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Transcript of Exemption #019-17

Date: May 23, 2017

Case: State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER JUAN MORADO, JR.

-----x
IN RE: :
Exemption Application for :
the Establishment of a : Exemption No. 019-17
10-Bed Neonatal Intensive :
Care Unit to Be Located :
at SwedishAmerican :
Hospital, 1401 East State :
Street, Rockford, Illinois. :
-----x

PUBLIC HEARING
Rockford, Illinois
Tuesday, May 23, 2017
10:36 a.m.

Job No.: 143306A
Pages: 1 - 61
Reported by: Paula M. Quetsch, CSR, RPR

1 HEARING, held at the location of:

2
3 ILLINOIS CENTRAL MANAGEMENT SERVICES

4 E.J. "ZEKE" GIORGI CENTER

5 200 South Wyman Street

6 Rockford, Illinois 61101
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12 Before Paula M. Quetsch, a Certified Shorthand
13 Reporter, Registered Professional Reporter, and a
14 Notary Public in and for the State of Illinois.
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1 PRESENT:

2 ILLINOIS HEALTH FACILITIES AND SERVICES

3 REVIEW BOARD, by

4 JUAN MORADO, JR., Public Hearing Officer

5 JEANNIE MITCHELL, Assistant General Counsel

6 BRAD BURZYNSKI, Board Member

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

2 HEARING OFFICER MORADO: Again, thank you
3 for participating in today's proceedings. My name
4 is Juan Morado, Jr. I am the general counsel and
5 hearing officer for the Illinois Health Facilities
6 and Services Review Board. Present with me today I
7 have Jeannie Mitchell, our assistant general counsel.
8 We also have Board Member Brad Burzynski here.
9 Thank you again for attending today.

10 As per the rules of the Illinois Health
11 Facilities and Services Review Board, I'd like to
12 read the previously published legal notice into the
13 record.

14 "Notice of Public Hearing and Opportunity for
15 Written Comments: In accordance with the requirements
16 of the Illinois Health Facilities Planning Act, notice
17 is given of receipt of an exemption application for
18 the establishment of a 10-bed neonatal intensive
19 care unit to be located at SwedishAmerican Hospital,
20 1401 East State Street, Rockford, Illinois.

21 "The applicants are SwedishAmerican Health
22 System Corporation and SwedishAmerican Hospital,
23 1401 East State Street, Rockford, Illinois, and the
24 University of Wisconsin Hospitals and Clinics

1 Authority, 600 Highland Avenue, Madison, Wisconsin.
2 The licensee and the owner of the site is
3 SwedishAmerican Hospital. The cost of the project
4 is 2,867 -- I'm sorry -- \$2,867,961.

5 "A public hearing for Exemption 019-17 will
6 be held Tuesday, May 23rd, 2017, at E.J. "Zeke" Giorgi
7 Center, 200 South Wyman Street, Rockford, Illinois."

8 Sign-in was to begin at 10:15, the public
9 hearing at 10:30, and we have it scheduled for an
10 hour, but we do have quite a few people signed in,
11 so we'll make sure we get to everybody.

12 "The public hearing is open to the public and
13 will afford an opportunity for parties with interest
14 to present written and/or verbal comment relevant to
15 the project. All allegations or assertions should
16 be relevant to the need for the proposed project and
17 be supported with two copies of documentation or
18 materials that are printed or typed on
19 size 8 1/2-by-11 paper.

20 "This exemption application was called complete
21 on April 19th, 2017. This exemption application is
22 tentatively scheduled for the September 26, 2017,
23 State Board meeting. Written comments on this
24 application will be accepted until September 6th, 2017.

1 No e-mails or faxes will be accepted. Send all
2 written comments to Ms. Courtney Avery, Administrator,
3 Illinois Health Facilities and Services Review Board,
4 525 West Jefferson Street, 2nd Floor, Springfield,
5 Illinois 62761.

6 "The State Board will post its findings in a
7 State Board Staff Report, and the report will be
8 made available on our website. The public may submit
9 written responses in support or opposition to the
10 findings, and the public will have until 9:00 a.m.,
11 September 18th, 2017, to submit those comments."

12 The application itself can be viewed at the
13 offices at the Health Facilities and Services Review
14 Board or on our website. The application was,
15 again, declared complete on April 19th, 2017.

16 Now, an additional item to note is that
17 exemption applications that come before the HFSRB
18 are also subject to approval by the Board Chair
19 unless referred to the entire Board for consideration.

20 Please note that in order to ensure the
21 Health Facilities and Services Review Board's public
22 hearings protect the privacy and maintain the
23 confidentiality of an individual's health information,
24 covered entities as defined by the Health Insurance

1 Portability and Accountability Act of 1996, such as
2 hospital providers, health plans and healthcare
3 clearinghouses submitting oral or written testimony
4 that disclose protected health information of
5 individuals shall have a valid written authorization
6 from that individual. The authorization shall allow
7 the covered entity to share the individual's
8 protected health information at this hearing.

9 Again, if you haven't had a chance to sign
10 in, you can see Jeannie Mitchell outside. Those of
11 you who have prepared text of your testimony, please
12 note that when you're done making your comments, if
13 you can leave them up here for the court reporter
14 and myself, we'll make sure we have everything down
15 correctly and it's entered into the record.

16 I'm going to ask today that you limit your
17 testimony today to three minutes. Participants are
18 going to be called in the numerical order in which
19 you signed in. We're going to be starting off with
20 a representative who is going to give an opening
21 statement from the applicant; then we're going to
22 have somebody who is in favor of the project, favor,
23 opposed, favor, opposed, until either runs out and
24 make sure we get everybody who signed in today.

1 As you approach, it's very important that
2 you kind of stand in this area so the court reporter
3 can hear you. It's also going to be important to
4 state your name and spell it fully for the court
5 reporter so she can be sure she has a correct record.

6 Are there any questions regarding these
7 instructions?

8 (No response.)

9 HEARING OFFICER MORADO: Okay. So hearing
10 none, today's proceedings are going to begin with
11 SwedishAmerican President and CEO Dr. Bill Gorski.

12 Dr. Gorski, thank you.

13 DR. GORSKI: Thank you. I am Dr. Bill Gorski,
14 G-o-r-s-k-i, and it is my pleasure to present this
15 statement of support for SwedishAmerican's
16 certificate of exemption Level III NICU project.
17 The application was received by the Illinois Health
18 Facilities and Services Review Board on April 13th
19 and deemed complete by staff on April 19th.

20 This project, in conjunction with our entire
21 modernization and expansion initiative, which is
22 visible on the visual there, is consistent with our
23 106-year mission-driven history of serving our
24 community. We believe that all citizens of our city

1 deserve access to exceptional services closest to
2 where they live. Our continued investment in programs
3 and facilities in the center of our community is
4 evidence of that commitment.

5 We believe the on-site Level III NICU is a
6 core service and will provide continuous care for
7 the many families we serve. Clinical care will be
8 delivered in partnership with the nationally
9 recognized American Family Children's Hospital of
10 UW Health, bringing specialists to our community to
11 care for children close to home.

12 I am honored and humbled by the overwhelming
13 support SwedishAmerican has received for the Level III
14 NICU. To date we have nearly 1,700 signatures --
15 and I have those with me here today -- on a petition
16 of support. There are currently 31 letters of
17 support on the NICU application from United States
18 Senators and Congressmen, our Mayor, County Chairman,
19 Illinois State legislators, and numerous community
20 leaders and stakeholders, and those letters are
21 posted, as well, there. There have been no letters
22 posted in opposition.

