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Transcript of Public Hearing

Date: September 20, 2021

Case: State of Illinois Health Facilities and Services Review Board

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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3

4 PUBLIC HEARING
5 PROJECT 20-021 NORTHPOINTE BIRTH CENTER, ROSCOE
6 (Conducted Virtually)

7 Monday, September 20, 2021

8 11:02 EST
9

10 BOARD MEMBERS PRESENT:

11 Ann Guild

12 April Simmons

13 Courtney Avery

14 George Roate

15 Mike Constantino

16 Mike Mitchell
17
18
19
20
21

22 Job: 362341

23 Pages: 1 - 49

24 Transcribed by: Molly Bugher

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1 ON BEHALF OF APPLICANT:

2 Laura Wiegand

3 Dele Ogunleye, Birth Partners, Inc

4 Binn Jatta, Medical Director

5 NorthPointe Birth Center

6 Meghan Moffett-Minter, Stateline

7 Boys and Girls Club

8 Scott Sanders, Village of Roscoe

9 Ted Rehl, Mayor of South Beloit

10 Donald Shoevlin, Harlem Roscoe

11 Fire Department

12 Sharon Cox, VP, Beloit Health System

13 Gus Larson, Director, NorthPointe

14 Health and Wellness

15 Melinda Brancamp, Beloit Health System

16 Margie Schaps, Health and Medicine Policy

17 Research Group

18 Tim McKeveitt, President/CEO, Beloit Health

19 System

20
21 SPEAKERS IN OPPOSITION TO APPLICANT:

22 Juan Morado Jr., Benesch Law

23 Pilar Mendez, Benesch Law

24 John Dorsey, MercyHealth, Rockford

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

2 MS. AVERY: Good morning, everyone.

3 Thank you for participating in today's public
4 Hearing for NorthPointe Birth Center Roscoe to
5 establish a birthing center.

6 I am Courtney Avery, the administrator
7 for the Health Facilities and Services Review
8 Board, and the hearing officer for today's
9 proceedings. On behalf of the HFSRB board, thank
10 you for attending. As part of the rules of the
11 Illinois Planning Act, the previous published
12 legal notice, notice of opportunity and review for
13 public hearing and opportunity for written
14 comment, will be submitted to the court reporter,
15 but I would include it in today's record.

16 Notice is being given in accordance with
17 the requirements of the Illinois Health Facilities
18 Planning Act and the Alternative Healthcare
19 Delivery Act of receipt to establish a
20 freestanding birth center in Roscoe, Illinois,
21 Project number 21-021, Northpointe birth center,
22 Roscoe. The applicants from being Beloit Health
23 Systems, Inc., The Applicant proposes to
24 establish a three station birth center in 8,700

1 square feet of space located on the Northpointe
2 Health and Wellness campus, which will be located
3 at 5605 E. Rockland Rd., Rockland, Illinois, with
4 a project cost of \$5.6 million.

5 The Application contained a safety net
6 impact statement and was declared complete on July
7 28, 2021. A copy of the application may be viewed
8 at the Illinois Healthcare Facilities and Services
9 Review Board office at the address of 525 West
10 Jefferson Street, 2nd Floor, Springfield, Illinois
11 62761. Also to obtain a copy of the application,
12 it's on the website at www.hfsrb.illinois.gov.

13 Consideration by the State Board has
14 been tentatively scheduled for December 14, 2021.
15 At this time, the location or the virtual platform
16 is to be determined. I just ask that you check
17 the website. Any person wanting to provide a
18 public hearing on the proposed project must submit
19 a written request too, and that written request
20 was submitted. Request for this was received
21 before August 12, 2021.

22 Okay. Please note that in order to
23 ensure that the Health Facilities Services Review
24 Board's public hearings protect the privacy and

1 maintain the confidentiality of an individual's
2 health information covered entities, as defined by
3 the Health Insurance Portability and
4 Accountability Act of 1996, such as hospital
5 providers, health plans, and health care clearing
6 houses submitting oral or written testimony that
7 disclosed protected health information of
8 individuals to have a valid, written authorization
9 from that individual. The organization shall
10 allow the covered entity to share the individual's
11 protected health information at this hearing.

12 Later on in the hearing I will also
13 provide with you dates at which you will have to
14 respond to the State Board staff report and
15 comments on the actual application.

16 Right now, we will start with a
17 representative from NorthPointe and I think that
18 is maybe you, Laura? One second. Okay.

19 MS. WEIGAND: Sorry. Actually, Dr.
20 Ogunleye would like to give an opening statement.
21 And I believe he's on the line but I don't see
22 him.

23 MS. AVERY: Okay. Dr. Ogunleye, if you
24 are on, please raise your hand.

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1 UNIDENTIFIED SPEAKER: I think he just
2 connected in, Courtney. Dele Ogunleye.

3 MS. AVERY: Oh, Dele, okay. Got you.
4 Thank you.

5 DR. OGUNLEYE: Hello. Can you hear me?

6 MS. AVERY: Yes, we can hear you.
7 Please state and spell your name for the court
8 reporter, and begin your testimony. You have --
9 I'm sorry, I neglected to say, we will have two
10 minutes for each speaker. This meeting is
11 scheduled for one hour and we will get to everyone
12 regardless of the time.

13 DR. ONGUNLEYE: My name is Dr. Ogunleye.
14 Last name is spelled O-G-U-N-L-E-Y-E.

15 MS. AVERY: Please begin with your
16 testimony.

17 DR. ONGUNLEYE: Hello. Good morning.
18 My name is Dr. Ongunleye. I'm an OB/GYN licensed
19 to practice in the State of Illinois for the last
20 18 years. And I am also the medical director for
21 the Bloomington Normal Birth Center. I am here to
22 speak in favor of the proposed freestanding birth
23 center in Beloit. I have had a very good front
24 seat experience with birth centers and the impact

1 they have in the community. We started the birth
2 center in Bloomington Normal about six years ago
3 and it has been nothing but positive for the women
4 in the community and actually for women who travel
5 for some distance.

