

Public Hearing

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Public Hearing

Regarding Conversion Of Lee Memorial Health System To A  
A Private, Not For Profit Corporation

Pages 1 through 52

Thursday, April 25, 2024  
4:00 p.m. - 5:04 p.m.

Gulf Coast Medical Center Community Room  
13681 Doctors Way, Fort Myers, Florida 33912

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1 APPEARANCES:

2 Chairperson, Donna Clarke  
3 Vice Chairperson, David Klein, MBA  
4 Secretary, Dane Allen, Esq.  
5 Treasurer, David Collins  
6 Director Nancy McGovern, RN, MSM  
7 Director Kathy Bridge-Liles, RN, MS  
8 Director Therese Everly, BS, RRT  
9 Director Daniel Adler  
10 Director Stephen R. Brown, M.D.  
11 Lawrence Antonucci, M.D, President and CEO  
12 George H. Knott, Esq., Board Counsel  
13 Mary McGillicuddy, Esq., Chief Legal Counsel  
14 Michael Nacheff, VP Government Relations  
15 Karen Crawford, Court Reporter  
16 Katie Fournier, Board Office Coordinator

10 E X H I B I T S

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1 MS. CLARKE: Good afternoon. I am Donna  
2 Clarke, Chair of the Lee Health Board of Directors.  
3 And the reason we are here today is:

4 1. To provide background on what we have  
5 been evaluating and why we feel it is important to  
6 make a move to the next step of evaluation.

7 2. We are going to update you on where we  
8 are in this process that started last year.

9 Now can you hear -- should I start over?

10 3. Is the key thing we are here for is a  
11 forum to hear from you all; that's why it is called  
12 a public hearing. We want to hear what you all  
13 have to say, before we make our next vote.

14 And the last thing we are going to do is  
15 let you know where you can stay up-to-date on every  
16 single thing we do in the board meeting, everything  
17 we do in our special meetings, and everything that  
18 we are working on in our mission statement.

19 So at this point I am going to turn it  
20 over to Dr. Larry Antonucci, our CEO and President,  
21 to start with the background and why we are doing  
22 this.

23 DR. ANTONUCCI: Thank you very much, Donna.  
24 Thank you all for being here in this important  
25 event so that we can hear from you. I thought I

1 would take a little time to give you a little  
2 background information, some history, and also talk  
3 about the work that our leadership team has done  
4 and the recommendations that we have made to our  
5 board of directors.

6 So this is the agenda we are going to go  
7 through today. We are going to talk about some  
8 history and some background. I'll talk about the  
9 overview and the recommendations that we have made,  
10 as I said. Michael Nachev, our VP of Government  
11 Relations, will then discuss the timeline, and how  
12 this came about and how it has evolved through the  
13 year. And then we will obviously listen to your  
14 testimony. And we will be finishing up after that.

15 All right. So it's important to recognize  
16 that Lee Health has been here in this community for  
17 over a hundred years. We have always had a local  
18 mission with a regional impact. We have been  
19 locally led and governed through our entire  
20 history. And we are and have been a critical  
21 safety net in this community, meaning we take care  
22 of everyone who comes to seek care regardless of  
23 their ability to pay, and this has been done since  
24 we opened our doors in 1916.

25 We have a wide array of services, over a

1 hundred sites throughout the community. And we are  
2 one of the largest public system in the U.S. We  
3 are the top employer in Lee County and a major  
4 economic engine for this region. And we have been  
5 and will continue to be a trusted partner moving  
6 forward.

7 Just to go through some historical  
8 timeline. So in 1916 the hospital was started as a  
9 four-bed hospital with some borrowed wood in the  
10 downtown area. And we operated as a private  
11 not-for-profit for the first 50 years of our  
12 existence.

13 In 1968 we began operating as a local  
14 district. So the Florida legislature created the  
15 district that is the Lee Memorial Health District.  
16 So at that point we became a public entity. What's  
17 unique about the legislature at that time and the  
18 legislation was that it created the public entity,  
19 but it did not give us taxing authority. So this  
20 is very unusual for a safety net hospital,  
21 especially one of our size. But, even with that,  
22 we have been able to grow with the community, been  
23 able to prosper and been extremely successful to  
24 today.

25 Now in 2019 things changed a little bit in

1 that the state of Florida eliminated its  
2 Certificate of Need Laws. The Certificate of Need  
3 Laws were present so that if someone wanted to  
4 build a hospital, they had to show that there was a  
5 need for that hospital. With the repeal in 2019,  
6 it allowed any hospital -- anyone to build any  
7 hospital anywhere in Florida without any -- so  
8 anyone can build a hospital in the state and they  
9 don't even have to accept Medicaid, the program for  
10 the poor. They don't have to accept the uninsured.  
11 And they don't have to even have an emergency  
12 department, if they don't want to do that. So that  
13 created a significant vulnerability for us, as we  
14 began to look at the landscape.

15 If we look at where we are right now, 75  
16 percent of our business is either Medicare or  
17 Medicaid. Both of those programs do not cover the  
18 cost of care. So that means the 25 or so percent  
19 of our business that is commercial business has to  
20 cover that shortfall and leave us about five  
21 percent of operating margin at the end of the year.

22 So why is that operating margin important?  
23 Well, we have to reinvest in the community. Every  
24 single dollar that's made over and above our  
25 expenses has been reinvested into this community to

1 the tune of about \$150 million a year on average.

2 In addition to that, we have provided  
3 about that same amount in community benefit, and  
4 that is provided care to the uninsured and other  
5 programs like that. So this has been very, very  
6 important to us.

7 And as we looked at this new legislation  
8 and recognize this could provide us some  
9 vulnerability, we wanted to make sure that we would  
10 be able to compete on an even playing field. As a  
11 public entity, we have a lot of restrictions.

12 Number one is that geographically we are  
13 restricted to Lee County, except for very special  
14 instances.

15 Number two we are restricted in our  
16 ability to do partnerships and joint ventures with  
17 other providers, and other organizations, et  
18 cetera. And this is very important. As we move to  
19 the future and we want to work more with physicians  
20 in our community, it is very cumbersome for us to  
21 do those things.

22 So, as a result, we began to approach the  
23 legislature and say look, we have no problem  
24 competing. We will compete with anyone who comes  
25 to town. We will be the provider of choice. But

1 we have to operate on an even playing field. We  
2 simply can't operate with one hand tied behind our  
3 back, when we have regional competitors that are  
4 going to come in from the north, from the south,  
5 from other areas in the state of Florida, from  
6 other areas around the country that may come in  
7 here.

