8. Public Hearing for Rackham Microhospital (H-2026-0011) by Kimley Horn, located at Northeast Corner of S. Eagle Rd. and E. Overland Rd.

A. Request: Modified Development Agreement to modify the existing Development Agreement (Inst. #109134179) to updated certain provisions and the conceptual site plan and building elevations.

B. Request: Conditional Use Permit to construct a 24,000 sq.ft. hospital

C. Request: Preliminary Plat consisting of 2 buildable lots and 1 common lot on approximately 4.655 acres in the C-G zone.

Lorcher: The next item on the agenda is Item No. H-2026-0011, Rackham Microhospital requests a modified development agreement, a conditional use permit and a preliminary plat at Eagle and Overland Road and we will begin with the staff report.

Ritter: Thank you, Madam Chair, Commission Members. So, we are here -- so, this site consists of 5.21 acres of land. It's zoned -- currently zoned C-G. It's located in the southeast corner of North Eagle Road and Overland Road. So, a little background on this. So, approximately 9.06 acres of land was annexed and zoned C-G and service -- C-G from RUT and R-1 in Ada county in 2008 to be developed with a retail and restaurant uses in the future. Concurrently the applicant requested to vacate the existing right-of-way of South Rackham Way. Approval of the proposed vacation application would allow the applicant to do a land swap with ACHD and reconstruct Rackham Way to Overland future -- I'm sorry -- further to the east. The site was vacant except for an ACHD parking lot lot on the northern portion of the annexation area. The parking lot was proposed to remain. So, this is the ACHD parking lot lot that we were talking about. So, they are requesting the modification of the existing development agreement to update certain provisions, the conceptual site plan, building elevations and do a conditional use permit to construct a 24,000 square foot hospital, a preliminary plat consisting of two buildable lots and one common lot. So, the microhospital with services will include a full emergency department with ten exam rooms, including one trauma room and one isolation room. A full imaging department with X-ray, CT scan and MRI. There will be eight overnight patient beds for anyone requiring an overnight or longer stay. The applicant stated there will be about eight employees and anticipate a daily high of 30 to 50 patrons, with an average of 20 to 30 patrons per day. Oops. The hospital will be one story in height with landscaping surrounding the perimeter. The main entrance for patients and pick-up, drop-off is on the west side of the building. A separate ambulance pick-up, drop-off area is provided on the south side of the building. So, the applicant stated that the facility has less than one percent of the patients arrive or leave via ambulance. The majority of the ambulance trips to the facility will be when a patient is leaving or being transferred to another larger emergency care facility, like St. Alphonsus or St. Luke's. The applicant states that the hospital is a concierge patient choice type facility, often preferred over

