

CHO Members

John Armstrong

Armstrong Wealth Mgmt.

Jeanne Armstrong

Community Advocate

Dr. Christine Benson, EdD

Community Advocate

Brian Bressner

City of Ottawa Fire Chief

Colleen Burns, MHSA

Licensed Real Estate Broker

Mike Cheatham

Ottawa Chief of Police

Wayne Eichelkraut

Ottawa Commissioner

Robert M. Eschbach, JD

Mayor of Ottawa, 1999-2019

Tom Ganiere, JD

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Dr. Brian Rosborough, MD

Former OSF VP Chief Medical
Officer at SEMC-Ottawa

Maeanne Stevens, RN, MSN

Former OSF VP Chief Nursing
Officer at SEMC-Ottawa

Nikki Thrush

Community Advocate

DATE: July 23, 2025

TO: **Elizabeth Maxeiner**, Chief of Antitrust Bureau, Office of IL Attorney General
Kristin Louis, Chief of Charitable Trust Bureau, Office of IL Attorney General
David Buysse, Deputy Chief of Public Interest Division, Office of IL Attorney General

RE: Request for the Office of the Illinois Attorney General to Investigate Certain
Operations and Practices of OSF HealthCare System

Good afternoon:

Today I am writing on behalf of Citizens for Healthcare in Ottawa ("CHO"), a grass roots organization of civic leaders and engaged citizens from Ottawa, IL. CHO is requesting the Office of the Illinois Attorney General ("OAG") to open a civil investigation into certain health care operations and practices within the OSF HealthCare System ("OSF"). We have profound concerns about the propriety of OSF's actions and plans to consolidate access to health care in the more affluent portions of Hospital Planning Area CO-2 (as established by the Illinois Health Facilities and Services Review Board ("HFSRB")), which will have the net effect of depriving residents in the eastern part of this planning area timely and effective access to critical health care services.

OSF is a Catholic-sponsored health system benefitting from federal and state tax-exemption as a charitable organization; it adheres to the Religious and Ethical Directives for Catholic Health Care Services published by the U.S. Conference of Catholic Bishops ("ERDs"). OSF operates 17 hospitals in Illinois, along with many other health care services.

As described below and in the attached detailed materials, we believe OSF now has monopoly power through a series of acquisitions that seemingly have not undergone antitrust scrutiny. In 2024, OSF filed two Certificate of Need ("CON") permit applications with HFSRB designed to further consolidate health care services in the more affluent part of Planning Area CO-2, thereby depriving residents of Ottawa and the eastern portions of this planning area access to essential health care services.

[Project 24-11](#) proposed the replacement of OSF Saint Elizabeth Medical Center-Ottawa ("Ottawa Hospital") with a downsized hospital that would eliminate ICU and OB services and dramatically downsize medical-surgical beds. [Project 24-13](#) proposed the discontinuation of the Ottawa Hospital upon opening of the downsized replacement facility. As a general proposition, OSF proposed that ICU and OB services be relocated to its recently acquired Peru, Illinois hospital, which is 17 miles distant from Ottawa and even more distant from eastern portions of Planning Region. Both projects received intense opposition from the Ottawa community (and surrounding communities), and at the request of OSF, consideration of both applications has been repeatedly deferred.

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Most recently OSF sought (and received in March 2025) from HFSRB a 12-month deferral on these two projects (transcript of that appearance attached). At the insistence of HFSRB, however, OSF has conducted and reported to HFSRB on monthly community meetings about the plans for the Ottawa Hospital. However, no meaningful changes to the original plans have been made by OSF in response to community input, and the community remains staunchly opposed.

In 2025, OSF filed [Project 25-13](#), which proposes to discontinue all ICU and OB services at the Ottawa hospital. This Project 25-13 application is tentatively scheduled to be heard at the August 12, 2025 HFSRB meeting. Projects 24-13 and 24-11 remain pending, subject to the deferral described above.

The supporting materials provided herein detail our concerns with OSF, and can be summarized into the following key topics:

1. **Monopolistic Behavior:** OSF operates as a health care monopoly in the region, and under the restrictions in the ERD pertaining, among other things, to reproductive health care services. Using this monopoly power, they have taken recent actions to reduce access to OB and ICU services, which will have a drastic adverse impact on patient safety, quality of care, and health care worker welfare in the rural communities located in eastern Planning Area C0-2.
2. **Profits Over Patients:** As a tax-exempt, charitable organization, OSF appears to be abandoning the health care needs of the Ottawa community (and eastern Planning Area C0-2, which includes Eastern LaSalle County) in favor of continued robust profit growth. Years of sustained OSF asset growth supports our concern that OSF is accumulating excessive assets and reserves, without clear plans to utilize them in furtherance of its tax-exempt mission through expenditures in support of the region's most pressing community health needs.
3. **Reducing Access to Health Services:** OSF intends to eliminate the OB and ICU services in Ottawa, as well as severely reduce medical/surgical capacity in favor of moving those inpatient services to a more affluent area in Peru, IL – which is 17 miles away from Ottawa. This distance is even greater for those living beyond Ottawa's borders in Eastern LaSalle County. Additionally, OSF has taken steps to relocate outpatient clinics and services from Ottawa to Peru. It plans to do so despite concerns from police, fire and EMS leadership.
4. **Future of Donated Assets:** OSF acquired the assets of Ottawa Hospital in 2012. OSF paid no purchase price for the hospital's assets (including the land), but the valuation at the time was \$58 million. OSF's plans are to demolish the hospital that was given to them, but without providing a clear intended use of the site following demolition. There is no way to know if the land will be repurposed to meet the community's needs (health care related or otherwise). Prior to demolition, CHO believes the community has a right to know if another willing and able operator would be interested in maintaining hospital services in Ottawa.

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5. **Operating Without Regulatory Approvals:** Despite the HFSRB's clear direction for OSF to work with community members to develop an updated plan for the delivery of health care services in Ottawa that meets community needs and garners support from key stakeholders (such as emergency medical services and police), OSF has done little to reconsider any element of their chosen approach. Frankly, OSF leaders have had a sustained arrogance that they will not be challenged by valid concerns, stating they only seek to "educate" the public that what they have planned for the region is sufficient – despite data-driven concerns to the contrary.

Lastly, our community is not opposed to OSF's plans simply because of a blind allegiance to our lovely town. Our opposition lies in the fact that we have had a high-quality hospital that has served our rural community well for over a century become unilaterally dismantled by a financially robust organization that benefits both from monopoly power and tax-exempt charitable status. Ottawa Hospital has garnered several industry awards that attest to the quality of care provided here, in addition to being a financially profitable facility for many years. OSF often speaks about the plight of rural health care – but here it has a gem, an anomaly if you will – that OSF appears poised to sacrifice in favor of continued consolidation. For these reasons, we are so grateful that the HFSRB has challenged OSF to work with our city and key stakeholders to develop a plan that will best serve our regional health care needs.

Thank you so much for your attention to this matter. If you have any questions as it pertains to this request for an investigation, please contact me or Anne Murphy (copied below). We also would be happy to share additional materials upon your request.

Sincerely,



Colleen Burns, MHSA
Co-Founder, Citizens for Healthcare in Ottawa

CC: **John Kniery**, Administrator, IL Health Facilities & Services Review Board
Blanca Dominguez, General Counsel, IL Health Facilities & Services Review Board
Robb Hasty, Mayor of Ottawa, IL
Anne Murphy, Partner, ArentFox Schiff LLP

Enc: *Excerpt from HFSRB Transcript (March 18, 2025 Board Meeting – pages 124-169)*
Detailed Complaint to OAG (Submitted July 23, 2025)
Complaint filed to the Department of Justice Antitrust Division (May 31, 2024)

TO: Department of Justice, Antitrust Division & the Federal Trade Commission

RE: OSF Health System Monopoly & Loss of Health Care Access in Ottawa, IL

Submitted May 31, 2024 online:

<https://www.justice.gov/atr/webform/submit-healthcare-competition-complaint>

To Whom It May Concern:

The group "Citizens for Healthcare in Ottawa" ("CHO") formed in April 2024 following OSF Healthcare's ("OSF") announcement to demolish our 99-bed hospital in Ottawa, Illinois and replace it with a 38-bed hospital. Our CHO group believes that OSF is using its monopoly power to play a dangerous game of chess with the health care facilities and services in our area. I will get into the details of OSF's monopoly, but first a little history about our hospital in Ottawa:

In 1895 a hospital was gifted to the city of Ottawa by a grieving widow in honor of her late husband, a local physician. In 1969 a local foundation donated 30 acres of land along our beautiful Fox River to build a new hospital; personal and corporate donations were collected from many local businesses to build the facility and ground was broken in 1971; the hospital was operational by 1974. In 1985 more land adjacent to the hospital was donated and multiple outpatient facilities were built. The hospital's board of directors were distinguished members of the community.

Following years of partnership with OSF through the stroke network, Ottawa's board of directors signed an LOI in 2010 to merge with OSF; and the deal was finalized in 2012. OSF paid no purchase price for the hospital's assets (including the land), but the valuation at the time was \$58 million. The hospital was renamed OSF Saint Elizabeth Medical Center ("OSF SEMC"). The partnership promised growth for the Ottawa community and access to primary care and specialty services that we were in need of.

In 2014, OSF acquired a 25-bed hospital in Mendota, IL, again for free (no purchase price), but the hospital had a valuation of \$40 million at the time. Then in 2021, OSF acquired a 25-bed hospital in Princeton, IL, again at no cost or purchase price, but the hospital was valued at \$25 million.

So, by 2021, our 3-county planning region¹ had 5 acute care hospitals (Ottawa with 99 beds; Peru with 49 beds; Spring Valley with 44 beds; Princeton with 25 beds and Mendota with 25 beds). As described above, Ottawa, Princeton and Mendota were owned by OSF; however, Peru and Spring Valley were owned by SMP Health. At this time, according to the Illinois Health Facilities and Services Review Board ("IHFSRB"), our region had a surplus of 43 med/surg beds; 10 OB/delivery beds and 8 ICU beds.¹

In early 2023, Peru and Spring Valley hospitals closed abruptly and went into bankruptcy. Those closures left only 3 hospitals in operation in our region (Ottawa; Princeton and Mendota) – all of which were owned and operated by OSF, making OSF the only provider of hospital services in Ottawa's planning region; a monopoly created seemingly by happenstance. With these closures our planning region now had a shortage of 27 med/surg beds; and 2 ICU beds – it also went from a surplus of 10 OB/delivery beds to a surplus of only 1 OB bed in the region.

In July 2023 OSF purchased the closed Peru hospital for \$38 million.² Due to the hospital being purchased out of bankruptcy, it's our understanding that OSF did not have to go through the typical Federal Trade Commission approvals in regards to the Hart-Scott-Rodino Antitrust Act. Therefore, growing their monopoly power in our region without any federal antitrust oversight.

In March 2024, OSF announced plans to build a new hospital in Ottawa and demolish the one built in the 70s. The new hospital would keep 26 mental health beds; but ICU and OB units would be eliminated; and only 12 med/surg beds (a 78% reduction) would remain – even though the average daily patient census is: 24 med/surg; 3 ICU; and 3 OB/delivery. In stark contrast, OSF shared plans to re-open Peru's once shuttered hospital as the system's new inpatient hub on I-80, and increase the number of beds. The Ottawa community was shocked to hear that after years of partnership, promises and donated assets, that the OSF system would abandon us. Not only that, their plans do little to take our region out of the bed-shortage created by the two hospitals closing in 2023. Their plans as written, keep the region with a shortage of 24 med/surg beds and 2 OB/delivery beds; only 1 ICU bed would be considered a surplus.

OSF's plans for the bed changes between Ottawa and Peru are further detailed below:

1) ICU Beds: Peru will have 8 Intensive Care Unit Beds (up from their current 4 today). Ottawa will lose all 5 of theirs. The data shows that Ottawa has operated at peak census of 5 patients in their 5 beds since 2019 (maybe longer, but that is as far back in the data as I looked). This change will be immensely impactful to our community and will leave no ICU beds East of I-39 in LaSalle County.

2) OB Beds: Peru will have 11 Obstetric/Delivery beds (up from their current 7 today). Ottawa will lose all 14 of theirs. As Ottawa is today, Peru will become the only birthing unit in a 3-county region. Since 2021 is the last good year of data we have to compare Ottawa to Peru (Peru did not submit 2022 data to the state for reporting during their closure), we can consider Ottawa's peak census of 9 patients and Peru's peak census of 7, totaling to 16 patients. A simple enough calculation that shows an 11 bed OB unit may not do the trick for this planning region. Furthermore, this elimination of services is in spite of the accolades that Ottawa's maternity center has received in the past few years, including a BCBS center of distinction – proving it to be a high-quality department.

3) Med/Surg Beds: Peru will have 45 medical/surgical beds (up from their current 38 today). Ottawa will have 12 – a 78% reduction from the 54 it has licensed today. For reference, a typical Critical Access Hospital (such as OSF sites in Mendota and Princeton) are around 25 beds. Which makes it laughable, but not funny, that OSF has planned only 12 beds for Ottawa, which is nearly 3x the size of these other two towns. It will also make Ottawa one of the smallest, if not THE smallest med/surg units in the state.

4) AMI Beds: Acute mental illness is the only area that OSF has planned for growth in Ottawa. But we continue to be sold that this hospital will be “right sized for our community”. Our planning region for mental health services is different than for the other bed types listed above, and spans 13 counties; patients will be driving from 100+ miles for behavioral health care in Ottawa. So, while these services will support some of our community members, it by no means replaces what our community is losing in terms of medical/surgical beds, our delivery unit and our intensive care unit.

OSF's argument for these changes in large part has been that “rural health care is dying”, which translates to rural providers are losing money and therefore closing. But Ottawa hospital has operated at a multimillion dollar net profit for years, unlike the Peru hospital they had purchased.² Furthermore,

Ottawa hospital recently received an “A” rating from Leapfrog Group - a leader in providing transparency around patient safety and quality metrics. This puts them in the same company as University of Chicago Medical Center, Rush University Medical Center, Northwestern Central DuPage, Elmhurst Hospital and Silver Cross Hospital, among others. In both 2022 and -23, Ottawa was designated as a “Top 100 Rural & Community Hospital in the Country” by The Chartis Center for Rural Health, the industry's most comprehensive and objective assessment of rural hospital performance. It was one of only 3 rural hospitals in Illinois to receive the distinction in 2023.

