

**Illinois Health Facilities and Services Review Board**  
**APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

|                                                                                                                                                                          |                        |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|
| Facility Name: Lurie Children's Hospital Outpatient Center in Westchester<br>Children's Outpatient Services at Westchester (ASTC) – Discontinuation of facility and ASTC |                        |                            |
| Street Address: 2301 Enterprise Drive                                                                                                                                    |                        |                            |
| City and Zip Code: Westchester, IL 60154                                                                                                                                 |                        |                            |
| County: Cook                                                                                                                                                             | Health Service Area: 7 | Planning Service Area: 031 |

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

|                                                                        |
|------------------------------------------------------------------------|
| Exact Legal Name: Ann & Robert H. Lurie Children's Hospital of Chicago |
| Street Address: 225 E. Chicago Avenue                                  |
| City and Zip Code: Chicago, IL 60611                                   |
| Name of Registered Agent: Fatema Zanzi                                 |
| Registered Agent Street Address: 225 E. Chicago Avenue, Box 261        |
| Registered Agent City and Zip Code: Chicago, IL 60611                  |
| Name of Chief Executive Officer: Thomas P. Shanley, M.D.               |
| CEO Street Address: 225 E. Chicago Avenue                              |
| CEO City and Zip Code: Chicago, IL 60611                               |
| CEO Telephone Number: 312-227-4327                                     |

**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                                                                                                                                                                                                                                                                                                                          |                                              |
| <ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>○ 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.</li> </ul> |                                              |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                    |                                              |

**Primary Contact** [Person to receive ALL correspondence or inquiries]

|                                                                                                |
|------------------------------------------------------------------------------------------------|
| Name: Ann Sherline                                                                             |
| Title: Senior Associate General Counsel                                                        |
| Company Name: Ann & Robert H. Lurie Children's Hospital of Chicago                             |
| Address: 225 E. Chicago Avenue, Box 261, Chicago, IL 60611                                     |
| Telephone Number: 312-227-4312                                                                 |
| E-mail Address: <a href="mailto:asherline@luriechildrens.org">asherline@luriechildrens.org</a> |
| Fax Number: 312-227-9532                                                                       |

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

|                                                                              |
|------------------------------------------------------------------------------|
| Name: Ralph Weber                                                            |
| Title: Consultant                                                            |
| Company Name: Weber Alliance                                                 |
| Address: 920 Hoffman Lane, Riverwoods, IL 60015                              |
| Telephone Number: 847-791-0830                                               |
| E-mail Address: <a href="mailto:rmweber90@gmail.com">rmweber90@gmail.com</a> |

**Illinois Health Facilities and Services Review Board**  
**APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

|                                                                                                                                                                 |                        |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|
| Facility Name: Lurie Children's Outpatient Center in Westchester<br>Children's Outpatient Services at Westchester (ASTC) – Discontinuation of facility and ASTC |                        |                            |
| Street Address: 2301 Enterprise Drive                                                                                                                           |                        |                            |
| City and Zip Code: Westchester, IL 60154                                                                                                                        |                        |                            |
| County: Cook                                                                                                                                                    | Health Service Area: 7 | Planning Service Area: 031 |

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

|                                                                 |
|-----------------------------------------------------------------|
| Exact Legal Name: Children's Hospital of Chicago Medical Center |
| Street Address: 225 E. Chicago Avenue                           |
| City and Zip Code: Chicago, IL 60611                            |
| Name of Registered Agent: Fatema Zanzi                          |
| Registered Agent Street Address: 225 E. Chicago Avenue, Box 261 |
| Registered Agent City and Zip Code: Chicago, IL 60611           |
| Name of Chief Executive Officer: Thomas P. Shanley, M.D.        |
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| CEO City and Zip Code: Chicago, IL 60611                        |
| CEO Telephone Number: 312-227-4327                              |

**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                                                                                                                                                                                                                                                                                                                          |                                              |
| <ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>○ 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.</li> </ul> |                                              |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                    |                                              |

**Primary Contact** [Person to receive ALL correspondence or inquiries]

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| Name: Ann Sherline                                                                             |
| Title: Senior Associate General Counsel                                                        |
| Company Name: Ann & Robert H. Lurie Children's Hospital of Chicago                             |
| Address: 225 E. Chicago Avenue, Box 261, Chicago, IL 60611                                     |
| Telephone Number: 312-227-4312                                                                 |
| E-mail Address: <a href="mailto:asherline@luriechildrens.org">asherline@luriechildrens.org</a> |
| Fax Number: 312-227-9532                                                                       |

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

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| Name: Ralph Weber                                                            |
| Title: Consultant                                                            |
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| Telephone Number: 847-791-0830                                               |
| E-mail Address: <a href="mailto:rmweber90@gmail.com">rmweber90@gmail.com</a> |

**Post Permit Contact**

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

|                                                                    |
|--------------------------------------------------------------------|
| Name: Ann Sherline                                                 |
| Title: Senior Associate General Counsel                            |
| Company Name: Ann & Robert H. Lurie Children's Hospital of Chicago |
| Address: 225 E. Chicago Avenue, Box 261, Chicago, IL 60611         |
| Telephone Number: 312-227-4312                                     |
| E-mail Address: asherline@luriechildrens.org                       |
| Fax Number: 312-227-9532                                           |

**Site Ownership**

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: Ann & Robert H. Lurie Children's Hospital of Chicago                                                                                                                                                                                                                            |
| Address of Site Owner: 225 E. Chicago Avenue, Chicago, IL 60611                                                                                                                                                                                                                                                 |
| Street Address or Legal Description of the Site: property bordered by Lacey Road on the east, Woodcreek Road on the south, and Birchwood Place on the north; in Downers Grove                                                                                                                                   |
| <b>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.</b> |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                           |

**Operating Identity/Licensee**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Exact Legal Name: Children's Outpatient Services at Westchester (name of ASTC)                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |
| Address: 2301 Enterprise Drive, Westchester, IL 60154                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |
| <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 |
| <ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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.</li> <li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul> |                                                                             |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                                                                                                                            |                                                                             |

**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.

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| <b>APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |
|-----------------------------------------------------------------------------------------------------------------------|

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.**

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

☒ Substantive☐ Non-substantive



## 2. 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.

The project is the discontinuation by Ann & Robert H. Lurie Children's Hospital of Chicago's ("Lurie Children's") of the Lurie Children's Hospital Outpatient Center in Westchester (facility) and the Children's Outpatient Services at Westchester (ASTC). The ASTC has three operating rooms.

The discontinuation is related to the proposed project by Lurie Children's to establish a new pediatric hospital and outpatient specialty clinics building in nearby Downers Grove. The specialty pediatric services provided at Lurie Children's Hospital Outpatient Center in Westchester including ambulatory surgery will be relocated to Lurie Children's new hospital and outpatient center in Downers Grove, pending the approval and opening of that new facility.

Accordingly, Lurie Children's is requesting that the review of this discontinuation project be considered at the same HFSRB meeting as the review of the permit application to establish the new pediatric hospital and outpatient clinic building in Downers Grove.

Services in Westchester will continue in operation until Lurie Children's hospital in Downers Grove is open and providing patient services. The completion date for the discontinuation is December 31, 2029.

There is no capital cost associated with the discontinuation project.

The project is Substantive because it is the discontinuation of a facility.

**Project Costs and Sources of Funds****Not Applicable**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

| Project Costs and Sources of Funds                                                                                                                    |          |             |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-------|
| USE OF FUNDS                                                                                                                                          | CLINICAL | NONCLINICAL | TOTAL |
| Preplanning Costs                                                                                                                                     |          |             |       |
| Site Survey and Soil Investigation                                                                                                                    |          |             |       |
| Site Preparation                                                                                                                                      |          |             |       |
| Off Site Work                                                                                                                                         |          |             |       |
| New Construction Contracts                                                                                                                            |          |             |       |
| Modernization Contracts                                                                                                                               |          |             |       |
| Contingencies                                                                                                                                         |          |             |       |
| Architectural/Engineering Fees                                                                                                                        |          |             |       |
| Consulting and Other Fees                                                                                                                             |          |             |       |
| Movable or Other Equipment (not in construction contracts)                                                                                            |          |             |       |
| Bond Issuance Expense (project related)                                                                                                               |          |             |       |
| Net Interest Expense During Construction (project related)                                                                                            |          |             |       |
| Fair Market Value of Leased Space or Equipment                                                                                                        |          |             |       |
| Other Costs to Be Capitalized                                                                                                                         |          |             |       |
| Acquisition of Building or Other Property (excluding land)                                                                                            |          |             |       |
| <b>TOTAL USES OF FUNDS</b>                                                                                                                            |          |             |       |
| SOURCE OF FUNDS                                                                                                                                       | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities                                                                                                                                   |          |             |       |
| Pledges                                                                                                                                               |          |             |       |
| Gifts and Bequests                                                                                                                                    |          |             |       |
| Bond Issues (project related)                                                                                                                         |          |             |       |
| Mortgages                                                                                                                                             |          |             |       |
| Leases (fair market value)                                                                                                                            |          |             |       |
| Governmental Appropriations                                                                                                                           |          |             |       |
| Grants                                                                                                                                                |          |             |       |
| Other Funds and Sources                                                                                                                               |          |             |       |
| <b>TOTAL SOURCES OF FUNDS</b>                                                                                                                         |          |             |       |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |          |             |       |

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>                                                                                                                                                                                                                                                                                                                    |
| <p>The project involves the establishment of a new facility or a new category of service<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>NA</u>.</p> |

**Project Status and Completion Schedules**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>For facilities in which prior permits have been issued please provide the permit numbers.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>Indicate the stage of the project's architectural drawings:</p> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> None or not applicable</span> <span><input type="checkbox"/> Preliminary</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Schematics</span> <span><input type="checkbox"/> Final Working</span> </div>                                                                                                                                                                      |
| <p>Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2029</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <b>Not Applicable</b></p> <div style="margin-left: 20px;"> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.<br/> <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies<br/> <input type="checkbox"/> Financial Commitment will occur after permit issuance.         </div> |
| <p><b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**State Agency Submittals [Section 1130.620(c)]**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Are the following submittals up to date as applicable?</p> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Cancer Registry<br/> <input type="checkbox"/> APORS (<b>Not applicable</b>)<br/> <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted<br/> <input checked="" type="checkbox"/> All reports regarding outstanding permits         </div> <p><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



**Cost Space Requirements****Not Applicable**

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

**Not Reviewable Space [i.e., non-clinical]:** means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

| Dept. / Area          | Cost | Gross Square Feet |          | Amount of Proposed Total Gross Square Feet That Is: |            |       |               |
|-----------------------|------|-------------------|----------|-----------------------------------------------------|------------|-------|---------------|
|                       |      | Existing          | Proposed | New Const.                                          | Modernized | As Is | Vacated Space |
| <b>REVIEWABLE</b>     |      |                   |          |                                                     |            |       |               |
| Medical Surgical      |      |                   |          |                                                     |            |       |               |
| Intensive Care        |      |                   |          |                                                     |            |       |               |
| Diagnostic Radiology  |      |                   |          |                                                     |            |       |               |
| MRI                   |      |                   |          |                                                     |            |       |               |
| Total Clinical        |      |                   |          |                                                     |            |       |               |
|                       |      |                   |          |                                                     |            |       |               |
| <b>NON-REVIEWABLE</b> |      |                   |          |                                                     |            |       |               |
| Administrative        |      |                   |          |                                                     |            |       |               |
| Parking               |      |                   |          |                                                     |            |       |               |
| Gift Shop             |      |                   |          |                                                     |            |       |               |
|                       |      |                   |          |                                                     |            |       |               |
| Total Non-clinical    |      |                   |          |                                                     |            |       |               |
| <b>TOTAL</b>          |      |                   |          |                                                     |            |       |               |

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

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

|                                                                                                            |                 |            |               |             |               |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|---------------|-------------|---------------|
| FACILITY NAME: Ann & Robert H. Lurie Children’s Hospital of Chicago                                        |                 |            | CITY: Chicago |             |               |
| REPORTING PERIOD DATES:                      From:    Jan 1, 2025                      to:    Dec 31, 2025 |                 |            |               |             |               |
| Category of Service                                                                                        | Authorized Beds | Admissions | Patient Days  | Bed Changes | Proposed Beds |
| Medical/Surgical                                                                                           | 0               | 0          | 0             | 0           | 0             |
| Obstetrics                                                                                                 | 0               | 0          | 0             | 0           | 0             |
| Pediatrics                                                                                                 | 126             | 6,845      | 40,388        | 0           | 126           |
| Intensive Care                                                                                             | 162             | 4,612      | 39,045        | 0           | 162           |
| Comprehensive Physical Rehabilitation                                                                      | 0               | 0          | 0             | 0           | 0             |
| Acute/Chronic Mental Illness                                                                               | 12              | 430        | 3,248         | 0           | 12            |
| Neonatal Intensive Care                                                                                    | 64              | 455        | 21,774        | 0           | 64            |
| General Long-Term Care                                                                                     | 0               | 0          | 0             | 0           | 0             |
| Specialized Long-Term Care                                                                                 | 0               | 0          | 0             | 0           | 0             |
| Long Term Acute Care                                                                                       | 0               | 0          | 0             | 0           | 0             |
| Other ((identify)                                                                                          |                 |            |               |             |               |
| TOTALS:                                                                                                    | 364             | 12,342     | 104,455 *     | 0           | 364           |

Note: \*Patient days includes 97,474 inpatient days and 6,981 observation days.

Note: In November, 2024, Lurie Children's requested and received a letter of consent from the State staff to add 4 Acute Mental Illness beds in a project that did not exceed the capital expenditure threshold. These beds will increase the AMI bed count from 12 to 16. They were opened in the second half of December, 2025 and will be shown in the capacity and utilization report in 2026.



**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 Ann & Robert H. Lurie Children's Hospital of Chicago \* 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.**

SIGNATURE

Thomas P. Shanley, M.D.

PRINTED NAME

President and Chief Executive Officer

PRINTED TITLE

SIGNATURE

Alex P. Miller

PRINTED NAME

SVP, Chief Financial Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 19 day of May 2026

Notarization:

Subscribed and sworn to before me

this 19 day of May 2026

Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

Signature of Notary

Seal





**CERTIFICATION**

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

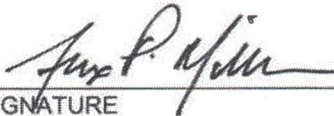
- in the case of a corporation, any two of its officers or members of its Board of Directors.
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- in the case of a partnership, two of its 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.

