



**HSHS**  
**St. Elizabeth's**  
**Hospital**

November 11, 2019

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield IL, 62761

**RECEIVED**

NOV 14 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Re: Supplemental Information  
COE Permit Application E-036-19  
HSHS St. Elizabeth's Hospital  
Acute Rehabilitation Unit Category of Service Discontinuation  
Attachment 5, Local Media Public Notice Attestation

Dear Ms. Avery,

Please accept this attestation that HSHS St. Elizabeth's Hospital, O'Fallon, Illinois, first published the required discontinuation public notice on October 24, 2019 with subsequent publication dates of October 31, 2019 and November 7, 2019, thereby meeting the three (3) consecutive date criterion. The notice was published in the O'Fallon Progress Newspaper, a weekly publication. Please see proof of publication attached to this letter.

If you have any questions, I can be reached at 618-234-2120, extension 31054 or by e-mail at [Patti.Fischer@hshs.org](mailto:Patti.Fischer@hshs.org).

Sincerely,

Patti Fischer, President and CEO  
HSHS St. Elizabeth's Hospital

CC: Mike Constantino, Supervisor, Project Review Section  
Amy Bulpitt, Vice President and General Counsel, Hospital Sisters Health System

Attachment: Public notices

One St. Elizabeth's Bou.  
O'Fallon, IL 62269  
618-234-2120  
[steliz.org](http://steliz.org)

An Affiliate of  
Hospital Sisters  
Health System



Notarization:

Subscribed and sworn to before me

this 12 day of November

Grace O. Matthews

Signature of Notary

Grace O. Matthews

Printed Name

Seal

Seal





## State borders create Medicaid haves and have-nots, putting lives in the balance

BY LAURA UNGER  
Kaiser Health News

ST. LOUIS

Patricia Powers went a few years without health insurance and couldn't afford regular doctor visits. So she had no idea cancerous tumors were silently growing in both of her breasts.

If Powers lived just across the Mississippi River in Illinois, she would have qualified for Medicaid, the federal-state health insurance program for low-income residents that 36 states and the District of Columbia decided to expand under the Affordable Care Act. But Missouri politicians chose not to expand it — a decision some groups are trying to reverse by getting signatures to put the

Powers' predicament reflects an odd twist in the way the health care law has played out: State borders have become arbitrary, dividing lines between Medicaid's haves and have-nots, with Americans in similar financial straits facing vastly different health care fortunes. This affects everything from whether diseases are caught early to whether people can stay well enough to work.

It wasn't supposed to be this way. The ACA, passed in 2010, called for extending Medicaid to all Americans earning up to 138% of the federal poverty level, around \$17,000 annually for an individual. But the U.S. Supreme Court in 2012 let states choose whether to expand Medicaid. Illinois did, bringing an additional 650,000-plus people onto its rolls. Missouri did not, and today about 200,000 of its residents are like Powers, stuck in this geographic trap.

Powers briefly thought about moving to another state, just to be able to get Medicaid. "You ask yourself: Where do you go?"



A few years ago, Patricia Powers briefly thought about moving from her home in St. Louis County, Mo., across the river into Illinois for Medicaid. "You ask yourself, Where do you go? What do you do?" After years without health insurance, Powers went to a clinic for the uninsured, where she discovered she had breast cancer.

What do you do?" said Powers, who was in her early 60s when diagnosed. "Do I look at what's happening in Illinois, right across the river?"

A recent University of Michigan study found Medicaid expansion substantially reduced mortality rates from 2014 to 2017. The researchers said Illinois averted 345 deaths annually while Missouri had 194 additional deaths each year. The same trends held for other side-by-side states such as Kentucky (did expand) and Tennessee (did not), New Mexico (did) and Texas (did not).

Dr. Karen Joynt Maddox, co-director of the Center for Health Economics and Policy at Washington University in St. Louis, said health care providers in her border city see how the coverage differences affect people. When treating Medicaid patients from Illinois, she said, doctors know procedures, equipment and medicines will likely be covered. With uninsured Missourians, they must consider whether patients can afford even follow-up medications after heart attacks.

