

ILLINOIS HEALTH FACILITIES
AND SERVICES REVIEW BOARD

PROJECT 25-026
OSF HEART OF MARY MEDICAL CENTER

PUBLIC HEARING

August 21, 2026

1:00 PM

Urbana City Building
400 S. Vine Street
Urbana, Illinois

June Haeme: CSR # 084-003038

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1 (Commencing at 1:00 p.m.)

2 MR. ROATE: Good afternoon. My name is
3 George Roate. I'm accompanied by Mr. John Kniery,
4 board administrator; Ms. Lynn Pardie, board member;
5 and Mr. Aron Virden, board administrative assistant.
6 We're from the Illinois Department of Public Health
7 and represent the Illinois Health Facilities and
8 Services Review Board. We're here to conduct a
9 public hearing on the proposed project known as
10 Project 25-026, OSF Heart of Mary Medical Center,
11 Urbana. As per the rules of the Illinois Health
12 Facilities and Services Review Board, I would like
13 to read the legal notice into record.

14 In accordance with the requirements of the
15 Illinois Health Facilities Planning Act, notice is
16 given of receipt to reduce beds and discontinue
17 categories of service at an acute care hospital in
18 Urbana, Project 25-026 OSF Heart of Mary Medical
19 Center, Urbana. Applicants -- excuse me. The
20 applicants are OSF -- OSF HealthCare System and OSF
21 HealthCare System doing business as OSF Heart of
22 Mary Medical Center. The applicant has proposed to
23 reduce its medical/surgical bed complement from 110
24 to 25 beds and discontinue its pediatrics, intensive

1 care, comprehensive physical rehabilitation, open
2 heart surgery and cardiac catheterization categories
3 of service reducing the overall bed count from 156
4 to 40 beds. The hospital is located at 1400 West
5 Park Street, Urbana, and there is no project cost.

6 The staff of the Illinois Health
7 Facilities and Services Review Board will conduct a
8 public hearing on Thursday, August 21st, 2025,
9 beginning at 1:00 p.m. at the Urbana City Building,
10 City Council Chambers, 400 South Vine Street,
11 Urbana, Illinois. The hearing is open to -- the
12 hearing is an open public meeting at which all
13 parties interested will be afforded an opportunity
14 to present written and/or verbal comments relevant
15 to the project. All allegations or assertions
16 should be relevant to the needs for the proposed
17 project and be supported by two copies of
18 documentation or materials, preferably printed or
19 typed on 8 1/2 inches by 11 inches paper.

20 The public hearing is to be held by the
21 Illinois Department of Public Health pursuant to the
22 Illinois Health Facilities Planning Act. The
23 hearing is open to the public and will afford an
24 opportunity for parties with interest to present

1 written and/or verbal comment relevant to the
2 project. Consideration by the state board has been
3 tentatively scheduled for the August 12th, 2025 --
4 I'm sorry, I apologize, it has been tentatively
5 scheduled for the November 18th, 2025, meeting of
6 the Illinois Health Facilities and Services Review
7 Board.

8 If you have not done so, please sign in
9 using the appropriate registration forms. One form
10 is for individuals who want to provide testimony in
11 favor or opposition to the project. The other form
12 is for individuals to register their attendance who
13 do not wish to testify.

14 To ensure that the Illinois Health
15 Facilities and Services Review Board public hearings
16 protect the privacy and maintain the confidentiality
17 of an individual's health information, covered
18 entities as defined by the Health Insurance
19 Portability Act of 1996, such as facilities,
20 hospital providers, health plans and healthcare
21 clearinghouses, submitting oral or written testimony
22 that discloses protected health information of
23 individuals shall have a valid written authorization
24 from that individual. The authorization shall allow

1 the covered entity to share the individual's
2 protected health information at this hearing.

3 Those of you who came with prepared text
4 for your presentation may choose to submit the text
5 without giving testimony. However, if you are
6 giving oral testimony, we ask that you please be as
7 brief as possible. As per the legal notice, I would
8 appreciate two copies of your testimony. When you
9 make your presentation, please give the court
10 reporter the correct spelling of your complete name.

11 We have identified a chief spokesperson
12 for the applicant and we will have that individual
13 make the first presentation. At this time, the
14 board would like to call Mr. J. T. Barnhart to the
15 table.

16 MR. BARNHART: Good to go?

17 MR. KNIERY: Yes, please.

18 MR. BARNHART: Well, thank you for the
19 opportunity. My name is J. T. Barnhart. I'm the
20 president with OSF HealthCare and I oversee our
21 hospitals in Urbana and Danville. Happy to be here
22 to discuss our strategic transformation plan to
23 combine our two hospitals, Heart of Mary Medical
24 Center and Sacred Heart Medical Center, into one

1 hospital with two campuses.

2 Give a little, just kind of a brief
3 overview since OSF acquired the two hospitals about
4 eight years ago. And specifically here in Urbana at
5 Heart of Mary Medical Center, a lot of work has been
6 done around growing our primary care provider base,
7 growing our primary care patient panel, at the same
8 time trying to work on specialty services, on
9 expanding specialty services, recruiting providers
10 around different areas, and so we've had some
11 successes in the specialty side, namely around
12 cardiology.

13 The work around our primary care panel,
14 however, just never quite built as robust a patient
15 panel as we had hoped and expected. We had some
16 challenges there in establishing that, and as of
17 today, we currently only have about 5600 patients in
18 our primary care panel, so that would be all the
19 family medicine, internal medicine patients with
20 providers. That constitutes about 2 1/2 percent of
21 the overall residents of the county. And so while
22 we've had -- sorry, give a little background.