8 So we asked for the ability to work  
9 regionally and we were denied. The legislature  
10 would not act on our legislation and change that.  
11 And what they suggested is that why don't you  
12 consider converting to private not-for-profit or  
13 community based not-for-profit, which would allow  
14 you more flexibility and the ability to compete.

15 So they passed legislation that gave us  
16 the opportunity to simply evaluate whether that  
17 made sense. And they put it in the hands of our  
18 board of directors to say okay, you need to do an  
19 evaluation to see whether this makes sense for you  
20 to change your structure. So that's where we are  
21 now. So that the legislature recognized this  
22 potential vulnerability and the importance that we  
23 play in this community and gave us the opportunity  
24 to do this analysis.

25 So, as we began the process, the process



1 has been very prescriptive, as it relates to what  
2 the state has allowed, and that included a six-  
3 month evaluation by an independent third party. We  
4 hired a company called Kaufman Hall, which is a  
5 nationally known consulting firm, who came in and  
6 did the evaluation.

7 Before we get to the results of the  
8 evaluation, let me talk a little bit about the two  
9 different structures that we are talking about, our  
10 current structure as a public entity and the  
11 potential to convert to a community focused  
12 non-profit health system. So these are the  
13 similarities of those two structures.

14 And again it is important to note that  
15 what we are talking about is a governing structure.  
16 It's not really affecting how we operate every day,  
17 how our doctors work and how our nurses work. This  
18 will be pretty transparent to them and, of course,  
19 to patients, as they access care in our  
20 organization.

21 So, first of all, our safety net mission  
22 will not change. We will be focused on and  
23 committed to our longstanding mission of taking  
24 care of every patient in Lee County regardless of  
25 their ability to pay.

1 Leadership and staff will always maintain  
2 a commitment to quality and provide every patient  
3 the best care possible.

4 The fiduciary responsibility. The board  
5 will have a duty to care and ensure the  
6 organization's community based focused mission that  
7 it is always being met and it is in the best  
8 interest of the organization and the stakeholders,  
9 the patients, the physicians and our team members.

10 Our operating margin will work the same  
11 way. Every dollar that's made over and above our  
12 expenses will be reinvested in the community in  
13 either model. That will not change. There will be  
14 no shareholders or any other owners that would  
15 profit by a conversion like this.

16 Charity care will continue. We will  
17 maintain a strong focus on committing to that  
18 mission of charity care.

19 And, as we are today, if conversion  
20 occurs, we will not have taxing authority. We  
21 don't have taxing authority now. We will not have  
22 that in the future.

23 So what are the key differences? And  
24 probably the top of the list of differences relates  
25 to board leadership. Our board leaders now are

1 publicly elected. We have ten board members, two  
2 from each of the five districts in the county.  
3 Under a community-focused system, our current board  
4 leadership can continue to serve, but subsequent to  
5 that the board will be self-sustaining the way  
6 nonprofit boards are. If you look at other  
7 hospitals, health systems, Tampa General, NCH,  
8 Orlando Health, many of the other hospitals in the  
9 state, they are not-for-profits, and they have a  
10 self-sustaining board, which means the board will  
11 establish most likely some sort of governance  
12 committee and they will seek talent in the  
13 community and ask them to serve on our board.

14 If you look at governance of -- business  
15 practice governance, currently we are governed by  
16 the Lee Health Enabling Act, as I mentioned, which  
17 is the Florida law applicable to us. If we  
18 convert, we will be governed by Florida law  
19 applicable to not-for-profit corporations, along  
20 with the enforceable agreement that will have to be  
21 negotiated with the county, and we will talk about  
22 that a little bit later.

23 Growth and expansion. As I mentioned, we  
24 are limited now in our ability to grow outside of  
25 the county. So it is very difficult for us to have

1 a regional impact. What we discovered in the  
2 Kaufman Hall report is that one out of our five  
3 patients actually come from outside the county. So  
4 if we were to convert to a community-focused  
5 system, we would be able to grow beyond Lee County  
6 and actually serve those patients better. We would  
7 be able to generate other sources of revenue that  
8 could support our safety net mission here in Lee  
9 County.

10 One of the other big differences, if we  
11 were to convert, would be the loss of what is  
12 called sovereign immunity. Sovereign immunity  
13 limits negligence lawsuits against the health  
14 system. If we were to convert, we would lose that  
15 sovereign immunity, but we would cover that  
16 protection with added insurance. We carry  
17 insurance now for liability for limits over and  
18 above our sovereign immunity limits, and we would  
19 expand that to make sure that our staff, including  
20 our employee medical staff, would be held harmless  
21 and they would never experience any type of  
22 financial loss related to medical liability. So  
23 those are the differences that are obvious.

24 So Kaufman Hall did the six-month  
25 evaluation and their report is as follows. Lee

1 Health is expected to continue facing systemic  
2 operational strategic political and financial  
3 challenges, along with regional and local  
4 competitive pressures. To the extent Lee Health  
5 can realize the value of prospective strategic  
6 opportunities, increase its competitive position at  
7 a level that surpasses the near term financial  
8 impact and continue to effectively deliver on its  
9 mission, Kaufman Hall recommended that they  
10 continue with the process.

11 And again the process is ongoing. Michael  
12 Nacheff will talk to you about where we are in the  
13 process. There are still some things that we need  
14 to establish within this process to make sure that,  
15 in fact, yes, this does make sense and is in the  
16 best interest of the community.

17 So what are our promises? Number one, we  
18 have to maintain and ensure a sustainable future  
19 for the system. We will always preserve our safety  
20 net status in Lee County for perpetuity, deliver on  
21 a community nonprofit mission for our region, but  
22 be able to compete fairly with new entrants and  
23 future changes.

24 We want to pursue conversion opportunities  
25 that may exist. We may not do any of them in the

1 early stages, but we want to have the ability to do  
2 that, if it makes sense for us.

3 Keeping safe high quality care is always  
4 in the center of what we do.

5 The other thing we want to do is we want  
6 to be financially sustainable so we will continue  
7 to not be a burden on our taxpayers. We have never  
8 levied a tax in this community, and we would  
9 anticipate that that would not happen in the  
10 future. We do not want to do that. We want to  
11 maintain our independence and our local control.  
12 Local control is critical.

13 What we don't want to do is we don't want  
14 to see this health system be forced into a sale  
15 situation where we would sell to either a  
16 not-for-profit national or regional hospital system  
17 or, even worse in my mind, a for profit system.

18 It's important that we commit to a  
19 transparent process. And you'll see how we have  
20 done that. There is a source of truth on our  
21 website that has every bit of information that we  
22 have worked on over this period of time.