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SIGNATURE

Thomas P. Shanley, M.D.  
PRINTED NAME

President and Chief Executive Officer  
PRINTED TITLE

  
SIGNATURE

Alex P. Miller  
PRINTED NAME

SVP, Chief Financial Officer  
PRINTED TITLE

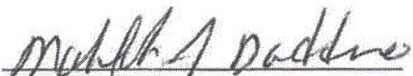
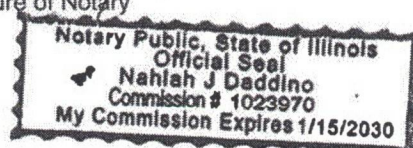
Notarization:

Subscribed and sworn to before me  
this 19 day of May 2026

Notarization:

Subscribed and sworn to before me  
this 19 day of May 2026

  
Signature of Notary  
Seal  


  
Signature of Notary  
Seal  


\*Insert the EXACT legal name of the applicant

## SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

### Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

#### 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 1110.290(b) for examples.

#### IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

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



### SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### 1110.110(a) – Background of the Applicant

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
  - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one application for permit, 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

**Criterion 1110.110(b) & (d)****PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.**

**APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost.
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
  - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

## VII. 1120.120 - AVAILABILITY OF FUNDS

## NOT APPLICABLE

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

|  |    |                                                                                                                                                                                                                                                                                                               |
|--|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | a) | Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:                                                                                                                                                                          |
|  | 1) | the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and                                                                                                                                                      |
|  | 2) | interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.                                                                                                                                                          |
|  | b) | Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.                                                           |
|  | c) | Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.                                                                                                                                                                     |
|  | d) | Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:                                  |
|  | 1) | For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated.                                                                  |
|  | 2) | For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.                                                                                                                                                                                                               |
|  | 3) | For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc. |
|  | 4) | For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment.                                                                                                                      |
|  | 5) | For any option to lease, a copy of the option, including all                                                                                                                                                                                                                                                  |

|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                               | terms and conditions.                                                                                                                                                                                                                                                                                                                 |
| _____                                                                                                                         | e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent. |
| _____                                                                                                                         | f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.                                                                                                                                                                                                             |
| _____                                                                                                                         | g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.                                                                                                                                                                                                            |
|                                                                                                                               | <b>TOTAL FUNDS AVAILABLE</b>                                                                                                                                                                                                                                                                                                          |
| <b>APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                                                                                                                                                                                                                                                                                                                                       |



**SECTION VIII. 1120.130 - FINANCIAL VIABILITY****NOT APPLICABLE**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

|                                                 | Historical<br>3 Years |  |  | Projected |
|-------------------------------------------------|-----------------------|--|--|-----------|
| <b>Enter Historical and/or Projected Years:</b> |                       |  |  |           |
| Current Ratio                                   |                       |  |  |           |
| Net Margin Percentage                           |                       |  |  |           |
| Percent Debt to Total Capitalization            |                       |  |  |           |
| Projected Debt Service Coverage                 |                       |  |  |           |
| Days Cash on Hand                               |                       |  |  |           |
| Cushion Ratio                                   |                       |  |  |           |

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

**Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY****NOT APPLICABLE****This section is applicable to all projects subject to Part 1120.****A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

**SECTION X. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [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 facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all 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 37.**

| Safety Net Information per PA 96-0031 |      |      |      |
|---------------------------------------|------|------|------|
| CHARITY CARE                          |      |      |      |
| Charity (# of patients)               | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| Charity (cost in dollars)             |      |      |      |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| MEDICAID                              |      |      |      |
| Medicaid (# of patients)              | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <b>Total</b>                          |      |      |      |
| Medicaid (revenue)                    |      |      |      |
| Inpatient                             |      |      |      |

|  |            |  |  |  |
|--|------------|--|--|--|
|  | Outpatient |  |  |  |
|  | Total      |  |  |  |

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



**SECTION X. CHARITY CARE INFORMATION**

**Charity Care information MUST be furnished for ALL projects [1120.20(c)].**

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 39.**

| CHARITY CARE                     |      |      |      |
|----------------------------------|------|------|------|
|                                  | Year | Year | Year |
| Net Patient Revenue              |      |      |      |
| Amount of Charity Care (charges) |      |      |      |
| Cost of Charity Care             |      |      |      |

**APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM****NOT APPLICABLE**

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: \_\_\_\_\_  
(Name) (Address)

(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: \_\_\_\_\_  
(Address) (City) (State)

(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

**IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes \_\_\_ No \_\_\_?**

**IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?**

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_

(City) (State) (ZIP Code) (Telephone Number)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

**If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428**

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                                        |  | 24-26   |
| 2                    | Site Ownership                                                                                         |  | 27-28   |
| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |  | 29-30   |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  |  | 31-32   |
| 5                    | Flood Plain Requirements                                                                               |  | 33      |
| 6                    | Historic Preservation Act Requirements                                                                 |  | 34      |
| 7                    | Project and Sources of Funds Itemization                                                               |  | 35      |
| 8                    | Financial Commitment Document if required                                                              |  | N/A     |
| 9                    | Cost Space Requirements                                                                                |  | 36      |
| 10                   | Discontinuation                                                                                        |  | 37-87   |
| 11                   | Background of the Applicant                                                                            |  | 88-95   |
| 12                   | Purpose of the Project                                                                                 |  | 96-101  |
| 13                   | Alternatives to the Project                                                                            |  | 102-103 |
| 14                   | Size of the Project                                                                                    |  | N/A     |
| 15                   | Project Service Utilization                                                                            |  | N/A     |
| 16                   | Unfinished or Shell Space                                                                              |  | N/A     |
| 17                   | Assurances for Unfinished/Shell Space                                                                  |  | N/A     |
|                      | <b>Service Specific:</b>                                                                               |  |         |
| 19                   | Medical Surgical Pediatrics, Obstetrics, ICU                                                           |  | N/A     |
| 20                   | Comprehensive Physical Rehabilitation                                                                  |  | N/A     |
| 21                   | Acute Mental Illness                                                                                   |  | N/A     |
| 22                   | Open Heart Surgery                                                                                     |  | N/A     |
| 23                   | Cardiac Catheterization                                                                                |  | N/A     |
| 24                   | In-Center Hemodialysis                                                                                 |  | N/A     |
| 25                   | Non-Hospital Based Ambulatory Surgery                                                                  |  | N/A     |
| 26                   | Selected Organ Transplantation                                                                         |  | N/A     |
| 27                   | Kidney Transplantation                                                                                 |  | N/A     |
| 28                   | Subacute Care Hospital Model                                                                           |  | N/A     |
| 29                   | Community-Based Residential Rehabilitation Center                                                      |  | N/A     |
| 30                   | Long Term Acute Care Hospital                                                                          |  | N/A     |
| 31                   | Clinical Service Areas Other than Categories of Service                                                |  | N/A     |
| 32                   | Freestanding Emergency Center Medical Services                                                         |  | N/A     |
| 33                   | Birth Center                                                                                           |  | N/A     |
|                      | <b>Financial and Economic Feasibility:</b>                                                             |  |         |
| 34                   | Availability of Funds                                                                                  |  | N/A     |
| 35                   | Financial Waiver                                                                                       |  | N/A     |
| 36                   | Financial Viability                                                                                    |  | N/A     |
| 37                   | Economic Feasibility                                                                                   |  | N/A     |
| 38                   | Safety Net Impact Statement                                                                            |  | 105-112 |
| 39                   | Charity Care Information                                                                               |  | 113     |
| 40                   | Flood Plain Information                                                                                |  | N/A     |



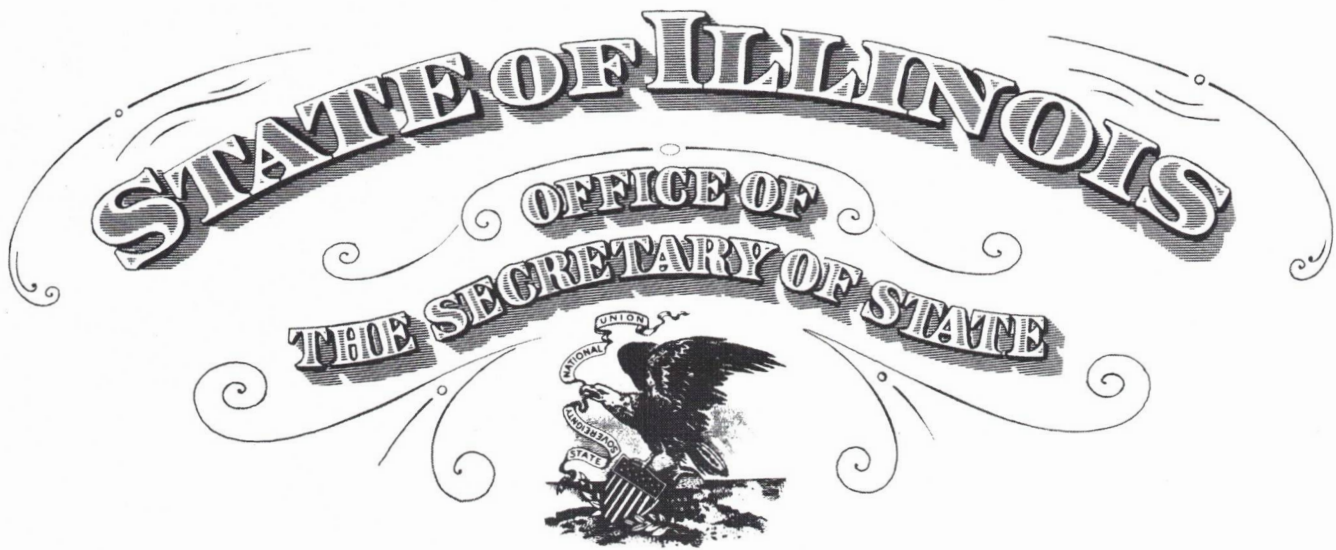
CERTIFICATES OF GOOD STANDING

Ann & Robert H. Lurie Children's Hospital of Chicago  
Children's Hospital of Chicago Medical Center

Attachment 1

File Number

0666-373-7



***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*

ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1894, 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 IN GOOD STANDING AS A DOMESTIC CORPORATION 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 11TH day of MAY A.D. 2026 .***

Authentication #: 2613102810 verifiable until 05/11/2027

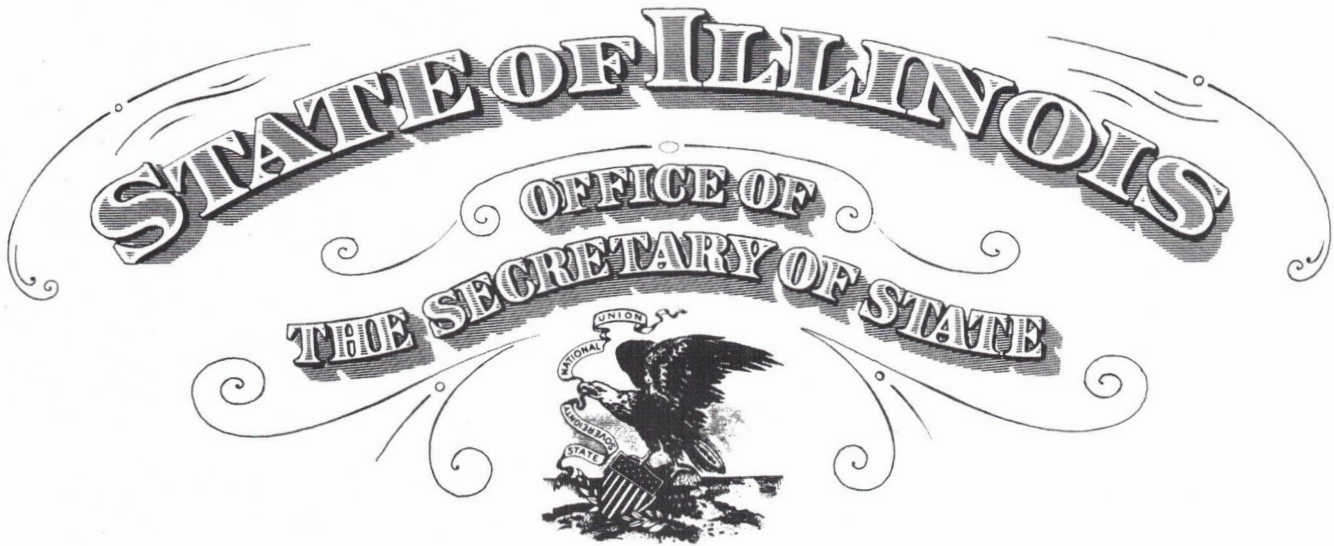
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*

SECRETARY OF STATE

File Number

5367-793-2



***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*

CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 13, 1984, 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 IN GOOD STANDING AS A DOMESTIC CORPORATION 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 11TH day of MAY A.D. 2026 .***

Authentication #: 2613102822 verifiable until 05/11/2027

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

*Alexi Giannoulas*

SECRETARY OF STATE



**SITE OWNERSHIP**

The attached letter attests that Ann & Robert H. Lurie Children's Hospital of Chicago is the owner of the property at 2301 Enterprise Drive, Westchester.

May 19, 2026

Mr. John Kniery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street 2<sup>nd</sup> floor  
Springfield, IL 62761

Re: Property Ownership

Dear Mr. Kniery:

I hereby certify that Ann & Robert H. Lurie Children's Hospital of Chicago owns the property and hospital outpatient center building located at 2301 Enterprise Drive, Westchester, IL.

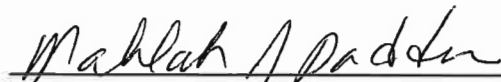
If you have any questions, please contact Ann Sherline, Senior Associate General Counsel, Ann & Robert H. Lurie Children's Hospital of Chicago at [asherline@luriechildrens.org](mailto:asherline@luriechildrens.org).

Sincerely,



Thomas P. Shanley, MD  
President and Chief Executive Officer  
Ann & Robert H. Lurie Children's Hospital of Chicago  
225 E. Chicago Avenue  
Chicago, IL 60611

Subscribed and sworn to before me  
this 19<sup>th</sup> day of May, 2026.



Signature of Notary Public



Seal

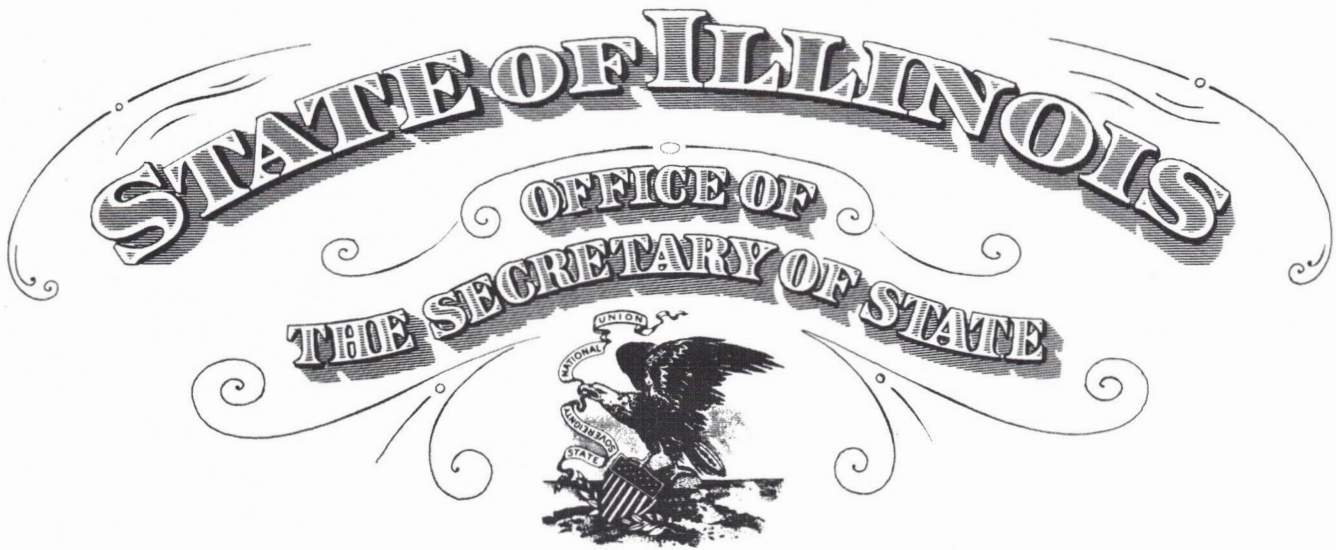
Certificate of Good Standing

Ann & Robert H. Lurie Children's Hospital of Chicago



File Number

0666-373-7



***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*

ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1894, 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 IN GOOD STANDING AS A DOMESTIC CORPORATION 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 11TH day of MAY A.D. 2026 .***

*Alexi Giannoulis*

SECRETARY OF STATE

Authentication #: 2613102810 verifiable until 05/11/2027

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

ORGANIZATION CHART

Attachment 4

 Ann & Robert H. Lurie  
Children's Hospital of Chicago™





### Flood Plain Requirements

There is no construction or modernization of the facility for this discontinuation project. As a result, this section is not applicable.