23 So while we've had some ability to recruit
24 in specialty providers, without a robust network of

1 referral physician providers, we have just not seen
2 the growth around the specialty services as well.
3 And also from an overall market share perspective as
4 of today, we only see -- we have about 8 1/2
5 percent, just a little over 8 1/2 percent of overall
6 market share. So that's the focus on Heart of Mary
7 in Urbana.

8 At the same time, our sister facility,
9 Sacred Heart Medical Center in Danville, which
10 serves as the only acute care hospital for Vermilion
11 County, has seen over the last ten years a
12 significant decline in specialty providers. It has
13 become a challenging community to recruit specialty
14 providers to. We've had providers who have retired
15 out, who have left the community, and so as we've
16 looked at that community, the patients that we
17 serve, it's very underserved from a healthcare
18 perspective and our patient base there is highly
19 Medicaid. And so from a standpoint of the system's
20 perspective is how can we best utilize the resources
21 that we have in the right locations to better serve
22 both communities.

23 And so work around this project is to be
24 able to shift some of our specialty providers, some

1 of our specialty services to Vermilion County, to
2 Danville. It's also a community with a lot of
3 transportation barriers and issues and leaving
4 Danville to explore healthcare services outside of
5 the area. And so we feel excited about the
6 opportunity to really build a robust community
7 hospital in Danville from a specialty service
8 perspective where we hadn't in the past, going to
9 see a lot of successes in improving lives in that
10 community.

11 And then, you know, back to Heart of Mary
12 Medical Center and the Urbana campus, we -- as we've
13 evaluated, it seems clear with an 8 1/2 percent
14 market share that the community does not need OSF to
15 duplicate all of our specialty services, but the one
16 area that we felt very strongly in our need to
17 continue and to expand was behavioral health. And
18 so our overall plan is to continue to run the adult
19 behavioral health unit that we currently have.

20 In addition to that, we are -- we've
21 gotten about \$13 million of capital from OSF Health
22 System to expand two new floors for behavioral
23 health services. We see a huge preponderance of
24 inpatient behavioral health from kind of university

1 age, from that student sort of 18 to 26, and so
2 we're going to take a former medical unit, acute
3 medical unit, and convert it into a 13 bed private
4 young adult behavioral health acute unit, so that's
5 18 to 26 patient age demographic programs set for
6 that. Those will all be private rooms.

7 And additionally, we're renovating a
8 second unit, another former medical acute unit, to
9 focus on our senior population from a behavioral
10 health perspective. So that unit as well will have
11 13 private beds with all of the programs and focuses
12 around our senior population, we call it a geriatric
13 psych unit, on that floor.

14 Additionally, we will keep at the Urbana
15 campus an emergency room, basic service emergency
16 room, the same as what we have today, spending about
17 half a million dollars in the emergency room to
18 renovate some of the medical rooms into behavioral
19 rooms, do some renovations to the area to better
20 serve more behavioral health patients is our
21 expectation once we make this conversion.

22 Additionally, we will have a 25 bed kind
23 of medical behavioral health unit. We will do
24 medical detox on that unit really for patients who

1 have a behavioral health diagnosis but need medical
2 clearance before they can move on to the next level
3 of behavioral healthcare, the acute units. That's
4 what that unit will be staged for.

5 Additionally, we will continue to provide
6 all of the ancillary services that we will need for
7 the behavioral health component, the ER, so that's
8 food service, you know, facilities, housekeeping,
9 the imaging components that we'll need to do that,
10 pharmacy components. And so there will be what we
11 expect is about 225 staff members that will be
12 required to run the operation on the Urbana campus.

13 Really excited about the opportunity to
14 better serve this very vulnerable patient
15 population. We know that across the state, across
16 the country, behavioral health units are closing,
17 health systems are deciding to shutter those
18 services, and our mission is to lean into that, is
19 to provide a really robust program on the inpatient
20 side.

21 We're also expanding our outpatient
22 services. We'll have an intensive outpatient
23 program, a partial hospitalization program, all of
24 the medical management -- excuse me, medication

1 management that's required as part of this. And so
2 with additional providers coming in and some
3 opportunities there to continue to do what we do
4 well but also expand the services and some new
5 programs, I think it's going to be a really unique
6 resource for Champaign County, not just Champaign
7 County and Vermilion County but for the whole state
8 and the whole region. Thank you.

9 MR. ROATE: Thank you. Next, the board
10 would like to call Ms. Jennifer Putman.

11 MS. PUTMAN: Can I use this mic?

12 MR. ROATE: Yes, ma'am.

13 MS. PUTMAN: Okay. I didn't have far to
14 walk. I planned it that way.

15 MR. ROATE: Okay.

16 MS. PUTMAN: You'll let me know if my
17 voice is carrying all right?

18 MR. ROATE: Certainly, ma'am. Let me turn
19 on the microphone for you.

20 MS. PUTMAN: I should be able to do that.
21 Push?

22 MR. ROATE: Yes, you are on.

23 MS. PUTMAN: Okay, okay. I am a resident
24 of Urbana of more than three decades duration, and

1 I'm inspired to comment today about my recent
2 experience as a very well cared for guest of the OSF
3 rehab unit and I'm inspired by a letter to the
4 editor that was published in the News-Gazette on
5 August 8th My Stay in the Rehab Unit.

