis have not had prior nephrologist care, whereas that number for whites is around 41 percent. May seem -- 6 percent may seem a small difference, but when you look at demographic change, it could end up having a big impact on the condition of people when they are first accessing renal dialysis.

Let me move ahead on patient cost and cost shifting. The market for dialysis is highly concentrated in HSA's 7 and 9. One of the things I did in preparation for this was to perform an HHI calculation. That's the Herfindahl-Hirschman Index. That's the initial screen that's used by the U.S. Department of Justice in antitrust analysis, and it's notable that in HSA 7, on a possible scale of 10,000, which is the most -- that's absolute total monopoly -- the dialysis market in HSA 7 has an HHI of 5,232, whereas in HSA 9, it's at 2,439. The Justice Department regards 1,800 -- both of these numbers are well above that -- as the stage of calling it highly

concentrated. That's not to say there is any competitive conduct. It's only to say it's highly concentrated and worthy of scrutiny.

I notice as well that in HSA 7, of the 1,056 approved stations, about 84 -- I'm sorry, 83 percent of that market is accounted for by just the top two providers, whereas in HSA 9, the four largest providers account for 84 percent. You'll see in the written testimony that in comparison to other industries we're familiar with, those are really quite high as a matter of concentration.

Let me conclude on just a couple of points. That level of concentration does raise issues of a lack of price competition. We know that if there is elevated price due to a lack of restraint in costs, that affects reimbursement levels. But very importantly, the -- we come back again to the demographic changes. We know, for example, that Hispanics have much lower level of both private insurance and eligibility for government programs, often due to immigration status, but, nevertheless, are able to receive this care. Well, that means more cost shifting, more charitable care. It just complicates a whole set of issues that are being faced by this Board and by the medical system.

Finally, in terms of patient options, I would

only note that I think we're all aware that the research indicates that patients -- many patients, I should say, are quite satisfied with alternatives to in-center dialysis. One of the things that U.S. Renal is clear about in its application is that it is prepared to actively offer alternatives, such as peritoneal dialysis. That can probably only be good for patients when it's Done appropriately.

So, I would only conclude in saying that I think the overall picture of the market, the economics of the health system, argue in favor of the approval of these applications. So, again, I would refer you to the written testimony, and I would be happy to respond to any questions, I presume after other people have had an opportunity.

MS. AVERY: We won't have any questions for now, but August 16th, I'm sure.

(Pause)

MR. MORALES: Thank you. Good morning. My name is Rick Morales. I'm a Village Trustee here in Bolingbrook, and I guess I'm also one of the 25 percent of the Hispanic population here in town as well.

As a Village Board Trustee, I'm here today to voice my strong support for the U.S. Renal Care Certificate

of Need application to bring a new dialysis facility to Bolingbrook.

The Village of Bolingbrook continues to experience explosive growth in population. As we continue to grow, Bolingbrook is becoming more diverse as Hispanics and African American families lay their roots in our vibrant community. Village of Bolingbrook demographics for the 2010 census show that 25 percent of the over 73,000 residents are Hispanic and over 20 percent are African American. Hispanics and African Americans are twice as likely to develop diabetes and hypertension, which are leading causes of kidney disease. We need to have adequate healthcare resources to meet the demands of our growing community and, in particular, our minority community who is at a disproportionate risk of disease that ultimately lead to the need of dialysis services.

The growing need for dialysis services has been confirmed by our community hospital, Adventist Bolingbrook, who has seen firsthand the significant increase. And, unfortunately the availability of services is limited. This new facility will provide convenient access for Bolingbrook patients. Furthermore, by bringing other dialysis providers to the community, patients will have more options, thereby hopefully raising the quality of

care given by all providers. It is important that patients have a range of options on where and how they will receive care. All too often patients don't.

In closing, I strongly encourage the Illinois Health and Services Review Board to approve U.S. Renal Care's application for Bolingbrook. This project will address an important healthcare need while providing greater access to high quality dialysis services for all residents, especially the minority community.

On a personal note, my father-in-law in his final months of his life was on dialysis. Services were limited, and the quality, I think, the resources, while more options are available, will improve. I witnessed this firsthand, and I strongly urge you to consider this application.

