STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

DOCKET NO: **C-01**	BOARD MEETING: October 22, 2019	PROJECT NO: E-024-19	PROJECT COST:
FACILITY NAME: MetroSouth Medical Center		CITY: Blue Island	Original: $0
TYPE OF PROJECT: Exemption			HSA: VII

PROJECT DESCRIPTION: The Applicants propose to discontinue a 314-bed acute care hospital (MetroSouth Medical Center, Blue Island, Illinois). There is no cost to this project. The expected completion date is September 30, 2019.

Heath Facilities Planning Act (20 ILCS 3960/6)

(b) *The State Board shall establish by regulation the procedures and requirements regarding issuance of exemptions. An exemption shall be approved when information required by the Board by rule is submitted. Projects eligible for an exemption, rather than a permit, include, but are not limited to, change of ownership of a health care facility, discontinuation of a category of service, and discontinuation of a health care facility.*

EXECUTIVE SUMMARY

PROJECT DESCRIPTION

- The Applicants propose to discontinue a 314-bed acute care hospital (MetroSouth Medical Center, Blue Island, Illinois). There is no cost to this project. The expected completion date is September 30, 2019.
- On September 17, 2019 the State Board deferred Exemption #E-024-19 – Discontinuation of MetroSouth Medical Center. (Transcript excerpt from the September 17, 2019 Meeting are attached to this report) Since the September 17, 2019 State Board Meeting the State Board has received:
    - An Update to the Temporary Suspension of Cardiac Catheterization Category of Service at the Hospital (September 21, 2019)
    - Notice of Court Filing in the Circuit Court of Cook County (September 23, 2019)
    - Notice of the Discontinuation of Emergency and Surgical Services at the Hospital as of September 20, 2019 (September 24, 2019)
    - Notice of Temporary Suspension of Category of Services at the Hospital (September 27, 2019)
    - Comments submitted by Peoples Choice Hospital (October 2, 2019)

BACKGROUND

- MetroSouth Medical Center was originally opened as Saint Francis Hospital in 1905 by the Sisters of St. Mary ("SSM").
- In 1999 the State Board approved an internal corporate restructuring of SSM Health Care. The assets of the hospital were transferred to St. Francis Hospital & Health Services, a Maryville, Missouri not-for profit corporation, through an asset transfer agreement. There was no cost to this transfer.
- In 2008 the State Board approved the sale of St. Francis Hospital & Health Services to MSMC Investors LLC, Harrison Hospital Holdings LLC and Reis Capital Management LLC for approximately $51.6 million. At that time the name of the hospital was changed to MetroSouth Medical Center.
- In February of 2012 the State Board approved the sale of MetroSouth Medical Center to Community Health Systems, Inc. and Blue Island Illinois Holdings Company, LLC. The value of the transaction was $50.5 million.
- In November of 2015 the State Board approved the change of ownership of MetroSouth Medical Center. At that time Community Health Systems, Inc. spun-off MetroSouth Medical Center along with 37 other hospitals to a newly created publicly-traded company, Quorum Health Corporation. There was no cost to this transaction.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The proposed project is before the State Board because the project discontinues a health care facility (20 ILCS 3960).

PUBLIC HEARING/COMMENT:

- A public hearing was conducted by the State Board Staff on July 24, 2019 beginning at 10:00am and concluding at 6:00pm. The Hearing was held at the Saint Benedict Roman Catholic Church in Blue Island. Three individuals from Quorum Health Corporation spoke in support of the closure. Several individuals spoke in opposition to the closure including a representative from Congressman Rush's Office, State Senators and Representatives, the Mayor of Blue Island and the Mayors from surrounding communities, physicians at the Hospital, employees of the Hospital, and residents of Blue Island and the surrounding communities. Additionally, the State Board received a large

number of petitions as well as letters signed by residents of the community opposing the closure of the Hospital.

SUMMARY

- The Hospital has averaged approximately 31% utilization for the years 2013-2017 and has seen the number of inpatients decline approximately 17% over this period. The number of emergency department visits has decreased approximately 4%, surgeries 12% and gastro procedures 30% over this same period. The number of births has decreased 12%. Outpatient visits have averaged 82,000 per year and this number has remained constant. The payor mix (by patient number) for this period has averaged 25.06% Medicare, 37.58% Medicaid, Private Insurance 21.03%, 11.85% Private Pay, and other public 3.33%. Approximately 1.2% were charity care patients. (See Table Six at the end of this report)
- The discontinuation of MetroSouth Medical Center will reduce the number of excess beds in the A-04 Planning Area as seen in the Table below.

Category of Service	Beds	Calculated Bed Need	Excess	MetroSouth Medical Center	Excess Beds upon Discontinuation
Medical Surgical	2,040	1,557	483	-242	241
Intensive Care	366	322	44	-28	16
Obstetric	180	128	52	-30	22
Acute Mental Illness	195	130	65	-14	51

The Applicants have provided all the information required by the State Board.

STATE BOARD STAFF FINDS THE PROPOSED DISCONTINUATION IN CONFORMANCE WITH CRITERIA 77 ILAC 1130.500 GENERAL REQUIREMENTS FOR EXEMPTIONS, 77 ILAC 1130.525 REQUIREMENTS FOR EXEMPTIONS INVOLVING THE DISCONTINUATION OF A HEALTH CARE FACILITY AND 77 ILAC 1110.290 DISCONTINUATION.

STATE BOARD STAFF REPORT
Project #E-024-19
MetroSouth Medical Center

APPLICATION/ CHRONOLOGY/SUMMARY	
Applicants(s)	Blue Island Hospital Company, LLC dba MetroSouth Medical Center and Quorum Health Corporation
Facility Name	MetroSouth Medical Center
Location	12935 South Gregory Street, Blue Island
Exemption Holder	Blue Island Hospital Company, LLC dba MetroSouth Medical Center and Quorum Health Corporation
Operating Entity/Licensee	Blue Island Hospital Company, LLC
Owner of Site	Blue Island Hospital Company, LLC
Application Received	June 11, 2019
Anticipated Completion Date	September 30, 2019

I. Project Description

The Applicants (Blue Island Hospital Company, LLC dba MetroSouth Medical Center and Quorum Health Corporation) propose to discontinue a 314-bed acute care hospital (MetroSouth Medical Center)[1]. There is no cost to this project. The expected completion date is September 30, 2019.

II. Applicants

On April 29, 2016, Community Health Systems, Inc. ("CHS") completed the spin-off of 38 hospitals, including their affiliated facilities, to form Quorum Health Corporation. Quorum Health Corporation, a Delaware corporation, and its subsidiaries is to provide hospital and outpatient healthcare services in its markets across the United States. As of June 30, 2019, the Company owned or leased 26 hospitals in rural and mid-sized markets, which are in 14 states and have a total of 2,458 licensed beds. (Source SEC 10-Q June 30, 2019) In Illinois Quorum owns seven hospitals besides MetroSouth Medical Center. These Hospitals are:

[1] "Hospital" means any institution, place, building, buildings on a campus, or agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis and treatment or care of 2 or more unrelated persons admitted for overnight stay or longer in order to obtain medical, including obstetric, psychiatric and nursing, care of illness, disease, injury, infirmity, or deformity (Hospital Licensing Act)

TABLE ONE
Hospitals owned by Quorum Health Corporation in Illinois

Hospitals	City	Beds [1]
Crossroads Community Hospital	Mt. Vernon	47
Galesburg Cottage Hospital	Galesburg	143
Gateway Regional Medical Center	Granite City	338
Heartland Regional Hospital	Marion	106
Red Bud Regional Hospital	Red Bud	25
Union County Hospital	Anna	25
Vista Medical Center	Waukegan	228

1. Beds as of December 31, 2017

Quorum Health Corporation owns 100% of Blue Island Illinois Holdings Company, LLC and Blue Island Illinois Holdings Company owns 100% of BlueIsland Hospital Company, LLC dba MetroSouth Medical Center. Blue Island Hospital Company, LLC is the licensee and the owner of the site.

III. Health Service Area

MetroSouth Medical Center is in the HSA VII Health Service Area and the A-04 Hospital Planning Area. HSA VII includes Suburban Cook and DuPage County. The A-04 Hospital Planning Area includes the City of Chicago Community Areas of West Pullman, Riverdale, Hegewisch, Ashburn, Auburn Gresham, Beverly, Washington Heights, Mount Greenwood, and Morgan Park; Cook County Townships of Lemont, Stickney, Worth, Lyons, Palos, Calumet, Thornton, Bremen, Orland, Rich and Bloom. There are currently eight hospitals in this Hospital Planning Area.

In the A-04 Hospital Planning Area as of August 2019 there is a calculated excess of 483 medical surgical/pediatric beds, 44 ICU beds, and 52 Obstetric beds. In the Planning Area 6-7 A-04 Acute Mental Illness Planning Area there is a calculated excess of 65 AMI beds.

TABLE TWO
Hospitals in the A-04 Hospital Planning Area

Hospital	City	Beds [1]	Mile
MetroSouth Medical Center	Blue Island	314	0
Ingalls Memorial Hospital	Harvey	485	4.5
Little Company of Mary Hospital	Evergreen Park	298	5.1
Advocate Christ Hospital & Medical Center	Oak Lawn	788	7.1
Palos Community Hospital	Palos Heights	410	8.0
Advocate South Suburban Hospital	Hazel Crest	233	9.9
Franciscan St. James Health-Olympia Fields	Olympia Fields	214	14.4
Adventist LaGrange Memorial Hospital	LaGrange	196	30.1

1. Beds as of December 31, 2017
2. Sorted by Miles

IV. Discontinuation

MetroSouth Medical Center has the following categories of service that will be discontinued:

Categories of Service	Beds
Medical Surgical	242
Intensive Care	28
Obstetric	30
Acute Mental Illness	14
Total Beds	**314**
Cardiac Catheterization	3
Open Heart Surgery	

The Hospital has 10 operating rooms, 12 Phase I recovery stations[2], 28 Phase II recovery stations[3], 5 procedure rooms, and 27 emergency stations. The following equipment will be discontinued: General Radiography/Fluoroscopy; Nuclear Medicine; Mammography; Ultrasound; Angiography; Computerized Axial Tomography (CAT); and Magnetic Resonance Imaging (MRI).

