# Task Force on Health Planning Reform Survey Results

**Question 1:** What is your status on the Task Force?

| Voting Member | Ex-officio |
|---|---|
| 12/16= 75% | 4/16=25% |

***Statewide Comprehensive Health Planning***

Please use this rating scale to answer the following questions on STATEWIDE COMPREHENSIVE HEALTH PLANNING ONLY: Strongly Agree, Slightly Agree, Slightly Disagree, Strongly Disagree. If you would like to elaborate on your answer, a comment section is available for each question.

**Question 1:** Goals, as drafted in Blueprint document, page 1:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 12/14=85.7% | 2/14=14.3% | 0/14=0% | 0/14=0% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 8/10=80% | 2/10=20% | 0/10=0% | 0/10=0% |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 4/4=100% | 0/4=0% | 0/4=0% | 0/4=0% |

*Voting Member Comments*

1. We all would like to see adequate financing for health care services; however, it is not likely that statewide comprehensive health planning can be the vehicle to accomplish this - appropriating is a legislative responsibility.
2. "safety net services" will need to be defined.
3. I am a little concerned about this survey being done in a vacuum without containing the extensive discussion that we had at the last meeting. There was a lot of discussion that refined the items presented in the Blueprint and this survey only refers to the original blueprint without the refinements. I will attempt to answer the questions as best as possible, but am concerned that the responses may be overly simplistic.

*Ex-officio Comments*

1. This is a non-standard use of "safety net services". As some (i.e., IHA) use it, almost all services are "safety net services", regardless of the nature of the target population. Others use the term safety net provider. This may require some wordsmithing for clarity.
2. Should add the following--To provide obejective information for Statewide decision making.
3. Please consider a couple of additional goal statements: to anticipate future demand for health care services, taking into considerationstate and local health status priorities and the potential for catastrophic events; to promote value and continuous quality improvement in health care services delivered in Illinois.

**Question 2:** Guiding Principles, as drafted in Blueprint document, page 1:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 12/14=85.7% | 1/14=7.1% | 0/14=0% | 0/14=0% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 9/10=90% | 1/10=10% | 0/10=0% | 0/10=0% |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 4/4=100% | 0/4=0% | 0/4=0% | 0/4=0% |

*Voting Member Comments*

1. It is not clear what findings will determine the impact of the free market on the preservation of services for uninsured and underinsured residents. Presumably, this would require the elimination of CON and the evaluation of the impact of this action. Evidence on the need to continue CON to preserve access would have to come from non-CON states.
2. Uncertain what "the impact of free market on preseration of ..." means

*Ex-officio Comments*

1. In the fourth bullet, "determine" should perhaps be "identify"
2. I would suggest a little re-phrasing of the fourth point: change "free market" to "market forces," and change "preservation of services" to "assurance of high-quality services." Also, I think a principle regarding data, data analysis, and health services research is needed(high-quality assessment data and research reports pertaining to supply of services; demand for care; current and expected projections of population health status; economic forecasts; changes in technology and practice patterns; etc.

**Question 3:** Objectives, as drafted in Blueprint document, page 1:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 14/14=100% | 0/14=0% | 0/14=0% | 0/14=0% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 10/10=100% | 0/10=0% | 0/10=0% | 0/10=0% |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 4/4=100% | 0/4=0% | 0/4=0% | 0/4=0% |

*Voting Member Comments*

(None)

*Ex-officio Comments*

1. Rewrite (1) to being: "Conduct a comprehensive assessment of health service needs," ; further wordsmithing needed to align noun and verb clauses
2. The needs assessment should incorporate key indicators of population health status, along with estimates of potential benefits available from effective system-wide efforts to promote health and prevent disease and injury.

**Question 4**: Functions, as drafted in Blueprint document, pages 2-3:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 9/14=64.2% | 4/14=28.6% | 0/14=0% | 1/14=7.1% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 6/10=60% | 3/10=30% | 0/10=0% | 1/10=10% |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 3/4=75% | 1/4=25% | 0/4=0% | 0/4=0% |

*Voting Member Comments*

1. The reason for the "slightly agree" response is that I have some concern that resources needed to accomplish comprehensive health planning functions will overshadow the need to improve the CON process. In addition, #13 states that the components of the plan shall be outlined in statute in as much detail as possible. I understand why that is desirable but am concerned that there is a relatively short time prior to legislative deadlines to achieve concensus on statutory parameters. In addition, the new "Comprehensive Health Planner" described under the organizational structure should be consulted.
2. para 4) is this limited to health facilities regulated by CON or doe it include regulation by any state or federal agency
3. My answer is slightly agree. Please see my comment to number 1 above. For example, there was extensive discussion about the need for the planning entity to be part of IDPH. This fact is not reflected in the Blueprint.

*Ex-officio Comments*

1. re(13)- the statute should detail as deeply as desired the items that should be in the plan, but the details of the plan itself shouldn't be in the statue, especially if the plan is supposed to be revised annually or even more
2. May consider adding short rande plan (2-5 years) of high priorities or "implementable" actions 10) should include previous provisions for a prohibition on ex-parte communication and declaration of conflicts of interest in the approval process of the Comprehensive Health Plan

**Question 5:** Organizational Structure, as drafted in Blueprint document, pages 3-4:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 8/13=61.5% | 3/13=23.1% | 1/13=7.7% | 1/13=7.7% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 6/9=66.7% | 3/9=33.3% | 0/9=0% | 0/9=0% |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 2/4=50% | 0/4=0% | 1/4=25% | 1/4=25% |

*Voting Member Comments*

1. My only reservation about the organizational structure is that the comprehensive health planner would be subject to different appointment processes and (potentially) salary structure than other employees of IDPH. Is this position comparable to a Deputy Director position?
2. not clear to me why the governor and a special nomination panel must appoint the comprehensive health planner (very odd title), rather than the director or the deputy director of IDPH. This comprehensive health planner should have a different title, ie. director of health planning .
3. I am unable to answer this question. For example, I strongly disagree that the Comprehensive Health Agency be separate from IDPH. Moreover, p 3-4 then lists 12 other points that requires separate analysis.