6 I am here to speak as someone who is in
7 the front lines witnessing the very great outcomes
8 that birth center staff. Over the last few years
9 we have noticed how much many of the women and
10 many of their husbands, actually, have come to
11 benefit from the birth center. We have a 4
12 percent, 4.6 percent, precisely, C-section rate
13 compared to the statewide average of 30 percent
14 C-section rate.

15 Patients, or many women come, they have
16 their babies and they are able to go home early.
17 The outcomes for the baby, both perinatal outcomes
18 and maternal outcomes are just about equal for the
19 hospitals for the C-section rate and the
20 postpartum hemorrhage rate, and the third and
21 fourth degree tiers are unparalleled.

22 Outcome for birth centers are proven.
23 They are proven nationwide. They are proven
24 worldwide. There was a study that confirmed that

1 of all the patients that go to birth centers to
2 start labor about 6 -- only 6 percent of them
3 would end up with a C-section compared to 30
4 percent for many hospitals.

5 One thing that I have also been telling
6 many people is at this point in time we are at a
7 crisis. Crisis of maternal mortality. Maternal
8 mortality rate in this country is a tenth of 10
9 high income countries, otherwise it's the worst.
10 And one of the things that we have noted is that
11 with every C-section that we do we increase the
12 risk of dying from either the current pregnancy or
13 subsequent pregnancies by threefold.

14 I don't know how many of you know what
15 the Aspen health study group is. The Aspen health
16 study group is all former Health and Human
17 Services Secretary's from a group to talk about
18 the direction of healthcare in this country. And
19 this year, guess what it decided to talk about?
20 They decided to focus on maternal mortality.

21 Now this Aspen Health study group is not
22 just human services secretary, but also many of
23 the top CEO many companies in the country. Well,
24 guess what. They came up with five proposals to

1 reduce the maternal mortality in this country.

2 The number two proposal was we need to have more
3 freestanding birth centers because that is one way
4 in which we can reduce maternal mortality.

5 The first proposal, guess what it was.
6 It was we need to admit that we have a problem.
7 And in order to half the maternal mortality rate
8 in this country we need to have more freestanding
9 birth centers, not less freestanding birth
10 centers.

11 I am going to yield, but one more point
12 I was going to make is the State of Illinois in
13 their wisdom decided to apportion 14 freestanding
14 birth center licenses. And the reason why the
15 State of Illinois did this is not only does it
16 save costs, but the outcomes are clear. And at
17 this point in time I would hope that many of these
18 birth centers can come onboard so that many women
19 can start benefitting. Thank you very much.

20 MS. AVERY: Thank you for your time.
21 Next, we will have Juan Morado. Please spell your
22 name for the court reporter and begin your
23 remarks.

24 MR. MORADO: Thank you. Juan Morado,

1 J-U-A-N, M-O-R-A-D-O, Jr. Significant questions
2 exist as to under what laws, what rules and by
3 what standards this application will be
4 considered. Historically, at the time this
5 application was submitted, birthing centers only
6 existed under the Alternative Care Delivery Act.

7 Since the application was deemed
8 complete, the Illinois Legislature passed the
9 Birth Center License Act. Although, importantly,
10 there are no rules promulgated or even proposed by
11 IDPH for the oversight of this service. There are
12 both substantive and technical issues with the
13 proposed project. But their client cannot comment
14 on those issues because there is no clarity as to
15 by what standard this project will be considered.

16 If the public hearing and public process
17 is to have any meaning there must be clarity as to
18 the standards and rules by which this application
19 will be considered. And that clarity must come at
20 a time and in a manner that allows the public a
21 meaningful opportunity to comment on the
22 application. There are issues which range from
23 technical missteps to those which would undermine
24 the fundamental ability of this project to meet

1 the requirements for licensing under either the
2 Alternative Care Delivery Act or the Birthing
3 Center Licensing Act.

4 There are substantive health care
5 concerns that could be, in theory, resolved via
6 collaboration and others that could put critically
7 ill neonates in jeopardy. These issues are too
8 important to be sorted out as we go. And they are
9 way too important not to be fully explored and
10 addressed.

11 We hope this is something the Board will
12 clarify for the benefit of the Applicant, for the
13 benefit of the public and for the benefit of the
14 potential competitors and collaborators. And most
15 importantly, for the benefit of the families to be
16 served by the proposed project. Thank you.

17 MS. AVERY: Thank you for your comments.
18 Next we will have Dr. Jatta, J-A-T-T-A.

19 DR. JATTA: Hello, good morning
20 everyone. My name is Dr. Binn Jatta, I'm one of
21 the OB/GYNs -- I'm an OB (inaudible). I practice
22 in both at Belloite as well as (inaudible). And
23 I've been in Illinois for the past eight years.
24 So my focus mainly is just a passion as

1 to why I feel that birthing centers are necessary.
2 Because Dr. Ogunleye nicely outlined the benefits
3 as to why we need more birthing centers in
4 Illinois.

5 So firstly, the passion -- my passion
6 for this project kind of roots back to the
7 underlying and philosophical beliefs that the
8 future or the survival of any community kind of
9 depends on the health of its women who essentially
10 are the ultimate bearers and primary caregivers of
11 any nature -- nation's future generation.

12 Arguably, without healthy women to
13 procreate the human species will perish as we know
14 it. Ensuring and providing safe delivery options
15 to women is the gateway to a healthy community.
16 And I feel that giving women the options of either
17 delivering in a birthing center or a traditional
18 hospital is very important.

