



Rep. William Davis

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LRB099 15652 RPS 45212 a

1 AMENDMENT TO HOUSE BILL 4370

2 AMENDMENT NO. _____. Amend House Bill 4370 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Health Facilities Planning Act is
5 amended by changing Section 12 as follows:

6 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 12. Powers and duties of State Board. For purposes of
9 this Act, the State Board shall exercise the following powers
10 and duties:

11 (1) Prescribe rules, regulations, standards, criteria,
12 procedures or reviews which may vary according to the purpose
13 for which a particular review is being conducted or the type of
14 project reviewed and which are required to carry out the
15 provisions and purposes of this Act. Policies and procedures of
16 the State Board shall take into consideration the priorities

1 and needs of medically underserved areas and other health care
2 services identified through the comprehensive health planning
3 process, giving special consideration to the impact of projects
4 on access to safety net services.

5 (2) Adopt procedures for public notice and hearing on all
6 proposed rules, regulations, standards, criteria, and plans
7 required to carry out the provisions of this Act.

8 (3) (Blank).

9 (4) Develop criteria and standards for health care
10 facilities planning, conduct statewide inventories of health
11 care facilities, maintain an updated inventory on the Board's
12 web site reflecting the most recent bed and service changes and
13 updated need determinations when new census data become
14 available or new need formulae are adopted, and develop health
15 care facility plans which shall be utilized in the review of
16 applications for permit under this Act. Such health facility
17 plans shall be coordinated by the Board with pertinent State
18 Plans. Inventories pursuant to this Section of skilled or
19 intermediate care facilities licensed under the Nursing Home
20 Care Act, skilled or intermediate care facilities licensed
21 under the ID/DD Community Care Act, skilled or intermediate
22 care facilities licensed under the MC/DD Act, facilities
23 licensed under the Specialized Mental Health Rehabilitation
24 Act of 2013, or nursing homes licensed under the Hospital
25 Licensing Act shall be conducted on an annual basis no later
26 than July 1 of each year and shall include among the

1 information requested a list of all services provided by a
2 facility to its residents and to the community at large and
3 differentiate between active and inactive beds.

4 In developing health care facility plans, the State Board
5 shall consider, but shall not be limited to, the following:

6 (a) The size, composition and growth of the population
7 of the area to be served;

8 (b) The number of existing and planned facilities
9 offering similar programs;

10 (c) The extent of utilization of existing facilities;

11 (d) The availability of facilities which may serve as
12 alternatives or substitutes;

13 (e) The availability of personnel necessary to the
14 operation of the facility;

15 (f) Multi-institutional planning and the establishment
16 of multi-institutional systems where feasible;

17 (g) The financial and economic feasibility of proposed
18 construction or modification; and

19 (h) In the case of health care facilities established
20 by a religious body or denomination, the needs of the
21 members of such religious body or denomination may be
22 considered to be public need.

23 The health care facility plans which are developed and
24 adopted in accordance with this Section shall form the basis
25 for the plan of the State to deal most effectively with
26 statewide health needs in regard to health care facilities.

1 (5) Coordinate with the Center for Comprehensive Health
2 Planning and other state agencies having responsibilities
3 affecting health care facilities, including those of licensure
4 and cost reporting. Beginning no later than January 1, 2013,
5 the Department of Public Health shall produce a written annual
6 report to the Governor and the General Assembly regarding the
7 development of the Center for Comprehensive Health Planning.
8 The Chairman of the State Board and the State Board
9 Administrator shall also receive a copy of the annual report.

10 (6) Solicit, accept, hold and administer on behalf of the
11 State any grants or bequests of money, securities or property
12 for use by the State Board or Center for Comprehensive Health
13 Planning in the administration of this Act; and enter into
14 contracts consistent with the appropriations for purposes
15 enumerated in this Act.

16 (7) The State Board shall prescribe procedures for review,
17 standards, and criteria which shall be utilized to make
18 periodic reviews and determinations of the appropriateness of
19 any existing health services being rendered by health care
20 facilities subject to the Act. The State Board shall consider
21 recommendations of the Board in making its determinations.

22 (8) Prescribe, in consultation with the Center for
23 Comprehensive Health Planning, rules, regulations, standards,
24 and criteria for the conduct of an expeditious review of
25 applications for permits for projects of construction or
26 modification of a health care facility, which projects are

1 classified as emergency, substantive, or non-substantive in
2 nature.

3 Six months after June 30, 2009 (the effective date of
4 Public Act 96-31), substantive projects shall include no more
5 than the following:

6 (a) Projects to construct (1) a new or replacement
7 facility located on a new site or (2) a replacement
8 facility located on the same site as the original facility
9 and the cost of the replacement facility exceeds the
10 capital expenditure minimum, which shall be reviewed by the
11 Board within 120 days;

12 (b) Projects proposing a (1) new service within an
13 existing healthcare facility or (2) discontinuation of a
14 service within an existing healthcare facility, which
15 shall be reviewed by the Board within 60 days; or

16 (c) Projects proposing a change in the bed capacity of
17 a health care facility by an increase in the total number
18 of beds or by a redistribution of beds among various
19 categories of service or by a relocation of beds from one
20 physical facility or site to another by more than 20 beds
21 or more than 10% of total bed capacity, as defined by the
22 State Board, whichever is less, over a 2-year period.