*Ex-officio Comments*

1. 14) - division, not subdivision (15) - while some existing staff might be moved to the new Center, many existing staff only give a slice of their time to the Center - IDPH should be required to make their services available to the Center, but not to move them. (16) - an employee working within IDPH should be appointed by and accountable to the Director of IDPH. The top salary range for unionized PSAs is currently over $100,000. A Division Chief should be an SPSA (Senior Public Service Administrator) and paid within that range; otherwise, the supervised could make more than the supervisor! (17) The Center's budget should be a separate line item in the IDPH budget, fully transparent and reviewable by the GA, but even IDPH doesn't submit its budget independent of the Governor's budget, so a Division within IDPH shouldn't do so, either.
2. 14) Should be created as a Division within the current IDPH structure 15) To maximize resources, the "Center" should have dedicated staff as well as utilize appropriate services of other existing resources within IDPH such as Center for Health Statistics 16) As a Division Chief, the Comprehensive Health Planner should be appointed by the Director, IDPH 17) A separate and distinct budget may be prepared for the Center, but submitted as part of the Department budget request

***Certificate of Need Process and Structure***

Please use the following rating scale to answer the following questions on the CERTIFICATE OF NEED PROCESS and STRUCTURE ONLY: Strongly Agree, Slightly Agree, Slightly Disagree, Strongly Disagree. If you would like to elaborate on your answer, a comment section is available for each question.

**Question 1:** Goals, as drafted in Blueprint Document, page 1:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 12/15=80% | 0/15=0% | 1/15=6.7% | 2/15=13.3% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 10/11=91% | 0/11=0% | 1/11=9.1% | 0/11=0% |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2/4=50% | 0/4=0% | 0/4=0% | 2/4=50% | | | | | | | | | |
| *Voting Member Comments* | | | | | | | | | | | | |
| 1. I have concerns about whether written permit decisions are feasible without slowing the process down. In addition, I would restate goal ll.e as follows: To consider the impact of applications on safety net services (or) To increase protection for safety net services.<br>2. Should make clear that public accountability, comment, and disclosure are important goals.<br>3. Fourth suggested principle should perhaps be “Findings will determine the impact of the free market and barriers to market entry on the preservation of services for uninsured and underinsured patients” | | | | | | | | | | | | |
| *Ex-officio Comments* | | | | | | | | | | | | |
| 1. Agree with a), c), d) but the overall purpose and goals of the CON program should be articulated in this section. Suggested language would include: Sec. 2. Purpose. The purpose of this Act is to establish a procedure designed to: 1. promote the distribution of health care services and improve the healthcare delivery system in Illinois, based upon population need; 2. improve the financial ability of the public to obtain necessary health services; 3. establish an orderly and comprehensive health care delivery system which will guarantee the availability of quality health care to the general public; 4. maintain and improve the provision of essential health care services and increase the accessibility of those services to the medically underserved and indigent; 5. assure that the reduction and closure of health care services and/or facilities is performed in an orderly and timely manner, and that these actions are deemed to be in the best interests of the public; and 6. limit the financial burden to patients caused by unnecessary health care construction and modification by assessing the financial viability of proposed projects and the corresponding impact on patient financial responsibilities to the facility. b) should be replaced with "To assure the integrity of the CON process."<br>3. (b) is insulting. The issues of "corruption" are nearly 5 years old and reforms were already instituted by the GA and the Agency to address them. The Task Force focus has been on the process itself, not new or current integrity issues. Suggested rewording - "To ensure the integrity of the "Certificate of Need" process" (c) also seems oddly worded. Isnt' the "goal" of the CON process "to promote the development of health facilities consistent with the Statewide Comprehensive Health Plan?"<br>4. Please consider this as an additional goal: to assure evidence-based assessments, projections, and decisions regarding capacity, quality, value and equity in the delivery of health care services in Illinois | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Question 2:** Objectives, as drafted on Blueprint document page 2: | | | | | | | | | | | | |
| *All responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 9/15=60% | 4/15=26.7% | 1/15=6.7% | 1/16=6.7% | | | | | | | | | |
| *Voting Member responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 6/11=54.5% | 4/11=36.4% | 1/11=9.1% | 0/11=0% | | | | | | | | | |
| *Ex-officio responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 3/4=75% | 0/4=0% | 0/4=0% | 1/4=25% | | | | | | | | | |
| *Voting Member Comments* | | | | | | | | | | | | |
| 1. The objective of the Task Force should not be to "reduce the scope of Project Review" rather to streamline the application process.<br>2. My concern is based on the objective to "Establish mechanisms to support adequate financing of the health care delivery system in Illinois, with consideration of charity care needs." There is insufficient information right now on what is intended regarding how charity care needs would be considered.<br>3. not sure we need to reduce the scope of the project review- i would like to discuss what exactly this means<br>4. I am not sure about the issue of streamlining the CON process, my position on that would depend on what is meant by that. I would not want anything that reduced public insight, transparency, and disclosure. Also, in order to meet goals of supporting safety net services, some steps will needed to be added to the process. So, streamlining in some areas, but it may require adding some processes in others.<br>5. First suggested objective should perhaps be “Conduct a needs assessment of comprehensive health service needs and currently unmet needs, identifying needs for facilities, clinical services and workforce.<br>6. 1) "reduce the scope" needs further discussion "revise criteria for approval" needs further explanation 5) needs further explanation | | | | | | | | | | | | |
| *Ex-officio Comments* | | | | | | | | | | | | |

1. Objectives of the CON Board and process from the Act should be revisited and restated. 1) The scope of project review has been drastically reduced in recent years -- examples include $ threshold (from $100,000 to current $8.9 million); elimination of review of "non clinical service areas," elimination of jurisdiction over the closure and change of ownership over privately owned nursing homes, elimination of Board defined "catagories of service," etc. 2) The detail of reviews should be commensurate with and directly responsive to the purpose and objectives stated in the Act. 3) Agree 4) Agree to the extent that the findings of the Health Plan are consitant with the Act and rules under which Board operates 5) Needs more definition 6) Agree
2. Again, it is inconsistent on the one hand to recommend the development of a comprehensive health plan but then to recommend the reduction of the scope of the review process necessary to promote the development of health facilities consistent with (and limit the development of health facilities inconsistent with) the Plan. You can't implement the Plan if you pull the teeth from the process to enforce the Plan.
3. The sixth point ("Revise the structure of the IHFPB") might need additional language reflecting the Board's prospective relationship with the new Center of Comprehensive Planning and any structural re-alignment within IDPH.