#### Historic Resources Preservation Act Requirements

There is no construction or modernization of the facility for this discontinuation project. As a result, this section is not applicable.

#### Project Costs and Sources of Funds

There is no construction or modernization of the facility for this discontinuation project. As a result, this section is not applicable.



### Cost/Space Requirements

There is no construction or modernization of the facility for this discontinuation project. As a result, this section is not applicable.

SECTION II. DISCONTINUATION

1110.290 – Discontinuation

General Information Requirements

Attachment 10

**SECTION II. DISCONTINUATION**

1110.290 - Discontinuation

**GENERAL INFORMATION REQUIREMENTS****1. Identify the categories of service and the number of beds, if any, that are to be discontinued**

Ann & Robert H. Lurie Children's Hospital of Chicago's ("**Lurie Children's**") Hospital Outpatient Center in Westchester is located at 2301 Enterprise Drive, Westchester, IL 60154. The facility houses an ASTC, licensed as Children's Outpatient Services at Westchester.

The ASTC has three operating rooms. The facility, including the ASTC, is being discontinued, timed with the opening of the proposed Lurie Children's hospital in Downers Grove. The surgery department at the proposed Lurie Children's hospital in Downers Grove will accommodate surgical cases to be relocated from Westchester.

There are no inpatient beds or other categories of service located at the Westchester facility.

**2. Identify all the other clinical services that will be discontinued**

The following outpatient clinic services are being closed at the Lurie Children's Hospital Outpatient Center in Westchester: Adolescent & Young Adult Medicine, Audiology, Cardiology & Cardiac Surgery; Dermatology; Endocrinology, Gastroenterology & GI Surgery, Medical Imaging, Nephrology, Neurosurgery, Ophthalmology, Orthopedics, Orthotics & Prosthetics, Otolaryngology, Pathology & Laboratory Medicine, Plastic & Reconstructive Surgery, Psychiatry & Behavioral Health, Rehabilitative Services, Sports Medicine, Surgery and Urology. Patients utilizing these services will be transitioned to the planned outpatient clinic adjacent to the proposed Lurie Children's hospital in Downers Grove.

The following imaging and testing services are also being discontinued and will be relocated to the Downers Grove facility: Clinical Neurophysiology Lab, Echocardiogram, Electrocardiogram, Fetal Echocardiogram, Holter & Event Monitoring, MRI, Neuroimaging, Ultrasound, Video EEG, x-ray.

**3. Provide the anticipated date of discontinuation for each identified service or for the entire facility**

The discontinuation of the ASTC and the pediatric hospital outpatient services at Lurie Children's Hospital Outpatient Center in Westchester will occur after the opening of the proposed new Lurie Children's hospital and outpatient clinics building in Downers Grove. The completion of the new hospital and outpatient center is projected to be December 31, 2029.

Allowing time for final inspections, training and commissioning of the Downers Grove facility, it is expected that the new facility will begin patient care services in 2029. Consequently, it is expected that discontinuation of the Westchester ASTC and hospital outpatient clinic services will coincide with this opening in 2029.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs

Following discontinuation of the Westchester facility, the vacated space will be cleaned and equipment and furnishings that will not be needed or used within Lurie Children's system will either be traded in, sold, donated, or discarded.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained

Lurie Children's has an integrated electronic medical records system for all locations and services. All medical records and patient records are stored and maintained within the EPIC electronic medical records system. EPIC has replaced printed paper records. Electronic access to medical records will continue, uninterrupted. The current medical record retention policies will be continued.

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

Attachment 10A shows the notification that was sent to the Daily Herald for publication.

7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to the filing of this application.

Attachment 10B presents the letters of notification sent to:

- Greg Hribal, President of Westchester
- Speaker of the House Emanuel ("Chris") Welch
- State Senator Kimberly A. Lightford
- Sameer Vohra, MD, Director, Illinois Department of Public Health
- Elizabeth M. Whitehorn, Director, Illinois Department of Healthcare and Family Services

8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g.: annual questionnaires, capital expenditures, surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation

Attachment 10C is a letter confirming that Lurie Children's commits to continue to provide all questionnaires and data required by HFSRB or IDPH through the date of discontinuation and to provide other required information as requested by the State.



## 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 1110.290(b) for examples.

There are two main reasons for discontinuing the Lurie Children's Hospital Outpatient Center in Westchester

- 1) Relocation of ambulatory surgery and pediatric outpatient specialty services to the proposed new hospital and clinics building planned by Lurie Children's in Downers Grove.
- 2) Vacating the aging hospital outpatient center in Westchester that has significant facility deficiencies. Maintaining the facility is increasingly expensive, and there are operational limitations that make the efficient delivery of health care services difficult.

1. Relocate ambulatory surgery and outpatient clinic services to the proposed new hospital and clinics building planned by Lurie Children's in Downers Grove.

Lurie Children's proposes the construction of a 299,000 sq ft health care facility in Downers Grove. The project to build a pediatric hospital and hospital outpatient building will be located on property being acquired by Lurie Children's immediately south of Butterfield Road and immediately west of Highway 355. The hospital is planned with 48 medical/surgical pediatric beds, a surgery department with six operating rooms ("ORs"), and an emergency department with 35 treatment rooms. Other clinical services include diagnostic imaging, lab and pharmacy. An adjacent hospital outpatient specialty clinics building will have 50 exam rooms and 10 ambulatory infusion rooms.

The pediatric hospital and outpatient clinic building proposed in Downers Grove is being designed to provide state of the art care primarily for patients residing in the western suburbs, including a significant number of pediatric patients living in western suburban communities who travel to Lurie Children's main hospital in the Streeterville neighborhood of Chicago ("**Lurie Children's - Streeterville**") for their inpatient care. The proposed facility in Downers Grove is 7 miles from the Lurie Children's Hospital Outpatient Center in Westchester. The plan is to relocate all services at Westchester to Downers Grove. The shift of patient volumes from Westchester is one of the main factors contributing to the base of services being planned in the new facility. The surgery center at the new hospital in Downers Grove will incorporate patients from the Westchester ASTC, which will be discontinued. The outpatient visits at Westchester will transition from Westchester to the new hospital outpatient clinic building adjacent to the proposed hospital in Downers Grove.

2. Vacate the aging outpatient center in Westchester that has significant facility deficiencies.

Since 1989, Lurie Children's has operated the hospital outpatient center in Westchester. The center provides hospital outpatient visits, diagnostic imaging, and ambulatory surgery. The facility has multiple mechanical, electrical and plumbing issues, characteristic of a building approaching 40 years of service. For example, the steam boilers are original to the building, as are the medical gas manifolds and control air compressor providing pneumatic air for the building's heating and cooling control systems. The emergency generator is also original to the building. The central chiller plant has had multiple service calls in recent years to address compressor failures and refrigerant leaks. Refrigerant is no longer manufactured; replacement refrigerant is expensive. The domestic water heaters are 15 years old and beyond their useful life. Equipment and other building systems

maintenance and repair costs have exceeded \$300,000 in the past 6 years, with replacement parts for original equipment being increasingly unavailable or difficult to obtain. Significant costs are looming to replace some of the major equipment in the next 5 years.

Lurie Children's has recently undertaken a \$1.1 million project to replace the roof to address leaks, and \$380,000 to replace ceiling tiles and diffusers throughout the building. The exterior façade of the building needs replacement of brick and repair of deteriorating mortar joints. The parking lot has numerous patches requiring annual repair. Sidewalks are uneven and require regular attention.

Moreover, there are many operational deficiencies associated with clinical services delivery. For example, the three ORs do not allow for the efficient scheduling of surgeons, which is usually optimized when there are even numbers of surgery rooms to enable scheduling continual procedures. In addition, ambulatory surgery cases are not scheduled after 2:00 PM, since later cases that have the potential for requiring extended observation and recovery times are not able to be accommodated due to limited evening and nighttime coverage. This limitation is easily addressed by the surgery department at the proposed new hospital in Downers Grove.

Finally, the 37,134 square foot facility has limited size, and is not able to accommodate more Lurie Children's providers who would like to practice at the Westchester location. The new clinics building has capacity to accommodate the growth of pediatric specialty services in the west suburban area.

## IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse impact upon access to care for residents of the facility's market area

All services at Lurie Children's Hospital Outpatient Center of Westchester will be shifted to the proposed hospital and clinics building in Downers Grove. The following table documents historic utilization of the ASTC at Westchester.

### Historical Surgical Utilization

#### Pediatric Outpatient Services at Lurie Children's Westchester

|                       | 2021     | 2022     | 2023     | 2024     | 2025     |
|-----------------------|----------|----------|----------|----------|----------|
| <b>Surgical cases</b> | 1,970    | 2,337    | 2,832    | 2,996    | 2,620    |
| <b>Surgical hours</b> | 3,175.25 | 3,441.75 | 3,895.75 | 4,000.54 | 3,458.25 |
| <b>Hours per case</b> | 1.61     | 1.47     | 1.38     | 1.34     | 1.32     |

**Source:** IDPH ASTC Survey, Lurie Children's, HFSRB Profiles

Accommodating the discontinuation of the Westchester hospital outpatient center and the transition of its patients to the Downers Grove hospital and clinics building is part of a regional plan by Lurie Children's to increase access for pediatric patients and their families in the western suburbs. Over the past 13 years, these families have seen the closures of six pediatric units at hospitals in the West Region (defined below), and the closure of a seventh hospital with a pediatric unit (Westlake Hospital). These seven closures reduced the number of pediatric beds in the West Region by 59 beds.

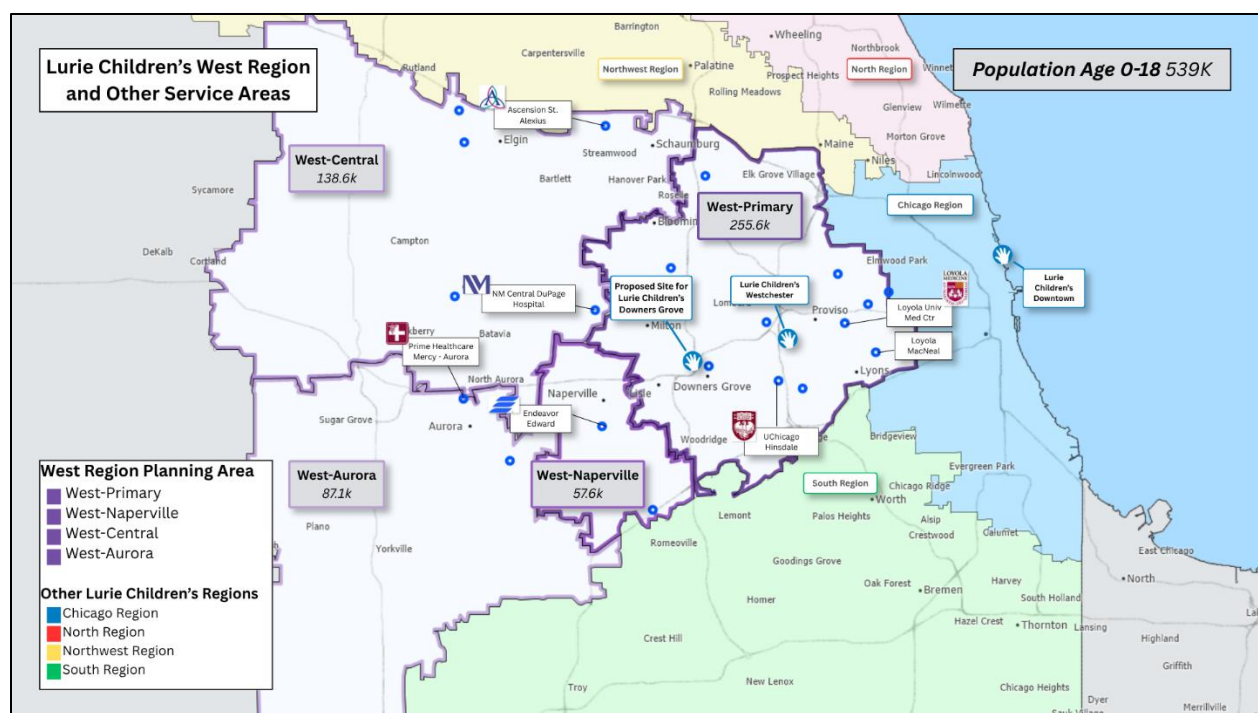
The facility is located in the “**West Region**” of metropolitan Chicago, one of five metropolitan regions served by Lurie Children’s (See the map on the following page.) There are 19 general acute care hospitals located in the West Region with a total of 135 pediatric beds. Of these 19, only eight have designated pediatric units with authorized pediatric beds. Four of the pediatric units have a total of 86 authorized pediatric beds, with active pediatric services (Central DuPage Hospital, Loyola University Medical Center, Edward Hospital, and St. Alexius Medical Center). The other four units, with 49 of the 135 total authorized pediatric beds, each have an Average Daily Census (ADC) less than one patient: U Chicago Medicine AdventHealth Hinsdale, MacNeal Hospital, Mercy Medical Center – Aurora, and West Suburban). These four hospitals hold authorized pediatric beds in the State inventory, without having programs of significant volume. For a population of approximately 539,000 in the West Region, 86 beds is minimal capacity.

The majority of West Region pediatric patients requiring pediatric hospitalization receive that inpatient care outside the area. According to IHA COMPdata, there were 8,248 children ages 0 – 18 residing in the West Region who were hospitalized for inpatient pediatric care in 2024. 3,962 (48%) were admitted at hospitals located in the West Region. The remaining 4,286 children (52%) received care at hospitals outside of the area. Of the 4,286 patients who migrated out of the area, 1,808 (42.2%) were patients at Lurie Children’s. (These 1,808 included not just pediatric inpatients, but included observations and ICU patients.) Based on traffic conditions, a significant number of these patients travel more than an hour to an hour and a half for care at Lurie Children’s - Streeterville, a trip that family members make several times during their child’s inpatient stay, not to mention their travel for pre-admission visits and follow-up aftercare.

The Certificate of Need permit application for establishment of the new hospital and clinics building in Downers Grove documents that 100% of these outpatient surgical cases will be shifted to the surgery department in Downers Grove. The volume of surgery cases from Westchester is 43% of total surgical hours planned at Downers Grove. The other volume will include cases associated with a) residents of the West Region who had surgery at Lurie Children’s ASTC in Northbrook, b) residents of the South Region who traveled to Northbrook for outpatient surgery, c) Lurie Children’s patients residing in the West and South Regions having outpatient surgery at Lurie Children’s - Streeterville.

Similarly, the relocation of clinic visits from Westchester to Downers Grove assures the continued accessibility of outpatient care for residents of the West Region. The 50 exam and treatment rooms in the clinics building in Downers Grove is significantly more capacity than provided at the 21-room clinics in Westchester.