6 This 76-year-old who lives alone had
7 fallen and I could not get up. You've seen the ads
8 for Life Alert, I've fallen and I can't get up.
9 Well, I had fallen and I couldn't get up. This
10 76-year-old decided to spend the night on the floor.
11 Maybe when I woke up in the morning things would be
12 better. Things were not better. It was time to
13 dial 911.

14 When the paramedics asked which -- where
15 would I like to be taken, which hospital, I didn't
16 have to think twice, I immediately said OSF. My
17 husband, now late husband, had been a patient at OSF
18 on more than one occasion. We were both impressed
19 with superior care and just a good feeling about the
20 -- about the facility. It was like -- it was like
21 home. And, very important, it would be easy for
22 friends, especially one who so loyally exercises on
23 my behalf the power of attorney for healthcare, to
24 visit me, to run errands and to ensure care for my

1 home-alone dog.

2 Well, thank heavens for OSF rehab unit and
3 for my rehabilitation. As you can see, it's ongoing
4 and will be a project that goes on as long as I'm
5 alive. But little did I know back in early June
6 that I would be among the last Urbana residents so
7 fortunate as to benefit from such good care as
8 provided at OSF rehab unit in Urbana.

9 It was the third or fourth day of my stay
10 there that Mr. J. T. Barnhart called the staff
11 together to inform them of the demise of the unit as
12 they knew it. Although they did their best to mask
13 their feelings, the physical therapists and
14 occupational therapists who were working with me
15 were crushed, aghast. They apologized for the show
16 of emotion, and we did our best, all of us, to carry
17 on bravely.

18 My rehab has progressed, but then I read
19 sentences in the newspaper, such as what was
20 published yesterday, that services set for
21 elimination in Urbana include comprehensive physical
22 rehabilitation. So I was lucky. Perhaps others
23 will not be so lucky. Maybe it doesn't have to be
24 this way, which brings me to the letter written by

1 Dr. Ravi Hasanadka. The headline above his letter
2 is Speak Up Before It's Too Late. And Dr. Hasanadka
3 ends the letter "It may not be too late to fix this
4 wrong," and that's what brought me here today.
5 Thank you for listening to me. Questions?

6 MR. KNIERY: Thank you.

7 MS. PUTMAN: Thank you very much.

8 MR. ROATE: Thank you. Next, the board
9 would like to call Ms. Marsha Cooper.

10 MS. COOPER: I didn't have anything
11 prepared.

12 MR. ROATE: Okay. Is there anything you'd
13 like to --

14 MS. COOPER: No, I was not on the list.

15 MR. KNIERY: Thank you.

16 MR. ROATE: Okay, thank you. Next, the
17 board would like to call Toby Stortz.

18 MS. STORTZ: Yes, I'm a female. I came in
19 support of OSF. Last year I had a ministroke. I
20 had a ministroke and they said where do you want to
21 go? OSF. Now, I have been to Carle and there is
22 nothing wrong with Carle. It's just there is a
23 different atmosphere at OSF and I can't tell you how
24 wonderfully they treated me at OSF. I felt like I

1 was a princess. I mean, even the floor cleaners,
2 everybody. And I have been in places where, for
3 instance, I have to go to the bathroom, can someone
4 come, and you have to wait a half an hour. The
5 nurses were right there. I can't say enough
6 wonderful things about OSF, and I think it would be
7 very sad if we don't have the choice anymore.

8 I went to my doctor the other day and she
9 said the thing she liked most about this area, and
10 she's been here -- I don't know how many years she's
11 been a doctor, she said she came as a premed
12 student, and she said what she liked was we had
13 choices. And it's just -- it's so sad and it's just
14 the atmosphere. We care. I mean, I understand
15 financial, but it's a different atmosphere that we
16 care about you. It's not like, oh, you're just a
17 patient here.

18 I had an instance, I visited a friend in
19 Carle, and I'm not saying anything bad about them,
20 but I got the tray table stuck under my friend's
21 bed, and a nurse walked by and I said, oh, could you
22 help? She said I'm on break. She said you're going
23 to have to go up to the main desk. And I just --
24 you know, it would have taken her two seconds to

1 help me, but that was okay.

2 So I just -- I'm here in support of OSF
3 and I don't think you could find a better hospital.
4 Thank you.

5 MR. ROATE: Thank you. Next, the board
6 would like to call Ravi Hasanadka.

7 MR. HASANADKA: Hello, I'm Ravi Hasanadka.
8 As an aside, I didn't know about the 8 1/2 by 11
9 sheets of paper, so I just emailed my comments to
10 the email address.

11 MR. ROATE: Thank you.

12 MR. HASANADKA: Okay. So I've been an
13 Urbana resident since 2014, and since that time I
14 have worked as a vascular surgeon at Christie
15 Clinic, SIU School of Medicine, OSF, and currently I
16 am unemployed. I'm about to get back to work in
17 October. So these comments reflect my own opinions
18 and none of the organization.

19 So I don't think anybody is here to deny
20 the need for expanded mental health services. What
21 I'm here to say is that I oppose this change and the
22 certificate of need for OSF HealthCare in Urbana
23 because they are decreasing much needed medical
24 services. They can truly expand mental health

1 services without decreasing medical services.

2 OSF in the last six years has had two
3 completely empty medical floors, so they can run the
4 OR and cath lab, critical care unit, cardiology
5 telemetry floor, the general medical and surgical
6 floor, the inpatient rehab unit and the outpatient
7 therapy services as well as the primary care offices
8 while still renovating the current 32 bed mental
9 health floor they've had since 1961 to a 40 bed
10 psychiatry unit by using the two empty floors.