So it begs the question - Why do we think OSF is playing a very confusing game of chess with the facilities in our region? First, Peru looks better on map compared to Ottawa, based on its location on I-39 between Rockford and Peoria – OSF's two hub hospitals in Illinois. And although Peru treated 34,489 fewer patients than Ottawa did in 2021, the Peru hospital payer mix looks a lot better (49% commercial pay mix in Peru vs. 31% commercial pay mix in Ottawa).²

Members of CHO have been advocating for OSF to maintain our ICU unit, keep some level of OB beds and at least give us 25 medical surgical beds - which is common for any critical access hospital. We have raised several issues that prove their plan is flawed; some (but by no means all) are listed below:

- 1) Ottawa's med/surg unit has had an average daily census ("ADC") of 23-24 patients for the past several years, meaning OSF's plans for 12 beds are flawed from the start. Their most recent peak census number was 36. These numbers prove the hospital will be running transports on a very regular basis.
- 2) Ottawa's ICU unit has had an ADC of 3.5 patients, with a peak census of all 5 beds being utilized at a given time. Clinical experts have also spoken about the patient safety issues in regards to patients suffering complications from surgery that would require ICU level care, but not having an ICU on site.
- 3) Ottawa's OB unit has had an ADC of 3 patients, with a peak census of 8 beds being utilized at a given time.
- 4) Growth in the AMI unit (by conversion of dual-occupancy to private rooms) will require use of med/surg beds for medical clearance and possibly ICU beds for detox and observation prior to admittance to the AMI unit. Again, if OSF plans for Ottawa to be the behavioral health hub for our region, we will need more med/surg beds and an ICU unit to avoid additional transports.
- 5) The current Emergency Department is licensed for 9 stations, but operates as many as 13 during busy hours. The plans are for the new ED to include 10 stations. So, it is a safe bet that patients will be waiting long periods of time to receive care or to be transported. Furthermore, OSF has said that emergency surgeries will only be available at Ottawa during certain business hours – how on earth do they plan to educate the public on this?
- 6) Employees will be forced to travel for work if they want to maintain their jobs. Especially those in surgical services, intensive care and labor/delivery as OSF plans to move these services from Ottawa to Peru. I personally know people who will have to purchase vehicles to make this new dynamic work for their family. And OSF has not offered to pay any type of mileage coverage for those who will be forced to now travel for their job.

7) OSF has plans for 2 operating rooms in Ottawa, vs the 5 they have today (a 60% reduction). And although it will operate like an Ambulatory Surgery Center, OSF has said (when pressed with questioning about billing) that they will still be billing patients under hospital-outpatient department rates. Effectively this means that patients will be paying more for lower acuity services.

8) OSF did not consult city officials or discuss their plans prior to submitting them to the Illinois Health Facilities and Services Review Board ("IHFSRB") to receive a Certificate of Need to move forward with these plans. OSF also did not factor in the amount of city resources they will need to make their plans operational, for example:

- 4-6 police officers are on patrol in Ottawa at a given time. Last year there were 67 calls to the hospital, which took 2-3 officers to respond to (and lasting 1-3 hours per call). And since OSF plans to grow mental health services at the hospital, those taxpayer-funded resources will be in even shorter supply. OSF needs to hire security officers to patrol their own patient population. This is not just a possible issue in the future – it is a current issue today that our city's police chief has tried to educate OSF officials on, but his concerns have fallen on deaf ears.
- 3 ambulances are in operation in Ottawa; 1 brand new and paid for by our city. When the city is running the hospital's transport business that takes an ambulance out of service in our town for an emergency. When do we demand that OSF pays for the wear and tear on our vehicles?
- As a not-for-profit organization, OSF does not pay taxes. I believe this is a major problem that our citizens' tax dollars are going to support OSF (through the above mentioned tax-funded fire/EMS and police resources) as they move services from our town to another.

Ottawa has had a full-service community hospital since 1895 and it only took 12 years for OSF to try and dismantle what we've built here for more than 100 years. They have a true monopoly in our region and seem to think they can get away with doing what suits them. If they refuse to maintain services in Ottawa I believe we should have the ability to seek out a new partner who sees our community's value and helps us grow into the next century.

When OSF was asked recently at a City Council meeting if they would be willing to sell Ottawa's hospital to another health system, they simply said "OSF doesn't do that". Great. So instead, using their monopoly, OSF will kill our hopes for growth and we must now follow along with their plans for our community unless the IHFSRB votes against these projects or some other governing or regulatory body intervenes.

The Ottawa City Council and the Ottawa Area Chamber of Commerce have each passed resolutions opposing OSF's plans for Ottawa. CHO has asked OSF to pull their applications from the IHFSRB, to re-write them with input from key stakeholders - especially our city officials, fire chief, police chief and other EMS leaders. Our city cannot support their plans as written in terms of the resources needed to address the growth in transports and mental health patient influx from other areas. Furthermore, our citizens also should not have to face the burden of additional travel for services that have been in our community for more than a century. As you may know, travel during the winter months is treacherous in our area, and this just adds to our community's concerns.

Since OSF seems unwilling to re-write these plans, our next step is to prove our arguments to the IHFSRB, so that they will vote against this project. We have requested a public hearing with the IHFSRB, and that has been scheduled for June 13th at 4p in Ottawa at our middle school campus (Central

Intermediate School). The IHFSRB members will then vote on this project at their August 8th board meeting in Bolingbrook.

We now also look to the Department of Justice and the Federal Trade Commission to investigate this matter as a true health care monopoly that will undeniably have impacts to patient safety, hospital staff working conditions, and affordable and accessible health care for patients and taxpayers. OSF is making a business decision that supports their financial performance and growth plans to appease their system's senior leaders and the bond market investors. Period.

Thank you so much for taking the time to learn more about what is happening to health care services in our area. I am available to speak more on this matter, as are others from the CHO group.

Sincerely,

Founding Members of Citizens for Healthcare in Ottawa, IL

Email: citizensforhealthcare.61350@gmail.com

Web: <https://saveottawahealthcare.com/>

Facebook: <https://www.facebook.com/saveottawahealthcare>

Notes:

- 1) Planning region C-02, as defined by the Illinois Health Facilities and Services Review Board: LaSalle, Bureau and Putnam Counties in IL, as well as 2 townships in Stark County, IL.
<https://hfsrb.illinois.gov/inventoriesdata/healthcarefacilities.html>
- 2) OSF's application to purchase Peru hospital (for payer mix and income statements, see page 6, tables 3 & 4 for Ottawa Hospital and see page 7, tables 6 & 7 for Peru Hospital):
<https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/projects/projectdocuments/2023/exceptions/e-026-23-st-margaret-health-peru/E-026-23%20St.%20Margaret%20Health-Peru.pdf>

Request for Civil Investigation Submitted to the Office of the Illinois Attorney General Regarding Certain Operations and Practices of OSF HealthCare System

July 23, 2025

Citizens for Healthcare in Ottawa (“CHO”) is requesting the Office of the Illinois Attorney General (“OAG”) to open a civil investigation into certain health care operations and practices within the OSF HealthCare System (“OSF”); specifically at the system’s hospitals in Illinois Planning Region C0-2¹. We have profound concerns about the propriety of OSF’s actions and plans to consolidate access to health care in the more affluent portions of Illinois Hospital Planning Area C0-2 (as established by the Illinois Health Facilities and Services Review Board (“HSFRB”)), which will have the net effect of depriving residents in the eastern part of this planning area region to timely and effective access to critical health care services.

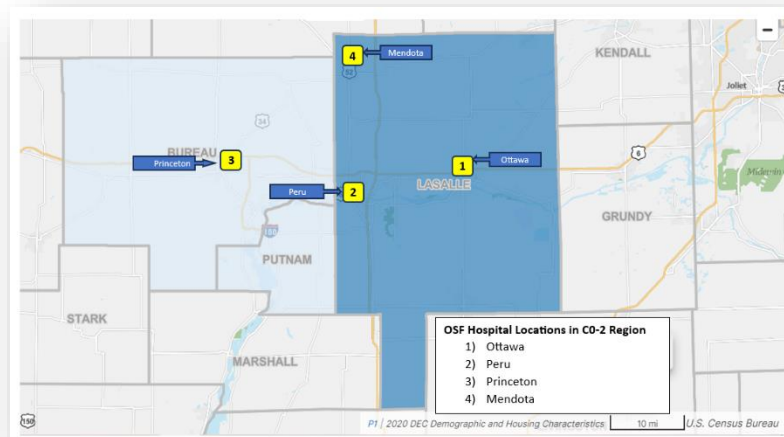
Please note that while CHO has very recently retained legal counsel, this detailed request for civil investigation was prepared largely by CHO volunteers. Accordingly, we recognize that it does not have the legal formality or structure of a complaint prepared by legal counsel. Nevertheless, after initial review by our newly retained counsel, we believe it merits submission to the OAG.

OSF is a Catholic-sponsored health system benefitting from federal and state tax-exemption as a charitable organization; it adheres to the Religious and Ethical Directives for Catholic Health Care Services published by the U.S. Conference of Catholic Bishops (“ERDs”). OSF operates 17 hospitals in Illinois, along with many other health care services.

Details provided below will illustrate the timeline for OSF becoming a monopoly in region C0-2, as well as the impact that OSF’s actions as a monopoly provider of health care services will have on patient (consumer) safety, quality of care provided and financial impact to workers and well as patients.

Population Demographics of Planning Region C0-2

HFSRB defines the C0-2 planning region for acute care services as the 3-county area of LaSalle, Bureau & Putnam Counties (+ 2 townships in Stark Co.). In terms of population, LaSalle County makes up 74% of this planning region. Within LaSalle County, 84% of the county’s land mass and 68% of the county’s population are East of I-39. Despite these population demographics, OSF has planned to relocate all Intensive Care and Obstetrical/Delivery services from Ottawa’s hospital to Peru, and leave Eastern LaSalle County with only 12 medical/surgical beds.



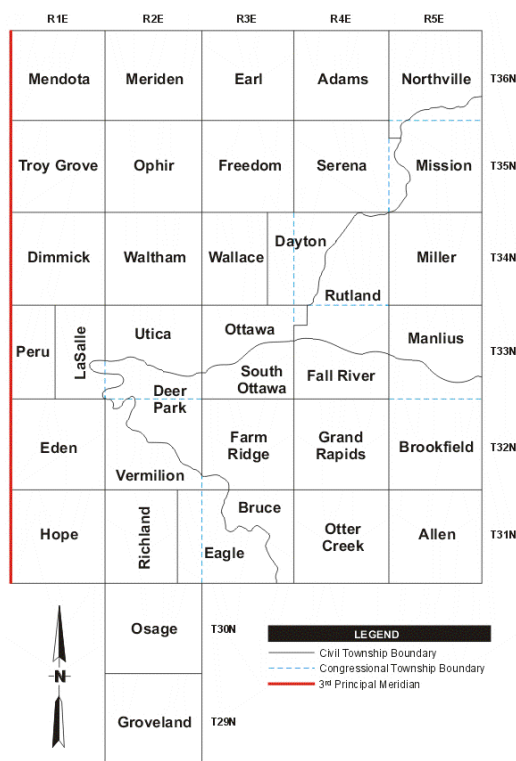
IHFSRB Planning Region C0-2		
County	2024 Pop. Est.	% of Total
LaSalle County	108,390	74%
Bureau County	32,486	22%
Putnam County	5,633	4%
Total	146,509	100%

Source: United States Census Bureau, City and Town Population Totals: 2020-2024

LaSalle County, IL		
Geography	2024 Pop. Est.	% of Total
East of I-39	74,192	68%
West of I-39	34,198	32%
Total	108,390	100%

¹ LaSalle, Bureau & Putnam Counties; and 2 zip codes in Stark County – the C0-2 planning region is defined by the Illinois Health Facilities & Services Review Board (<https://hfsrb.illinois.gov>), which uses population data and disease prevalence trends in order to calculate the need for acute care hospital beds throughout the state.

LaSalle County Townships

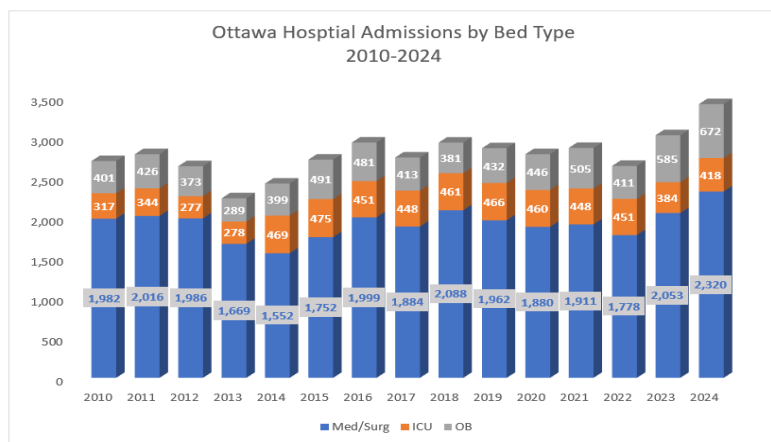


Townships in LaSalle Co.	2024 Pop. Est.
Adams township	1,598
Allen township	502
Brookfield township	1,054
Bruce township	11,723
Dayton township	2,408
Deer Park township	473
Dimmick township	745
Eagle township	1,444
Earl township	2,433
Eden township	1,356
Fall River township	785
Farm Ridge township	827
Freedom township	601
Grand Rapids township	277
Groveland township	559
Hope township	577
LaSalle township	13,190
Manlius township	6,084
Mendota township	7,034
Meriden township	265
Miller township	583
Mission township	4,059
Northville township	7,314
Ophir township	438
Osage township	241
Ottawa township	11,211
Otter Creek township	2,638
Peru township	10,026
Richland township	342
Rutland township	3,578
Serena township	1,119
South Ottawa township	8,330
Troy Grove township	1,270
Utica township	1,945
Vermillion township	378
Wallace township	567
Waltham township	416
Total	108,390

Ottawa's Hospital: Built by the Community, for the Community²

A short history of Ottawa's hospital and how OSF gained ownership of the hospital's assets is provided below:

In **1895** a hospital was gifted to the city of Ottawa, IL by a grieving widow in honor of her late husband, a local physician. In **1969** a local foundation donated 30 acres of land along the beautiful Fox River to build a new hospital; numerous individual and local corporate donations were collected to build the facility and ground was broken in **1971**; the hospital was operational by **1974**. In **1985** more land adjacent to the hospital was donated and multiple outpatient facilities were built. The hospital is currently licensed for 99 beds (54 medical/surgical; 5 intensive care; 14 OB/delivery; and 26 acute mental illness). An analysis of inpatient admission trends over the past 15 years illustrates that volumes have been relatively steady in the ICU, while admissions have grown significantly over time in the medical/surgical and OB units:



Year	Med/Surg	ICU	OB
10-Yr. CAGR	4%	-1%	5%
5-Yr. CAGR	3%	-2%	9%
3-Yr. CAGR	7%	-2%	10%

*CAGR = Compound Annual Growth Rate

2024 Data Source: OSF Provided Materials

2023 & Prior Years Data Source: IHFSRB Hospital Profiles

² History of Ottawa's Hospital: <https://www.osfhealthcare.org/hospitals/saint-elizabeth-ottawa/about/history>

A Monopoly is Born

Following years of partnership with OSF through their clinical stroke network, Ottawa Regional Hospital and Healthcare Center's leadership signed an LOI to merge in **2010**; the deal was finalized in **2012**. OSF paid no purchase price for the hospital's assets (including the land), but the valuation at the time was \$58 million³. OSF later acquired hospital assets in Mendota (**2014**) and Princeton (**2021**), also for free, yet valued at \$40 and \$25 million respectively⁴. Each of these hospitals had been community hospitals (independent entities) prior to OSF's acquisition.