23 We want to expand access and services to  
24 meet patients where they are and where they need  
25 care.

1 Improvement of quality care coordination  
2 and retention is critical. One of the things that  
3 I mentioned is difficult for us to do in our  
4 current structure is to partner in a material way  
5 with physicians and we want to do more of that. We  
6 want to be able to do joint ventures on surgery  
7 centers and other things. We would like to do that  
8 even with our employee physicians, which we are  
9 prohibited from doing right now. And we know that  
10 the future of healthcare is really taking us to the  
11 outpatient world and it's taking us to a place  
12 where we can align ourselves with our physician  
13 partners and drive higher quality and better  
14 access.

15 So we have done a bunch of town halls. We  
16 have done six town halls. We did another session  
17 like this one also and we have gotten some  
18 feedback. So I wanted to address some of the  
19 feedback that we have gotten. One of the things  
20 that I can't say clear enough is Lee Health is not  
21 for sale. I could tell you that if the board was  
22 contemplating a sale of Lee Health, I would oppose  
23 it, and I would oppose it with everything I have.  
24 I have been here in this community for more than 40  
25 years. I have been on this medical staff for more

1 than 40 years. And an independent nature of this  
2 health system is critical to me, and a local  
3 control is critical, and it should be critical to  
4 all of you.

5 This evaluation is being done with full  
6 transparency. As I said, every bit of information  
7 is on our website. Our financial statements are on  
8 our website; they have been. Our balance sheet,  
9 everything is on our website.

10 One of the things you will hear out in the  
11 community, the question that is being asked, is why  
12 isn't a valuation being done of the health system.  
13 Well, the reason why a valuation isn't being done  
14 is we are not selling. The legislature was very  
15 specific that the law states that we are permitted  
16 do an evaluation of whether conversion makes sense.  
17 No reason to do a valuation because nothing is  
18 being sold.

19 We are going to be legally bound to  
20 provide safety net care and charity care in  
21 perpetuity based on the agreement that we are going  
22 to make with the county. Again that would happen  
23 after the board votes, if they vote in the  
24 affirmative to move to the next step, which would  
25 mean that that's where that negotiation would



1 occur.

2 There will be no shifting of liabilities  
3 to Lee County Government or its residents. That's  
4 not part of the conversion. It will not happen.  
5 And again, as I mentioned earlier, we will not have  
6 taxing authority. We have never had taxing  
7 authority.

8 So why does this make sense and why has  
9 our leadership team recommended that we continue  
10 the process and take it to the next step? It can  
11 solidify our financial sustainability with no added  
12 burden to the taxpayers. We can maintain local  
13 control, which I said, is very, very important. I  
14 will say again Lee Health is not for sale. It  
15 would maintain our safety net status in perpetuity.  
16 We will be committed to that by the enforceable  
17 agreement with the county. And we will be able to  
18 make strategic decisions in confidence. For those  
19 of you who may own a business you can imagine what  
20 it's like to run a business with your competitor  
21 sitting at your table, as you are trying to decide  
22 what your next strategic move is going to be or  
23 where you are going to put your next facility.

24 Unleash our ability to expand access and  
25 services to meet patients where we are. As I said,

1 we can become a regional presence and compete more  
2 effectively.

3 In our ability to work with physicians in  
4 partnerships will improve quality care,  
5 coordination, and reduce tension because these  
6 relationships will be aligned.

7 So the leadership team met, and there was  
8 significant energy and enthusiasm about this  
9 possibility, and how we could do the things that we  
10 are talking about. And our team is confident that  
11 we will be able to navigate these changes. And we  
12 believe the conversion is a strategic move toward  
13 securing our future, our safety net mission and  
14 maximizing our impact in the communities we serve.

15 So with that, I am going to pass the mike  
16 to Mike Nacheff, our VP of Government Relations, who  
17 will explain the process and the timeline for you.

18 MR. NACHEFF: Thank you very much.  
19 Dr. Antonucci, Madam Chair, Mr. Vice Chair, board  
20 members, members of the public. Speaking of energy  
21 and enthusiasm, that's my nickname. It's great to  
22 be here with you all. I am going to walk you  
23 through just this briefly. He takes all of the  
24 good parts in this, so I am just going to explain  
25 the process and timeline.

1           So in the enabling legislation what was  
2           created was a very specified process that takes at  
3           maximum roughly 420 days to complete. So on  
4           August 31 of 2023 the board of directors had voted  
5           to begin the evaluation process. And in that  
6           process Kaufman Hall took roughly six months to  
7           complete the 180-day evaluation. And they returned  
8           that to the board of directors on February 15 of  
9           2024.

10           In that time the enabling legislation had  
11           required that we hold one public hearing. And that  
12           public hearing was held on January 25, 2024. We  
13           are now in phase 2 or the discernment phase. So  
14           now that the evaluation has been returned, you  
15           heard Dr. Antonucci make a recommendation on behalf  
16           of the leadership back to the board of directors  
17           and to the community. The board of directors is  
18           assessing that recommendation. And at the latest  
19           by June 20 of this year they are going to have to  
20           make a decision as to whether or not they are going  
21           to pursue the conversion and start phase 3 or end  
22           the process with no changes.

23           If they do progress into phase 3 of the  
24           negotiation with Lee County, that would necessitate  
25           a negotiation for the terms of an agreement with

1 Lee County be completed, and that includes a  
2 mission agreement, a set of covenants that  
3 Dr. Antonucci describe earlier for the process of  
4 the conversion to be complete. There would be  
5 final votes, a third and final vote by the Lee  
6 Health Board of Directors, and a vote by the Lee  
7 County Board of County Commissioners. And that  
8 would occur by the latest by October 12 of 2024.

9 As I noted, we held the public hearing on  
10 January 25, 2024. You also see, obviously you are  
11 here today, you know we are holding a public  
12 hearing. And a second one that was not required by  
13 the enabling legislation, but our board of  
14 directors, in the spirit of transparency, wanted to  
15 continue this process and keep it open for  
16 receiving feedback.

17 We also had a number of internal  
18 engagements that we did with our own physicians  
19 externally. We spoke with groups of physicians,  
20 including the folks at the Lee County Medical  
21 Society. We had a team member engagement up and  
22 down from leadership updates to the outreach team  
23 to staff town halls. You can see all of the dates.  
24 Rather than list it out explicitly for you, what I  
25 will say is this group has been very committed to

1 making sure that we are disseminating the  
2 information and gathering as much input as we  
3 could, and we are continueing to do that. So we  
4 appreciate very much your participation in this  
5 process. And we want to make sure that you know  
6 that on the website that has been created,  
7 [leehealth.org/lookingahead](http://leehealth.org/lookingahead), you can see all of the  
8 official resources, all of the material that the  
9 board of directors received, including the full  
10 Kaufman Hall report. And any additional  
11 information that has gone to them in subsequent  
12 meetings is available on that website. And we  
13 encourage you to go look at it.