At the time of this report the Applicants are pursuing discussions for possible reuse of the facility for an outpatient health care services center and possibly a freestanding emergency department. To the extent necessary, physical assets and equipment will be liquidated.

The medical records of MetroSouth Medical Center are maintained in an electronic health records information system that Quorum Health Corporation utilizes for all eight of its Illinois facilities, and that system will continue to be maintained by Quorum following the discontinuation of MetroSouth. The medical records of MetroSouth's patients will be maintained in compliance with all State and Federal laws pertaining to medical record storage, including Section 6.17 of the Illinois Hospital Licensing Act which generally requires every hospital to preserve its medical records for not less than 10 years.

[2] "Post-Anesthesia Recovery Phase I" means the phase in surgical recovery that focuses on providing a transition from a totally anesthetized state to one requiring less acute interventions. Recovery occurs in the post-anesthesia care unit (PACU). The purpose of this phase is for patients to regain physiological homeostasis and receive appropriate nursing intervention as needed.

[3] "Post-Anesthesia Recovery Phase II" means the phase in surgical recovery that focuses on preparing the patient for self-care, care by family members, or care in an extended care environment. The patient is discharged to phase II recovery when intensive nursing care no longer is needed. In the phase II area, sometimes referred to as the step-down or discharge area, the patient becomes more alert and functional.

The Applicants state the reason for the discontinuation is insufficient volume and demand for the services at the hospital. The hospital has experienced declining patient volumes, increasing market saturation, reduced reimbursement from government and commercial payors, and on-going operational losses. The utilization of the hospital's Medical/Surgical, ICU and OB/GYN departments all been below 30% for each year beginning in 2016. MetroSouth's utilization declined further in 2018. The Acute Mental Illness (AMI) service has been historically underutilized as well.

According to the Applicants the Hospital's loss of Medicaid supplemental funding following redesign of the state's Hospital Assessment program, made it financially impossible to continue operating the hospital. In 2018 the hospital experienced a reduction of more than $4.6 million in supplemental Medicaid funding. The hospital's pre-tax losses in 2018 totaled $8.4 million and are projected to exceed $10 million this year.

The Applicants have contacted all the hospitals by certified mail within the geographical service area that provide the categories of service proposed to be discontinued asking these hospitals what impact the proposed discontinuation will have on their hospital. No responses have been received to date.

V. Impact on Access

MetroSouth is located in Cook County which has a 10-mile market area under 77 ILAC 1100.510 (d). There are eight other hospitals within this 10-mile area that will continue to provide the services being discontinued at MetroSouth.

TABLE THREE
Hospitals in within 10-miles of MetroSouth

Hospital	City	Beds	Miles	Minutes
Ingalls Memorial Hospital	Harvey	485	4.5	12
Roseland Community Hospital	Chicago	134	4.9	14
Little Company of Mary Hospital	Evergreen Pk.	298	5.1	17
Advocate Christ Medical Center	Oak Lawn	788	7.1	20
South Shore Hospital	Chicago	137	7.6	17
Palos Community Hospital	Palos Heights	410	8	23
Advocate South Suburban Hospital	Chicago	233	9.9	18
Advocate Trinity Hospital	Chicago	205	10	16

VI. Safety Net

The Applicants do not believe that the discontinuation of MetroSouth will have a material impact on safety net services. There are eight full service hospitals within 10 miles of MetroSouth that are generally underutilized (see Table above). The Applicants believe the discontinuation of MetroSouth would be expected to result in higher utilization of the surrounding facilities and to reduce their costs per unit of service, which would improve those hospitals' ability to cross-subsidize safety net services. Also, the Applicants note there are 14 Federally Qualified Health Care Centers (FQHCs)[4] within five miles of Blue Island according to the Health Resources & Services Administration's website.

TABLE FOUR
Federally Qualified Health Care Centers within 5 miles of MetroSouth Medical Center

Federally Qualified Health Care Centers	City	Miles
Access Blue Island Family Health Center	Blue Island	0.25
Beloved Community Family Wellness Center Robbins	Robbins	1.83
Clinic on Monterey	Chicago	2.4
South Suburban Homeless Outreach Center	Harvey	3.7
Family Christian Health Center	Harvey	3.68
Chicago Family Health Center - Roseland	Chicago	3.67
Aunt Martha's Roseland Community Health Center	Chicago	3.73
TCA Health, Inc	Chicago	4
Mobile Student Health Clinic, Parking Lot B	Chicago	4
Chicago Family Health Center- Pullman	Chicago	4.17
Family Christian Health Center	Dolton	4.26
Mobile Health Van	Chicago	4.55
Christian Community Health Center	Chicago	4.55
Carver Military Academy	Chicago	4.63

[4] An FQHC is a community-based organization that provides comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. Thus, they are a critical component of the health care safety net. FQHCs are called Community/Migrant Health Centers (C/MHC), Community Health Centers (CHC), and 330 Funded Clinics. FQHCs are automatically designated as health professional shortage facilities. [https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html]

TABLE FIVE Charity Care and Medicaid Information			
	2015	2016	2017
Net Revenue	$137,534,708	$130,520,068	$145,108,962
Charity #			
Inpatient	35	43	63
Outpatient	106	472	2220
Total	141	515	2283
Charity Expense			
Inpatient	$3,126,762	$147,424	$246,136
Outpatient	$1,903,600	$217,414	$319,655
Total	$5,030,362	$364,838	$565,791
% of Charity Care to Net Revenue	3.66%	0.28%	0.39%
Medicaid			
Inpatient	2,764	3,103	3,314
Outpatient	34,047	35,031	14,045
Total	36,811	38,134	17,359
Medicaid			
Inpatient	$31,013,796	$34,323,681	$28,116,250
Outpatient	$3,815,200	$4,279,057	$11,371,194
Total	$34,828,996	$38,602,738	$39,487,444
% of Medicaid to Net Revenue	25.32%	29.58%	27.21%

TABLE SIX
MetroSouth Medical Center
Information
2017-2013

		2017	2016	2015	2014	2013	Ave
	Beds	ADC	ADC	ADC	ADC	ADC	ADC
Medical Surgical	242	72	72.3	74	68.9	68.9	71.22
Intensive Care	28	7.6	7.8	8.5	9.4	9.7	8.6
Obstetric	30	8.9	8.6	9.4	15.2	18.1	12.04
Acute Mental Illness	14	10.2	7.9	4.7	4.9	4.7	6.48
Total	314	98.7	96.6	96.6	98.4	101.4	98.34
Hospital Occupancy		31.43%	30.76%	30.76%	31.34%	32.29%	31%
		2017	**2016**	**2015**	**2014**	**2013**	**Ave**
Payor Source	%	2017	2016	2015	2014	2013	Ave
Medicare	25.06%	39,833	13,915	16,995	18,216	23,853	22,562
Medicaid	37.58%	17,359	38,134	36,811	40,947	35,919	33,834
Other Public	3.33%	1,608	1,350	1,186	4,631	6,205	2,996
Private Insurance	21.03%	14,504	20,723	21,579	15,894	21,960	18,932
Private Pay	11.85%	3,946	17,545	20,297	5,518	6,051	10,671
Charity Care	1.15%	2,283	515	141	551	1,675	1,033
Total	100.00%	79,533	92,182	97,009	85,757	95,663	90,029
		2017	**2016**	**2015**	**2014**	**2013**	**Ave**
Births		1,399	1,312	1,299	1,459	1,557	1,405
C-Sections		467	400	406	410	467	430
ED Visits		45,523	44,529	47,051	45,622	47,203	45,986
Outpatient Visits		80,406	83,998	88,963	76,922	80,406	82,139
Cardiac Caths.		2,098	1,745	1,923	2,047	2,098	1,982
Cardiac Surgery		36	25	14	42	31	30
Surgeries		3,713	3,522	3,089	3,597	4,165	3,617
Gastro Procedures		3,090	3,039	3,014	3,997	3,997	3,427

VII. Section 1110.290 – Discontinuation

These criteria pertain to the discontinuation of categories of service and health care facilities.

a) Information Requirements − Review Criterion
The applicant shall provide at least the following information:

1) Identification of the categories of service and the number of beds, if any, that are to be discontinued;

2) Identification of all other clinical services that are to be discontinued;

3) The anticipated date of discontinuation for each identified service or for the entire facility;

4) The anticipated use of the physical plant and equipment after discontinuation occurs;

5) The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;

6) For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or the Illinois Department of Public Health (IDPH) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

b) Reasons for Discontinuation − Review Criterion
The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

1) Insufficient volume or demand for the service;

2) Lack of sufficient staff to adequately provide the service;

3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;

4) The facility or the service is not in compliance with licensing or certification standards.

c) Impact on Access − Review Criterion

The applicant shall document whether the discontinuation of each service or of the entire facility will have an adverse impact upon access to care for residents of the facility's market area. The facility's market area, for purposes of this Section, is the established radii outlined in 77 Ill. Adm. Code 1100.510(d). Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