Nonetheless, Medicaid expansion faces significant opposition in Missouri, a red state led by a Republican governor with GOP supermajorities in both legislative chambers.

Patrick Ishmael, director of government accountability for the Show-Me Institute, a Missouri free-market think tank, said offering Medicaid to people with incomes above the poverty level would drain resources from the state's underserved poor and push up taxpayer costs. Though the federal government pays 90% of the cost of the expansion coverage, he said, Missourians contribute to that through their federal taxes. Medicaid already accounts for about a third of the state's budget, which he said puts pressure on other priorities, like education.

"Missouri and other states need to think about whether they are a government that provides health care or a health care provider that sometimes governs," he said.

### AN ILLINOIS STORY

the expansion helped Matt Bednarowicz avoid debilitating medical debt after a motorcycle crash. He was able to go back to work after he was injured while delivering a package in mid-May 2018.

The wreck crushed his left foot, requiring doctors to insert pins in it. Without Medicaid, he would have faced thousands of dollars in medical bills.

"The debt would have been greater than I could comprehend overcoming," said Bednarowicz, now 29.

His Medicaid kicked in "just in the nick of time" to cover the surgery, he said. It also allowed him to get psychiatric help for depression. More than a year later, he's able to get around well — even jog — and works as a caretaker for an elderly man.

Having insurance helps people like Bednarowicz stay productive, said Riondrea.

"The person who gets sick can't work, can't support his or her family, can't be a consumer and buy goods. If they're not working, they can't pay taxes," Riopiedre said. "It just is a tidal wave of downstream effects that if we can't get it right, it's going to have repercussions across the nation."

## A MISSOURI STORY

Powers, a minister in the St. Louis suburb of Hazelwood, used to get health insurance through her husband's job selling lumber and hardware. After he was disabled in 2009, their coverage continued on and off for a while, and her husband eventually received Medicare, the federal insurance program for seniors and people with disabilities. But Powers had no insurance starting in 2012 as the couple struggled on, at most, \$1,500 a month.

Medicaid wasn't an option for her. Missouri could have opened the program to more adults as early as 2010, in preparation for the health

care law's expanded coverage taking effect in 2014. Without the ACA's expansion, adults who aren't 65 or older or disabled don't qualify, no matter how low their income. Missouri's program generally covers only pregnant women and children from low-income families, parents with incomes about 22% of the federal poverty level and people who are poor and blind, disabled or 65 or older.

Powers and her husband earned too little for her to qualify for subsidies on the federal ACA marketplace, so she couldn't afford to buy her own plan. And without insurance, Powers never saw doctors for routine health visits or screenings. She stopped taking her prescribed medications for high blood pressure and anxiety — until she could no longer do without her anti-anxiety medicine, Lexapro.

In early 2016, she discovered a place to get help when she gave her friend a ride to a St. Louis clinic for the uninsured called Casa de Salud, where health services cost less than \$30.

Powers figured she'd ask about getting back onto Lexapro there. She got a thorough checkup. The doctor found a walnut-sized lump in her right breast, and a mammogram found a tumor the size of a grain of rice in her left. A clinic caseworker helped her sign up for a Medicaid program for breast cancer patients. She underwent surgery in

April 2016, then had 35 radiation treatments and took follow-up medications.

She kept thinking she could have found the cancer earlier if only she had insurance. That would have meant less treatment and lower costs for taxpayers, who ended up footing the bill anyway. Research shows breast cancer in its earliest stage can cost half as much to treat as in later stages.

"Even if you didn't care about the human cost, you should care about the economic cost," said Jorge Riopiedre, president and CEO of Casa de Salud. "Treating a disease at its first stage is always going to be much cheaper than treating it at its advanced stage."