14 There is also a set of FAQs. We have  
15 answered more than 50 questions that have come in.  
16 So there is an opportunity to submit your questins  
17 and have them answered. Even after today, if you  
18 would like to have questions answered, please send  
19 them to us so that we can get them answered. And  
20 that's at [lookingahead@leehealth.org](mailto:lookingahead@leehealth.org).

21 All right, ladies and gentlemen, this is  
22 my queue to hand it over to the board's general  
23 counsel, Mr. Knott. Please take it away.

24 MR. KNOTT: Good afternoon. Ladies and  
25 gentlemen, the purpose of today's meeting is to

1 assist the board in making a very important  
2 decision, the decision as to whether or not  
3 conversion of Lee Health is in the best interest of  
4 the residents of Lee County. A question of great  
5 importance, and one that the Florida legislature  
6 has said the board needs to seek the input of the  
7 public about, and that is what brings us here  
8 today.

9 This is a public hearing, and under the  
10 statute we are required to take testimony from the  
11 members of the public regarding their thoughts on  
12 conversion. So I'm going to give you a few rules  
13 of the road that we are going travel by. The first  
14 is that each speaker is going to be given five  
15 minutes to address the board, to provide the board  
16 with their insights. Miss Fournier, the lady at  
17 the end, has paddles. She will be -- she promises  
18 me she will not strike you too hard. When you have  
19 gotten to the one-minute mark, she will raise a  
20 yellow paddle, which indicates that you need to  
21 again begin concluding your remarks. And then when  
22 you have exceeded your time, she will raise a red  
23 paddle, which indicates that your time is up.

24 So with that said, we will start with the  
25 first speaker that we will call. And there is a

1 mike on the chair. In fact, hopefully it works.

2 If it doesn't, we will give you this one. We will

3 call Mike Martin, Dr. Martin, to the --

4 DR. MARTIN: Number one.

5 MR. KNOTT: You were here early, Doctor.

6 DR. MARTIN: Thank you for the opportunity one

7 more time to share my view. I participated in this

8 for two reasons. My wife and I have been very

9 satisfied with the care we have gotten from Lee

10 Health and we want to make sure that others

11 continue to get it. But also more fundamentally I

12 believe healthcare -- thank you, Chris -- I believe

13 that healthcare is a fundamental human right. And

14 high quality accessible healthcare should be

15 available to everyone no matter their state in

16 life.

17 And I believe at this time, at this stage of

18 the economy, and the realities, and the politics of

19 healthcare in this community, this isn't a policy

20 decision, it's an existential decision. I think if

21 it isn't converted, Lee Health is going to be under

22 enormous pressure long term, as we have seen in

23 many other urban communities, Philadelphia,

24 Atlanta, Chicago, New York. My son worked in a

25 hospital in Manhattan for nine years that closed

1 because they did not change with the times. And  
2 that has happened repeatedly.

3 And across this country we are seeing the  
4 shift that already was noted in competition, and  
5 costs, and in reimbursement, and in public policy  
6 that's making it extremely difficult for really  
7 high quality care to be provided. And I believe  
8 that, unless conversion occurs, continuing the kind  
9 of care Lee Health has been, particularly as a  
10 safety net, is going to be almost impossible. The  
11 economies of size and scope in healthcare have  
12 gotten enormous. And if you don't believe that,  
13 look what's happened with Mayo and Cleveland Clinic  
14 understanding that they can be more efficient and  
15 effective, if they have the capacity to grow their  
16 base and, therefore, serve those who may not be  
17 insured or under insured, and that has happened  
18 repeatedly. And I believe the geographic  
19 constraints on Lee Health are really significant  
20 and a significant constraint long term.

21 So I will simply close by saying this, a  
22 safety net full of holes is no safety net at all.  
23 And I believe this is the time to make sure the  
24 safety net is intact long term, and I don't believe  
25 the current model can work. Thank you.



1 MR. KNOTT: Our next speaker is Miss Smith.

2 MS. SMITH: Hello. My name is Lindy Smith. I  
3 am just a citizen here. And I live in North Fort  
4 Myers. And I work in Cape Coral. And I drove all  
5 of the way over here because I am passionate,  
6 fighting the traffic.

7 I have been following the process and the  
8 timeline for quite some time. I was at the town  
9 hall meeting held at the downtown Fort Myers  
10 library where I received information. And I have  
11 been seeing the roll out of the information come  
12 very smoothly from Lee Health System.

13 It has been challenging though for me to  
14 explain this to people who have not attended town  
15 hall meetings or don't read what I happen to read  
16 to follow the process and timeline, which is slow  
17 going, but you're doing the due diligence.

18 And so, Dr. Antonucci, as a mini marketing  
19 machine and, board president, Miss Clarke, I'd like  
20 to say that your key similarity slide spoke to me.  
21 And I think that I'd like to have them printed out  
22 on cards that people like me who believe in the  
23 conversion can use as a conversation point with  
24 people, because I have been challenged so far by  
25 individuals I know who say that they don't want the

1 conversion to happen, yet they don't have facts,  
2 and I am the fact machine. I would like to be able  
3 to hand them a card or at least be able to talk  
4 intelligently with those bullet points. So thank  
5 you for the key similarity slide. Thank you for  
6 all of the work that everybody is doing to make  
7 this conversion happen. I really believe in it.  
8 Thank you.

9 MR. KNOTT: Thank you. Our next speaker is  
10 Mr. Hoyman.

11 MR. HOYMAN: Thank you. I am Michael Hoyman.  
12 I moved here from Cleveland 31 years ago.  
13 My first comment about the tax thing has already  
14 been answered, but I do want to note that toward  
15 the end of my career I was the chief financial  
16 officer of a small hospital in the east side of  
17 Cleveland, since you are talking about the closing,  
18 that was next-door, believe it or not, to the  
19 outpatient building of the Cleveland Clinic. As  
20 you can imagine, that hospital was no longer there.  
21 It was bought by the Cleveland Clinic and I am not  
22 sure what it is used for.

23 So what I am saying is the competition of  
24 other hospitals is obviously very important. And I  
25 must note that I think that your mind has been made

1 up, but anyway I want to thank you for putting us  
2 -- and telling us everything that is going on. So  
3 thank you.

4 MR. KNOTT: Thank you. Our next speaker is  
5 Mr. Felton.

6 MR. FELTON: First off, I want to recognize  
7 Dr. Antonucci and his leadership of Lee Health and  
8 having the stamina to investigate this for the long  
9 term security of our community here. I haven't  
10 been here 40 years, but I have been here 20, so I  
11 will call that half. I am very proud that both of  
12 my children were born at Lee Health down at the  
13 children's hospital before it was the Golisano  
14 Children's Hospital. And Lee Health is just a gem  
15 here in our community.

