

October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")  
Attn: Debra Savage, Chairwoman  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with the **highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

Tina Bennett

(Printed Name)

Tina Bennett

(Signature)

October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")

Attn: Debra Savage, Chairwoman

525 West Jefferson, 2<sup>nd</sup> Floor

Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with **the highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

Kaylee Burgwald (Printed Name) Kaylee Burgwald (Signature)



October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")  
Attn: Debra Savage, Chairwoman  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with **the highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

Lani Oakes

(Printed Name)

*Lani Oakes*

(Signature)

October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")

Attn: Debra Savage, Chairwoman

525 West Jefferson, 2<sup>nd</sup> Floor

Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with the **highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

Toni Anderson

(Printed Name)

Toni Anderson

(Signature)



October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")  
Attn: Debra Savage, Chairwoman  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with **the highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities;** indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

CHARLES J. KRZAN (Printed Name) Charles J. Krzan (Signature)

October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")

Attn: Debra Savage, Chairwoman

525 West Jefferson, 2<sup>nd</sup> Floor

Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with the **highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

Carol Krzan (Printed Name) Carol Krzan (Signature)



October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")  
Attn: Debra Savage, Chairwoman  
525 West Jefferson, 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with **the highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

\_\_\_\_\_  
Sue Spence (Printed Name) \_\_\_\_\_ (Signature)

October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")

Attn: Debra Savage, Chairwoman

525 West Jefferson, 2<sup>nd</sup> Floor

Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with **the highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

Michael W. Stevens (Printed Name) Michael W. Stevens (Signature)



October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")

Attn: Debra Savage, Chairwoman

525 West Jefferson, 2<sup>nd</sup> Floor

Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to expand Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with the **highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are not staffed as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,

Diane MARLEY

(Printed Name)

Diane Marley

(Signature)

October 27, 2025

IL Health Facilities & Services Review Board ("HFSRB")

Attn: Debra Savage, Chairwoman

525 West Jefferson, 2<sup>nd</sup> Floor

Springfield, IL 62761

RE: Opposition Letter for CON Project #25-013: OSF St. Elizabeth Medical Center, Ottawa – Discontinuation of 5-bed Intensive Care Unit & 14-bed Obstetrics Unit (Labor & Delivery)

Dear Chairwoman:

I am writing to you in **opposition** of OSF HealthCare's plans to discontinue Intensive Care ("ICU") and Labor/Delivery Obstetrical ("OB") services at OSF St. Elizabeth Medical Center ("SEMC") in Ottawa.

In March 2024, OSF submitted 3 Certificate of Need ("CON") projects to the HFSRB, to be heard at the August 2024 board meeting. At the time, OSF requested all projects be reviewed at the same meeting, given their clear connectedness:

- CON Application #24-011: **Ottawa's Replacement Hospital** (eliminates ICU and OB; drastically reduces Med/Surg)
- CON Application #24-013: **Discontinuation of Ottawa's Hospital** (demolish current facility)
- CON Application #24-014: **Peru Hospital Expansion** (expand ICU and OB; increase Med/Surg)

After facing opposition regarding their plans for Ottawa's hospital, OSF decided to seek approval for Peru's expansion as a **stand-alone project** and defer the two Ottawa projects to a future meeting. OSF was granted approval to **expand** Peru's hospital, as well as the request to defer the two Ottawa projects (currently deferred to the March 2026 HFSRB meeting).

**When OSF requested that HFSRB split up the review/approval of the Peru and Ottawa projects, they were effectively telling the board that their system has the ability to move forward with the plans to expand Peru's facility INDEPENDENT of the board's future decision regarding the two Ottawa projects.**

And yet, OSF later submitted a fourth CON application to the HFSRB (CON #25-013) in an attempt to piecemeal their plans and seek approval to close Ottawa's OB and ICU units prior to the scheduled review of these (deferred) plans in March 2026.

The data that OSF has shared in regards to these projects, when analyzed, does not show a compelling argument to discontinue ICU and OB services in Ottawa. In fact, the data supports both the OB and ICU units remaining in Ottawa – either as the "hub" facility, or in addition to the units planned for Peru. Some key data points include:

- **ICU:** In 2024, there were 1,170 patients from the CO-2 region who were admitted from the ED into the ICU:
  - This was an **11% increase** in the number of ICU patients from the prior year (1,053 in 2023).
  - The zip codes with **the highest volume of ICU patients are from Eastern LaSalle County:** Ottawa (224); Streator (158); and Marseilles (105); LaSalle and Peru combined had 158 ICU patients (66 fewer than Ottawa alone)
  - OSF as a system treated **70% of ICU patients across 10 facilities**; indicating a lack of ICU beds in the region
  - OSF "maintains" ICU inventory in Princeton (3 beds) & Mendota (4 beds), but those units are **not staffed** as full-functioning ICUs: both have a daily census near zero. Essentially, there will be only 8 staffed ICU beds in the CO-2 region; **leaving the region with a deficit of 6 ICU beds** based on the state-determined need of 14.
- **OB:** In 2024, there were 1,451 patients from the CO-2 region admitted for OB services:
  - Despite industry-wide declining birth rates, **cases increased more than 10% in the region** (1,313 in 2022)
  - **Ottawa's hospital has been the market leader** for the CO-2 region, even before Peru & Spring Valley closures. In 2022 when Peru and Spring Valley were still open, the following OB market share was observed: 390 patients at Ottawa (30% share); 255 patients at Peru (19% share); 45 patients at Spring Valley (3% share)
  - Historically, **Ottawa has had a higher average daily census** on the OB unit than both Peru and Spring Valley
  - Patients not seeking care in Ottawa are **historically traveling East and South, not West** (toward Peru)

There are simply too many data-driven concerns for the HFSRB to approve of OSF's plans to discontinue OB and ICU services at Ottawa's hospital. I sincerely hope the board denies OSF this permit application.

Thank you,



(Printed Name)



(Signature)