**Question 3:** CON Process and Scope of Reforms, as drafted in Blueprint document, pages 4-5:

*All responses*

| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** |
|---|---|---|---|
| 8/15=53.3% | 5/15=33.3% | 0/15=0% | 2/15=13.3% |

*Voting Member responses*

| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** |
|---|---|---|---|
| 6/11=10% | 5/11=45.5% | 0/11=0% | 0/11=0% |

*Ex-officio responses*

| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** |
|---|---|---|---|
| 2/4=50% | 0/4=0% | 0/4=0% | 2/4=50% |

*Voting Member Comments*

1. I strongly agree with the exception of item #26 regarding the public hearing at which at least a quorum of the members of the CON Board must participate. As a community member who has participated in such hearings, I feel the community's input was always appropriately recorded and conveyed to the Board, and I never saw any community member feel unheard or slighted by the lack of CON Board members in attendance. I am concerned that this requirement may be burdensome and pose logistical hardships, and I don't understand the consequences if there is a lack of a quorum of CON Board members. Participants in hearings need their perspectives to be heard and communicated to the Board -- this does not require Board presence. Also having Board presence may give participants the false impression that the hearing is a proceeding of a different nature and they may expect the Board to respond. Under the proposed plan, a quorum is 5 Board members -- this requirement for Board presence seems really burdensome and it's not clear to me what need it addresses.
2. 18) Because converting an "Acute Care Hospital" to an Long Term Acute Care Hospital involves eliminating the Emergency Room and OB/GYN services, the impact on access and charity care can be quite significant. The Task Force needs to provide the CON Board with guidance on how to handle these conversions, especially with regards to the closure of Emergency Rooms. 22) The Task Force needs to have a more thoughtful and thorough discussion regarding the capital expenditure threshold. As stated previously, the Task Force's objective should be to streamline the process, not necessarily narrow the jurisdiction of the CON Board. 26) The Task Force needs to provide more details in the Blueprint regarding how the public will be notified of the Board's proceedings and participate in said proceedings. For example: Does this section pertain to the exemption process, as well as the full application process? The Task Force should also promote more public notices of CON Board meetings, as well as the establishment of an electronic notification system for the purpose of notifying interested parties and elected officials. Lastly, the Task Force should discuss the possibility of an "Intervener" to serve as the public voice during the CON process, replicating the ICC's approach to public discourse.

| | | | | |
|---|---|---|---|---|
| 3. While I said 'strongly agree' since many of the listed items reflect IHA recommendations, I do have a few concerns: 1-Under #18, I'd leave out the reference to volume sensitive services since the IHFPB is currently, with the input of cardiologists and cardiac surgeons, evaluating its rules on cardiac catherterization and open heart surgery. There is debate within the medical community that the Task Force on Health Planning Reform is unprepared to sort out. 2-Since the Blueprint does not allow staff to make permit decisions, a standard for "substantial compliance" is unnecessary. 3-Under #24, I'm not sure what is intended; however, planning should revolve around services needed, not whether or how they are paid for. Is "extra credit" intended for applicants that provide charity care or who provide community benefits? If so, is this only for projects that include these components? 4-#26 would require a quorum of Board members to be present at public hearings, and this may be unrealistic.<br>4. I am concerned about moving acute care beds from one area to another, because it could be a means of discontinuing the services or reducing access to needed services.<br>5. For No. 18, consideration should be given to specific mention to source and structure of financing for projects requiring a Certificate of Need. For No. 24, removal of the term “community benefit” is strongly recommended. | | | | |
| *Ex-Officio Member Comments* | | | | |
| 1. 18) The current Health Facilities Planning Act and general structure of the Board's rules evolved from a premise that the primary roles of the Act and Board were to limit new resources (beds in particular) and reduce what was preceived as a glut of facilities and services within the State. The current reality is that much of the critical issues in healthcare resources have to do with the reduction or elimination of needed services. It is suggested that the reforms specfically reference the Board having input in significant reductions (50% or more) and the discontinuation of services\facilities. 18) 19) 20) The Act currently provides up to 120 days for Agency review of an application for permit and a streamlined process for "exemption to permit" (30 day review process. A further distinction of substantive vs. non-substantive project classifications has been created by rule specifically to provide a 60 day review process for selected types of applications. For any addtional reductions in required staff review time needs to accompanied by the provision of appropriate resources to conduct that work in the specified time periods. 21) Agree The Board's rules currently allow anyone to submit a proposed rule change. Addtionally, the Board's procedures mandate public hearings on all proposed rules and, by practice, all recently developed rules drafts have been part of an extensive public participatory process. 22) Illinois currently has the 3rd highest capital expenditure threshold for review or the 36 programs in the country. It is currently $8.8 million and annually adjusted for inflation. 23) Disagree Making a determination of "substantial compliance" is not seen as a objective, predictable nor appropriate staff activity. Instead of this, I would propose Blueprint item 34) whereby the Chair may approve any application that is conformance with review criteria and is unopposed. 24) Agree 25) Letters of Intent were reinstituted by the Board in response to a change in the Act prohibiting ex-parte communication related to "impending" applications. Among its purposes, the Letter serves as a specific legal demarkation of when an application becomes "impending". 26) Strongly Disagree By rule, the DPH currently conducts public hearings regarding pending projects within the communities affected. The purpose of these hearings is to allow public input regarding the merits of a project. A transcript of the hearing is distributed to all Board members as part of a project file.(This comment process is in addtion to a two to four month opportunity to submit written comment regarding a pending application). Mandatory Board meetings for public hearing (if a quorum is required) or individual member's attendance is NOT considered appropriate for the following reasons: ⍰ A given Board member may obtain “more” or “different” information regarding a project than others; ⍰ The public may inundate a member with concerns regarding that member’s area of specialty; ⍰ Public hearings take place throughout the State based upon a schedule established by the application review. That quantity and location of hearings is usually unpredictable until one to two weeks prior to its taking place. During 2008 year to date, DPH has published 114 opportunities for public hearing and 18 have been requested. As the requirement is currently written, 18 ADDITIONAL meetings of the Board would have had to be scheduled. It is anticipated that if Board members' | | | | |

