

WOODLAKE SPECIALTY HOSPITAL

November 23, 2021

(VIA EMAIL: Courtney.Avery@Illinois.gov) Ms. Courtney Avery Administrator Illinois Health Facilities & Services Review Board 525 West Jefferson Street, 2 nd Floor Springfield, Illinois 62761	(VIA EMAIL: Mike.Constantino@Illinois.gov) Mr. Michael Constantino Senior Reviewer Illinois Health Facilities & Services Review Board 525 West Jefferson Street, 2 nd Floor Springfield, Illinois 62761
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Re: Opposition to Project No. 21-026 (Rush Specialty Hospital)

Dear Ms. Avery and Mr. Constantino:

I am Shannon Jones currently the President and CEO of Woodlake Hospital in Melrose Park.

Today, I write in opposition to Project No. 21-026 because I firmly believe that Project No. 21-026 will result in a duplication of services and will negatively impact Woodlake Hospital, a safety net hospital.

Earlier this year, the Illinois House, the Illinois Senate, and the Governor unanimously passed and signed legislation to facilitate the re-opening of Westlake Hospital as Woodlake Hospital. Then, in August of this year, this Board approved Woodlake Hospital's COE Application to re-open Westlake Hospital. Critical to the re-opening of Westlake Hospital was a financial model built upon 44 long-term acute care beds (which will likely be the only beds in Woodlake Hospital with at least some portion of Medicare patients). Those long-term acute care beds were part of Woodlake Hospital's cross-subsidy strategy because the rest of the patient population at Woodlake Hospital will likely be Medicaid or charity care patients.

If Select Medical, a for-profit operator, and Rush Medical Center are allowed to construct a \$110 million hospital in our service area and also add exactly 44 long-term acute beds, I think we can safely conclude that some long-term acute care patients that would otherwise go to Woodlake Hospital would go to the Select Medical-Rush Hospital. Thereby putting Woodlake Hospital's financial future at risk (even before Woodlake Hospital completes the modernization of Westlake Hospital).

Even a limited review of the CON Application filed by Select Medical and Rush Medical Center also shows that the service area is already over bedded with rehabilitation beds. Rush Medical Center currently has 59 rehabilitation beds but has only been utilizing (on average) 23 beds. So, in addition to pulling long-term acute care patients from Woodlake Hospital and the service area, I suspect the Project will also attempt to pull additional rehabilitation patients from Woodlake Hospital (which was approved for 40 rehabilitation beds in August of this year).

Ultimately, this Board will need to decide if safety net hospitals are worth saving. If large operators are allowed to add duplicative beds in a service area, safety net hospitals like Woodlake Hospital cannot survive. I would strongly urge this Board to deny Project No. 21-026 so a safety net hospital like Woodlake Hospital can re-open Westlake Hospital and survive once opened.

Sincerely,

Shannon Jones, CEO Woodlake Specialty Hospital