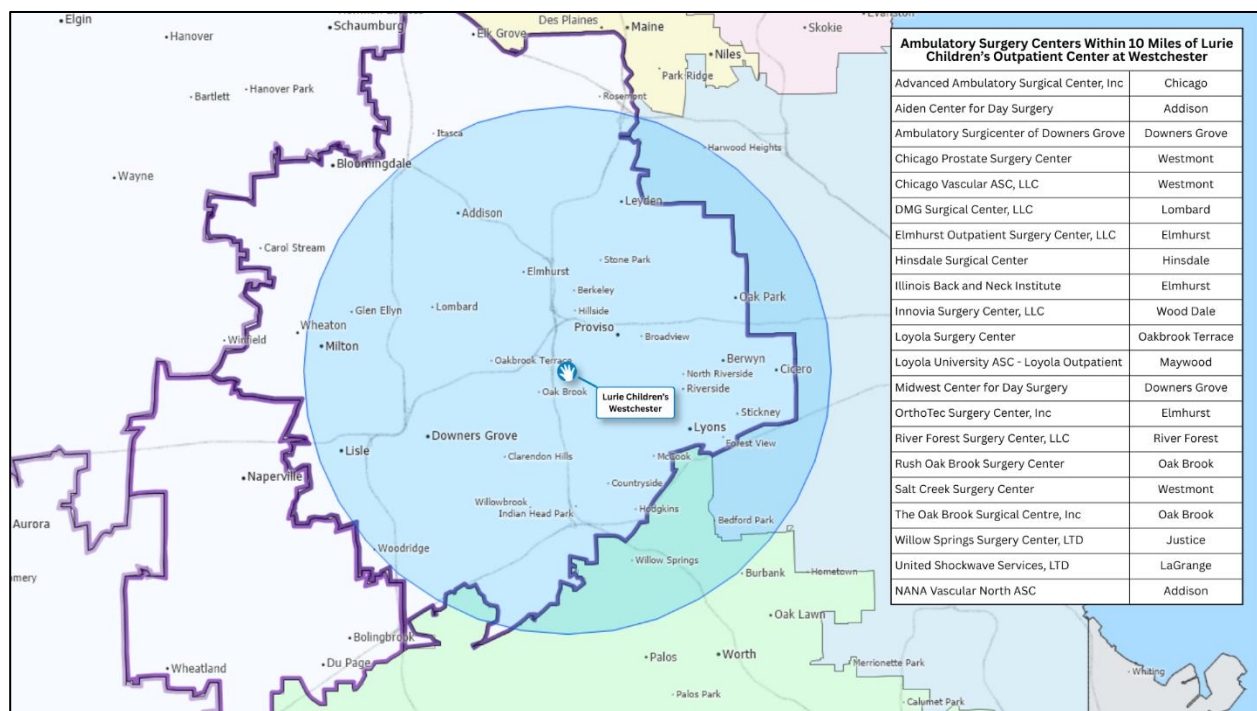
Consequently, the discontinuation of the Lurie Children’s Hospital Outpatient Center in Westchester will not cause access issues for residents of the communities in the West Region. All current services will shift to Downers Grove, which is more centrally located in the West Region than Westchester’s location.





2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the geographic service area.

There are 21 ASTCs located within 10 miles of the Westchester site. The map below includes the listed ASTCs. Letters were sent to the 21 surgery centers, with a request that they respond to Lurie Children's regarding the impact on their facilities due to the future discontinuation of the Westchester ASTC. Evidence of the letters sent by Lurie Children's is included in this section, Attachment 10D. It is worth noting that the vast majority of these centers provide adult outpatient surgery, and do not care for children.



**NOTIFICATION TO LOCAL MEDIA**

The announcement of the planned discontinuation was posted in the Northwest Suburbs DAILY HERALD on May 18, 2026, May 19, 2026 and May 20, 2026 as certified on the following page.

Attachment 10A

Lurie Children's Hospital Outpatient Center at 2301 Enterprise Drive, Westchester, will be closing, as part of a planned expansion of Ann & Robert H. Lurie Children's Hospital of Chicago's pediatric services in the western suburbs. The facility has been providing outpatient visits, diagnostic imaging and ambulatory surgery.

Services at the facility will be relocated to a new pediatric hospital and outpatient center being planned in Downers Grove by Lurie Children's. The new hospital will have inpatient pediatric beds, an emergency department, surgery, a full range of diagnostic imaging and outpatient specialty care services. Subject to review and approval by the Illinois Health Facilities and Services Review Board, and receipt of all zoning, entitlements, special uses and all other approvals from the Village of Downers Grove governmental authorities, construction of the new facility will start in 2027, with planned opening in 2029. The Lurie Children's Hospital Outpatient Center in Westchester will continue in operation until the new facility is open in Downers Grove and can accommodate the shifting of programs from Westchester.

This notification of planned discontinuation is required as part of the Certificate of Need Discontinuation Permit Application now being prepared for submittal to the HFSRB.

Published in Daily Herald  
May 18, 19, 20, 2026 (331463)

## CERTIFICATE OF PUBLICATION

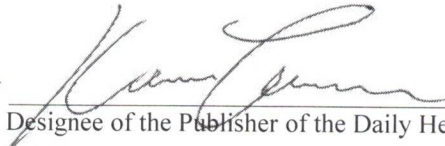
Paddock Publications, Inc.

### Northwest Suburbs Daily Herald

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the **Northwest Suburbs DAILY HERALD**. That said **Northwest Suburbs DAILY HERALD** is a secular newspaper, published in Arlington Heights, Cook County, State of Illinois, and has been in general circulation daily throughout Cook County, continuously for more than 50 weeks prior to the first Publication of the attached notice, and a newspaper as defined by 715 ILCS 5/5.

I further certify that the **Northwest Suburbs DAILY HERALD** is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 715, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published 05/18/2026, 05/19/2026, 05/20/2026 in said **Northwest Suburbs DAILY HERALD**. This notice was also placed on a statewide public notice website as required by 5 ILCS 5/2.1.

BY

  
Designee of the Publisher of the Daily Herald

Control # 331463



#### NOTIFICATION TO OFFICIALS

Letters of notification were sent to State and local officials, as documented in the letters and proof of mailing on the following pages.

Attachment 10B





May 5, 2026

**Via Certified Mail/Return Receipt Requested**

Speaker of the House Emanuel Welch  
10055 W. Roosevelt Rd.  
Suite E  
Westchester, IL 60154

**RE: Ann & Robert H. Lurie Children's Hospital of Chicago  
Notice of Discontinuation of Lurie Children's Hospital Outpatient Center in Westchester**

Dear Speaker Welch:

On January 28, 2026, Ann & Robert H. Lurie Hospital of Chicago (Lurie Children's) announced plans to build a new pediatric hospital and outpatient clinic facility in Downers Grove. The hospital and outpatient center will provide Lurie Children's specialty pediatric care to its patients residing in the western suburbs, as well as other families in need of inpatient and ambulatory pediatric care.

The new hospital will have 48 inpatient pediatric beds, a 36-room emergency department, a surgery department with 6 operating rooms, diagnostic imaging, and a full range of hospital outpatient specialty care services. Pending approvals by the Illinois Health Facilities and Services Review Board and the Village of Downers Grove, construction on the new facility will start in 2027, with a planned opening in 2029.

The planned expansion includes relocating services now in place at Lurie Children's Hospital Outpatient Center in Westchester to the Downers Grove facility. The outpatient center at 2301 Enterprise Drive in Westchester offers hospital outpatient pediatric specialty services, diagnostic imaging, and ambulatory surgery in the 3 room Ambulatory Surgery Treatment Center. It will continue in operation until the new facility in Downers Grove is open and can accommodate the shifting of programs from Westchester. Once the new facility in Downers Grove is open for care, the Westchester facility will be discontinued and closed. The discontinuation of the Westchester Facility is subject to review and approval by the Illinois Health Facilities and Services Review Board later this year.

This notice of planned discontinuation is required as part of the Certificate of Need Discontinuation Permit Application now being prepared.

Please contact me if you have any questions at [asherline@luriechildrens.org](mailto:asherline@luriechildrens.org) or 312-227-4312.

Sincerely,

A handwritten signature in blue ink that reads "Ann Sherline".

Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 5, 2026

**Via Certified Mail/Return Receipt Requested**

State Senator Kimberly A. Lightford  
High Point Plaza, 4415 Harrison St.  
Suite 550  
Hillside, IL 60162

**RE: Ann & Robert H. Lurie Children's Hospital of Chicago  
Notice of Discontinuation of Lurie Children's Hospital Outpatient Center in Westchester**

Dear Senator Lightford:

On January 28, 2026, Ann & Robert H. Lurie Hospital of Chicago (Lurie Children's) announced plans to build a new pediatric hospital and outpatient clinic facility in Downers Grove. The hospital and outpatient center will provide Lurie Children's specialty pediatric care to its patients residing in the western suburbs, as well as other families in need of inpatient and ambulatory pediatric care.

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Sincerely,

A handwritten signature in blue ink that reads "Ann Sherline".

Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 5, 2026

**Via Certified Mail/Return Receipt Requested**

Elizabeth M. Whitehorn  
 Director, Illinois Department of Healthcare and Family Services  
 201 South Grand Avenue East, 3<sup>rd</sup> Floor  
 Springfield, IL 62763

**RE: Ann & Robert H. Lurie Children's Hospital of Chicago  
 Notice of Discontinuation of Lurie Children's Hospital Outpatient Center in Westchester**

Dear Director Whitehorn:

On January 28, 2026, Ann & Robert H. Lurie Hospital of Chicago (Lurie Children's) announced plans to build a new pediatric hospital and outpatient clinic facility in Downers Grove. The hospital and outpatient center will provide Lurie Children's specialty pediatric care to its patients residing in the western suburbs, as well as other families in need of inpatient and ambulatory pediatric care.

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Sincerely,

A handwritten signature in blue ink that reads "Ann Sherline".

Ann Sherline  
 Senior Associate General Counsel  
 Ann & Robert H. Lurie Children's Hospital of Chicago



May 5, 2026

**Via Certified Mail/Return Receipt Requested**

Sameer Vohra, MD  
 Director, Illinois Department of Public Health  
 535 West Jefferson Street  
 Springfield, IL 62761

**RE: Ann & Robert H. Lurie Children's Hospital of Chicago  
 Notice of Discontinuation of Lurie Children's Hospital Outpatient Center in Westchester**

Dear Director Vohra:

On January 28, 2026, Ann & Robert H. Lurie Hospital of Chicago (Lurie Children's) announced plans to build a new pediatric hospital and outpatient clinic facility in Downers Grove. The hospital and outpatient center will provide Lurie Children's specialty pediatric care to its patients residing in the western suburbs, as well as other families in need of inpatient and ambulatory pediatric care.

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Sincerely,

A handwritten signature in blue ink that reads "Ann Sherline".

Ann Sherline  
 Senior Associate General Counsel  
 Ann & Robert H. Lurie Children's Hospital of Chicago



May 5, 2026

**Via Certified Mail/Return Receipt Requested**

Greg Hribal  
President  
Village of Westchester  
10300 W. Roosevelt Road  
Westchester, IL 60154

**RE: Ann & Robert H. Lurie Children's Hospital of Chicago  
Notice of Discontinuation of Lurie Children's Hospital Outpatient Center in Westchester**

Dear President Hribal:

On January 28, 2026, Ann & Robert H. Lurie Hospital of Chicago (Lurie Children's) announced plans to build a new pediatric hospital and outpatient clinic facility in Downers Grove. The hospital and outpatient center will provide Lurie Children's specialty pediatric care to its patients residing in the western suburbs, as well as other families in need of inpatient and ambulatory pediatric care.

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Sincerely,

A handwritten signature in blue ink that reads "Ann Sherline".

Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Speaker of the House Emanuel Welch  
10055 W. Roosevelt Rd.  
Suite E  
Westchester, IL 60154



9590 9402 9304 4295 9599 00

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3051 38

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

26-027

## A. Signature

X

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |                                                                        |                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |                                                                     |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

State Senator Kimberly A. Lightford  
High Point Plaza, 4415 Harrison St.  
Suite 550  
Hillside, IL 60162



9590 9402 9304 4295 9599 31

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3051 21

PS Form 3811, July 2020 PSN 7530-02-000-9053

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If YES, enter delivery address below: ☐ No

## 3. Service Type

- |                                                                        |                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |                                                                     |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Elizabeth M. Whitehorn, Director  
Illinois Department of Healthcare and  
Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield, IL 62763



9590 9402 9304 4295 9599 48

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3051 14

PS Form 3811, July 2020 PSN 7530-02-000-9053

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X

- ☐
- Agent
- 
- ☐
- Addressee

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If YES, enter delivery address below: ☐ No

## 3. Service Type

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|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |                                                                     |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt



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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Greg Hribal, President  
Village of Westchester  
10300 W. Roosevelt Road  
Westchester, IL 60154



9590 9402 9304 4295 9599 62

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3050 91

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

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| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |                                                                     |
| <input type="checkbox"/> Insured Mail                            |                                                                     |

☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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## 1. Article Addressed to:

Sameer Vohra, MD, Director  
Illinois Department of Public Health  
535 West Jefferson Street  
Springfield, IL 62761



9590 9402 9304 4295 9599 55

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3051 07

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

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**X**
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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If YES, enter delivery address below: ☐ No

## 3. Service Type

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|------------------------------------------------------------------|---------------------------------------------------------------------|
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| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
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| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |                                                                     |
| <input type="checkbox"/> Insured Mail                            |                                                                     |

☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**AGREEMENT TO PROVIDE REQUIRED INFORMATION**

The letter on the next page confirms the commitment by Ann & Robert H. Lurie Children's Hospital of Chicago to provide required information to the Health Facilities and Services Review Board and the Illinois Department of Public Health through the date of discontinuation of the Westchester facility.

May 19, 2026

Mr. John Kniery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street 2<sup>nd</sup> floor  
Springfield, IL 62761

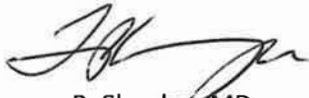
Re: Commitment to Provide Information

Dear Mr. Kniery:

I hereby certify that Ann & Robert H. Lurie Children's Hospital of Chicago ("Lurie Children's") agrees to provide all questionnaires and data required by the Health Facilities and Services Review Board and by the Illinois Department of Public Health such as annual questionnaires and capital expenditure surveys through the date of discontinuation of Lurie Children's Hospital Outpatient Center in Westchester, and other required information as requested by the State.

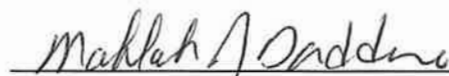
If you have any questions, please contact Ann Sherline, Senior Associate General Counsel, Ann & Robert H. Lurie Children's Hospital of Chicago at [asherline@luriechildrens.org](mailto:asherline@luriechildrens.org).

Sincerely,



Thomas P. Shanley, MD  
President and Chief Executive Officer  
Ann & Robert H. Lurie Children's Hospital of Chicago  
225 E. Chicago Avenue  
Chicago, IL 60611

Subscribed and sworn to before me  
this 19<sup>th</sup> day of May, 2026.



Signature of Notary Public

Seal



NOTIFICATION TO ASTCs WITHIN A 10 MILE RADIUS OF WESTCHESTER

Announcements of the planned discontinuation were sent to Ambulatory Surgery Treatment Centers as documented with proof of mailing on the next pages.



May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Dr. Severko Hrywnak  
Advanced Ambulatory Surgical Center Inc  
2333 N. Harlem Ave.  
Chicago, IL 60707

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

To Whom it May Concern:

This letter serves as notice that Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) will be discontinuing its Ambulatory Surgery Treatment Center (ASTC) located at 2301 Enterprise Drive in Westchester, IL. The ASTC with three operating rooms is located in Lurie Children's Hospital Outpatient Center in Westchester.

Pediatric health care services provided at the hospital outpatient center, including the ASTC services, will be relocated to the new pediatric hospital and outpatient clinic facility that Lurie Children's is planning in Downers Grove. Subject to review and approval by the Illinois Health Facilities and Service Review Board ("HFSRB") and the Village of Downers Grove, the new hospital will have 48 inpatient pediatric beds, a comprehensive emergency department, a surgery department with 6 operating rooms, diagnostic imaging, and a full range of pediatric hospital outpatient specialty care services. Construction on the new facility will start in 2027, with a planned opening in 2029.

The ASTC provided 2,861 outpatient pediatric surgical procedures in 2025, and 2,980 in 2024. The closure of the hospital outpatient center in Westchester and discontinuation of the ASTC will not occur until the completion of the new pediatric hospital and outpatient center in Downers Grove, and the shifting of services from Westchester to Downers Grove is complete.