presence is mandatory the request rate would significantly increase.  Board members traveling throughout the State in attendance of public hearings is not practical in terms of availability of members' time nor is it practical to schedule "ad hoc" Board meetings with assurance of a quorum. If this provision were to be put into effect, the maximum review times need to be reconsidered 27) Disagree The current statutory language and rules provide due process for an applicantion denied by affording an opportunity for an additional review by an Administrative Law Judge. It is believed that the current practice works well and is appropriate. 28) Agree Current rules include the two reports cited here and, addtionally, a notice of project obligation as the indication that the project is being carried out with due diligence.
2. (18) the multiple references to "expediting" review do not take into account that this is a resource-delimited issue - i.e., shortening review times will require more staff, which will require more resources. Also, there are no standards for "overall project cost"; there are standards for certain component costs - e.g., costs per square foot, etc. How could staff ascertain whether "overall project costs" were ok without standards? Also, current law only requires review of termination of services - a reduction of services is not reviewable. If the CHP is to have meaning, significant reductions in services (e.g., 50% or more), should be subject to review. (19) & (20) Again, achieving faster reviews requires a commitment of resources. (21) This exists (22) Illinois's current threshhold is already among the highest in the nation and is annually adjusted for inflation. Expanding health planning and reducing the jurisdiction of the enforcement mechanism for that plan - the CON process - are inherently at cross purposes. What's the point of a plan if the actions of facilities that might work against the interests of the plan are not scrutinized? Also, the reason for the rule on "common financing" is to prevent facilities from breaking up projects into pieces to avoid the threshholds. (23) Right now, staff review for "compliance" or "non-compliance" and report to the Board. Not clear how a new category "substantial compliance" would expedite anything, nor how "substantial" would be measured. Just adds confusion, as drafted. (24) Not clear what this is about - does this mean that projects that would not otherwise meet need criteria could nonetheless be approved if they serve a "community benefit" or "charity care" purpose. If so, this should be clearer and mechanism to guarantee that project is actually devoted to those purposes must be included. (25) Recall that the purpose of "letter of intent" is to protect public, board and staff from discussing "impending" matters, which are prohibited ex parte according to a statutory change of a few years ago. If letters of intent are eliminated, then the "impending" clause should also be eliminated from the ex parte law. (26). This is totally unworkable. There are approximately 100 projects each year that are subject to a possible public hearing. Currently, about 20 requests for public hearing are made. Even 20 meetings, with a quorum present, in locations all around the state, lasting several hours or more, would be a significant additional burden to Board members and staff. In addition, if this were required, one could anticipate that nearly every applicant would request a public hearing, since it would be a "first bite at the apple" in terms of getting your case before the Board in a much more interactive way than not doing so would entail. (27) This is unclear. Currently, every applicant can request a hearing if denied. What's the point in making it automatic, unless waived. I don't know of anyone who has accidentally forgotten to waive a hearing - they are informed of this right when denied. Also, is the purpose of the second sentenc to skip past administrative review and allow a direct appeal to Court? (28) This is currently done.

**Question 4:** CON Board responsibilities, as drafted in Blueprint document, pages 5-6

*All responses*

| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | |
|---|---|---|---|---|---|---|---|---|
| 10/14=71.4% | 4/14=28.6%% | 0/14=0% | 0/14=0% | | | | | |

*Voting Member responses*

| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8/10=80% | 2/10=20% | 0/10=0% | 0/10=0% | | | | | |

*Ex-officio responses*

| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2/4=50% | 2/4=50% | 0/4=0% | 0/4=0% | | | | | |

*Voting Member Comments*

unclear to me what a consent agenda is. i would like this clarified

*Ex-officio Comments*

1. 29) Agree 30) Strongly agree with the caveat that implementation will require resources not currently available. 31) Agree 32) An abbreviated form can be developed for emergency projects that can be submitted by fax or email. Note that only one "emergency" application has been submitted to the Board in its existance and given the current capital expenditure minimum, it is unlikely that any will be received in the future per the definitions. 33) Agree 34) Agree 35) Agree
2. Generally good, but resource intense if done every two years.