19 Secondly, this project kind of takes me
20 back to my homeland, which is Gambia. I've been
21 in the U.S. for the past 26 years, wherein
22 birthing is seen as a communal event involving
23 mainly family members who act as doulas as well as
24 a trained midwife. This atmosphere usually allows

1 the pregnant woman to be at ease giving the
2 familiarity of faces, thus facilitating a Zen
3 atmosphere for delivery.

4 For our birthing center we want to
5 create a model wherein this minimal -- there is
6 minimal physician intervention and thus affords
7 the woman to experience a phenomenal journey in as
8 natura a setting as possible. This bond and trust
9 is further strengthened by the fact that the
10 center will be affiliated with a traditional
11 hospital allowing for prompt intervention in
12 emergent or indicated cases.

13 Lastly, with the growing demands for
14 respectful low intervention women's care,
15 especially noted during the pandemic and
16 unprecedented maternal mortality crisis as alluded
17 earlier by Dr. Ogunleye, it is critical that women
18 have access to patient centered care that is
19 equipped with evidence based options from known
20 tradition birthing. Options which prioritize
21 women giving birth outside of the traditional
22 hospital setting due to the desire for fewer
23 medical interventions during labor, such as
24 epidural, Pitocin, et cetera.

1 So I feel that, again, we should be
2 giving women options that would allow them to have
3 low intervention and facilitate a very positive
4 delivery option for them.

5 MS. AVERY: Thank you for your comments.
6 Next, we have Pilar Mendez.

7 MS. MENDEZ: Thank you, and good
8 morning. Pilar, P-I-L-A-R, Mendez, M-E-N-D-E-Z.
9 As we have noted, we believe this application has
10 multiple deficiencies that call into question the
11 ability of the proposed facility to be licensed by
12 the Department of Public Health. This Board and
13 the Department of Public Health have universally
14 defined hospital as a facility that is the
15 licensed pursuant to the Illinois Hospital
16 Licensing Act.

17 Under the Illinois Birth Center
18 Licensing Act, the proposed facility requires a
19 link with at least one Illinois birthing hospital
20 with a minimum Level 1 perinatal designation.
21 There is no indication in the filed application of
22 this required link.

23 Furthermore, agreement with a nearby
24 receiving Illinois birthing hospital. The

1 application does not contain any evidence of such
2 an agreement. Additionally, the Illinois Birth
3 Center Licensing Act calls on this Board to give
4 priority to birth center applications are located
5 in medically underserved areas. According to the
6 facility is not located in a medically underserved
7 area.

8 If the board is to consider this
9 application under the rules promulgated under the
10 alternative healthcare delivery act there are also
11 additional concerns that should be noted. There
12 are specific locational requirements that the
13 proposed facility does not meet. The proposed
14 facility will not be located in either Chicago or
15 the (indiscernible) counties, will not be located
16 in a rural area as defined by the Illinois
17 Department of Public Health and it will not be
18 located in a community with a population greater
19 than 50,000 as the town of Roscoe only has a
20 population nearly 11,000.

21 Finally, the Alternative Care Delivery
22 Act mandates that a proposed birth center have a
23 transfer agreement with an Illinois hospital or
24 the regional perinatal center. This application

1 did not contain such an agreement. Given the
2 uncertainty surrounding the existing regulations
3 for birth centers in the state we believe
4 clarification regarding the applicable regulations
5 is required before the proposed project is
6 considered by the Board. Thank you.

7 MS. AVERY: Thank you. Next on our
8 list is Mark Zsousa. Mark, can you please raise
9 your hand? I can't -- I'm not able to see you on
10 the attendee list.

11 Laura, is there -- do you have him under
12 another name?

13 Ms. WEIGAND: I'm looking. Hold on just
14 a second. I don't think so.

15 MS. AVERY: Okay. If you don't have a
16 particular order -- oh, somebody else is sitting
17 in for Mark. Okay. Got it.

18 Meghan, please proceed.

19 MS. MOFFETT-MINTER: Hi, I'm Meghan
20 Moffett-Minter, M-E-G-H-A-N, M-O-F-F-E-T-T hyphen
21 M-I-N-T-E-R. I'm the unit director at the South
22 Beloit Boys and Girls Club in South Beloit,
23 Illinois. I'm speaking here today to show support
24 for the development of a free standing birth

1 center by Beloit Health System that will be
2 located at NorthPointe Health and Wellness Center.

3 The South Beloit Boys and Girls Club has
4 been serving the South Beloit community for many
5 years caring for kids ages 6 to 18 from many
6 different cultural and economic backgrounds. We
7 have also been here for many of our families as
8 well.

9 Beloit Health System is providing a
10 great opportunity to give families a unique and
11 holistic birthing experience here in our
12 community. Birthing centers offer a happy in
13 between when it comes to giving birth in a
14 hospital versus giving birth at home. And our
15 diverse families in the South Beloit and
16 surrounding area, if they are in search of this
17 happy in between they normally have to travel an
18 hour or two away to have this experience.

19 Having this opportunity here in our
20 community would be a great addition to our
21 families birthing options. Birthing centers would
22 provide a less stressful at home feel for our
23 future mothers to be with a birthing process being
24 led by an experienced midwife. These future young

1 mothers would also have the opportunity to receive
2 these educational classes and the ability to
3 attend support groups in a less formal setting
4 that would help them prepare for childbirth.

5 This option of a birthing plan would
6 give relief to many who may not want to give birth
7 in a hospital, but may want to make sure that they
8 are in a place where they feel safe and supported
9 throughout the birthing process. It is great to
10 see that Beloit Health System is once again
11 working to finding new ways of providing great
12 care and support for the members in our community.
13 Thank you.