The discontinuation of the ASTC is subject to review by HFSRB. Lurie Children's is in the process of preparing Certificate of Need permit applications for discontinuation of the ASTC as well as for the proposed new pediatric hospital and outpatient clinic.

As part of the requirement to assess the impact of discontinuation on ASTCs in the area, this notification requests that you inform us of any impact you foresee on your ASTC from the discontinuation. If you choose to provide a letter of impact, please send it to my attention at 225 E. Chicago Avenue, Box 261, Chicago, IL 60611, so that we may include it with the ASTC discontinuation documentation.

Please contact me if you have any questions at asherline@luriechildrens.org or 312-227-4312.

Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Ali Nili  
Aiden Center for Day Surgery  
1580 W. Lake St.  
Addison, IL 60101

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

To Whom it May Concern:

This letter serves as notice that Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) will be discontinuing its Ambulatory Surgery Treatment Center (ASTC) located at 2301 Enterprise Drive in Westchester, IL. The ASTC with three operating rooms is located in Lurie Children's Hospital Outpatient Center in Westchester.

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Please contact me if you have any questions at [asherline@luriechildrens.org](mailto:asherline@luriechildrens.org) or 312-227-4312.

Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Amos Madanes  
Ambulatory Surgicenter of Downers Grove  
4333 Main Street  
Downers Grove, IL 60515

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

To Whom it May Concern:

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Please contact me if you have any questions at asherline@luriechildrens.org or 312-227-4312.

Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Matthew Prinzing  
Chicago Prostate Surgery Center  
815 Pasquinelli Drive  
Westmont, IL 60559

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

To Whom it May Concern:

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Please contact me if you have any questions at [asherline@luriechildrens.org](mailto:asherline@luriechildrens.org) or 312-227-4312.

Sincerely,

A handwritten signature in blue ink that reads "Ann Sherline".

Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Deborah Cusack  
Chicago Vascular ASC, LLC  
700 Pasquinelli Drive  
Westmont, IL 60559

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

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Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Eric Burger  
DMG Surgical Center, LLC  
2725 Technology Drive  
Lombard, IL 60148

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

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Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Julia Nelson  
Elmhurst Outpatient Surgery Center  
1200 S York Rd Suite 1400  
Elmhurst, IL 60126

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

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Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Scott Borre  
Elmwood Park Same Day Surgery Center  
1614 N Harlem Avenue  
Elmwood Park, IL 60707

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

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Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 7, 2026

**Via Certified Mail/Return Receipt Requested**

George H Olsen  
Hinsdale Surgical Center  
10 Salt Creek Lane  
Hinsdale, IL 60521

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

To Whom it May Concern:

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Please contact me if you have any questions at [asherline@luriechildrens.org](mailto:asherline@luriechildrens.org) or 312-227-4312.

Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Tierra Bowers  
Illinois Back and Neck Institute  
360 W. Butterfield Rd. Suite 100  
Elmhurst, IL 60126

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
Located in Lurie Children's Hospital Outpatient Center in Westchester**

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Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Vera Schmidt  
Innovia Surgery Center, LLC  
203 E Irving Park Road  
Wood Dale, IL 60191

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
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Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Kimberly Zidonis  
Loyola Surgery Center  
1S224 Summit Ave Suite 201  
Oakbrook Terrace, IL 60181

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
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Sincerely,

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Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago





May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Sherri Crumley, MSN, RN, CHO  
Loyola University ASC  
2160 South First Avenue  
Maywood, IL 60153

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
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Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Jacqueline Lucia  
Midwest Center for Day Surgery  
3811 Highland Avenue  
Downers Grove, IL 60515

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
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Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Thonas Carr, DPM  
OrthoTec Surgery Center, Inc  
340 West Butterfield Rd Suite 1B  
Elmhurst, IL 60126

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Ann Sherline  
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Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Jocelyn Castro, RN  
River Forest Surgery Center, LLC  
7427 Lake Street  
River Forest, IL 60305

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Sincerely,



Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Deborah Lee Crook  
Rush Oak Brook Surgery Center  
2011 York Road Suite 3000  
Oak Brook, IL 60523

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
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Sincerely,



Ann Sherline  
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Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Diane Anast RN, CNOR  
Salt Creek Surgery Center  
530 N Cass Ave  
Westmont, IL 60559

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Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Ali Nili  
The Oak Brook Surgical Centre, Inc  
2425 W. 22nd St. Suite 101  
Oak Brook, IL 60523

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Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Joelle Roberts  
Willow Springs Surgery Center, LTD  
9050 West 81st Street  
Justice, IL 60458

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Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago



May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Jaime Ejka  
 United Shockwave Services, LTD  
 120 N LaGrange Rd  
 LaGrange, IL 60525

**RE: Notice of Planned Discontinuation of Ambulatory Surgery Treatment Center  
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Ann Sherline  
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May 7, 2026

**Via Certified Mail/Return Receipt Requested**

Administrator  
NANA Vascular North ASC  
2055 Army Trail Road  
Addison, IL 60101

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This letter serves as notice that Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) will be discontinuing its Ambulatory Surgery Treatment Center (ASTC) located at 2301 Enterprise Drive in Westchester, IL. The ASTC with three operating rooms is located in Lurie Children's Hospital Outpatient Center in Westchester.

Pediatric health care services provided at the hospital outpatient center, including the ASTC services, will be relocated to the new pediatric hospital and outpatient clinic facility that Lurie Children's is planning in Downers Grove. Subject to review and approval by the Illinois Health Facilities and Service Review Board ("HFSRB") and the Village of Downers Grove, the new hospital will have 48 inpatient pediatric beds, a comprehensive emergency department, a surgery department with 6 operating rooms, diagnostic imaging, and a full range of pediatric hospital outpatient specialty care services. Construction on the new facility will start in 2027, with a planned opening in 2029.

The ASTC provided 2,861 outpatient pediatric surgical procedures in 2025, and 2,980 in 2024. The closure of the hospital outpatient center in Westchester and discontinuation of the ASTC will not occur until the completion of the new pediatric hospital and outpatient center in Downers Grove, and the shifting of services from Westchester to Downers Grove is complete.

The discontinuation of the ASTC is subject to review by HFSRB. Lurie Children's is in the process of preparing Certificate of Need permit applications for discontinuation of the ASTC as well as for the proposed new pediatric hospital and outpatient clinic.

As part of the requirement to assess the impact of discontinuation on ASTCs in the area, this notification requests that you inform us of any impact you foresee on your ASTC from the discontinuation. If you choose to provide a letter of impact, please send it to my attention at 225 E. Chicago Avenue, Box 261, Chicago, IL 60611, so that we may include it with the ASTC discontinuation documentation.

Please contact me if you have any questions at [asherline@luriechildrens.org](mailto:asherline@luriechildrens.org) or 312-227-4312.

Sincerely,

A handwritten signature in blue ink that reads "Ann Sherline".

Ann Sherline  
Senior Associate General Counsel  
Ann & Robert H. Lurie Children's Hospital of Chicago

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Dr. Severko Hrywnak  
Advanced Ambulatory Surgical Center Inc  
2333 N. Harlem Ave.  
Chicago, IL 60707



9590 9402 9304 4295 9599 24

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3051 45

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

26-027

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

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|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
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| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |                                                                     |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt

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## 1. Article Addressed to:

Ali Nili  
Aiden Center for Day Surgery  
1580 W. Lake St.  
Addison, IL 60101



9590 9402 9304 4295 9599 17

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3051 52

PS Form 3811, July 2020 PSN 7530-02-000-9053

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| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |                                                                     |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt

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## 1. Article Addressed to:

Amos Madanes  
Ambulatory Surgicenter of Downers  
Grove  
4333 Main Street  
Downers Grove, IL 60515



9590 9402 9304 4295 9598 94

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3051 69

PS Form 3811, July 2020 PSN 7530-02-000-9053

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| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
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| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |                                                                     |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

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## 1. Article Addressed to:

Matthew Prinzing  
Chicago Prostate Surgery Center  
815 Pasquinelli Drive  
Westmont, IL 60559



9590 9402 9304 4295 9598 87

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 3051 76

PS Form 3811, July 2020 PSN 7530-02-000-9053

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26-027

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☐ Addressee

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☐ Insured Mail  
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## 1. Article Addressed to:

Deborah Cusack  
Chicago Vascular ASC, LLC  
700 Pasquinelli Drive  
Westmont, IL 60559



9590 9402 9304 4295 9598 70

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5030 60

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## 1. Article Addressed to:

Eric Burger  
DMG Surgical Center, LLC  
2725 Technology Drive  
Lombard, IL 60148



9590 9402 9304 4295 9598 63

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5030 77

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## 1. Article Addressed to:

Julia Nelson  
Elmhurst Outpatient Surgery Center  
1200 S York Rd Suite 1400  
Elmhurst, IL 60126



9590 9402 9304 4295 9598 56

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5030 84

PS Form 3811, July 2020 PSN 7530-02-000-9053

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26-027

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## 1. Article Addressed to:

Scott Borre  
Elmwood Park Same Day Surgery Center  
1614 N Harlem Avenue  
Elmwood Park, IL 60707



9590 9402 9304 4295 9586 44

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5030 91

PS Form 3811, July 2020 PSN 7530-02-000-9053

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## A. Signature

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- ☐ Agent  
☐ Addressee

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## 1. Article Addressed to:

George H Olsen  
Hinsdale Surgical Center  
10 Salt Creek Lane  
Hinsdale, IL 60521



9590 9402 9304 4295 9586 37

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5031 07

PS Form 3811, July 2020 PSN 7530-02-000-9053

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☐ Addressee

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If YES, enter delivery address below: ☐ No

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## 1. Article Addressed to:

Tierra Bowers  
Illinois Back and Neck Institute  
360 W. Butterfield Rd. Suite 100  
Elmhurst, IL 60126



9590 9402 9304 4295 9586 20

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5031 14

PS Form 3811, July 2020 PSN 7530-02-000-9053

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☐ Addressee

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☐ Certified Mail Restricted Delivery  
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## 1. Article Addressed to:

Vera Schmidt  
Innovia Surgery Center, LLC  
203 E Irving Park Road  
Wood Dale, IL 60191



9590 9402 9304 4295 9586 13

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5031 21

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
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## 1. Article Addressed to:

Kimberly Zidonis  
Loyola Surgery Center  
15224 Summit Ave Suite 201  
Oakbrook Terrace, IL 60181



9590 9402 9304 4295 9598 49

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5031 38

PS Form 3811, July 2020 PSN 7530-02-000-9053

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## A. Signature

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- ☐ Agent  
☐ Addressee

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## 1. Article Addressed to:

Sherri Crumley, MSN, RN, CHO  
Loyola University ASC  
2160 South First Avenue  
Maywood, IL 60153



9590 9402 9304 4295 9586 06

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5031 45

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☐ Agent☐ Addressee

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## 1. Article Addressed to:

Jacqueline Lucia  
Midwest Center for Day Surgery  
3811 Highland Avenue  
Downers Grove, IL 60515



9590 9402 9304 4295 9585 90

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5031 52

PS Form 3811, July 2020 PSN 7530-02-000-9053

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☐ Agent☐ Addressee

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## 1. Article Addressed to:

Thomas Carr, DPM  
OrthoTec Surgery Center, Inc  
340 West Butterfield Rd Suite 1B  
Elmhurst, IL 60126



9590 9402 9304 4295 9585 83

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5031 69

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## 1. Article Addressed to:

Ali Nili  
The Oak Brook Surgical Centre, Inc  
2425 W. 22nd St. Suite 101  
Oak Brook, IL 60523



9590 9402 9304 4295 9585 45

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5032 06

PS Form 3811, July 2020 PSN 7530-02-000-9053

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- ☐ Collect on Delivery
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## 1. Article Addressed to:

Joelle Roberts  
Willow Springs Surgery Center, LTD  
9050 West 81st Street  
Justice, IL 60458



9590 9402 9304 4295 9585 38

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5032 13

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## 1. Article Addressed to:

Jaime Ejka  
United Shockwave Services, LTD  
120 N LaGrange Rd  
LaGrange, IL 60525



9590 9402 9304 4295 9585 21

## 2. Article Number (Transfer from service label)

9489 0090 0027 6600 5032 20

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NANA Vascular North ASC  
2055 Army Trail Road  
Addison, IL 60101



9590 9402 9304 4295 9599 79

**2. Article Number (Transfer from service label)**

9489 0090 0027 6600 5032 37

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SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS

1110.110(a) – Background of the Applicant

Listing of health care facilities owned or operated by the applicant

Licenses and Certifications

Letter – No adverse actions and authorization for access to information

**CRITERION 1110.230 – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES****BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

Ann & Robert H. Lurie Children's Hospital of Chicago  
 225 East Chicago Avenue  
 Chicago, Illinois 60611  
 Licensure: Pediatric Hospital

Lurie Children's Outpatient Services at Westchester  
 2301 Enterprise Drive  
 Westchester, Illinois 60154  
 Licensure: Ambulatory Surgical Treatment Center

Lurie Children's Outpatient Services at Northbrook  
 1121 Techny Road  
 Northbrook, Illinois 60062  
 Licensure: Ambulatory Surgical Treatment Center

Almost Home Kids  
 211 East Grand Avenue  
 Chicago, Illinois 60611  
 Licensure: Children's Community Based Health Care Center

Almost Home Kids  
 7S. 721 Route 53  
 Naperville, Illinois 60540  
 Licensure: Children's Community Based Health Care Center



← DISPLAY THIS PART IN A CONSPICUOUS PLACE



ILLINOIS DEPARTMENT OF  
PUBLIC HEALTH  
HF133339

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of  
the Illinois Department of  
Public Health

Sameer Vohra, MD, JD, MA  
Director

| EXPIRATION DATE       | CATEGORY | I.D. NUMBER |
|-----------------------|----------|-------------|
| 6/8/2026              |          | 0005843     |
| Pediatric Hospital    |          |             |
| Effective: 06/09/2025 |          |             |

Ann & Robert H Lurie Children's Hospital of Chicago  
dba Lurie Children's  
225 East Chicago Avenue Box 140

Chicago, IL 60611

Exp. Date 6/8/2026  
Lic Number 0005843  
Date Printed 3/27/2025

Ann & Robert H Lurie Children's Hospital  
dba Lurie Children's  
225 East Chicago Avenue Box 140  
Chicago, IL 60611

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# **LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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**Sameer Vohra, MD, JD, MA**

**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

| EXPIRATION DATE                            | CATEGORY | L.D. NUMBER |
|--------------------------------------------|----------|-------------|
| 6/25/2026                                  |          | 7001555     |
| <b>Ambulatory Surgery Treatment Center</b> |          |             |
| <b>Effective: 06/26/2025</b>               |          |             |

**Children's Outpatient Services at Westchester  
2301 Enterprise Dr  
Westchester, IL 60154**

**Exp. Date 6/25/2026**

**Lic Number 7001555**

**Date Printed 4/29/2025**

**Children's Outpatient Services at West  
2301 Enterprise Dr  
Westchester, IL 60154-5802**

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**Sameer Vohra, MD, JD, MA**

|                                     |          |             |
|-------------------------------------|----------|-------------|
| EXPIRATION DATE                     | CATEGORY | I.D. NUMBER |
| 9/24/2026                           | Director | 7003221     |
| Ambulatory Surgery Treatment Center |          |             |
| Effective: 09/25/2025               |          |             |

Lurie Children's Surgery Center In Northbrook  
1121 Techny Road  
Northbrook, IL 60062

Exp. Date 9/24/2026

Lic Number 7003221

Date Printed 7/31/2025

Validation Num 2325

Lurie Children's Surgery Center In Nort

1121 Techny Road

Northbrook, IL 60062-5503

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**ILLINOIS DEPARTMENT OF  
PUBLIC HEALTH**

**HF134344**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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the Illinois Department of  
Public Health

**Sameer Vohra, MD, JD, MA**

| EXPIRATION DATE                                      | CATEGORY | ID NUMBER |
|------------------------------------------------------|----------|-----------|
| 9/7/2026                                             | Director | 4000024   |
| <b>Children's Community Based Health Care Center</b> |          |           |
| <b>Licensed Beds: 12</b>                             |          |           |

**Almost Home Kids  
211 East Grand Avenue  
Chicago, IL 60611**

**Exp. Date 9/7/2026  
Lic Number 4000024  
Date Printed 8/5/2025  
Validation Num 1803  
Almost Home Kids**

**211 East Grand Avenue  
Chicago, IL 60611**

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**ILLINOIS DEPARTMENT OF  
PUBLIC HEALTH**

**HF134034**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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**Sameer Vohra, MD, JD, MA**

**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

| EXPIRATION DATE                                      | CATEGORY | I.D. NUMBER |
|------------------------------------------------------|----------|-------------|
| 8/1/2026                                             |          | 4000020     |
| <b>Children's Community Based Health Care Center</b> |          |             |
| <b>Licensed Beds: 12</b>                             |          |             |

**Almost Home Kids  
7 S. 721 Route 53  
Naperville, IL 60540**

**Exp. Date 8/1/2026**

**Lic Number 4000020**

**Date Printed 6/26/2025**

**Almost Home Kids**

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**FEE RECEIPT NO.**



May 19, 2026

Ms. Debra Savage  
Chairperson  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street - 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: No Adverse Actions / Authorized Access to Information

Dear Ms. Savage:

I hereby certify that no adverse action has been taken against Children's Hospital of Chicago Medical Center (the "Medical Center") or Ann & Robert H. Lurie Children's Hospital of Chicago ("Lurie Children's") or any facility owned or operated by the Medical Center or Lurie Children's, directly or indirectly, within three (3) years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize the Health Facilities and Services Review Board ("Board") and the Illinois Department of Public Health ("IDPH") to access any documentation they find necessary to verify any documentation or information submitted, including but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations. I further authorize the Board and IDPH to obtain any additional documentation or information that Board or IDPH deems necessary to process the application.