general hospitals, for less urgent specific patron needs. So, access to this facility will be from the realigned Rackham Way, which will be restricted to ambulances and patrons traveling to the site. Eastbound traffic exiting the development will be directed to use Silverstone Way. According to ACHD the intersection of Eagle Road and Overland cannot be reconfigured to accommodate U-turn movements and staff is requiring that the existing attached sidewalks that are along Overland Road be removed and a detached multi-use pathway be installed, which will be along Eagle Road in Overland and, then, the pathway along Eagle Road will be required to curve here to meet Rackham, which will have a five-foot sidewalk along Rackham Way. The hours of business for this -- hours of operations for this business will be 24 hours within the C-C and C-G districts. Hours of operations are limited to 6:00 to 11:00 p.m. when they abut a residential district, but this property does not abut a residential district, so they are allowed to operate 24 hours. They will have to meet the specific requirements for -- for hospitals per our UDC. They are required to provide one parking spot for every 500 gross square feet of area, so they have provided 57 parking spots, which exceeds the requirement and so they did provide some -- some building elevations for the hospital and this will have to go through design review and this application will also have to go through CZC for the project prior to getting a building permit and some of the -- so, this is like the -- they have to vacate the right of way, so this is the current right of way for Rackham. So, they want to vacate this and realign the roadway this way, pushing it further to the east, which meets ACHD requirements. They have to get a floodplain permit, because of the location of the project. It is within the floodplain. And this is the -- I just wanted to compare. This is like what is being proposed for the concept plan and this is the existing concept plan and within the existing concept plan the buildings could only be 20,000 square feet and the new proposal is requesting that they are 25,000 square feet. The -- the provisions that they are proposing to amend within the DA is changing the square footage for the buildings. They are not changing -- modifying anything else within that provision and they are proposing to remove Provision 5.1.9, which takes away the proportionate share for a bridge over across the Five Mile Creek, but that has already been constructed, so -- and already paid for, so we -- that doesn't need to be there. So, we also are removing the provision for 5.1.11, which talks about the stub road. So, that wasn't required, so that provision is no longer needed in that DA and something that staff wanted to bring to your attention was the issue that we have and the Council will have to make a determination whether or not it meets the intent of the requirement because the specific use standards for hospitals states that hospitals have to take direct access to an arterial. This one doesn't exactly take direct access to an arterial. So, that is something that Council will have to determine whether or not this meets the intent of our standards. So, we did have -- received written testimony today from Brett Rumbeck. He is a member of the Idaho Association of Health Plans. He has concerns regarding traffic and infrastructure adequacy, internal consistency of the application record and compatibility with the surrounding area. He feels that a traffic study should have been required and the applicant is not forthcoming regarding the use of Lot 2. So, based on what's in the area, it's mostly commercial and -- and, Commissioner Perreault, I did get your e-mail. It was forwarded to me, so I just wanted to address the concerns in the applicants -- so, a traffic study wasn't done in this area because basically these roads are built out to capacity as far as mitigation that would be required, so ACHD did require the applicant to provide -- dedicate right of way along

here to make that from the center line 74 feet and they are adding that turn lane there. So, that was the mitigation that they required for that, because it is built out to capacity at this point and ITD does not have jurisdiction over this section, so it is under ACHD's jurisdiction. So, ITD had no comments on that. And as far as the inconsistency, they were saying that there was a drive -- retail drive-through that was shown in the geotech report, the sunset plan and the site plans that we approved don't show a drive-through, so we don't have anything that shows a drive-through. If they were trying to propose a drive-through there the drive-through would -- depending on the type of drive-through that they were showing it would either be coming to you or coming to you and City Council if it was a tier two or tier three drive-through. So, if it was a bank, no. But if it was anything other than that it would be coming back before Commission or going to Commission and City Council. And, then, for the -- I can't answer the operation portion for the hospital. I will let the applicant address that when they come up. And, then, as far as the change in use from the previous -- yes, it did change from what was being proposed before, which was more retail-restaurant type things. They are asking the Commission to recommend to Council whether or not the request to modify the existing DA and create this new DA for the proposed preliminary pad and microhospital is appropriate. So, you guys get to make that recommendation to City Council whether or not, based on the current DA, what was proposed is more appropriate than what they are proposing tonight. So, just wanted to address those. So -- and based on that staff did recommend approval with conditions outlined in the staff report and, then, with that I will be happy to stand for any questions that you have on this.

Lorcher: Would the applicant like to come forward? Hi.

Spath: It's Kelli Spath. 1100 West Idaho Street, Suite 210. I had forwarded my presentation earlier today. Okay. Perfect. Thanks. Beautiful. Thank you for having us tonight. I'm here tonight to talk about Orion Subdivision and microhospital. Like I just mentioned, my name is Kelli Spath and I'm with Kimley Horn and we will be handling the entitlements and planning portions of this project. Also with Kimley Horn is Ian Connair and he will be the engineer for this project. He is not here tonight, so I'm happy to answer any of those questions that you might have as well. We have Mark Jang on the phone. He is a member of Alliancephere Ventures, who is the developer for this project. And also here tonight we have Lyndon Brown, who is the architect for the microhospital. So, like Linda mentioned, we are talking about three parcels on the northeast corner of Eagle and Overland. They comprise of about 4.56 acres and as you got a summary of Rackham Way currently bisects the site and intersects with Overland Road and there is that ACHD commuter ride parking lot to the north of the site. So, we have taken a decent process to get to where we are tonight. Like Linda mentioned, there -- the parcels were originally annexed and zoned into the city in 2009 where they established that development agreement that our project is now being roped into. In January we had our pre-app meeting with the city. We had a neighborhood meeting in February, submitted our applications in March and, then, that brings us here tonight. So, the applications we are chatting about tonight are that development agreement modification, which will modify the existing DA to accommodate our proposed site plan and a few of those other provisions we have chatted about. A preliminary plat, which will adjust the right of way and parcels