23 I appreciate this opportunity to present the
24 Level III NICU project on behalf of SwedishAmerican

1 Health System. Thank you.

2 HEARING OFFICER MORADO: Thank you. We're
3 going to start off with Bill Roop. And, again, if
4 you can please be sure to spell your name fully for
5 the Court Reporter, and if by chance I have to cut
6 you off at three minutes, don't be too angry with
7 me; we've just got to make sure we get through
8 everybody.

9 MR. ROOP: I've been cut off before.

10 Good morning everyone. My name is Bill Roop,
11 R-o-o-p, and it's in the letter -- "poor" spelled
12 backwards.

13 For a couple decades I've served as
14 president and CEO of Alpine Bank and for the last
15 15 years also have had the privilege of serving at
16 SwedishAmerican Health System's board of directors.
17 I'm here today to express my support and emphasize
18 SwedishAmerican's goal and commitment to delivering
19 and expanding services to even more patients in our
20 central city.

21 For many years SwedishAmerican has been the
22 busiest maternity center in the area. By complying
23 with this regulatory process for this certificate of
24 exemption granting SwedishAmerican the ability to

1 add a Level III neonatal intensive care unit at its
2 downtown campus, SwedishAmerican will continue to
3 expand its seamless and continuous care to more
4 families.

5 Alpine Bank has nearly 400 employees -- we
6 coin it in the "Alpine family" -- many of which live
7 downtown or near the downtown area, and we all
8 recognize that in healthcare access is critical.
9 You know, you need only look at the list, and
10 Dr. Gorski mentioned the number of individuals in
11 the area that recognize the need to have this
12 expanded service in our area.

13 This project is all about this access to
14 critical care, and that's why I urge the Health
15 Facilities and Services Review Board to approve the
16 certificate of exemption.

17 Thank you.

18 HEARING OFFICER MORADO: Thank you.

19 Next up we have Jennifer Hall.

20 MS. HALL: Good morning. My name is
21 Jennifer Hall. I'm vice president of government
22 relations and community advocacy at Mercyhealth.
23 Mercyhealth's opposition to the UW/Swede's
24 Level III NICU has nothing to do with competition.

1 In fact, we support the majority of their proposal.
2 This is not a free market situation in which placing
3 a Walgreen's next to a CVS is better for the
4 consumer. UW/Swedes is asking to build a Level III
5 NICU based on the services they provide in Madison.
6 With only 10 beds in Rockford, they will not have
7 the financial resources to maintain the specialists,
8 subspecialists, and support staff required to be
9 present locally 24/7/365. Nor will those
10 specialists and support staff see enough babies to
11 maintain the expert skills required to properly care
12 for these critically ill babies.

13 Research clearly indicates that smaller NICUs
14 such as the UW/Swedes proposal has worse outcomes for
15 babies than a larger NICU. Mercyhealth takes great
16 pride in ensuring that every possible resource,
17 above and beyond what is required by the State, is
18 available here locally. UW/Swedes simply will not
19 be able to provide all of these resources locally
20 with only 10 beds. If they aren't going to be able
21 to provide every possible resource here locally,
22 they shouldn't be doing it at all.

23 Mercyhealth has recently taken our commitment
24 to these babies and families even further by creating

1 a partnership with Lurie's that ensures even the
2 most complex of cases can be cared for right here at
3 home. A comparison of Mercy and Lurie's combined
4 experience versus UW/Swedes and American Family in
5 Madison makes it very clear that the breadth and
6 width of our capabilities far exceeds that of
7 UW/Swedes. If you were going to have a hip
8 replaced, would you go to a doctor that has done it
9 twice in six months or a doctor that does that
10 procedure every day? Why would we allow babies and
11 families of this region to be put in that situation?

12 This is not a west side/east side issue for
13 the Rockford community. The Mercyhealth Level III
14 NICU, which is also the State's designated Regional
15 Perinatal Center of Excellence, serves 11 counties
16 in Illinois. For those concerned about travel
17 between the Rockton Avenue and Riverside campus in
18 Rockford, I remind you that Mercyhealth has
19 committed to providing transportation for patients
20 between the two campuses.

21 The Rockford community has long been engaged
22 in conversations about the immense duplication of
23 services within the community. Allowing UW/Swedes
24 to create a Level III NICU is the worst kind of

1 duplication, as it will have life threatening
2 consequences to the most fragile babies in our
3 community and region. It will force our families at
4 the most vulnerable time in their life to spend
5 months traveling between home and Madison. Taking
6 parents away from their support system, making it
7 impossible to parent their other children or care
8 for aging parents properly, and certainly making it
9 impossible to maintain a job and source of income,
10 which is already a desperately frightening situation
11 during the months and months and months that a
12 critically ill baby can end up staying in a NICU,
13 this is not a situation we should allow our families
14 to have to endure.

15 HEARING OFFICER MORADO: Thank you.

16 Mayor Tom McNamara.

17 MR. McNAMARA: Good morning. My name is
18 Tom McNamara. I'm the mayor of the city of
19 Rockford, M-c-N-a-m-a-r-a. I'm in strong support of
20 this initiative.

21 Thank you. It's an honor to be here today
22 speaking in support of SwedishAmerican Health
23 System's expansion of its State Street campus.

24 Rockford has three outstanding health systems

1 in addition to other freestanding independent practices
2 and secondary care facilities. We are fortunate that
3 Rockford has grown to be a regional medical destination
4 for patients in northern Illinois and southern
5 Wisconsin. SwedishAmerican's \$130 million expansion
6 will result in further strengthening our healthcare
7 industry, making certain that residents of our region
8 are able to receive the highest level and highest
9 quality of care possible.

10 This project will employ hundreds of skilled
11 construction jobs as well as permanent healthcare
12 jobs. During a time when our state's economy continues
13 to struggle and when Rockford continues to recover
14 from an economic downtown, we must do everything we
15 can to help our institutions expand.

16 In addition to a new women and children's
17 tower, this new facility will bring much needed
18 modernization to multiple areas throughout
19 SwedishAmerican. That will include a critical
20 capacity expansion in behavioral and mental health,
21 and the creation of all private inpatient rooms
22 throughout the existing hospital. With this
23 proposed project SwedishAmerican will have invested
24 more than \$630 million since 2001 in renovating and

1 rebuilding its flagship downtown campus.

2 As mayor of Rockford, one of the most important
3 jobs I have is to create an economic climate that is
4 supportive and responsive to the needs of our business
5 community. Healthcare is one of the most important
6 economic engines in our region, and we must do
7 everything we can to keep it running smoothly.

8 I thank the leaders of SwedishAmerican for
9 their thoughtful and intelligent planning and their
10 continued investment in our community. They truly
11 understand that when they succeed, our entire
12 community benefits.

13 Like others throughout our business, civic,
14 government, and healthcare communities, I'm proud to
15 offer my enthusiastic support of SwedishAmerican's
16 expansion plans. I respectfully urge members of the
17 Illinois Health Facilities and Service Board to
18 approve this project.

19 And on a personal note, I owe a great deal
20 in my family to SwedishAmerican and the care that
21 they provide. My wife and my daughter probably
22 wouldn't be in the condition that they both are
23 today without the excellent care that they provide,
24 and if we can extend that care to all the citizens

1 of Rockford, we will be a better community.

2 Thank you.

3 HEARING OFFICER MORADO: Harlan Johnson.

4 MR. JOHNSON: Good morning everyone. I'm
5 Harlan Johnson, a member of the NAACP and the
6 founder of Come Together Rockford, and I'm speaking
7 on behalf of the plan.

