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**Subject:** [External] Mercy

Ms. Avery:

We are writing regarding the safety net impact statement in Mercy Hospital and Medical Center's application to close (Project 20-039). As you know, Section 5.4 of the Health Facilities Planning Act requires applicants for a wide range of projects to submit safety net impact statements, which must address the project's impact on a variety of safety net services and thus on populations who may depend on safety net services as they face barriers to accessing care otherwise. On a close review of Mercy Hospital's application to close, we conclude that the application is not complete because it does not include any content that addresses the impact on these services or populations.

Specifically, the Act defines safety net services as "services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation," and specifies that "Safety net service providers include, but are not limited to, hospitals and private practice physicians that provide charity care, school-based health centers, migrant health clinics, rural health clinics, federally qualified health centers, community health centers, public health departments, and community mental health centers." The act requires applicants who must file a safety net impact statement to describe "(1) The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge. (2) The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant. (3) How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant."

Mercy's application does not do this. The application includes approximately one page of text (top of page 228 and a referenced passage on page 42). This says only that there are many hospitals within 10 miles of the applicant's location, all of which it believes take Medicaid and do not have formal conditions or restrictions that would prevent it serving patients. It references the bed need formula and speculates closure will allow other hospitals to cross-subsidize better. Section 5.4 of the Act does not define barriers populations face solely in terms of Medicaid as source of coverage. It does not suggest a hospital applicant should only address impacts on hospital providers; instead, it requires consideration of an interrelated system of all safety net providers. And while the bed need formula is used elsewhere in project review, nothing in Section 5.4 suggests it is appropriate to sum up safety net impact. Section 5.4 requires safety net impacts be addressed to the extent reasonably known by the applicant, and in this case the applicant demonstrably knows more than it has described. For example, through years of serving the Chinatown neighborhood, the applicant is fully aware of the various "barriers to mainstream health care" faced by many Chinatown residents which have been highlighted in many opposition comments. Similarly, in providing maternal and birthing care in a predominantly Black community, the applicant is surely aware that specific barriers exist other than whether hospitals take Medicaid. Through its extensive planning process that is described in the application and through operating a network of outpatient services, the applicant is almost certainly aware of the operating environment for FQHCs and other sources of primary and specialty care in its service area. Through operating its own mental health services it is likely aware of the operating environment and potential impacts for other mental health providers of its proposed closure. (Baseline awareness both in terms of population and providers is evidenced in the applicant's 2019 Community Health Needs Assessment available at <https://www.mercy-chicago.org/Workfiles/CommunityNeedsAssessmentFY19.PDF>.)

We appreciate any attention you can give to this matter. We believe the safety net impact statement requirements are an important part of the review process set forth in the Act, and, even just based on information in the outpouring of community response already in the record on this project, that the safety impact statement requirements are particularly important with regard to this project.

## Thanks

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