11 Instead, they are slashing all those services with
12 plans to keep just the ER and a single hospitalist
13 per shift. Without consultants of any kind, almost
14 all ER visits requiring admission will be
15 transferred to other centers.

16 Historically, Champaign-Urbana has been a
17 two hospital town. Since 2018 to '19 when the
18 transition of Christie Clinic providers to Carle
19 occurred, Carle Hospital has been running at max
20 capacity the majority of that time, usually on
21 diversion for transfers. By cutting all these
22 services at OSF instead of adding the mental health
23 renovations to the current services, the 50 to 60
24 patients that have been at OSF each day would have

1 to likely be transferred out of town.

2 Point two, from a financial perspective,
3 the OSF in Danville, while having a larger primary
4 care base in the Urbana market, is on everybody's
5 list for hospitals threatened to close after the
6 Medicaid cuts coming from Trump's big beautiful
7 bill. So if OSF is restricting services for
8 financial reasons, they clearly chose to close the
9 wrong hospital.

10 Danville is transferring patients out
11 constantly. The mayor of Danville was cited in
12 yesterday's News-Gazette in favor of the deal
13 because surgical services would be expanding to
14 Danville. In reality, Danville already has general
15 surgery. Danville is not going to get a single
16 thing they didn't already have there and patients
17 being transferred out will continue to be
18 transferred out. And with Carle running at
19 capacity, the people of Vermilion County will be
20 going two to three hours away to Bloomington and
21 Peoria.

22 Point three. OSF does not care about this
23 town. Some conspiracy theories suggest that by
24 changing the certificate of need OSF is then able to

1 sell the psych hospital to Carle without monopoly
2 concerns that have been present in the past when
3 Carle wanted to buy Presence Covenant, as the
4 hospital was previously known, with plans at that
5 time to turn it into a mental health facility. So
6 either that will happen within a year or two or the
7 40 beds are going to be full of patients from Peoria
8 and Bloomington because there's not any reasonable
9 number of mental health beds across the OSF
10 HealthCare System and will not be that accessible to
11 people locally.

12 Point four. Losing these medical services
13 is truly an equity issue. Patients who are not
14 insured, struggling financially, who are not allowed
15 to go to Carle due to a large debt, many of which
16 are banished from Carle if you ask them, will now
17 have to go to the OSF emergency room where they will
18 be transferred out of town where their families and
19 support systems likely will not be able to visit
20 with them or their follow-up appointments will be at
21 Bloomington or Peoria where transportation will be
22 an issue. The list of injustices will go on.

23 So if I were a progressive government
24 official in Urbana, I would be encouraging OSF to

1 keep its medical, surgical and cardiac services
2 while expanding its mental health unit in the space
3 they already have that the OSF Foundation has been
4 fund-raising for the last two years to renovate.

5 Point five. OSF has already had a massive
6 reduction in force since their announcement in June
7 of both providers as well as nurses and other
8 hospital staff, so we're currently getting a preview
9 of what is to come. They have closed the OR and
10 cath lab already and plan to close the critical care
11 unit tomorrow. With consultants' availability
12 already quite depleted, there are only five medical
13 patients in the hospital yesterday and the 13
14 patients in the psych unit, so already patients are
15 being transferred out at higher rates as Carle is
16 regularly full and the psych unit is not close to
17 capacity, yet they're asking for more beds.

18 So in summary, I oppose the changes in the
19 certificate of need for OSF Heart of Mary. I am
20 strongly opposed to reducing medical services to
21 below the actual need for Champaign County.

22 MR. KNIERY: Thank you.

23 MR. ROATE: Thank you. Next, the board
24 would like to call Leanna Cossman.

1 MS. COSSMAN: I too failed to know about
2 the two paper documents, so I will email my
3 comments.

4 MR. KNIERY: Please.

5 MS. COSSMAN: My experience, I want to
6 come at this as a parent of a special needs child
7 and as an EMS provider in our community.

8 First, I'd like to say that OSF hasn't had
9 a pediatric patient on their -- in their hospital
10 for years. Nobody that age has been admitted for
11 many, many years. Their exit from the family
12 practice in this community was abrupt and showed no
13 care or concern for any of their patients. My son
14 received a phone call from the office that said
15 we're closing our office, we're done, do you need
16 any prescription refills? There was no offer to set
17 him up with a provider in Danville, a provider in
18 Bloomington, any provider anywhere else. It was
19 just abrupt and done.

20 Historically, OSF tried detox in Danville
21 some years ago. They had several detox beds. It
22 was an epic failure, so I'm not sure what that's
23 going to look like moving forward here.

24 With regard to the Danville patients,

1 social determinants of health are a concept that I
2 think healthcare really focuses on. Danville has a
3 large population of people that live below the
4 poverty line, maybe have one car for two adults that
5 are working. When their children go into that
6 hospital and they have to be transferred to Peoria
7 for pediatric admissions, that's a problem. Those
8 families are torn apart. Financially it's a stretch
9 for them. It's very, very hard for them. So those
10 services -- they're going past a hospital in
11 Champaign that has those services because OSF wants
12 to keep those patients in their system. I struggle
13 with that.