8 I was born in 1942 at SwedishAmerican
9 Hospital. Very grateful. They didn't need a
10 neonatal unit for me there; I was just fine,
11 8-pounds something. My dad ended up walking to the
12 gas station he was working at that morning when it
13 was 15 below zero.

14 For years we've been happy with the NICU at
15 Rockford Memorial Hospital at North Rockton Avenue.
16 We're about to lose it at that location when
17 Mercyhealth, a for-profit corporation whose CEO is
18 paid more than most people could ever hope to,
19 builds their new hospital.

20 Rockford is a residentially segregated
21 community with regard to both income and race. West
22 Rockford has the majority of low-income and poor
23 people. Whereas, people who are wealthy and white
24 live for the most part in the northeast portion of

1 Rockford and suburbs north of Rockford.

2 SwedishAmerican is so much more accessible
3 than the relocated NICU will be in the far northwest
4 corner of Rockford. Consider, for example, the
5 transportation issues for people of generational
6 poverty. We need this unit here. That's from NPR,
7 a report on July 8th, 2011.

8 From the Journal of Neonatal Perinatal
9 Medicine in 2014, I believe it's July: "Specific
10 goals of a team could include building trust with a
11 family, fostering good communication, offering and
12 obtaining referrals for external assistance for
13 urgent family needs, delivering and reinforcing bad
14 news in a consistent compassionate manner and
15 establishing with the family medically and ethically
16 appropriate goals of treatment and care. A
17 foundation could be laid by a bold institution.
18 Such an approach might provide a higher level care
19 for all patients with the added benefit of improved
20 family outcomes and a happier staff."

21 Thank you.

22 HEARING OFFICER MORADO: Thank you.

23 Next we have Linnette Carter.

24 MS. CARTER: Good morning. My name is

1 Linnette Carter, L-i-n-n-e-t-t-e C-a-r-t-e-r.

2 My name is Linnette Carter. I'm the system
3 director for Women and Children's Services and
4 Programs at Mercyhealth. I'm also a licensed
5 perinatal clinical nurse specialist and have worked
6 in this field for 27 years.

7 Our NICU was established 47 years ago in the
8 early 1970s. Due to inconsistent outcomes for babies
9 and research that supported having fewer hospitals
10 with highly specialized resources, in the late 1970s
11 Illinois created our current regionalization program.

12 At the start of this new structured way of
13 ensuring the sickest babies received the best care
14 at specialized centers, we became designated as the
15 Level III NICU and perinatal center. We are one of
16 only 10 in the state. Because the number of babies
17 needing this specialized care is limited, the State
18 of Illinois controls how many Level III NICUs are in
19 the state. This is done to ensure excellent care
20 and the best outcomes possible.

21 Research which prompted the development of
22 regionalization still shows that newborns have the
23 best care and best chance of survival at larger
24 Level III NICUs. Outside Chicago and the St. Louis

1 area, the State has named just one hospital in each
2 of three regions, Springfield, Peoria, and Rockford
3 to be the perinatal center, and they are also the
4 only Level III NICU in their region. They do this
5 because even in regions like Rockford's there are on
6 average 20 additional babies transported to us per
7 month at any given time. This is why the State wants
8 to limit specialty care when dealing with such a
9 small population. It's one of the reasons, for
10 example, that OSF is the regional burn center.
11 There are so few severe burns that it makes no sense
12 for more than one hospital in the region to have the
13 ability to specialize in that area.

14 There are countless miracles that have been
15 experienced by our families over the years, and no
16 matter the outcome of the small 10-bed NICU at
17 UW/SwedishAmerican, we at Mercyhealth will continue
18 to provide the excellent care our local and regional
19 families have come to trust us to provide.

20 For the sake of our most vulnerable babies
21 please oppose this small NICU, as it will only water
22 down resources and skills and could jeopardize the
23 safety of our smallest population.

24 Thank you.

1 HEARING OFFICER MORADO: Thank you.

2 Emily Christensen.

3 MS. CHRISTENSEN: My name is Emily Christensen,
4 C-h-r-i-s-t-e-n-s-e-n. I'm really nervous. They
5 asked me to speak from SwedishAmerican. I just had
6 a baby three months ago on February 2nd. She was
7 supposed to be born healthy, but she has a syndrome
8 called SMMCI they didn't catch ahead of time; it's
9 really hard to do that. Anyway, she was born not
10 being able to breathe through her nose, and
11 apparently babies are obligate nose breathers, so
12 they can't actually breathe if they can't breathe
13 through their noses.

14 Anyway, so she went right from being born to
15 going to the NICU -- I'm very nervous and hormonal
16 because I had a baby a few months ago.

17 (Laughter)

18 MS. CHRISTENSEN: I'm really a numbers
19 person, and so this is an odd place for me to be
20 standing. I understand there are numbers maybe that
21 support both sides, but if you don't think that this
22 whole thing isn't a very emotional issue, you're
23 wrong because having a baby, and the whole process,
24 and feeling trust and at home is really actually a

1 part of it.

2 I guess what I'm here to say is that we had
3 a really wonderful experience at the NICU at Swedes.
4 We chose Swedes because it was centrally located;
5 it's got a really great reputation and my gynecologist
6 is based out of there. Anyway, she was in the NICU
7 for eight days, and we had just a really tremendous
8 experience at Swedes.

9 It was small. For a person that's just had
10 a baby that actually feels quite good. I know
11 perhaps this doesn't sound good from a medical
12 standpoint, but the mother and father feeling in
13 warmth and caring was beneficial -- was good for our
14 baby, was good for us, and we developed a really
15 close relationship with the nurses. And I'm sure we
16 would have elsewhere, but we really loved the nurses
17 at Swedes.

18 Then she had to have a procedure they couldn't
19 do there, so at eight days she was transferred to
20 Rockford Memorial, and I can't tell you how disruptive
21 that was. To have the continuity of care, not have
22 to leave would have been a very nice thing for our
23 family. It was very disruptive to have happened.

24 Not only just having surgery at UW Children's

1 Hospital but surgery after that at Children's Hospital,
2 and the relationship that SwedishAmerican has with
3 that hospital has actually been really nice knowing
4 that the specialists have been interacting, and I
5 know their plan is just to continue interacting with
6 Madison more. And the bottom line here is that her
7 SMMCI syndrome that she's got -- we're learning as
8 we go -- wouldn't have been something that we would
9 be able to stay in Rockford for anyway, and I'm
10 grateful that these two hospitals are able to work
11 together.

12 So my plea here I guess is they wanted me to
13 tell you that it would have been very nice to have
14 that ability to not have to leave after eight days
15 the family that had, you know, invited us in and
16 helped us through that experience and made a really
17 nice warm spot, small for our family. Thanks.

18 HEARING OFFICER MORADO: Thank you for
19 sharing. Wish you all the best.

20 Stacy Flanagan.

21 MS. FLANAGAN: My name is Stacy Flanagan,
22 S-t-a-c-y F-l-a-n-a-g-a-n. Yes, I am nervous, too,
23 so I apologize right now.

24 The NICU means the world to the Flanagan

1 family. I don't even know where to begin, how to
2 explain the NICU family. They are truly one of a
3 kind. They treated us with respect; they were
4 professional and cared about our feelings.

5 Every time I think about our experience in
6 the NICU I still get tears in my eyes. It was a
7 very long, rough, bumpy road, but with the great
8 NICU staff, they made it smoother for us, a roller
9 coaster ride that I wish no one would have to go
10 through. How fortunate we are to have an NICU right
11 in Rockford, Illinois.