As depicted in the table below, by **2021** there were 5 acute care hospitals serving the C0-2 region, and the region had an excess of beds in every category (medical/surgical; obstetrics/delivery; and intensive care). OSF owned 3 of the hospitals in the region, while the other two hospitals in Peru and Spring Valley were owned by Sisters of Mary of the Presentation ("SMP") Health System. Ottawa's hospital has been the largest acute care provider in planning region C-02 for years.

Hospitals in Planning Region C0-2				
Year 2021: Prior to Closures in Spring Valley & Peru				
C-02 Planning Area	Bed Category			System Ownership
Hospital Locations:	Med/Surg	OB	ICU	
Ottawa	54	12	5	OSF (Acquired in 2012)
Peru	38	7	4	SMP
Spring Valley	28	10	6	SMP
Princeton	22	0	3	OSF (Acquired in 2021)
Mendota	21	0	4	OSF (Acquired in 2014)
TOTAL Beds	163	29	22	Excess of beds in every category
C-02 Bed Need*	120	19	14	
Beds in Excess / Shortage (red)	43	10	8	

*As determined by the IHFSRB at that time

In January **2023**, Peru's hospital closed, and then Spring Valley closed in June of the same year. In August **2023**, OSF was granted approval by the HFSRB to add 2 Obstetrical beds to Ottawa's hospital, growing the OB bed count at the hospital from 12 to 14. As depicted in the table below, following these closures, only 3 acute care hospitals (all owned by OSF) were operational and there was a severe shortage in med/surg beds. At this time, Ottawa's hospital stretched to meet utilization needs following the closures; nursing staff in Ottawa have shared stories of being "encouraged" by OSF leadership to keep up with the increased demand that naturally followed.

Hospitals in Planning Region C0-2				
Year 2023: Post Closures in Spring Valley & Peru				
C-02 Planning Area	Bed Category			System Ownership
Hospital Locations:	Med/Surg	OB	ICU	
Ottawa	54	14	5	OSF
Peru	0	0	0	CLOSED
Spring Valley	0	0	0	CLOSED
Princeton	22	0	3	OSF
Mendota	21	0	4	OSF
TOTAL Beds	97	14	12	OSF gains monopoly on facilities; severe shortage of med/surg beds
C-02 Bed Need*	124	13	14	
Beds in Excess / Shortage (red)	-27	1	-2	

*As determined by the IHFSRB at that time

Following those closures, in July **2023**, OSF made the decision to purchase the closed Peru hospital out of bankruptcy for \$38 million, further growing a Catholic health care monopoly in the region.

³ 2012 Change of Ownership Application

⁴ 2014 and 2021 Change of Ownership Applications

It is believed that OSF did not go through Federal Trade Commission review pursuant to the Hart-Scott-Rodino Antitrust Act, thus growing monopoly power in the C0-2 region without any federal antitrust oversight.

Soon after OSF's acquisition of Peru's hospital, in March 2024, OSF announced plans to build a new hospital in Ottawa and demolish the current facility. The application to the HFSRB claims this decision was made based on the age of Ottawa's facility and outdated infrastructure. The proposed new hospital would keep 26 mental health beds; but ICU and OB units would be eliminated; and only 12 med/surg beds (a 78% reduction) would remain. Operating rooms would also be reduced from 5 ORs to 2 (a 60% reduction), and certain surgical specialties would no longer be performed in Ottawa.

In stark contrast, OSF submitted plans to *add* beds at Peru's hospital and re-position it as the system's inpatient "hub" within their "I-80 Corridor" region – despite the age of the Peru facility being much older than Ottawa's! The Ottawa community was shocked to hear that after years of partnership, promises and donated assets, that the OSF system would abandon us. Not only that, their plans do little to take our region out of the severe bed-shortage created by the two hospitals closing in 2023 (as shown in the table below).

Hospitals in Planning Region C0-2				
Year 2025: If CON Permits Approved for Ottawa & Peru				
C-02 Planning Area	Bed Category			System Ownership
Hospital Locations:	Med/Surg	OB	ICU	
Ottawa	12	0	0	OSF
Peru	45	11	8	OSF
Spring Valley	0	0	0	CLOSED
Princeton	22	0	3	OSF
Mendota	21	0	4	OSF
TOTAL	100	11	15	OSF grows monopoly on facilities; severe shortage of med/surg beds
C-02 Bed Need	124	13	14	
Excess / Shortage (red)	-24	-2	1	

**As currently determined by the IHFSRB*

It's worth mentioning here that through discussions between City of Ottawa officials and OSF leadership, it has been uncovered that despite having 3 licensed ICU beds in Princeton and 4 licensed ICU beds in Mendota, those units are essentially not utilized because they are not staffed appropriately for ICU level care. This information is backed up by the annual hospital survey data collected by the Illinois Department of Public Health ("IDPH"), which shows an average daily census on those units at 0.2 and 0.4 respectively in 2023 (the most recent year of data available).⁵ Therefore, OSF may appear to be meeting the needs of ICU beds on paper, but in practice there will be only 8 staffed ICU beds in the C0-2 region if these plans are approved; which will leave our region with a deficit of 6 ICU beds based on the state-determined need of 14. The CHO group has been told numerous stories from patients regarding long wait times for ICU beds, and the need to transfer people out of the region due to ICU capacity constraints.

The applications for the above-referenced plans can be found on the HFSRB website.⁶ Furthermore, nowhere in the 2023 application that OSF submitted to HFSRB for a change in ownership in Peru, did they mention reduction in services in Ottawa as a result of the acquisition.

⁵ IDPH Hospital Data Profiles and Annual Bed Report for 2023:

[https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/facility-profiles/hospital-facility-profiles-\(new\)/2023-individual-hospital-profiles.pdf](https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/facility-profiles/hospital-facility-profiles-(new)/2023-individual-hospital-profiles.pdf)

⁶CON 24-013 (Discontinuation of Ottawa's Hospital): <https://hfsrb.illinois.gov/project.24-013-osf-st-elizabeth-medical-center.html>;

CON 24-011 (Replacement Facility for Ottawa's Hospital): <https://hfsrb.illinois.gov/project.24-011-osf-saint-elizabeth-medical-center->

Facing Pushback, OSF Attempts Piecemeal Planning

In March 2024, when citizens learned about OSF's plans to demolish and diminish hospital services in Ottawa, a grassroots movement was born. The Citizens for Healthcare in Ottawa⁷ ("CHO") group consists of community members with expertise in a variety of industries, as well as elected officials from the City of Ottawa. The group's goal has been to educate the community and elected leaders as to what OSF's plans mean for the health and welfare of people living in Eastern LaSalle County, and to pushback on OSF's plans to leave our region under-bedded and underserved as they attempt to use their monopoly powers to make drastic changes that are unvetted and unsupported by city and county leaders.

A timeline of events since CHO formed and began opposing OSF's plans:

- Mar. 2024 – OSF submits 3 projects to the HFSRB, to be heard at the August 2024 board meeting:
 - CON Application 24-011: Ottawa's Replacement Hospital
 - CON Application 24-013: Discontinuation of Ottawa's Hospital (Demolish current facility)
 - CON Application 24-014: Peru Hospital Expansion
- Apr. 2024 – CHO Requests a Public Hearing with HFSRB on Projects 24-011 and 24-013
- Apr. 2024 – CHO Representatives Speak at Various City and LaSalle County Board Meetings
 - OSF was also in attendance and spoke at several city council and county board meetings
- Apr. 2024 – City of Marseilles passes resolution in opposition to OSF's plans*
- May 2024 – City of Ottawa passes resolution in opposition to OSF's plans*
- May 2024 – Ottawa Chamber of Commerce passes resolution in opposition to OSF's plans*
- Jun. 2024 – LaSalle County Board of Directors passes resolution in opposition to OSF's plans*
- Jun. 2024 – City of Streator passes resolution in opposition to OSF's plans*
- Jun. 2024 – Village of Grand Ridge passes resolution in opposition to OSF's plans*
- Jun. 2024 – Village of Naplate passes resolution in opposition to OSF's plans*
- Jun. 2024 – HFSRB Public Hearing Held; approximately 500 people in attendance; hours of speakers
- **Aug. 2024 – HFSRB Board Meeting**
 - OSF requested the board to vote on the Peru project (24-014), but defer the Ottawa projects (24-011 and 24-013) until the September board meeting based on public outcry
 - CHO members participated during public comments, and requested the board vote on all 3 applications at the same meeting, as the outcomes for each are all clearly connected; written opposition from CHO relating to the projects being interconnected can be found on the IHFSRB website⁸
 - The board approved project 24-014 (Peru's expansion) and agreed to defer Ottawa's projects until September
- Aug. 2024 – OSF announced an "Enhanced Plan"⁹ that increased the number of med/surg beds from 12 to 20 in Ottawa, however that plan was never amended as part of their HFSRB application.
- **Sep. 2024 – HFSRB Board Meeting**
 - OSF requested another deferral, this time 6 months in length on the Ottawa projects to continue discussions with City of Ottawa officials; thereby pushing the deferral to the March 2025 board meeting
 - The board approved the deferral
- Nov. / Dec. 2024 – OSF met with City of Ottawa officials and members of CHO a handful of times, but could not reach a resolution to increase the number of beds beyond the proposed 20 beds in OSF's "Enhanced Plan"
- **Mar. 2025 – HFSRB Board Meeting**
 - OSF requested another deferral, this time 12 months in length on the Ottawa projects

[ottawa.html](#); CON 24-014 (Peru Hospital Expansion): <https://hfsrb.illinois.gov/project.24-014-osf-st-elizabeth-hospital---peru.html>; COE 026-23 (OSF's purchase of Peru's Hospital): <https://hfsrb.illinois.gov/project.e-026-26-st-margaret-health-peru.html>

⁷ Citizens for Healthcare in Ottawa: <https://saveottawahealthcare.com/>

⁸ Written opposition for separating Peru's hospital application from Ottawa's applications:

<https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/projects/projectdocuments/2024/24-014-osf-st-elizabeth-medical-center/2024-07-17%2024-014%20Opposition%20Letter%20CITIZENS%20FOR%20HEALTHCARE%20OTTAWA.pdf>

⁹ OSF Announces Enhanced Plan: <https://newsroom.osfhealthcare.org/osf-healthcare-enhances-plan-for-new-ottawa-hospital/>

- The board approved the deferral with the requirement that OSF meets monthly with city officials, community members and provides a written update on progress of the meetings
- The 12-month deferral time is above and beyond the board's normal limit on deferrals, which is 6 months.
- Mar. 2025 – Within weeks of receiving the HFSRB's approval to defer until March 2026 the two applications that would impact Ottawa's hospital, OSF then submitted a new application (CON 25-013)¹⁰ that requested the closure of the ICU and OB units in Ottawa
- Mar. 2025 – CHO Requests a Public Hearing with HFSRB on Project 25-013
- May 2025 – OSF meets with CHO and City of Ottawa officials
 - OSF confirms their plans to have all OB and ICU services in Peru
 - OSF does not provide patient origin data as requested (to better analyze the impact to patients)
- Jun. 2025 – HFSRB Public Hearing Held; hundreds of people in attendance; hours of speakers
- Jun. 2025 – OSF meets with CHO, City of Ottawa officials and State Representative Amy "Murri" Briel
 - OSF spends the majority of the meeting complaining about the public hearing
 - OSF again does not provide patient origin data as requested
 - Representative Briel shared constituents' stories about patient transfers and other concerns
 - CHO asks for OSF's plans for pregnant moms presenting in labor in the ED (an inevitability) and OSF seems unable to provide a clear response; says they will follow up at the July meeting.
- Jul. 2025 – Meeting scheduled between CHO, City of Ottawa Officials and Rep. Briel to be held on July 25th
- **Aug. 2025 – HFSRB tentatively scheduled to hear OSF's application for Project 25-013 (ICU & OB Closures in Ottawa)**

The new CON application presented by OSF in March 2025 is an attempt to push through plans to dismantle critical health care services with no regard for the intent of the approved deferral at the March 2025 HFSRB meeting, in which the board chairwoman and voting members only allowed for the non-traditional and extended deferral to ensure that OSF would work with the city, community representatives, chiefs of fire and police and other key stakeholders to ensure the plan was sound and would not create a transfer nightmare (i.e. patient safety and quality concerns) and drastically reduce hospital bed capacity in the largest micropolitan area within the state.¹¹

*Note: all resolutions passed by city and county board are available for viewing on the IHFSRB website.¹²

¹⁰ CON 25-013 (Eliminate ICU & OB in Ottawa): <https://hfsrb.illinois.gov/project.25-013-osf-saint-elizabeth-medical-center.html>

¹¹ Ottawa Micropolitan Statistical Area:

https://ides.illinois.gov/content/dam/soi/en/web/ides/labor_market_information/images/Changes%20to%20Illinois%20MSAs_2025.pdf

¹²City & County Resolutions in Opposition to OSF's Plans can be found on the IHFSRB application pages:

https://hfsrb.illinois.gov/project.24-011-osf-saint-elizabeth-medical-center_ottawa.html

Missing Application Information Related to Discontinuation of Services in Ottawa

On page 35 in CON application 25-013 (copied below), OSF dodges the question of which services will leave Ottawa by responding with the short list of services they plan to maintain. Since March 2024, OSF has made announcements about services transferring from Ottawa to Peru (e.g. Maternal-Fetal Medicine; Neurology; Dialysis; Histology/Microbiology labs and Interventional Radiology to name just a few), yet none of these service discontinuations in Ottawa have been listed in their application to the CON.