Thank you.

(Pause)

MR. PAULSEN: My name is Jeff Paulsen, a Professional Registered Nurse. I'm here today to voice my strong support for U.S. Renal's application for a dialysis facility in Bolingbrook. I'm a Registered Nurse and have spent almost two years working at Adventist Bolingbrook Hospital, where I saw firsthand the need for more dialysis services in the area.

Patients on dialysis are very often sick and need immediate care. They shouldn't have to experience long wait times. Unfortunately, as a nurse, I have seen it happen all too often, and it's just devastating. Because of the limited access to dialysis, many times their discharged from the hospital is significantly delayed. I've seen patients wait hours for dialysis services to become available. These patients are already ill to begin with, and they're weak and tired, and its unacceptable to ask them to wait.

Having dialysis services readily available when a patient needs them makes all the difference. In Bolingbrook, in particular, as population continues to grow, so does the need for more dialysis services. We witness that need at Adventist Bolingbrook Hospital. Unfortunately, the need isn't going to go away. It's going to increase. Couple the population growth with increase in diabetes, the most common cause of kidney failure, and you have a huge demand for dialysis services. We have to be able to meet the demand for this critical service to provide the best care possible for patients.

In addition to meeting the need, it's also important to ensure patients have access to dialysis services close to home. Patients shouldn't have to drive

long distances to and from their dialysis appointments. Having another dialysis facility located in Bolingbrook would help adjust both the need of services and access for the patient in those services.

Thank you for the opportunity to voice my strong support for the proposed Bolingbrook dialysis center. After considering both the need and access issue, I'm confident the Illinois Health and Facilities Review Board will approve this important application, paving the way for much needed dialysis services in the Bolingbrook community.

Thank you for your time.

(Pause)

DR. RAUF: Thank you, everyone, for allowing me to present today. I'm Dr. Anis Rauf. I am a nephrologist here in Bolingbrook, and just to tell you a little bit about my background I'm a native Chicagoan. I grew up in the north side of Chicago and grew up in the Chicago public high school system, worked extremely hard, was fortunate enough to attend Northwestern University as a biomedical engineer, where I first learned about dialysis and I learned about the complex mechanisms involved in dialysis. I became interested in medicine, and I pursued medical school at Midwestern University, which is local,

Downers Grove, and then I was fortunate enough to train in the urban city of Chicago, University of Illinois at Chicago, where I firsthand saw dialysis at its best and at its worse. I saw patients, young patients, African Americans with difficult-to-control hypertension, uncontrolled diabetes suffer from this devastating disease. I became very interested in nephrology.

I was offered a position at the Mayo Clinic in Rochester, Minnesota to do a nephrology there, but I had very strong ties to the community. But I loved the Mayo Clinic philosophy, so I spent a year there, and what I learned at Mayo Clinic is very simple: The best needs of the patient come first. And I learned firsthand from where the custodian of the hospital worked at the same level as the most world-renown cardiovascular surgeon, Dr. Schaff, putting the needs of the patient first, and that was a nice phase of my life, where I learned why I went into medicine, why I wanted to help patients achieve their goals. And I secured a nephrology fellowship back in town, in Loyola, and I was able to complete a nephrology training program.

But I really had strong roots in the western suburbs of Chicago. I wanted to practice here. My parents are seek. They really felt very comfortable with this area. But when I went out and looked for a job in the

area, there was only one group in town at that time. They weren't looking to hire a nephrologist. So, I took a bold move. I looked at my mom and my dad, said, "Parents, should I move out of town or should I just go out on my own." My mom gave me some words of wisdom and said, "Son, you have worked hard. You want to treat your community patients. Why don't you just give it a try?"