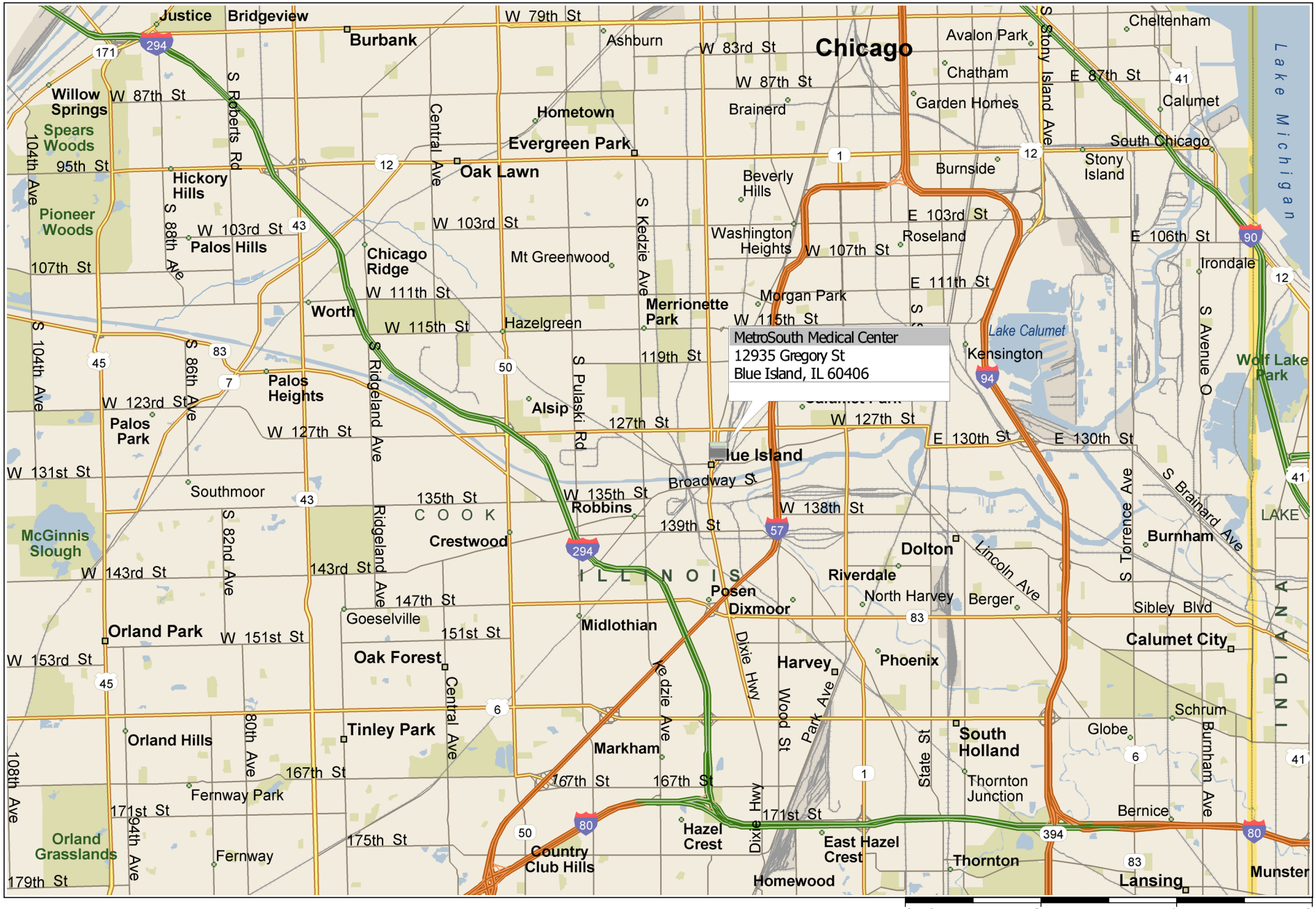
1) The service will no longer exist within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the applicant facility;

2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's website;

3) Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

d) The applicant shall provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation and that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d). The notification letter must include at least the anticipated date of discontinuation of the service and the total number of patients that received care or the number of treatments provided (as applicable) during the latest 24 month period.

E-024-19 MetroSouth Medical Center - Blue Island



Transcript of Open Session Meeting Excerpt

Date: September 17, 2019
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

OPEN SESSION - MEETING EXCERPT

Bolingbrook, Illinois 60490

Tuesday, September 17, 2019

9:28 a.m.

BOARD MEMBERS PRESENT:

RICHARD SEWELL, Chairman

SENATOR DEANNA DEMUZIO

SANDRA MARTELL

LINDA RAY MURRAY

DEBRA SAVAGE

KENT SLATER

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Reported by: Melanie L. Humphrey-Sonntag,

CSR, RDR, CRR, CRC, FAPR

EX OFFICIO MEMBERS PRESENT:

DAN JENKINS, Department of Healthcare and Family Services

DULCE QUINTERO, Department of Human Services

ALSO PRESENT:

COURTNEY AVERY, Administrator

MICHAEL CONSTANTINO, IDPH Staff

ANN GUILD, Compliance Manager

GEORGE ROATE, IDPH Staff

JUNAID AFEEF, Department of Public Health Attorney

P R O C E E D I N G S

(This volume contains only an excerpt, per request.)

CHAIRMAN SEWELL: Next on the agenda is public participation.

MS. GUILD: All right. We're going to start with MetroSouth, and I'm going to call five people at a time. If you have anything in writing, leave it on the end of the table for the court reporter.

And you have two minutes. And I'm sure George will do a very good job timing you. We have a lot of public participation this morning.

Okay. Domingo Vargas, Kevin Dulehide -- and I apologize about pronunciation -- Laurie Gordon, Guillermo Font, and -- how many do I have? One more.

-- and Sean Rupelyen.

And you can speak in any order.

MAYOR VARGAS: Do you want me to start now?

MS. AVERY: Yes.

MAYOR VARGAS: Good morning, everyone. My name is Domingo Vargas. I'm the mayor of the City of Blue Island.

No one wanted this hospital to close, but we understand that under the rules of this Board that result was inevitable and unavoidable.

For that reason we engaged in discussions with Quorum about how best to manage this situation so as to protect the interests of the community and create a win-win from the otherwise unfortunate situation.

Quorum proved willing to listen to the concerns of the community, exhibited an openness to identifying solutions. Together with the advice of our certification of need counsel from Benesch, we believe we have a solution that makes a bad situation better.

After multiple discussions we have reached an agreement with Quorum wherein, if they receive approval today to discontinue, they agree to pursue the temporary suspension of the facility. This will preserve the license and create a period of time in which the City can continue to pursue identifying another operator to maintain an acute care hospital for this community.

If those efforts are unsuccessful, we have also identified a process by which various assets,

including the property, can transfer to the City so that it can continue to identify how to improve access to health care for this community. We also ensured that the severance paid -- payments to the employees will be honored.

Based upon the good faith that Quorum has shown in our discussions and our belief that we have created the best results for the citizens of Blue Island that the circumstances allowed, we would withdraw any and all objections to the Board's approval of this discontinuation.

We will continue to fight for Blue Island and try to make sure our residents have access to health care, that this hospital may cease operating today, but we have positioned Blue Island to continue the fight.

Since I am in a room full of health care executives and the media is here, as well, if anyone knows someone looking for a hospital, we are here and ready for discussions.

Thank you.

DR. GORDON: My name is Dr. Laurie Gordon.

I've practiced dentistry in Blue Island for over 31 years. I'm a second-generation health

care provider. My father practiced general surgery for 47 years. My brother's an obstetrician practicing here for 35 years. My brother-in-law's an orthopedic surgeon for 30 years.

My family has a combined 150 years of providing health care in this community, but I'm not here to talk about the sentimental reasons why we should keep this hospital open.

I can also talk about this case as a small business owner and the devastating impact this would have on the many businesses along Western Avenue and the community, the people whose livelihoods will be destroyed by the closure of the hospital, not to speak of the 800-plus health care providers whose jobs will be lost. This would have a crippling, devastating effect on the Blue Island economy, but I'm not here to talk about that.

I'm here to talk about access to care, the creation of a hospital desert. If this State Board allows this exemption, it will allow this facility to close now. I've worked for over 30 years in the health care facility, providing

emergency dental care from the hospital's emergency room and within the hospital, whether it be rebuilding dental health for victims of car crashes or violence on the streets.

I know firsthand how important it is to have a health care center in this location so emergency care can be treated in a timely fashion when every minute could be the difference between survival or death.

By forcing this exemption through, this corporation is limiting the patients' access to care and removing their ability to receive the urgent treatments they require for the very near future.

We were originally told that they would keep the health care facility open until the end of the year or until they could help sell the hospital, but recently we were told we have less than a month before the building will be closed.

By closing three months prematurely, this corporation is forcing patients to abandon dental care midtreatment with no place to complete this necessary work.

Who is going to take responsibility when

my 89-year-old patient is unable to complete the necessary treatment to receive dentures that will allow them to eat healthy food or the 90-year-old patient that requires gum treatments that, without, will not be able to keep their diabetes under control? Who will care for the many geriatric patients who walk to their medical and dental appointments because transportation outside of Blue Island --

MR. ROATE: Two minutes.

DR. GORDON: -- is not a viable option?

I'm urging the Health Care Board to do the right thing and not grant this exemption and do proper due diligence before allowing this company to close the hospital.

This shouldn't be about --

MR. ROATE: Two minutes.

DR. GORDON: -- the bottom line.

CHAIRMAN SEWELL: Could you end your remarks?

DR. GORDON: I believe the Health Board owes it to the people of Illinois and the residents of Blue Island in this underserved area, and I beg them to do the research necessary before

making a drastic decision that could negatively impact an entire community.

Thank you.

DR. DULEHIDE: My name is Dr. Kevin Dulehide. I'm a gastroenterologist on the South Side of Chicago.

My dad and my uncle worked at St. Francis when it was St. Francis in the 1950s. I've walked through -- probably like you, Dr. Gordon -- through the doctors' parking lot since 1973. I'm sorry to see what's going on. It's unfortunate.

State reimbursement is part of the problem for why hospitals like this are closing. It's only 10 cents on the dollar State reimbursement for a public aid patient. I was on the board of trustees of MetroSouth, so I understand what's going on.