for the Rackham Road realignment, as well as a conditional use permit to permit that hospital use in the C-G zone. In the future this project will have to come back for a few more -- not to -- to the city for a few other applications and those include design review, certificate of zoning compliance, as well as a final plat and, then, we will also have to go through a right-of-way vacation hearing with ACHD, which is its own public hearing process. So, here is our conceptual site plan for this project. We have two lots and one common lot. The zoning is C-G. The comp plan designates the site as mixed use regional, which calls for a mix of employment, retail and public uses like a medical facility near major arterial intersections like Eagle and Overland. So, Linda covered all of the DA modifications already, so I won't bore you with that again. But we are in agreement with all of the -- how that's explained in the staff report. So, access to the site is provided mainly through the right-in, right-out access of the realigned intersection of Rackham Way and Overland Road. A few other options to enter the site, especially if you're traveling eastbound on Overland Road, is through this Silverstone Way intersection. U-turns are permitted at this stoplight and if you don't want to take a U-turn you can make your way north up Silverstone Way and loop back around down towards Rackham Way. So, this is a site plan specific to the microhospital lot, which is just one of the lots in the subdivision. The microhospital will be a one story building with about 24,000 square feet. It will include 57 parking stalls and three ADA stalls. It does meet all dimensional requirements of the C-G zone and it will further be reviewed by DR and CZC reviews. We will have a main customer entrance on the west side of the building and an ambulance entrance on the south side. So, a few operational details we would like to chat through is that this microhospital will include a full emergency department with ten ER treatment rooms, an imaging department and eight overnight patient beds. We are anticipating eight to ten employees per shift and have an average of 20 to 30 anticipated patrons per day. Anticipated ambulance trips for this type of facility are pretty low, on the range of four to five arriving to the facility per month and about 12 leaving the facility per month. And the proposed operating hours are 24/7. Here is a rendering showing the proposed architecture of the microhospital as a combination of brick and stone veneer and, once again, this will further be reviewed in design review for compliance with the city's architectural standards. So, we received agency comments from all the different departments. ACHD's are noted first. Like Linda mentioned, we are required to dedicate 74 feet of right of way along Overland Road across our property's frontage. We are required to do the vacation and dedication of that realigned Rackham Way and we have agreed to provide sight distance exhibits for Rackham Way to make sure that the driveway locations we are providing are safe, just since that road is kind of curvy in through that section. I would also like to point out that Meridian Public Works noted that there is adequate water and sewer services available to serve this site. We had a chance to read through the staff report and there is a few things we wanted to address with you all tonight. The first is that issue variance that's noted on the first page of the staff report that hospitals shall have direct access on an arterial. We aren't providing this. Like Linda mentioned, Eagle and Overland are both arterials, but the site technically takes access from Rackham Way, which is a local road. Both in the existing DA and ACHD requirements direct lot access from Overland Road is prohibited, so that is why this project is taking access from Rackham Way instead. The first driveway into the site -- this one right here -- is only about 500 feet from Overland Road, so we are very close access-wise to an arterial and