So, I started a brand new practice from scratch in June of 2007. I opened my first office in Lombard. I started the practice from my house with a box of charts. My wife, Humera, helped me as my receptionist, my cell phone assistant, answered every single page for the first six months, and I noted an explosive amount of growth during my first three months of practice. I found that I was getting quite a bit of referrals from the Bolingbrook community as well as from other communities. I quickly opened a second office in Hinsdale, a third office in Bolingbrook as Adventist Bolingbrook Hospital opened its doors in 2008. In six months I was ready for a new partner. Dr. Mohammed Ahmed, who is also here today, will be speaking, was also a well-trained nephrologist, and with nephrology, we not only bring nephrology skills, we also are probably one of the few Board-certified critical care nephrologists. So, we bring special expertise to the area,

and that actually helped us grow very quickly.

And I've noticed that there has been an explosive growth of the need for end stage renal disease services in the area, and I feel that with coming to the area as a new nephrology provider, I was able to offer a choice. Very quickly I've seen that the patients that were waiting to see a nephrologist, their waiting times declined. Very quickly primary care physicians were supportive of a new nephrology group, were supportive of seeing a different provider, and I too think that having a different provider in the area will only improve quality. Competition is great. Competition is healthy, and I think competition just improves quality, and that's what I want to say today.

And over the past four years since I've been in practice, I've personally had patient encounters where patients were not happy with the current provider in town. They're not happy because they're not getting the preferred shifts, or just because I'm not the medical director, my patients may not be getting their optimum shifts. So, my patients are being put on Tuesday, Thursday, Saturday, third shift, and I'm a sole nephrologist with one partner. We cover 18 square miles, and I have to tell you that every single dialysis provider in our area is the same, and

sometimes we need a choice. Patients need a choice, I need to have some choice, and I find that it's very difficult to practice my specialty of nephrology if I've got a patient on Monday, Wednesday, Friday at five a.m. at Bolingbrook, and if that same unit may have a chair available or may not have a chair available, and they're putting a second patient on Tuesday, Thursday, Saturday third shift, I have to come and see that dialysis unit four times, five times, just to complete my rounds.

Because of our explosive growth, we were lucky enough to hire a physician assistant with five years of nephrology experience in late 2010, and we've also hired our third nephrologist just last week, actually, Dr. Suneel Udani. He actually has very strong training in the area of public health. He and our group will plan on doing community outreach programs and understand how to diminish this devastating disease. We've already done several CME sessions in the area community, awareness programs. We've also brought the kidney mobile to Bolingbrook Hospital in 2009, where we actually took time out of our busy schedules and made ourselves available for the patients, just to keep the education going.

I just want to make sure I didn't leave any point out.

Now, it's important for the decision makers, the Illinois Health Planning Board, to realize if they don't have personal experience with dialysis, if they don't know a friend or relative who is on dialysis, patients go to dialysis centers three times a week. If the center is 30 minutes away, a drive time of at least 3 hours per week and dialysis of 10 to twelve hours per week. If someone in the family must drive them, it's equally intrusive. I think it's ideal -- we actually mapped out all of our chronic disease patients, and we find that the majority of them are very close to Bolingbrook Hospital. We find that the existing unit is always full. We always have difficulty getting our patients there. Often times our patients are being put in Naperville, our patients are being put in Plainfield. It's very did for us to cover those areas, and it's very difficult for patients.

And they have very detailed policies at each specific unit. Bolingbrook, from what I understand, if they don't have a AV fistula or a working fistula, often times it's very difficult to get them in, and I find that having another choice for dialysis provider can change that. Just like our practice, competition breeds quality, and I think ultimately we're interested in putting the needs of our patients first. And I'll leave that Mayo

brother's quote, "The best interests of the patient is the only interest to be considered."

Thank you all.

(Pause)

DR. AHMED: Hi. Thank you all for coming.

I'm Dr. Mohammed Ahmed. I also grew up in the Chicagoland area. I finished my undergrad training at the University of Chicago. From there I went to medical school at the Chicago College of Osteopathic Medicine in Downers Grove. I completed my general Internal Medicine and Nephrology training at the Loyola University at Maywood, Illinois, after which I had a desire to understand further the complex care of the medical patients, so I embarked on a critical care fellowship at the Mayo Clinic.

What I learned at Mayo Clinic very quickly is what enables Mayo Clinic to perform world-class medicine, is that the only interest to be considered is the need of the patient, so that for each patient, for each person involved in the care of the patient, the only goal is to provide the utmost care for each individual patient, and within the last three years of my practice, I have tried to embody this philosophy with every patient encounter.

