

## 99TH GENERAL ASSEMBLY State of Illinois 2015 and 2016 HB2399

by Rep. Monique D. Davis

## SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-685 new 210 ILCS 50/3.90

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois to require the Department of Public Health to take all steps necessary to ensure that Roseland Community Hospital has the facilities, staff, equipment, and other resources necessary to enable it to develop a state-of-the-art mental health facility. Amends the Emergency Medical Services (EMS) Systems Act to require the Department of Public Health to take all steps necessary to ensure that Roseland Community Hospital has the facilities, staff, equipment, and other resources necessary to enable it to obtain designation as a Level I Trauma Center in order to treat shooting victims.

LRB099 09934 JLK 30150 b

FISCAL NOTE ACT MAY APPLY

1 AN ACT concerning health facilities.

## Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Department of Public Health Powers and
  Duties Law of the Civil Administrative Code of Illinois is
- 6 amended by adding Section 2310-685 as follows:
- 7 (20 ILCS 2310/2310-685 new)
- 8 Sec. 2310-685. Roseland Community Hospital mental health
- 9 facility. The Department shall take all steps necessary to
- 10 ensure that Roseland Community Hospital, located at 45 West
- 11 111th Street, Chicago, has the facilities, staff, equipment,
- 12 and other resources necessary to enable it to develop a
- 13 state-of-the-art mental health facility.
- 14 Section 10. The Emergency Medical Services (EMS) Systems
- 15 Act is amended by changing Section 3.90 as follows:
- 16 (210 ILCS 50/3.90)
- 17 Sec. 3.90. Trauma Center Designations.
- 18 (a) "Trauma Center" means a hospital which: (1) within
- 19 designated capabilities provides optimal care to trauma
- 20 patients; (2) participates in an approved EMS System; and (3)
- 21 is duly designated pursuant to the provisions of this Act.

- Level I Trauma Centers shall provide all essential services in-house, 24 hours per day, in accordance with rules adopted by the Department pursuant to this Act. Level II Trauma Centers shall have some essential services available in-house, 24 hours per day, and other essential services readily available, 24 hours per day, in accordance with rules adopted by the Department pursuant to this Act.
  - (b) The Department shall have the authority and responsibility to:
    - (1) Establish minimum standards for designation as a Level I or Level II Trauma Center, consistent with Sections 22 and 23 of this Act, through rules adopted pursuant to this Act;
    - (2) Require hospitals applying for trauma center designation to submit a plan for designation in a manner and form prescribed by the Department through rules adopted pursuant to this Act;
    - (3) Upon receipt of a completed plan for designation, conduct a site visit to inspect the hospital for compliance with the Department's minimum standards. Such visit shall be conducted by specially qualified personnel with experience in the delivery of emergency medical and/or trauma care. A report of the inspection shall be provided to the Director within 30 days of the completion of the site visit. The report shall note compliance or lack of compliance with the individual standards for designation,

but shall not offer a recommendation on granting or denying designation;

- (4) Designate applicant hospitals as Level I or Level II Trauma Centers which meet the minimum standards established by this Act and the Department. Beginning September 1, 1997 the Department shall designate a new trauma center only when a local or regional need for such trauma center has been identified. The Department shall request an assessment of local or regional need from the applicable EMS Region's Trauma Center Medical Directors Committee, with advice from the Regional Trauma Advisory Committee. This shall not be construed as a needs assessment for health planning or other purposes outside of this Act;
- (5) Attempt to designate trauma centers in all areas of the State. There shall be at least one Level I Trauma Center serving each EMS Region, unless waived by the Department. This subsection shall not be construed to require a Level I Trauma Center to be located in each EMS Region. Level I Trauma Centers shall serve as resources for the Level II Trauma Centers in the EMS Regions. The extent of such relationships shall be defined in the EMS Region Plan;
- (6) Inspect designated trauma centers to assure compliance with the provisions of this Act and the rules adopted pursuant to this Act. Information received by the

