

Illinois Health Facilities and Services Review Board
Attn: Ms. Debra Savage, Chairwoman
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

October, 2025

Dear Ms. Savage:

RE: Project # 25-013 Discontinuation of Obstetrics Unit and ICU
OSF St. Elizabeth Medical Center, Ottawa, IL

Denial of project 25-013 is important to the communities surrounding Ottawa, Illinois.

OSF has developed a plan that displaces a well-run, high-quality medical campus in our community in order to purchase and rehabilitate a hospital in a town that was unfortunately devastated by bankruptcy. This initiative appears to originate from their corporate office, without evidence of a thoughtful needs assessment for the broad and densely populated eastern region of C-02. Their circular reasoning attempts to persuade healthcare stakeholders that a regional model will benefit all; the evidence suggests otherwise.

Leaving our community with a diminished facility is neither beneficial nor respectful. Since March, even under a deferral, OSF has continued to migrate services westward. In my view, this disregards the direction of the HFSRB and the expectation of meaningful community engagement during their third deferral, longer than any other organization has been afforded. OSF has used this period to deliberately strengthen the Peru facility while steadily vacating the Ottawa campus—surely not the intent of the HFSRB. Had a comprehensive planning process been undertaken, alternative strategies could have been developed to maintain appropriate care within the Ottawa campus.

For more than a year, community sentiment has been one of concern and frustration. OSF has chosen to engage only with a narrow segment of local representatives, limiting transparency and effectiveness. This approach has fostered distrust and left residents questioning the organization's motives.

Now before the Board is the proposed discontinuation of two critical services—the Obstetrics (OB) Unit and the Intensive Care Unit (ICU). I question both the necessity and the legitimacy of this request. The OB Unit's patient census has increased, consistent with long-term trends. In late 2023, OSF requested from HFSRB and was granted two additional OB beds in Ottawa, yet by March 2024 abruptly announced the department's closure and relocation to Peru. Such inconsistency does not reflect thoughtful or evidence-based planning.

According to the Board's own algorithm, Ottawa's 2023 Certificate of Need (CON) occupancy rate for the ICU was nearly identical to Peoria's (72% versus 73%). It is difficult to justify transferring critically ill patients simply to conform to a regional model. OSF's own data indicate that patients requiring ICU care frequently sought required admission outside OSF facilities, further demonstrating the need for local access. The ICU is vital to both the Ottawa community and OSF's broader network. Data also show that most patient movement for care occurs in directions other than west, underscoring the geographic impracticality of this consolidation.

Equally concerning are reports that OSF offered to maintain limited ICU services in Ottawa only if the community provided written and silent support. Such an approach undermines the principles of open dialogue and community partnership that should guide healthcare planning.

The moral compass for healthcare—preserving access and quality for those whose lives depend on it—must not be obscured by selectively presented data. OSF has provided statistics intended to demonstrate that its regional model benefits all, yet these data are incomplete and, at times, misleading. I urge the Board to consider the broader context and real-world impact on patient access, safety, and continuity of care.

The question before you is both simple and profound: Is it appropriate to eliminate the OB Unit and ICU in Ottawa?

The answer, based on the evidence, is no. Denying the hospital in Ottawa these essential services would significantly compromise the quality of care for residents of eastern LaSalle County.

In the October 17 letter to the Board, AJ criticized CHO for focusing on eastern LaSalle County. That focus is precisely our duty. Safeguarding equitable access to healthcare—and the local economies that depend on it—is our responsibility. It was deeply concerning to read that the mayor of Peru supports the petition to

discontinue OB and ICU services in Ottawa. In doing so, he advocates for his own community's benefit at the direct expense of ours.

Within the large C-02 area, OSF chose to merge the geographic patient base from two financially struggling hospitals and has since promoted a regional plan claiming to “float all boats.” In reality, the plan shifts resources from east to west—reducing debt and consolidating wealth—a disastrous collapse of a full-service campus for eastern LaSalle County.

The Board faces a difficult task: to deliberate fairly and equitably on a proposal that would favor one geographic area over another. I urge the HFSRB to exercise its independent judgment, uphold its commitment to balanced regional access, and protect the continuity of essential services in eastern LaSalle County. Both the eastern and western regions of C-02 deserve full-service hospitals that meet the healthcare needs of their residents.

With high regard,

A handwritten signature in dark ink, appearing to read "MA Reagan". The signature is fluid and cursive, with the first part being more stylized and the last part clearly legible as "Reagan".

Margaret A. Reagan