If you have any questions, please contact Ann Sherline, Senior Associate General Counsel, Ann & Robert H. Lurie Children's Hospital of Chicago at [asherline@luriechildrens.org](mailto:asherline@luriechildrens.org).

Sincerely,



Thomas P. Shanley, MD  
President and Chief Executive Officer  
Ann & Robert H. Lurie Children's Hospital of Chicago  
225 E. Chicago Avenue  
Chicago, IL 60611

Subscribed and sworn to before me  
this 19<sup>th</sup> day of May, 2026.

  
\_\_\_\_\_  
Signature of Notary Public

Seal

## SECTION II. DISCONTINUATION

### Purpose of the Project

1. **Document that the project will provide health care services that improve the health care or well-being of the market area population to be served.**

The project is the discontinuation of Lurie Children's Hospital Outpatient Center in Westchester at 2301 Enterprise Drive, Westchester. The facility includes an Ambulatory Surgery Treatment Center with three operating rooms, licensed as the Children's Outpatient Services at Westchester (the "ASTC"). The ASTC is also being discontinued.

Ann & Robert H. Lurie Children's Hospital of Chicago ("**Lurie Children's**") has been delivering outpatient services including ambulatory surgery at the center at 2301 Enterprise Drive since 1989. Physical deficiencies at the facility require increasing levels of capital investment to maintain operations. These conditions require increasing maintenance to meet modern standards of care, align with patient and family experience expectations, and to accommodate community demand for care. There are also significant functional and operational challenges due to the layout of space and limitations of capacity at the outpatient center.

The ASTC and hospital outpatient center in Westchester will be closed and services relocated to a significant project being planned in Downers Grove by Lurie Children's. The project to build a pediatric hospital and outpatient center building will be located on property being acquired by Lurie Children's immediately south of Butterfield Road and immediately west of Highway 355. The hospital is planned with 48 medical/surgical pediatric beds, a surgery department with six ORs, and an emergency department with 35 treatment rooms. Other clinical services include diagnostic imaging, lab and pharmacy. An adjacent clinics building will have 50 exam and treatment rooms plus 10 ambulatory infusion rooms. A separate CON permit application addresses the proposed new Lurie Children's hospital and ambulatory clinics in Downers Grove.

The hospital and outpatient clinic building proposed in Downers Grove is being designed to provide state of the art care primarily for patients residing in the West Region (defined in Section 2 below), including a significant number of pediatric patients living in western suburban communities who travel to Lurie Children's in the Streeterville neighborhood of Chicago ("**Lurie Children's - Streeterville**") for their inpatient care. The new pediatric hospital in Downers Grove will offer an alternative for patients and families in the western suburbs to receive care closer to home. In recent years, the majority of pediatric hospitalizations of West Region residents are at hospitals located outside of the West Region. Moreover, 7 pediatric units in the West Region with a total of 59 pediatric beds have closed since 2013.

The proposed facility in Downers Grove is 7 miles from the Lurie Children's Hospital Outpatient Center in Westchester. The plan is to relocate all services at Westchester to Downers Grove. The shift of patient volumes from Westchester is one of the main factors contributing to the base of services being planned in the new facility. The surgery center at the new hospital will incorporate patients from the Westchester ASTC, which will be discontinued. The outpatient visits at Westchester will transition from Westchester to the new clinics building adjacent to the proposed hospital in Downers Grove.

Accordingly, the discontinuation of the outpatient center in Westchester will enhance the delivery of pediatric specialty care for families in the western suburbs by enabling the concentration of services

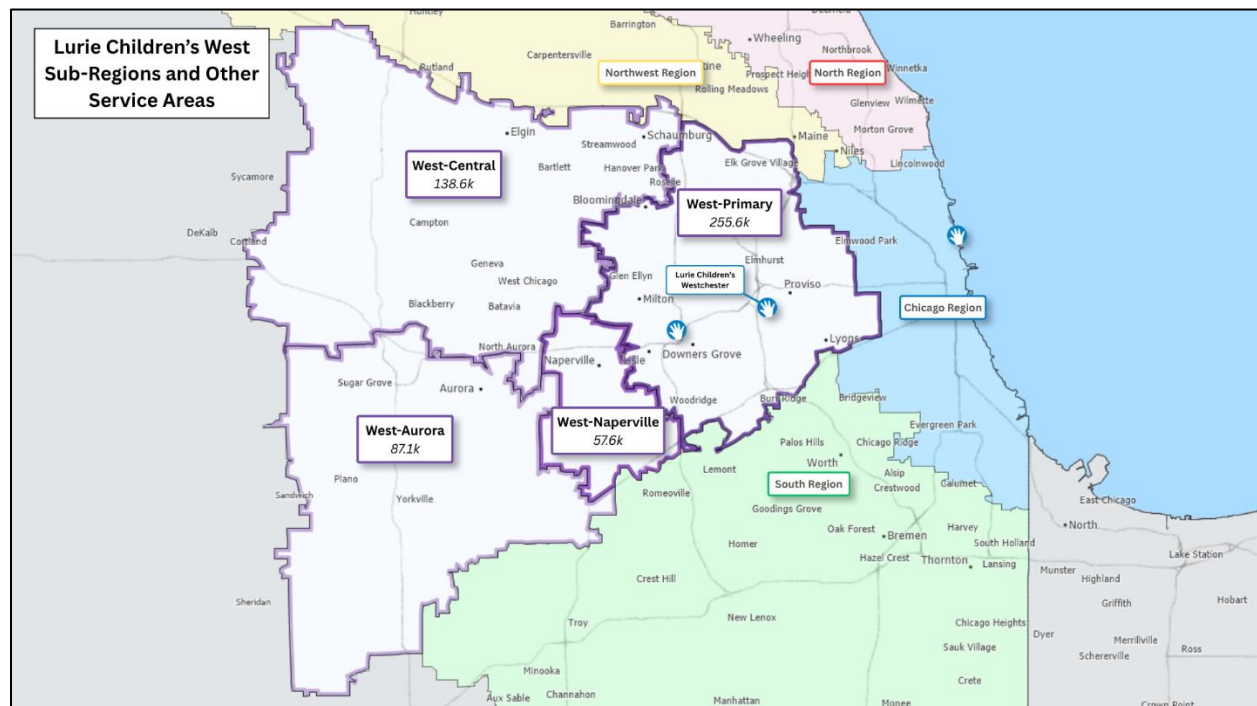
in Downers Grove at a new and modern state-of-the-art hospital and clinic campus. The goal is to ensure that children and families receive the right care, at the right time, in the right setting. By establishing these services at a second modern campus, this proposed project will expand access to high-quality, family-centered pediatric care while enhancing operational efficiency, enabling systematic care coordination, and improving patient outcomes. Additionally, the new location will be more geographically convenient for the majority of families in the defined planning area and surrounding communities, reducing travel time and barriers to care.

## 2. Define planning area or market area, or other relevant area, per the applicant's definition.

Lurie Children's has identified five regions in northeastern Illinois that are used to guide planning for the delivery of pediatric health care services: Chicago, North, Northwest, South and West. Lurie Children's has facilities and/or established affiliations with providers in each of these five regions. The map on the following page shows the West Region and its four sub-areas.

The "West Region" is selected as the planning area for the project. The planning area has an estimated population of 539,000 pediatric residents, ages 0 – 18. It is made up of a Primary Service Area and a Secondary Service Area. As shown on the map below, the Primary Service Area (West-Primary") has a pediatric population of 255,600. The Secondary Service Area has three sub-areas: West-Naperville (population of 57,600), West-Central (138,600), and West-Aurora (87,100).

The table following the map shows the patient origin for 16,478 outpatient visits at Lurie Children's Hospital Outpatient Center in Westchester. 62.0% of visits were from patients residing in the West Region. The 62.0% is composed of 42.2% from the Primary Service Area; 19.7% of visits were from the three sub-areas in the Secondary Service Area. The remaining 38% of patients were from zip codes outside of the West Region.



**Outpatient Visits by Patient Origin, 2025**  
**Lurie Children's Hospital Outpatient Center at Westchester**

|                                             | Patient ZIP |                 | Patient | Total  | % of Total | Cumulative     |
|---------------------------------------------|-------------|-----------------|---------|--------|------------|----------------|
| Planning Region                             | Code        | Patient City    | County  | Visits | Visits     | Patient Visits |
| West Region                                 | 60126       | Elmhurst        | DuPage  | 494    | 3.0%       | 3.0%           |
| Primary Service Area                        | 60525       | La Grange       | Cook    | 369    | 2.2%       | 5.2%           |
|                                             | 60558       | Western Springs | Cook    | 283    | 1.7%       | 7.0%           |
|                                             | 60402       | Berwyn          | Cook    | 278    | 1.7%       | 8.6%           |
|                                             | 60515       | Downers Grove   | DuPage  | 270    | 1.6%       | 10.3%          |
|                                             | 60521       | Hinsdale        | DuPage  | 268    | 1.6%       | 11.9%          |
|                                             | 60137       | Glen Ellyn      | DuPage  | 264    | 1.6%       | 13.5%          |
|                                             | 60302       | Oak Park        | Cook    | 264    | 1.6%       | 15.1%          |
|                                             | 60804       | Cicero          | Cook    | 258    | 1.6%       | 16.7%          |
|                                             | 60148       | Lombard         | DuPage  | 231    | 1.4%       | 18.1%          |
| All Other ZIP Codes                         |             |                 | 3,979   | 24.1%  | 42.2%      |                |
| West Region Primary Service Area Subtotal   |             |                 |         | 6,958  | 42.2%      |                |
| West Region                                 |             |                 |         |        |            |                |
|                                             | Patient ZIP |                 | Patient | Total  | % of Total | Cumulative     |
| Secondary Service Area                      | Code        | Patient City    | County  | Visits | Visits     | Patient Visits |
| West-Central                                | 60185       | West Chicago    | DuPage  | 168    | 1.0%       | 1.0%           |
|                                             | 60103       | Bartlett        | DuPage  | 100    | 0.6%       | 1.6%           |
|                                             | 60134       | Geneva          | Kane    | 91     | 0.6%       | 2.2%           |
|                                             | 60133       | Hanover Park    | Cook    | 90     | 0.5%       | 2.7%           |
|                                             | 60193       | Schaumburg      | Cook    | 83     | 0.5%       | 3.2%           |
|                                             | 60510       | Batavia         | Kane    | 82     | 0.5%       | 3.7%           |
|                                             | 60175       | Saint Charles   | Kane    | 79     | 0.5%       | 4.2%           |
|                                             | 60174       | Saint Charles   | Kane    | 78     | 0.5%       | 4.7%           |
|                                             | 60172       | Roselle         | DuPage  | 78     | 0.5%       | 5.2%           |
| All Other ZIP Codes                         | 60120       | Elgin           | Cook    | 72     | 0.4%       | 5.6%           |
|                                             |             |                 |         | 538    | 3.3%       | 8.9%           |
| West-Central Subtotal                       |             |                 |         | 1,459  | 8.9%       |                |
| West-Naperville                             | 60540       | Naperville      | DuPage  | 194    | 1.2%       | 1.2%           |
|                                             | 60563       | Naperville      | DuPage  | 173    | 1.0%       | 2.2%           |
|                                             | 60565       | Naperville      | DuPage  | 164    | 1.0%       | 3.2%           |
|                                             | 60564       | Naperville      | Will    | 155    | 0.9%       | 4.2%           |
|                                             | 60440       | Bolingbrook     | Will    | 116    | 0.7%       | 4.9%           |
|                                             | 60555       | Warrenville     | DuPage  | 81     | 0.5%       | 5.4%           |
|                                             | 60490       | Bolingbrook     | Will    | 61     | 0.4%       | 5.7%           |
| West-Naperville Subtotal                    |             |                 |         | 944    | 5.7%       |                |
| West-Aurora                                 | 60506       | Aurora          | Kane    | 129    | 0.8%       | 0.8%           |
|                                             | 60504       | Aurora          | DuPage  | 119    | 0.7%       | 1.5%           |
|                                             | 60543       | Oswego          | Kendall | 98     | 0.6%       | 2.1%           |
|                                             | 60505       | Aurora          | Kane    | 97     | 0.6%       | 2.7%           |
|                                             | 60585       | Plainfield      | Will    | 88     | 0.5%       | 3.2%           |
|                                             | 60538       | Montgomery      | Kendall | 80     | 0.5%       | 3.7%           |
| All Other ZIP Codes                         |             |                 | 239     | 1.5%   | 5.2%       |                |
| West-Aurora Subtotal                        |             |                 |         | 850    | 5.2%       |                |
| West Region Secondary Service Area Subtotal |             |                 |         | 3,253  | 19.7%      |                |
| West Region Grand Total                     |             |                 |         | 10,211 | 62.0%      |                |
|                                             |             |                 |         | Total  | % of Total | Cumulative     |
| Non-West Regions                            |             |                 |         | Visits | Visits     | Patient Visits |
| Chicago Region                              |             |                 |         | 1,432  | 8.7%       | 8.7%           |
| North Region                                |             |                 |         | 571    | 3.5%       | 12.2%          |
| Northwest Region                            |             |                 |         | 951    | 5.8%       | 17.9%          |
| South Region                                |             |                 |         | 2,065  | 12.5%      | 30.5%          |
| Outside Market Area                         |             |                 |         | 1,248  | 7.6%       | 38.0%          |
| All Other Region Subtotal                   |             |                 |         | 6,267  | 38.0%      |                |
| Westchester Grand Total                     |             |                 |         | 16,478 | 100.0%     |                |

**Source/Filters:**

- Lurie Children's Ambulatory Encounter and Scheduling Database, FY2025; Completed outpatient appointments at Lurie Children's Westchester; new or returning patients; medical/surgical divisions only



**3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.**

Since 1989, Lurie Children's has operated a hospital outpatient center in Westchester. The center provides outpatient visits, diagnostic imaging, and ambulatory surgery. The facility has multiple mechanical, electrical and plumbing issues, characteristic of a building approaching 40 years of service. For example, the steam boilers are original to the building, as are the medical gas manifolds and control air compressor providing pneumatic air for the building's heating and cooling control systems. The emergency generator is also original to the building. The central chiller plant has had multiple service calls in recent years to address compressor failures and refrigerant leaks. Refrigerant is no longer manufactured; replacement refrigerant is expensive. The domestic water heaters are 15 years old and beyond their useful life. Equipment and other building systems maintenance and repair costs have exceeded \$300,000 in the past 6 years, with replacement parts for original equipment being increasingly unavailable or difficult to obtain. Significant costs are looming to replace some of the major equipment in the next 5 years.