## AMID CONTROVERSY, FUTURE UNCERTAIN FOR MISSOURI

As the ballot measure push continues, Missouri Gov. Mike Parson, a Republican, recently created a task force to look into expanding Medicaid through a waiver allowing states to skip some federal requirements. His office referred questions to the state's Department of Health and Senior Services, which in turn referred them to the Department of Social Services. Rebecca Woelfel, a spokeswoman for that agency, said the department doesn't typically comment on potential ballot issues.

Ismael, of the Show-Me Institute, said he hopes expansion doesn't happen. He said the Medicaid system overall is wasteful, with outcomes often not fully justifying the expense. The cost of an expansion would depend on how it's structured, he said, but "it could be a real budget-buster."

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**Deadline 3pm Monday before Thursday publication**  
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# Classified

**Legals**

**Legal & Public Notices**

**PUBLIC NOTICE  
FOR PARENTS OF  
HOME SCHOoled STUDENTS**

**NOTICE OF PUBLIC MEETING**  
On November 4, 2019 at 3:30 pm,  
a meeting conducted by Central School  
District #134 and 64-6 place 4-9-19 Har-  
rison Lane, O'Fallon IL. The purpose of  
this meeting will be to discuss the dis-  
trict's plans for providing special ser-  
vices to students with disabilities who at-  
tend private schools and home schools.

**Legals & Public Notices**

within the 2912-2920 school zone. If you are a parent of a homeschooled student who has been or may be identified with a disability and you reside within the boundaries of Central School District #114, you are urged to attend this meeting. If you have any questions pertaining to this meeting, please contact Mrs. Cassy Shelton, Special Education Coordinator, at 632-4238.

L-4425431 (01/27 & 31)

 **WHDH 10**

**Legals & Public Notices**  
**PUBLIC NOTICE**  
**MSHS St. Elizabeth's Hospital**  
**Discontinue patient (P) Bed Acute Rehabilitation Category of Service**  
In accordance with the requirements of the Illinois Health Facilities and Services Review Board (State Agency) Certification of the institution (OUI) per a application process, notice is given that MSHS St. Elizabeth's Hospital in Effingham Illinois proposes to discontinue its fifteen (15) bed inpatient Acute Rehabilitation unit.

**Legals & Public Notices**

Category of Service effective November 25, 2015, pending approval by the Joint Health Facilities and Services Review Board. At the time of implementation, the hospital will redesignate the system (1) acute rehabilitation beds as in-lieu; (2) Medical/Surgical and four (4) ICU beds.

L-4421513 (JCS 24, 31 & Nov. 7)

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# Bipartisan group of lawmakers issues call for ethics task force

Capital News Items

Amid an ongoing flurry of federal investigative activity pertaining to state government, a bipartisan group of lawmakers called for the creation of a task force to recommend greater ethical safeguards during a Statehouse news conference Oct. 28.

"We're not here to be the judge and the jury at all, we are here to start a conversation," Rep. Tony McCombie, a Savanna Republican, said. "We need the people who put us in office to be able to rely on us and trust us, and today, they can't do that."

McCombie is sponsoring House Joint Resolution 87, which would create a bipartisan ethics task force to examine state ethics laws and how to better improve and enforce them.

That measure was assigned to the House Executive Committee but has not yet been scheduled for a hearing. The General Assembly's veto session ran Oct. 28-30 and resumes Nov. 12-14.

The task force would consist of one member of the governor's staff and two members of the Republican and Democratic caucuses in each chamber appointed by their legislative leaders. It would have 90 days from the day the resolution passes to report to the General Assembly and governor with its recommendations.

State Sen. Sue Rezin, a Morris Republican, said she filed a similar bill in 2012, but it failed to gain support. What's different this year, she said, is the number of corruption-related headlines emanating from state government.

"Obviously we are concerned with everything that's being reported out there with the investigations going on and we will try again," Rezin said.

Maurice West, a Rockford Democrat who has been in office since January, agreed with his Republican colleagues. "This issue should not be a partisan issue. Matter of fact, it should not even be a bipartisan issue, this should be a moral issue," West said.