14 Danville has a cath lab there. As I
15 understand it, it's not a cath lab that's going to
16 be functioning, so there will be no -- there may be
17 cardiologists in Danville that are able to see
18 patients on an outpatient basis, but any patient
19 that comes in there with a STEMI or any sort of
20 medical incident now has to be transferred again
21 past a community to another community further along,
22 whether that's Bloomington or Peoria. Those
23 services were available here and they're needed
24 here. So I think that that is a disservice to the

1 patients who have to have those cardiac services.

2 Patients don't understand as well when
3 they go into a hospital by ambulance, ambulances
4 aren't going to take patients to OSF -- this is just
5 my opinion. Ambulances are not going to take
6 patients to OSF because we know they don't have a
7 cardiologist there, they don't have an operating
8 room there, they don't have services that those
9 patients need, so they're going to have to go to
10 either Danville or Carle.

11 People want to go to OSF, they want to see
12 the doctors that they know, they want to be treated
13 in their community by a hospital that has been there
14 for decades. So as a private citizen of Champaign,
15 I am opposed to this change. Thank you.

16 MR. ROATE: Thank you. Next, the board
17 would like to call Chris Stohr. If I may remind
18 you, please speak into the microphone clearly.

19 MR. STOHR: Thank you. I'm sorry to say I
20 didn't prepare a statement, but I can provide a
21 written statement. My name is Chris Stohr. I was
22 formerly a chief executive officer for a mental
23 health organization that was state-wide and formerly
24 an elected official, and I don't come before you in

1 either capacity but rather speak as a private
2 citizen.

3 I know through my work that mental and
4 behavioral health patients don't always come with
5 only that disorder but sometimes a co-occurring
6 physical or just range of illnesses and
7 disabilities. So while I applaud the expansion of
8 the behavioral and mental health facilities at OSF
9 because I can -- we know that that's needed, and I
10 fully appreciate the religious -- commitment of the
11 religious that have spent so much of their career,
12 their lives in service to the community and to OSF,
13 I am concerned about the loss of services for these
14 individuals that will show up as behavioral health
15 but have these other disorders and how are they
16 going to get treatment.

17 I'm also rather concerned because
18 historically the other hospital that's in town has
19 been known to be stingy, let's say, with their
20 charity care, and this is generally known in the
21 community. And when I worked as a volunteer at some
22 organizations in town, we were told by police that
23 if we had a medical emergency to take -- directed to
24 take the patients to OSF because they would be

1 accepted there and it was not certain that they
2 would be accepted or welcomed at the other hospital
3 in town.

4 Thank you for your kind attention and I
5 express my support for the OSF in their mission and
6 wish you well in your decision.

7 MR. KNIERY: Thank you.

8 MR. ROATE: Thank you. Lastly, the board
9 would like to call Carol Friesen.

10 MS. FRIESEN: Good afternoon, I'm Carol
11 Friesen. I'm the Chief Executive Officer of the
12 Eastern Region for OSF HealthCare and I have a few
13 wrap-up comments to share today.

14 Healthcare is dynamic. It's never static.
15 When OSF acquired Presence Medical Center and
16 renamed it the Heart of Mary Medical Center in 2017,
17 our plan was to serve this area and this community
18 and grow services within Champaign County and
19 beyond. That was our intent. We knew it would be
20 difficult in that and we weren't wrong about that
21 challenge. At the time we acquired the hospital, we
22 fully realized that Carle Foundation Hospital had a
23 dominant service share within the market which was
24 -- which is now 78 percent of the inpatient

1 admissions while Heart of Mary's market share has
2 dropped from 20 percent to 8 1/2 percent this year.

3 Another set of numbers telling a similar
4 story is of roughly the 212,000 residents, our
5 primary care panel size is approximately 5600
6 patients, which is about 2 1/2, 2.6 percent of the
7 residents of Champaign County. And at the time when
8 we acquired the hospital, there were 80 physicians
9 on staff in 2018, and today there are 39,
10 approximately half of that number.

11 The results have not -- have not been
12 indicative of our efforts in Urbana or our
13 investment in the community. Our investment has
14 approached \$400 million in that period of time,
15 meaning that scarce resources are not being used to
16 benefit -- have been used to benefit this
17 population. And over that eight years, OSF has
18 expanded by its acquisition of \$111 million, we've
19 invested almost \$43 million worth of capital over
20 that period of time, and we've subsidized 260 --
21 \$236 million in operating losses through July.

22 These numbers mandated that something had
23 to change at Heart of Mary and those changes had to
24 be significant. We went through an extensive

1 turnaround plan over the last 24 months, yet it was
2 time to discontinue services that were not being
3 utilized for the community. So how could we better
4 utilize these resources?

5 The changes contemplated will redistribute
6 precious resources to better serve larger numbers of
7 patients and improve the well-being of the -- of
8 individuals within the area. The discontinuation of
9 services with low and declining volumes at Heart of
10 Mary Medical Center, and we'll restructure Heart of
11 Mary and Sacred Heart under one hospital that will
12 continue to thrive for the future and will make the
13 care sustainable in both communities. The sisters
14 have always been committed to the vulnerable among
15 us. And our commitment to Danville and not leaving
16 Danville, our commitment to behavioral health, is
17 unprecedented by other health systems.

18 On a positive note, Heart of Mary will be
19 able to invest in expanding behavioral health
20 services, and I want to speak to these just a little
21 bit. Inpatient care, both the young adult unit,
22 which will be the first of many I hope is a model
23 for how that we live in to individuals in their
24 early college years. In central Illinois, not just

1 here in Champaign-Urbana but also in Bloomington and
2 some of our other communities, we have large
3 densities of individuals that fit this
4 characteristic and have needs that we can intervene
5 on early.