Department through filed reports, inspection, or as otherwise authorized under this Act shall not be disclosed publicly in such a manner as to identify individuals or hospitals, except in proceedings involving the denial, suspension or revocation of a trauma center designation or imposition of a fine on a trauma center;

- (7) Renew trauma center designations every 2 years, after an on-site inspection, based on compliance with renewal requirements and standards for continuing operation, as prescribed by the Department through rules adopted pursuant to this Act;
- (8) Refuse to issue or renew a trauma center designation, after providing an opportunity for a hearing, when findings show that it does not meet the standards and criteria prescribed by the Department;
- (9) Review and determine whether a trauma center's annual morbidity and mortality rates for trauma patients significantly exceed the State average for such rates, using a uniform recording methodology based on nationally recognized standards. Such determination shall be considered as a factor in any decision by the Department to renew or refuse to renew a trauma center designation under this Act, but shall not constitute the sole basis for refusing to renew a trauma center designation;
- (10) Take the following action, as appropriate, after determining that a trauma center is in violation of this

Act or any rule adopted pursuant to this Act:

- (A) If the Director determines that the violation presents a substantial probability that death or serious physical harm will result and if the trauma center fails to eliminate the violation immediately or within a fixed period of time, not exceeding 10 days, as determined by the Director, the Director may immediately revoke the trauma center designation. The trauma center may appeal the revocation within 15 days after receiving the Director's revocation order, by requesting a hearing as provided by Section 29 of this Act. The Director shall notify the chair of the Region's Trauma Center Medical Directors Committee and EMS Medical Directors for appropriate EMS Systems of such trauma center designation revocation;
- (B) If the Director determines that the violation does not present a substantial probability that death or serious physical harm will result, the Director shall issue a notice of violation and request a plan of correction which shall be subject to the Department's approval. The trauma center shall have 10 days after receipt of the notice of violation in which to submit a plan of correction. The Department may extend this period for up to 30 days. The plan shall include a fixed time period not in excess of 90 days within which violations are to be corrected. The plan of correction

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and the status of its implementation by the trauma center shall be provided, as appropriate, to the EMS Medical Directors for appropriate EMS Systems. If the Department rejects a plan of correction, it shall send notice of the rejection and the reason for the rejection to the trauma center. The trauma center shall have 10 days after receipt of the notice of rejection in which to submit a modified plan. If the modified plan is not timely submitted, or if the modified plan is rejected, the trauma center shall follow an approved plan of correction imposed by the Department. If, after notice and opportunity for hearing, the Director determines that a trauma center has failed to comply with an approved plan of correction, the Director may revoke the trauma center designation. The trauma center shall have 15 days after receiving Director's notice in which to request a hearing. Such hearing shall conform to the provisions of Section 30 of this Act;

(11) The Department may delegate authority to local health departments in jurisdictions which include a substantial number of trauma centers. The delegated authority to those local health departments shall include, but is not limited to, the authority to designate trauma centers with final approval by the Department, maintain a regional data base with concomitant reporting of trauma

registry data, and monitor, inspect and investigate trauma centers within their jurisdiction, in accordance with the requirements of this Act and the rules promulgated by the Department;

- (A) The Department shall monitor the performance of local health departments with authority delegated pursuant to this Section, based upon performance criteria established in rules promulgated by the Department;
- (B) Delegated authority may be revoked for substantial non-compliance with the Department's rules. Notice of an intent to revoke shall be served upon the local health department by certified mail, stating the reasons for revocation and offering an opportunity for an administrative hearing to contest the proposed revocation. The request for a hearing must be received by the Department within 10 working days of the local health department's receipt of notification;
- (C) The director of a local health department may relinquish its delegated authority upon 60 days written notification to the Director of Public Health.
- (c) The Department shall take all steps necessary to ensure that Roseland Community Hospital, located at 45 West 111th Street, Chicago, has the facilities, staff, equipment, and other resources necessary to enable it to obtain designation as a Level I Trauma Center in order to treat shooting victims.

1 (Source: P.A. 89-177, eff. 7-19-95.)