14 MS. AVERY: Thank you for your comments.
15 Next, we will have Dr. John Dorsey.

16 DR. DORSEY: Yes. Good morning. My
17 name is John, J-O-H-N, Dorsey, D-O-R-S-E-Y, and I
18 serve as the chief medical officer for the
19 MercyHealth system in Rockford. And we wish to
20 raise some concerns and considerations for the
21 Board in this and that the staff regarding this
22 proposed project.

23 At its core, our primary concern is that
24 this project does not appear to have any

1 connection or transfer agreement in place with a
2 licensed Illinois birthing hospital that is a
3 requirement. The project with the same then
4 designed to divert Illinois patient in need of
5 critical care outside of the state of Illinois
6 which seems at odds with the intent of the COM
7 program.

8 And our secondary concern is the lack of
9 communication about this project. MercyHealth is
10 the regional leader in neonatology within a 15
11 minute drive time from this proposed facility, and
12 not only the closest, but the most advanced
13 perinatal NICU hospital closest to this proposed
14 facility, and yet there has been no outreach to us
15 at all.

16 So please consider the following. You
17 know, MercyHealth has a birthing center located
18 inside the Javon Bea Riverside Hospital as part of
19 our comprehensive care offering for prospective
20 moms. We have a 52 bed NICU staffed by a multi-
21 disciplinary team, board-certified physicians and
22 maternal fetal medicine physicians, numerous
23 subspecialists,, registered nurses, respiratory
24 therapists, neonatal nurse practitioners, et

1 cetera. All of these folks have extensive
2 training in the care of premature and ill infants.

3 And in fact, we have a unit within our
4 NICU specifically dedicated to small babies
5 designed to improve the long-term developmental
6 outcome among the regions rare micro preemies
7 population. MercyHealth also has a dedicated
8 neonatal transport team that is equipped to handle
9 specialized needs of the premature or critically
10 ill newborns when traveling by either ground or
11 air.

12 We are a member of the Vermont Oxford
13 network which is a collaborative healthcare
14 professionals dedicated to improving the quality
15 and safety of medical care for newborns and their
16 family, and is comprised of over 950 hospitals
17 around the world.

18 We are the closest NICU during peak
19 travel times and it's only 15 minutes from the
20 proposed birthing center to our NICU for those
21 babies that might need help. It's difficult to
22 believe that anyone could (indiscernible) the
23 interests of expectant moms and their children
24 could undertake such a project without

1 consultation with a nearby highest level of care,
2 Level 3 perinatal Center, again, only 15 minutes
3 away.

4 This makes us concerned whether the
5 driving force of this project is in the true
6 interests and safety of expectant family and their
7 babies or is it more the interests of the system
8 proposing the project. And we hope that these
9 deficiencies are something the Board and the staff
10 will explore, evaluate and consider. Thank you.

11 MS. AVERY: Thank you. Laura, I'll
12 defer to you. I do not see Mark Zsousa, therefore
13 I will go to Ted.

14 MR. REHL: Thank you so much. I'm Mayor
15 Ted --

16 MS. AVERY: Spell your name for the
17 court reporter.

18 MR. REHL: Oh, Ted --

19 MS. AVERY: Thank you. Go ahead.

20 MR. REHL: R-E-H-L. I'm the mayor of
21 South Beloit and I'm so excited to have this
22 opportunity to speak on behalf of the City of
23 South Beloit in support of Beloit Healthcare's
24 plans to establish a freestanding birth center.

1 I realize I'm over my skiis here in
2 suggesting I have even nominal expertise regarding
3 any childbirth delivery system. I am confident
4 that when my constituents are given a wide variety
5 of options to obtain any healthcare services it is
6 a good, if not great opportunity for a successful
7 outcome.

8 Our community has had a great
9 relationship with the Beloit Health Systems,
10 especially at NorthPointe. And indeed, the city
11 was a strong supporter of the newly established
12 surgery center up there, and a lot of our
13 constituents take care of that -- take advantage
14 of that. We need opportunities in the city of
15 South Beloit to expand options. We have a pretty
16 substantial poverty level which provides us
17 challenges, and especially in the area of
18 healthcare and health services. So in the respect
19 for your time, I just ask you to please consider
20 something that I know having sat -- and I use this
21 term relatively, having attended my own children
22 so birth, and knowing that adventure that
23 something of this nature could be life-changing
24 for many families, and I'm sure many women. Thank

1 you so much.

2 MS. AVERY: Thank you for your comments.
3 Next, we will have Donald -- oh let me find you.
4 Shoevlin.

5 MR. SHOEVLIN: Good morning. My name is
6 Donald Shoevlin. D-O-N-A-L-D, S-H-O-E-V, as in
7 Victor, L-I-N. I am the Fire Chief of Harlem
8 Roscoe Fire Protection District and the current
9 president of the Illinois Fire Chiefs Association.

10 I am honored to have this opportunity to
11 express my support of the Northpointe birth center
12 on their campus in Roscoe. This campus is in our
13 fire district. Over the past 14 years since their
14 inception, our area has seen substantial growth in
15 population and the increase for medical services.
16 Northpointe has shown, and continues to show their
17 commitment in providing valuable health and
18 wellness to our communities. They have created a
19 positive impact not only with the wellness center
20 and immediate care, but also their senior assisted
21 living center.

22 They are a leader in the community with
23 their generous outreach, their teaching, and their
24 programs. With the increase over the past few

1 years of prospective mothers questioning where
2 they should deliver their baby, a birth center
3 such as this may help with those uncertainties or
4 anxiety of homebirth or hospitals.

5 The concept presented here with a
6 midwife and an RN would present a choice to
7 expectant mothers who would like homebirth but are
8 uncomfortable regarding the safety or possible
9 complications that could arise. It is required,
10 from my understanding, that the births must be
11 attended in private homes or freestanding birth
12 centers by a certified nurse midwife with proper
13 equipment, along with protocols in place for
14 transport to a hospital should the need arise. We
15 have a staffed ALS ambulance located a half a mile
16 from the proposed location and we would provide
17 that service.