But I understand there's a credible buyer, but I'm not sure if this is really a credible buyer. I don't want to use his name; I don't want to use, necessarily, the hospital, but it will -- I worked for them down in Douglas, Arizona. So I'd fly down to Tucson, drive to Douglas, come back after doing two days of endoscopies, and get

paid.

I went down the next time and this credible buyer -- who says he's a credible buyer. I'm not sure if that's really true, and I want to be careful from a litigation point of view I don't say anything I can get hurt by. Well, he didn't pay me the second time because he said that he went bankrupt.

And I don't have any of this documented, but I sure as heck could tell you my wife remembers that weekend I went down there and came back without a paycheck. She wasn't too happy about that.

So as far as being a credible buyer, I'm not sure. And, again, I don't have to pay a legal price because I know the Quorum Corporation's here listening to me up in front here.

But I think it's not credible, and then to find out a few years later that he was up for a potential litigation for $21 million in fraudulent billing, potential -- that's why I say "potential" is important. I didn't feel too happy about that, so I don't think somebody like that is credible.

Thank you.

DR. FONT: Sorry, Kevin.

DR. DULEHIDE: That's all right.

DR. FONT: My name is Guillermo Font. I'm the director of maternal/fetal medicine at MetroSouth Hospital. I've been the director there for 11 years.

I would like to share with you that MetroSouth has a very advanced obstetrical unit which is unique in the area that we practice. Not only do we service Blue Island, but we draw patients from the neighboring communities.

Units such as us are basically found at Christ Hospital, at University of Chicago. We have 24-hour anesthesia coverage, 24-hour neonatology coverage, 24-hour obstetrical coverage, and myself, as a high-risk obstetrician, supporting this unit.

With the support of Quorum we have been growing this unit. And currently, while other units have been decreasing their numbers, our unit has been increasing numbers. We currently perform approximately about 1400 deliveries. Last month we performed 111 deliveries, even with all the bad press that we're having.

We currently have done 46 deliveries, and we have 3 mothers in labor and we have 2 older patients which are high risk. We service about 40 percent of high-risk patients in these communities.

I don't know if you're aware, but our perineal morbidity and mortality is equivalent to the maternal death that a country such as Afghanistan has, and we're one of the developed countries and leaders in the world, so we're not doing very good work.

My concern as a high-risk obstetrician is that, by closing this unit, we're going to leave an area where our mothers and babies are going to be placed at risk. Personally, as a physician and as an individual, I feel that the mothers from the South Side deserve better.

Thank you very much.

MR. RUPELYEN: Hello. My name is Sean Rupelyen. I'm the deputy chief of staff for external affairs for the Office of the Governor.

I'm submitting for the public record a copy of a letter provided by the Governor yesterday by email to the Health Facilities and

Review Board, MetroSouth Medical Center, and Quorum Health Corporation.

Governor Pritzker asks that the Board permit the submission of this written material so that it may be included in the public record.

Thank you very much.

MS. GUILD: Thank you.

Next group, Representative Bryant, Representative Rita, Anne Siedlinski, Chris Alise, and Ari Scharg.

MS. BRYANT: Good morning, members of the Board. I'm Representative Terri Bryant. I represent the secondmost southern legislative district in the state.

I am here today, really, just to ask you to keep in mind that often when we have private entities such as Quorum, the government gets in the way of them remaining healthy.

In the case of deep southern Illinois, there are four Quorum hospitals that -- should you decide to keep open the hospital in question today, it can strongly affect in a negative way the four Quorum hospitals that are in deep southern Illinois.

Often, when we talk about health deserts or medical deserts, we have to keep in mind that in a more rural area there are people who have to sometimes travel 30 miles, 40 miles, 50 miles just to get health care, and so it's very important for the hospitals that we have in rural areas to remain healthy.

The dollars that would be going, in this case, to the Blue Island hospital would be dollars that would have to be supplemented from those rural hospitals in deep southern Illinois, where we already have trouble getting nurses, doctors, dental health care, and so much other health care.

So I'm here today to ask you to allow the closure of this, although from my heart I truly understand the issues that are being talked about here today and the need for this hospital. But we have four hospitals in the more rural area of Illinois that also have to be considered, so I ask you to give consideration to keeping those hospitals healthy.

Thank you for your time.

MR. RITA: I'm Bob Rita, State Representative of the 28th District, which

represents Blue Island, and I'm also a resident of Blue Island, where MetroSouth Hospital is located.

I know you have a lot of -- you're going to hear a lot of testimony. There's been a lot of testimony in terms of the public hearing.

One of the things I've been asking for and what I request here from this Board is to give us some time to come up with a reasonable solution to provide the health care to the Southland region -- in the south suburbs, on the South Side of Chicago -- to come up with a reasonable solution.

I understand that health care has changed and the way health care is provided. As it was stated as an advisory board member, that they were looking at the end of the year for closure, and then they filed it to be in November and then, later, now changed it to September.

What we need is some time to put something together, to look at not creating a health desert, to protecting the lives and -- because there's over -- almost over -- almost 50,000 emergency room visits at this facility -- and how is that going to get absorbed into the surrounding hospitals? -- along with the other services that

they're providing there.

I know there's interested parties that have tried to talk with Quorum, and my request is that we delay this to a future date to give us some time to come up with solutions so it's a win-win for everyone. This will be devastating to not only the city of Blue Island but the surrounding communities that this hospital serves.

And so my request is that we delay this, come up with a reasonable solution with a health care provider to provide the necessary health care needs so that we can continue to save lives and to provide the services that are needed in the community.

Thank you.

MR. SCHARG: Good morning. My name is Ari Scharg. I am a lawyer for the People's Choice Hospital.

I'm here with a representative from the hospital, who will speak next, but I'm here to let the Board know that People's Choice yesterday afternoon filed a lawsuit against Quorum alleging fraud and breach of contract, and that stems from facts that Chris will get into in just a second.

But People's Choice thought they had a deal to buy this hospital for $20 million, and they stand ready, willing, and able to go through with that purchase.

Under 77 Illinois Administrative Code Section 1130.560(b)(2), the Board is required to defer consideration of an application for exemption when the application is the subject of litigation until all the litigation related to the application has been completed.

This litigation alleges that Quorum committed fraud through their application and that the application contains fraudulent misrepresentations by stating that they're -- that they've searched far and wide to find a buyer and were unable to find one. They have been negotiating with People's Choice since March. They had a deal for $20 million on July 16th. And as recently as a couple weeks ago, they agreed to move forward to allow People's Choice to review some of the financial records and to move forward with the deal.

So it seems like a win-win for everybody. It seems like folks want time to consider

alternatives. Well -- and the Board is required to defer consideration.

So I'll just leave it with this: There's a hospital closing; 800 jobs are going to be wiped away from Blue Island; a hundred thousand people are going to need to find alternative health care options every year. And there's a rule that says the Board must defer consideration, so it seems like that's what the Board should do.

Thank you for your time.

MR. ALISE: Good morning. My name is Chris Alise.

I'm here representing People's Choice Hospital. I realized time's limited so I'll get straight to the point. This is a prepared statement where we would like to very concisely recap some of the key points in our efforts to acquire the hospital.

In March of 2019 we began negotiating with Quorum Health and by July 9th of 2019 agreement was reached on all material terms, including a purchase price of approximately $20 million.

The agreement was papered, with drafts going back and forth through the end of July 2019,

then on August 1st Quorum unexpectedly demanded a $1 million nonrefundable deposit in order to move forward.

Several days later Quorum agreed PCH's team to review financial due diligence documents and provided all the requested financial information. On August 9 PCH advised Quorum that it would pay a $450,000 deposit even though that was a new term that was never previously mentioned in the contract until after PCH agreed to pay Quorum its requested $20 million purchase price.

On August 13 PCH's financial partner approved financing for the purchase of MetroSouth, and Quorum was notified accordingly. Nonetheless, Quorum demanded a $750,000 nonrefundable deposit and then halted communication with PCH and its attorneys.

We'd like to be very clear about this: People's Choice is very enthusiastic about purchasing MetroSouth and stands ready, willing, and able to do so. PCH asks for the opportunity to save the hospital by deferring consideration of Quorum's application.

Thank you.

MS. SIEDLINSKI: Good morning. My name is Anne Siedlinski, and I am a longtime employee of the hospital.

I was born there at the old St. Francis Hospital, and I represent over 800 employees there and not just those dedicated employees but the people -- the disadvantaged people who live in the neighborhood.

I am here to urge you to please save the hospital and -- this hospital is like the heart of Blue Island. I think many people here are very much attached to the hospital, the things that -- the health care services we provide for the neighborhoods, not just Blue Island but Calumet Park, also Crestwood. If you ever would talk to any of the ambulance drivers, the people who live there, and the seniors, the people -- without this hospital, I think the whole community will not be able to survive.

And I just urge you, please, to keep the hospital open in honor of all the people in the community.

Thank you.

MR. SIEDLINSKI: My name is John Siedlinski,

and I'm the husband of Anne Siedlinski.

And there's many advantages to keeping the hospital open, but one of the advantages to closing a hospital -- let me get it straight. It's easy to close a hospital. One advantage is my wife won't have to get up at 3:00 in the morning anymore to drive the 38 miles to the hospital one way, 38 miles back. We live in Naperville. That's a huge impact.

Secondly, it's going to have a huge financial impact on those businesses, restaurants, et cetera, that are in Blue Island today, Iversen's Bakery, Beggars Pizza, and all the other ones that are along Western Avenue. So I challenge each one of you that votes to close the hospital to visit it five years later.

I did some work at St. Francis Hospital in Pittsburgh, St. Francis Hospital Medical Center, well-funded by Liberace, who had a huge picture of himself as you walked in the main door, gave tons and -- thousands of dollars, millions of dollars to the hospital to keep it open and it closed. The community turned into a toilet.