Lurie Children's has recently undertaken a \$1.1 million project to replace the roof to address leaks, and \$380,000 to replace ceiling tiles and diffusers throughout the building. The exterior façade of the building needs replacement of brick and repair of deteriorating mortar joints. The parking lot has numerous patches requiring annual repair. Sidewalks are uneven and require regular attention.

Moreover, there are many operational deficiencies associated with clinical services delivery. For example, the three ORs do not allow for the efficient scheduling of surgeons, which is usually optimized when there are even numbers of surgery rooms to enable scheduling continual procedures. In addition, cases are not scheduled after 2:00 PM, since later cases that have the potential for requiring extended observation and recovery times are not able to be accommodated due to limited evening and nighttime coverage.

Finally, the 37,134 square foot facility has limited size, and is not able to accommodate more physicians who would like to practice at the Westchester location.

**4. Cite the sources of the documentation.**

- Annual Hospital Questionnaires: Ann & Robert H. Lurie Children's Hospital of Chicago
- Annual Questionnaire: Westchester ASTC
- Hospital records
- HFSRB Hospital Profiles
- HFSRB: Inventory of Health Facilities and Services and Need Determinations, December, 2023 and updates to the Inventory, December 31, 2025
- COMPdata, Illinois Hospital Association
- Chartis – compendium of market analyses
- 2025 Mapbox@OpenStreetMap
- Claritas Pop-Facts2025 via SG2 Analytics
- Axiom Decision Support, Strata Decision Technology

**5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being**

Lurie Children's is already one of the largest providers of inpatient pediatric care to residents of the West Region, in spite of the fact that it is located in downtown Chicago. 1,808 pediatric cases (inpatient, observations and ICU cases) at Lurie Children's - Streeterville in 2024 were residents of the West Region. This volume was 22% of the children from the West Region who were hospitalized for pediatric care in 2024. The location in Downers Grove will be more geographically convenient for the majority of families in the defined planning area and surrounding communities, reducing travel time and barriers to care.

Lurie Children's project will stabilize regional pediatric capacity, in response to the closure of six pediatric units with 54 beds in the West Region since 2013. An additional 5 bed pediatric unit closed as part of a discontinuation of the Westlake Hospital. The majority of inpatient pediatric admissions of West Region residents have been hospitalizations outside the West Region.

While much of the focus of the analysis has been on regional capacity for inpatient pediatric services, the investment in Downers Grove is broader than inpatient beds, including emergency and urgent care, inpatient and outpatient surgery, diagnostic imaging, ambulatory outpatient care, and other clinical services. Establishing these services at a single modern campus will expand access to high-quality, family-centered pediatric care while improving care coordination, and patient outcomes. The project enables the delivery of care to the region's children that is safe, high quality and geographically convenient. The new, right-sized facility will provide more modern delivery of care and create a consistent patient experience. Operational efficiency will be enhanced by transferring Lurie Children's services in Westchester to the new pediatric hospital and outpatient center in Downers Grove.

By providing pediatric inpatient services in a community hospital setting, the project will relieve capacity constraints at Lurie Children's- Streeterville and create backfill opportunities for high-acuity services at the downtown medical center.

Lurie Children's has relationships with several hospitals throughout metropolitan Chicago. For over 2 decades, Northwestern Medicine and Lurie Children's have worked together to provide pediatric care in the western suburbs. Together, both institutions established a pediatric emergency care department, inpatient units, and multispecialty outpatient clinics at Central DuPage Hospital, as well as an outpatient clinic and neonatal and pediatric imaging at Delnor Hospital. These facilities have provided exceptional care to thousands of pediatric patients and their families since 2006. The collaboration is shifting to better serve families in the communities they support and to respond to a changing healthcare landscape. Throughout this transition and after the new facility opens, they will continue to collaborate to address the needs of the patients they serve.

**6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

1. Close the Lurie Children's Hospital Outpatient Center in Westchester, including the ASTC (Children's Outpatient Services at Westchester) by December 31, 2029, following the opening of the Lurie Children's Hospital and Outpatient Clinics in Downers Grove.
2. Incorporate the 16,478 current outpatient visits in Westchester at the new hospital outpatient center in Downers Grove, a facility with the capacity for 71,000+ outpatient visits in its second year of operations.

## SECTION II. DISCONTINUATION

**1110.110(d) - Alternatives**

The project is the discontinuation of Ann & Robert H. Lurie Children's Hospital of Chicago's ("Lurie Children's") Hospital Outpatient Center in Westchester at 2301 Enterprise Drive, which includes an Ambulatory Surgery Treatment Center (Children's Outpatient Services at Westchester) and the hospital outpatient clinic. The discontinuation of the ASTC and closure of the facility is part of a regional plan by Lurie Children's that includes the establishment of a new pediatric hospital and outpatient clinic building in Downers Grove, and the relocation of all services at Westchester to Downers Grove.

Several alternatives were considered before the preferred option was selected:

1. Discontinue either the ASTC or the clinics at 2301 Enterprise Drive, but not both services; maintain one of the services in Westchester, but relocate the other to Downers Grove;
2. Expand the Lurie Children's Outpatient Center in Westchester to accommodate a larger ASTC and increased number of outpatient exam/treatment rooms;
3. Preferred Alternative: Discontinue and relocate the existing services to Downers Grove upon completion of the proposed new hospital and clinic building.

1. Discontinue either the ASTC or the clinics at 2301 Enterprise Drive, but not both services; maintain one of the services in Westchester, but relocate the other to Downers Grove.

This alternative covers two options: a) keeping and possibly expanding the ASTC at 2301 Enterprise Drive and moving the clinic services to Downers Grove, or b) keeping the clinics at Westchester and discontinuing the ASTC and relocating surgical services to Downers Grove. Both options are problematic due to the increasing costs to address physical conditions and operational challenges in the aging building, as documented in the Purpose of the Project section. An efficient surgical service at 2301 Enterprise Drive would require the construction of at least one additional OR. Moreover, maintaining either the current ASTC or the clinics operation in Westchester would duplicate equipment and staffing that is proposed in the Downers Grove hospital and clinic building. Separating the two functions and relocating either surgery or the clinics would also reduce efficiencies now achieved by shared staffing between the two functions.

The capital cost of addressing facility deficits and possibly adding an OR ranges between \$5 and \$7 million over the next five years, in comparison to the no cost option of closing the facility

2. Expand the Lurie Children's Hospital Outpatient Center in Westchester to accommodate a larger ASTC and increased number of outpatient exam/treatment rooms.

This alternative maintains both the ASTC and outpatient clinic services at 2301 Westchester, and adds space for expansion of each function. However, the existing one-story building is not constructed to support an additional floor, and the property does not have sufficient space to build horizontally without reducing current parking. Lurie Children's has decided that further investment in the building is not a good business decision because of the capital cost of addressing its physical and operational needs. Continued operation of the services at Westchester, even if there were a facility solution, would duplicate services planned at Westchester.

The capital cost of this alternative is estimated at between \$12 and \$15 million.



3. *Preferred Alternative: Discontinue and relocate the existing services to Downers Grove upon completion of the proposed new hospital and clinic building.*

The proposed hospital and clinic building in Downers Grove offers a comprehensive array of inpatient and outpatient care for residents of the West Region. The planned pediatric hospital and outpatient clinic in Downers Grove bring economies of scale that are not achievable in Westchester, and efficient physician and nurse coverage and productivity for both inpatient and outpatient care. Discontinuation of the Westchester facility avoids duplication of some services if both facilities were to be in operation, without any negative impact on patient care access.

The building at 2301 Enterprise Drive in Westchester is not sized to accommodate inpatient care. There are no other clinical uses that would fit better in this building at the Westchester location compared to the types of programs that can be provided and efficiently delivered at the proposed hospital and clinics building in Downers Grove.

The property and building in Westchester will either be sold or the property kept and the building demolished and replaced with a modern building to house other services. At the present time, Lurie Children's has no plans for the property and building following the relocation of its services to Downers Grove.

The following sections are not applicable to the Discontinuation project, and are not included:

SECTION IV: PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

SECTION V: MASTER DESIGN PERMITS

SECTION VI: SERVICE SPECIFIC REVIEW CRITERIA

SECTION VII: AVAILABILITY OF FUNDS

SECTION VIII: FINANCIAL VIABILITY

SECTION IX: ECONOMIC FEASIBILITY

## SECTION II. DISCONTINUATION

## Safety Net Impact Statement

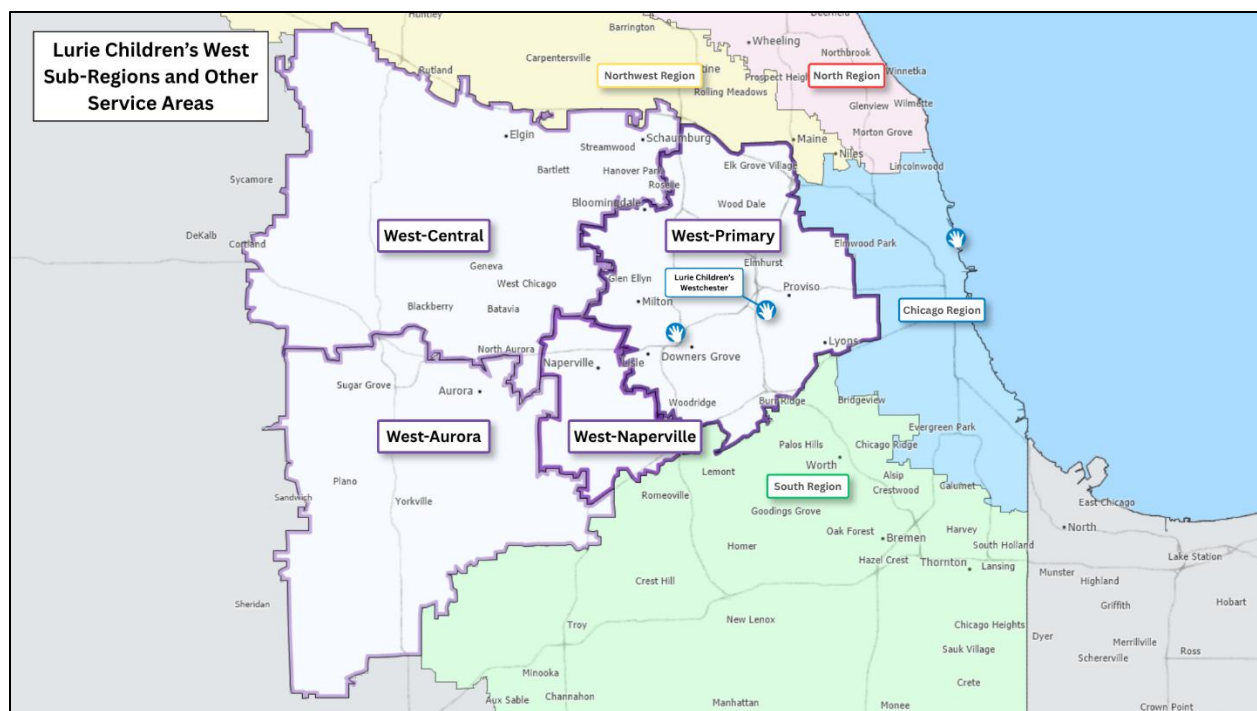
- 1. *The project's material impact, if any, on essential safety net services in the community, including the impact on racial and health care disparities in the community, to the extent that it is feasible for an applicant to have such knowledge.***

The project is the discontinuation by Ann & Robert H. Lurie Children's Hospital of Chicago ("Lurie Children's") of Lurie Children's Hospital Outpatient Center at 2301 Enterprise Drive, Westchester. The facility includes the Children's Outpatient Services Center, an ASTC with three operating rooms, as well as a hospital outpatient clinic for pediatric specialty care. Services at the outpatient center will be relocated to the future Lurie Children's hospital and outpatient clinic building being planned in Downers Grove. Subject to approvals by the Illinois Health Facilities and Services Review Board and the Village of Downers Grove, the new hospital and clinic building project will be complete by December 2029.

The transition of all services in Westchester to the new facility in Downers Grove assures the continued availability of these services to communities in the West Region (defined below). The West Region is one of five areas in metropolitan Chicago served by Lurie Children's.

Lurie Children's treats all children regardless of their family's ability to pay. For the fiscal year ended August 31, 2025, Lurie Children's total unreimbursed care and community benefit was \$187.3 million, including: \$127.5 million for charity care and unreimbursed cost of providing Medicaid services; \$706 thousand for financial assistance, \$6.7 million for education; \$25.1 million for research; \$3.5 million for language assistance / translation services; \$18.2 million for subsidized health services and \$5.5 million for bad debt that was not able to be collected.

As access to healthcare remains a challenge for patients, Lurie Children's development of a pediatric community hospital in Downers Grove furthers the commitment to our patients by bringing world-class pediatric care to families in Chicago's western suburbs. This will reduce the burden on patients and their families as it relates to transportation challenges, appointment availability, and reduced anxiety due to the ease of obtaining emergency, inpatient and outpatient pediatric services. The opening of a pediatric community hospital in the western suburbs will not inhibit Lurie Children's ability to provide safety net services but, rather, will expand the provision of these services and improve health care disparities for all in this region.





**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.***

Other area hospitals provide emergency care, inpatient psychiatry and other services they consider safety net services. They also provide surgical services similar to the proposed Project, although none are dedicated to the unique and specialized needs of children. The proposed pediatric hospital in Downers Grove is not designed to, and to our knowledge, will not prevent another provider from providing essential safety net services. The new hospital will primarily serve existing patient volumes now seen at Lurie Children's main campus in the Streeterville neighborhood of Chicago ("**Lurie Children's- Streeterville**") and at Lurie Children's hospital outpatient center and ambulatory surgery treatment center in Westchester, West Region pediatric patients leaving the area for care, and patients who were denied transfer due to lack of bed availability.

Lurie Children's project will help stabilize regional pediatric capacity, following the closure of six pediatric units with 54 beds in the West Region since 2013. A seventh pediatric unit with five additional beds closed as part of a discontinuation of the Westlake Hospital. The majority of inpatient pediatric admissions of West Region residents have been hospitalizations outside the West Region. There are four hospitals located in the West Region with designated pediatric units with a total of 86 beds serving the West Region's pediatric population of 539,000. Four other hospitals with 49 authorized pediatric beds each have an average daily census of only 1.0 or less pediatric patients, indicative of not having a significant supported inpatient pediatrics program. As previously stated, the majority of hospitalized pediatric patients receive that care at hospitals outside the area.