12 I oppose the 10-bed unit at SwedishAmerican
13 Hospital. We already have a NICU in Rockford that's
14 established with all the specialty doctors and
15 nurses. The babies would have to be transported to
16 another hospital. This would have been a financial
17 burden for my husband and I if our twins would have
18 had to have been transported to a faraway hospital.
19 We would have not been able to see our sons every
20 day like we were right here in Rockford. How would
21 you like it if you were unable to see your children
22 every day not knowing day-to-day if they would still
23 be alive?

24 It was bad enough not being able to hold our

1 sons. It was two months before we were even to able
2 hold them. A 30- or 40-minute drive versus a two- or
3 three-hour drive makes a big difference.

4 My twins were born five days apart. One was
5 born at 24 weeks; one was born at 25 weeks at 1 pound
6 9 1/2 ounces and 12 inches long. Can you imagine?
7 A lady at church told me that was a stick of butter
8 with arms and legs on it. So if you can imagine
9 that, that baby fit right in your hand.

10 The doctors and nurses were our support
11 system. They cried with us, they laughed with us
12 and cheered and celebrated with us. Besides being
13 doctors and nurses, they were also a friend, a
14 babysitter, and a mom to us and to our twin sons.
15 Every time our sons made an improvement they would
16 call us up and tell us about it. My husband and I
17 both had to work full time, so during the day while
18 we were working, they would call us and fill us in
19 on events that happened. We went every day to visit
20 our sons, and it was hard to leave them, but we knew
21 they were in good hands.

22 We still keep in contact with our primary
23 doctor and primary nurses. The nurses always made
24 sure their isolettes were decorated and always

1 celebrated their monthly birthdays. They would
2 decorate also for the holidays; they would make us
3 special gifts and surprises when we came in the
4 evening to visit. Our primary nurses made sure they
5 were there the day we were dismissed from the
6 hospital and bought going-away gifts for each baby.
7 The nurses and doctors went way above the call of
8 duty, and we are truly thankful for what they did
9 with us. It takes a special person to work the
10 NICU. God bless the NICU team, and thank you for my
11 miracle twins.

12 And mind you, my twins were there for seven
13 months. So if we would have had to travel two to
14 three hours to see our kids, we wouldn't have been
15 able to see them every day; probably once or twice
16 a week.

17 Thank you very much for your time.

18 HEARING OFFICER MORADO: Thank you.

19 Reverend Grier.

20 REVEREND GRIER: Good morning everyone.

21 Anthony Greer, G-r-i-e-r. I'm here in support of
22 SwedishAmerican.

23 I heard two things mentioned this morning,
24 money and community. We know money makes the world

1 go round, but in the community -- community is in need
2 of a lot of things, but most importantly our children
3 need to be taken care of and need the proper care that
4 they deserve even when they're babies. And I
5 believe it's very important that we support this new
6 establishment that's being added to the community,
7 not taken away from the community because our
8 children need extra special care.

9 I have a daughter that was born and she
10 experienced whooping cough, and this city was not
11 hearing of that much, but to know that we're about
12 to add something to an already existing hospital to
13 further increase the needs or the efforts on behalf
14 our babies, we have to support it. We should not be
15 arguing about -- it's not a black/white thing or
16 what the community doesn't need. The community
17 needs this. Our babies need this.

18 It's good to see so many pastors here and
19 other members here to support this. Because if we
20 don't have the right facilities to raise children or
21 to help at-risk parents, then we have to go to other
22 states and places like that. Rockford is a
23 beautiful city, and why not add beauty to our city
24 instead of taking things from what our city needs

1 and moving it to the other side of town.

2 So I'm in full support of this project. I
3 pray blessings upon Dr. Gorski and all those others
4 that are here, the neonatal people, God bless you,
5 and I pray that God keeps your hands strong to keep
6 your hands on our babies.

7 HEARING OFFICER MORADO: Thank you.

8 Gillian Headley.

9 DR. HEADLEY: Good morning. My name is
10 Gillian Headley, G-i-l-l-i-a-n H-e-a-d-l-e-y.

11 I'm the medical director of Mercyhealth
12 neonatal intensive care unit and codirector of the
13 Northwest Illinois Regional Perinatal Center. As a
14 board-certified neonatologist for the last 17 years,
15 I have cared for over 6500 premature and seriously
16 ill babies.

17 The Level III NICU at Mercyhealth Hospital
18 Rockton Avenue is staffed by neonatologists, neonatal
19 nurse practitioners, and neonatal nurses, all of whom
20 are specially trained in the care of critically ill
21 newborns. The care received at Mercyhealth's
22 Level III NICU has resulted in consistently superior
23 outcomes when compared with Level III NICUs across
24 the United States. This is evidenced by our

1 national quality measures in several of the
2 complications of prematurity. Our commitment to the
3 advancement of newborn care is seen in our recent
4 establishment of a small baby unit specifically for
5 the care of infants who are born at less than 27 weeks
6 gestation.

7 Being a 52-bed Level III NICU gives us a
8 tremendous amount of experience in the care of
9 critically ill babies. Research has shown that
10 outcomes are better in large NICUs when compared with
11 smaller NICUs with fewer than 15 beds. This is
12 especially important with infants who are born at
13 lower gestations and at lower birth weights.

14 At Mercyhealth we are committed to providing
15 the best care to the infants in our community and
16 throughout the region. There is no need for another
17 Level III facility that will not be able to rival
18 the care provided at Mercyhealth. Let us focus on
19 what is best for the critically ill newborns who
20 need immediate, highly specialized care in order to
21 survive. Let us not mislead the citizens of the
22 Rockford community into thinking that a 10-bed NICU
23 at UW/Swedes will provide the same caliber of care
24 as the experienced team at Mercyhealth.

1 Our community deserves the best. Our families
2 deserve the best. Our most fragile residents,
3 newborns fighting for their lives, deserve the best.
4 At Mercyhealth we are committed to being the best,
5 and our 47-year track record of superior outcomes
6 proves it. There is no room for compromise or
7 second best when babies' lives are at stake.

8 For these reasons I urge you to oppose this
9 10-bed Level III NICU project.

10 HEARING OFFICER MORADO: Thank you so much.

11 Next up we have Representative Litesa Wallace's
12 representative Renee Luthe.

13 MS. LUTHE: Good morning. My name is Renee,
14 R-e-n-e-e, Luthe, L-u-t-h-e, of the district office
15 of State Representative Litesa Wallace.

16 SwedishAmerican Hospital is within the
17 67th District that Rep Wallace represents. Due to
18 session commitments in Springfield today, Rep
19 Wallace asked that I share her supportive public
20 comments to the Review Board on both the COE and CON
21 applications filed by SwedishAmerican Hospital.

22 On behalf of her constituents, Rep Wallace
23 urges the Review Board to approve the NICU for
24 SwedishAmerican and its modernization project to

1 afford them immediate access to the highest level of
2 maternal, obstetric, and pediatric care. Your approval
3 of these actions will help assure continuity of care
4 for new mothers who find themselves in need of NICU
5 services and equipment for their newborn children.
6 Even though need is not a relevant consideration for
7 a certificate of exemption application, this NICU is
8 needed and should be approved.

9 Rep Wallace personally understands the
10 importance of immediate access and continuity of care,
11 having herself gone through a high-risk that required
12 emergency transport from one hospital to another.

13 Rep Wallace also has a professional
14 understanding as a mental health counselor with a
15 doctorate in psychology of the importance of the
16 matter before this Review Board.

17 Rep Wallace is well aware of the quality and
18 capabilities of medical staff at both SwedishAmerican
19 and its UW Health parent and strongly believes that
20 elevating the level of prenatal equipment and
21 services at SwedishAmerican is in the best interests
22 of her constituents and Rockford.