And I don't want to see that happen.

I don't want that to happen to Blue -- excuse me. I don't want that to happen to Blue Island, so I urge you to keep it open. If nothing, then for the sake of those that still live in the community and use the hospital every single day.

MS. GUILD: Thank you.

The next group is Shane Watson, Gwen Stanley, Anne Igoe, Norman Stephens, and Ed Cunningham.

MS. STANLEY: Good morning. My name is Gwen Stanley.

I work at MetroSouth Medical Center. I've been there for 14 years, and I'm here today to ask you guys to please, please let MetroSouth stay open.

It would be really, really sad if it closed because people really need to have care in the area -- I work in behavior health. Okay? And we work with elderly people who like have dementia and stuff. And it would be really sad if it closed because I would -- I just can't imagine them going to another place. They're being taken care of. They love the place; they love the care. And I just -- it would just be sad if you guys

closed it. Please.

Thank you.

MS. IGOE: My name is Anne Igoe, and I serve as the vice president for hospitals of SEIU Healthcare Illinois Indiana, and we represent the service and maintenance workers at MetroSouth Hospital.

I am here to request that the Board delay the closure or the request for the certificate of exemption for MetroSouth. As required under administrative code, when there is an aspect of the application which is not correct, the Board is required to delay the request until that application can be corrected.

The application was not -- did not provide correct information about the proposed closure date and has not provided correct information about a lack of potential buyers.

No hospital system or corporation, including Quorum Health, should be permitted to make a mockery of the Health Review Board's authority that stipulates how a hospital is supposed to be closed.

Let me lay out some facts. Quorum Health

leadership decided to expedite MetroSouth's closure in an apparent attempt to appease investors displeased by the company's lousy financial performance and dropping stock price.

In August Quorum leadership attributed a decrease in year-over-year second quarter revenue directly to MetroSouth. Metro's results will remain on the books until Quorum sells or closes the facility, which likely accounts for Quorum's urgency to secure the necessary certificate of exemption prior to October 1st. Reporting a delay in Metro's closure could further roil investors and sink Quorum's stock. It will also deny health care to those in the area.

Quorum's attempt to secure a secret, unilateral, last-minute deal with Blue Island to which we -- I'm sure we will hear about today -- attests to the company's leadership urgency to ditch Metro before reporting its third quarter results in October.

We understand that there is a potential request to continue to shut down the hospital but suspend a license for six months; however, as Board members and under State law, you can't

suspend a license for a hospital. You lose that license once the hospital closes down.

Quorum Health attributed a 5.6 million year-over-year decrease in the second --

MR. ROATE: Two minutes.

MS. IGOE: In closing, we have concerns about Quorum's actions. We're asking a mere request to delay it one more -- one month until you can properly investigate the claims and keep the hospital open to find a credible buyer.

Thank you.

MR. CUNNINGHAM: Good morning. My name is Ed Cunningham.

I'm the CEO of Gateway Regional Medical Center, a safety net hospital with over a hundred psychiatric beds serving Granite City and the southern region of the state as well as patients through the state, including Chicago.

We're a vital resource to so many at-risk members of our community. About 50 percent of our patient population are Medicaid recipients. We also provide a high level of charity care for not only our community, surrounding communities, and throughout the state with our outreach. I also

serve on the board of directors of the Illinois Health and Hospital Association, and I'm a board member on the Illinois Hospital Licensure Board.

My hospital, along with six others represented here today, are affiliated with Quorum Health. Collectively, Quorum employs over 3,000 people in the state and provides an economic impact of over $400 million.

Many of us provide care in a community with few health care options or in which we are the sole provider. I know firsthand the types of pressures our hospitals are managing, declining reimbursements and increasing demand on outpatient services. I also know how hard we are working to remain a critical resource for our community and throughout the state.

As we previously expressed in an August 26th letter to the members of the Board, I am concerned that any delay in approving this exemption application would put in jeopardy Quorum's ability to meet specific financial obligations within our facilities and put our operations and our communities at risk.

While you are conducting your due

diligence, I would ask that you please consider the broader implications your decisions would have on other rural and nonurban facilities in the state.

Thank you very much for your time.

MR. WATSON: Good morning. My name is Shane Watson.

I am the CEO of Red Bud Regional Hospital, a critical-access hospital facility located in the southwest corner of the state.

As my colleague Ed Cunningham mentioned, our hospital is also affiliated with Quorum Health. We are a small facility that provides crucial medical services in a rural area with little access to health care resources.

Blue Island and the South Side of Chicago is fortunate to be home to eight other hospitals and multiple physician clinics and health centers. By contrast, the closest larger hospital to the Red Bud community is over a half hour away. This truly could mean the difference between life and death for a patient in distress.

I want to express my concern that any delay in approving this exemption could have a

far-reaching impact on other regions and the provision of care to the resident in the other communities of the state.

I ask that you consider these circumstances when making your decision today.

MR. STEPHENS: Good morning. I'm Norman Stephens.

I'm the CEO of Vista Health System and Vista Medical Center East in Waukegan, Illinois, one of the -- actually probably the sister hospital of MetroSouth. We are in the same general Chicagoland area.

I've been there for 2 1/2 years, and during that time I've seen Vista move from losing as much -- if not more -- money than MetroSouth into the point where we are now above breakeven, and we are very fragile financially. I've also seen them try to do the same sort of rehabilitation, if you will, for the MetroSouth facility, and there's some differences.

In Vista we happen to be in an area where we are fairly isolated, and if that hospital failed, there would be a -- I've heard the word "health desert" used. The difference, though, is

MetroSouth is surrounded by competitors who have prevented that hospital from succeeding and -- while all the strategies that we've employed in both hospitals when it comes to cost control and evaluating service lines and whatnot have been -- they've been employed in both locations. So I will tell you the real difference is the ability for a hospital to succeed in such a competitive environment is just not there.

The other is that this group -- the company, Quorum -- is being vilified somewhat unfairly because, in fact, they have tried and struggled and had to absorb tremendous losses over the last 2 1/2 years that I've been there and even before that. And to continue, it's not going to have much of a different outcome, and it's only going to continue to destabilize the rest of the company.

It's a big enough loss overall that it does threaten all of our hospitals, and, in fact, it's stopped us from being able to get access to capital that we need to remodel our hospital. There's a lot of things that are on hold right now because, simply, the company is fragile enough

right now that we just don't have the financial stability to be able to pull it off.

And so I would ask that you honor the exemption and allow Quorum to take steps to, basically, save the company and to save services to these other six communities that we -- are desperately needed.

Thank you.

MS. GUILD: Thank you.

The next group, Bob Moore, Jim Farris, Melisa Adkins, Amanda Basso, and Carol DiPace-Greene.

MS. BASSO: Good morning. My name is Amanda Basso. I am the CEO of Crossroads Community Hospital in Mount Vernon, Illinois.

Mount Vernon is a deeper south hospital, and I have been a lifelong resident of southern Illinois myself. So not only do I see what Crossroads gives the community from a professional standpoint, but I also see it very much from a personal, and I would just ask the Board to consider this exemption today. Crossroads is a Quorum facility, and as a company we will be impacted by this decision.

Thank you.

MS. ADKINS: Hello. Good morning.

My name is Melisa Adkins, and I'm the CEO of Heartland Regional Medical Center in Marion, Illinois.

You probably remember me. I was here about a month ago. And we are a Quorum facility. We're a 106-bed hospital that is a Quorum facility.

What I want to say is, because of the decreased reimbursements, we've recently had to close our OB, so it is impacting our hospitals. So what I ask you to consider is that our hospital is the heart of our community, too, so -- we do feel for MetroSouth Hospital because -- two of us up here, we're also CEOs but we're also nurses, so we provide a lot of care over the years.

And so what I would ask is that you please consider the closure of MetroSouth Community Hospital.

Thank you.

MR. FARRIS: Good morning. My name is Jim Farris, and I'm the CEO of Union County Hospital, located in downstate Anna, Illinois.

We are affiliated with Quorum Health --

MS. AVERY: Bring your mic closer, please.

MR. FARRIS: We are affiliated with Quorum Health.

I've been in my position for 16 years, so I've had an ample opportunity to see how much our community is impacted by our hospital.

We're a 25-bed critical-access hospital with a 22-bed attached nursing home. We have a service area of about 17,000 people in a very rural area of the state. We have about 200 employees or 160 full-time equivalents, making us the second-largest employer in the county.

There are 15 primary care providers in our county, including 7 physicians and 8 midlevel providers. We are Joint Commission accredited in both our hospital and our nursing home.

We have been really focused on providing great care. Our services are typically primary care in nature. We have acute medical/surgical services, a swing bed program. We have all the ancillary services that our doctors require.

Our emergency room has tried to upgrade itself by becoming chest pain accredited, stroke

ready, and we have developed a senior-friendly ER. So we're trying to serve the needs of our community.

Our affiliation with Quorum has allowed us to improve our services and our facility and improve the quality of the care that we are providing. We hope to continue being a successful critical-access hospital in the future and working with our sister facilities to improve the health in our communities.

So I hope that you would respect -- I would respectfully request that you consider the impact of your decision on our hospital.

MR. MOORE: Good morning. My name is Bob Moore.

I'm the CEO of Galesburg Cottage Hospital in Galesburg, Illinois. We're a 143-bed hospital located just off of Interstate 74 in northwest central Illinois. Our hospital's been around for 126 years.

We are an affiliate of Quorum Health. Our hospital's the only hospital within a 50-mile radius that provides mental health services to the older adult population, so it's critical to that

portion of Illinois to have services like that available.

We serve Knox County and Warren County. It is a rural area. We have a service area of about 50,000. It's a farming area, not a lot of industry that's left in that area. But we are one of the largest employers in that area and critical to our economic future in Knox County.