The last three years of Dr. Rauf and I embarking on this very impossible feat of creating a

successful practice from scratch have been the most challenging years of my life. I have been through the most academically-rigorous undergraduate education at the University of College. I've completed two rigorous fellowships, and I must say that creating this practice has had the most profound toll on both my personal and family life. What has fueled my drive in moving forward is to know that I am providing the best care for each one of my patients.

In every hospital where Dr. Rauf and I practice, there has only been only one nephrology provider. Our entry into DuPage County now provides a choice to our patients, and with competition, as Dr. Rauf indicated, the benefactors of this competition are the referring doctors and the patients themselves. As outlined by Dr. Rauf, our practice has seen an explosive growth over the last three years, not only because of the additional training that we bring to the area, but also due to the substantial demographic change in our community. The number of African American and Hispanic populations have grown substantially, and the increased prevalence of diseases associated with end stage renal disease among this population is growing very rapidly as well.

Now, in putting together a plan for a facility

to help deal with this issue, I have had the opportunity and spent extensive time talking about dialysis problems with other physicians, nurses, hospital discharge planners, and hospital management groups. Several patients and social workers have reported access problems to me. Many of these problems probably relate to the robust need of existing -- robust use of existing dialysis stations. This growing, I might truly add, exploding need creates a situation where facility managers or owners establish rules for access that potentially have tragic outcomes in some patients, and to this I cite three particular examples.

Number one, in May of 2011 I had the privilege of caring for a patient with end stage COPD, emphysema. This patient is on continuous oxygen therapy at very high amounts. The patient was originally living in the Joliet area, and she was getting dialysis provided by the Silvercross Hospital. Due to her worsening health, she moved in with her sister, who lives in the Bolingbrook area. This patient requested to switch her dialysis facility from Silvercross to Bolingbrook where her sister lives. Now, she has had three attempts at having an AV fistula placed, which is a surgical access that is the desired access for dialysis patient. Despite three attempts at placing this AV fistula, all three surgical

attempts had failed, so she was stuck with having a dialysis catheter as her dialysis access of choice. She had made several attempts by herself, her family members and social workers and myself to have her transferred to the local facility at Bolingbrook -- in Bolingbrook and, unfortunately, because she does not have an access that is the desired access to transfer patients to the Bolingbrook facility, she has been refused to transfer, and she continues to drive 30 minutes -- her sister continues to drive her 30 minutes each way to get dialysis provided. Not only does the sister have to provide the means for transportation, she has to wait for about four and a half hours to pick her sister up. So, you can imagine the loss in time that this patient experiences and the amount of miles that she's having to travel to pursue dialysis, when we have a dialysis provider in the area. If this patient, furthermore, becomes sick on dialysis when she's at Silvercross, she will be admitted to Silvercross Hospital where she will lose continuity with her lung specialist, her cardiologist and, most importantly, her nephrologist, as I don't practice in that area.

Another patient who has encountered similar difficulties is a patient with end stage diabetes. He has peripheral vascular disease, he has severe high blood

pressure, and, of course, end stage renal disease. He has had multiple podiatric procedures for necrosis or end stage disease of his foot, requiring several hospitalizations. The patient has had multiple attempts at AV fistula to satisfy the requirement to be transferred to the local dialysis facility in Bolingbrook, and despite having a fistula replaced and two separate revisions for his access, they have both failed. He is also being dialyzed currently with a dialysis catheter, and to that end, because he does not have the favored dialysis access of an AV fistula, he has also been refused to be transferred to the Bolingbrook facility. My last -- and I should also add that this patient dialyzes in the Naperville area, and he has gotten sick on several occasions and had to be admitted to Edwards Hospital where, again, when he's admitted to that hospital, there's duplication of tests that were already done at Bolingbrook, and also he loses continuity with his vascular surgeon, he loses continuity with his infection specialist, he loses continuity with his cardiologist.