we believe the consolidated access points are actually safer from a traffic standpoint for patrons to access the microhospital site. There were also a few conditions in the staff report that we wanted to chat through with you all and ultimately get a recommendation from City Council regarding the timing of our submittals. The first one is that we are conditioned to complete the right of way vacation in exchange prior to the submittal of the first final plat. We would like to request to move this condition, because the -- the next step in our process will be to complete construction documents for the Rackham Way Road and that will be intimately tied into the final plat. ACHD requires fully approved subdivision roadway documents before we are able to apply for that right-of-way vacation and so we would like -- it makes the most design sense to have the city and ACHD review those subdivision and final plat drawings at the same time. The second condition also in regards to timing is that no building permits shall be issued until final plat has been recorded. We would like to request that this be changed to after the right-of-way vacation is approved, but before the final plat has been recorded and this just lets the project come online into the city a little bit faster. We have had initial conversations with city staff about the potential of that and it sounds like it might be feasible, but we would have to get prior approval from City Council, which is why we are asking for it now. With that we would like to request recommendation of approval for development agreement modification, preliminary plat and CUP and I stand for any questions. Thank you.

Gelsomino: Madam Chair?

Lorcher: Commissioner Gelsomino.

Gelsomino: Quick question. If City Council determines that Rackham Way access doesn't satisfy the UDC and requires a redesign before approval, has your traffic engineer generated emergency response time data for any alternative direct arterial access configuration? I mean given that ACHD -- if I'm -- you know, correct me if I'm wrong -- has indicated it wouldn't support a new direct driveway at Eagle and Overland, what alternative configuration actually exist?

Spath: I think the way we have -- Commissioner, I think the way we have it laid out is pretty much our only option for the realignment of Rackham Way. The intent of the new design is to get that intersection between Rackham Way and Overland as far east and away from the Eagle and Overland intersection as we can, so I don't -- we haven't gone through many alternatives, because I don't think that there are many.

Gelsomino: Thank you.

Perreault: Madam Chair?

Lorcher: Commissioner Perreault.

Perreault: So, can you give us some more understanding of -- I'm not familiar with sort of a concierge microhospital concept. Can you give us some understanding of the ambulance services and why it would be necessary to have another, you know, available

ambulance service or emergency service I should say when you have St. Luke's Meridian so close and -- and what kind of also didn't go through the exact route that -- like an ambulance would take? You know, exactly where are they going to go? Are they going to have to go through that additional right at Silverstone and go around and -- I know that's not necessarily a decision for us to make, but I just want to understand, you know, the whole idea of why emergency service is even necessary here.

Spath: Yeah. Yep. I can talk through the site circulation a little bit. So, I think the first point I would like to remember is that a very limited amount of ambulances would be entering the site in an emergency situation. I think the biggest route that they would take -- or most likely route that they would take -- yeah -- would either be at that -- with that U-turn at Silverstone Way or coming up around Silverstone. As far as the hospital operational data, we have Dr. Robert Seeley on the call. I might defer to him for any more microhospital-related operational questions if he is able to join. If not, we can have him call in during the public comment portion.

Lorcher: Mr. Seeley, can you raise your hand, please? Oh, thank you. Hi. If you can state your name and address for the record.

Seeley: Hi. My name is Robert Seeley. I'm an emergency medicine physician and CEO of Post Falls ER and Hospital and my address is 497 South Beck Road in Post Falls, Idaho.

Lorcher: Thank you. Commissioner Perreault, can you ask your question again to Mr. Seeley?

Perreault: Yes. Absolutely. So, I just want to understand the necessity of having the emergency service. Is that just a requirement due to the type of medical service that you are providing to the community and it's just on a very as-needed limited basis or is this an active part of sort of -- for your business model and, you know, some more understanding of how the traffic concerns could create limitations for you. Obviously, I see you guys have all talked through all of these possible scenarios, but I just want to understand, you know, why -- why you actually have an emergency service. Honestly.