16 And I think, as the largest employer in  
17 Lee County as well, us specifically, I am the Dean  
18 of the College of Health at Florida Gulf Coast  
19 University, and we have had a phenomenal  
20 partnership for many years, and they are our  
21 largest clinical partner, as we provide our  
22 students for placement and ongoing training of the  
23 healthcare that's needed here in Southwest Florida  
24 and beyond. So I have full confidence in the  
25 conversion. And I appreciate the board examining

1 this and specifically, once again, Dr. Antonucci's  
2 examination of this. For many of the reasons that  
3 were said so elegantly on the power point and from  
4 the other public speakers we must continue that  
5 safety net coverage of care for our community. And  
6 this allows for Lee Health to become on equal  
7 ground with other entities.

8 Dr. Martin talked about many of the urban  
9 areas that have struggled when they have not done  
10 the conversion. Researching this there was a  
11 couple in North Carolina, Asheville, North Carolina.  
12 You might want to examine that to see what  
13 challenges occur, if you don't do conversion  
14 appropriately. So I am fully behind this. I  
15 support this.

16 And, Dr. Antonucci, thanks for your  
17 ongoing leadership and for all that you do for our  
18 community here to make this the best place for  
19 anyone to come and live. Thank you, Dr. Antonucci.

20 MR. KNOTT: Thank you. Our next speaker is  
21 Miss Richter.

22 MS. RICHTER: Good afternoon, everybody. My  
23 name is Maria Richter. I am from Hendry County. I  
24 had two of my children at HealthPark Medical  
25 Center. And my husband is a frequent visitor at

1 Cape Coral Hospital. We are both veterans. And it  
2 has been very appreciated that -- the community  
3 care between the VA and Lee Health.

4 I also wanted to mention something nobody  
5 else has mentioned here, and I think it's awesome,  
6 and you guys need to do more promoting of the fact  
7 that you are a baby friendly hospital since 2018.  
8 This is awesome. So from Hendry County, if you  
9 don't all know, we are a maternity desert.

10 And I don't know if you all know about the  
11 tug of war with Hendry and Glades counties between  
12 Lee County and Palm Beach County. So I'm going to  
13 share that with you because Palm Beach County does  
14 not have the reach to assist us in the middle of  
15 the state. They closed the maternity hospital at  
16 Lakeside Medical Center two years ago. And Palm  
17 Beach County has no intention of coming back and  
18 pushing into eastern Hendry County and Glades  
19 County.

20 But this is for Lee Health a huge  
21 opportunity. You have one midwife that comes once  
22 a week. We have no Ob/Gyns that deliver babies  
23 that come and visit Hendry County. We need your  
24 help. We need it badly. And when I heard that you  
25 guys were going nonprofit and that this would help

1 for you to expand, I wanted to come and say  
2 something about this, because this is hugely  
3 important. I don't even know if I am the only one  
4 here from Hendry County and Glades County, but this  
5 is really important. I have been speaking up and  
6 it does sound like anybody is listening. So I hope  
7 that people here are listening. And I hope that in  
8 the future there is going to be solutions,  
9 including maybe another hospital closer to the  
10 middle of the state. So thank you for letting me  
11 share.

12 MR. KNOTT: Thank you.

13 Dr. Kordonowy.

14 DR. KORDONOWY: Hi. Rick Kordonowy. I have  
15 been aware of the conversion, after it was  
16 announced at a meeting that I attended because I  
17 came for my own personal reasons. And since that I  
18 have been following this very carefully. I am an  
19 internist in town. I have been in various forms of  
20 employment, including a hospital employee at one  
21 point, not this hospital, but a different one, one  
22 that they bought later. And I feel like I am  
23 probably the most independent voice from the  
24 physician standpoint for the community. I also  
25 have privileges at all three locations here in Fort

1 Myers. Patients know me. I have been practicing  
2 since '93.

3 I am going to rain on everybody's parade a  
4 little bit, because I want to point out several  
5 things that were stated here in transparency, one  
6 of which is that there is to yet be a covenant. We  
7 are told it's going to happen, but we don't know  
8 what it is. How do we know this is a great idea?  
9 We don't know anything. We still don't know. We  
10 don't know. How does this work?

11 Well, the state enabled this charter 50  
12 years ago. The state is involved, because this is  
13 a special district sanctioned by the state. It has  
14 been passed down to local government because it was  
15 looked at from the state level and Governor  
16 DeSantis said well, we are not making that decision  
17 as a state decision; it has to be something for the  
18 county.

19 I don't think people know these things. I  
20 have asked several questions. Usually it's in this  
21 format where we can't have answers from everybody.  
22 So, in other words, it is just a feedback  
23 situation. So with that, I sent out a petition  
24 that is a request for a full audit of Lee Health's  
25 assets. Dr. Antonucci alluded to that, as he

1 walked into the room, because he is aware of the  
2 petition.

3 The reason I am saying this is this is our  
4 property technically. This is government. This is  
5 public. This is our stuff. And we are being asked  
6 to transfer all of our assets, which we don't know  
7 what they are, we are being asked to transfer them  
8 to this group. They are not going to be here  
9 forever. We are all getting older. What's going  
10 to happen? Where is the covenant? How do you guys  
11 even know what agreement you have? You don't have  
12 an agreement because you and the commission haven't  
13 talked yet or, if you have, it hasn't been public.

14 So, with that, I'm saying I highly  
15 question this decision. I don't think the board --  
16 the board has been told what's in the interest of  
17 this administration and the hospital, but that's  
18 not necessarily what's in the interest of the  
19 community.

20 When you have a monopoly, which Lee is as  
21 a hospital system, you don't get price benefit, you  
22 don't get competition. My partner, who is seeing  
23 patients right now for us, couldn't come, but he  
24 was trying to. I will tell you what he said to me.  
25 He said I am trying to get more cost effective care



1 for my patients. We are in private practice. We  
2 have people that are having to pay cash for their  
3 services because their insurance doesn't work very  
4 well. So I'm in favor of more competition. I am  
5 in favor of a free market. I am not in favor of  
6 more government control of our healthcare system.

7 And healthcare is not a fundamental right.  
8 I disagree with the gentleman who first talked.  
9 Healthcare is a service. And your physicians are  
10 not constricted to take care of you. I am a little  
11 off topic, but the point is Lee says in their own  
12 financial report that the foundation's business  
13 accounting is not part of the analysis of Lee's  
14 public documents. It says it right in the report.

15 So with that said, I said well, wow, we  
16 need to know more about what they own. What do  
17 they own? It's our stuff. What kind of companies  
18 -- you know, who are they doing business with? And  
19 are we just going to surrender all of that? We  
20 don't even know what it is. So I think we are --  
21 the board is owed a true analysis what all of the  
22 assets are.