While West was the only Democrat in attendance, he said he anticipated further support for the formation of a task force from his party.

## ARROYO ARREST

The top two leaders in the Illinois House on Oct. 28 called on state Rep. Luis Arroyo to either resign immediately or face disciplinary proceedings that could lead to his removal from office.

House Speaker Michael Madigan and House Republican Leader Jim Durkin issued those calls separately a few hours after Arroyo, a Chicago Democrat, appeared in federal court in Chicago on a federal bribery charge.

"Today begins a process of cleaning up this chamber," Durkin said during a midday news conference. "I hope that Representative Arroyo hears what I have to say, because I am serious, my caucus is serious and I believe that his members will be serious that this is not tolerable."

Arroyo, 65, made an initial appearance Oct. 28 before U.S. Magistrate Judge Maria Valdez and was released on a personal

recognizance bond. If convicted, he could face up to 10 years in prison.

According to a statement from U.S. Attorney John R. Lausch, Arroyo is charged with one count of "offering a bribe to a fellow state lawmaker in an effort to influence and reward the lawmaker for supporting legislation that would benefit Arroyo's private lobbying client."

In addition to serving in the General Assembly, Arroyo owns a lobbying firm, Spartacus LLC, according to his most recent statement of interest.

The complaint alleges that on Aug. 2, Arroyo offered to pay an unnamed state senator \$2,500 per month in exchange for the senator's support of gambling legislation related to sweepstakes games. On Aug. 22, Arroyo met the senator at a Skokie restaurant and provided a check for an initial payment, a check made payable to another person in order to conceal the actual intent, Lausch's office said.

Arroyo has served as chairman of the House Appropriations-Capital Committee, a panel that was instrumental in pushing through this year's \$45 billion capital improvements bill, which is partially funded through expanded gambling.

News of the charges against Arroyo rattled the Illinois Statehouse just as lawmakers were returning for the start of the fall veto session.

After a closed-door House Democrats caucus meeting Oct. 28, Madigan handed out a written statement saying Arroyo had agreed to step down

from his committee chairmanship, but he said he agreed with Durkin that Arroyo should resign immediately or face disciplinary proceedings.

"I urge Representative Arroyo to resign from the House of Representatives, effective immediately," Madigan said in the statement. "If he refuses, I will take the necessary steps to begin the process to remove him from office."

## CHICAGO SCHOOLS

Chicago Teachers Union representatives are asking lawmakers for legislation that would force Chicago Public Schools to direct more of its state funding to services aimed at low-income students, English language learners and students with special needs. This comes amid a strike now stretching into its second week.

Kurt Hilgendorf, a lobbyist for the union, told a legislative committee Oct. 28 that Illinois' new Evidence Based Funding formula is designed, in part, to direct more state resources to the neediest districts. But, he said, there is no requirement that districts — Chicago Public Schools in particular — direct resources to the neediest schools in those districts.

"There is no equity provision for funding CPS students in a student-based budgeting model," he told an elementary and secondary education appropriations panel. "Each student is assigned a base funding regardless of the need of that student."

House Bill 3917 would require that the funds CPS receives for those high-needs students be distributed among all the schools

in the district in proportion to the number of high-needs students they serve. It would apply to only the Chicago district.

The Evidence Based Funding formula was adopted in 2017. Its purpose is to determine what an "adequate" level of funding would be for each district based on its size and demographic factors, such as the number of students living in poverty, the number of English language learners and the number who receive special education services.

When all state, local and federal funds are added up, CPS is currently funded at about 65 percent of adequacy.

Teachers in the nation's third-largest district have been on strike since Oct. 17. Among their key demands are smaller class sizes and more social workers and school librarians, particularly in buildings with large concentrations of high-needs students.

The school district, however, opposes the bill, arguing it would greatly restrict how CPS spends more than \$1.1 billion out of the \$1.7 billion it receives through the formula.

