

E-008-25

RECEIVED

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

JUL 09 2025

HEALTH FACILITIES &
REGULATION**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****Facility/Project Identification**

Facility Name:	Alexian Brothers Medical Center—discontinuation of obstetrics services		
Street Address:	800 Biesterfield Road		
City and Zip Code:	Elk Grove Village, IL 60007		
County:	Cook	Health Service Area	VII Health Planning Area: A-07

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Alexian Brothers Medical Center
Street Address:	800 Biesterfield Road
City and Zip Code:	Elk Grove Village, IL 60007
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Polly Davenport, Interim President
CEO Street Address:	800 Biesterfield Road:
CEO City and Zip Code:	Elk Grove Village, IL 60007:
CEO Telephone Number:	847/437-5500

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	312/969-4759
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Alexian Brothers Medical Center—discontinuation of obstetrics services		
Street Address:	800 Biesterfield Road		
City and Zip Code:	Elk Grove Village, IL 60007		
County:	Cook	Health Service Area	VII
		Health Planning Area:	A-07

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Ascension Health
Street Address:	4600 Edmunson Drive
City and Zip Code:	St. Louis, MO 63134
Name of Registered Agent:	Corporation Service Company
Registered Agent Street Address:	221 Bolivar Street
Registered Agent City and Zip Code:	Jefferson City, MO 65101
Name of Chief Executive Officer:	Joseph Impicciche, CEO
CEO Street Address:	4600 Edmunson Drive
CEO City and Zip Code:	St. Louis, MO 63134
CEO Telephone Number:	314/733-8000

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
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- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	312/969-4759
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

Additional Contact [Person who is also authorized to discuss the application for exemption]

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Exemption Contact

[Person to receive all correspondence subsequent to exemption issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name:	Polly Davenport
Title:	Interim President
Company Name:	Alexian Brothers Medical Center
Address:	800 Biesterfield Road Elk Grove Village, IL 60007
Telephone Number:	847/437-5500
E-mail Address:	dan.doherty@ascension.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Alexian Brothers Medical Center
Address of Site Owner:	800 Biesterfield Road Elk Grove Village, IL 60007
Street Address or Legal Description of the Site:	same
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Alexian Brothers Medical Center		
Address:	800 Biesterfield Road Elk Grove Village, IL 60007		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	
<input type="checkbox"/> Other			
<ul style="list-style-type: none">Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This Certificate of Exemption application addresses the discontinuation of Alexian Brothers Medical Center's inpatient obstetrics category of service.

Earlier this year, Ascension Illinois leaders began charting the future for a smaller health system within the greater Chicago market. Ascension Illinois is focusing its approach on enhancing patient care, and diligently assessing where patient care can best be delivered to patients across its communities.

Ascension Health currently operates two hospitals in Chicago's northwest suburbs, located 15-20 minutes apart, with both of those hospitals providing inpatient obstetrics services. St. Alexius Medical Center ("SAMC") is approved to operate 38 obstetrics beds, and Alexian Brothers Medical Center ("ABMC") is approved to operate 28 beds. At the time of this application, Ascension Health anticipates a combined ADC at ABMC and SAMC of approximately 34 patients, which can be accommodated in SAMC's 38-bed obstetrics unit. Additionally, it should be noted that SAMC offers a significantly broader scope of obstetrics-oriented services, such as a NICU, a 24/7 OB emergency department, and neonatal specialty care not offered at ABMC.

In order to limit an unnecessary duplication of services and following lengthy analyses, Ascension Health has decided to consolidate its inpatient obstetrics care in the northwest suburbs at SAMC, discontinuing the non-emergency delivery of babies at ABMC. ABMC will maintain its outpatient obstetrics services. Related to the project addressed in this application, Ascension Health has also recently filed a COE application to increase the number of Level III NICU stations at SAMC.

This COE application is classified as "substantive" because it addresses the discontinuation of a HFSRB-designated "category of service".