2. Identify all the other clinical services that will be discontinued.

Pending decisions about the future of SEMC-Ottawa, OSF plans to continue the following clinical services at SEMC-Ottawa:

- Inpatient medical/surgical service
- Inpatient acute mental illness service
- Surgical Department – ORs and procedure rooms
- Emergency Department
- Diagnostic Imaging
- Outpatient services
- Lab
- Respiratory
- Pharmacy

OSF Prepares for Closures Without HSFRB Approval

As we await the August 12, 2025 IHFSRB meeting that is tentatively scheduled to review Project 25-013 – we have been given numerous pieces of information that indicates OSF is already moving forward with closing the OB and ICU units in advance of HFSRB consideration. Clearly, OSF should await mandated HFSRB review before initiating these changes.¹³ We believe this is yet another matter worthy of investigation.

The objective of the “Illinois Health Facilities Planning Act” is in part, “to assure that the reduction and closure of health care services or facilities is performed in an orderly and timely manner, and that these actions are deemed to be in the best interests of the public...”

¹³ Illinois Health Facilities Planning Act:

<https://www.ilga.gov/Legislation/ILCS/Articles?ActID=407&ChapAct=20%20ILCS%203960/&ChapterID=5&ChapterName=EXECUTIVE+BRANCH&ActName=Illinois+Health+Facilities+Planning+Act>.

Evidence of OSF's actions to prematurely close OB and ICU units:

1. The following four images illustrate flyers posted in the hospital in early July 2025 (photos taken by an anonymous staff member). OSF clearly expects the HFSRB to approve their plans on August 12. When asked what happens if HFSRB does not approve their plans, we were told that staffing both units would not be feasible, meaning they will very likely operate in essence of the plans by not staffing the OB or ICU units in Ottawa.

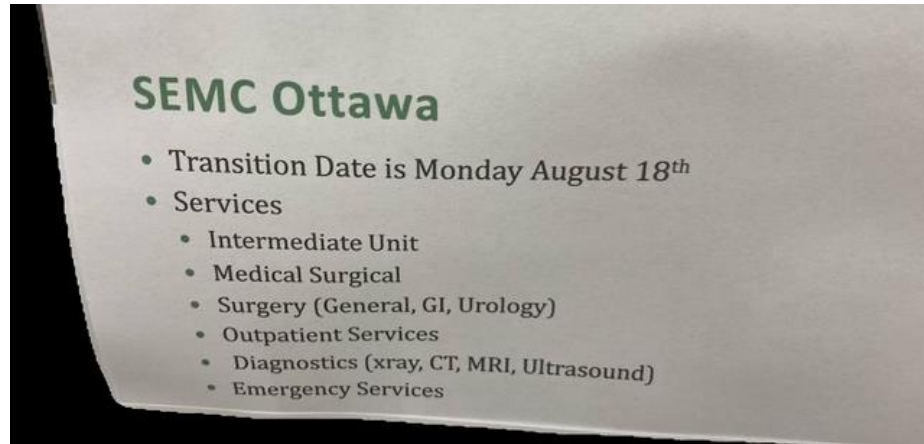


Image 1 – Slide with information depicting which services will remain in Ottawa on August 18, 2025. This list aligns to the image shown on the previous page (from the 25-13 application), regarding services planned to stay in Ottawa.

It's notable that this list of services does not include the Intensive Care Unit and OB Units. "Intermediate Unit" is a term created by OSF that they describe as an "in between" of med/surg and ICU (higher level care than med/surg; lower-level care than ICU); OSF has been clear that the Intermediate Unit will not have mechanical ventilation machines. Under official licensed bed counts, the intermediate unit would be considered a "med/surg" bed.

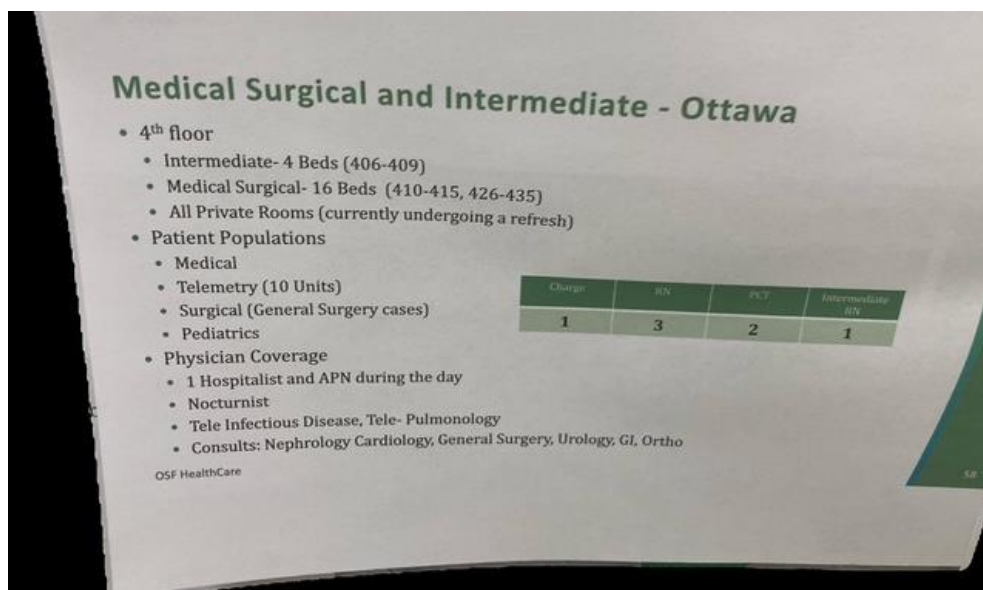


Image 2 – Slide with information that details location of med/surg and intermediate care beds in the hospital with the planned transition for August 18, 2025. I. Staff have shared that the 20 beds described above (4 intermediate and 16 med/surg) have been recently renovated and transitioned from dual occupancy to private rooms. The "Patient Population" is believed to be the patients that will be clinically appropriate to treat in this unit. The "Physician Coverage" is believed to be the staffing plan for the unit.

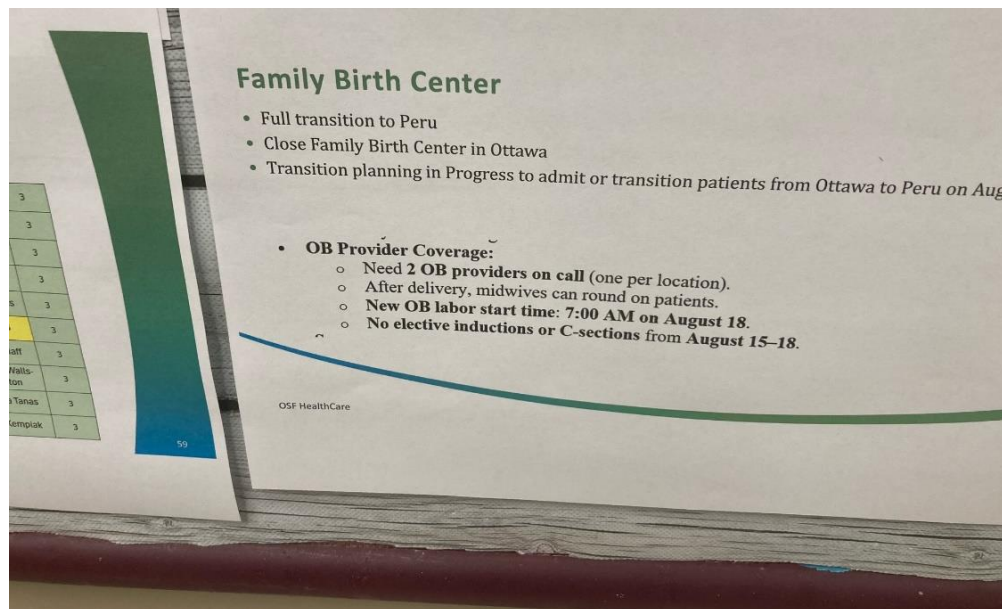


Image 3 – Slide with information that confirms complete transition of OB services to Peru and the closures of the birthing OB unit in Ottawa on August 18, 2025.

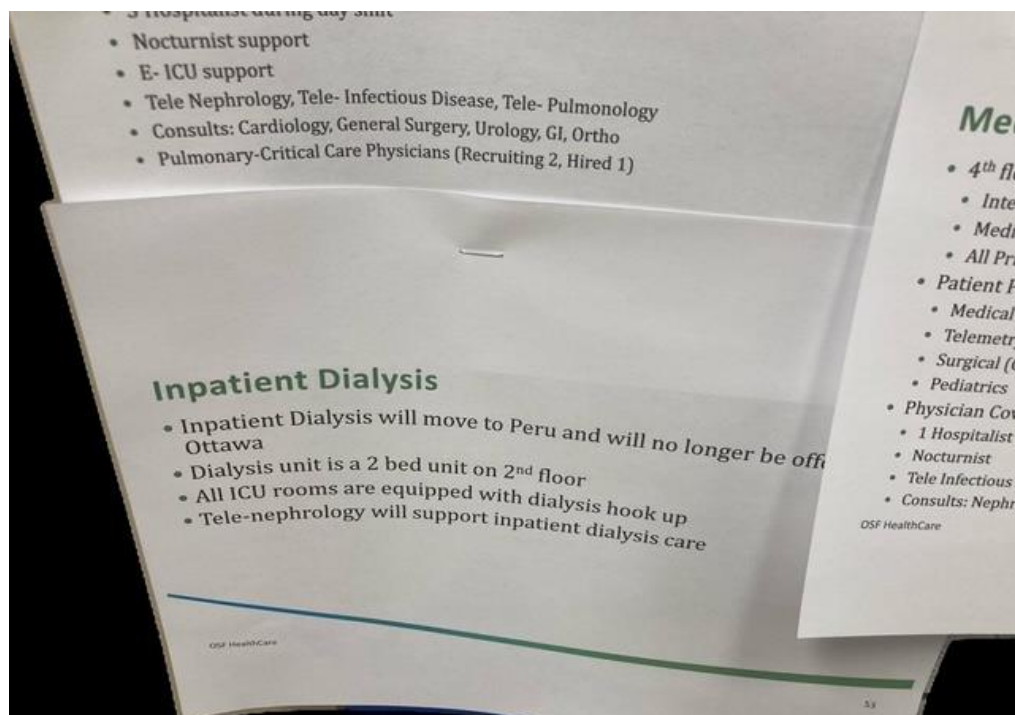


Image 4 – Slide with information that inpatient dialysis unit will close in Ottawa on August 18, 2025.

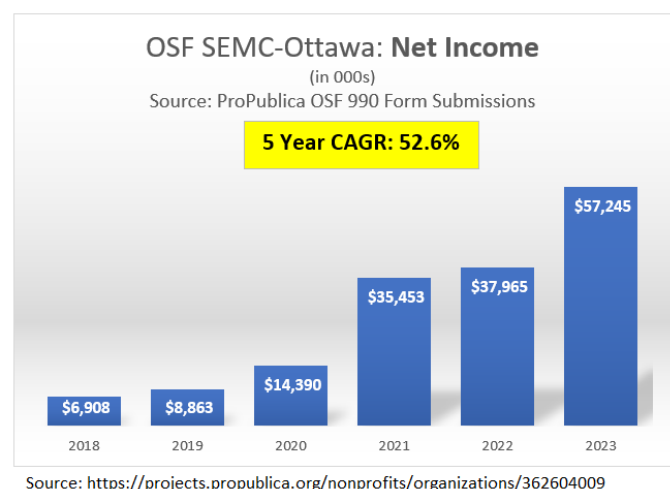
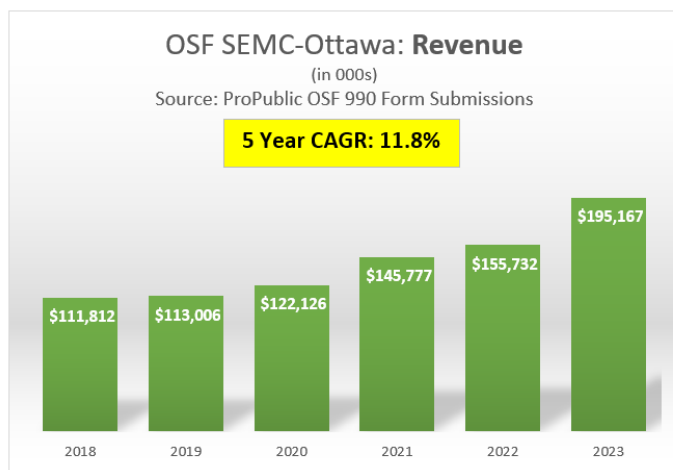
2. Copied from a text exchange with an Ottawa hospital staff member on July 1, 2025:

Hey we just had a meeting and I'm sure you guys know but starting August 18 they are only planning having 18 inpatients in Ottawa 6 intermediate care I'm not sure if that's part of the 18. They will be transferring patients to Peru if all 18 are filled. Surgery will only be offered two days a week and two Thursday's a month. Not ortho I'm sure. They are adding a Saturdays in Peru to their regular surgery schedule to do ortho surgery. MRI arthrograms are over two months to get in now. There are no swallow eval appointments left in Ottawa or pain injections.

3. Many additional staff members have corroborated the information above, and we believe an investigation into the matter is warranted.

OSF's Financial Motives

Unlike many rural hospitals, Ottawa's hospital has been profitable for years: net income was \$57.2 million in **2023**; the compound annual growth rate over the past 5 years has been 52% (see graphs below). This information directly contradicts what OSF has shared publicly that rural hospitals are losing money, which they claim is a major factor in their decision making.



It's a more likely motive that OSF is simply trying to keep a profitable hospital service, but re-locate the assets to a zip code that has a stronger patient payer mix – with the hopes that financial gains will continue to rise. Since 2021 is the last year that Peru's hospital reported patient data to the Illinois Department of Public Health¹⁴, that is the best year of comparison data that we have to illustrate this point (see below). The hospital's current chief medical officer, Dr. Leonardo Lopez, confirmed this suspicion during a meeting with the LaSalle County Board when he said that Peru's "more favorable payor mix" was a consideration in decision making.