My last illustration is a patient with a diagnosis of end stage renal disease as well. Unfortunately, this patient has been plagued with a very difficult-to-understand, difficult-to-treat abdominal complaint. She has very severe abdominal pain that is

quite debilitating for her, and she has very poorly controlled hypertension. This patient has had multiple tests to evaluate the pain, but no conclusion has yet been made, but it has severely impacted her life on dialysis. This patient has had so many admissions to Bolingbrook Hospital -- and I quote -- that she has been admitted within the last three months 22 times at Bolingbrook Hospital, and it's because of several reasons. Number one, she has abdominal pain on dialysis, and when she gets admitted -- when she is being dialyzed at Plainfield, when she has abdominal pain, she's admitted to the nearest hospital there. When she's admitted there, there's again reduplication of a lot of testing that's already been done at Bolingbrook, and there's a loss of continuity with all of her specialists, including her GI specialist and myself. In addition to that, when she has a bout of this abdominal pain, she is not able to drive the distance to get to the Plainfield facility so she misses dialysis, and when she has missed dialysis, she has come in and required urgent dialysis at Bolingbrook, which, again, does a number of things. It has multiple repercussions on the financial outcome of this patient.

So, my co-applicants and I have had discussions with hospital management in Bolingbrook and

throughout HSA 7 where we practice. As we all know, physician-based, outpatient facilities do not often get widespread support from the hospitals. In our case, we found enthusiastic hospital support for several hospitals, including Adventist Bolingbrook Hospital, Advocate Good Samaritan Hospital, and St. Alexius Medical Center. I have no doubt that this support is based on the need for greater access, and the support is because of a need to provide choice for our patients and our referring doctors. Delayed discharges, rehospitalizations for dialysis, loss of continuity for medically-complex patients, drives up hospital costs, places patients at risk for management of resulting complications, and potentially demeans the self-confidence level of these patients. None of these are desirable. None are how medicine should be practiced.

These are few reasons why I believe our patients, our referring doctors, our nurses, our growing community deserve a choice for a dialysis provider, and for those reasons, I strongly urge the Board to approve this very important project.

Thank you very much.

(Pause)

MS. KOPALA: Hello. My name is Carrie Kopala, and I'm a Certified Physician Assistant. I've been a P.A.

for the past six years, most recently and currently with Advanced Renal Care. I'm here to voice my support for a new U.S. Renal Care dialysis center in Bolingbrook.

Over the past six years, I've had the opportunity to work with many dialysis patients in need of dialysis therapy, starting with surgical needs, and most recently I've focused on their medical and dialysis specific needs. Dialysis therapy, as you know and have heard, is a life-sustaining therapy which is critical to patient success. Patients typically visit the dialysis centers three times a week. They have to leave their homes, come out to the dialysis centers, and have a treatment that lasts anywhere from three to four hours. As you've also heard, that doesn't include the amount of time it takes for them to get to the center, wait for the treatment to begin -- sometimes the waiting times can be long -- and then the amount of time it takes for them to get home. Many of these patients are elderly, they're ailing, they're disabled, so they require other services to help them get to and from their dialysis treatments.

For many patients and probably for most patients, the dialysis center becomes their second home because they're there so often. They become friends with and rely on the people that take care of them. They trust

them to provide them the services and the care that they need. The treatment is also very intimate. A lot of times patients come in and they don't feel very well. They have their treatments very early in the morning, they come in in their pajamas, they don't have any make-up on. They're very, I guess, vulnerable to the caregivers. That is why as a caregiver, as a P.A., I see these patients on dialysis every week. The patient's comfort and care is my highest priority.

I am very happy to support U.S. Renal Care's proposal to add a dialysis center in Bolingbrook. I believe every patient should have a choice of where they go for these treatments, and often they don't have a choice. As I mentioned, the proximity of the treatment center to where they live is very important for the dialysis patients, and introducing a closer, more convenient or simply preferred option for dialysis would drastically improve patient's experiences during their dialysis therapist.

I am encouraged by the proposal to open a new dialysis center in Bolingbrook. Expanding options for treatment would truly give patients the choice they need. I urge this Board to approve the U.S. Renal Care's proposal for a Bolingbrook facility. The new facility will expand

access and provide patients a much-needed choice when it comes to the critical and life-sustaining care that so many patients, as you have heard, do require currently and will require in the future.