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ☒ No ☐. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Permit #21-020 addresses a major modernization project at ABMC, and it is anticipated that it will have been completed prior to the completion of the discontinuation addressed in this Certificate of Exemption application,

Anticipated exemption completion date (refer to Part 1130.570): __ within 60 days following the approval of the requested COE__

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of **Alexian Brothers Medical Center** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Polly Davenport

SIGNATURE

Polly Davenport
PRINTED NAME

President and CEO
PRINTED TITLE

Julie P. Roknich

SIGNATURE

Julie P. Roknich
PRINTED NAME

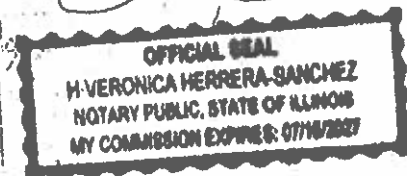
Secretary
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 3rd day of July

[Signature]
Signature of Notary

Seal:

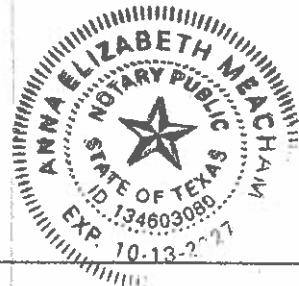


Notarization:

Subscribed and sworn to before me
this 3rd day of July

[Signature]
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Ascension Health *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Matthew Jagger
SIGNATURE

Matthew Jagger
PRINTED NAME

VP, Associate General Counsel
PRINTED TITLE

Christine McCoy
SIGNATURE

Christine McCoy
PRINTED NAME

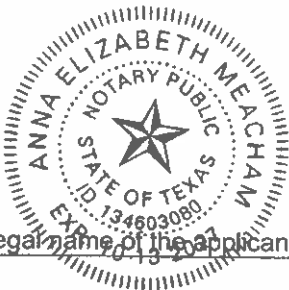
EVP & General Counsel
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 1st day of July

Anna Meacham
Signature of Notary

Seal

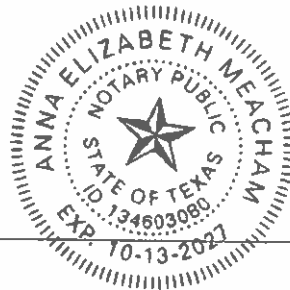


Notarization:

Subscribed and sworn to before me
this 1st day of July

Anna Meacham
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

X Discontinuation of a single category of service ☐

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community *including the impact on racial and health care disparities in the community*, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2022	2023	2024
Inpatient	220	200	145
Outpatient	4761	4070	1988
Total	4981	4270	2133
Charity (cost In dollars)			
Inpatient	\$5,084,981	\$2,715,705	\$4,097,092
Outpatient	\$4,939,669	\$3,980,505	\$3,770,053
Total	\$10,024,650	\$6,696,210	\$7,867,145
MEDICAID			
Medicaid (# of patients)	2022	2023	2024
Inpatient	3260	2434	2354
Outpatient	24457	24844	20808
Total	27717	27278	23162
Medicaid (revenue)			
Inpatient	\$32,216,250	\$35,070,990	\$35,209,143

	Outpatient	\$25,548,002	\$24,565,835	\$20,257,514
	Total	\$57,764,252	\$59,636,825	\$55,466,657

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 10.

CHARITY CARE			
	2022	2023	2024
Net Patient Revenue	\$487,853,684	\$474,503,448	\$470,187,643
Amount of Charity Care (charges)	\$12,029,580	\$8,035,452	\$9,440,574
Cost of Charity Care	\$10,024,650	\$6,696,210	\$7,867,145

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

File Number

4987-226-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ALEXIAN BROTHERS MEDICAL CENTER, INCORPORATED IN TEXAS AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON AUGUST 02, 1971, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of MAY A.D. 2025 .

Authentication #: 2512803056 verifiable until 05/08/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 1

15

File Number

6783-860-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of MAY A.D. 2025 .

Authentication #: 2512802960 verifiable until 05/08/2026

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Need (“CON”) application, the applicants attest that the Alexian Brothers Medical Center site is owned by Alexian Brothers Medical Center.

