

From: [Christine Smith](#)
To: [DPH.HFSRB](#)
Subject: [External] Written Comments Submitted Regarding Project #25-043
Date: Tuesday, December 23, 2025 7:05:26 AM

To the Health Facilities and Services Review Board,

My name is **Christine Smith**. I serve as the **Director of Investigations at the Center for Client Safety**, a national organization that examines regulatory compliance, patient safety issues, and facility standards across the country. My work involves reviewing inspection records, emergency events, and licensure processes related to high-risk medical facilities.

I am submitting these comments to raise serious concerns regarding Hope Clinic for Women's application to relinquish its Ambulatory Surgical Treatment Center (ASTC) license and the procedural inconsistencies surrounding that request.

Through a Freedom of Information Act request, I sought inspection records from the Illinois Department of Public Health (IDPH) related to Hope Clinic. In response, IDPH informed me that **"Hope Clinic for Women, Ltd. surrendered its license to the Department in September 2025,"** and indicated that it therefore did not possess inspection records beyond that point. This statement suggested that the clinic's ASTC licensure had already been relinquished.

However, the **Illinois Health Facilities and Services Review Board did not deem Hope Clinic's application to withdraw from ASTC licensure "substantially complete" until October 31st.** When I requested clarification from IDPH regarding this discrepancy, I was told: "That is the month we were notified they were surrendering their license. If you have further questions, you will need to contact the facility."

This response **raises several interesting questions** that warrant review by this Board. Why would IDPH direct an inquiry regarding licensure surrender back to the facility itself rather than to the agency legally responsible for overseeing that process? Did Hope Clinic represent to IDPH that its license had already been surrendered before formally submitting a complete application to this Board? **Were all required procedural steps followed by Hope Clinic regarding their licensure withdrawal project?** And if IDPH relied on representations made by the facility, what assurances exist that those representations were accurate and complete?

Beyond these procedural concerns, the substance of Hope Clinic's application also raises significant patient safety issues. Hope Clinic asserts that ASTC standards exceed what is "clinically necessary" for its operations. Yet this assertion is difficult to reconcile with the facility's documented history. Between 2022 and 2024, the Center for Client Safety received reports of **at least twenty-six medical emergencies involving patient transfers from the facility.** Several more medical emergency events are being reported for 2025 as well. In December 2022, Hope Clinic **failed** a state inspection after being cited for not following required emergency management and transfer protocols.

It seems as though Hope Clinic is seeking to scale back the very safeguards designed to protect patients—particularly later-term patients whose care often involves multi-day procedures. The facility advertises abortion services through at least 27 weeks and 6 days at its Granite City location, procedures that carry increased medical risk and require robust emergency preparedness, documentation, and oversight.

Hope Clinic also claims that relinquishing ASTC licensure "will not cause any changes to the current services provided." However, the application does not address future service expansion. **Given that Hope Clinic's newly opened Chicago location advertises abortions through 34 weeks, it is reasonable for the Board and the public to question whether similar expansions could occur in Granite City once ASTC oversight is removed.** If services expand and complications increase, it remains unclear who will monitor compliance with emergency protocols—particularly in light of the facility's **prior failures** in this area.

Taken together, the unresolved questions surrounding the facility's communication timeline with IDPH, the lack of recent inspections, and the clinic's history of emergency events create substantial concern surrounding the potential

removal of ASTC oversight. For these reasons, **I request that a full, comprehensive inspection be conducted before any decision is made regarding this licensure project.** Such an inspection should include a broader review of patient records than was conducted previously and should be made available for public review.

Patient safety, regulatory accountability, and transparency should not be diminished through administrative maneuvering. These matters deserve careful examination before any change in licensure status is approved.

Thank you for the opportunity to submit these comments.

Christine Smith
Director of Investigations
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A Division of Americans United for Life