I would like to thank the members of the task force for allowing me to present my views on the certificate of need process. My name is Gordon Lang and I am a Board certified nephrologist. I have been in the active practice of nephrology since 1971. I have seen the evolution of chronic kidney disease and dialysis since it became financially feasible for patient's suffering from renal failure to undergo dialysis treatments. We all should be proud that the Illinois legislature passed the first bill which covered dialysis treatments in 1967. To the best of my recollection the Department of Public Health supervised the renal disease program under the direction of Mrs. Ruth Schriner.. The program has involved in the ensuing years with the increased number of patient's suffering from end-stage renal disease. At this time the certificate of need process has become cumbersome and anti-competitive.

The dialysis industry in Illinois is controlled by to publicly traded companies, Fresenius Medical Care North America and DaVita, which controlled 81% of the dialysis facilities in Illinois. The remaining facilities are controlled by hospitals, 16%, smaller companies and occasionally physicians. The certificate of need has allow these companies to have a monopoly in the state of Illinois. Illinois is one of the few states who still require certificate of need for dialysis units. Illinois, who once was a model for the care of individuals suffering from end-stage renal disease and now has allowed these two companies to control dialysis in the state.

A young Nephrologist, who wants to begin practice in Illinois, has limited options. There are two major practice groups in Chicago and usually one major practice group in the other large cities of Illinois such as Peoria, Rockford, and Springfield. For a young Nephrologist to attempt to open a dialysis unit is next to impossible. These expenses associated with the application for a CON and the building of a dialysis facility is prohibitive. If the Nephrologist decides to apply for a CON he will need a lawyer and perhaps a lobbyist. He then will then have opposition from groups that want to control their referral base.

The large nephrology groups also make it difficult for a Nephrologist beginning practice. They have medical director, agreements with their associated dialysis facilities. A Nephrologist may have difficulty getting staff privileges at a hospital and if he is successful, they may have some difficulty getting staff privileges at the dialysis unit. As I said previously, the large groups want to control their territory.

How does this affect the quality of patient care? the new physician, who wants to admit his patient to this facility may find one patient is dialyzed in the morning shift and another in the evening. This makes it difficult for the physician to see his patient's. There sre examples when patients have been gently coursed to change nephrologists. If the physician joins a large group he may find that some of the senior partners keep a larger percentage of patients undergoing dialysis in that facility.

The quality of care delivered by. The major corporations for the most part is excellent. However, some minor decisions to improve patient care need to be discussed at corporate headquarters in Boston or California. These minor things may make life easier for individuals with end-stage renal disease. They need to come to the dialysis unit 3 times a week and usually have 4 hours of dialysis each session.

Quality of care may also suffer because the ageing of our population on dialysis. The husband or wife may have to drive to the dialysis facility. If they dialyze on the morning shift they need to arrive somewhere between 5 and 6 a.m. The trip may be longer than 30 minutes especially with traffic and winter storms It can be a major problem. A facility could be constructed closer to make it more accessible to patient's. Many times their are objections to the facility because it will take patient's from the existing facility. These patients are now put under greater stress to travel to their present dialysis facility. The other problem with transportation is the cost of gasoline makes it extremely difficult for patient's on a fixed income to drive to the facility, especially suburban and rural patients.

It is my belief that allowing the CON for dialysis units to Sunset would improve access and quality for patients with end-stage renal disease. Ownership of the facility,either 100% percent or a t joint venture means physicians have a vested interest in how his facility is run. When the patient has a problem they can talk an individual who can correct the problem. The inspection of the facilities and Medicare approval is conducted be the Department of Health. His facility . The free market would function to control the growth of dialysis facilities. The citizens of Illinois would have better access to care and money would not be wasted trying to decide whether a facility should or should not be constructed.

Again thank you for allowing me to prevent my views to the task force