File Number

4987-226-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

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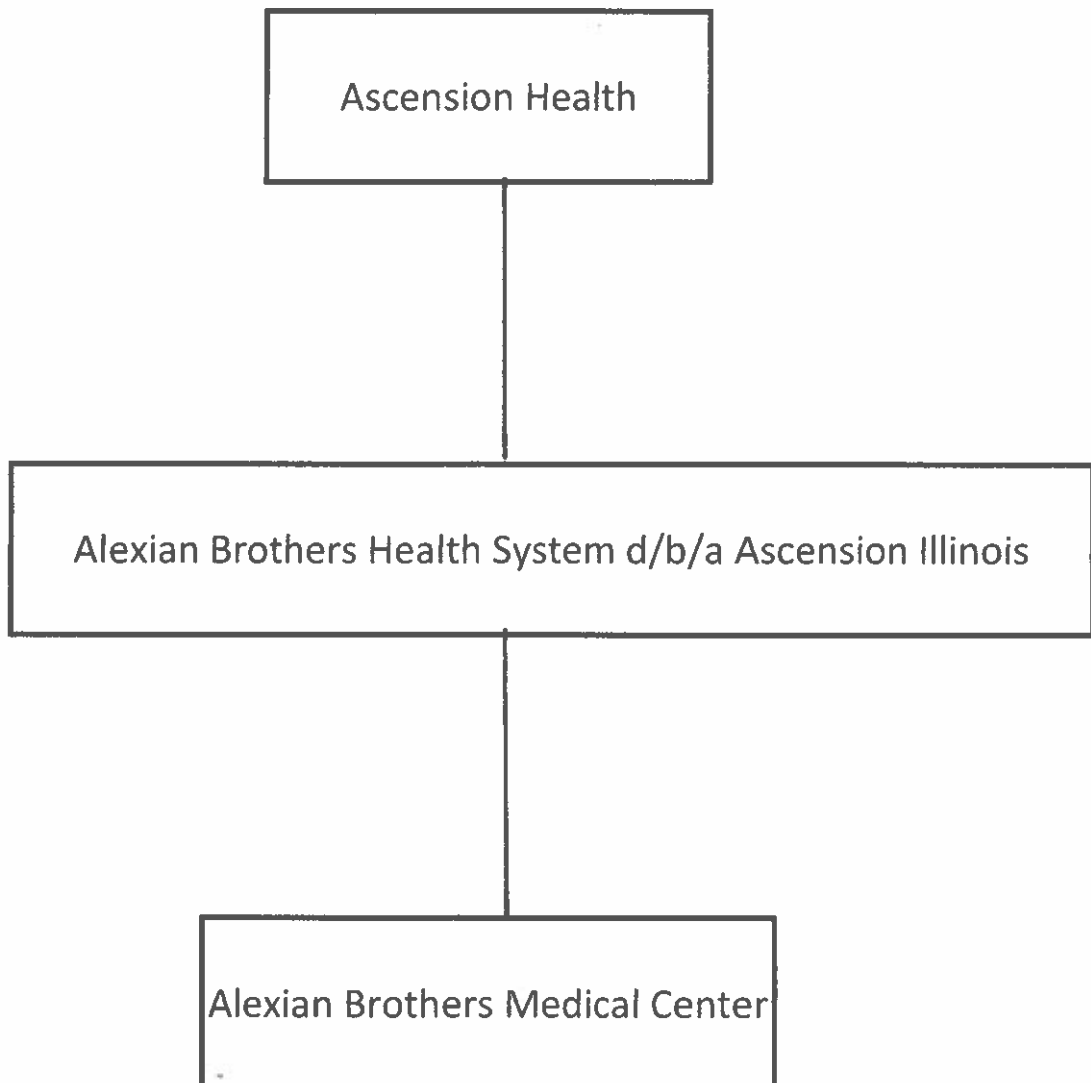
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of MAY A.D. 2025 .

Authentication #: 2512803056 verifiable until 05/08/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 3

ORGANIZATIONAL CHART



DISCONTINUATION

This Certificate of Exemption (“COE”) application addresses the discontinuation of Alexian Brothers Medical Center’s 28-bed inpatient obstetrics category of service, along with the hospital’s inpatient obstetrics-related support services, including Labor and Delivery, C-Section and a Level I nursery.

It is anticipated that the inpatient obstetrics category of service will be formally discontinued within sixty days of the receipt of the requested COE, at which time IDPH will be notified of such.

As of the preparation of this COE application, the hospital has not made a decision related to the future use of the space currently occupied by the inpatient obstetrics-related services. It is anticipated that a limited amount of obstetrics-related equipment and supplies used for inpatient care will be relocated to St. Alexius Medical Center, with the remainder of equipment to be either sold or donated to other health care providers.