Ottawa Hospital: 2021 Hospital Profile Report

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	49.5%	27.1%	1.2%	19.7%	0.7%	1.9%	
	1690	926	40	673	23	64	3,416
Outpatients	42.3%	23.6%	0.6%	31.5%	0.9%	1.1%	
	68361	38114	974	50936	1400	1846	161,631
<u>Financial Year Reported: 10/1/2020 to 9/30/2021 Inpatient and Outpatient Net Revenue by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	40.9%	27.7%	1.1%	29.8%	0.5%	100.0%	
	14,087,780	9,569,034	370,532	10,292,442	165,867	34,485,655	560,122
Outpatient Revenue (\$)	16.4%	21.0%	0.9%	61.2%	0.5%	100.0%	
	16,210,270	20,793,143	894,230	60,599,070	465,398	98,962,111	1,214,599
							Total Charity Care Expense 1,774,721
							Total Charity Care as % of Net Revenue 1.3%

Peru Hospital: 2021 Hospital Profile Report

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	54.2%	18.0%	1.8%	23.4%	1.9%	0.7%	
	897	297	30	387	32	11	1,654
Outpatients	35.5%	7.2%	0.4%	51.3%	5.6%	0.1%	
	53567	10859	570	77436	8491	161	151,084
<u>Financial Year Reported: ##### to 12:00:00 AM Inpatient and Outpatient Net Revenue by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	66.7%	7.8%	1.9%	20.3%	3.2%	100.0%	
	11,359,714	1,328,720	329,093	3,462,723	545,645	17,025,895	23,657
Outpatient Revenue (\$)	30.7%	6.5%	5.7%	54.4%	2.6%	100.0%	
	21,934,645	4,646,922	4,085,804	38,882,970	1,877,216	71,427,557	171,366
							Total Charity Care Expense 195,023
							Total Charity Care as % of Net Revenue 0.2%

¹⁴Hospital Profiles: <https://hfsrb.illinois.gov/inventories-data.html>

As a tax-exempt, charitable organization, OSF appears to be abandoning the health care needs of the Ottawa community (and all of Eastern LaSalle County) in favor of continued robust profit growth. Years of sustained asset growth supports our claims that OSF is hoarding funds to accumulate excessive assets and reserves, without clear plans to utilize them in furtherance of its tax-exempt mission (through expenditures in support of the region's community health needs). As shown below, OSF's assets have grown from 2.6 billion in 2012 when OSF took over Ottawa's hospital to 6.4 billion in 2024.¹⁵ CHO has accumulated additional relevant materials, and we would be happy to provide these materials to the OAG if interested.

OSF HEALTHCARE SYSTEM AND SUBSIDIARIES			
Consolidated Balance Sheets			
September 30, 2012 and 2011			
(In thousands)			
Assets	2012	2011	
Current:			
Cash and cash equivalents	\$ 120,094	131,751	
Patients' and residents' accounts receivable, net of allowance for doubtful accounts of approximately \$149,952 in 2012 and \$133,862 in 2011	469,299	351,210	
Other	86,329	66,583	
Total current assets	675,722	549,544	
Investments	712,329	627,987	
Assets limited as to use	202,836	199,461	
Property and equipment, net	936,207	893,970	
Restricted assets	41,292	59,536	
Other assets	68,623	52,254	
Total assets	\$ 2,637,009	2,382,752	
Liabilities and Net Assets			

OSF HEALTHCARE SYSTEM AND SUBSIDIARIES			
Consolidated Balance Sheets			
September 30, 2024 and 2023			
(In thousands)			
Assets	2024	2023	
Current assets:			
Cash and cash equivalents	\$ 350,375	284,355	
Receivables:			
Patient accounts receivable	528,809	532,107	
Due from third party reimbursement programs	14,070	23,921	
Other	67,846	51,676	
Total receivables	610,725	607,704	
Board designated assets for self-insurance	55,380	56,250	
Inventory	95,628	84,579	
Prepaid expense	43,831	32,323	
Total current assets	1,155,939	1,065,211	
Investments	2,114,440	1,848,854	
Board designated assets for self-insurance, net of current portion	260,353	195,368	
Assets limited as to use	208,779	211,212	
Property and equipment, net	2,178,447	2,076,203	
Operating lease right of use assets	147,061	147,676	
Financing lease right of use assets	23,774	18,257	
Goodwill	64,780	64,951	
Deferred compensation assets	114,815	88,820	
Venture capital investments	74,870	76,691	
Other assets	70,667	34,157	
Total assets	\$ 6,413,925	5,827,400	
Liabilities and Net Assets			

¹⁵ OSF Financial Statements available on <https://emma.msrb.org/>

Ottawa's hospital is not only doing well financially; in recent years it has received numerous quality awards and accolades – some specific to the departments that OSF is closing (ICU & OB):

- Blue Cross Blue Shield: "Blue Distinction Center+ for Maternity Care" (2025)
- Healthgrades: "Critical Care Excellence Award" (2025)
- Becker's Hospital Review: "100 Great Community Hospitals" (2025)
- The Chartis Center for Rural Health: "Top 100 Rural & Community Hospital in the United States" (2025, 2023, 2022)
- Leapfrog Hospital Safety Grade: "A-Rating" (Spring 2025, Fall 2024, Spring 2024)

Key Concerns to Investigate:

OSF clearly has a monopoly in our region and their poor planning raises concerns about patient safety, service affordability and hospital staff working conditions. It places an undue burden on patients and caregivers who will have to travel longer distances in potentially treacherous winter weather. And it abuses tax-payer funded resources like police and EMS. We believe there are numerous concerns worth investigating, some of the most obvious listed below:

- 1) **Med/Surg Capacity & Transfers:** Ottawa's med/surg unit has an average daily census ("ADC") of 34 patients¹⁶, meaning OSF's future plans for 12 beds are flawed from the start and will result in regular patient transports. We have also learned through discussions with OSF that they only staff 37 beds (far less than the licensed number of 54), which limits capacity and creates an environment where more patients already need to be transferred out when beds are full. We believe that if more of the licensed beds were staffed and open that more patients would be able to be treated in Ottawa – resulting in fewer transports, reduced cost to patients and less reliance on EMS. In order to understand the broader impacts of patient travel, we have requested patient origin data from OSF, but so far, they have been unwilling to provide this information.
- 2) **Restricting Patient Choice:** There are already regular complaints of patients having to be transferred from Ottawa to other OSF sites for care when beds at Ottawa are full. Compounding this are reports from patients that OSF will not transfer patients outside of their system (to a competitor facility) even when requested by a patient. For example, a patient in the emergency room had to be transferred (due to beds being full in Ottawa) and requested to be transferred to Northwestern, since the patient had an established cardiovascular team there. However, this patient was told Northwestern did not have any open beds. This patient decided to leave on their own and drive to a Northwestern hospital, which did in fact have a bed.
- 3) **Regional Hospital Bed Shortage:** OSF seems unwilling to address the shortage of 24 medical/surgical beds in region C0-2. This shortage, as depicted in tables above, is based on the IHFSRB's determination of needing 124 med/surg beds in region C0-2. OSF plans will only provide for 100 med/surg beds.

Ottawa's ICU unit has an ADC of 3.9 patients, with a peak census of all 5 licensed beds being utilized at a given time. We have heard many patient stories about having to wait in the ER to be transferred to an ICU bed in another facility because the ICU in Ottawa is full. Clinical experts have also spoken about the patient safety issues in regards to patients suffering complications from surgery that would require ICU level care, but not having an ICU on site.

¹⁶ 2024 and 2025 YTD ADC data provided by OSF to City of Ottawa

Furthermore, and as mentioned above, OSF is deceptive in stating that they will have a total of 15 ICU beds in the region, since the 7 ICU beds in Princeton and Mendota are not staffed at ICU levels and have an ADC near 0. Meaning, there will be only 8 staffed ICU beds in the C0-2 region if OSF's plans are approved; despite the region's needs being determined by the IHFSRB to be 14 ICU beds.

- 4) **Behavioral Health:** Ottawa falls into Planning Area "HSA-2" for the category of acute mental illness ("AMI"); HSA-2 is a 13-county region, much larger than the C0-2 planning region for other bed categories like med/surg. Despite there being a surplus of 161 behavioral health beds throughout this region, OSF has planned to double the AMI service in Ottawa by constructing all private rooms (a change from the dual occupancy rooms that exist today). Growth in the AMI unit will require use of med/surg beds for medical clearance and possibly ICU beds for detox and observation prior to admittance to the AMI unit. This will make it more likely that patients coming to Ottawa's emergency department will end up being transferred if med/surg beds are full with behavioral health patients. Additionally, if ICU is needed for detox, the patient will have to be transferred off site (if OSF closes the ICU in Ottawa) and then transported back to Ottawa for care – further complicating the patient's experience and also incurring added costs.

Inventory of Health Care Facilities and Services
and Need Determinations

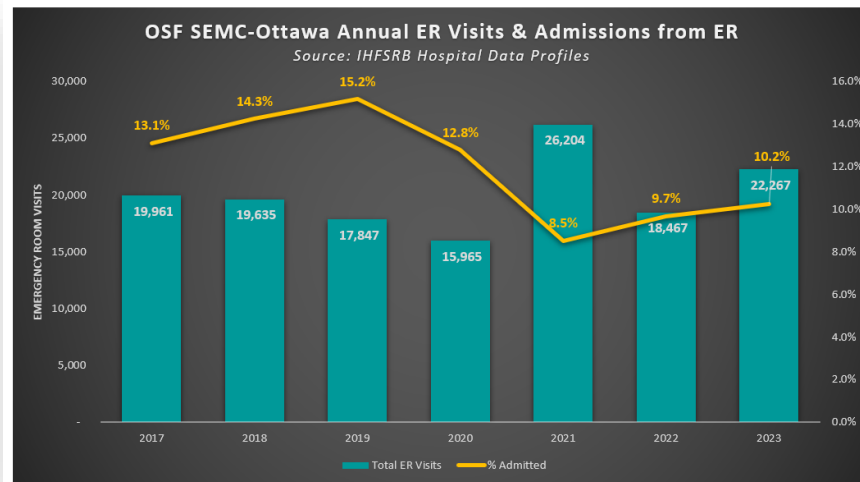
Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

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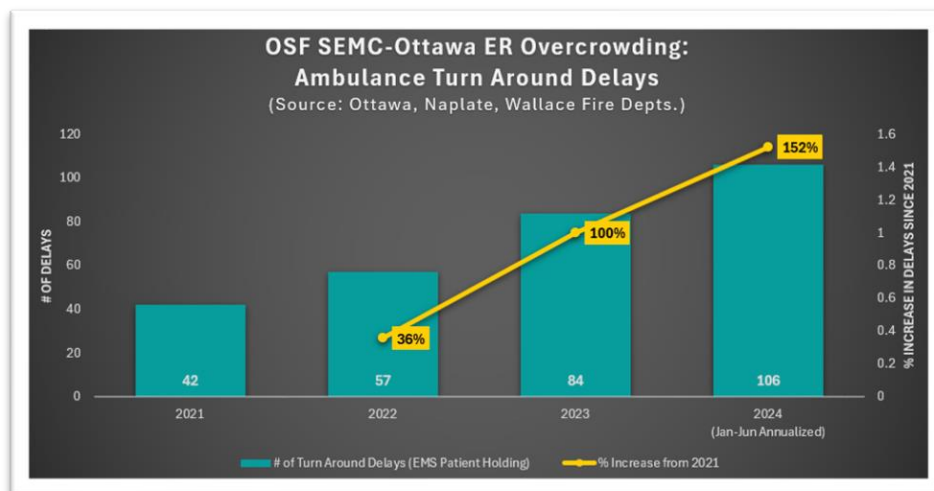
ACUTE MENTAL ILLNESS CARE CATEGORY OF SERVICE
Existing Beds, Beds Needed, and Additional Beds Needed or Excess Beds
By Planning Area

Planning Areas	Existing Beds	Calculated Beds Needed	Additional Beds Needed	Existing Excess Beds
HSA 1	66	73	7	0
HSA 2	247	86	0	161
HSA 3	182	136	0	46
HSA 4	147	136	0	11
HSA 5	55	64	9	0
HSA 6 - AREA A-01	463	221	0	242
HSA 6 - AREA A-02	713	552	0	161
HSA 6 - AREA A-03	251	119	0	132
HSA 6 & 7 - AREA A-04	171	125	0	46
HSA 7 - AREA A-05	270	218	0	52
HSA 7 - AREA A-06	370	206	0	164
HSA 7 - AREA A-07	573	502	0	71
HSA 7 - AREA A-08	21	53	32	0
HSA 8 - AREA A-09	174	113	0	61
HSA 8 - AREA A-10	34	34	0	0
HSA 7 & 8 - AREA A-11	30	46	16	0
HSA 8 & 9 - AREA A-12	95	44	0	51
HSA 9 - AREA A-13	167	132	0	35
HSA 9 - AREA A-14	89	58	0	31
HSA 10	54	29	0	25
HSA 11	170	65	0	105
STATE TOTALS	4,342	3,012	64	1,394

- 5) **Emergency Care:** The current Emergency Department is licensed for 9 stations, but operates as many as 13 during busy hours. The plans are for the new ED to include 10 stations. Emergency Department volumes at Ottawa's hospital had been slowly declining prior to the COVID-19 pandemic, peak ED volumes were experienced in 2021, and volumes rose again in 2023 when Peru and Spring Valley hospitals closed (see graph below).



Ottawa's fire chief shared concerning data about wait times that EMS has experienced over the past several years when ambulances arrive at Ottawa's emergency department. These wait times assess the number of patients who were delayed in receiving care due to the ER being overcrowded; these delays also represent times that ambulances were essentially out of commission as they "held" patients on the rigs until space became available in the emergency room.



Note: This data only includes patient transports from Ottawa, Naplate and Wallace EMS; it does not include patients who were transported by neighboring town ambulance services, which would increase the total # of delays.

- 6) **Workers:** Employees will be forced to travel for work if they want to maintain their jobs. Especially those in surgical services, intensive care and labor/delivery as OSF plans to move these services from Ottawa to Peru. There will be no pay differential for employees who are being required to work in Peru despite taking the position in Ottawa. Furthermore, reports from staff members at Ottawa's hospital claim that people are being told their positions are at risk of elimination as OSF "regionalizes" certain positions (a screen shot below is provided from a text exchange with a concerned citizen regarding the Emergency Department Director; this information was shared with CHO the week of July 14th).

I just went there today and ran into the director of ER nursing and she was packing up her office and asked her if she was moving to Peru she said no that she didn't have a job anymore because they eliminated her position and I remember when they sat down in front of everybody and told people that no one was gonna be losing their jobs yet they are restructuring everything and people are losing their jobs

- 7) **Surgical Services:** OSF has plans for 2 operating rooms in Ottawa, compared to the 5 they have today (a 60% reduction). And although it will operate like an Ambulatory Surgery Center, OSF has said (when pressed with questioning about billing) that they will still be billing patients under hospital-outpatient department rates. Effectively this means that patients will be paying more for lower acuity services.
- 8) **Abuse of Taxpayer Resources:** OSF did not factor in the amount of city resources they will need to make their plans operational, for example:
- Policing non-criminal patients:** OSF already takes advantage of the Ottawa PD, calling officers with complaints regarding patient behavior. This practice takes officers off the streets for hours for non-criminal activity. Additional patient volumes expected for mental health services will even further exacerbate this issue.
 - Ambulance transports:** Three ambulances are in operation in Ottawa; 1 brand new and paid for by tax revenue. When Ottawa's hospital is full (as it inevitably will be based on data presented above), the city's EMS providers will have to regularly take patients to Peru or farther away for treatment. Each time this happens our community is at risk if another emergency were to happen when an ambulance is out of town. This practice also impacts the wear and tear on tax-payer funded vehicles.