So today I respectfully ask you to consider what's before you. I know it's a tough decision, but the decision that you make has impact that's far-reaching throughout all of our facilities, and I thank you for that consideration.

MS. GUILD: Thank you.

Next group, last group for MetroSouth, Gerald Dagenais, Jack Axel, Kevin McDermott, Randy Heuser, and Carol DiPace-Greene.

MR. MC DERMOTT: Sit anywhere?

MR. AXEL: I'll get started.

I'll get started -- is this working?

AV TECH: Yes, it's working.

MR. AXEL: Okay.

MS. AVERY: You just need to hold it close.

MR. AXEL: My name is Jack Axel, and I'm giving testimony on behalf of Karen Teitelbaum, president and chief executive officer of Sinai Health System.

Sinai Health System is pleased to have the opportunity to testify to the Board regarding the situation at MetroSouth. We are not testifying in support or in opposition to the matter before you but, rather, we are providing you with information.

Sinai is one of the largest safety net providers of health care in Illinois. We have been contacted by representatives of the State of Illinois, including Representative Rita, and asked if there was any possibility of offering assistance to preserve health services in the MetroSouth community.

We want to say in the strongest possible terms that any solution for the future of MetroSouth must be one that is driven by community needs and has the support of the community's stakeholders.

While Sinai Health System is not in a position to take ownership of MetroSouth, we have

proposed to Representative Rita, Senator Jones, and others that we would be willing to consider the development and management of a freestanding emergency center at MetroSouth, along with ancillary services.

While, over time, additional health care and other uses for the MetroSouth campus could be developed, we believe that a freestanding emergency center could at least maintain some of the crucial services for the community while additional alternatives are developed.

Referral agreements for patients requiring services beyond those that -- beyond those provided by -- a freestanding emergency center would provide could be implemented with other health care and social service providers as well as our own health care system. Obviously, this plan would require the input, support, and approval of many stakeholders in the community as well as additional analyses and certainly could not be implemented by the end of this month.

Thank you for your consideration of this information.

MR. MC DERMOTT: Hi. My name is Kevin

McDermott.

I'm on the board of MetroSouth. I've been there since the inception, after St. Francis left. And I've called on 35 -- or for 35 years I've called on all the hospitals in the Chicagoland market. I'm very familiar with all that's happened throughout all of the Chicagoland area.

And I listened to all these -- the CEOs that came in here from Quorum speaking on behalf of trying to shut it down, but please understand Quorum was just formed only about four years ago.

CHS was the parent company. They spun off Quorum because they were the not-profitable side of their stock options. So they needed to put this to the side, so that's why Quorum is where it's at.

I followed this thing through the whole thing, and all I'm asking is, if you talk to the hospitals in the immediate area -- from Christ, Palos, Ingalls, Roseland, Little Company of Mary -- right now Little Company of Mary and Pa- -- and Christ have gone on bypass all the time.

How are we going to support our needs in

our community? Where are they going to travel on a bypass hospital? They're going to have to go all the way to U of C or someplace else. Our town only has an EMS service. We do not have paramedics. We can't support something like this on a rush deal.

I'm asking you to delay it. I'm asking to go with a clear head. This is -- it seems like this deal is going to close faster than a real estate deal on a house in Blue Island and it's sad.

MR. DAGENAIS: Good morning, everyone. My name is Gerry Dagenais. I am not a CEO. I'm a retiree and a resident one block from MetroSouth Hospital.

My first comment is, in listening to all the statements today, it's interesting to see how corporate America can manipulate sections of our state, one against another. I have no solution for that.

Also, all I can say to you, as a resident in Blue Island -- I live one block from the hospital. And you get a busy weekend -- excuse me -- a weekend, a holiday weekend, ambulances are

coming one after another after another after another, day and night. And I'm only repeating what's already been said here many times. Where are these people going to go?

Please consider our community of Blue Island. We respect the other communities in the state. We have the same problem, it seems. And I just wish that corporate America would consider what they're doing and how it affects the population.

Thank you very much.

MS. GUILD: Thank you.

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

MS. GUILD: Is there anyone else from MetroSouth?

MS. IGOE: We have two.

MS. GUILD: Okay. If you'd like to speak, you can come forward now.

MS. LEWIS: Hello. My name is Katrina Lewis, and I've been with MetroSouth --

THE COURT REPORTER: I can't hear you. Hold it really close and spell your last name for me, please.

MS. LEWIS: My name is Katrina Lewis, and

I've been with MetroSouth for 12 years.

I live directly across the street from MetroSouth. September 3rd -- I have a 1-year-old. I was there at work from 2:30 to 11:00. My 16-year-old daughter called me to say he stopped breathing. I told her "Run him across the street immediately to MetroSouth Hospital."

We don't have a peds unit at MetroSouth Hospital, but the emergency room was the closest thing we could have got him to. If he hadn't been -- we hadn't been right across the street, where would I have took him to? Christ is like five minutes away.

It's like we -- I mean 5 miles away.

And like Dr. Font said previously, I was a high-risk patient, also, in 2011. He took care of me with my 7-year-old daughter. If I hadn't had that privilege to be at MetroSouth and have his care, I wouldn't have my 7-year-old child. So I was under Dr. Font's care, who previously spoke.

And thank you if you can just consider keeping MetroSouth open.

THE COURT REPORTER: Would you spell your last name for me, please.

MS. LEWIS: Lewis, L-e-w-i-s.
THE COURT REPORTER: Thank you.
MS. BOYD: I will die. I will die.
I'm 67 years old. My name is Sharron Boyd. That's S-h-a-r-r-o-n B-o-y-d.
THE COURT REPORTER: Thank you.
MS. BOYD: I am a resident of Calumet Park, which is attached to Blue Island on the -- excuse me -- on the north side -- I'm sorry -- the east side.
Over a seven-month period, I was admitted to the hospital 13 times. 13. 12 of those times I died. I was gone. Dead. They had to resuscitate me. Eventually, I had to have double-hearted surgery.
I need this hospital. I have grandkids who need me. I am full of life.
I can't do a handstand anymore. I can't jump up in the air anymore. But I can still roller-skate. I can go bowling.
(Laughter.)
MS. BOYD: If I had to travel to 95th Street, if I had to travel to South Suburban Hospital, I would be dead. D-e-a-d. Dead.

I need this hospital. The people in my community need this hospital. Blue Island needs this hospital. I'm selfish. I don't want to die. I don't want to die.

I'm done.

(Applause.)

MS. GUILD: Thank you.

- - -

CHAIRMAN SEWELL: So we move to exemption requests.

This is C-01, Project No. E-024-19, MetroSouth Medical Center in Blue Island.

I want to entertain a motion by the Board to defer this project based upon information that we took 20 minutes to read that we just received yesterday earlier on the agenda.

Is there a motion to defer?

MEMBER MURRAY: So moved.

CHAIRMAN SEWELL: Is there a second?

MEMBER SAVAGE: Second.

CHAIRMAN SEWELL: Any discussion on the motion to defer?

(No response.)

CHAIRMAN SEWELL: The background that I would give during discussion is that yesterday at approximately 4:20 to 4:30 p.m., we became aware of and actually received a lawsuit. The plaintiff is People's Choice Hospital, LLC, a Delaware limited liability corporation; the defendant is Quorum Health Corporation, a Delaware corporation.

And among other things, Board members were

given some time to read this since we just received it yesterday in the p.m., along with some other information relevant to the project.

The complaint and the demand is for the attempt to close MetroSouth Medical Center under alleged false pretenses. So we need time to determine whether this impacts or does not impact the project, so that was the reason for the motion to defer.

MR. LAWLER: Mr. Sewell?

CHAIRMAN SEWELL: Yes.

MR. LAWLER: I represent the Applicants, MetroSouth. Will we have an opportunity to address the Board on that issue?

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

CHAIRMAN SEWELL: Hold up. Just a second.

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

CHAIRMAN SEWELL: I'm sorry to leave you standing there.

MR. LAWLER: No problem.

CHAIRMAN SEWELL: He needs to be sworn in.

MS. AVERY: He was already sworn. Name on the record.

THE COURT REPORTER: Just state your name

for the record.

MR. LAWLER: My name is Dan Lawler, L-a-w-l-e-r. I'm with the law firm of Barnes & Thornburg in Chicago. I am CON counsel to the Applicant.

And may I also have our CEO sit with me?

CHAIRMAN SEWELL: Certainly.

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

MR. WALSH: My name is John Walsh. I'm the CEO of MetroSouth Medical Center.

MR. SMITH: Marty Smith, chief operating officer for Quorum Health.

MR. KING: Ken King, senior vice president for Quorum.

THE COURT REPORTER: Would you raise your right hands, please, you three gentlemen.

(Three witnesses sworn.)

THE COURT REPORTER: Thank you. And please print your names on those sheets.

CHAIRMAN SEWELL: What -- if you're speaking, we want you to speak to what the Board is considering right now, and that is a motion to defer the project.

MR. LAWLER: Yes, sir.

This is a factual and legal situation that is nearly identical to a situation that was before this Board in April where there was a pending lawsuit on a hospital closure.

The difference, of course, is that the lawsuit here does not involve the Board, does not ask any relief against the Board, does not ask that the vote today be stopped by the Courts or anyone else.

In addition, this Board had determined that under the statute, the Planning Act, and the regulations in effect at that time and that also apply to this project. Senate Bill 1739 institutes new processes for hospital closures, but that's not applicable to this project.

And what was determined on that project is that the Planning Act requires exemptions to be acted on within a set period of time, and it doesn't say that the Board shall approve a project that complies with the information requirements unless a lawsuit is filed, so the Planning Act requires action by this Board today.

Now, the Board does have a rule -- does have a rule -- that says that if there is a

pending action in which the subject matter of the lawsuit is at issue, that the Board will defer.