23 Rep Wallace has already shared written
24 comments with the Review Board in support of the COE

1 and CON applications and was honored to speak at the
2 announcement event along with State legislative
3 colleagues who also represent citizens of Rockford
4 and the Illinois General Assembly.

5 Rep Wallace asked that I today share her
6 strong support for the COE application for the
7 SwedishAmerican NICU and the CON application for the
8 new Women and Children's Center.

9 Thank you.

10 HEARING OFFICER MORADO: Thank you.

11 Next up we have Anne Herkert.

12 MS. HERKERT: My name is Anne, A-n-n-e,
13 Herkert, H-e-r-k-e-r-t. I am here as a parent, an
14 employee of Mercyhealth, a resident of Rockford.
15 I'm speaking in opposition to the 10-bed NICU. The
16 need is already being met.

17 28 years ago en route to Rockford for an
18 emergency meeting with my obstetrician I experienced
19 a seizure. As my husband Steve pulled into the
20 parking lot at then Rockford Memorial Hospital, I
21 again had a seizure. In the ER Steve met the
22 obstetrician on call who confidently told him, "Your
23 wife has developed eclampsia. I have seen this
24 before and know how to handle her care."

1 Following three days in intensive care I was
2 wheeled into the NICU to see our Stephanie born
3 12 weeks early, 2 pounds, 2 ounces. I was in shock,
4 never been in a NICU before, but I was not alone.
5 Looking around I saw 23 other families in the same
6 situation as I was. There was a constant flow of
7 nurses, doctors, and specialists.

8 For 115 days we rode the NICU roller coaster
9 with our premie. It is said you may not remember
10 what someone says to you, but you will remember how
11 they made you feel. I distinctly remember feeling
12 confident that Stephanie was receiving the best care
13 possible. Although no one was able to predict the
14 future, I felt the team of specialists would help
15 her reach the best outcome for her situation.

16 28 years later I am now the family support
17 coordinator for Mercyhealth NICU. The physical
18 space is different. There are 52 beds, 140-plus
19 staff members, including neonatal nurse practitioners,
20 neonatologists, and pediatric specialists. As
21 research continues to discover new and better ways
22 of treating and accommodating premature infants, our
23 NICU continues to evolve providing care backed by
24 experience and supported by evidence-based research.

1 As part of my job I facilitate a council of
2 NICU parents who provide a parent perspective to
3 staff and support the current NICU families. I feel
4 the anxiety and pain of the parents I support in the
5 NICU, and although I know their baby's future still
6 cannot be predicted, I am confident their baby is
7 receiving the care needed to reach the best possible
8 outcome for their situation.

9 By the way, 28 years later our Stephanie is
10 a nurse, and 28 years later this weekend Steve and I
11 will celebrate with family and friends as our precious
12 premie gets married. Quite an outcome.

13 At the time that she was a premie, I traveled
14 45 minutes from a small farming community. It wouldn't
15 have mattered if I had to travel another 10 minutes
16 to get to where the new NICU was going to be.

17 HEARING OFFICER MORADO: Congratulations.
18 Thank you.

19 Next up we're going to have Reverend
20 Kenneth Board.

21 REVEREND BOARD: My name is Kenneth Board,
22 K-e-n-n-e-t-h B-o-a-r-d.

23 Dear Illinois Health Facilities Board of
24 directors. Good morning, I'm the senior pastor of

1 Pilgrim Baptist Church located at 1703 South Central
2 Avenue here in Rockford. Thank you for giving me
3 this opportunity to speak on behalf of the unborn
4 babies in Rockford who need special medical care and
5 expertise.

6 Although I am a pastor and second vice
7 president of the SwedishAmerican board of directors,
8 I want to speak to you today as a father and
9 grandfather in support of the Level III neonatal
10 surgery -- neonatal nursery that needs your approval
11 in order for SwedishAmerican Hospital to implement
12 this vision.

13 Downtown Rockford and nearby neighborhoods
14 deserve access and quality care; moms deserve this;
15 their babies deserve this; families deserve this; my
16 family deserves this. I stand fully behind
17 SwedishAmerican and their efforts to expand services
18 to benefit the community that I love and serve.

19 Therefore, I would greatly appreciate your
20 approval of SwedishAmerican Hospital's request to
21 offer a Level III neonatal unit so that our babies
22 born in underserved areas of the city of Rockford
23 will have the outstanding medical care they need and
24 deserve.

1 And I also leave my contact information.

2 Before I take my seat -- usually I don't read
3 from scripts, but I want to be brief, and being a
4 Baptist preacher, I tend to be long-winded.

5 I simply want to say this: I've heard
6 several banter back and forth. What I hear is smoke
7 and mirrors and fear. Mercy Rockford has done an
8 outstanding job in the past with the work that they
9 do. SwedishAmerican is the leading hospital in this
10 area. We want to expand what we're doing to serve
11 an unmet need. Mercy Rockford is moving out near
12 the Interstate. We're staying in the same place.
13 There's going to be a lot of poor mothers from all
14 walks of life who won't have access to neonatal
15 care, and we really need your support and your
16 understanding to be able to care for these babies
17 because once the move is made, we really need the
18 help with the kind of care that Swedes has provided
19 over the years.

20 Thank you for your time and thank you for
21 the care you have for the babies.

22 HEARING OFFICER MORADO: Thank you, Reverend.

23 Next up we will Paul Van Den Heuvel.

24 MR. VAN DEN HEUVEL: Hello. I'm Paul Van

1 Den Heuvel, V-a-n D-e-n H-e-u-v-e-l. I'm vice
2 president of legal affairs for Mercyhealth. I'm here
3 to express Mercyhealth's opposition to Project E019-17.

4 Mercyhealth takes no issue with the vast
5 majority of UW/Swedes \$130 million proposal to
6 modernize their facilities. However, I believe that
7 the Health Facilities and Services Review Board
8 should be very concerned with the proposed element
9 of the proposal in which UW/Swedes is seeking to
10 establish a 10-bed Level III NICU unit.

11 If approved, the UW/Swedes program would
12 result in diminished outcomes for babies cared for
13 in their facility as well as transfer of those
14 babies and their families to Madison, Wisconsin, for
15 care that is and cannot be provided to a NICU
16 facility encompassing just 10 beds.

17 Let's be clear. UW/Swedes already has a
18 Level II NICU. This is not about caring for babies
19 in that NICU; this is about where Level III babies
20 should be cared for, the critically ill babies.

21 Research studies published in the New England
22 Journal of Medicine and Journal of Pediatrics have
23 shown that outcomes for critically ill newborns,
24 including lower death rates, are better than those

1 when the newborns are birthed and cared for in a
2 hospital with a large NICU such as a 52-bed NICU
3 operated by Mercyhealth.

4 Conversely, outcomes for critically ill
5 newborns are worse when they are cared for in a
6 small NICU such as a Level III 10-bed NICU proposed
7 by UW/Swedes. This is due in part to the inability
8 of specialists to hone and enhance their skills in a
9 low-census Level III NICU unit. Would you seek
10 cardiac surgery from a physician who performs a few
11 surgeries per year versus one who performs 50?

12 In order to truly provide the level of
13 services required of a Level III NICU, a hospital
14 has to be willing to make a significant financial
15 commitment to provide the facilities and locally-
16 based staff physicians necessary to provide critical
17 services. Mercyhealth employs 44 full-time Rockford-
18 based pediatric specialists and subspecialists in
19 19 different specialties. We also staff and operate
20 our specialized small baby unit which provides
21 specialized care for babies born at less than 27 weeks
22 gestation or weighing less than 2.2 pounds.