**Question 5:** CON Board Chairman responsibilities, as drafted in Blueprint document, page 6:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 8/14=57.1% | 6/14=42.9% | 0/14=0% | 0/14=0% |
| *Voting Member responses* | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** |
| 5/10=50% | 5/10=50% | 0/10=0% | 0/10=0% |
| *Ex-officio responses* | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** |
| 3/4=75% | 1/4=25% | 0/4=0% | 0/4=0% |
| *Voting Member Comments* | | | |
| 1. I don't understand what a consent agenda is- i would like this clarified<br>2. Further discussion and refinement needed regarding powers of chairman.<br>3. 35) do any applications meet "all" of the criteria? | | | |
| *Ex-officio Comments* | | | |
| 1. 32) Agree but would include provision for an initial abbreviated request be made to the Chair in writing submitted by fax or email 33) Agree 34) Agree 35) Agree<br>2. Most of this is current practice. (34) makes more sense than (23). | | | |

**Question 6:** Staff responsibilities, as drafted in Blueprint document, page 7:

| *All responses* | | | |
|---|---|---|---|
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** |
| 8/13=61.5% | 4/13=30.8% | 0/13=0% | 1/13=7.7% |
| *Voting Member responses* | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** |
| 6/10=60% | 4/10=40% | 0/10=0% | 0/10=0% |
| *Ex-officio responses* | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** |
| 2/3=66.7% | 0/3=0% | 0/3=0% | 1/3=33.3% |
| *Voting Member Comments* | | | |
| 1. #37 includes language that says that staff cannot have immediate family that is employed by, is an agent of, or under contract to a regulated provider. This may be difficult if applied to all staff at all levels (either staff to the IHFPB or staff to a provider). Instead, the conflict of interest provisions could be emphasized. #38 says that communications with staff during administrative reconsideration are ex parte. In fact, they may not be ex parte, but simply technical assistance. I would suggest removing the term "ex parte" in the 3rd to the last line but continue to require that all communications be documented.<br>2. For No. 38, the fourth sentence should be amended in the following fashion: "A public record of such consultation, with specific details about each matter discussed and the participants in the discussion, must be made by staff."<br>3. 38) is "ex parte" illegal, and therefore not allowed, or legal and "a formal record must be kept" | | | |
| *Ex-officio Comments* | | | |
| 1. 36) Strongly disagree with limitations placed on being unreasonable. Board staff historically and currently have staff who publically acknowledge conflicts of interests due to family employment and appropriately recuse themselves from involvement with those matters reviewed by the Department and considered by the Board. The prohibition as stated would also affect indirect resources within the Department including staff providing demographics and other research, as well as the "chain of command" through the Director's Office. 37) Agree Current practice 38) Agree Timeframes as established as resources are available. 39) Strongly Disagree with the submittal of any new information subsequent to a project file being finalized for Board review -- other than corrections of misprints, or errors of fact. Per current rules, all project documents are public. Anyone can review an application, technical assistance records, public comment and comment on the same for up to 100 to 120 days for a substantive project. During this time period staff has an opportunity to review and vet comments if appropriate. Allowing comment AFTER the issuance of the staff's findings, has been used by individuals to simply repeat previous comments made, and to deliberately delay consideration of a project. There must be some point in time defined as closure of the application material that the Board is to consider for decisions to be made in a timely manner. 40) Agree Status reports on applications are currently posted on the website and updated on a weekly basis. Status reports on other matters, such as rules, compliance, etc. are presented to the Board during open public meetings. | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2. (36) The limitations on spouses and other family members is unwarranted. Under current practice, staff avoid (and should continue to be required to avoid) specific conflicts of interests regarding spouses and family members. Given the significant role that health care facilities play as employers in most parts of the state, blocking persons entirely from working in these programs based on spouses and family members mere employment in the industry is inappropriate. (38) Entirely a resource issue (39) I have some reservations about how the 14 day comment period would work, unless the comment is limited to correction of errors, as opposed to additional advocacy, which already could have been made during the public comment period | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Question 7:** Predictability and Accountability, as drafted in Blueprint document, pages 7-8: | | | | | | | | | | | | |
| *All responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 10/12=83.3% | 1/12=8.3% | 0/12=0% | 1/12=8.3% | | | | | | | | | |
| *Voting Member responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 8/9=88.9% | 1/9=11.1% | 0/9=0% | 0/9=0% | | | | | | | | | |
| *Ex-officio responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 2/3=66.7% | 0/3=0% | 0/3=0% | 1/3=33.3% | | | | | | | | | |
| *Voting Member Comments* | | | | | | | | | | | | |
| I believe this makes it clear that there is a need for more effective procedures for public review and participation. | | | | | | | | | | | | |
| *Ex-officio Comments* | | | | | | | | | | | | |
| 1. 41) It is unclear what this means for staff to provide "timely and appropriate explanations". Staff compiles findings of fact relative to the rules as published. These findings are communicated in the State Agency Report as a summary and explanation. 42) Agree 43) Agree 44) Neutral 2. (44) The Auditor General can take 6-9 months to do a full performance audit. Requring the audit to be "completed" 18 months after the new Board in place means he will have to been 9-12 months after the new Board gets started. That is kind of pointless. Perhaps this should be "commenced" 18 or 24 months after the new process gets started. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Question 8:** Charity and Safety Net Services, as drafted in Blueprint document, page 8: | | | | | | | | | | | | |
| *All responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 3/13=23.1% | 7/13=53.9% | 2/13=15.4% | 1/13=7.7% | | | | | | | | | |
| *Voting Member responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 2/10=20% | 5/10=50% | 2/10=20% | 1/10=10% | | | | | | | | | |
| *Ex-officio responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 1/3=33.3% | 2/3=66.7% | 0/3=0% | 0/3=0% | | | | | | | | | |
| *Voting Member Comments* | | | | | | | | | | | | |

1. #48 requires applicants to provide the safety net impact statement. This more appropriately should come from potentially affected persons rather than the applicant. I also have concerns regarding how the IHFPB would give consideration to charity care. As a result, I don't have enough information yet to agree with #49.
2. Without details of agreement I don't feel I can make a determination on this portion.
3. waiting for additional proposals from Gaynor and Robbins
4. I strongly agree with the goal of promoting and protecting charity care and safety net. However, the language as proposed needs a lot of fleshing out to clarify what exactly it means and how this goal would be operationalized.
5. Additional proposals and revisions to be provided.
6. CON should not be used to assure patient access to health care services since it would only apply to those who seek approval of a project. If "give consideration" means a process the Board currently uses and does not mean specific requirements will be set, then I would agree with the approach.
7. Language within the proposal should reflect the sentiment that adequate levels of charity care provided by a health care institution shall be deemed as a “positive” achievement, and therefore should/can be viewed as a “positive” during the evaluation process.