With the signatures on the Certification pages of this application, the applicants attest that a notice of the proposed discontinuation was published in the *Chicago Sun Times* on July 1, 2025. A copy of that notice is attached.

CHICAGO SUN★TIMES

Certificate of Publication

On Behalf of:

ASCENSION ILLINOIS

Customer No: 102058

Ad No: 9033

PO Number:

PUBLIC NOTICE

Ascension Alexian Brothers Medical Center intends to cease the operations of its obstetrics category of service following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur within 60 days of IHFSRB approval. The hospital intends to file the required Certificate of Exemption application with the IHFSRB within thirty days; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov/
7/1/2025 #9033

ASCENSION ILLINOIS

2900 N LAKE SHORE DRIVE
SUITE 1222
ATTN: OLGA SOLARES
CHICAGO, IL 60657

ATTESTATION OF PUBLIC LEGAL NOTICE

STATE OF ILLINOIS, COUNTY OF COOK:

Chicago Sun-Times does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, Pl.

As published in Chicago Sun Times in the issue(s) of:

7/1/2025

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed by:



William
Weibert
Senior Director
Advertising

Date: 7/1/2025

REASONS FOR DISCONTINUATION

The decision to discontinue the Alexian Brothers Medical Center's ("Alexian Brothers") inpatient obstetrics category of service was made after careful consideration by hospital management and obstetricians practicing at the hospital. The decision was made primarily as a result of the applicants' desire to provide the service in the most effective and efficient manner possible without unduly compromising accessibility, and because of the continued low utilization of the service.

The service will be consolidated into the inpatient obstetrics service at Saint Alexius Medical Center ("Saint Alexius"), located approximately fifteen minutes to the west of Alexian Brothers. Many of the obstetricians practicing at Alexian Brothers also practice at Saint Alexius. The close proximity of the two hospitals to one another assures reasonable accessibility to inpatient obstetrics services for service area residents, while eliminating "unnecessary duplication" and the costs associated with the duplication.

Last, Saint Alexius has a sufficient number of obstetrics beds to accommodate the obstetrics inpatients currently being admitted to Alexian Brothers.

IMPACT ON ACCESS

No appreciable impact on patient access is anticipated by the applicants to result from the proposed discontinuation. Within the applicant hospital's HFSRB-defined geographic service area ("GSA") are seven hospitals providing inpatient obstetrics services. Those hospital providers are identified in the table below.

Providers of Inpatient Obstetrics Services in the Geographic Service Area

St. Alexius Medical Center	Hoffman estates
Northwestern Central DuPage Hospital	Winfield
Endeavor Elmhurst Memorial Hospital	Elmhurst
Advocate Lutheran General Hospital	Park Ridge
Resurrection Medical Center	Chicago
Endeavor Northwest Community Hosp.	Arlington Heights
Alexian Brothers Medical Center	Elk Grove Village

Per HFSRB data, the hospitals above are authorized to operate a total of 248 obstetrics beds, and during 2024 had a combined inpatient obstetrics (excluding clean gynecology) average daily census of 120.6 patients, resulting in an occupancy rate of 48.6%. Without the authorized obstetrics beds located at Alexian Brothers Medical Center, but retaining the full patient census of 120.6 patients, the occupancy rate would increase to 54.8%, significantly below the HFSRB's target occupancy rate of 78%.

Requests for impact letters have been sent to each hospital located within the GSA providing inpatient obstetrics services and listed above. Copies of the letters sent are also attached, and any responses received will be forwarded to the HFSRB staff.



Ascension Alexian Brothers

June 26, 2025

Michael Hartke, President
Endeavor Northwest Community Healthcare
800 W Central Road
Arlington Heights, IL 60005

RE: Ascension Alexian Brothers Medical Center Proposed Discontinuation of Obstetrics Category of Service

Dear Mr. Hartke:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so regarding the following change in obstetrics services at Ascension Illinois' northwest suburban hospitals.