- 9) **Women's Health Care / Catholic Ethical and Religious Directives ("ERDs"):** It's impossible to ignore the impacts that a Catholic health system monopoly will have on women's health care delivery and patient outcomes. In one example, women who are already in the hospital giving birth would not be allowed to have a tubal ligation, since it goes against the churches ERDs. In that scenario a patient would have to be discharged and schedule the procedure at another (non-OSF) facility – thus adding both undue burden and cost to the patient. Catholic health systems have a notoriously difficult time recruiting obstetricians due to these limitations as well.
- 10) **Sale of Hospital vs. Demolition:** As stated in the CON application 24-013 (sourced earlier), OSF intends to demolish Ottawa's current hospital facility. They cite a report on the facility's condition as a deciding factor, but when asked for access to the report OSF said they will not make it public. The former hospital president has told community members that he believed the hospital was in good working order when OSF acquired the facility in 2012. Perhaps OSF believes the hospital holds no value, since they paid no price for it, but the citizens of this community deserve to know if another health system would be willing to purchase the facility and operate it with services at or near levels that exist today. Because OSF holds a complete monopoly in this region, we deserve to have a competitor option. Without that option, OSF will continue to draw the provider-delivery landscape in the ways it works best for their organization – which from experience is putting profits over patients. If they intend to demolish the facility, what harm is there in first finding out if another willing and able buyer would come to the table. The only harm would come in the form of less revenue to OSF if patients were to choose another system – but as we all know – competition is best for patient choice and service options.
- 11) **Profits Over Patients:** As a tax-exempt, charitable organization, OSF appears to be abandoning the health care needs of the Ottawa community (and all of Eastern LaSalle County) in favor of continued robust profit growth. Years of sustained asset growth supports our claims that OSF is hoarding funds to accumulate excessive assets and reserves, without clear plans to utilize them in furtherance of its tax-exempt mission (through expenditures in support of the region's community health needs). Relatedly,

Thank you for your willingness to consider this request for civil investigation. Please let me know if we can answer any additional questions or provide additional supporting information.

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I H F S R B

Transcript

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1 affirmative.

2 CHAIRWOMAN SAVAGE: So that is approved.

3 Thank you.

4 Now we are going to move on E-02
5 and E-03. E-02 is OSF Saint Elizabeth Medical
6 Center in Ottawa, HSA-II; and then E-03, OSF
7 Saint Elizabeth Medical Center in Ottawa,
8 HSA-II.

9 So may I have a motion to defer
10 the request to defer Project 24-011 and
11 Project 24-013. 24-011 was for the
12 establishment of a replacement hospital for 12
13 months, and Project 24-013 was for the
14 discontinuation of a hospital for 12 months.

15 So may I have a motion for both
16 in one.

17 MEMBER LEGRAND: So moved. LeGrand.

18 MEMBER FOX: So moved. Fox.

19 CHAIRWOMAN SAVAGE: Okay. So new group
20 of folks. So if you could please introduce
21 yourselves, spell your name for the court
22 reporter, and then she will swear you in.

23 MR. HOHULIN: Mark Hohulin, M-A-R-K
24 H-O-H-U-L-I-N.

1 MR. QUERCIAGROSSA: August Querciagrossa,
2 A-U-G-U-S-T Q-U-E-R-C-I-A-G-R-O-S-S-A.

3 MS. TROMPETER: Dawn Trompeter, D-A-W-N
4 T-R-O-M-P-E-T-E-R.

5 MR. WEBER: Ralph Weber, R-A-L-P-H
6 W-E-B-E-R.

7 (Interruption by the reporter.)

8 CHAIRWOMAN SAVAGE: B, as a boy.

9 (The parties were duly sworn.)

10 CHAIRWOMAN SAVAGE: Thank you.

11 Now, Mike or George, if you could
12 give us the State Board staff reports for E-02
13 and 3.

14 MR. CONSTANTINO: Thank you, Madam Chair.

15 The applicants are requesting an
16 additional 12 months for Projects 24-011 and
17 24-013. Before the projects are considered by
18 the State Board, the proposed deferral allows
19 the applicants to meet with representatives
20 from the City of Ottawa and develop an
21 enhanced plan for services offered at the
22 replacement hospital.

23 To date, Ottawa officials have
24 not supported the applicant's reasonable plan

1 for healthcare delivery and the role of Saint
2 Elizabeth Medical Center in relation to the
3 plan.

4 Thank you, Madam Chair.

5 CHAIRWOMAN SAVAGE: Thank you, Mike.

6 If you'd like to proceed.

7 MR. QUERCIAGROSSA: Thank you, Madam
8 Chair.

9 Again, thank you to the Board for
10 allowing us to be here today. We have a
11 couple twofold, not only to ask for the
12 deferral, but also to give you an update on
13 the regional plan that the Board heard last
14 August and approved in Peru. Dawn will be
15 sharing some of that information as well.

16 Our request today is to continue
17 a 12-month extension deferral for the two
18 permit applications. I'm just going to give
19 the Board just the background.

20 As the staff reported, last April
21 we submitted three CON projects that really
22 centered around that regional plan that we
23 brought back to the Board, and it was really
24 around stabilizing the services within C-02.

1 That was predicated by the closure of two
2 St. Margaret's hospitals, one in Spring Valley
3 and one in Peru, and that was in 2023.

4 OSF did purchase the Peru campus
5 through bankruptcy in November of 2023, and
6 then we renamed that Saint Elizabeth Medical
7 Center Peru; and our two Saint Elizabeth
8 campuses today, our hospitals, Ottawa and
9 Peru, operate under one combined license.

10 Those three permit applications
11 that I mentioned -- I'll just review them.
12 The reopening of Peru was CON 1, and that was
13 a modernization and expanded 8-bed ICU, 11-bed
14 OB service, and 45 medical/surgical beds.
15 That permit application was approved by this
16 Board in August of 2023, and it really enabled
17 us to relocate the ICU and OB services now in
18 Ottawa to Saint Elizabeth in Peru, which is a
19 distance of 17 miles.

20 The second CON in the third of
21 the ones before you today, the replacement
22 hospital in Ottawa with a smaller footprint,
23 which did not include ICU or OB. It did
24 maintain the 26 acute mental illness beds, but

1 did reduce the overall medical/surgical beds
2 to 12. That project was over \$120 million at
3 the time, a year ago.

4 The third was after the
5 construction of the new hospital in Ottawa, we
6 would downsize -- or we would discontinue the
7 existing campus, the facility, and sunset
8 that.

9 It's the last two that we're
10 bringing to you for deferral. And we've spent
11 an enormous amount of time over, I would say,
12 the last 12 months.

13 The project implemented a
14 regional plan for the C-02. To remind the
15 Board, this is the counties of LaSalle,
16 Bureau, Putman, and two ZIP codes in Stark.

17 Peru is in the center of C-02.
18 That's the City of Peru. Relocating ICU, OB
19 really brings everything to the center and
20 reduces disparity to the west. We would call
21 that in our regional model the hub, and that's
22 what we proposed to the Board.

23 But there are important spokes
24 within that delivery system, including

1 Saint Paul Medical Center in Mendota, a
2 critical access hospital; Saint Clair Medical
3 Center in Princeton, a critical access
4 hospital; the proposed downsized facility in
5 Ottawa, Saint Elizabeth Medical Center. And
6 we cannot forget the importance of the Center
7 for Health, which is the freestanding
8 emergency room and outpatient services in the
9 town of Streator, all located around that hub.

10 Our regional plan was to ask for
11 really to approve all three at the same time,
12 but unfortunately, as you know and the Board
13 is aware, we had opposition on this project.
14 So we deferred the two Ottawa projects last
15 August and then in September, which was
16 granted, and now we're doing an additional
17 request for a 12-month deferral.

18 But as -- as we spent time
19 through not only the public hearing, the
20 deferral process, we have been meeting with
21 officials, you heard that this morning, very
22 diligently. That started last summer.

23 And, you know, through our
24 listening sessions both at the public hearing,

1 we did propose an enhanced plan, but it would
2 have been a modification to the current CON.

3 We call it an enhanced plan; never came to the
4 Board. But it was to increase to a 20-bed
5 facility in Ottawa. And in that 20-bed, 4 of
6 those 20 beds would be intermediate to talk
7 about challenges in moving ICU to the middle.

8 We still feel today that our
9 12-bed met the needs of the region, but,
10 again, with feedback we did take that to
11 heart, and we did make that modification.
12 And, again, working with the city throughout
13 the whole time and community members on that
14 enhancement plan.

15 However, today, as you heard
16 already earlier, the Ottawa officials have not
17 supported a regional plan for healthcare
18 delivery and that important role that Saint
19 Elizabeth's in Ottawa plays within the whole
20 ecosystem.

21 I do have a letter that I'll
22 leave with the Board from the mayor of Ottawa,
23 Rob Hasty, that was dated on March the 7th of
24 2025 that the -- that he is writing on behalf

1 of the City of Ottawa to formally express our
2 agreement, the City of Ottawa, to extend the
3 existing CON for OSF Saint Elizabeth for the
4 additional 12 months. So I'll leave that for
5 the Board as referenced as well.

6 We are requesting that extension.
7 It's not only to give time to, you know, work
8 with the officials, but it's really allowing
9 us to continue to work to get Peru stood up.

10 Dawn's going to give you that
11 timeline because that's not anticipated
12 because of the enhancement modernization of
13 the ICU. We're moving from 8 beds Ottawa --
14 or 5 beds in Ottawa to 8 beds in the region.
15 That project's going to be finished early
16 summer with an opening in August should
17 everything go well, and we have another CON
18 that we'll be discussing here shortly.

19 But it does give us an
20 opportunity to get Peru going. And really
21 anything less than 12 months doesn't finish
22 that part of the project, which is really
23 important to the hub.

24 So I'm going to turn it over to

1 Dawn. She is the president of both Saint
2 Elizabeth Ottawa, Peru, Center for Health, and
3 Mendota today. So she's got a big
4 responsibility, and you heard some of our
5 quality metrics.

6 Thank you, Dawn and team.

7 MS. TROMPETER: Thanks, AG. Dawn
8 Trompeter.

9 Good morning. I would like to
10 give you a brief report on Ottawa and Peru
11 since the approval last August that AG
12 mentioned.

13 That approval enabled us to start
14 work on expanding the intensive care services
15 at Saint Elizabeth Medical Center in Peru from
16 4 to 8 beds in anticipation of accommodating
17 the shift of patients from the ICU service at
18 Saint Elizabeth in Ottawa this summer. The
19 ICU modernization work should be complete
20 sometime in July.

21 Meanwhile, based on the plan as
22 previously discussed with IDPH and the Health
23 Facility Service Review Board staff, we have
24 over the past 11 months been implementing a

1 phased reopening of other services at Peru.

2 In April last year, we opened two
3 of the existing medical/surgical beds and the
4 emergency department and those services that
5 support those two areas. By mid-June we
6 expanded to 12 med/surg beds and began
7 providing outpatient services in Peru.

8 In May outpatient surgery will be
9 started. Consistent with permit application
10 24-014, in mid-August this year we will
11 relocate ICU and OB from Saint Elizabeth
12 Medical Center in Ottawa to Saint Elizabeth
13 Medical Center in Peru.

14 As part of that relocation, we
15 are finalizing a permit application for
16 discontinuing ICU and OB in Ottawa.
17 Discontinuing those services is already part
18 of permit application 24-013, the
19 discontinuation of the entire hospital in
20 Illinois -- in Ottawa.

21 But because we are here today
22 requesting the deferral of that application
23 and the replacement hospital permit
24 application, we need to submit a separate

1 application to discontinue ICU and OB, timed
2 with the opening of those two services at
3 Saint Elizabeth Medical Center in Peru this
4 August.

5 In Ottawa all other clinical
6 services are continuing. That includes
7 inpatient med/surg, inpatient behavioral
8 health, the emergency department, surgery,
9 diagnostic imaging, lab, outpatient care,
10 respiratory, pharmacy. These are meant to be
11 incorporated in the replacement hospital.

12 The 12-month deferral, as AJ
13 mentioned, will allow us time to assess these
14 plans going forward.

15 Meanwhile, we have been tracking
16 utilization at the two hospitals for 2024. I
17 am pleased to report that our patient
18 utilization for last year tracked closely to
19 what had been projected in the permit
20 applications. For example, for ICU in Ottawa,
21 we projected an average daily census of 4.6;
22 actual 3.9. For OB in Ottawa, we projected an
23 ADC of 4.65; actual was 4.0.

24 In addition to ICU and OB, the

1 subject of this deferral request, I'm happy to
2 report that our projection of 2,732 med/surg
3 admissions in Ottawa in 2024 is within five of
4 our actual 2,727 admissions.

5 This experience supports our
6 statements that bed capacity --

7 (Interruption by the reporter.)

8 MS. TROMPETER: -- bed capacity in the
9 regional plan is going to be sufficient to
10 accommodate area needs.

11 All of this data are from our
12 preliminary work on the AHQ that we will be
13 submitting within the month.

14 And thank you, and we're open to
15 any questions.

16 CHAIRWOMAN SAVAGE: Okay. Does anyone
17 have any questions?

18 Mr. Budde.

19 MEMBER BUDDE: So if you achieve this
20 enhanced plan that you talked about that's not
21 in the CON we have now, will that be a
22 resubmission of the CON? Or I'm not sure if
23 that --

24 MR. QUERCIAGROSSA: I'm going to turn

1 that to Ralph. He knows more about that.

2 MR. WEBER: Yes, Mr. Budde, it would be a
3 modification of that permit application.

4 (Interruption by the reporter.)

5 MR. WEBER: Ralph Weber.

6 CHAIRWOMAN SAVAGE: And then just to be
7 clear, the mayor's letter that you are
8 speaking of, if you could give that to the
9 staff before you leave.

10 Okay. Other questions?

11 Mr. Gary.

12 MEMBER KAATZ: Gary Kaatz. I'm a little
13 puzzled about three things. The first one,
14 what was in the CON that was approved in 2012
15 that was brought up in the public session this
16 morning, and are we -- are we backing out of
17 that?

18 The second thing is I was
19 impressed with the community members and the
20 pride they showed. They knew about Leapfrog,
21 they knew about the top 100 hospitals in the
22 world. You see tremendous pride in this
23 community.

24 And number three, you guys have

1 done a nice job on your regionalization plan.
2 You're a smart organization. You're going to
3 put 120 million, or whatever, right, into a
4 new facility; right?