18 I encourage us all to look at the
19 opportunities of this innovative approach by
20 Northpointe that would be presented to the
21 expectant mothers in our community region with the
22 ability to feel comfortable in their choice of
23 childbirth. I would ask that you support the
24 proposed birth center. Thank you.

1 MS. AVERY: Thank you for your comments.
2 Next, Sharon Cox.

3 MS. COX: Good morning. Improving -- my
4 name is Sharon Cox, S-H-A-R-O-N, C-O-X. I'm the
5 vice president of the Beloit Health System.
6 Improving patient care is the dedication of the
7 Beloit Health System and through research and our
8 feasibility study moving forward to initiating a
9 birth center at the Northpointe campus does not
10 only meet the concept of that campus of wellness,
11 but will improve access and outcomes for women of
12 children-bearing agent region.

13 A birth center is a true alternative
14 delivery model of care that is dedicated to
15 serving the needs of the women and their newborns
16 alternative is the key term in a time where there
17 is a decrease in hospital delivered births and an
18 increase in home births. Between 2004 and 2017
19 the rate of out of hospital births increased by 77
20 percent. And in 2017 statistics show that one in
21 every 62 births was an out to be the trend today.

22 I birth center is a birthing experience
23 for very low risk individuals. These individuals
24 wouldnever be less than a 36 week. This

1 experience has a very natural focus such as water
2 births, natural pain control, and very homes
3 centered for family. Unlike a homebirth, those
4 who use a birth center actually have access to
5 certified midwives overseen by medical physicians,
6 and a multidisciplinary team that provides
7 education on childbirth, child care, nutrition,
8 lactation support, and counseling just to name a
9 few.

10 From the day that we would open the door
11 all this care is provided within the walls of the
12 birth center, and outside of the walls of the
13 hospital. As previously stated, Cesarean section
14 rates at birth centers are around 6 percent
15 nationally, while C-section rates in hospitals are
16 consistently greater than 20 percent, and
17 sometimes in organizations even higher.

18 Financially, it is also a less expensive
19 model for individuals and payer sources not taken
20 into consideration. Accredited birth centers were
21 identified as of the first level of care in 2015
22 and are supported by several professional
23 organizations, which include but are not limited
24 to, the Association of Women's Health, Obstetric

1 Neonatal Nurses, Commission for the Accreditation
2 of Birth Centers and the American Academy of
3 Pediatricians. Those individuals who desire this
4 type of birthing centers will travel extended
5 links to meet their goals, and having more birth
6 centers within the state and region will decrease
7 the need for travel, and again, improve access to
8 those individuals desiring a safe, natural
9 approach to their birthing centers.

10 Under the legislation passed by the
11 Illinois Department of Health, Title 77, Public
12 Health and our feasibility study, we identified
13 that Beloit health system meets the requirements
14 for a true alternative birth center. There is to
15 be no more than 10 within the state, and we would
16 be the fifth of 10 allowed in the state of
17 Illinois. There is a total of three that should
18 be located in rural areas, and Roscoe, Illinois
19 population at 10,500 approximately, meets that
20 criteria.

21 We are also geographically owned by a
22 health system which is part of one of the other
23 criteria's. There shall be no more than two
24 births centers to operate in a single health

1 planning area. We would be the first in Region B
2 in the state of Illinois. And we are also in a
3 healthcare professional shortage area. Our
4 healthcare professional shortage area score, which
5 was identified in our feasibility study is a score
6 of 16, with only primary care of two, and some
7 dental health and mental health. It is also
8 identified as a low income population which
9 becomes a medically underserved area.

10 With that, I would like to thank you for
11 your time and consideration to the Northpointe
12 birth center, and look forward to moving forward
13 with our project to ensure access and care for
14 individuals.

15 MS. AVERY: You for your comments.

16 Next we will have Gus Larson.

17 Gus Larson? Okay. I will come back to
18 him.

19 Laura, I'm assuming you wanted him to
20 the last?

21 MS. WIEGAND: Yes. So in his place --

22 MS. AVERY: Okay.

23 MS. WIEGAND: -- it -- is Scott Sanders
24 available?

1 MS. AVERY: Yes. Is he in place of Gus
2 Larson or should I continue to look for Gus?

3 MS. WIEGAND: The should be on the line
4 and Scott Sanders is place of Mark, from the
5 Village of Roscoe.

6 MS. AVERY: Okay. Thank you.

7 MS. WIEGAND: You're welcome.

8 MS. AVERY: Scott Sanders, please
9 proceed.

10 MR. SANDERS: Good morning. Thank you.
11 My name is Scott Sanders, I am the village
12 administrator here in the Village of Roscoe. And
13 I am -- I'm proud to also speak on behalf of our
14 elected Village president, Mark Zsoula. He and I
15 have discussed this project together. We have
16 discussed it with Gus, hopefully Gus is out there
17 somewhere. I'm sure he is, and other members of
18 the Beloit Health System.

19 And I want to start out by offering our
20 complete and total, and unqualified support for
21 this project. We are certainly hearing all of the
22 in process analysis and needs analysis that has
23 gone into this, only emboldens our support.
24 Certainly not our area of expertise. We are not

1 qualified to speak to the need. Where qualified
2 to speak to the tremendously valuable partner that
3 both Northpointe itself and the Beloit Health
4 Systems in general have been to the Village of
5 Roscoe. We've had the privilege of working with
6 them through the initial certificate of need
7 process, on a couple of expansions since then.
8 And we see this as a new, critically important
9 service, as a great alternate birthing option for
10 members of both Roscoe residents and the
11 surrounding community.