23 And then my point is maybe it's in the  
24 community's best interest to not grow. Maybe we  
25 want to just maintain the covenant we have, which

1 has been here for 50 years and working.

2 And, by the way, charity does not only  
3 occur in a public institution. Charity is  
4 something we do all of the time, all of us do as  
5 citizens. And we used to do charity before Lee was  
6 the only show in town, as a shared commitment by  
7 all of the physicians. I know this because I was  
8 in the bylaws. I was there. I was the one who  
9 volunteered my time. We had a call rotation. You  
10 didn't have to be affiliated with Lee or get  
11 government money. You did it because it was the  
12 right thing to do. And we can go right back to  
13 that. On that note thank you.

14 MR. KNOTT: Thank you. Next we would call  
15 Mr. Franklin.

16 MR. FRANKLIN: I pass.

17 MR. KNOTT: The next speaker would be  
18 Mr. Gruver.

19 MR. GRUVER: Thank you, Chris. First of all, I  
20 would like to compliment Dr. Antonucci and the  
21 team, including Kaufman Hall and the lawyers, I  
22 think they provided us with a very thoughtful  
23 analysis of a very tough decision.

24 I was hoping Dr. Antonucci would include  
25 in his presentation today a quote he used in a

1 public board meeting earlier this month, which was  
2 from an Italian novelist, it was twelve words that  
3 perfectly summarized the situation in which Lee  
4 finds itself in. Since he didn't, and since I  
5 don't remember it, I'll have to resort to my go to  
6 acknowledge base, which is American baseball. I am  
7 looking at Mary. And I would summarize the  
8 situation facing Lee today as described by that  
9 legendary hall of fame pitcher Satchel Paige.  
10 Satchel was known to say, "Don't look back.  
11 Something might be gaining on you." That's where  
12 Lee is today, ladies and gentlemen, and that  
13 something is called competition.

14 Continuing the sports metaphor, the  
15 playing field is not level. It's tilted today.  
16 It's tilted against Lee Health. And until we can  
17 restore a level playing field, Lee Health will not  
18 survive, simply stated.

19 Following Satchel's advice to look forward  
20 and not backwards, I'd like to offer a few thoughts  
21 based on my experience on two not-for-profit  
22 boards, one of which was a public board like Lee is  
23 currently organized, and one of which was a private  
24 community based not-for-profit board such as Lee is  
25 contemplating. Geisinger Health System in

1 Pennsylvania is about the same age as Lee plus or  
2 minus a hundred years, and it has been a private  
3 not-for-profit for its whole existence. Likely it  
4 is also a safety net hospital and it has been for  
5 its whole existence. So the safety net aspect it  
6 does not change from going public to going private,  
7 and I have seen it work in action.

8 The misunderstanding of the word private  
9 not-for-profit is dangerous. When we citizens hear  
10 private, we think of Wall Street and private  
11 equity, and by the way, I worked there so I know  
12 what it is, where profits are the goal of the  
13 healthcare system to make a return for the  
14 shareholders and limited partners. That is not the  
15 case in a private not-for-profit. It was not the  
16 case at Geisinger and it won't be the case in Lee  
17 were they to convert to a private not-for-profit.

18 The goal in a private not-for-profit is  
19 not to lose money, to earn a little bit, so you can  
20 reinvest those proceeds in programs and services  
21 that benefit the local community.

22 My second observation for the board today  
23 addresses questions I have heard, some just in this  
24 room today, about why change from a public to a  
25 private, what can we do as a private that we can't

1 do today as a public? Dr. Antonucci talked about  
2 some of it, but I would like to get a little  
3 further into the weeds and give you some examples  
4 based on my experience from one public and one  
5 private not-for-profit board. The contrast -- the  
6 contrast in those two boards was startling. The  
7 public board we had trouble even making a budget  
8 because all of our planning meetings were public  
9 and the competitors were sitting in the room. We  
10 on the public board were hostages to government  
11 funding and we were hostages to capricious state  
12 and federal agencies who could withhold our funding  
13 depending on the political winds.

14 I agree with the good doctor. I am a  
15 capitalist. I want to get out of the government  
16 owned and run business. At Geisinger we had to  
17 float our own boat, and we were able to do it  
18 efficiently and effectively because we could have  
19 our planning meetings in confidence not in a public  
20 setting.

21 Lastly, -- I won't go over, Katie. In  
22 addition to the geographic flexibility, there are  
23 other advantages to going private. One of them is  
24 that at Geisinger we became a very attractive  
25 partner for commercial enterprise that would have

1           been impossible for our physicians to collaborate  
2           with companies like Regeneron were it not for our  
3           private status. Regeneron was too protective of  
4           its private information, of its proprietary  
5           information, to be subject to sunshine laws.

6                        Lastly, I know there is concern about, I  
7           have heard it from some of my own physicians, about  
8           the loss of sovereign immunity. Sovereign immunity  
9           to me in this situation is a red herring. The  
10          public not-for-profit board on whom I served we had  
11          sovereign immunity and we couldn't recruit or  
12          retain talent worth a damn. At Geisinger we had no  
13          sovereign immunity. We had a great insurance  
14          program, such as Dr. Antonucci anticipates, and we  
15          recruited physicians and administrators from across  
16          the country from the world's best healthcare  
17          systems.

18                       So, please, I ask the board follow  
19          Satchel's advice, don't look back, look forward.  
20          Thank you.

21                       MR. KNOTT: Mr. Gruver has pushed the envelope,  
22          so we want to afford anyone else the opportunity,  
23          if they want additional time, to comment. We  
24          invite them to come forward to give additional  
25          comments. If they are satisfied with the amount of

1 time that they have had, that's fine, but everyone  
2 has an opportunity to have an equal amount of time.  
3 But I would invite any other community members that  
4 have taken the time out of their day to come here  
5 today to address the board, the public board, to  
6 allow them to understand what your thoughts are.

7 Is there anyone else who would like to  
8 address the public board today?

9 Please provide your name.

10 MR. KRAKOW: My name is Joshua Krakow. I am  
11 the chair of the Lee County Libertarian Party and  
12 also the candidate for District 77 State House.  
13 Pardon me for kind of coming late to your guys'  
14 proceedings and my ignorance to everything that you  
15 guys have been going through.

16 But, as a libertarian, I would like to  
17 point out a situation in Sarasota County during  
18 2020. A libertarian on the hospital board, an  
19 elected position, stopped Sarasota County from  
20 having a mask mandate. I am curious how that will  
21 be impacted from the board being a private entity  
22 to in the future how that will be voiced in the  
23 future.