Now, what happened is between that -- the difference between what the Planning Act says and what the Board rule says, it was determined by this Board that the statute trumped the regulation and the Board had to act on the project notwithstanding the lawsuit.

That interpretation is essentially affirmed by Senate Bill 1739 because for applications to discontinue after the effective date of that Act, July 15, the statute gives the Board the authority to defer a closure application permit pending litigation that affects the permit.

Now, the fact that the legislature had to give, expressly, this Board the power to defer is a strong indication that this Board did not have that power to do that previously. Otherwise, it would not have had to have been added.

And so the prior interpretation of the Planning Act and the Board's regulations prior to Senate Bill 1739 is that the Board does not have the authority to defer; the Planning Act requires action on this application.

So we would present to the Board that, one, it does not have authority to defer, and, two, the rule doesn't apply here anyway because that lawsuit does not involve the Board, does not involve this application, and does not ask any relief from the Court against the Board.

So how could it possibly be a suit that is the subject matter? The subject matter of the lawsuit is -- as you heard the People's Choice people say today -- they want the Court to force us to sell the hospital to them. That's what the subject matter of the lawsuit is about. It's not changing what the Board is doing today.

So we would object to a motion to defer on the grounds that, one, the Board has no authority to defer under the law that's applicable to this project and, two, that the rule that's being invoked to defer is not applicable here, either.

Thank you.

CHAIRMAN SEWELL: Do Board members have any questions of counsel or the Applicant?

MEMBER MURRAY: Our counsel, you mean?

CHAIRMAN SEWELL: Yeah. This gentleman right here.

MEMBER MURRAY: Okay.

MS. AVERY: Our temporary counsel.

MEMBER MURRAY: Our temporary counsel.

So -- maybe this is for staff. I'm not sure which.

So -- I'm not a lawyer so I can't really judge what this gentleman just said.

But if there's questions about facts in the application, is that a reason to defer?

MR. AFEEF: The applicable rule that you're looking at says that if an individual or entity has failed to comply with the Act or the HFSRB rules and has been notified by HFSRB about an allegation of noncompliance, this shall provide a basis for HFSRB to defer consideration of any and all applications, rulings, or advisory opinions filed before HFSRB until the noncompliant matter is resolved.

The issue that -- for you -- is does this lawsuit create, in your -- for you -- an allegation of noncompliance.

That's your answer.

CHAIRMAN SEWELL: I have another question of counsel.

Part of the presentation was that we had to act today. Not just that we had to act on the application but we had to act today.

Do you or staff support that idea?

MS. AVERY: Are you -- for clarification, you're asking if we need to act on the request for the exemption --

CHAIRMAN SEWELL: Yes.

MS. AVERY: -- correct?

MEMBER MURRAY: Today.

MS. AVERY: Today.

CHAIRMAN SEWELL: Today.

I would add "today." I think that's an important part of the statement that the Applicant made.

MS. AVERY: In the law -- in the Planning Act -- and, again, this is prior to 1739 -- we have "If there is a pending lawsuit that challenges an application to discontinue a health care facility that either names the Board as a party or alleges fraud in the filing of the application, the Board may defer action on the application for up to six months after the date of the initial deferral of the application."

I have spoken with State regulators, and there was no evidence that the Applicant had proceeded to shut down the hospital.

Also, in our rule -- which is very clear -- it says HFSRB will defer consideration of the application for exemption when the application is the subject of litigation until all litigation related to the application has been completed.

So even though we're not named in the lawsuit, there are accusations of some things that weren't true.

And for the record, on public act -- the 99th General Assembly approved -- which this application falls under -- a different set of standards for which you can consider the discontinuation. The Applicant did meet all of those.

CHAIRMAN SEWELL: Uh-huh.

Were you going to --

MR. LAWLER: Sir, just two more points: One is the Planning Act provides -- the Planning Act -- provides, with respect to exemptions, that reviews shall not exceed 60 days from the date the application is declared to be complete.

We were declared complete June 11th. We were initially scheduled for the August Board meeting. We should have been approved already.

There was a request for a public hearing, there was an accommodation made, and we were rescheduled to this meeting.

So we're beyond the time --

MS. AVERY: May I interrupt?

MR. LAWLER: Yes, sir -- yes, ma'am.

MS. AVERY: He's right in some instances, but the public hearing also triggers dates where we have to post.

And that is why it was moved from that meeting to this one, because we have criteria in which we have to post and allow for the transcripts to come back and get to the Board.

MR. LAWLER: Right. And that -- and let me say that that additional time allowed Quorum and the City of Blue Island, through Mayor Vargas and its own CON counsel at Benesch, to work out the agreement that the mayor presented to you today that he said -- and we agree -- would assure access to health care going forward, and the parties would be working together to achieve that.

That agreement would be jeopardized if there's no act on this today.

And the failure of the Board to act today could also result in the irreparable harm that you heard today from the seven other CEOs of Quorum hospitals.

And if I may, I would just like the opportunity -- because it relates to your motion to defer and the direct, severe, negative adverse impact that's going to have not only on the Quorum -- it's going to have an impact on 7 other hospitals in the state, 26 other hospitals in the country. And if I may, I'd like to have Mr. Smith briefly address that.

MR. SMITH: Sure. Thank you, Dan, and thank you to the Board for this time.

While I'm not sharing all my testimony that was previously prepared, Dan asked me specifically to relate you to the issues with Quorum, the overall financial position of the company. You've heard some of that testimony earlier today about that.

Quorum, if you will, was formed in May of 2016 as a corporate spin-off of a larger health

care company. Many of our facilities that you've heard are rural, nonurban communities, safety net hospitals, sole community providers, critical-access hospitals.

Through our spin, Quorum inherited a debt structure -- again, "inherited," key word -- associated with -- and various associated debt covenants binding all of our Illinois hospitals and our hospitals across the country.

Our current debt at the end of the second quarter of 2019 was approximately $1.2 billion at a blended rate of 10 percent, so $120 million in interest expense on an annualized basis.

We believe, as a company, that by early 2020 we will be in a much better position to restructure our debt, but we have to get there first.

As it has been stated, we have various debt covenants that govern our debt structure. At the end of the second quarter we reported -- and it's public information -- that, in large part due to the losses -- the increase of losses at MetroSouth -- that Quorum has basically 3 percent or the equivalent of $6 million from tripping our

debt covenants. We had 3 percent room and about $6 million from tripping our debt covenants.

I can share additional details with the Board on what happens if we trip our debt covenants if you have questions, but just let me simply say it puts 3,000 jobs in your state at risk and more than 10,000 across the country.

If we had additional time to give -- we have been asked about giving additional time -- we would give that additional time. We have no additional time to give as an organization without risking violating these debt covenants.

And the way our covenants essentially work is the losses associated with MetroSouth -- which is roughly about $7 million year to date -- they would be credited back, which basically would more than double the room that we have under our current debt structure.

So while we're very disappointed and discouraged about the situation at MetroSouth, we understand we have to also think more broadly about the rest of the state and our company going forward.

CHAIRMAN SEWELL: Any other questions by

Board members?

MEMBER SLATER: How much is the loss per day?

MR. SMITH: The loss per day?

MEMBER SLATER: At MetroSouth.

MR. SMITH: The loss per month is running roughly a little -- in the neighborhood -- last month our losses on a pretax, predepreciation, preinterest basis were $1.5 million for the month of August projected.

MS. AVERY: And for clarification for the Board members, the date projected to close the hospital is?

MR. LAWLER: September 30.

MS. AVERY: Okay.

MR. LAWLER: And one other item: Given that this is all being generated through an accusation of fraud on the basis that we supposedly discontinued services without State approval, Ms. Avery already stated -- she confirmed that that's not the case.

John Walsh, the CEO of the hospital, and myself have been in continued contact with this Board's staff as well as Karen Singer at IDPH as

to the status of services at the hospital.

We temporarily suspended cardiac cath because we don't have the clinical people to operate the service, and we did that pursuant to notice to this Board and to IDPH.

I do believe that Karen Singer has confirmed to the staff that we are in compliance. We did have a site survey from IDPH following the discontinuation -- the suspension, I'm sorry -- of the cardiac cath unit.

So these allegations are concocted. They're disputed and refuted by the Illinois Department of Public Health.

CHAIRMAN SEWELL: Any other comments or questions by members of the Board?

Staff?

MEMBER MARTELL: Yes.

CHAIRMAN SEWELL: Oh, I'm sorry. Go ahead.

MEMBER MARTELL: The other allegation had to -- the other part of the allegation was related to the buyer and knowledge of a potential buyer.

So could counsel respond to that?

MR. LAWLER: Yes, we can. I'd like to have Mr. Ken King address that.

MR. KING: Yes. Thank you.

My name is Ken King. I'm senior VP of acquisitions for Quorum, and I've also been responsible for our divestitures. And I have been trying to divest Quorum -- Metro -- for the past 2 1/2 years, and we've had two different brokerage firms involved.

We had a group called Ponder & Company, a gentleman based here in Chicago, that tried to help me sell the hospital from April 2017 until April 2018, and he was unsuccessful -- we were unsuccessful. In January we hired another group called MTS Partners. They've been trying to sell Metro for me, and to date they've been unsuccessful.

We have literally gone around to all of the large reputable health systems that surround Metro and made the offer to essentially give them the hospital, to give them the land, the building, the equipment, the operations, the records, licenses -- free of any encumbrances -- and no one took us up on that offer.

Think about that. All of the large health systems surrounding Metro, and none of them took

us up on that offer.

So we were down to sort of the last bottom-of-the-barrel option -- okay? -- a group called People's Choice Hospital. All right? We made them the very same offer -- okay? -- because we need to get out of the hospital, "We will give you the hospital."