6 Geriatric population. As we all know
7 coming out of the pandemic, the isolation has been
8 very pronounced and it has caused new deficits for
9 these elders and we want to live in to them in a
10 different way.

11 And then as one of the speakers said
12 before, the reason why we're keeping the 25 bed
13 acute care unit is to serve patients that have dual
14 diagnoses of both a medical diagnosis as well as a
15 psychiatric diagnosis. It's very difficult for
16 patients that have a need on both to get placement.
17 They can wait a very long time for placement. This
18 unit will be designed to do that. And our on-call
19 services, which are telemedicine, will be able to
20 step up the level of care to allow patients to be
21 safely cared for there until they can be
22 transitioned to psychiatric care. So we're excited
23 about living in to the community.

24 Also we will have robust partial

1 hospitalization/intensive outpatient which is really
2 kind of a step-down to services to transition
3 patients back into their daily lives as well as
4 we'll continue all of our ambulatory clinics for
5 behavioral health within this community.

6 And I think somebody had also mentioned
7 that a part of the acute or the acute medical psych
8 will also be a detox program. This is much needed
9 unfortunately in our communities and we can do that
10 under the watchful eye of physicians. And that will
11 address a growing population and need within our
12 community.

13 This was also highlighted. These needs
14 related to behavioral health were highlighted in our
15 last community health needs assessment. It's number
16 one on them. The reduced -- and reducing our scale
17 of medical and surgical will support both the
18 medical side that we have for patients with
19 behavioral health needs while also continuing to
20 support the emergency room department patients and
21 people in immediate crisis.

22 In January, we will be working with a
23 nationally known provider US HealthVest. They
24 partnered with us in the development of the new

1 joint venture behavioral health hospital in Peoria,
2 and they will be coming to help us manage our
3 behavioral health services here in Urbana. They
4 will bring years and years worth of expertise and
5 such matter expertise to Urbana to allow us to
6 develop these new services and live in to this
7 challenge and hopefully bend the curve.

8 OSF is as committed to our mission
9 partners as we are concerned about the health and
10 well-being of our patients. Throughout the
11 strategic transformation, we've made a significant
12 investment of resources from our leadership to our
13 human resources to try to navigate the transition
14 though it be extremely difficult. Our programs
15 facilitate transitions among -- among our mission
16 partners to help them redistribute to other
17 opportunities within the ministry. Our goal had
18 been to provide 75 percent of the mission partners
19 affected with redistributions and we were able to
20 achieve about 80 percent offers into those roles and
21 to date we've had an acceptance rate of about 65
22 percent.

23 So though that not be the way that we
24 would want it, we want mission partners to stay with

1 OSF indefinitely, we really have done what we can to
2 try to secure that, but we also know that they have
3 other opportunities to stay within the community.
4 As has been previously stated, healthcare continues
5 to be a growing need.

6 So we remain committed to OSF's mission to
7 serve with the greatest care and love in a community
8 that celebrates the gift of life, and living in to
9 this repositioning is going to allow us to help the
10 least among us, the most vulnerable among us, and
11 that's what we've been called to do.

12 Thank you so much for your time.

13 MR. ROATE: Thank you. Is there anyone
14 who wishes to testify who has not had an
15 opportunity? Ma'am, if you could please introduce
16 yourself to the court reporter.

17 MS. DIXON: My name is Joan Dixon and I'm
18 a resident of Champaign. I was born at Mercy
19 Hospital which is the precursor. It was Mercy, then
20 Covenant, then Provena, then Presence, then OSF, and
21 now gone. It's sad to see a hospital that started
22 in 1919, that has been a core element in this
23 community, go away for all intents and purposes.
24 God knows we need the psych services that they will

1 provide. That's wonderful.

2 My first experience with volunteering was
3 as a candy striper at Mercy Hospital and that set me
4 on the path as a volunteer for the rest of my life.
5 And that's been, oh, five or ten years since I was a
6 candy striper. They laugh. But I was a senior
7 director at Christie Clinic for ten years, so had
8 the opportunity to the work with the folks at -- I
9 think it was Provena at the time and perhaps
10 Presence. We shared goals, we shared missions, we
11 shared patients, but it all comes down to money and
12 we recognize that. And if they're losing as much
13 money as they say, and I'm sure they're right, it is
14 unsustainable for them. Rather than closing the
15 services that we've been accustomed to, I think
16 Champaign-Urbana as a community, Champaign County
17 and our surrounding areas, deserves two hospitals.
18 We can support them.

19 So I would encourage OSF to sell the
20 facility they have here to another hospital entity
21 that can actually run a hospital and to reestablish
22 relationships with the physicians at Christie Clinic
23 which at one point represented 80 percent of their
24 admissions. Thank you.

1 MR. ROATE: Thank you. Is there anyone
2 who wishes to testify?

3 MR. PETERSON: Yes.

4 MR. ROATE: Yes, sir, please step up and
5 state your name.

6 MR. PETERSON: Wasn't sure -- I wasn't
7 sure I was going to testify, but my name's John
8 Peterson. I'm a physician. I have had a healthcare
9 regulatory background. I was president of the
10 Health Systems Agency in this county in the late
11 '70s. The Health Systems Agency was a federal
12 attempt to try to rein in hospital costs, healthcare
13 cost. It was a miserable failure. We reported to
14 you folks and it never made any difference. The
15 decisions that were made at the state level were
16 made by lobbyists.