Thank you.

(Pause)

MS. PETTY: Good morning. Thank you for the opportunity to voice my strong support for a U.S. Renal Care facility in Bolingbrook. My name is Jeanne Petty, and I've been a Registered Nurse for 16 years.

I have such a passion for providing quality care to people and I'm a staunch patient advocate. I'm here today because in my opinion, dialysis patients in the area are in desperate need of options. Many patients are lacking the basic access they need, and as a result are forced to travel very far to receive this critical and life-sustaining care. Proximity to care, particularly for dialysis patients, is critical to their wellness.

I am very concerned that there is not enough access for the many different kinds of dialysis patients in the region. When patients are not able to get the care they need close to home, they are left to find another, far less convenient clinic to visit. Dialysis does not just happen once. This life-sustaining treatment requires the

patient dialyze three times a week, up to four hours each treatment. For many patients, traveling a distance takes a great toll on them both physically and financially.

Limited access also delays the hospital discharge process, which leaves ill patients waiting until a dialysis clinic has room for them, which realizes an additional burden on the Medicare system. With demonstrated limited access to the only dialysis clinic in Bolingbrook, the addition of another provider will benefit the needs of the patients in this community and enhance the quality of care for this needed population. Healthcare should be about the people we treat, not about the dollars they generate.

I am very troubled by the detrimental impact the limited access has on patients. Introducing another option for patients will expand the access they have and improve the quality of care they receive. I see a real demand for this with my patients, and I'm confident that they would utilize a new Bolingbrook facility.

Again, thank you for the opportunity to voice my support for what I believe to be a crucial project. I'm confident the State Board will make the right decision by approving U.S. Renal Care's application to open a Bolingbrook facility.

Thank you.

(Pause)

MS. REGIS: Good morning. My name is Laura Regis, and I thank you for the opportunity to publicly support U.S. Renal Care's application for a Bolingbrook facility. I've been a Registered Nurse for 30 years, and I've had the opportunity to see firsthand what good quality of care means to a dialysis patient. I'm also on the front line, watching the demand for this kind of care grow. In order to meet this demand and provide quality options to current and future patients, I believe a Bolingbrook facility is the right choice.

A Bolingbrook location would provide more convenient option for a countless number of patients who are forced to find transportation to other areas for dialysis as they are turned away by the local provider. As you may know, dialysis doesn't mean a clinic visit just once in a while. Patients do come three days a week, and each treatment can take four or more hours. Many times patients are elderly or very ill, and too often they're covering a significant distance to get from home to the clinic and back. Coupled with the time for dialysis treatment, the patient -- and most often a family member providing the transportation -- must invest additional time

with travel. Referencing a case noted by Dr. Ached, dialysis family members spend up to six hours a week transporting their loved one to Joliet for the life-sustaining treatment of dialysis due to being turned away by the local facility. Travel expense, with the cost of gas being at its zenith is an additional stressor to a family already financially burdened with medical expenses.

Proximity to care is important to all aspects of healthcare, and even more so for the population that needs dialysis. Asking the sick and elderly and their families and friends to drive far distances for care that ought to be right in their community is unfair and can be detrimental to their health. I believe patients should have the option to choose the care that best suits them and in a facility of their choice. Unfortunately, too many patients don't have that option.

This facility would also be a much-needed clinic for the growing number of dialysis patients in and around Bolingbrook. The need for dialysis in Bolingbrook is indeed growing. In addition to the aging Baby Boomer generation in Bolingbrook, the community has seen substantial growth of Mexican American and African American residents. These populations are twice as likely to suffer from hypertension and diabetes, the two leading causes of

kidney failure. A Bolingbrook facility would put the care at the center of where it's needed.

Thank you for the opportunity to support this very important project. The dialysis population is growing, and I don't believe that this community is prepared. An additional facility in Bolingbrook would certainly help us meet the growing need, and I urge the healthcare Planning Board to approve U.S. Renal Care's application.

Thank you.