12 At every step of the way in working with
13 Beloit Health Systems and the Northpointe staff
14 themselves, and leadership. They have been --
15 perform beyond expectations, both through the
16 entitlement and approval process, for the quality
17 of the developments they have proposed for
18 delivering what has been promised, and for
19 exceptional care and maintenance and pride in
20 their facilities, once completion is done.

21 They have been active members of our
22 community, have always lent their support to
23 community-based initiatives both with time and
24 resources and with use of their property

1 themselves. We are excited about the business
2 opportunities, the job creation, both on the front
3 end with the construction process, on the backend
4 with additional staff, but mostly really about the
5 resources and the value it adds to our community;
6 which we already are proud of being a very, very
7 family friendly community and we feel that this is
8 just one more point of pride that we could offer
9 moving forward.

10 I strongly request support for this
11 initiative. Thank you.

12 MS. AVERY: Thank you for your time and
13 comments. I'm going to -- I'm looking for Kelly
14 Myer. Is she still someone that you would like to
15 have to provide testimony, Lora?

16 MS. WIEGAND: If she's on, yes.

17 MS. AVERY: If your own the phone --

18 MS. WIEGAND: Gus should also be on, Ms.
19 Avery. He should also be on.

20 MS. AVERY: Well, I'll go back to Gus.

21 MS. WIEGAND: Thank you.

22 MS. AVERY: Gus, are you there?

23 MR. LARSON: Yes, I am here. Can you
24 hear me now?

1 MS. AVERY: Yes, thank you.

2 MR. LARSON: Five. Gus Larson. G-U-S,
3 L-A-R-S-O-N, Northpointe health and wellness
4 campus director I am in support of the
5 freestanding birthing center at Northpointe
6 campus, as it would be a natural progression of
7 our ability to care for our community.

8 We established Northpointe in 2007 as a
9 health and wellness campus, sat within 122 acres
10 of northern Illinois Prairie. Our campus staff
11 focuses on caring for patients with calm, quiet,
12 professionalism and the healing power of nature.
13 Northpointe consists of traditional clinic space
14 with diagnostic and therapeutic support services.

15 Also, to support our patients on their
16 health journey we have Northpointe Wellness, a
17 medically integrated fitness center. The campus
18 is also home to have Northpointe Terrace, a senior
19 assisted living center, and in 2017 we were
20 granted a certificate of need to open the surgery
21 center.

22 People come to Northpointe to improve
23 the quality of their lives, and I believe the
24 experience of a freestanding birthing center

1 within Northpointe Prairie would provide for
2 positive, long-lasting memories. We are asking
3 for the certificate of need as a freestanding
4 birthing center at Northpointe as it would fit
5 into our mission to improve the overall health and
6 wellness of the community. Thank you.

7 MS. AVERY: Thank you for your comments.
8 Next, we will have Marjorie Schaps.

9 MS. SCHAPS: Did you say Margie Schaps?

10 MS. AVERY: Yes.

11 MS. SCHAPS: Okay. Thank you.

12 MS. AVERY: You're welcome.

13 MS. SCHAPS: Good morning. I Margie
14 Schaps, that's M-A-R-G-I-E, last name S-C-H-A-P-S.
15 I am the executive director of the Health and
16 Medicine Policy Research Group, the organization
17 that founded the Illinois Birth Center Task Force
18 in 1983 and exist to this day with members
19 spanning across the state. The Birth Center Task
20 Force is a committee of health and medicine, and a
21 subcommittee of the I Promote Illinois, a HRSA
22 funded estate maternal health innovation program
23 at the University of Illinois. The Task Force
24 consists of midwives and birth center advocates

1 that have worked together to pass the 2007
2 Alternative Healthcare Act officially allowing for
3 the licensing of birth centers as a pilot model
4 program in Illinois.

5 The 2007 Alternative Healthcare Act
6 limited the development of additional birth
7 centers by geographic areas and ownership
8 categories in Illinois. With the passage of HB
9 3995, Public Act 1020518 this legislation recently
10 expanded the number of birth centers in Illinois
11 and created a separate licensing category for
12 birthing centers.

13 By expanding the number of birth centers
14 throughout Illinois it will address the shortage
15 of maternity care options in rural communities,
16 increase a birthing person choice about where,
17 with whom, and how they want to deliver their
18 child. And at reduced cost for the Medicaid
19 program as birth centers are between a half and a
20 third less expensive compared to traditional
21 hospital births. Increasingly, women are calling
22 for birthing options other than hospital births.
23 And nationally, we are seeing an increase in the
24 numberof birth centers and the number of

1 certified nurse midwives staffing them.

2 In addition to being less expensive than
3 hospital birthing options, freestanding birth
4 centers are less likely to have technological
5 interventions, have better maternal and infant
6 outcomes and are more open to family, doula, and
7 other supports.

8 House Bill 3995 allowed for a pilot
9 program of up to 10 birth centers in the state.
10 We have not yet reached this number. Recently the
11 House and Senate approved a new birthing center
12 licensing category continuing the State's
13 commitment to this a birthing option. The
14 experience today in Illinois with our limited the
15 number of birth centers has been uniformly
16 positive. We strongly urge that the Health
17 Facility Planning Services and Review Board to
18 approve the Northpointe birthing center to allow
19 for more safe, effective birthing choices for
20 women and surrounding communities. Thank you.

21 MS. AVERY: Thank you for your comments.

22 Before I get to your closer, Laura, is
23 there anyone else?

24 MS. WIEGAND: I believe that should be

1 a -- Mindy should be signed in as well.