*Ex-officio Comments*

1. 45) Agree 46) 47) Agree but suggest definition of basic terms, ie, "saftey net" 48) Would request guidence from the legislature as to what extent the Board should "give consideration". 2. This should be stronger. All facilities subject to the CON process should have a charity care obligation to level the playing field. Singling out those facilities that happen to come through the CON process leaves other facilities out, especially existing ASTCs or for-profit entities. This should be an obligation attached to their license. 3. section not yet completed ; however, currently language re: safety net (e.g. standardards "may include a requirement" or "CON Board may request information regarding ...Charity Care"...does not appear to be strong enough to ensure that protection of the safety net for medically underserved areas will be a priority.

**Question 9:** Long-Term Care, as drafted in Blueprint document, pages 8-9:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree | | | | | |
|---|---|---|---|---|---|---|---|---|
| 6/13=46.2% | 4/13=30.8% | 2/13=15.4% | 1/13=7.7% | | | | | |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4/10=40% | 4/10=40% | 2/10=20% | 0/10=0% | | | | | |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2/3=66.7% | 0/3=0% | 0/3=0% | 1/3=33.3% | | | | | |

*Voting Member Comments*

1. Generally, the recommendations are reasonable, although I don't know that Long Term Care needs completely different rules. In addition, #52 says that fees should only apply to the licensed component of a continuing care retirement community. I agree; howerer, there are other applications of the principle. Fees should only be assessed for the component of any project that is subject to permit.
2. we need to consider what kinds of facilities for older adults should be under the CON process- group homes, assisted living facilities, etc. Given that we are so overbedded in LTC, we should figure out ways to reduce beds, nationally CMS is encouraging rebalancing and providing incentives to nursing homes to reduce beds. History of violations by nursing home chains should be taken into consideration when reviewing a CON. Quality of care must fit into the equation, not simply the number of beds in a given community.LTC facilities should have to do a CON for change of ownership.
3. It should be clarified that any review of the long term care procedures must be conducted with input from consumers, workers in long term care, and other stakeholders in addition to the industry proposals. Review should start from a wide range of perspectives.
4. The sections in the proposal appear to be focused on nursing home facilities, which includes skilled nursing units in hospitals, that are regulated by the Nursing Home Act. The Task Force should encourage general planning and greater oversight of these facilities.

*Ex-officio Comments*

1. 49) Agree 50) Agree Note that "open bed" in nursing homes may or may not exist. 2.

**Question 10:** Reform of the Illinois Health Facilities Planning Board--Organizational Structure, as drafted in Blueprint document, pages 9-10:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree | | | | | |
|---|---|---|---|---|---|---|---|---|
| 9/14=64.3% | 1/14=7.1% | 2/14=14.3% | 2/14=14.3% | | | | | |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree | | | | | |
|---|---|---|---|---|---|---|---|---|
| 7/11=63.4% | 1/11=9.1% | 2/11=18.1% | 1/11=9.1% | | | | | |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2/3=66.7% | 0/3=0% | 0/3=0% | 1/3=33.3% | | | | | |

*Voting Member Comments*

1. My biggest concern here is that appointments to the Board can be made in a timely manner so CON can continue to function. IHA will have concerns if the process that is proposed has either political barriers or is so cumbersome that it jeopardizes the continuation of CON. In addition, thought should be given to whether restrictions on who can sit on the Board will make it impossible to populate it with qualified individuals. Under #61, restrictions on spouses or immediate family members should be loosened. As with staff, the conflict will be dependent on the level of the family member's employment or relationship with a regulated provider. Instead, the process should rely on conflict of interest provisions. Under #62, the restriction on political activity may go too far. A Board member should be able to support local candidates, display yard signs, etc.
2. If there are not to be categorical appointments then there should not be "at least 2 members shall be representatives of non-profit health care consumer advocacy organizations" 61) Is this language consistant with conflict of interest criteria for other state regulatory agencies? "any other relative" seems broad.

*Ex-officio Comments*

1. 51) Agree with 9 members 52) Agree with the diversity described. Neutral on the numbers 53) Agree 54) 55) The current Board has expressed pros and cons of membership being paid positions. 56) Agree Note that the 6 month limitation of service beyond term expiration may be problematic based upon historical experience. 57) Two provisions in the ethics attachment appear to be unique to this Board and will significantly limit the pool of people willing to be Board members. The first, d) is the 5 year prohibition of outside employment after service, with parties who have done business with the Board. This is in contrast to the 1 year prohibition that currently exists. The second is (h) (2) the prohibition that applies to a Board member's immediate family for a period of 2 years. 58) Agree 59) This appears too restrictive in terms of finding qualified, willing candidates for Board membership especially from smaller communities where the health care industry may be the major employer. Would suggest that the prohibition on family member involvement be tempered by limiting it to those have significant financial interest and/or a managment role in health care facility. 60) Agree 61) As currently structured, the budget for Board operations and programs is submitted as part of the DPH budget. 62) This is currently done by DPH on behalf of the Board

