

# HAP, Incorporated

Howard A. Peters III

President

9-11-2012

Chairwoman Debra Savage and Members  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

**RE: Springfield Clinic – Springfield Clinic Ambulatory Surgery Center Establishment of Cardiac Catheterization: Letter of Opposition**

Dear Chairwoman Savage and Members of the Illinois Health Facilities and Services Review Board:

I am writing to you to express my strong opposition to Springfield Clinic's Certificate of Need ("CON") application to establish cardiac catheterizations at the Springfield Clinic Ambulatory Surgery Center. It is my belief that, if approved, this project will lead to substandard care and increased health disparities for our community.

The proposed Springfield Clinic additional services would occur in Ward 2 of Springfield, part of Senator Doris Turner's 48<sup>th</sup> District. According to the Heartland Alliance for Human Needs & Human Rights, Illinois Senate District 48 has over 40,000 people living in poverty and 17,335 in extreme poverty. Ward 2 encompasses portions of Census Tracts 8, 14, 15, 17, 23, 24, and 25. In each of these specific census tracts, the number of residents who are considered low income range from 50.49% to 85.06% (2017 FFIEC Geocode Census Report). Economic indicators show black residents in Springfield fare more poorly than white residents. According to Governing analysis, the median income of a black household is \$26,572, while the median income of a white household is \$63,397. At nearly 41%, the Springfield area's black poverty rate is higher than all of the downstate Illinois cities studied. The Springfield area's white poverty rate is 11% (Governing, 2019). In terms of earnings, the median income of a black households in Springfield is 42% less than white households' income. This is the largest discrepancy in the nation (Governing, 2019). As a longtime resident of Springfield, well aware of the socioeconomic disparities that trouble our community given my extensive professional background, I feel approving the Springfield Clinic proposed project would be furthering these disheartening statistics and rewarding those who have done little to further equity efforts for their own neighbors. Given Springfield Clinic's known history of prioritizing commercially insured patients and avoiding serving those who are underserved, approving this CON would be an injustice.

While a cardiac catheterization is a common procedure used to diagnose or treat heart problems, it does not come without risk. Heart attacks, strokes, bleeding, and blood clots are just some of the complications that could arise with the procedure. These risks are why cardiac catheterizations should be performed in a supervised hospital setting where resources are available to minimize the opportunity for them to become major complications, unlike an ambulatory surgery setting.

In addition to this increased chance for patient harm, the approval of this project would also worsen health disparities among people of color and marginalized groups. As you are probably aware, Medicaid is the public health insurance program funding health care for low-income families. It is estimated that 26% of all Illinois residents are covered by Medicaid, and almost 86% of those covered are people of color.

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Yet, Springfield Clinic's CON application clearly states patients covered by Medicaid comprise only 5% of their total cardiology visits. Unlike our Illinois hospitals, which provide billions of dollars in true charity care annually and take care of all patients regardless of their ability to pay, Springfield Clinic provides no charity care. In fact, the Safety Net Impact Statement in the application highlights that payment plans would be necessary for those not covered under a third-party insurance plan. Simply put, the increased patient access referenced in several letters of support for this project will not be gained by the Medicaid or uninsured population. Instead, the for-profit Springfield Clinic will redirect commercially insured patients from hospitals well-equipped and most capable to safely provide this service – the same hospitals demonstrating stalwart support and service to their communities before, during, and after the COVID-19 pandemic.

I trust and believe that the Illinois Health Facilities and Services Review Board prioritizes equity, fairness, and quality of care for patients when making decisions that impact the health and well-being of Illinois residents. Accordingly, I encourage you to oppose Springfield Clinic's request for cardiac catheterization services, project #22-027.

Sincerely,



Howard A. Peters III

Former Director of the Illinois Department of Corrections  
Former Deputy Chief of Staff, Governor Jim Edgar  
Former Secretary of Illinois Human Services

cc: John Kniery