2 MS. AVERY: Melinda? Is it Melinda?

3 MS. BRANCAMP: Yes.

4 MS. WIEGAND: Yes.

5 MS. BRANCAMP: Good morning. My name is
6 Melinda Brancamp. It's M-E-L-I-N-D-A, Brancamp's
7 B-R-A-N-D-C-A-M-P, and I am the director of the
8 Packard Family Care Center, Beloit Health Systems'
9 birthing center. I have been with the Health
10 System for 37 years. I am happy to fully support
11 the Health Systems plan to establish a birthing
12 center on our Northpointe campus in Roscoe,
13 Illinois. With the health and wellness focus of
14 our Northpointe campus as a background the
15 Northpointe birthing center will focus on a
16 patient centered maternity care culture. The
17 Center will respect individuals values,
18 preferences, and cultural backgrounds of all women
19 and their families. We will ensure that women and
20 families are treated with dignity, respect,
21 kindness, and cultural sensitivity throughout the
22 course of pregnancy, labor and birth, and entering
23 the postpartum period.
24 What I am most excited about is that we

1 will be promoting optimal health outcomes for
2 women and newborns through education, effective
3 communication, shared decision-making,
4 interdisciplinary teamwork, and data driven
5 quality improvement initiatives in a homelike
6 setting.

7 While the Beloit Health System
8 understands that cesarean sections are sometimes
9 necessary to prevent fetal and maternal harm, the
10 Northpointe birthing center will value, promote,
11 and support spontaneous onset and progress of
12 labor and vaginal birth.

13 As a Level 2 labor and delivery unit,
14 and a Level 2 nursery, we will continue to
15 collaborate with our regional affiliates with
16 higher levels of care are needed for our moms or
17 newborns. We look forward to partnering with
18 patients and families to design and provide care
19 which meets our patients experience, expectations.
20 Thank you very much.

21 MS. AVERY: Thank you for your time and
22 comments.

23 Laura, I do not see Kelly Meyer.

24 MS. WIEGAND: Okay. Is -- could you

1 just ask if there are any other public statements,
2 or other --

3 MS. AVERY: Yes, I will do that. But do
4 you want me to leave Kelly off? I don't see her.

5 MS. WIEGAND: That's fine.

6 MS. AVERY: Okay. All right.

7 Are there any other participants that
8 would like to provide testimony? If so, please
9 raise your hand and I will recognize you.

10 Okay. Laura, when do to end this
11 hearing at 12 noon, would you like for me to wait
12 until closer to that time for Tim to speak?

13 MS. WIEGAND: If there are no other
14 speakers, we are fine for him to speak.

15 MS. AVERY: If you wanted him for your
16 closing statement, there may be others that can --
17 if we still have time that will still be eligible
18 to speak, so how about I just wait until another
19 couple of minutes --

20 MS. WIEGAND: Okay. Thank you.

21 MS. AVERY: And then have Tim to make
22 sure that everyone else.

23 Okay. Is that there anyone that has
24 provided testimony that would like to provide

1 additional comment? If so, please raise your
2 hand, or send me a message in the chat box. I see
3 we have a call in user 217. Let me unmute.

4 Call in user at a 217 number?

5 217 NUMBER: No comment.

6 MS. AVERY: Thank you.

7 MS. WIEGAND: I believe Dr. Ogunleye --

8 COURT REPORTER: Who was that person?

9 I'm sorry. Who was that person on the phone?

10 MS. AVERY: That said no comment?

11 COURT REPORTER: Yes.

12 MS. AVERY: I'm not sure who it is. It
13 was just a call-in user.

14 I'm sorry, Laura, what were you saying?

15 MS. WIEGAND: Sorry. I believe Dr.
16 Ogunleye may want to add other comments.

17 MS. AVERY: Okay.

18 DR. OGUNLEYE: Hi, this is Dr. Ogunleye.

19 MS. AVERY: Dr. Ongunleye?

20 DR. ONGUNLEYE: Yes, this is Dr.

21 Ongunleye.

22 MS. AVERY: Hold on.

23 DR. OGUNLEYE: Sure.

24 MS. AVERY: Hold on one second. Some --

1 oh, okay. Scott (inaudible).

2 COURT REPORTER: Ms. Avery?

3 (inaudible)

4 Did anyone can hear Ms. Avery or is it
5 just me that has a problem?

6 MS. WIEGAND: No, we -- I can't see or
7 hear Courtney.

8 DR. OGUNLEYE: Yeah, I can't hear her
9 either, but I'll wait for her to come back and
10 then I can make my comments.

11 MS. WIEGAND: Courtney, we can't hear
12 you.

13 MS. AVERY: Sorry. I apologize. I had
14 disconnected from the network. Did the doctor
15 begin speaking?

16 DR. OGUNLEYE: Yes, I was waiting for
17 you to come back on. But yeah. Thanks for
18 recognizing me again.

19 Like I said before, I am the medical
20 director for the Bloomington Normal birth center
21 and I was just going to make a comment to follow
22 up from a previous question by the chief medical
23 officer for the MercyHealth Systems. Transfers
24 from birth centers to the hospital nationwide is

1 between 8 and 12 percent of all patients the
2 debtor admitted in labor; 12 percent nationwide,
3 but the ones we see in Bloomington we only have an
4 8 percent transfer rate. Of those transfers, 98
5 percent of them are nonemergent. So technically,
6 the majority of those patients are transferred to
7 the hospital either because they want pain relief
8 or because they need to be augmented because their
9 labors are slower.