23 With its 10-bed proposal I find it hard to
24 believe that UW/Swedes intends to employ the

1 Rockford-based pediatric specialists necessary to
2 timely provide critical babies' care right here in
3 Rockford and not in Madison.

4 They instead appear to be seeking approval
5 of their application based on the care UW provides
6 in Madison. In order to provide care on the
7 24/7/365 basis that Mercyhealth does, UW/Swedes would
8 at minimum need to commit to locally-employed
9 physicians in Rockford for the following pediatric
10 specialties: OB, neonatology, gastroenterology,
11 ear/nose/throat, radiology, anesthesiology, neurology,
12 cardiology, general surgery, ophthalmology.

13 Having these kinds of specialist on call
14 from a location 80 miles away, that being Madison,
15 would likely result in a lag time of no less than
16 three hours to begin a critical procedure and in
17 many cases much more than that. The only alternative
18 would be for UW/Swedes to transfer these babies and
19 their families to the downtown Madison location
20 which is a 90-minute drive from their campus on a
21 good day.

22 Highly at-risk babies requiring specialty
23 and subspecialty care not available at UW/Swedes
24 will be transferred to Madison for that care. It is

1 likely that UW/Swedes will also seek to transfer
2 less at-risk babies and their families to their
3 facilities in Madison. The impact on families in
4 crisis will be significant. Imagine the financial
5 and emotional drain if you had to spend months in
6 Madison caring for your fragile newborn as he or she
7 received care in a NICU. Could you fulfill your
8 duties as a spouse, as a parent to other children,
9 or your duties in your job?

10 For these reasons I request rejection of the
11 proposal.

12 HEARING OFFICER MORADO: Thank you.
13 Howard Kaufman.

14 DR. KAUFMAN: Hi. I'd like to thank you for
15 the opportunity of presenting this plea for approval.

16 My name is Howard Kaufman, K-a-u-f-m-a-n.
17 I'm a maternal fetal medicine specialist practicing
18 at SwedishAmerican Hospital. I've practiced maternal
19 fetal medicine in this community for 26 years.

20 Currently the majority of babies that are
21 born in the Rockford area are born at SwedishAmerican
22 Hospital. Statistically the patients that come to
23 us that are high-risk don't -- often don't have
24 identifiable risk factors prior to their admission

1 to the hospital. They may have developed a, quote,
2 high-risk condition since their last visit perhaps
3 at their physician. Therefore, many women come to
4 labor and deliver with issues that were not necessarily
5 expected earlier in the pregnancy. In response to
6 these issues, SwedishAmerican started a maternal
7 fetal medicine program in 2008. Our current MFM
8 group has the most individual experience and talent
9 and is 100 percent board certified.

10 There's two aspects of care for a neonate.
11 That is the maternal care and taking care of the
12 baby while it's still in utero and that once the
13 baby is born. And MFM group trained to take care of
14 the high-risk obstetric conditions as well as
15 critically ill mothers, and there's some special
16 expertise in critical care maternal situations in
17 our group. Therefore, our -- the limitations of our
18 ability to keep patients at SwedishAmerican Hospital
19 is based upon our nursery's designation to be able
20 to keep these patients and not on the individual's
21 training. The neonatal group is also boarded and
22 fellowship trained and can run the whole gamut of
23 neonatal care but, again, is limited to the patients
24 they can take care of based upon the designation.

1 Anytime there's a transport of a mother or
2 newborn, there is always a potential for an adverse
3 occurrence. This may be related to an internal or
4 fetal issue. Just imagine that even in a small
5 transport, if there's an abruption of a placenta,
6 there's other issues, these are not well taken care
7 of in an ambulance; the scope and care of the
8 condition is such that this baby would be better
9 served by staying in their home hospital. Taking a
10 chance of having one maloccurrence related to a
11 transport is really one too many.

12 So I am appealing to you today to approve
13 the request to enhance our resources through this
14 certificate of exemption for a neonatal intensive
15 care unit along with the nursery. The nursery will
16 provide improved care and access. There will be
17 better access to patients traditionally underserved
18 in our region in southwest and central Rockford
19 being in the location of the SwedishAmerican's
20 downtown campus.

21 I'm also submitting an additional written
22 letter of support which contains much more detail
23 than I'd want to take your time with at this
24 particular time.

1 So thank you for your consideration in this
2 matter, and I am strongly appealing for the approval
3 of this certificate of exemption.

4 HEARING OFFICER MORADO: Thank you.

5 Jedediah Cantrell.

6 MS. CANTRELL: Good morning. My name is
7 Jedediah Cantrell, J-e-d-e-d-i-a-h C-a-n-t-r-e-l-l.

8 As the vice president of operations at
9 SwedishAmerican Health System, a division of UW
10 Health, I want to express my sincere support for the
11 application that is before you today.

12 This application represents SwedishAmerican's
13 commitment to the residents of Rockford and offers
14 an even higher level of excellence in healthcare to
15 the area. The proposed Level III NICU will provide
16 parents and their newborns the most advanced level
17 of care available, offering peace of mind knowing
18 quality care is close to home.

19 Additionally, our project has major and
20 long-term economic impacts to downtown Rockford.
21 Our project will add several hundred jobs, union
22 labor construction jobs, and dozens of new permanent
23 healthcare jobs inside SwedishAmerican.

24 The residents of Rockford need high-level

1 care close to home. The vitality of our entire
2 community depends on advanced perinatal care in
3 inpatient and outpatient services. The staff and
4 leadership of SwedishAmerican Health System look
5 forward to continued growth of Rockford as a
6 healthcare destination. Please approve the
7 application submitted to you.

8 HEARING OFFICER MORADO: Thank you.

9 Joseph Dixon.

10 MR. DIXON: Good morning. I'm Joseph Dixon,
11 D-i-x-o-n, and I am the pastor of the All Nations
12 Worship Center and also the current president of
13 Rockford Ministers Fellowship. I have with me
14 Dr. Peter Frank Williams. He is the secretary of
15 the fellowship.

16 Members of the staff of the Review Board, this
17 NICU application is strongly supported by the
18 Rockford Ministers Fellowship clergy and the
19 congregations they represent. Once operational,
20 this NICU and the associated modernization project
21 will address the current and growing disparity in
22 immediate accessible healthcare resources on the
23 west and south sides of our city.

24 It is important that our congregants don't

1 have to travel from -- to the far east side of the
2 city for extended healthcare and visitations. For
3 us proximity is not just a convenience; it is a
4 necessity.

5 There is a health professional shortage area
6 in the west and southwest part of our community.
7 Statistically we experience a higher rate of
8 premature birth than the general public. We are
9 grateful to SwedishAmerican Hospital for having
10 remained committed to the downtown area of Rockford
11 and to its west and southwest communities. This new
12 Women and Children's Center and specially this new
13 NICU is desperately needed and is very strongly
14 supported.

15 For the west- and south-side community in
16 Rockford, approval of this exemption application is
17 very -- of very high priority. It is a matter of
18 accessibility, fairness, and equity. We respectfully
19 and most urgently ask approval of exemption
20 application for the SwedishAmerican NICU as well as
21 the associated certificate of need for modernization
22 project.

23 I also was a -- in the service, in the
24 Air Force, and I have a daughter that was born at

1 26 weeks. Fortunately for us, we were in San Antonio,
2 Texas, that had the ability to treat her. When we
3 received assignments, there were many assignments
4 that we could not go upon because of the special
5 care my daughter needed. So to have this added with
6 Swedish here in Rockford -- I don't think you can get
7 too much healthcare. We need all the help we can
8 get for our entire community. I like what Dr. Board
9 said. It's really not an east side/west side thing.
10 We need better healthcare for all Rockfordians.
11 Thank you.