17 What I encourage people to do here is to
18 realize that the hospital is going to get what it
19 wants. We are therefore going to be losing an
20 alternative in the medical side. They closed the
21 cardiology unit which was going gangbusters, but
22 that might be the only service that was going real
23 well. And I have to admit that in 1980 if you asked
24 me these questions, I would know all the answers and

1 the numbers, the FTEs. I don't at this point. I'm
2 at this point a dude who is using medical care and
3 just recently retired but doing volunteer work. And
4 my volunteer work is in the mental health field.
5 I'm an addiction specialist.

6 So there are a -- I never made myself very
7 popular in the late '70s. I don't think I want to
8 start now. OSF made two major mistakes. The second
9 major mistake was shortly after the first, and that
10 was a complete screw-up on its negotiations with
11 Christie Clinic. Everybody knows that. Christie is
12 no longer with them because OSF failed to take them
13 seriously and they attempted to use them as a
14 stopgap before they developed their own services.
15 Christie was aware of that, they weren't born
16 yesterday, and so they began a series of
17 negotiations with Carle that worked out to
18 Christie's benefit and frankly to a lot of Christie
19 patients as well.

20 The first mistake was buying the
21 hospitals. You don't buy a major medical
22 institution network in two failing economies. And I
23 worked at OSF, at what became OSF, I worked through
24 Mercy and I don't know how many other names, as an

1 ER physician 90 hours a week for 25 years in one
2 form or another. Very much aware of the hospital,
3 spent many hours in the ICU, which I had an
4 echocardiogram done last Friday. The ICU is
5 populated by night lights at this point. I couldn't
6 believe it when I saw it.

7 They bought into Danville. Danville in
8 the 1980s was a great union town. The guys would
9 tell me that if they wanted to upgrade their job,
10 they would just walk down the street. There is
11 hardly any good employment in Danville anymore.
12 Danville wanted that prison so badly. What they
13 forgot was or didn't realize was that prisoners have
14 families, and Daley cleaned out a lot of the housing
15 projects about that time.

16 So the failing employment left a lot of
17 unsold homes, those were bought up by investors who
18 turned them into Section 8 housing, and so what
19 you've got now is a really bad economic environment
20 with a huge drug problem. I don't know that anybody
21 really -- on this board really appreciates what the
22 drug problem is in Danville. It's very difficult to
23 run a hospital on a lack of commercial insurance,
24 and it's going to be very difficult to run a

1 hospital on no Medicaid funding. The 800 billion
2 that the Trump administration is taking out of
3 Medicaid cannot be made up by the State of Illinois.

4 So we certainly appreciate and applaud the
5 focus toward mental health, and as a mental health
6 provider, I'll guarantee you we do need more beds,
7 but I don't see the viability of this organization
8 in the short-term, particularly after the midterm
9 elections when Medicaid cuts come in. And I don't
10 know the solution to it, but it ain't going to be
11 keeping the Urbana hospital open. The financial
12 viability doesn't exist. Thank you very much.

13 MR. ROATE: Thank you. Is there anyone
14 who wishes to testify who has not had an
15 opportunity? Ma'am, if you'd like to speak, please
16 come up. If you'll give us your full name please.

17 MS. DONZE-DELEY: My name is Pam
18 Donze-Deley. I'm a RN, BSN. I worked at OSF for 20
19 years. I'm a townie, actually born in Burnham
20 Hospital, but I have three granddaughters that were
21 born at OSF, and I too was a candy striper from '66
22 to '70. Mrs. Houston was head of our candy
23 stripers. Her son was on the Illinois football
24 team, Sam. Anyway -- that went to the Rose Bowl.

1 It was -- you know, it's part of the town.
2 OSF was part of the town. Mercy was part of the
3 town. I walked the halls of Mercy Hospital. I'm a
4 volunteer, I went back. I retired five years ago,
5 but I volunteer. On Fridays I go out and I give
6 communion to the Catholics that were in the
7 hospital. I didn't go this past Friday because
8 there weren't any Catholics to give communion to.
9 My heart was broken. I just -- you know, it's
10 falling apart, it's ending now, and it's -- my late
11 husband passed away there. I worked medical
12 oncology for 20 years. I became very close to many
13 patients and families there. I went through a lot
14 with them. It's a family.

15 Many of my fellow nurses are here. And I
16 was telling them that I look on Facebook and I see
17 this is my last day at OSF and they would talk about
18 it. And people, other nurses who were there, would
19 respond and say you were a great nurse, thank you
20 for that, you guided me, you helped me, because we
21 were family, we supported each other, we loved each
22 other, we were family. And the patients knew that.
23 They felt it. They felt the camaraderie, they felt
24 cared for, they felt loved and needed, and that's

1 why it's so hard.

2 Some of the nurses I worked with, this is
3 their second hospital to lose because they lost
4 Burnham too, and Burnham and Mercy had formed a
5 covenant together and then they closed Burnham, so
6 this is their second hospital to lose. That's
7 really, really hard when your life is to give your
8 life to care for people and love them and this is
9 part of who you are.

10 So I just want to say that this is a real
11 tragedy for Champaign-Urbana. I remember when there
12 was Cole Hospital and McKinley Hospital and Carle
13 Hospital and Mercy Hospital and Burnham Hospital.
14 Now there's Carle. And it's really sad for a
15 community of our size. It really is. Thank you.

16 MR. ROATE: Thank you. Is there anyone
17 who wishes to testify who has not had an
18 opportunity? Ma'am with your hand up, please step
19 forward and give us your full name.