5 I got to believe there's a way
6 you can bring all those three together, and
7 I'm just jumping to the conclusion that it
8 might make sense if you step back for a
9 minute, refile a new CON that encompassed all
10 this and brought the mayor and somebody else
11 from the community with you when you presented
12 it.

13 What's wrong with my thinking?
14 Help me with that.

15 MR. QUERCIAGROSSA: Thank you for the
16 question. AJ Querciagrossa. I'll do my best,
17 and my colleagues can jump in.

18 I think that the reference to the
19 2012 is when the Community Hospital of Ottawa
20 joined OSF HealthCare. I think the challenge
21 is healthcare has changed since 2012. I think
22 the statement continues to be made on behalf
23 of the community that OSF promised to never
24 change services.

1 I don't think that's what we
2 determined or is adding on the application
3 form. We all know that healthcare continues
4 to advance and evolve.

5 It was really this regional plan
6 has been very thoughtful. We talked to you
7 about the two hospitals most recently closing,
8 but there was a third hospital that closed in
9 this region in the City of Streator.
10 Overbedded on the inpatient side. And we're
11 still at odds to the right number of inpatient
12 beds.

13 Our proposal really was to bring
14 really important services in the regional plan
15 to the middle. It does reduce services in
16 Ottawa for OB and ICU, but what we've brought
17 forward last summer was we believe we can keep
18 more patients in the region in ICU at an 8-bed
19 level.

20 And our commitment to the Board
21 is we're all ready and we have posted for four
22 critical care pulmonologists to serve that ED,
23 as we mentioned, because we believe with the
24 capacity constraints across the state, keeping

1 patients local is better than maybe
2 overwhelming some of the tertiary centers.

3 So I would say healthcare has
4 changed in 2012.

5 The second one is I do believe
6 the City of Ottawa community members are very
7 passionate about their city. We have not been
8 able to get them beyond that Peru is 17 miles
9 from Ottawa for inpatient beds. I don't know
10 that we'll ever get there. But we did take a
11 formal approach from the health system.

12 We used the data, and you've
13 heard Dawn, we've done pretty good with the
14 data on our submissions. That's a hard --
15 hard work when you have facilities closing and
16 making assumptions last year. Now we have
17 real data, and we're pretty darn close.

18 We believe that our regional
19 plan -- we're seeing it now even with enhanced
20 flu that capacity is not challenged in the
21 region, as Dawn mentioned; that the 12 beds
22 was probably accurate. We would have to come
23 back with an enhanced plan at 20 and convince
24 the Board that that's adequate based on the

1 standards.

2 It won't meet the current today's
3 standards. But we do believe in it because
4 with the feedback it's really understanding
5 what types of patients are served in ICU as an
6 example, right. They're not -- they're
7 different, right. There's different levels.

8 Intermediate care was a
9 compromise; that we thought we don't have that
10 in Ottawa today. It would keep critically ill
11 patients in Ottawa who needed to be in Ottawa,
12 but if you needed a higher level of care, you
13 would be close by 17.

14 So, again, community members,
15 passion. I think that is -- we still believe
16 in our regionalization plan, to your question.
17 I think it also -- you know, as construction
18 of the new middle, we've gotten feedback from
19 the community council of Ottawa, the mayor, is
20 let Peru stand up on what we're proposing.
21 And that's what we're kind of committed to.

22 We have to kind of wait and see
23 because the beds are still -- I don't want to
24 call it volatile because that's a hard word,

1 but it's really about -- it is moving the
2 right resources. And it is -- you know, I'm
3 very concerned about some of the comments that
4 we hear, and you all have heard this, is
5 staffing and personnel.

6 This is not just around the
7 personnel, nurses, our PCTs, all of that.
8 Think about OB and the provision of OB in two
9 communities 17 miles apart. And I want to
10 pause.

11 In today's environment, that
12 would require eight OB-GYNs in a market that
13 has two. And that's why the regional plan
14 allowed members from Princeton to the west,
15 another 20 miles, today they drive an hour to
16 birth babies if they choose Ottawa or Peoria
17 or the Quad Cities.

18 In our western edge of Bureau
19 County, for OB it does make sense to move it
20 to the middle. And I do believe we have a
21 fighting chance to advance ICU care within the
22 C-02 planning.

23 So I hope that answers some of
24 the questions.

1 MEMBER KAATZ: It does. Could I just ask
2 another one following that? Currently there
3 were five ICU beds at Ottawa.

4 Did you have an intensivist at
5 that ICU?

6 MS. TROMPETER: No. This is Dawn. We
7 had a hospitalist, and then we had an eICU
8 that had those intensivists --

9 MEMBER KAATZ: Right.

10 MS. TROMPETER: -- on the tele, yeah.

11 MEMBER KAATZ: But in your new
12 regionalization plan, Peru will now have an
13 8-bed ICU and staffed 24/7 with trained
14 pulmonologists as ICUs? I'm sorry. As
15 intensivists?

16 MS. TROMPETER: Yeah. So we have open
17 positions and are currently recruiting for
18 four. Now, I'm not going to tell you day one
19 that's what they'll have because it takes a
20 while. But that is the goal, to have the
21 intensivists plus the eICU available, and then
22 we'll have hospitalists for the med/surg and
23 so forth.

24 Can I go back and clarify one of

1 the answers to your question, too? On the CON
2 from 2012 -- and I -- Bob Eschbach
3 said this. I respect Bob, always have.

4 The 2012 CON and that whole
5 transaction, I was at the hospital at that
6 point too. There was a stipulation in there
7 that we -- or a promise in there from OSF that
8 we would not change services, but there was a
9 period of time -- and I believe it was five
10 years, which is more than the standard two
11 years, and obviously since then we've gone
12 through a pandemic and a lot of other things.
13 But that's what was in the information.

14 MEMBER KAATZ: So you've got to convince
15 the community that an ICU, even though it's 17
16 miles down the road, you're going to have
17 intensivists now, it's of a size that you can
18 operate a real ICU, right? I'm sorry to be so
19 casual.

20 I've never seen a project, I
21 don't think, in my life where you're proposing
22 to build a new facility and drop 120 to 130
23 million dollars into the community and they're
24 opposing it.

1 MS. TROMPETER: It would be 154 with the
2 20 beds.

3 MEMBER KAATZ: And they're opposing it.
4 You've got to figure out a way to
5 educate and get them on board.

6 MR. QUERCIAGROSSA: Mr. Kaatz, thank you.
7 We've spent an enormous amount of
8 time. We're not going to stop because we do
9 believe in the regional plan. I think we --
10 our request today really is we need to wait.

11 Again, we need to continue
12 conversations. Peru, moving it to the middle
13 is an important step in the ecosystem of this
14 C-02. That -- if everything goes well and our
15 new CON to the Board, all of that, that could
16 happen as early as August. But then it's
17 going to take a ramp-up to get going.

18 So, again, that's why deferring
19 less than that -- and that's at least five
20 months out today, six months. That's what we
21 were thinking.

22 It isn't really just to continue
23 to kick the can. It's we'll show you the
24 continued data of bed utilization. 45 beds in

1 Peru is more than we -- we had. And then we
2 would have 20 or 12 in Ottawa. And so those
3 combined at 20 and 45 is more med/surg beds
4 than we would have in the region open today.

5 MEMBER KAATZ: How many births are you
6 anticipating at Peru when the OB service is
7 centralized there?

8 MS. TROMPETER: I had -- I can tell you.
9 Yeah, there was 672 for 2024.

10 MEMBER KAATZ: Just at Peru?

11 MS. TROMPETER: Oh, no. This would
12 be for -- it's only at Ottawa now. And so
13 that's what we have. And then -- I don't know
14 if there's a projected --

15 MEMBER KAATZ: And do you have
16 nurse-midwives in the community?

17 MS. TROMPETER: Yes. We have
18 nurse-midwives, OBs, family medicine OB.

19 MEMBER KAATZ: Oh, your family medicine
20 do deliveries also?

21 MS. TROMPETER: There's an FM-OB trained
22 physician, board-certified, yeah.

23 MS. QUERCIAGROSSA: That's an important
24 comment. Sorry, Mr. Kaatz.

1 And, again, as we look here,
2 we do -- we're continuing to try to use those
3 disciplines in the regional model, right,
4 because it's very important in the shortage.
5 So midwives, family medicine OB trained,
6 family medicine OB trained with Cesarean, and
7 then the OB-GYNs.

8 So, again, we've been blessed to
9 hire a brand-new OB-GYN Cesarean trained in
10 this region. And we're going to continue to
11 kind of work to that so the deliveries in the
12 middle support the needs of the women in our
13 community.

14 MEMBER KAATZ: Thank you.

15 MR. WEBER: Regarding the -- Weber.
16 Regarding the projected OB volume, I don't
17 have the number here, but I think it was
18 between a thousand and 1,100. And in 2024,
19 it's gone to 672.

20 MR. QUERCIAGROSSA: And, again, the
21 number, it's very difficult when you go back
22 and look at the births at St. Margaret's in
23 Spring Valley and Peru combined. They have a
24 significant amount of deliveries that we have

1 not seen in the recent years. And so, again,
2 using that data to come up with -- you know, I
3 think our goal is to get upwards of 800.
4 That's we believe a good ecosystem.

5 It's going to be women choosing
6 to come to the middle from the west, not
7 choosing to go elsewhere, and really kind of
8 stabilizing that. I think the numbers will
9 play themselves out over 6 to 12 months and
10 then we'll be able to put more data before
11 you.

12 CHAIRWOMAN SAVAGE: When it comes to OB,
13 I mean, you can imagine people who are wanting
14 to give birth, 17 miles, at least at this
15 rate, that could take an hour to get
16 somewhere.

17 So how is traffic between Peru
18 and Ottawa or this west side that you're
19 speaking of?

20 MR. QUERCIAGROSSA: This has also been a
21 sticking point I think with community members.

22 We're in rural America. So if
23 I'm in a blizzard in a snowstorm, it's going
24 to take us longer. We have either Route 6 or

1 Interstate 80 to get us there. In a normal,
2 no emergency vehicles, closing down the
3 highway, 20 to 25 minutes.

4 CHAIRWOMAN SAVAGE: And do you have home
5 birth in Ottawa, that you know of?

6 MR. QUERCIAGROSSA: I do not believe we
7 do today.

8 CHAIRWOMAN SAVAGE: That's too bad.

9 Okay.

10 MEMBER TANKSLEY: Sure. I just wanted to
11 get a little more insight into what you guys
12 are doing to work with the community. You
13 mentioned "I'm not sure if they're ever going
14 to get there," and so that causes a little bit
15 of hesitance in me.

16 I'd like to know if you are --
17 are members of the community or something part
18 of your board? Are they engaged in any other
19 ways? Or what is that strategy to -- not just
20 educating them, because they seem like very
21 educated people.

22 So what is the strategy in
23 getting their buying into what you're
24 proposing?

1 CHAIRWOMAN SAVAGE: And when you talk
2 about it, you can talk about the police and
3 fire, who clearly we're finding that they
4 didn't feel like you were engaging enough.

5 MR. QUERCIAGROSSA: I'm going to let you
6 start on that because it's a little
7 disappointing to hear from police and fire
8 today because I think we have done work.

9 MS. TROMPETER: Can you say the first one
10 again?

11 MEMBER TANKSLEY: Yeah, no, I'm just --
12 because perception is reality, right. So
13 their perception is that it hasn't been done.
14 I think it has to be addressed.

15 So I'm just asking are they
16 members of the board? What kind of discussion
17 do you guys have or strategy for planning to
18 move this forward given that you -- if you can
19 get these 12 months?

20 Like, you still are stating that
21 "I'm not sure if they're ever going to come
22 along." So how does that influence the Board
23 to say, yes, in 12 months you're going to be
24 in a space where this is actually happening?

1 MS. TROMPETER: A couple different
2 answers on that. So, yes, we do have --
3 community members are on our community
4 council, and they are very much educated on
5 this plan and support it, particularly the
6 enhanced plan.

7 We also have had a meeting with
8 all of the chamber invites -- invitees and
9 went through kind of just the state of rural
10 healthcare as well. In addition to that,
11 we've been meeting with the mayor, two city
12 council persons, three members of the CHO
13 opposition group, and along with two members
14 of our community council went through probably
15 20 pages or more of questions over several
16 different sessions on that.

17 And so I think, you know, in
18 meeting with and talking to the mayor and the
19 councilmen, their support, much like ours for
20 asking for the 12-month deferral, is really
21 let's get that regional plan open, the ICU,
22 the OB, the 45 beds at Peru, and then let's
23 just see the number so that then we can come
24 back and they can feel more comfortable that

1 it really will support the communities.

2 MR. QUERCIAGROSSA: "If I might add --
3 thank you, Dawn -- we spent a lot of time,
4 hours and hours, meeting with, I would say, a
5 diverse group. I think one time the mayor of
6 Marseilles showed up. So, again, it's not
7 even just Ottawa.

8 To be remiss, the City of Ottawa
9 did submit a counterproposal on our enhanced
10 plan, but there were really challenges in that
11 for us. So to hear testimony today and things
12 to say that we were ingenuous or, you know,
13 not honest is a little disheartening to me
14 personally because of the time commitment
15 we've all spent on this project.

16 The challenge in the project was
17 as good fiduciary members of the city, they
18 were trying to get to a cost point, because
19 it's 154 million in the enhanced plan, but the
20 reduction was on the backs of behavioral
21 health beds, and we're not going to do that.
22 That wasn't what we wanted to do. You heard
23 that.

24 I was very fascinated by some of

1 the testimony on another project this morning
2 is we have the same problem in the current
3 building in Ottawa that we brought forward to
4 you. There are no private beds in the current
5 hospital.

6 So we have our license today for
7 26 beds, but on an average daily census of
8 under 20 because of female, male, and all of
9 that. So we recognize the need in that
10 application, and that was just not -- and we
11 were really genuine in saying this wasn't a
12 negotiation. We're trying to get you on
13 board.

14 It wasn't a wager. We are the
15 experts in healthcare, whether they want to
16 believe it or not, and I feel bad saying that,
17 but we've spent an enormous amount of time in
18 this region.

19 And the corollary is Dawn lives
20 in the region. I live on the fringe of the
21 region. This is personal for us too because
22 we're going to use this ecosystem one day.

23 And so, again, we've spent an
24 enormous amount of time. We're optimistic, is

1 what I would say, that we can continue to show
2 that the numbers do work and patients are not
3 impacted negatively.

4 So thank you for those questions.
5 I appreciate it.

6 MS. TROMPETER: This is Dawn.

7 I want to go back to your
8 question on the EMS and the fire and the
9 police. Chief Wilson is no longer the chief
10 anymore, but that was from before. We did
11 work with, and we actually did follow through
12 on a commitment that we told them. We had
13 hired another security person around the
14 clock, so we now have two around the clock.