Seeley: Absolutely. So, we have been open in Post Falls now for two years and I can tell you from experience that if you talk to anybody that's been to an emergency department recently the wait times are pretty significant in most cities. I don't think Meridian or Boise are any different and probably the best way to describe it would be a surgical -- outpatient surgical hospital is not a new concept. A lot of us have used those in the past. This is very similar. This is an emergency hospital that is built on serving emergency medical needs in the community and it has been very well received by patients. It's a -- it's an access to care is what it is and Kelli is absolutely right, our experience has been over the past two years we average 11 ambulances per month and those are for transfers out. Those patients have been stabilized and so when the ambulances do come through they are not coming through typically with lights and sirens, it's not disruptive, and our average patient census through the emergency department --

we have a 12 bed emergency department and five-bed inpatient unit, but our average census is 25 patients per day and so, once again, that is not a heavily trafficked proposal. So, did I answer your question?

Perreault: Madam Chair?

Lorcher: Commissioner Perreault.

Perreault: Yes, I believe so. If I -- it sounds like this is sort of a private -- private hospital operating sort of business. In other words, like you may or may not be open to the public?

Seeley: No. We are open to the public and we treat anybody that comes through the doors, like any other emergency department would, and we follow the same regulations as any of the other emergency departments in the state.

Perreault: So, it would be feasibly possible that your emergency service would pick up if folks now realize that they have another alternative to St. Luke's up the road?

Seeley: Yes. That is -- that is accurate. I know that for -- when we started out we were seeing eight to ten patients per day and over the past few years we have steadily grown to the point where we are seeing, as I said on average around 25 patients a day now and so as word gets out and -- and people find out about the service, yes, there is some growth -- organic growth and that. That is normal.

Perreault: Okay. Thank you.
Smith: Madam Chair?

Lorcher: Commissioner Smith.

Smith: Yeah. So, it seems like one of the things that was -- was mentioned in public comment -- and it seems like there is a little bit of a discrepancy is regarding this Lot 2 kind of retail parcel. So, as -- as they are actually able to find it it does show -- so, in the plans that were provided to staff I don't think we see drive-through mentioned anywhere, But I was able to track it down. It's -- it's on -- you know, part of the actual geotechnical report. It's mentioned briefly as retail with drive-through. Could you expand? Is that -- is that the maybe long-term plan? Was this maybe just an example you provided for the technical purposes. Trying to kind of understand where that discrepancy is coming from.

Spath: Yes, Commissioner Smith. The geotechnical reports are provided at the very beginning of the process. So, I think that was just a sample use that was provided to them very early on in the process. We have since -- this is the most accurate conceptual plan for that lot that we are showing in here. The developer is in talks with a Les Schwab development to go in here. That is very preliminary. Nothing official. So, as -- as far as the purview of these applications, we just have the conceptual site plans to show you for now and, then, like Linda mentioned, in the future whatever does develop there you guys

would have a chance to -- to look at it again, whether it's a CUP or CZC, all that sort of good stuff.

Smith: Thank you.

Lorcher: All right. Thank you very much.

Spath: Thank you.

Ritter: Commissioner? I just -- I just wanted to make a comment on the conditions that they are proposing. So, staff is not in agreement with the removal of condition number two. We need that vacation -- the -- the right of way to be vacated or exchanged prior to that final plat being submitted, because we can't approve a final plat with a roadway that has not been vacated, because, then, they will come in and want their building permit, but if the vacation doesn't go through, then, we have allowed them to get a building permit to build on something that's not theirs and ACHD actually required that same thing, that that right of way be vacated prior to the submittal of their first final plat. So, we would like to keep that condition.

Lorcher: Can you bring that up on her presentation from where you're at? Okay. So, what you are saying is that both the City of Meridian and ACHD require the vacation and exchange prior to final plat.

Ritter: Correct.

Lorcher: All right. Kelli, you will have to get reconfirmation from ACHD, because it sounds like she's got opposite information.

Ritter: No. It's in their staff report.

Lorcher: Oh, it's in the staff report. Okay. All right. And -- and, then, condition three?