24 And then also I do agree with the doctor  
25 that spoke prior. I think that we should have a

1 transparency of the financials, as unfortunately  
2 due to the support of Lee County and the state  
3 creating ultimately a monopoly for many years  
4 building Lee Health up. I personally was born in  
5 the Lee system. So I understand how beneficial the  
6 government has been for Lee Health. And I'm  
7 curious what the divorce proceedings will be like  
8 between the county and the hospital, because I  
9 don't believe that it is in the county's best  
10 interest or the state's best interest to just hand  
11 over the house and the custody to the kids to the  
12 hospital board.

13 So that's all I would like to say. I  
14 appreciate you guys' time.

15 MR. KNOTT: Thank you so much. Does anyone  
16 else care to make a statement? Please state your  
17 name for the record.

18 MS. FRITSCHER: My voice is loud enough; I  
19 probably don't need a microphone. Amy Fritsche.

20 MR. KNOTT: If you could spell it for the  
21 stenographer.

22 MS. FRITSCHER: F R I T S C H E. I am born and  
23 raised at Lee Memorial Hospital. And I have been  
24 working at Cape Coral Hospital in the emergency  
25 department since 2006; I am a nurse. Thank you



1 guys for all being here.

2 I have grown with this community and Lee  
3 Health before it became Lee Health, Cape Coral, and  
4 then we absorbed HealthPark, and Gulf Coast. And  
5 for profit/not-for-profit, we want to do it for the  
6 community and we offer so many things. We offer --  
7 if you can't afford a procedure, we have discount  
8 programs. And we have volunteer services. And we  
9 have heart walks and things that have helped this  
10 community to where your grandma, your grandpa can  
11 get the procedures that they need done, doctor's  
12 help, and I don't want to see that go away. I  
13 don't want us to be the cheapest of the cheap  
14 supplies, because we have a profit/not-for-profit,  
15 whatever it is.

16 I just want -- the grass is greener where  
17 you water it. It is not going to be an easy  
18 transition, if we do this, and it seems like we are  
19 on the way. I am a go with the flow type of person  
20 and I am cautious. I agree with them where they  
21 should be more transparent where the financials  
22 need to go, but I am kind of for it. We wouldn't  
23 be where we were without the amount of growth that  
24 we have done and the hard work that we have come  
25 across. And that is all I am going to say.

1 MR. KNOTT: Thank you. Would anyone else like  
2 to address the board? And please state your name.  
3 Spell your name for the stenographer.

4 MR. FRANKLIN: All right, everyone, my name is  
5 Brian Franklin. I would like to speak representing  
6 a population of Southwest Florida that is growing  
7 that has been here through high school and through  
8 college. I married my wife. My wife is with you  
9 guys. Friends are employed. My babies were born  
10 in your hospitals. And when I think about the  
11 transition that you guys are about to approach  
12 potentially, but it looks like it is happening to  
13 me, I believe a couple of things that kind of  
14 leaves me torn. In one sense I do agree with the  
15 brothers who spoke about the assets and things of  
16 that nature.

17 But my biggest hangup is actually how well  
18 the messaging of what you have been doing has  
19 gotten out to community. And when I think about  
20 meetings like this, I have friends in the community  
21 who said hey, I think Lee Health is doing this type  
22 of thing. When I think about the board meetings  
23 and everything you have done to get the  
24 messaging out, it was common knowledge to  
25 employees, it was common knowledge to people who

1 visit your website, but it wasn't common knowledge  
2 to most of us. And if you were opening up a new  
3 location, we would all hear about it, it would be  
4 on the news, it would be on social media, if it was  
5 a new building.

6 So one of my biggest concerns is looking  
7 at where we are now moving backward on how well  
8 changes and adjustments were made and how well we  
9 learned about them. Now that there is no more --  
10 there is no need to because it's private, how will  
11 we get messaging out moving forward, right?  
12 Because I only know of this because of the  
13 relationships I have. I promise you if you walk  
14 out there and go down Metro Parkway or any  
15 neighborhood and knock on the door: Do you know  
16 what Lee Health is doing? They wouldn't know. And  
17 you guys have some of the biggest impact to our  
18 lives, outside of the government, when it comes to  
19 not just healthcare, but being the largest  
20 employer. Anything you do would affect us in so  
21 many ways.

22 Afterwards when you potentially become  
23 private, I am still rocking with you guys, but I am  
24 only rocking with you guys because I look at it  
25 like this is the best interest of my family. Is

1 that normally the case? That's where my loyalty  
2 stops at, because I have a family to raise. At the  
3 moment you have helped so many people in my life,  
4 even my customers' lives.

5 The funny thing is I am an insurance  
6 agent. I don't even know why I am here. But I  
7 find myself here because I am curious about how  
8 when I talk to my clients, okay, this is what is  
9 happening, this is what the hospital is doing, this  
10 is how it will affect you.

11 So those are my thoughts in general. I  
12 pray and hope that the people on this board take  
13 over -- overextend themselves when it comes to not  
14 just saying that we are transparent, but showing  
15 they are transparent by getting out purposeful and  
16 intentional. Thank you.

17 MR. KNOTT: Does anyone else wish to -- we have  
18 another speaker over here.

19 Can you please state your name.

20 MR. ZIELINSKI: Steve Zielinski,  
21 Z I E L I N S K I. I am a transplant from the  
22 Chicago area. I have been down here for four  
23 years. I am a patient here at Lee Health. I have  
24 got to tell you one thing, I was so impressed when  
25 I came down here. I am a pharmacist by vocation.

1 I have been working in the safety net environment  
2 for the last 30 years, and specifically around  
3 what's referred to as a 340 B drug discount  
4 program. And I covered the United States for the  
5 last 20 years in typically the largest healthcare  
6 systems in the United States as a consultant. I  
7 have been so impressed with Lee Health, since the  
8 moment I got here, that this is unbelievable where  
9 you are moving from a government to let's say a  
10 private not-for-profit, unbelievable. That's the  
11 right thing to do. You are going to serve the  
12 community so much let's say better, but to be able  
13 to do this -- I came here wondering what you are  
14 going to do better than what you have, and this is  
15 really going to be impressive. So thank you very  
16 much.

17 MR. KNOTT: Any other individuals who would  
18 like to address the board?

19 MR. ROGALA: Hi. I am Al Rogala, former  
20 manager of finance.

21 MR. KNOTT: Can you please spell your last name  
22 for the record?

23 MR. ROGALA: Would you like me to write it,  
24 George?

25 MR. KNOTT: The stenographer needs it.

1 MR. ROGALA: R O G A L A.

2 MR. KNOTT: Thank you.

3 MR. ROGALA: George complained about my writing  
4 at the last meeting.

5 I have been to every board meeting since  
6 August. I have been to every financial meeting  
7 since August. I have been to several of the  
8 conversion meetings since August or maybe --  
9 they may have started in November, somewhere around  
10 there.

