

From: [Amy Gehrke](#)
To: [DPH.HFSRB](#)
Subject: [External] Written Comments Regarding Project #25-043
Date: Tuesday, December 23, 2025 12:37:56 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[Written Comments Regarding Project #25-043 \(1\).docx](#)

Below are my comments regarding Project #25-043 surrounding the Hope Clinic For Women. I have also attached a copy on letterhead for your convenience. Thank you for your attention to this matter.

Merry Christmas! — Amy Gehrke

Written Comments Regarding Project #25-043
Amy Gehrke, Chief Impact Officer – Center for Client Safety

My name is **Amy Gehrke**, and I serve as **Chief Impact Officer for the Center for Client Safety (CCS)**, a national organization dedicated to protecting women by ensuring that abortion providers comply with all applicable laws and adhere to basic health and safety standards.

Prior to joining CCS, I served as Executive Director of Illinois Right to Life, a role that gave me direct, firsthand exposure to the impact abortion facilities, particularly Hope Clinic for Women, have on women, families, and communities throughout Illinois and the broader Midwest. During my years working in Illinois, I observed the steady stream of women traveling long distances to Hope Clinic, many arriving from out of state for multi-day, later-term abortion procedures. Based on both professional experience and longstanding community observation, it is clear that Hope Clinic is not a low-acuity facility. The procedures it performs carry inherent risks that demand strong safeguards, robust emergency preparedness, and meaningful regulatory oversight.

Hope Clinic asserts in its application that maintaining an Ambulatory Surgical Treatment Center (ASTC) license constitutes an unnecessary administrative and financial burden. I strongly disagree with this framing. Oversight is not a burden. It is a baseline expectation for any facility performing procedures of this complexity and risk. ASTC licensure exists precisely to ensure accountability, readiness, and patient protection when things go wrong. To characterize these requirements as excessive ignores their fundamental purpose: safeguarding women's health and lives.

The clinic further claims that relinquishing its ASTC license will “not diminish the standard of care”. This assertion raises serious and unresolved questions. How can patient safety be maintained—or improved—when layers of regulatory oversight are removed? ASTC licensure includes specific requirements related to facility infrastructure, staffing levels, equipment, documentation, and emergency protocols, all of which are designed to address higher-risk procedures, including the later-term, multi-day abortions Hope Clinic routinely performs. Eliminating these standards does not

streamline care; it removes enforceable safeguards.

Of particular concern is the fact that Hope Clinic has not undergone a full state inspection since 2022, when it failed an inspection for not following required emergency transfer protocols. If compliance deficiencies were identified while ASTC oversight was in place, there is no rational basis to assume compliance will improve once that oversight is removed. On the contrary, the removal of inspections creates conditions in which deficiencies are less likely to be detected, documented, or corrected.

Although Illinois law allows facilities to pursue this licensure change, legal permissibility does not eliminate the public's right—and responsibility—to raise concerns.

Governor Pritzker has said he wants Illinois to be a beacon of hope for women. That is an impossibility when state law allows surgical facilities to go unregulated. When a facility performs higher-risk procedures, accountability is not optional. Women in this region deserve a facility that meets the highest standards — not one that removes regulation because it finds accountability inconvenient.

At a minimum, a full, comprehensive inspection must be conducted before any decision is made regarding this licensure project. Hope Clinic's compliance history, emergency response practices, medical emergency documentation, and operational readiness must be thoroughly examined so the Board and the public can evaluate whether relinquishing ASTC licensure would expose women to unacceptable risk.

I respectfully urge the Board to consider these concerns carefully before allowing Hope Clinic to remove itself from ASTC regulation.

Thank you for your time and consideration.

Amy Gehrke

Chief Impact Officer

Center for Client Safety



Amy Gehrke

Chief Impact Officer with the

Center for Client Safety

A Division of AUL

o 202-741-4910

c 414-248-0522

1150 Connecticut Ave NW,
Ste 500
Washington, DC 20036