Ritter: They are saying that they -- let me read the letter. Sorry. They want to modify it so once the vacation has been approved that they can get a building permit prior to the final plat being recorded. So, it is commercial property. One building permit can be allowed, but -- and they can't get occupancy until the plat has been recorded. That is something that is -- potentially can be done. I know we have had issues before when we have done that, but it is -- that is not uncommon. So, that is something that we may be able to work with the applicant on.

Lorcher: Okay. All right. Thank you. Madam Clerk, do we have anybody signed up to testify?

Lomeli: Thank you, Madam Chair. Robert Seeley did sign up online. We can check -- did you want to check with him to see if he had separate testimony?

Lorcher: Mr. Seeley, did you have any other comments that you would like to make for public testimony?

Seeley: No, I do not. Thank you.

Lorcher: All right. Thank you.

Lomeli: Madam Chair, we have Mark Jane.

Lorcher: Is Mark in Chambers? Okay.

Lomeli: We have Lyndon Brown in Chambers signed up.

Lorcher: Like to speak? Okay. Thank you.

Lomeli: Madam Chair, no one is raising their hand online.

Lorcher: Is there anybody in Chambers that would like to speak on this? Please come up. Hello.

Mansfield: Hello, Chair Lorcher, Commissioners. My name is Ethan Mansfield. 449 West Albion Street. I work for Hawkins Companies. You will hear me in a few minutes. But I just wanted to stand up and talk a little bit about condition number two here. I just completed a right-of-way vacation and exchange exactly like what's happening here in the city of Boise and I actually don't know how condition number two will actually be able to be met because of ACHD's process. So, what happens is ACHD will -- as the applicant said only even look at your proposal after the City Council has approved a final plat. That's not engineering and public works looking at a final plat, that's just City Council approving a final plat, because only then do you start engineering for the final plat; right? We don't start the construction drawings until after City Council has approved it. So, this condition number two is actually pretty impossible to meet and I'm thinking back for my project in the city of Boise, it would have been functionally impossible to have met this process. So, I just wanted to share that and it's not nefarious in any way for -- to remove this condition and do it in this order. It's just the way ACHD will expect it and it's quite -- I'm not going to lie, it's quite muddy, because City Council -- you know, city staff may not understand how ACHD processes these things. ACHD certainly doesn't understand how the city processes them. So, you get this going on and I have been trying to process a -- I have -- I have been in this scenario for about a year now with ACHD and the city of Boise and so I'm just hoping that by waiving condition number two, removing that, we can prevent this applicant from being in the same position I found myself in. So, just wanted to provide some clarity.

Lorcher: All right. Thank you very much.

Mansfield: Thanks.

Lorcher: Is there anybody else in Chambers that would like to speak? Kelli, do you have any final comments?

Spath: Do you need my name again?

Lorcher: No. You are good.

Spath: Perfect. I just wanted to address really quickly the public testimony that was submitted earlier today. Linda chatted through some of the main bullet points of that, but I don't know if you guys were able to see that in your packet or read through it. Perfect. So, number one talks about the determination that a traffic impact study is unnecessary. When ACHD submitted their staff report that was on the front page. Confirmed by them during that process. I think we touched a little bit already about the conceptual use for Lot 2, Block 2, so I don't think I need to go through that anymore. And, then, as far as some of the hospital operations being unverified, like Dr. Seeley mentioned, we do have a similar facility in Idaho Falls and so we could get more substantiated information about those operations prior to City Council for them to make a determination. That's it. Any questions I can answer?

Perreault: Madam Chair?

Lorcher: Commissioner Perreault:

Perreault: Did he say Post Falls or Idaho Falls?

Spath: I -- I have Idaho Falls. I could be wrong.

Perreault: Okay. I'm just curious, because I know that neither of those cities have as intense of traffic situations as -- as Eagle and the interstate and Eagle and Overland. So, I'm wondering if that was taken into account kind of as you are making your determinations.

Spath: Commissioner, it -- it was not specifically. I think the determinations would be based on the number of like patient beds and that sort of thing at the facility more so than the traffic in the area.