The plan for the discontinuation of the Westchester outpatient center and shifting of the ASTC and clinic services from Westchester to Downers Grove is part of Lurie Children's plan for health care delivery. In part, the plan responds to the recent and ongoing closures of pediatric units at hospitals in the West Region, a trend being experienced throughout metropolitan Chicago, downstate Illinois and nationally. The closures are a threat to access to pediatric inpatient and outpatient care. The discontinuation of the services at Westchester, and transition of those services to Downers Grove, will not compromise safety net services at area hospitals. A significant volume of the services planned in Downers Grove are for Lurie Children's patients who are residents of the West Region communities, and who have been receiving care at Lurie Children's - Streeterville or satellite locations in the Western suburbs. The plan will relieve some of the volume pressures at Lurie Children's - Streeterville, enabling it to accommodate patients requiring higher acuity services. This shift will not compromise the safety net commitments of Lurie Children's - Streeterville.

The project will have no adverse impact on another hospital's ability to provide safety net services in this area. In fact, some of the hospitals that have discontinued their pediatric services have converted their space and resources to accommodate adult patients, in part responding to lower pediatric demand..

**3. *How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by applicant.***

Lurie Children's provides more pediatric patient care than any other hospital in Illinois in nearly every pediatric and surgical specialty. Lurie Children's is the largest provider of Medicaid pediatric services in the State of Illinois. Over 58% of our inpatients are insured by Medicaid or the Children's Health Insurance Program (CHIP). Lurie Children's is one of the 32 "safety net hospitals" in Illinois

as defined in statute. In CY2024, Lurie Children's cared for more than 70% of the pediatric patients discharged from a safety net hospital in Illinois. From CY2022-2024, 1 in 3 pediatric Medicaid days in Illinois occurred at Lurie Children's on average (33.2%). The hospital plans to continue to provide the same access to all patients at all locations.

The discontinued Children's Outpatient Services Center ASTC and the clinic services in the same building will be relocated to the proposed Lurie Children's hospital and clinics in Downers Grove. Consequently, the discontinuation is not expected to affect the safety net services at ASTCs in the area. That is especially the case since most of the ASTCs within the ten-mile radius focus on adults and do not offer pediatric surgery.

Nor is the establishment of the new hospital in Downers Grove and specifically the surgical program there expected to have a negative effect on hospitals in the area. As stated in its separate permit application for the Downers Grove project, a significant proportion of patients to be accommodated at the new hospital are already patients at Lurie Children's - Streeterville, the Westchester outpatient center, or other Lurie Children's hospital outpatient centers in the West Region.

***4. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other services.***

**Patient Care Related Safety Net Services**

In FY25, Lurie Children's cared for 266,613 individual children from almost every county in Illinois, 50 states and 50 countries. Lurie Children's is dedicated to making health care services accessible to pediatric patients without discrimination based on race, religion, gender, national origin, sexual orientation, or ability to pay.

As the premier pediatric Level 1 trauma center in the Chicago area, Lurie Children's provides acute care for all sick and injured children, with more than 1.1 million patient visits in FY25. The Emergency Department is staffed 24 hours a day by board-certified pediatric emergency medicine specialists and fellows and is supported by a broad range of pediatric medical and surgical subspecialties and state-of-the-art diagnostic services. Experienced physicians and nurses are appointed around-the-clock to handle even the most complicated, life-threatening cases.

Many of the children Lurie Children's serves are transferred from other hospitals by Lurie Children's Transport Team, a Midwest leader in neonatal and pediatric transport. The Transport Team recently received accreditation from the [Commission on Accreditation of Medical Transport Systems \(CAMTS\)](#), making Lurie Children's the first neonatal-pediatric specialty transport team in Illinois and the region, and one of only 13 in the country, to obtain this prestigious recognition of quality.

Lurie Children's also operates a Level III Neonatal Nursery that serves as a regional referral center for the State of Illinois' Perinatal Network. This nursery has cared for more than twice the number of children with life-threatening conditions than any other pediatric hospital in Illinois. The hospital's ability to treat the most critically ill infants is demonstrated by the fact that in FY25, 53 percent of all transports into its neonatal intensive care unit were from other Level III nurseries in the Chicago metropolitan area.

For almost 60 years, the Pritzker Department of Psychiatry and Behavioral Health at Lurie Children's has provided psychiatric and psychological services to families and children of all ages, from every

social and economic background. In FY2025, Lurie Children's specialists provided mental health evaluation and care during more than 35,000 outpatient visits; 422 inpatient psychiatric admissions; and served 140 children in the Partial Hospitalization Program. In addition, Lurie Children's provided more than 1,000 psychiatric consultations in the emergency department and the hospital inpatient pediatric and surgical services.

Lurie Children's provides comprehensive family support services to patients and their families. An interdisciplinary team of social workers, chaplains and child life specialists are available 24 hours a day, seven days a week. Most of these services are funded through philanthropic support.

Lurie Children's operates numerous hospital outpatient specialty clinics in various locations throughout the Chicago metropolitan area, increasing convenient access to the scarce pediatric specialty and subspecialty services that would not otherwise be immediately available. Lurie Children's also provides physician coverage through neonatologists, pediatric intensivists, pediatric hospitalists and pediatric emergency care medicine physicians at 10 other hospitals located in Chicago and suburban areas. Due to these partnerships, in 2025, Lurie Children's experts were on-site and available at more than 30 percent of the live births in the seven-county region.

Lurie Children's is consistently recognized for providing the highest level of safe and quality care. For example:

- In 2025, Lurie Children's was ranked by U.S. News & World Report as the top children's hospital in Illinois, ranking 11 specialties.
- In 2025, Newsweek ranked Lurie Children's as #5 in pediatrics globally and #1 in cardiology and cardiac surgery.
- In 2025, Lurie Children's was honored by the American Medical Association as a "Joy in Medicine" organization honoring its commitment to physician well-being.
- In 2025, Lurie Children's earned the American Nurses Credentialing Center's Magnet Recognition for Nursing Excellence and Quality Patient Care for the sixth time; one of only a few hospitals in the country have been recognized six times.
- Lurie Children's has been designated as a level I pediatric surgery center by the American College of Surgeons, becoming the first children's hospital in Illinois and the third in the country to earn this status.
- Lurie Children's is certified by the Illinois Department of Public Health and the Emergency Medical Services for Children program as both a Pediatric Critical Care Center (PCCC) and an Emergency Department Approved for Pediatrics (EDAP). Together, these certifications signify that Lurie Children's has the essential resources and capabilities in place to meet the emergency and critical care needs of seriously ill and injured children.

### **Education-Related Safety Net Services**

Lurie Children's is one of the major pediatric teaching hospitals in the U.S., serving as the pediatric teaching facility and the primary pediatric practice site of Northwestern University Feinberg School of Medicine ("**NUFSM**") for resident physicians, fellows and medical students in pediatric specialties and sub-specialties. This program is consistently one of the most sought after in the country. McGaw Medical Center of Northwestern University ("**McGaw**") manages the training of hundreds of resident-level trainees and trainees at the fellow level. Of those, Lurie Children's is the primary teaching site for approximately 100 pediatric residents and over 100 pediatric subspecialty fellows. In addition, trainees from the adult programs of McGaw rotate to Lurie Children's for varying lengths of time to

fulfill the pediatric component of their training program. Lurie Children's invested nearly \$11 million in these educational programs in FY25.

Among the training opportunities for residents, supervised by attending physicians, is to provide pediatric primary care at the Uptown Clinic in Chicago. This clinic is a medical home for more than 3,000 children who speak 19 different languages. More than 200 of these children have conditions that the State considers "medically complex" or "highly medically complex." These conditions include spina bifida, cystic fibrosis, spastic quadriplegia cerebral palsy, seizure disorder, Down syndrome, chronic lung disease, neuromuscular scoliosis, hypo/hyperthyroidism and obstructive sleep apnea. Since 2015, this clinic has been recognized as a Patient-Centered Medical Home Program by the National Committee for Quality Assurance. These primary care services would not otherwise be available to the patients treated at the site. The operating costs attributable to the primary care and dentistry clinics in FY25 are more than \$2 million. Both programs are operated despite financial losses to the organization. The clinics provide healthcare to a largely underserved community.

In addition to training medical students, residents and fellows of NUFSM and other institutions, Lurie Children's offers clinical experiences in pediatrics to nursing students and students in other allied health fields including respiratory therapy, exercise physiology, rehabilitation services, social work, nutrition, radiology, pharmacy, child life, art therapy, and psychiatry-related studies. Students training to be operating room technicians and cardiac perfusion technicians also have clinical placements at Lurie Children's. Students in clinical placements must be candidates for a degree in their particular field of study.

### **Research Related Safety Net**

Advances in research lead to better outcomes for all children, regardless of their family income or demographics. Lurie Children's has been committed to generating new knowledge about the prevention and treatment of disease since its founding in 1882. More than 360 Lurie Children's researchers receive more than \$104 million in external funding annually to advance their discoveries, 75% of that from the National Institutes of Health (NIH) or other federal government sources. Researchers are currently participating in approximately 175 industry-sponsored clinical trials to uncover new cures and treatments for childhood diseases.

In addition to clinical and fundamental laboratory-based research, Lurie Children's conducts population-based and public health research that drives policy and community-based interventions that has garnered in excess of \$5 million in grants and contracts. These studies address the most pressing issues faced by our city's most vulnerable children. Lurie Children's Mary Ann & J. Milburn Smith Child Health Research Program researchers focus on issues including violence, obesity, and unintentional injury.

### **Community Outreach Related Safety Net Services**

Lurie Children's safety net activities extend well beyond the hospital walls. For decades, experts Lurie Children's have partnered closely with community leaders and organizations, linking our clinical work with their grassroots expertise to help communities thrive. This work is conducted through the Patrick M. Magoon Institute for Healthy Communities, the hub for community-focused initiatives at Lurie Children's. Our community health efforts are informed by our Community Health Needs Assessment, and include the following initiatives and areas of focus:



*Food, Activity and Nutrition (FAN):* FAN, formerly the Consortium to Lower Childhood Obesity in Chicago (CLOCC), collaborates with local, state-wide and national partners to support healthy eating and physical activity for youth and their families. Projects include local food pantry support, home-delivery of medically-tailored meals for patients experiencing food insecurity, and convening and training organizations to increase WIC program enrollment.

*Linking Clinic and Community:* Through our Mobile Health program, Lurie Children's physicians and allied health professionals provide evidence-based health education and expert clinical care, such as wellness visits, vaccinations, asthma care, NICU follow-up, preventive cardiology and more. They provide these services through a state-of-the-art, accessible unit that visits Chicago Public Schools and other community partner settings, based on community need. Lurie Children's is also an affiliate of Project ADAM, a national organization that aims to increase survival from Sudden Cardiac Arrest by helping schools achieve Heart Safe School designation.

*Austin HOPE Center:* Lurie Children's has partnered with Stone Community Development Corporation, a trusted organization in Chicago's Austin community, in developing the Austin HOPE Center, a facility that will provide youth and families access to high-quality pediatric specialty physical and behavioral care and community-based services. Community input has been essential to our planning process, and the design and construction of this facility will promote healing and focus on advancing health equity on the West Side of Chicago. The Austin HOPE Center is tentatively scheduled to open in Fall 2026.

*Journal of Health Advocacy:* The Journal of Health Advocacy is the first of its kind peer-reviewed open access journal that bridges the gap between knowledge and action to empower individuals and groups to address real-world challenges to health equity. The journal publishes health advocacy research, scholarship and perspectives focused on improving the health and well-being of individuals and communities.

*Maternal and Child Health:* We house the Schreiber Family Center for Early Childhood Health and Wellness, whose programs focus on building safe, stable and nurturing relationships during the most important years of development - starting in the womb to age five. To help protect and improve the health of pregnant and birthing people, our Connect Home Visiting Chicago and West Side Healthy Parents and Babies programs connect expectant parents to supports like home visiting, doulas and care coordination.

*Unintentional Injury Prevention:* Lurie Children's Injury Prevention and Research Center addresses the leading causes of injury to Illinois children and adolescents through behavioral risk reduction and the promotion of safe physical and social environments in collaboration with a broad network of community partners. Our Buckle Up program's Child Passenger Safety technicians lead car seat installation workshops and inspections and provide reduced-cost car seats to eligible families. Our Safe Sleep program promotes safe infant sleep practices working closely with community partners in training Safe Sleep Ambassadors and distributing Safe Sleep Kits and portable cribs to communities experiencing high rates of sleep-related infant death.

*Mentorship and Workforce Development:* Our Mentorship and Workforce Development programs recruit youth from Chicago Public Schools to participate in apprenticeships, internships and professional development opportunities. We offer 13 programs for students ranging from middle school to graduate level, and serve more than 500 students per year.

*Violence Prevention:* Lurie Children's is home to Strengthening Chicago's Youth (SCY), a collaborative that builds capacity among public and private stakeholders to connect and mobilize towards common sense approaches to gun violence prevention. SCY's Juvenile Justice Collaborative aims to minimize further involvement of arrested youth in the justice system by facilitating and coordinating access to comprehensive support services that meet adolescents' developmental needs. SCY has also partnered with Lurie Children's Pritzker Department of Psychiatry and Behavioral Health and Communities United, a community-based organization, in Healing Through Justice, a youth-led effort to reshape the mental health system to better meet the needs of young people.

| Safety Net Information per PA 96-0031 |                         |                         |                         |
|---------------------------------------|-------------------------|-------------------------|-------------------------|
| CHARITY CARE                          |                         |                         |                         |
| Charity (# of patients)               | 2023                    | 2024                    | 2025                    |
| Inpatient                             | 634                     | 437                     | 495                     |
| Outpatient                            | 311                     | 256                     | 379                     |
| <b>Total</b>                          | <b>945</b>              | <b>693</b>              | <b>874</b>              |
| Charity (cost in dollars)             |                         |                         |                         |
| Inpatient                             | \$ 1,289,383            | \$ 672,214              | \$ 542,872              |
| Outpatient                            | \$ 633,569              | \$ 394,739              | \$ 415,377              |
| <b>Total</b>                          | <b>\$ 1,922,952</b>     | <b>\$ 1,066,953</b>     | <b>\$ 958,249</b>       |
| MEDICAID                              |                         |                         |                         |
| Medicaid (# of patients)              | 2023                    | 2024                    | 2025                    |
| Inpatient                             | 3,733                   | 4,031                   | 4,389                   |
| Outpatient                            | 95,678                  | 96,394                  | 96,514                  |
| <b>Total</b>                          | <b>99,411</b>           | <b>100,425</b>          | <b>100,903</b>          |
| Medicaid (revenue)                    |                         |                         |                         |
| Inpatient                             | \$ 1,092,032,945        | \$ 1,208,137,798        | \$ 1,244,788,937        |
| Outpatient                            | \$ 768,474,143          | \$ 784,932,384          | \$ 889,209,463          |
| <b>Total</b>                          | <b>\$ 1,860,507,088</b> | <b>\$ 1,993,070,182</b> | <b>\$ 2,133,998,400</b> |

**SECTION II. DISCONTINUATION****Charity Care Information**

| <b>CHARITY CARE</b>                                                 |                  |                  |                  |
|---------------------------------------------------------------------|------------------|------------------|------------------|
| Charity Care – Ann & Robert H. Lurie Children's Hospital of Chicago |                  |                  |                  |
| <b>Charity Care</b>                                                 | <b>2023</b>      | <b>2024</b>      | <b>2025</b>      |
| Net Patient Revenue for the Hospital                                | \$ 1,168,670,090 | \$ 1,204,895,862 | \$ 1,318,542,614 |
| Amount of Charity Care Charges                                      | \$ 6,688,528     | \$ 3,583,988     | \$ 3,695,521     |
| Cost of Charity Care Charges                                        | \$ 1,922,952     | \$ 1,066,953     | \$ 958,249       |