12 HEARING OFFICER MORADO: Thank you.

13 Venita Hervey.

14 MS. HERVEY: Thank you. My name is Venita,
15 V-e-n-i-t-a, Hervey, H-e-r-v-e-y.

16 I intended to bring up fluffy here today,
17 and I wanted to talk about the positive aspects of
18 SwedishAmerican and what they've meant to the
19 community, their long-term commitment, 100 and some
20 years of making sure that some of the most distressed
21 areas of our city have the best quality and the
22 highest care that's available in healthcare.
23 They've done that.

24 SwedishAmerican recently became the first

1 clinic in Rockford to put a primary care clinic in
2 southwest Rockford, not northwest but southwest.
3 It's going to be right down the street from my
4 house. I got more calls from people saying thank
5 you -- I took all the credit by the way. I worked
6 so hard for that, and they all said thank you.

7 I don't know if this community understands
8 the fear that has been cast across wide swathes of
9 Rockford with the moves that are taking place at
10 Rockford Memorial Hospital. Healthcare is not just
11 about whether something is there; it's about where
12 the people believe that people also care about them
13 and about their healthcare needs.

14 The loss of our trauma center, the loss of
15 obstetrics from Rockford Memorial Hospital means
16 that women in the entire western region, not just
17 the west side of Rockford, and south areas won't
18 have access to obstetrics unless they go to
19 SwedishAmerican. Before the ink was dry on the move
20 away from our services out of the community,
21 SwedishAmerican stepped up to the plate. While I
22 was out there calling people everything but a child
23 of God and trying to think of ways to puncture their
24 tires, they were in their offices figuring out ways

1 to fill the gap.

2 This Level III NICU is one more area to fill
3 the gap. This is not a duplication of services, no
4 more than putting a Level I trauma center within
5 four minutes of an existing trauma center is
6 duplication of services, no more than taking the
7 cardiac cath lab out of Rockford Memorial Hospital,
8 not to mention half the emergency room beds is not
9 desecrating those services.

10 We have a huge gap that's been created by
11 Mercyhealth's decision to move services. Rockford
12 had a very balanced healthcare system -- we had west;
13 we had central city; we had east -- and that balance
14 has been upset. Thank God that SwedishAmerican is
15 doing everything in their power, not just the
16 Level III NICU center but also expanding emergency
17 services. I'll get into that this afternoon.

18 With regard to the NICU center, we have some
19 of the most at-risk babies because the women are
20 poor; they have lower nutrition. The babies don't
21 always get the best care in the womb or once they're
22 born. The idea that shuttle bus medicine is good
23 for women in high-risk pregnancies or infants who
24 are at their most critically ill is an insult to our

1 community.

2 SwedishAmerican not trying to duplicate
3 Rockford Memorial's Level III trauma center; they're
4 trying to build an additional service that's
5 critically needed in the city of Rockford. We're
6 quickly becoming a regional healthcare center again,
7 not just for Rockford residents but for the entire
8 western portion of our region. I'm not sure why
9 people believe a region only exists in 11 counties.
10 We've got counties to the west of us that need
11 services also, and to the north, and to the south.
12 There are gaps all over.

13 So I am totally in support of the expansion
14 of the Level II to a Level III. The collaboration
15 with UW -- which is, by the way, where I went for my
16 cancer care. I went to SwedishAmerican for other
17 care. I used to joke that every part of my body has
18 been covered by some kind of physician or hospital
19 somewhere. But that opportunity to develop that
20 relationship and bring UW's expertise and care to
21 Rockford for our most vulnerable citizens, our
22 babies and high-risk pregnancy women is one we
23 cannot afford to pass up.

24 I am imploring the Health Facilities and

1 Services Review Board to allow SwedishAmerican to
2 continue their role in filling the gaps and
3 providing critical services to some of our most
4 underserved and needed areas of the city.

5 Thank you.

6 HEARING OFFICER MORADO: Thank you.

7 Salena Kinser.

8 MS. KINSER: Good morning. My name is
9 Salena Kinser, S-a-l-e-n-a K-i-n-s-e-r. I'm the
10 operational supervisor for SwedishAmerican special
11 care nursery. I see firsthand all of our sickest
12 and tiniest babies and extremely stressed and
13 worried parents and family members.

14 Being transferred to the special care
15 nursery is not what a new mother or father expects
16 or dreams of, and sometimes those parents' worst
17 fears become reality when we have to tell them their
18 baby has to be transferred to a different hospital
19 to receive care, potentially separating the mom and
20 baby for days or more.

21 Evidence shows that premature, sick babies
22 fare better when delivered at a tertiary hospital.
23 Delivery of an infant that needs additional support
24 cannot always be anticipated or prevented. Having a

1 Level III NICU at SwedishAmerican Hospital allows us
2 to provide babies with the highest level of care at
3 the moment it is needed.

4 I have been a nurse for 25 years for the
5 majority of that time spent caring for babies in
6 both a Level II-E and a Level III NICU. I have been
7 with SwedishAmerican for seven years and have worked
8 alongside an amazing team of doctors, nurses, and
9 respiratory therapists. Many of our nurses have
10 Level III NICU experience and commit themselves
11 fully to caring for these most vulnerable babies
12 while supporting their families as they go through
13 this difficult journey. A Level III NICU at
14 SwedishAmerican Hospital would allow us to provide
15 the highest level of care to our most at-risk babies
16 while keeping their mothers close by.

17 That is why I am providing a letter of support
18 for the exemption application to add a Level III
19 neonatal intensive care unit at SwedishAmerican
20 Hospital. I strongly urge you to approve the COE
21 application to add a Level III NICU. Our babies,
22 their moms, and families deserve the highest caliber
23 of care at SwedishAmerican Hospital. Adding a
24 Level III NICU will do just that and more.

1 Thank you.

2 HEARING OFFICER MORADO: Thank you.

3 And Wesley.

4 (No response.)

5 HEARING OFFICER MORADO: Anne Westerman.

6 MS. WESTERMAN: Good morning. My name is
7 Anne, A-n-n-e, Westerman, W-e-s-t-e-r-m-a-n, district
8 office staff for State Representative Joe Sosnowski.

9 Representative Sosnowski already shared
10 written comments with the Review Board in support of
11 the SwedishAmerican Hospital NICU and modernization
12 projects. He cannot attend this hearing since the
13 General Assembly is in session today but asked me to
14 appear on his behalf to share oral comments in
15 support at this public hearing.

16 Representative Sosnowski supports the
17 advancement of all three hospitals in Rockford and
18 is most pleased with the progress that each has now
19 initiated. That progress will benefit our region
20 from both a healthcare and economic perspective.

21 Representative Sosnowski is grateful for the
22 long-term commitment that SwedishAmerican Hospital
23 has made to Rockford and its downtown. Upon
24 completion of the projects described in the COE and

1 CON applications now before you, SwedishAmerican
2 Hospital will have invested more than \$630 million
3 in its downtown campus since 2001. That translates
4 into better healthcare for our citizens and needed
5 economic activity for our region.

6 Representative Sosnowski was honored to
7 speak at the announcement event for these NICU and
8 hospital modernization projects. The passion and
9 commitment for serving the healthcare needs of women
10 and children was evident at that event, and Review
11 Board approval of the COE and CON applications will
12 enable the dedicated professionals at SwedishAmerican
13 Hospital to better serve mothers, children, and
14 families.