"By passing (House Bill) 3917, we'll be restricting close to two-thirds of the district's allocation and will force CPS to cut back funding for its most basic areas of investment," G. Tito Quiñones, a lobbyist for CPS, told lawmakers.

"This will have a substantially detrimental impact on students' outcomes."

The House Energy and Environment Committee diverged Oct. 28 on a pair of highly-publicized bills aiming to better regulate ethylene oxide gas emissions in the state, passing one while letting another remain in committee.

The opposing votes represented a largely partisan split in a months-long effort from lawmakers to impose stricter regulations on, and create greater local authority to regulate, a known cancer-causing gas used in medical supply sterilization and manufacturing processes.

House Bill 3885, sponsored by House Minority Leader Jim Durkin, a Western Springs Republican, failed to pass with 11 voting in favor and 17, all Democrats, voting present. That bill would have given some rule municipalities the authority to ban ethylene oxide emissions from sterilization facilities within their communities.

Democrats voted present on the bill after Durkin would not commit to any Republican support for House Bill 3885, a stronger ethylene oxide regulatory bill sponsored by Waukegan Democratic Rep. Rita Mayfield, which was to be heard later in the committee hearing.

The hearing of Mayfield's bill followed a Statehouse protest of the legislation on behalf of Medline Industries. Many of the 200-plus protesters organized by the League of United Latin American Citizens said they were employees of Medline Industries and would lose their jobs if the bill passed.

Mayfield, however, said her bill "does not require any company to close," but rather "ask them" to move away from schools and day cares, or "utilize an alternative sterilization method that may require them to hire more people."

Mayfield's bill and an amendment to it passed the committee with 16 votes in favor, five against and two voting present.

House Bill 3888 moves to the full House for a vote.

**classified**

Deadline 3pm Monday before Thursday publication  
1-888-234-3365 or email [classified@bnd.com](mailto:classified@bnd.com)

**Legals**

**Legals & Public Notices**

**PUBLIC NOTICE**

**Illinois State Department of Health**

**Rehabilitation Services (16) and Adult Rehabilitation Category of Service**

In accordance with the requirements of the Illinois Health Professions and Services Practice Board (HPSB) and the Illinois State Department of Health (IDHS), the following information is being provided to the public regarding the process for the renewal of the Rehabilitation Services (16) and Adult Rehabilitation Category of Service license. The license renewal process is currently underway and the following information is being provided to the public regarding the process for the renewal of the Rehabilitation Services (16) and Adult Rehabilitation Category of Service license. The license renewal process is currently underway and the following information is being provided to the public regarding the process for the renewal of the Rehabilitation Services (16) and Adult Rehabilitation Category of Service license.

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Angela Butler, 517-0017C  
Kristen Johnson, 517-0125A  
Shirley Moore, 517-0125B  
Anthony Johnson, 517-0125C  
Muhammad Gholizadeh, 517-0125D  
Kristen Johnson, 517-0125E  
Muhammad Gholizadeh, 517-0125F

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**Thurs., Nov. 14, 2019 at 6:00 PM**

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109 +/- acres - 846 Scott Troy Rd, Lebanon  
Offered as 1 tract

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**Thurs., Nov. 14, 2019 at 6:00 PM**

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1 97 +/- ac - Madison Co - 3 Tracts * Farmland, Woodland, Wetland, Soil, Trees, etc.	2 108 +/- ac - St Clair Co - 1 Tract * Farmland, Woodland, Wetland, Soil, Trees, etc.
3 11.3 ac - Madison Co - 8 Tracts * 11.3 ac, commercial/industrial, 48 acres, etc.	4 78 +/- ac - St Clair Co - 1 Tract * Farmland, Industrial, Development
5 87 +/- ac - St Clair Co - 2 Tracts * Farmland, Woodland, Wetland, Soil, Trees, etc.	6 80 +/- ac - St Clair Co - 3 Tracts * Farmland, Woodland, Wetland, Soil, Trees, etc.

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