2. (51) The nomination process is cumbersome and the nominating panel has no expertise in identifying the expertise required for the Board. The advice of the Senate should be sufficient to protecting the integrity of the appointment process. It is hard to imagine who would be interested in these Board positions as defined in this document - FBI background investigations & public hearings on appointment (just to be one of 3 names submitted for each position), potentially 100 project hearings across the state per year, Board meetings every 6 weeks, with boxes of documents to review for each one, for a "part-time job" with a nominal stipend and an on-going limitation on your and your extended family's employment. (52) About 62% of Illnois' population is within the Chicago MSA and probably more than that % of the activity before the Board is from CMSA, so the proportion of Board members should probably be 6 CMSA and 3 non-CMSA. Also, how many non-profit health care consumer advocacy organizations are there? Six candidates would have to be found, according to the nominating process proposed. And none could be registered lobbyists, according to the Ethics Act. Is this realistic? (54) I don't think a requirement that the Chair be full-time is realistic, nor the salary of $80,000, if full-time is required, especially given the expertise expected, as per the statute, unless only retirees are being contemplated. (55) Given the demands expected of Board members elsewhere in this draft, it is hard to imagine an employer who would give someone the time off required to perform Board duties, so calling this a "part-time" job is unrealistic. (56) Do reappointments go through the same process or another process under this proposal? (57) The outside employment provisions are unrealistic and overbroad and the limitation on political activities is weird. An employee of the CON Board couldn't run for library board, or even support a candidate for same? (59) The limitation on family members being employeed in any industry subject to the Act has already severely limited the ability to find persons who are both qualified to serve and interested. The other changes contemplated in this proposal will only make matters worse. A typical "conflict of interest" provision, where members stay out of matters based on conflicts (as opposed to being ineligible to even serve on the board if their family member is in any way employed in the regulated industry) is more realistic and adequate. The scandal of five years ago had nothing to do with the employment situation of family members. (60) The limitation on political activity seems sort of weird, especially if 2 of the members are supposed to be from advocacy organizations. (61) If the "separate and distinct" budget means the budget is a separate line item with detail, that's fine. It shouldn't be submitted independently of the Agency's budget, which itself is not submitted independent of the Governor's budget. The current process of hiring staff through the Agency has provided a "check and balance" on the Board in the past and shouldn't be eliminated lightly. At the rate things are going, nearly all of the staff of the Board will be unionized, so there won't be a whole lot of staff to "independently" hire anyway. Whether staff will want to work in this entity under the conditions elsewhere described in this proposal is open to question, too.

**Question 11:** Transition/Re-Organization, as drafted in Blueprint document, page 10:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 9/13=69.2% | 3/13=23.1% | 1/13=7.7% | 0/13=0% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 7/10=70% | 2/10=20% | 1/10=10% | 0/10=0% |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 2/3=66.7% | 1/3=33.3% | 0/3=0% | 0/3=0% |

*Voting Member Comments*

1. My concern here is that a new "saving provision" could delay applications for needed services. CON cannot be "in suspension" during an interim period.
2. comprehensive planner should be hired by IDPH not have to go throught the same process as other CON board members

*Ex-officio Comments*

1. 64) Agree
2. This should be given great deal of thought. The new process will make little sense without the Comprehensive Health Plan and I'm not sure everyone understands what a monumental task it will be to start that process from scratch.

**Question 12:** Structure: CON Board inside IDPH, as drated in "inside chart":

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 7/14=50% | 2/14=14.3% | 1/14=7.1% | 4/14=28.6% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5/11=45.5% | 2/11=18.1% | 1/11=9.1% | 3/11=27.2% | | | | | | | | | |
| *Ex-officio responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 2/3=66.7% | 0/3=0% | 0/3=0% | 1/3=33.3% | | | | | | | | | |
| *Voting Member Comments* | | | | | | | | | | | | |
| 1. CON should be housed within IDPH rather than creating a whole new agency. This structure takes advantage of expertise and resources within the Department. I did not respond "strongly agree" because of concerns about the unknown implications of the appointment process.<br>2. It makes sense for the CON Board to be inside IDPH -- health planning and public health go hand-in-hand. | | | | | | | | | | | | |
| *Ex-officio Comments* | | | | | | | | | | | | |
| 1. As between being "in" the Department and "outside" it, it makes more sense to be inside. However, the chart itself contains a lot of other elements I disagree with that have been the subject of comment elsewhere herein. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Question 13:** Structure: CON Board outside IDPH, as drafted in "outside chart": | | | | | | | | | | | | |
| *All responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 4/13=30.1% | 1/13=7.7% | 3/13=23.1% | 5/13=38.5% | | | | | | | | | |
| *Voting Member responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 3/10=30% | 1/10=10% | 3/10=30% | 3/10=30% | | | | | | | | | |
| *Ex-officio responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 1/3=33.3% | 0/3=0% | 0/3=0% | 2/3=66.7% | | | | | | | | | |
| *Voting Member Comments* | | | | | | | | | | | | |
| This just seems silly. What purpose would be served? | | | | | | | | | | | | |
| *Ex-officio Comments* | | | | | | | | | | | | |
| 1. Given how closely the Board staff and the Planning staff will be working together, it doesn't make a lot of sense to separate them physically. The other elements of the chart have been commented upon in other questions. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ***Other Sections*** | | | | | | | | | | | | |
| *Please use the following rating scale to answer the following questions: Strongly Agree, Slightly Agree, Slightly Disagree, Strongly Disagree* | | | | | | | | | | | | |
| **Question 1:** Special Nomination Panel, as drafted in Blueprint document, pages 11-13: | | | | | | | | | | | | |
| *All responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 6/11=54.5% | 3/11=27.3% | 1/11=9.1% | 1/11=9.1% | | | | | | | | | |
| *Voting Member responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 4/8=50% | 3/8=37.5% | 1/8=12.5% | 0/8=0% | | | | | | | | | |
| *Ex-officio responses* | | | | | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | | | | | |
| 2/3=66.7% | 0/3=0% | 0/3=0% | 1/3=0% | | | | | | | | | |
| *Voting Member Comments* | | | | | | | | | | | | |

1. If this structure can be efficient and politically feasible, it is fine. My greatest concern is that the continuation of CON not be jeopardized by a new appointment process.
2. Don't have a strong position, may be too cumbersome.
3. unable to make an informed comment
4. I've missed some meetings, so maybe that's why I'm a little unclear about why there is such a heavy emphasis on judicial/law enforcement/regulatory agency personnel and retired personnel for the Nominations Panel. Will it be feasible to get 2 former judges to participate, and 2 former federal prosecutors?