11 I spoke at the last public meeting. I was  
12 very undecided about which way this board should  
13 go, what the hospital should do, as far as  
14 conversion goes. I had questions about people  
15 losing their place. I had questions about the  
16 funds diluting Lee's common share.

17 However, since that time Lee Health -- I  
18 have learned that Lee Health has been a very  
19 profitable entity over the years. They excel at  
20 execution. They added three floors to this  
21 hospital. They are involved with building an  
22 ambulatory service center at HealthPark. They have  
23 built several outpatient centers. The one I am  
24 familiar with is Surfside in Cape Coral. It is  
25 phenomenal. The facility and the waiting room is

1           immense compared to the room that I used to sit in  
2           at one of their competitors. It held about 12, 14  
3           people. It was the size of a small bedroom. And  
4           if you went there early in the morning because you  
5           were sick, you were in that room with other people  
6           hacking, coughing, blowing their nose.

7                     Lee Health has done everything right. As  
8           of this minute, I would urge the board to vote for  
9           conversion. You have done an excellent job. You  
10          have kept up with the community needs. And whether  
11          they are public nonprofit or private nonprofit it  
12          is going to come down to execution and they excel  
13          at it.

14                    Again vote for the conversion. I think  
15          it's in the best interest of this community. Thank  
16          you.

17                   MR. KNOTT: Anyone else?

18                   PASTOR GLOVER: Good evening. I am Pastor  
19          William Glover of Mount Herman Church in Fort  
20          Myers. I wasn't going to say anything. This is my  
21          fourth meeting. I learned something every time. I  
22          am also here with Dr. Ricky Anderson. And I  
23          mention him because we are members of a newly  
24          formed clergy alliance that represents 16  
25          congregations in Central Fort Myers, East Fort

1 Myers and North Fort Myers, people who will be  
2 described as being a part of the underserved  
3 community, whose major concerns would be the  
4 maintaining of the safety net and also  
5 representation on the new private board, making  
6 certain that there is some representation there.

7 When we approached Dr. Antonucci and his  
8 team about the fact that very few in our community  
9 knew anything about this process, and the town  
10 meeting that was scheduled back in January there  
11 was no representation there from our community,  
12 they agreed to attend what we called a symposium  
13 where we turned out people from our community and  
14 gave this presentation that they gave today. We  
15 had almost 300 community members at that meeting.  
16 They were able to hear their concerns and field  
17 those questions.

18 Most of us have come to believe that this  
19 conversion is well on the way of happening. And I  
20 do think the things that remain unknown, namely the  
21 covenant agreement, what's the teeth in the  
22 covenant agreement, and how much protections do  
23 they offer the community, and also the makeup of  
24 the board to make certain that although private  
25 there is representation to account for the concerns



1 of residents across Lee County.

2 But I do want to commend Dr. Antonucci  
3 because, as I said, this is my fourth one and  
4 consistency in the presentations of the  
5 transparency and the job they did when they  
6 attended our forum there was great appreciation for  
7 that. And we look forward to our follow-up.

8 MR. KNOTT: Anyone further? One more. Please  
9 spell your name for the record.

10 DR. MARCONI: Hello. Dr. David Marconi. Hey,  
11 Mike, nice to see you again; it has been a while.  
12 I have a couple of concerns and wanted to put some  
13 questions out there to the board.

14 Three-fold: Motive, cost and safety net.  
15 I am still not sure I completely understand the  
16 process as well as I am sure you hopefully do. But  
17 I am a little confused as to why we are looking at  
18 this whole conversion in the first place. I  
19 understand Tampa did it previously. And I'd like  
20 -- I wish I could understand a little bit better  
21 what the perceived benefit is for the board, for  
22 the hospital system and the community.

23 My second point is cost. Having worked  
24 for Lee previously and then gone outpatient, sorry  
25 about that, but ended up wanting to pave my own

1 way, and I am doing well at that so far. In any  
2 case, what I have noticed in the meantime is that I  
3 have a harder and harder time referring patients  
4 back to Lee Health mainly due to the existing costs  
5 of what services currently are, the hospital  
6 facility fees, the imaging fees, the lab fees.  
7 There are just a lot -- it's a lot different world  
8 that I wasn't exposed to before. It's a lot -- in  
9 some cases it's a lot more cost effective for  
10 patients to go outside of Lee.

11 So I'm a little worried that if Lee Health  
12 has the ability to expand even further, I just want  
13 to make sure that we still maintain appropriate  
14 pricing for things and availability, not just to  
15 the underserved, but to everybody else who is like  
16 moderately served.

17 And then the last one is the safety net,  
18 which is the underserved population. I'm a little  
19 concerned there. I would really like to see how  
20 you would put into play a guarantee of maintaining  
21 the covenant that Lee Health has right now because  
22 a lot of statements that are kind of ambiguous and  
23 vague on we are going to maintain it, we are going  
24 to maintain it. But the reality is the only thing  
25 maintaining it now is there is a law saying you

1 have to maintain it.

2 Let's just say that if something changes  
3 and someone else comes in and says Lee Health looks  
4 very appetizing and they don't want to maintain,  
5 you know, taking care of the safety net of the  
6 community of Lee County. I just want to be the  
7 eleventh man and ask that question.

8 MR. KNOTT: Would anyone else like to make a  
9 public comment?

10 With that I would like, on behalf of the  
11 board, to express our sincere appreciation for you  
12 all taking your valuable time out of your daily  
13 lives to come express your opinions. We will take  
14 them -- the board will take them into  
15 consideration. And once again thank you so much  
16 for attending.

17 (Exhibits 1, 2, 3 marked for identification.)

18 (Thereupon the proceedings were concluded at  
19 5:04 p.m.)

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1 STATE OF FLORIDA )

2 COUNTY OF LEE )

3

4 I, Karen K. Crawford, Certified Shorthand  
5 Reporter, Registered Professional Reporter, Florida  
6 Professional Reporter, do hereby certify that I was  
7 authorized to and did stenographically report and  
8 electronically record the foregoing proceedings  
9 consisting of pages 1 through 52 inclusive; and that the  
10 transcript is a true record of all proceedings had.

11 I further certify that I am not a relative,  
12 employee, attorney or counsel of any of the parties, nor  
13 am I a relative or employee of any of the parties'  
14 attorney or counsel connected with the action, nor am I  
15 financially interested in this action.

16 Dated this 1st day of May, 2024.

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Karen, K. Crawford, CSR, RPR, FPR

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