Ascension Illinois currently operates two hospitals, Ascension Alexian Brothers Medical Center ("ABMC") and Ascension Saint Alexius Medical Center ("SAMC") in Chicago's northwest suburbs, located 15-20 minutes apart, with both hospitals providing inpatient obstetrics services. In order to limit an unnecessary duplication of services, Ascension Illinois intends to consolidate inpatient obstetrics care at SAMC, which offers a broader scope of obstetrics-oriented services, such as a NICU, 24/7 OB emergency department and neonatal specialty care, and file a Certificate Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), to discontinue the non-emergency delivery of babies at ABMC. The application will be filed within the next two weeks and the consolidation and discontinuation will occur within sixty days of the application's approval by the IHFSRB.

Please note, during the 24-month period ending December 31, 2024, a total of 7,132 obstetrics patient days of care were provided at ABMC.

If you do elect to provide an impact statement, please include whether or not your facility has any admission restrictions or limitations which would preclude it from providing services to residents from our service area in the event such is needed. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, it will be assumed that the ABMC discontinuation has no impact on your facility.

Sincerely,

Polly Davenport
Senior Vice President and Market CEO
Ascension Illinois



Ascension Alexian Brothers

June 26, 2025

Dr. Kim Darey, President
Endeavor Elmhurst Hospital
155 E Brush Hill Rd
Elmhurst, IL 60126

RE: Ascension Alexian Brothers Medical Center Proposed Discontinuation of Obstetrics Category of Service

Dear Dr. Darey:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so regarding the following change in obstetrics services at Ascension Illinois' northwest suburban hospitals.

Ascension Illinois currently operates two hospitals, Ascension Alexian Brothers Medical Center ("ABMC") and Ascension Saint Alexius Medical Center ("SAMC") in Chicago's northwest suburbs, located 15-20 minutes apart, with both hospitals providing inpatient obstetrics services. In order to limit an unnecessary duplication of services, Ascension Illinois intends to consolidate inpatient obstetrics care at SAMC, which offers a broader scope of obstetrics-oriented services, such as a NICU, 24/7 OB emergency department and neonatal specialty care, and file a Certificate Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), to discontinue the non-emergency delivery of babies at ABMC. The application will be filed within the next two weeks and the consolidation and discontinuation will occur within sixty days of the application's approval by the IHFSRB.

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Sincerely,

Polly Davenport
Senior Vice President and Market CEO
Ascension Illinois

Ascension Alexian Brothers
800 Biesterfield Road
Elk Grove Village, Illinois 60007

ATTACHMENT 7

25



Ascension Alexian Brothers

June 26, 2025

Sheri DeShazo, President
Advocate Sherman Hospital
1425 North Randall Road
Elgin, IL 60123

RE: Ascension Alexian Brothers Medical Center Proposed Discontinuation of Obstetrics Category of Service

Dear Ms. DeShazo:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so regarding the following change in obstetrics services at Ascension Illinois' northwest suburban hospitals.

Ascension Illinois currently operates two hospitals, Ascension Alexian Brothers Medical Center ("ABMC") and Ascension Saint Alexius Medical Center ("SAMC") in Chicago's northwest suburbs, located 15-20 minutes apart, with both hospitals providing inpatient obstetrics services. In order to limit an unnecessary duplication of services, Ascension Illinois intends to consolidate inpatient obstetrics care at SAMC, which offers a broader scope of obstetrics-oriented services, such as a NICU, 24/7 OB emergency department and neonatal specialty care, and file a Certificate Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), to discontinue the non-emergency delivery of babies at ABMC. The application will be filed within the next two weeks and the consolidation and discontinuation will occur within sixty days of the application's approval by the IHFSRB.

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Sincerely,

Polly Davenport
Senior Vice President and Market CEO
Ascension Illinois



Ascension Alexian Brothers

June 26, 2025

Allison Wyler, President
Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

RE: Ascension Alexian Brothers Medical Center Proposed Discontinuation of Obstetrics Category of Service

Dear Ms. Wyler:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so regarding the following change in obstetrics services at Ascension Illinois' northwest suburban hospitals.

Ascension Illinois currently operates two hospitals, Ascension Alexian Brothers Medical Center ("ABMC") and Ascension Saint Alexius Medical Center ("SAMC") in Chicago's northwest suburbs, located 15-20 minutes apart, with both hospitals providing inpatient obstetrics services. In order to limit an unnecessary duplication of services, Ascension Illinois intends to consolidate inpatient obstetrics care at SAMC, which offers a broader scope of obstetrics-oriented services, such as a NICU, 24/7 OB emergency department and neonatal specialty care, and file a Certificate Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), to discontinue the non-emergency delivery of babies at ABMC. The application will be filed within the next two weeks and the consolidation and discontinuation will occur within sixty days of the application's approval by the IHFSRB.