(Pause)

MS. ENGLER: Hi. My name is Debbie Engler. I'm a Registered Nurse employed by the U.S. Renal Care in their Home Therapies program at Lombard/ Bolingbrook. I want to thank you for the opportunity to speak today.

I've been a nurse for 20 years, and have been in dialysis for the past 8 years. I began the dialysis part of my career at a Davita unit in a small, northwestern Illinois community of Freeport. I moved to the suburbs in 2005, when my husband was downsized from his engineering job at Honeywell. Why does the move to the suburbs matter? I've been looking for a place where the patient matters, where the patients were the most important part of the picture, and where we could give the care that we would

want for our parents, our grandparents or other people we genuinely cared about. I have worked at different companies in the area and have run into companies that don't put their patients as the top priority. This goes from the top executives down to the personal caregivers. I believe I have found the company where the patient really does come first.

Dr. Rauf and Dr. Ahmed both work 24 hours, 7 days a week, and often give their personal cell phone numbers to patients and encourage them to call them directly. When was the last time your doctor did this for you? It's just not heard of. So, when they decided to open their units, I jumped at the chance to be part of their dreams of providing this type of personal care.

This comes to the need for a U.S. Renal Care unit in the Bolingbrook area. I believe our patients deserve the ability to choose where they want to get their dialysis care, without traveling a significant distance from their homes. The only choice they now have is the Fresenius Medical Care unit. I can give you an example of this with a situation that presented itself a couple of weeks ago. I had a patient that needed to be placed in a hemodialysis unit for temporary hemodialysis. I went to dialysisfinder.com. That's where social workers or people

that are going to place or find a dialysis center go, and this is the list I found (indicating), and I'll give it to you. If you look at it -- I can read them. They start with Fresenius units, Fresenius Bolingbrook, Fresenius Naperville, Naperville North, Willowbrook, Downers Grove, and then you go in to you made it to Aurora or Joliet. So those are the only units that you're going to have within those areas -- within this area. I see no other choice for my patients than to travel out of their communities, if they want to have a choice of provider.

So let me give an example of the choices I would have if I would need hemodialysis. I live in the St. Charles area. I have a choice of a Davita unit in Elgin or Tri-Cities, in Independent, unit in the Aurora Geneva area. I also have four Fresenius units that I could go to, one in Elgin, one -- two in West Chicago, and one in Glendale Heights. They would all be within 15 minutes of my home. So, dialysis care is very demanding for our patients, and long travel times can be major barriers to wellness.

I believe the patients in the Bolingbrook area deserve a choice within their community, too. Again, I want to thank you for the opportunity to speak regarding this matter today, and I urge you to approve the U.S. Renal Care's application to open a Bolingbrook dialysis facility.

(Pause)

MS. ABBOTT: Good morning. I am reading this letter for State Senator A.J. Wilhelmi. My name is Michelle Abbott.

This letter is written in support of the U.S. Renal Care Bolingbrook Dialysis Certificate of Need application. The Bolingbrook community is in great need of additional dialysis resources to provide care to the growing population of residents who require such services. Both the high incidence of end stage renal disease and the growing Hispanic population in Bolingbrook make it essential that the Board approve this project to provide much-needed dialysis resources for the Bolingbrook community.

The Bolingbrook area has seen a dramatic increase in its Hispanic population, as demonstrated by 2010 census data. In the last 10 years, the Bolingbrook Hispanic community has grown nearly 145 percent, from 7,371 in 2000 to 17,957 in 2010. Similarly, this growth also represents a higher proportion of Bolingbrook residents, from 13.1 percent in 2000 to 24.5 percent in 2010. This proportion of Hispanic residents exceeds similar demographic populations for both the state of Illinois and Will County, at 15.8 percent and 15.6 percent respectively.

In addition to the high population growth in the Bolingbrook community, Hispanic populations also suffer from an incidence rate of end stage renal disease which is one and a half times greater than for non-Hispanic whites. This rate of incidence is more severe in certain populations, with some studies documenting incidence rates for diabetic end state renal disease as high as six times for Mexican Americans as compared to their non-Hispanic white counterpart. It is clear that without this project, the high incidence of end stage renal disease, coupled with the explosive growth of Hispanic residents, will result in an extreme shortfall in dialysis resources in the Bolingbrook community. The State of Illinois cannot afford to neglect the growing healthcare needs of its residents.