People's Choice insisted upon purchasing the net working capital -- in other words, the accounts receivable. We tried to discourage them from that and tried to encourage them to get their own line of credit to fund net working capital but they rejected that. They had to buy the net work -- they had to buy the A/R because that's what they would use as collateral to get a loan.

So on the purchase price we did come to an agreement: "We will give you the hospital, the property, the land, the building, and the equipment, and you will buy the accounts receivable at a 20 percent discount." That's the only thing we reached agreement on.

All of the other major terms and conditions of the purchase agreement we could not reach an agreement on.

There were three turns of the purchase agreement. There was our initial draft to them on July 16. People's Choice turned a redline back to us on July 31st. And then we sent them another redline on August the 6th. That was the last turn of the purchase agreement, and that turn sat with People's Choice. And as the lawyers like to say, the pen was with them.

Now, let me go to their purchase agreement that they sent to us on July 31st. They completely rewrote the purchase agreement and built in all kinds of contingencies and caveats and conditions to closing, you know, to make -- so that they could be half in and half out. Okay?

Now, there's -- there was a big issue with one of the terms. They said that all key contracts of the hospital must stay in place. Sounds reasonable. And they told us managed-care contracts are a key contract and these must stay in place. That sounds reasonable.

Well, except for one thing. There's a major insurer called Aetna that is pursuing litigation against People's Choice for what Aetna describes as a fraudulent lab billing scheme.

The Aetna complaint goes on to outline how People's Choice has perpetrated this fraud and abuse, including mail and wire fraud, racketeering, bribes, and kickbacks in order to perpetrate this scheme. And this is based on a little bitty, tiny rural hospital in Oklahoma. Okay?

So I go back to our agreement -- and this isn't, by the way, the first time that they had pursued this lab billing scheme. They'd done it also in the state of Florida.

So I go back to my agreement that I'm negotiating with People's Choice -- okay? And they say "all key contracts must remain in place," and I know that I've got to get the consent of the managed-care payers to assign their contracts to People's Choice.

Now I ask you, is Aetna or Blue Cross going to assign their contract to People's Choice when Aetna has accused the company of fraud, bribery, kickbacks, racketeering, and this has been publicly reported in Becker's Hospital Review and other publications? Okay?

So it's not as simple as what People's

Choice told you. Okay? They misrepresented the facts to you and they misdirected you.

And based on a frivolous lawsuit that they filed yesterday to try and get this very reaction -- you know, here's the consequences: You know, you guys now are trying to make a decision whether to defer this.

So that's all I have to say. I would tell you that, based on what we know now, you know, that we don't believe that they're a viable buyer, and that's all I have to say.

MEMBER MURRAY: Does that mean that Aetna said no?

MR. KING: Come again?

MEMBER MURRAY: Does that mean that Aetna said no?

MR. SMITH: Aetna is involved in a Federal lawsuit. They've filed a Federal lawsuit against People's Choice.

MEMBER MURRAY: Okay. But did they tell you no?

MR. SMITH: They have not told --

MEMBER MURRAY: Did you ask them and they said no?

MR. KING: No. We didn't -- we never signed an agreement with them because -- we went back to them, ma'am, on August the 6th, and we told them that we will not accept that edit. Okay? We're not going to accept a condition to closing that says they've got -- all the managed-care companies have to agree --

MEMBER MURRAY: Okay.

MR. KING: -- because that leaves me at risk.

MR. SMITH: Let me just please reference a very critical point that's in the lawsuit. You read the lawsuit this morning. I want to point this critical point out.

They make this claim that, for some reason, we walked away from the deal because we wanted to liquidate the assets, and they used the term that we're going to capitalize on that by selling the assets for $60-plus million.

You heard the mayor lead off this discussion today and say, "We have come to an agreement with Quorum to transition the assets to them or to a new buyer." There is no effort on our part to liquidate these assets.

We are, at our heart, trying to find a path forward. This is an incredibly difficult situation we find our other hospitals in, we find our company in, we find their community in, but we worked with the City to come up with a plan to go forward so that there can be a transition of care in line with what you heard from the testimony from Sinai earlier today.

They specifically talked about a transition to more of an outpatient environment, and that's the platform that we're trying to leave with the City and with a new provider, all the equipment and the assets associated with launching a new platform for health care services in this community.

So any allegation that we're doing this -- that we're walking away from People's Choice for our own financial benefit -- is clearly put to rest by our efforts and our signature on a piece of paper with the City to do something very different, to give these assets.

And as Dan pointed out just a few seconds ago, if we are not successful today and at the end of this month, we wipe out -- everything is

contingent upon us being able to close.

The City loses its benefit that we've put in place for them, and our employees, who have severance benefits now established through the end of October, will potentially lose all their severance benefits, as well.

So we don't want to see a company who -- if you Google them, you'll go through 10 pages of Google information about fraud, about various allegations of lab billing schemes. This is not a credible company. They don't even operate a hospital today.

I can't in any stronger terms tell you that this is not a reputable organization. There's not one thing -- outside of the fact that they started negotiating with us in March -- in that lawsuit that I read that is factual, and I am on the record as saying it.

CHAIRMAN SEWELL: Board members, additional questions?

(No response.)

CHAIRMAN SEWELL: All right. The motion on the floor is to defer this project.

And the next meeting of this Board is

September 22nd --

MS. AVERY: October.

CHAIRMAN SEWELL: October 22nd. I'm sorry.

Any additional questions on the motion?

(No response.)

CHAIRMAN SEWELL: Roll call.

MR. ROATE: Thank you, Mr. Chairman.

Motion made by Dr. Murray; seconded by Ms. Savage.

Senator Demuzio.

MEMBER DEMUZIO: Yes, I vote to defer and -- based upon the comments I've heard today.

MR. ROATE: Thank you.

Dr. Sandra Martell.

MEMBER MARTELL: I vote to defer based on legal counsel interpretation.

MR. ROATE: Thank you.

Dr. Murray.

MEMBER MURRAY: I vote to defer based on my understanding of the administrative code and our legal obligation.

MR. ROATE: Thank you.

Ms. Savage.

MEMBER SAVAGE: I vote to defer based on what we've heard today and the legal counsel.

MR. ROATE: Thank you.

Mr. Slater.

MEMBER SLATER: I vote no, based on the rules that we have to follow as this Board.

MR. ROATE: Thank you.

Chairman Sewell.

CHAIRMAN SEWELL: I vote yes, based upon the requirements that were read earlier.

MR. ROATE: Thank you.

That's 5 votes to defer, 1 to not.

CHAIRMAN SEWELL: Okay. So we will hear this project at the October 22nd meeting of this Board.

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

CHAIRMAN SEWELL: Okay. We're going to take a 45-minute break for lunch.

MR. LAWLER: Mr. Sewell?

CHAIRMAN SEWELL: Yes.

MR. LAWLER: Can I just have our CEO -- we still have an issue where this is pending. And we've already lost the cardiac care clinic -- clinical people. We can't provide that service

anymore. We have a number of other services on the brink. There's an issue of the care that can be -- that can be provided at this point.

And if I could -- just so the Board is aware -- have Mr. Walsh just briefly address that, issues that he's facing as CEO of the hospital.

MR. WALSH: Thank you very much.

We've heard a lot of emotional testimony today about the care that this organization has provided, and they've done a great job with it for many years to this community.

MS. AVERY: Pull your microphone a little closer.

MR. WALSH: And currently, as you know, we've already had to suspend services for the cardiac catheterization because of ability to staff.

If this gets deferred, we will lose more staff in addition to medical staff coverage, and I won't be able to provide services that are critical to operating even an emergency room. I won't have surgery coverage, I won't have other support coverage, and I will eventually have to shut down even the emergency room in order to

provide safe care at the appropriate level.

So any deferral past the end of this month, I'm putting myself, the community, and everybody else at risk if I'm not providing the care that I need to be, and that's the situation I'm in today.

MR. LAWLER: And the deferral gains little. It loses a tremendous amount.

Eventually, the hospital -- when you vote -- when you vote on this, you have to vote to approve the exemption under the law. And what's lost is everything that Mayor Vargas represented to you this morning and -- for what? Somebody gets delayed? But the hospital has got to close eventually.

And it's just a -- Mayor Vargas spoke about the -- he's trying to do what's best for his own community, and this is not going to allow him to do that.

MEMBER SAVAGE: May I still ask questions of the CEO?

CHAIRMAN SEWELL: Sure.

MEMBER SAVAGE: So my question is, based on the support you have from your nurses and staff

and physicians, what leads you to believe that they're all going to leave?

MR. WALSH: Because we have, through this process, been very supportive of our staff. We've had two very successful job fairs where many of our employees have gotten new jobs, and they've only been holding out to get to the end of this month so they could get the severance that was promised to them.

They're going to risk those new jobs if they don't leave now and just leave the severance on the table.

I've also been notified by providers, physicians, that they will no longer be covering our hospital for very specific services like surgery. So I will not be able to take consults out of my ER or my inpatient unit for surgery.

Without surgery, there's nothing else for me to be able to provide except maybe urgent care.

MEMBER SAVAGE: That --

CHAIRMAN SEWELL: I'm going to call off this discussion unless someone on the Board wants us to reconsider the vote we just took. If I don't hear that, then the decision of the Board

is that we defer until the October 22nd meeting.

(No response.)

CHAIRMAN SEWELL: All right. We're taking a 45-minute break for lunch.

(Off the record at 12:25 p.m.)

CERTIFICATE OF SHORTHAND REPORTER

I, Melanie L. Humphrey-Sonntag, Certified Shorthand Reporter No. 084-004299, CSR, RDR, CRR, CRC, FAPR, 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 excerpt of the proceedings, that said proceedings were taken by me 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 19th day of September, 2019.

My commission expires July 3, 2021.

MELANIE L. HUMPHREY-SONNTAG
NOTARY PUBLIC IN AND FOR ILLINOIS

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