Perreault: Sorry. I should clarify. When you are -- I wasn't talking about patient treatment or care, I was talking about when you make determinations regarding your access from Rockham Way, the timing for your ambulances to get into that area and -- because it's all -- it's all interrelated; right? I mean we are talking about a variety of things, but ultimately when -- when we are making these decisions we have to take all of that into account and so I don't know if -- if there were -- you know, if there is going to be adjustments to how many patients are being treated, how many, you know, patrons that you have coming in and out and this is a really critical corner and that right-in, right- out on Rackham Way could not just be obviously used for your facility, but it's going to be connected to the big

broader facility that's in Silverstone and so there is just a lot of moving pieces that aren't just about your application --

Spath: Yes.

Perreault: -- and so I'm just -- I just am kind of wanting to still really get a big picture understanding I guess.

Spath: Yes, Commissioner. Like you mentioned, I think there are a lot of moving pieces, so we have tried to do our best to marry the requirements and -- and needs of that busy corner with ACHD policies, which we are very largely abiding by the needs of the microhospital and the needs of the -- the entire area and we will continue to work with all of those parties as we move forward as best as we can.

Lorcher: All right. Thank you very much.

Spath: Thank you.

Lorcher: Oh, wait. What?

Smith: Sorry. I guess before we close the public hearing, Madam Chair?

Lorcher: Okay.

Smith: I just -- I would like to get some more clarity and/or alignment around kind of condition two. I saw when we were having public comment I was -- I saw staff maybe discussing something. I'm curious. I want to make sure that we are able to go about this the right way, while also allowing the applicant to not be in this kind of Catch 22. So, could you speak to that a little bit more?

Ritter: Correct. I heard what Ethan said, but, again, as reading through ACHD staff report that was a condition that they did place on the applicant. So, if they are telling the applicant that they can't submit a final plat until the vacation has been completed -- so, I'm not sure city is following suit with ACHD. We are in agreement that they should not submit a final plat until that vacation has been completed.

Smith: Okay.

Ritter: So, apparently, it is something that they do and it's a requirement that they have and city is in agreement with that requirement.

Lorcher: And, Kelli, if that's not your understanding based on -- even on Ethan's comments, if you could -- I would suggest for this particular application, so we are not holding it up, to have some kind of documentation from ACHD when you get to Council that defines this better, because it's basically two agencies who work independent of each other saying two different things and so in your best interest in making sure that you are

following the process that you want to go through so that you can get your application approved, I would see if ACHD is willing to put anything additionally in writing in time for Council. Would you be okay with that?

Smith: Yeah. Madam Chair, I agree. I think -- I think that's the route I was going to go anyway.

Lorcher: Okay. We are thinking alike. All right. Thank you very much.

Spath: Yes. Thank you.

Lorcher: May I get a motion to close the public hearing, please?

Gelsomino: So moved.

Smith: Second.

Lorcher: It's been moved and second to close the public hearing for Item No. 2026- 0011, Rackham Microhospital. All those in favor say aye. Any opposed? Motion carries.

MOTION CARRIED: FOUR AYES. TWO ABSENT.

Lorcher: You know, having opportunities for people to make choices about their healthcare I think in a growing community is essential and we have had successful healthcare places and we have had unsuccessful. I think I saw in the newspaper today that an urgent care place in downtown Boise is turning into a Wing Stop, because they weren't able to, you know, get the patients or the -- the business model that they wanted in the area that they were. So, not everything is successful. But understanding that this is so close to a very major hospital, which probably does have long wait times and actually focusing more on imaging X-ray, CT scans, MRIs where they -- if they do need larger care we have a hospital nearby to take care of them. I think just gives our community more choices. As far as the location is concerned, you know, our EMTs and ambulance service know how to run these roads and -- and move them. I think creating Rackham Way in a way that, you know, makes it almost a designated street specifically for almost this hospital by itself is fine. Understanding that ACHD does not permit right -- or any kind of entry right off of Overland or Eagle Road. So, I'm in favor of this. I think it's probably well thought out and it will fill that -- that corner up and gives our community -- and, then, my only -- I -- I wouldn't take away condition number two, but just recommend that the client has better information from ACHD and the city before they go to Council.