*Ex-officio Comments*

1. Neutral
understand this to have been borrowed from the context of the Gaming Board. Here I think it is overkill, for reasons elaborated upon elsewhere in the survey.
3. As proposed, this seems pretty complicated - some assurance of timeliness needs to be included along with provisions to assure a squeaky-clean Board and staff. Also: could the Illinois State Police do the background checks instead of the FBI?

**Question 2:** Ethics, as drafted in Blueprint document, pages 14-15

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 8/13=61.5% | 2/13=15.4% | 2/13=15.4% | 1/13=7.7% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 6/10=60% | 2/10=20% | 2/10=20% | 0/10=0% |

*Ex-officio responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 2/3=66.7% | 0/3=0% | 0/3=0% | 1/3=33.3% |

*Voting Member Comments*

1. While I don't disagree with strong ethics standards, the standards should not prevent the appointment of a full complement of qualified Board members and staff. For example, the restrictions on outside employment seem stronger than they need to be as do the restrictions on political activity. The restrictions on the spouse, child or parent of Board members and others should also be given further consideration.
2. I support very strong ethics provisions.
3. The "numbering" of the paragraphs should be addressed as there is no subparagraph (c). Additional discussion and refinement of outside employment for Board Chair and members should be undertaken.
4. (d) is 5 years the state standard for this issue
5. I'm concerned about sub-section (g) dealing with "political activity." Maybe I'm not understanding what I'm reading, but it seems to say that a Board member or employee may not, on their own time, work in support of a particular candidate, or be involved with a political organization (how is that defined? a 501(c)(4)?). This seems to be a violation of an individual's right, on their own time, to do something perfectly legal. My other concern is with sub-section (i), which makes any of the violations of the ethics guidelines a "Class 4 Felony." I don't know what Class 4 is and whether that is a reasonable punishment.

*Ex-officio Comments*

1. See comments question 10) previous page 2. Again, overkill, for reasons elaborated upon elsewhere in survey.

**Question 3:** Ex parte Communications, as drafted in Blueprint document, page 16:

*All responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 7/14=50% | 3/14=21.4% | 3/14=21.4 | 1/14=7.1% |

*Voting Member responses*

| Strongly Agree | Slightly Agree | Slightly Disagree | Strongly Disagree |
|---|---|---|---|
| 5/11=45.5% | 3/11=27.3% | 3/11=27.3% | 0/11=0% |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *Ex-officio responses* | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | |
| 2/3=66.7% | 0/3=0% | 0/3=0% | 1/3=33.3% | | | | | |
| *Voting Member Comments* | | | | | | | | |
| 1. It is important to continue to allow all agency staff, including the comprehensive health planner, to provide technical assistance to applicants. Staff are not the decision-makers on applications. The process is expedited if applicants can get technical assistance from agency staff. However, applicants should be prohibited from engaging in ex parte communications with Board members (the decision-makers). In addition, the language provided does not allow for open discussions regarding potential rule changes before they are formally proposed in the Illinois Register. Conversations about rules early in the process will lead to greater consensus on rules that are ultimately proposed and will facilitate the input of experts as needed.<br>2. can not determine if technical assistance by the staff would be considered "ex parte".<br>3. I feel like I don't understand enough of the language in this section. I also don't know whether this is the current regulation regarding ex-parte communication, or if this is a stricter or looser regulation. Also, again, I don't know what Class 4 Felony is and whether it makes sense for a violation of this sort. I just don't feel that I can offer a strong opinion on this, given my lack of understanding.<br>4. Is an organization concerned about public safety considered an “interested party”? If no, then the definition set-out is satisfactory. A narrower definition of an “interested party” would prevent two hospitals from warring – preventing charges and counter-charges. | | | | | | | | |
| *Ex-officio Comments* | | | | | | | | |
| 1. a) These definitions need to be re-worked. The definitions appear to preclude written public comment through defined procedures, as is currently acceptable. Also, the esclusion of "statements made by a person publicly made in a public forum," appears too broad (any forum that allows for "public" participation? whether or not related to the proceedings of the Board??)<br>2. As I read this, it pertains to ex parte communication regarding the nomination process, not the CON process. Since I think the nominating process suggested is overkill, this part is, too. | | | | | | | | |
| | | | | | | | | |
| **Question 4:** Compensation, as drafted in Blueprint document, page 17: | | | | | | | | |
| *All responses* | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | |
| 5/12=41.7% | 4/12=33.3% | 2/12=16.7% | 1/12=8.3% | | | | | |
| *Voting Member responses* | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | |
| 4/9=44.4% | 3/9=33.3% | 2/9=22.2% | 0/9=0% | | | | | |
| *Ex-officio responses* | | | | | | | | |
| **Strongly Agree** | **Slightly Agree** | **Slightly Disagree** | **Strongly Disagree** | | | | | |
| 1/3=33.3% | 1/3=33.3% | 0/3=0% | 1/3=33.3% | | | | | |
| *Voting Member Comments* | | | | | | | | |
| 1. First, I don't have adequate information to judge the salaries that are being recommended. However, I do have some concern that the chairman of the IHFPB should have leadership experience and abilities, which may be difficult to attract for $80,000. In addition, there are no provisions to increase the salaries over time. Salaries should be appropriate to attract highly qualified professionals.<br>2. Public policy regarding “quasi-judicial” status of Board should be discussed and refined.<br>3. unable to make an informed comment, not familar with state salaries for similar positions<br>4. For how long is the compensation amount for Board members set? When will it be reviewed and revised, etc.? | | | | | | | | |
| *Ex-officio Comments* | | | | | | | | |
| 1. I have no idea what declaring them a "quasi-judicial body" does, but none of these salaries make sense, given the other restrictions contained in this proposal. The Comprehensive Health Planner should be a Senior Public Service Administrator and paid in the SPSA salary range.<br>2. The review board salaries seem a bit high for part-time positions. The Comprehensive Health Planner salary should be in a range (for example, $80,000 to $120,000). | | | | | | | | |
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