20 MS. LAMMERT: My name is Cynthia Lammert.
21 Also known as Cindy by most people. I didn't plan
22 to testify.

23 MR. ROATE: I'm sorry, could I have the --

24 MS. LAMMERT: I appreciate --

1 MR. ROATE: Can I have the spelling of
2 your last name please? Lambert, L-A-M-B-E-R-T?

3 MS. LAMMERT: No, L-A-M-M-E-R-T.

4 MR. ROATE: Okay, thank you, ma'am.

5 MS. LAMMERT: Story of my life.

6 MR. ROATE: Sorry.

7 MS. LAMMERT: So anyway, so I didn't plan
8 to testify. I highly appreciate the data that many
9 of the people who did testify have presented, very
10 much appreciate that. Actually I have some notes,
11 so I better just go to my notes.

12 So I am a community member. I live in
13 Champaign. I've been here since 1972, so not a
14 townie, although I've become a townie. My children
15 were born and raised here. And while I am very,
16 very glad to see the proposed position of the
17 behavioral health services which are badly needed in
18 this community, I do not trust honestly that OSF
19 will follow through on those grand plans that they
20 have presented. That trust is based on the fact
21 that I was an OSF employee. I'm a registered nurse
22 for 40 years. I was p.r.n. which basically means
23 on-call. I was the longest standing p.r.n. employee
24 they ever had. I worked on the maternal-child unit.

1 When we had a peds unit, I worked in peds, I worked
2 NICU, I worked labor and delivery, I worked
3 postpartum, all those areas, you know.

4 When OSF came to town and bought them, I
5 was actually excited because I had seen the drop in
6 services, in providers, even though we still had a
7 connection with Christie Clinic. I thought when
8 they presented their plans that this would be a
9 vibrant, you know, change for the community. I very
10 much appreciated that there would be an alternative
11 to Carle. I'm not badmouthing Carle. I actually go
12 to Carle as a patient. I finally considered
13 changing and becoming an OSF patient because I so
14 valued the focus that they have.

15 But what I found, I rehired two years ago,
16 is that they didn't follow through on all of that.
17 Yes, I think they did put in all that money, I
18 really do believe that, I think they tried really
19 hard, but there were other things that they could
20 have done specifically on the OB unit. They didn't
21 listen to some of the staff and things that we said
22 and they closed the unit two years ago. I stuck it
23 out 'til the bitter end, you know, very sad.

24 So that leads me to not trust them now

1 that they will not a year, two years from now, I
2 don't know when, still follow through with those big
3 plans. Even though I think it's wonderful, I really
4 know that we need mental health services and
5 expansion of those, but we need two hospitals, two
6 functioning hospitals. People are not able to or
7 willing to drive to Bloomington, Peoria, Danville
8 for those kinds of primary services. I mean, I
9 would have been more than willing to change, but as
10 I saw what happened, I thought why should I bother
11 to change and change my providers, you know, because
12 it's just all going to go downhill.

13 That's all I have to say.

14 MR. ROATE: Thank you. Is there anyone
15 who wishes to testify who has not had an
16 opportunity? Seeing none, is there anyone who has
17 testified who wishes to provide additional
18 testimony? I would remind everyone to submit your
19 written comments to us so that we may have this
20 information for the record.

21 Also, the project is scheduled for
22 consideration by the Illinois Health Facilities and
23 Services Review Board at its November 18th, 2025,
24 meeting. This meeting will be held at the

1 Bolingbrook Municipal Golf Club, 2001 Rodeo Drive,
2 Bolingbrook, Illinois. The public has until October
3 29th, 2025, to submit written comments. These
4 comments can be sent to my attention at the Illinois
5 Health Facilities and Services Review Board, care of
6 the Illinois Department of Public Health, 525 West
7 Jefferson Street, Second Floor, Springfield,
8 Illinois, 62761-0001. If you prefer, you may email
9 your comments. Our email address is
10 www.DPH.HFSRB.Illinois.gov.

11 Are there any questions? Seeing that
12 there are no additional questions or comments, I
13 deem this public hearing adjourned. Thank you.

14 (Brief pause.)

15 MR. ROATE: Ladies and gentlemen, I have a
16 correction. This project is scheduled to be heard
17 by the Illinois Health Facilities and Services
18 Review Board at its September 25th, 2025, meeting.
19 My apologies.

20 (Adjourned at 2:00 p.m.)
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24

1 STATE OF ILLINOIS)
)SS
2 COUNTY OF FORD)
3

4 I, June Haeme, a Notary Public in and for
the County of Ford, State of Illinois, do hereby
5 certify that the Illinois Health Facilities and
Services Review Board Public Hearing was taken at
6 the Urbana City Building, 400 S. Vine Street,
Urbana, Illinois, on August 21, 2025.

7 That the said Public Hearing testimony was
taken down in stenograph notes and afterwards
8 reduced to typewriting under my instruction and that
the transcript is a true record of the testimony
given.

9 I do further certify that I am a
disinterested person in this cause of action; that I
10 am not a relative, or otherwise interested in the
event of this action, and am not in the employ of
11 the attorneys for either party.

12 IN WITNESS WHEREOF, I have hereunto set my
hand and affixed my notarial seal this 4th day of
September, 2025.

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16 JUNE HAEME, CSR
NOTARY PUBLIC

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20 Notary Public, State of Illinois
My Commission Expires:
September 13, 2028
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