Smith: Madam Chair?

Lorcher: Commissioner Smith.

Smith: Yeah. I tend to agree. I think there is -- you know, I'm -- I'm -- I don't love the access, to be candid, but it seems like, you know, guidance from -- from staff is that that

-- I think that will be a conversation at the City Council level regarding the -- the waiver. I think in terms of its location and its -- the appropriate land use, I think this is an area that there is a good amount of traffic, obviously, on these -- these arterials, but I think there is -- there is also plenty -- there is -- there is a lot of retail commercial activity surrounding this. I don't think that there is any use that the city would be starving for if this were to go into place. I think this is valuable enough to -- to justify kind of the change. I guess I do have one ask if we could get -- I just want to make sure if we could get the version of the conditions that were in the staff report as well on screen. I just also want to make sure that -- or in the presentation from staff on screen. I also just -- as we are drafting motions I just would like to make sure that we are not missing anything. But in terms of the actual application itself, I agree with you. I think condition two that can be something that I think can be hashed out and if there is a discrepancy I trust that City Council will be able to kind of manage that, but if in a perfect world maybe there is a misunderstanding and things are easier than they look.

Lorcher: Yeah. And keep in mind in St. Luke's -- and I'm by no means an expert and I might even get the street wrong -- in order to get to the emergency room at St. Luke's you have to take -- you have to go down Louise Drive probably, what, a quarter mile and a couple speed bumps before you even get to the emergency room. So, it's -- it's almost kind of the same thing. It's not like it's right off at Eagle Road. You have to go east on Louise Drive to get to the emergency room on the backside of the -- of the hospital. So, in -- in my view this is not that much different, because -- matter of fact Rackham Drive might even be shorter to get to their -- to their docking bay for -- for patients. But I -- I have only been to the hospital a few times. I'm clearly not an expert, but if I remember correctly you have to turn on Louise and, then, take a right into the emergency room.

Smith: Madam Chair?

Lorcher: Commissioner Smith.

Smith: Really quickly, just to confirm with staff, is this already fully in the staff report or do you -- any of this need to be a modification? That's all. Is in staff report -- okay. Thank you.

Lorcher: Commissioner Gelsomino.

Gelsomino: Madam Chair, I -- I echo my fellow Commissioners' thoughts, as well as yours. Particularly -- I mean with Commissioner Smith's observations, I also do have some, you know, concerns with the access. I am curious though -- and if it's appropriate to ask legal and staff this. If City Council determines that -- you know, I was looking at Condition 14 in particular. If the project doesn't comply with UDC, what legally happens if we approve the CUP tonight? What happens to the CUP if Council doesn't find that it satisfies?

Ritter: Commission. So, City Council makes the final determination. All you are doing is making a recommendation. So, you are not approving the CUP, City Council will approve the CUP. You are just making a recommendation tonight.

Gelsomino: Understood. Thank you.

Lorcher: Commissioner Perreault, do you have any other comments?

Perreault: No. I think my fellow Commissioners covered it all. I'm -- I'm in agreement with all the concerns and statements that have been made. Thank you.

Smith: Madam Chair?

Lorcher: Commissioner Smith.

Smith: After hearing all -- sorry. All staff, applicant and public testimony, I move to recommend approval of File No. H-2026-0011 as presented in the staff report with a modification to amend condition three to allow for issuance of permits after right of way vacation, but before recording of final plat.

Gelsomino: Seconded.

Lorcher: It's been moved and second to approve Rackham Microhospital. All those in favor say aye. Any opposed? Motion carries. Thank you very much.

MOTION CARRIED: FOUR AYES. TWO ABSENT.

Lorcher: Yes. We will take a five-minute break and we will come back at five until and we will start with Kiddie Academy. Thank you.