10 So the emergent transfers are actually
11 very low. I just wanted to kind of add that to
12 the evidence today.

13 MS. AVERY: Thank you. Is there anyone
14 else that would like to provide additional
15 testimony?

16 Okay. Tim, if you would like, you may
17 begin speaking.

18 Tim, are you there?

19 MR. MCKEVETT: Can you hear me now, Ms.
20 Avery?

21 MS. AVERY: Yes. Yes, thank you.

22 MR. MCKEVETT: Thank you. I appreciate
23 your time. My name is Tim McKeveTT, M-C, capital
24 K-E-V-E-T-T, President and CEO of the Beloit

1 Health System. Providing testimony today in
2 support of, of course, the establishment of a
3 freestanding birthing center on our Northpointe
4 campus. We believe strongly that we need all of
5 the criteria under the Alternative Healthcare
6 Delivery Act. Our Northpointe operations are
7 fully credentialed and licensed in the state of
8 Illinois. We've been in operation in the state
9 since 2007. We do have existing transfer
10 agreements with our own hospital, Beloit Memorial
11 Hospital which is the closest hospital, in
12 addition to Swedish American Health System
13 Physicians, which is a division of UW Health
14 located in Rockford, Illinois.

15 For the following reasons, and in
16 summation, we believe that the freestanding
17 birthing centers are an appropriate addition to
18 the services provided at our Northpointe campus.
19 First and foremost, it provides an alternative of
20 high quality for low risk patients. This
21 alternative is not currently available within the
22 region.

23 COURT REPORTER: I'm sorry, Mr. -- Dr.
24 Ogunleye, can --

1 MS. AVERY: Okay. Sorry about that.
2 Please continue.

3 MR. MCKEVETT: So as I mentioned the
4 four key components that really help justify and
5 establish and really to better serve the community
6 as the establishment of the freestanding birthing
7 center. First and foremost, it provides an
8 alternative that is not available within the
9 region. It does meet the criteria in the
10 Alternative Healthcare Delivery Act for low risk
11 patients, and the service is not currently
12 available within the region.

13 Secondly, it will drive down the C-
14 section rate and improve quality of care by
15 providing this alternative with a -- with the
16 nurse midwife and staff, provide the full spectrum
17 of care for, again, the low risk patients that are
18 seeking an alternative.

19 Third, and I think it's very relevant is
20 that it will drive down costs for the State of
21 Illinois. We do participate in the Medicaid
22 managed care programs and the Medicaid program in
23 the State of Illinois. We intend to participate
24 and see Illinois Medicaid patients. The cost for

1 this -- for the services in the freestanding
2 birthing center are approximately 35 percent less
3 than the normal birth within the hospital, which
4 will continue to provide, as we do for the overall
5 health system, to treat patients regardless of
6 their ability to pay.

7 Lastly, to the point of that having a
8 negative impact on the MercyHealth System or we
9 contend that it will have little or no impact.
10 These are patients that are seeking an alternative
11 and have either already providing birth within the
12 home, and providing this freestanding birthing
13 center with the clinical expertise that will be on
14 site provides an alternative in a safe
15 environment, safer than in a home -- an
16 individual's home.

17 In addition, as you look at our
18 demographic map where we intend to pull patients
19 from who are seeking this alternative, it is
20 outside of the service area. Comin in and
21 providing this alternative again, will have little
22 or no impact. We continue to work, as we do with
23 Swedish American Health System and would hope that
24 we could work with the MercyHealth System if there

1 is any transfers, as we do now, out of our
2 immediate care from our Northpointe campus down to
3 the Mercy Rockford facility.

4 So for these reasonings providing,
5 again, an alternative that's not currently
6 available within the region, providing a reduction
7 in the c-section rate and an improvement in
8 quality for low risk patients, reducing the cost
9 and having little or no impact on the Rockford
10 providers we would support and hope that you
11 approve our freestanding birthing center. Thank
12 you.

13 MS. AVERY: Thank you for your comments.

14 Okay. I would ask that you please note
15 that this project is tentatively scheduled for
16 consideration by the Board at its December 14th
17 meeting. Again, the location to be determined.

18 Please refer to the HFSRB website at
19 www.HFSRB.illinois.gov for more details and
20 possible agenda changes. I also ask that you
21 please take note of the following dates and times
22 regarding project number 21-021 Northpointe Birth
23 Center. Written comments must be received by 9
24 a.m. on Wednesday, November 24. The State Board

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1 staff report will be posted online at
2 www.HFSRB.Illinois.gov on Tuesday, November 30th.

3 Written responses to the State Board
4 staff report must be submitted by 9 a.m. on
5 Monday, February 18th. I'm sorry, Monday,
6 December 6th. Those written comments and
7 responses can be submitted via email and they also
8 should be submitted -- can be submitted to the
9 Illinois Health Facilities' and Services Review
10 Board to the attention of Courtney Avery,
11 Administrator at 525 West Jefferson Street, 2nd
12 Floor, Springfield, Illinois 62761.

13 Are there any questions or corrections
14 regarding that information that was presented?

15 I would also add to send the written
16 comments via email to Mike Constantino, at
17 mike.constatantino@illinois.gov.

18 Are there any questions (inaudible)
19 information?

20 Okay. Hearing none, I would deem this
21 public hearing complete and adjourned. Thank you
22 for your time.

23 (Off the record at 12:00 p.m.)

24

CERTIFICATE OF COURT REPORTER

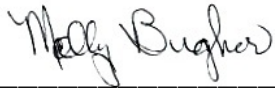
I, Gabriel Marin, the officer before
whom the foregoing proceedings were taken, do
hereby certify that said proceedings were
electronically recorded by me; and that I am
neither counsel for, related to, nor employed by
any of the parties to this case and have no
interest, financial or otherwise, in its outcome.



Gabriel Marin, Court Reporter

CERTIFICATE OF TRANSCRIBER

I, Molly Bugher, do hereby certify that the foregoing transcript is a true and correct record of the recorded proceedings; that said proceedings were transcribed to the best of my ability from the audio recording and supporting information; 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.



Molly Bugher, CDLT-161

DATE: October 1, 2021