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Sincerely,

Polly Davenport
Senior Vice President and Market CEO
Ascension Illinois

Ascension Alexian Brothers
800 Biesterfield Road
Elk Grove Village, Illinois 60007

ATTACHMENT 7

27



Ascension Alexian Brothers

June 26, 2025

Roxann Barber, President
Ascension St Alexius Medical Center
1555 Barrington Rd
Hoffman Estates, IL 60169

RE: Ascension Alexian Brothers Medical Center Proposed Discontinuation of Obstetrics Category of Service

Dear Ms. Barber:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so regarding the following change in obstetrics services at Ascension Illinois' northwest suburban hospitals.

Ascension Illinois currently operates two hospitals, Ascension Alexian Brothers Medical Center ("ABMC") and Ascension Saint Alexius Medical Center ("SAMC") in Chicago's northwest suburbs, located 15-20 minutes apart, with both hospitals providing inpatient obstetrics services. In order to limit an unnecessary duplication of services, Ascension Illinois intends to consolidate inpatient obstetrics care at SAMC, which offers a broader scope of obstetrics-oriented services, such as a NICU, 24/7 OB emergency department and neonatal specialty care, and file a Certificate Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), to discontinue the non-emergency delivery of babies at ABMC. The application will be filed within the next two weeks and the consolidation and discontinuation will occur within sixty days of the application's approval by the IHFSRB.

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Sincerely,

Polly Davenport
Senior Vice President and Market CEO
Ascension Illinois



Ascension Alexian Brothers

June 26, 2025

Luis Leon, President
Prime Resurrection Medical Center
7435 W Talcott Ave
Chicago, IL 60631

RE: Ascension Alexian Brothers Medical Center Proposed Discontinuation of Obstetrics Category of Service

Dear Mr. Leon:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so regarding the following change in obstetrics services at Ascension Illinois' northwest suburban hospitals.

Ascension Illinois currently operates two hospitals, Ascension Alexian Brothers Medical Center ("ABMC") and Ascension Saint Alexius Medical Center ("SAMC") in Chicago's northwest suburbs, located 15-20 minutes apart, with both hospitals providing inpatient obstetrics services. In order to limit an unnecessary duplication of services, Ascension Illinois intends to consolidate inpatient obstetrics care at SAMC, which offers a broader scope of obstetrics-oriented services, such as a NICU, 24/7 OB emergency department and neonatal specialty care, and file a Certificate Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), to discontinue the non-emergency delivery of babies at ABMC. The application will be filed within the next two weeks and the consolidation and discontinuation will occur within sixty days of the application's approval by the IHFSRB.

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Sincerely,

Polly Davenport
Senior Vice President and Market CEO
Ascension Illinois



Ascension Alexian Brothers

June 26, 2025

Kenneth Hedley, President
Northwestern Medicine Central DuPage Hospital
25 N Winfield Rd
Winfield, IL 60190

RE: Ascension Alexian Brothers Medical Center Proposed Discontinuation of Obstetrics Category of Service

Dear Mr. Hedley:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so regarding the following change in obstetrics services at Ascension Illinois' northwest suburban hospitals.

Ascension Illinois currently operates two hospitals, Ascension Alexian Brothers Medical Center ("ABMC") and Ascension Saint Alexius Medical Center ("SAMC") in Chicago's northwest suburbs, located 15-20 minutes apart, with both hospitals providing inpatient obstetrics services. In order to limit an unnecessary duplication of services, Ascension Illinois intends to consolidate inpatient obstetrics care at SAMC, which offers a broader scope of obstetrics-oriented services, such as a NICU, 24/7 OB emergency department and neonatal specialty care, and file a Certificate Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), to discontinue the non-emergency delivery of babies at ABMC. The application will be filed within the next two weeks and the consolidation and discontinuation will occur within sixty days of the application's approval by the IHFSRB.