I believe that this project is essential to meet the needs of the Bolingbrook community, and I urge the Board to approve this project.

Respectfully, A.J. Wilhelmi, State Senator, 43rd District.

MS. AVERY: Is there anyone else who wishes to provide testimony?

(Pause)

MR. COLLINS: Hello. My name is Cartrell Collins, and I'm here to support the proposed U.S. Renal

Care facility to be built in Bolingbrook.

As a dialysis patient myself, I believe that a new facility in Bolingbrook will provide me and countless others a much-needed choice who seek care. Having a nearby quality and convenient quality-care center in Bolingbrook would drastically improve my quality of life. There is not enough access to the quality of care that I need to stay well.

Dialysis treatment, as you know, doesn't just happen once. It requires patients to visit centers regularly, both for treatment and routine checkups. That's why the convenience and location of a dialysis center is so important. For me, a Bolingbrook location would also be ideal. Needing dialysis treatment is not a choice, but I believe that it should have options for choosing to seek treatment -- for people to choose treatment. Right now I have no choice, really.

For many years I've had to receive therapy at Fresenius Medical Center Willowbrook, but I'm becoming dissatisfaction with the care that the staff has provided. Unfortunately, it is my only option, because it is the only dialysis center in the area. Opening a U.S. Renal Care facility in Bolingbrook would truly give me access to quality options -- a quality option that I would certainly

utilize as a patient, but I have -- to have the right treatment options. I know there are many others that would agree.

I am thrilled that the new facility will allow me to continue seeking -- seeing my doctors, Dr. Ached and Dr. Rauf. I have had a very positive experience with both of them. I truly feel that they are partners in my health and wellness. Something that is particularly appealing about the new facility is that is Dr. Ahmed and Dr. Rauf would directly help manage my therapy that I receive. I find comfort in knowing that the doctors I trust would be in charge of my care.

As I said before, dialysis is not something I choose, but I do believe it should -- I should have a choice as to where I seek important treatment. U.S. Renal Care is known for providing a range of high quality care options, including in-center and at-home services. I believe this establishment of a new U.S. Renal Care facility would significantly improve the quality of my care and the quality of care of others in a similar situation.

I encourage the Board to approve the application before it, and I thank you for your listening to me at this time.

MS. AVERY: Thank you.

Is there anyone else?

(Pause)

MS. AVERY: Okay. Seeing none, is there anyone that already testified that would like to provide additional information, or the applicants?

(Pause)

MS. AVERY: I would like to remind everyone if you would like to submit additional written comments to the State Board, you can do so at the Illinois Department of Public Health. The address is 525 west Jefferson Street, Second Floor, Springfield, Illinois, 62761-0001. You can send it to my attention, Courtney Avery, or you may fax it to (217) 785-4111. And note that the comments must be submitted no later than July 27th at 9 a.m. Again, this project is scheduled for the State Board consideration at its August 16th meeting, which will be held at the Holiday Inn Conference Center located at 411 South Larkin in Joliet, Illinois. You can also find all of this information on our web site at www.hfsrb.illinois.gov.

If you have any other questions, you can reach me at my office or in Springfield, and those numbers are also listed on the web site, and so is my e-mail address.

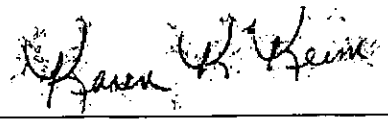
Again, if we don't have any questions about these proceedings, I would deem this public hearing

adjourned. Thank you.

END TIME: 11:29 a.m.

CERTIFICATE OF REPORTER

I, KAREN K. KEIM, CRR, RPR, a Certified Court Reporter in the States of Illinois and Missouri, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to writing; that I am neither counsel for, related to, nor employed by any of the parties to the action, 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.



KAREN K. KEIM

CRR, RPR, CSR-IL, CCR-MO