15 And then the -- just for some
16 clarification, we have a separate contract for
17 ambulance transfers, you know, between the
18 two, and any tertiary facilities. It does not
19 utilize the EMS resources within the City of
20 Ottawa at all. It's a separate contract that
21 we have specifically for patient transports.

22 MR. QUERCIAGROSSA: I might add one
23 comment, and I hate to belabor this, but it's
24 really important.

1 There are no cath labs in this
2 plan. It doesn't mean that we don't want a
3 cath lab. It means there aren't any in Ottawa
4 or Peru today. And so when we hear things
5 like EMS having to go farther to go to Peru,
6 if somebody's in a critical stroke or heart
7 attack, they're going to go to the closest
8 emergency room and then the staff's going to
9 do that.

10 So I want the Board to know that
11 it isn't they aren't going to get, you know,
12 stinted in Peru, because that service today
13 does not exist. There are those services in
14 Morris, those services in Peoria, the suburbs,
15 Rockford. I mean -- Dixon.

16 So, again, I think the fighting
17 chance on the regional model is to determine
18 what are the next services. The first was
19 critical pulmonary care, and there are more
20 coming. So, again, it gives us a fighting
21 chance to actually provide more services in
22 the region.

23 I hope that might help.

24 CHAIRWOMAN SAVAGE: When did you last

1 meet with the community board and the police
2 and the fire?

3 MS. TROMPETER: February. Or not with
4 the police and fire, with the -- well, the
5 community -- the community council we meet
6 with ongoing every two months, but they -- the
7 city -- the mayor and the two councilmen and
8 so forth, we met with February.

9 MR. QUERCIAGROSSA: February 14th,
10 Valentine's Day.

11 MS. TROMPETER: Oh, yeah, it was the
12 14th. And then we have -- we're scheduling --
13 we've committed -- both sides committed to
14 every two months just keeping a meeting
15 together to look at the numbers and so forth.

16 MR. QUERCIAGROSSA: And I think that's
17 important, Gary, to your question. We've
18 committed to the city council and others that
19 our data is complicated, but we want to bring
20 that information just on the work that we do
21 today on the issues of community health within
22 the region to the city council.

23 And so we'll do this and continue
24 to meet every other month and continue to -- I

1 would say educate, and I don't mean it in a
2 negative way, but on healthcare, and really
3 what's happening on the impact on the region
4 too.

5 And our commitment is we're going
6 to grow with the region. This isn't a fixed
7 plan. We'll pivot as we need to based on the
8 data and the need and the utilization because
9 we're committed.

10 CHAIRWOMAN SAVAGE: And then you kind of
11 mentioned this before, but normally our Board
12 rules are a six-month deferral. What are you
13 going to significantly do differently for the
14 12-month deferral that we don't usually do?

15 MR. QUERCIAGROSSA: Again, the biggest is
16 get Peru optimized. That's the biggest change
17 other than in addition to what we've already
18 talked about. The enhanced plan is on the
19 table at a 20-bed unit in Ottawa. And, again,
20 we need the numbers to continue to support the
21 right bed count within the region.

22 So that -- I don't know that
23 that's going to answer significantly. I think
24 we'll continue to do that, work that we

1 already started when we came.

2 MR. HOHULIN: This is Mark Hohulin.

3 I would say in addition for a
4 modification, over that time period we're
5 going to have to look at the escalation in
6 costs and the time period that it's going to
7 take to do that. So some of that would have
8 to change with our current application. If we
9 go forward with an enhanced plan, what does
10 that cost. So we have to redo some sections
11 of the plan.

12 CHAIRWOMAN SAVAGE: Other questions by
13 Board members or staff?

14 Monica.

15 MEMBER HENDRICKSON: Also from this
16 region of the state, and, you know,
17 geographically speaking, yes, Peru is very
18 much the center of a compass in kind of how it
19 appears. And the distance, likewise, you
20 know, 17 miles in Chicago suburbs is
21 completely different than 17 miles in this
22 part of the state.

23 But I also would -- one comment
24 for my question is I think what you're hearing

1 from a lot of your community members is
2 self-identity. You know, in a -- I grew up in
3 the Chicagoland, and so moving from one suburb
4 to another or different township, you're not
5 noticing that you're leaving. Here you know
6 that you leave. You leave your basketball
7 team colors from your high school, you enter
8 into your archnemesis. I mean, that happens
9 in our communities.

10 So I think what you're hearing is
11 this lack of understanding -- and no
12 offense -- from your commentary today is a
13 little bit laced with not understanding the
14 system, this self-identity that they're
15 feeling that is getting lost.

16 And so, respectfully, I know OSF
17 structures with their community boards. And
18 so I would also advocate that you are adding
19 more of that lens into that conversation,
20 experience in those areas, versus the
21 selection process you normally use for those
22 boards, and at all levels of a community, not
23 necessarily those that -- that can afford
24 expert aspects of it.

1 Having said that, I did -- I
2 didn't fully understand whether or not you
3 answered the question previously, which is why
4 not come back with just another CON? The
5 enhanced plan, which is it there, is it not
6 there, will it look ...

7 What's -- what is the rationale
8 of -- recognizing all these challenges that
9 you keep coming up with, what will a 12-month
10 deferral actually gain versus just coming back
11 with a fresh start?

12 MR. HOHULIN: This is Mark Hohulin again.

13 I think, again, we want to use
14 what we have to date as a starting point,
15 knowing that there's going to need some
16 changes to that modification. Rather than
17 start from scratch, we can just take what
18 we've already began with and make those
19 enhancements.

20 Starting from scratch too puts us
21 back in line, costs us another application
22 fee. All of those things come into play by
23 starting all over again. And we feel like
24 we're still making progress and making

1 movement, and modification of a plan during
2 this time period makes the most sense to us.

3 MEMBER HENDRICKSON: But why 12 months?
4 Why not a shorter time here, like six months?
5 If you're already in this process, why does it
6 have to be the full year?

7 MR. QUERCIAGROSSA: Again, with feedback
8 that we had from officials and through those
9 discussions, we really need this -- I don't
10 know if convince is the right word. Continue
11 to show the data.

12 And Peru not being open fully
13 with ICU and OB really complicates the
14 discussion because we're using still
15 hypothetical from closures of hospitals. So
16 that, as Dawn mentioned, is slated through
17 other approvals that we're going to be
18 submitting, that won't happen before August.

19 And, again, it took us 12 months
20 to rebuild an 8-bed ICU, which is not a bad
21 timeline. So it's really the timing of that.
22 Six months won't give us answers to the
23 question of moving services to the middle.

24 CHAIRWOMAN SAVAGE: Other questions?

1 Okay. George, if you would call
2 the roll.

3 MR. ROATE: Thank you, Madam Chair.

4 Motion made by Ms. LeGrand,
5 seconded by Mr. Fox.

6 Mr. Budde.

7 MEMBER BUDDE: Yeah, based on the report
8 and the conversation today, which I appreciate
9 the questions from my colleagues, I will vote
10 yes.

11 MR. ROATE: Thank you.

12 Mr. Burnett.

13 CHAIRWOMAN SAVAGE: If I could clarify
14 one thing. This vote is about the 24-011
15 because we have to do two separate votes. So
16 they are related, but just so you know.

17 MEMBER HENDRICKSON: Sorry. For
18 clarification, I thought we took the motion
19 together, though.

20 CHAIRWOMAN SAVAGE: We are, but we have
21 to vote separately.

22 MEMBER BURNETT: Yes, based upon today's
23 testimony.

24 MR. ROATE: Thank you.

1 Mr. Fox.

2 MEMBER FOX: Yes. And I'd like to add I
3 appreciated the public testimony today, and of
4 course I appreciate the applicant's testimony.

5 MR. ROATE: Thank you.

6 Ms. Hendrickson.

7 MEMBER HENDRICKSON: Based on the
8 testimony provided today and also knowing how
9 OSF operates in my own community and such a
10 strong partner, and I hope those
11 communications can improve, I do vote yes.

12 MR. ROATE: Thank you.

13 Mr. Kaatz.

14 MEMBER KAATZ: Well, although I like the
15 idea -- and you bring up some good points
16 about the cost. I obviously like the idea of
17 coming back and submitting a brand-new CON
18 with residents from your community as part of
19 the presentation.

20 I think you're doing -- I think
21 that OSF is attempting to do some very good
22 things long term, and I haven't seen such an
23 impassioned community at the same time. I
24 mean, you could be working with a community

1 that didn't care. I'm not sure I've ever
2 heard of a hospital board that knew much about
3 top 100 hospitals in the world component, and
4 Leapfrog certainly.

5 So you have a smart community.
6 They want to do good. They're proud. You
7 guys are a well-resourced organization and
8 intelligent and forward thinking. Somehow you
9 just got to -- and I wish I knew the answer.
10 I don't. Somehow I'm looking for you to get
11 together with the community and figure out a
12 way that we can go forward with this project.

13 So although I'm inclined to vote
14 no because I like the idea of submitting a
15 fresh CON, I will vote yes because I believe
16 you're doing the right thing and I believe you
17 will involve the community in the right way.

18 MR. ROATE: Thank you.

19 Ms. LeGrand.

20 MEMBER LEGRAND: I will also vote yes
21 based on the staff report and the testimony
22 today. And I did listen to what your
23 community says, and they do love you guys
24 really and they want you guys to do well for

1 them.

2 MR. ROATE: Thank you.

3 Dr. Tanksley.

4 MEMBER TANKSLEY: Okay. So I too will
5 vote yes. However -- and I just have to say,
6 your community is broken, and they need to be
7 involved. And I'm not sure -- I'm not as
8 intimately familiar with the way that you
9 choose your board. There are some OSFs in my
10 community as well as there is throughout the
11 entire state of Illinois, but they are -- you
12 know, I don't know who sits on that board,
13 right.

14 And so clearly there's a
15 disconnect between the community members you
16 have on your board and the community who chose
17 to drive here to testify and to -- you know,
18 all of those things.

19 So that being said, I vote yes.
20 However, you have 12 months. I don't know if
21 this is something the Board can request, but I
22 am going to just throw it out there, if there
23 is some way that you all through that 12
24 months continue to let us know how those

1 conversations are going.

2 Because if in three months we're
3 not sure if they're going to ever come along,
4 it's still the conversation, and then after
5 six months we're not sure they're going to
6 still come along, it's still the conversation,
7 then perhaps, you know, us going against our
8 Board rules here is -- you know, it's not
9 something that we should consider in the
10 future.

11 So I'd like to just in some way
12 know how things are going as you continue
13 through this 12-month process.

14 MR. ROATE: Thank you.

15 Chairwoman Savage.

16 CHAIRWOMAN SAVAGE: And I too have some
17 reservations, but I will vote yes based on a
18 lot of what my colleagues have said,
19 especially Dr. Tanksley. And I think, you
20 know, it's going to be mandatory that you give
21 us updates. And, you know, being that you
22 were surprised by what the fire and police
23 said, that, you know, they're usually pretty
24 straight shooters, pardon the pun, but

1 nonetheless.

2 So if that's -- if it's true that
3 your own, I guess, internal ambulance service
4 is not going to impact the EMS, it seems odd
5 that they don't know that. So clearly some
6 better communication, different communication.

7 It would seem maybe every month
8 you need to meet to get this resolved because
9 if you meet every other month that's what's
10 delaying this even further. I know you're
11 very busy. I'm sure your community members
12 are also very busy. And I think, you know, to
13 move this along, much to her -- Dr. Tanksley's
14 point, is that, you know, we can't be going on
15 for 12 months talking to people, talking to
16 people. I mean, you can make a business
17 decision without them, but, you know, you
18 would want the community support, I'm sure.

19 So how can you get that? And I
20 think more frequent communication would be
21 better than what you currently have and some
22 different communication.

23 MS. DOMINGUEZ: And I will say, those
24 reports to the Board, you can send them

1 through staff like you usually do.

2 CHAIRWOMAN SAVAGE: That was a yes vote,
3 George.

4 MR. ROATE: Yes, ma'am.

5 That's eight votes in the
6 affirmative.

7 CHAIRWOMAN SAVAGE: Okay. So that is
8 approved with that condition to please give us
9 monthly updates on where you're at with all of
10 this.

11 So now we're going to move on to
12 24-013.

13 So, George, for that, can you
14 please call the vote for that.

15 MR. ROATE: Yes, ma'am.

16 Motion made by Ms. LeGrand,
17 seconded by Mr. Fox.

18 Mr. Budde.

19 MEMBER BUDDE: I vote yes.

20 MR. ROATE: Thank you.

21 Mr. Burnett.

22 MEMBER BURNETT: Yes.

23 MR. ROATE: Thank you.

24 Mr. Fox.

1 MEMBER FOX: Yes.

2 MR. ROATE: Thank you.

3 Ms. Hendrickson.

4 MEMBER HENDRICKSON: Yes.

5 MR. ROATE: Thank you.

6 Mr. Kaatz.

7 MEMBER KAATZ: Yes.

8 MR. ROATE: Thank you.

9 Ms. LeGrand.

10 MEMBER LEGRAND: Yes.

11 MR. ROATE: Thank you.

12 Dr. Tanksley.

13 MEMBER TANKSLEY: Yes.

14 MR. ROATE: Thank you.

15 Chairwoman Savage.

16 CHAIRWOMAN SAVAGE: Yes.

17 MR. ROATE: Thank you.

18 That's eight votes in the
19 affirmative.

20 CHAIRWOMAN SAVAGE: So that is approved.

21 And, Blanca.

22 MS. DOMINGUEZ: So built into your time
23 frame, that modification, when you're at the
24 point -- because we don't want to keep coming

1 in for deferrals when we already know that
2 modification is going to be your avenue, if
3 that changes, you know, go ahead and take the
4 appropriate action as far as, you know,
5 rescinding and/or asking for a new
6 application. Please build that into that
7 12-month deferral.

8 MR. QUERCIAGROSSA: Thank you.

9 CHAIRWOMAN SAVAGE: Thank you.

10 Okay. So now we are moving on to
11 H-01. That will be OSF Saint Elizabeth
12 Hospital in O'Fallon again, HSA -- XI I guess
13 it would be.

14 May I have a motion to approve
15 Project 24-032 for the establishment of a
16 medical office building in ASTC.

17 MEMBER LEGRAND: LeGrand.

18 CHAIRWOMAN SAVAGE: May I have a second.

19 MEMBER KAATZ: Second.

20 CHAIRWOMAN SAVAGE: Mr. Kaatz is second.

21 Okay. You've all been, I think,
22 sworn in before. He was sworn in before.
23 Yes? Okay.

24 Do you want them to repeat their