15 Representative Sosnowski respectfully urges
16 approval of both the COE and the CON applications of
17 SwedishAmerican Hospital. Thank you, members and
18 staff of the Review Board for your consideration.

19 HEARING OFFICER MORADO: Thank you.

20 Brandon Hargrove.

21 MR. HARGROVE: Hello. My name is Brandon
22 Hargrove, B-r-a-n-d-o-n H-a-r-g-r-o-v-e.

23 Dear Chairwoman Olson, I am pleased to
24 provide a letter of support for the SwedishAmerican

1 Hospital CON application to modernize its existing
2 facility and construct a new Women and Children's
3 tower and its exemption application to add a Level III
4 neonatal intensive care unit.

5 My son was born March 30th, 2015, where
6 after a wonderful and beautiful delivery my wife and
7 I were told that there were some complications with
8 his pancreas and blood sugars due to my wife being
9 diabetic. Of course, we were scared and worried
10 that our child could be diabetic, as well, at such a
11 young age. He was taken to SCN where the doctors
12 and nurses explained to us in full detail the
13 complications and what needed to be done to get our
14 baby boy home safe and healthy as soon as possible.

15 They allowed us to come and visit as much as
16 we liked, and they were very informative about his
17 condition and very attentive to him. He was in SCN
18 for about three weeks before we could take him home.

19 He is now 2 years old and a very healthy and
20 happy boy. We would like to thank the entire staff
21 for their hard work and dedication and strongly
22 support the project to add a Level III NICU. I
23 wholeheartedly want to express strong support for
24 SwedishAmerican's proposed modernization and

1 expansion and particularly the Level III neonatal
2 intensive care unit. It would be extremely
3 beneficial for families with newborns who require
4 special care and attention to be able to stay in the
5 same hospital in which they were born. I ask that
6 you please approve this wonderful and beneficial
7 project.

8 Thank you.

9 HEARING OFFICER MORADO: Thank you.

10 Mark Bonne.

11 MR. BONNE: Good morning. My name is
12 Mark Bonne, M-a-r-k B-o-n-n-e. I'm chief of staff
13 for State Senator Steve Stadelman, whose presence is
14 also required in Springfield because General
15 Assembly is in session, and so he asked me to come
16 here and speak on his behalf.

17 SwedishAmerican Hospital has a 106-year
18 history of service and commitment to Rockford, and
19 the hospital operates and is located within the
20 34th Legislative District that Senator Stadelman
21 represents. Your approval of the pending certificate
22 of exemption and certificate of need applications
23 will help ensure that exemplary medical care will
24 continue for years and generations to come.

1 These two applications for the NICU and
2 modernization project have broad support in Rockford,
3 including the Rockford Register Star editorial board,
4 labor and business leaders, four other Rockford area
5 hospitals, and a bipartisan array of elected
6 officials in Federal, State, and local government.

7 But what matters most and what makes these
8 applications so deserving of approval is what the
9 project means for mothers, children, and families
10 who will utilize the NICU and the new Women and
11 Children's tower. When higher levels of care are
12 needed, they will be readily accessible in the
13 downtown, west side, and south side areas of
14 Rockford. Mothers will be able to stay with their
15 obstetrician and maintain a continuity of care when
16 a newborn requires NICU services and equipment. The
17 dedicated staff of SwedishAmerican Hospital will be
18 empowered to more fully serve the needs of its
19 maternal and pediatric patients.

20 Although need and impact are not relevant to
21 the consideration of a certificate of exemption, the
22 need clearly exists, and the overall impacts can
23 only be positive.

24 Senator Stadelman asked me to convey his

1 enthusiastic support for the certificate of exemption
2 and certificate of need applications of SwedishAmerican
3 Hospital that are now pending before this Review Board.

4 And I also have Mayor McNamara's written
5 comments that he neglected to leave here.

6 HEARING OFFICER MORADO: Thank you so much.
7 I appreciate that.

8 I have the last one here, and I must admit
9 that the handwriting is a little bit perplexing, but
10 I'm going to give it a shot. Awisi Quarthey.

11 MS. QUARTEY: Good morning. My name is Awisi,
12 A-w-i-s-i, Quarthey, Q-u-a-r-t-e-y. I serve as a
13 staff assistant to United States Senator Dick Durbin.
14 As you may all know, the Senate is in session today,
15 and accordingly, I am here on his behalf.

16 Earlier Senator Durbin joined Senator Tammy
17 Duckworth in submitting written comments in support
18 of two applications, SwedishAmerican Hospital's
19 certificate of exemption and the certificate of need.

20 Congresswoman Cheri Bustos, along with
21 Congressman Adam Kinzinger, Peter Roskam, and
22 Randy Hultgren also submitted supportive documents
23 on said applications.

24 The NICU application is particularly important

1 because it serves as a necessary foundation to the
2 entire modernization project and the envisioned new
3 Women and Children's Center. The NICU will afford
4 the west and south sides of Rockford immediate
5 access to the highest level of prenatal care by
6 assuring continuity of care for more complicated
7 childbirths, enabling mothers and families to stay
8 with obstetricians rather than transfer to different
9 hospitals and different doctors. These projects
10 will result in better distribution of healthcare
11 resources throughout Rockford.

12 SwedishAmerican Hospital has earned the
13 coveted Healthgrade Labor and Delivery Excellence,
14 which is conferred upon the top 5 percent of
15 hospitals across the nation and is part of the
16 world-class UW Health System. The envisioned NICU
17 service will include in-house specialist physicians
18 and neonatologists from UW Health's Family
19 Children's Hospital in Madison.

20 Senator Durbin is pleased to join colleagues
21 in the Illinois Congressional Delegation in supporting
22 the COE and CON applications of SwedishAmerican
23 Hospital, and he respectfully urges your approval of
24 both the NICU and the modernization projects.

1 Thank you for your time.

2 HEARING OFFICER MORADO: Thank you.

3 Is there anyone who wishes to testify who
4 has not yet had an opportunity?

5 (No response.)

6 HEARING OFFICER MORADO: All right. I'd like
7 you to please note that the project is tentatively
8 scheduled for consideration by the Board at its
9 September 26th, 2017, meeting. As I mentioned
10 previously, this is an exemption application, which
11 may also be approved directly by the chair if not
12 referred to the full Board. You can refer to the
13 HFSRB website at www.hsfrb.Illinois.gov for more
14 details and possible agenda changes.

15 I ask that you please prepare to take note
16 of the following dates and times: A State Board
17 staff report will be posted online at
18 www.hfsrb.Illinois.gov/sar.htm September 12th. The
19 deadline to submit a written response to the State
20 Board staff report is 9:00 a.m. Wednesday,
21 September 6th, 2017.

22 We are currently accepting written comments
23 at this time. So you do not have to wait to submit
24 any written comments you may have, and you may send

1 them to the Illinois Health Facilities and Services
2 Review Board, attention Courtney Avery, the
3 administrator, at 525 West Jefferson Street,
4 2nd Floor, Springfield, Illinois 26761.

5 Are there any questions?

6 (No response.)

7 HEARING OFFICER MORADO: Hearing that there
8 are no additional questions or comments, I deem this
9 public hearing adjourned. I thank you again for
10 your participation.

11 (Off the record at 11:52 a.m.)

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CERTIFICATE OF SHORTHAND REPORTER

I, Paula M. Quetsch, Certified Shorthand Reporter No. 084-003733, CSR, RPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 24th day of May, 2017.

My commission expires: October 16, 2017



Notary Public in and for the
State of Illinois

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