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Sincerely,

Polly Davenport
Senior Vice President and Market CEO
Ascension Illinois

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June 30, 2025, 2:45 pm

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ATTACHMENT 7

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WINFIELD, IL 60190

June 30, 2025, 7:00 am

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Moving Through Network

In Transit to Next Facility, Arriving Late

June 30, 2025

Arrived at USPS Regional Facility

CAROL STREAM IL DISTRIBUTION CENTER

June 26, 2025, 9:33 pm

ATTACHMENT 7

32

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Delivered

Delivered, Individual Picked Up at Postal Facility

ELGIN, IL 60123

July 1, 2025, 2:06 pm

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ATTACHMENT 7

23

USPS Tracking Plus®**Moving Through Network****In Transit to Next Facility, Arriving Late**

July 1, 2025

Arrived at USPS Regional Facility

PALATINE IL DISTRIBUTION CENTER

June 27, 2025, 8:34 am

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Tracking Number:

Remove ✕**9589071052703016956467****Copy****Add to Informed Delivery** (<https://informedelivery.usps.com/>)**Latest Update**

Your item was picked up at a postal facility at 4:29 am on July 3, 2025 in ELMHURST, IL 60126.

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ELMHURST, IL 60126

July 3, 2025, 4:29 am

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ATTACHMENT 7

Latest Update

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USPS Tracking Plus®

Moving Through Network

In Transit to Next Facility, Arriving Late

June 30, 2025

Arrived at USPS Regional Facility

CAROL STREAM IL DISTRIBUTION CENTER

June 26, 2025, 9:42 pm

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FAQs

ATTACHMENT 7

35

BACKGROUND

Applicant Ascension Health owns, operates and/or ultimately controls the following licensed Illinois acute health care facilities:

Ascension Alexian Brothers in Elk Grove Village
Elk Grove Village, IL

Ascension St. Alexius in Hoffman Estates
Hoffman Estates, IL

Ascension Alexian Brothers Behavioral Health Hospital in Hoffman
Estates
Hoffman Estates, IL

Ascension Saint Joseph-Chicago
Chicago, IL

Lincoln Park Gastroenterology Center
Chicago, IL

Hoffman Estates Surgery Center
Hoffman Estates

Additionally, Ascension Living, an affiliate of Ascension Health, operates and/or controls the following Illinois long term care facilities:

Presence Villa Scalabrini Nursing and Rehabilitation Center
a/k/a Ascension Living Casa Scalabrini Village
Northlake, IL

Presence Saint Joseph Center
a/k/a Ascension Living Village
Freeport, IL

Presence Saint Anne Center
a/k/s Ascension Living Saint Anne Place
Rockford, IL

Presence Resurrection Nursing and Rehabilitation Center
a/k/a Ascension Living Resurrection Village
Park Ridge, IL

Presence Resurrection Life Center
a/k/a Ascension Living Resurrection Village-Life Center
Chicago, IL

Presence Nazarethville a/k/a Ascension Living Nazarethville Place
Des Plaines, IL

Presence Bethlehem Woods Retirement Community
a/k/a Ascension Living Bethlehem Woods Village
LaGrange Park, IL

With the signatures provided on the Certification pages of this Certificate of Exemption (“COE”) application, the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by them, during the three years prior to the filing of this COE application. Further, with the signatures provided on the Certification pages of this COE application, each of the applicants authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any documents which it finds necessary to verify any information submitted, including, but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organization.

SAFETY NET STATEMENT

Alexian Brothers Medical Center (“ABMC”) has a long history of providing a broad scope of acute and chronic health care services to medically underserved residents of its service area and well beyond who cannot afford the care on their own. These services range from community education, to routine screenings, to inpatient and outpatient acute care services. Among the beneficiaries of those services are a non-white patient population that accounted for 24.8% of the 2024 admissions to the hospital, and a strong commitment to the provision of “charity care” services within the hospital, proper.

The project addressed in this Certificate of Exemption application anticipates the transition of a significant percentage of the hospital’s obstetrics care to ABMC’s sister hospital, St. Alexius Medical Center, which, similar to ABMC, has a strong commitment to the care of the medically underserved; operating with the highest ratio of charity care to net patient revenue of all of the hospitals in the northwestern suburbs.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	15
2	Site Ownership	17
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	18
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	19
5	Discontinuation General Information Requirements	20
6	Reasons for Discontinuation	22
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