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July 23, 2025

Illinois Healthcare Facilities and Services Review Board Via email at dph.hfsrb@illinois.gov

RE: CON Application 25-013

Ladies, Gentlemen:

I am writing this letter in opposition to CON Application 25-013 whereby the OSF hospital system seeks to immediately and permanently end ICU and OB services and beds at its OSF Saint Elizabeth Hospital and Healthcare Center in Ottawa.

I spoke before the IHFSRB at its March 2025 meeting in Bolingbrook when OSF sought a deferral from the Board on its proposal to significantly eliminate or reduce services at its Ottawa facility. In my short two-minute opportunity to speak I referenced the multiple awards and recognitions the profitable St. Elizabeth Ottawa Hospital received in recent years. While there is no need to repeat those accolades in this letter, I cannot help but add that since that March meeting OSF St. Elizabeth Ottawa has <u>again</u> been rated "A" by Leapfrog in hospital safety and has been newly named by Becker's Hospital Review as one of the top "100 Community Hospitals" in the nation.

CON 25-013 is OSF's latest step in its bifurcated and piecemeal approach to achieving its goals. OSF has yet to submit a new or amended CON application for the Ottawa facility. I believe the matter of shutting down ICU and OB services in Ottawa should be either denied or deferred, and considered with whatever OSF'S final proposal for Ottawa may be.

Moreover, it strikes me as ironic that a part of the OSF argument in support of deferral of consideration of its Ottawa proposals last March was that additional time would provide an opportunity to see how the project in Peru progressed before proceeding with the Ottawa portion of their vision. The same argument can be made that we should wait and see how the Peru facility actually functions and meets (or doesn't) the needs of the population in Region CO-2, particularly the heavily populated area east of I-39.

There has been ample documentation submitted to the Review Board to raise serious doubt that the ICU and OB beds and services to be offered in Peru will provide an adequate level of care to the region. I will not go in to detail here, but refer the Board to the previous submittals of Colleen Burns in projects 24-11 and 24-13.

Finally, based in part on my experience as past five-term mayor of Ottawa, and member of Citizens for Healthcare in Ottawa, I truly believe that OSF's secretive planning process, particularly in not consulting with local officials (including EMS and police leaders), was a disservice not only to the Ottawa area community, but to OSF itself. I learned as mayor that the best decisions are made after all affected parties have an opportunity to express their concerns. This certainly is not too much to ask of a not for profit charitable organization with the mission of serving the health needs of the community it serves.

Respectfully,

ROBERT M. ESCHBACH

RME/klr