23 The Chairman may approve applications for exemption that
24 meet the criteria set forth in rules or refer them to the full
25 Board. The Chairman may approve any unopposed application that
26 meets all of the review criteria or refer them to the full

1 Board.

2 Such rules shall not abridge the right of the Center for
3 Comprehensive Health Planning to make recommendations on the
4 classification and approval of projects, nor shall such rules
5 prevent the conduct of a public hearing upon the timely request
6 of an interested party. Such reviews shall not exceed 60 days
7 from the date the application is declared to be complete.

8 (9) Prescribe rules, regulations, standards, and criteria
9 pertaining to the granting of permits for construction and
10 modifications which are emergent in nature and must be
11 undertaken immediately to prevent or correct structural
12 deficiencies or hazardous conditions that may harm or injure
13 persons using the facility, as defined in the rules and
14 regulations of the State Board. This procedure is exempt from
15 public hearing requirements of this Act.

16 (10) Prescribe rules, regulations, standards and criteria
17 for the conduct of an expeditious review, not exceeding 60
18 days, of applications for permits for projects to construct or
19 modify health care facilities which are needed for the care and
20 treatment of persons who have acquired immunodeficiency
21 syndrome (AIDS) or related conditions.

22 (10.5) Provide its rationale when voting on an item before
23 it at a State Board meeting in order to comply with subsection
24 (b) of Section 3-108 of the Code of Civil Procedure.

25 (11) Issue written decisions upon request of the applicant
26 or an adversely affected party to the Board. Requests for a

1 written decision shall be made within 15 days after the Board
2 meeting in which a final decision has been made. A "final
3 decision" for purposes of this Act is the decision to approve
4 or deny an application, or take other actions permitted under
5 this Act, at the time and date of the meeting that such action
6 is scheduled by the Board. The transcript of the State Board
7 meeting shall be incorporated into the Board's final decision.
8 The staff of the Board shall prepare a written copy of the
9 final decision and the Board shall approve a final copy for
10 inclusion in the formal record. The Board shall consider, for
11 approval, the written draft of the final decision no later than
12 the next scheduled Board meeting. The written decision shall
13 identify the applicable criteria and factors listed in this Act
14 and the Board's regulations that were taken into consideration
15 by the Board when coming to a final decision. If the Board
16 denies or fails to approve an application for permit or
17 exemption, the Board shall include in the final decision a
18 detailed explanation as to why the application was denied and
19 identify what specific criteria or standards the applicant did
20 not fulfill.

21 (12) Require at least one of its members to participate in
22 any public hearing, after the appointment of a majority of the
23 members to the Board.

24 (13) Provide a mechanism for the public to comment on, and
25 request changes to, draft rules and standards.

26 (14) Implement public information campaigns to regularly

1 inform the general public about the opportunity for public
2 hearings and public hearing procedures.

3 (15) Establish a separate set of rules and guidelines for
4 long-term care that recognizes that nursing homes are a
5 different business line and service model from other regulated
6 facilities. An open and transparent process shall be developed
7 that considers the following: how skilled nursing fits in the
8 continuum of care with other care providers, modernization of
9 nursing homes, establishment of more private rooms,
10 development of alternative services, and current trends in
11 long-term care services. The Chairman of the Board shall
12 appoint a permanent Health Services Review Board Long-term Care
13 Facility Advisory Subcommittee that shall develop and
14 recommend to the Board the rules to be established by the Board
15 under this paragraph (15). The Subcommittee shall also provide
16 continuous review and commentary on policies and procedures
17 relative to long-term care and the review of related projects.
18 The Subcommittee shall make recommendations to the Board no
19 later than January 1, 2016 and every January thereafter
20 pursuant to the Subcommittee's responsibility for the
21 continuous review and commentary on policies and procedures
22 relative to long-term care. In consultation with other experts
23 from the health field of long-term care, the Board and the
24 Subcommittee shall study new approaches to the current bed need
25 formula and Health Service Area boundaries to encourage
26 flexibility and innovation in design models reflective of the

1 changing long-term care marketplace and consumer preferences
2 and submit its recommendations to the Chairman of the Board no
3 later than January 1, 2017. The Subcommittee shall evaluate,
4 and make recommendations to the State Board regarding, the
5 buying, selling, and exchange of beds between long-term care
6 facilities within a specified geographic area or drive time.
7 The Board shall file the proposed related administrative rules
8 for the separate rules and guidelines for long-term care
9 required by this paragraph (15) by no later than September 30,
10 2011. The Subcommittee shall be provided a reasonable and
11 timely opportunity to review and comment on any review,
12 revision, or updating of the criteria, standards, procedures,
13 and rules used to evaluate project applications as provided
14 under Section 12.3 of this Act.

15 The Chairman of the Board shall appoint voting members of
16 the Subcommittee, who shall serve for a period of 3 years, with
17 one-third of the terms expiring each January, to be determined
18 by lot. Appointees shall include, but not be limited to,
19 recommendations from each of the 3 statewide long-term care
20 associations, with an equal number to be appointed from each.
21 Compliance with this provision shall be through the appointment
22 and reappointment process. All appointees serving as of April
23 1, 2015 shall serve to the end of their term as determined by
24 lot or until the appointee voluntarily resigns, whichever is
25 earlier.

26 One representative from the Department of Public Health,

1 the Department of Healthcare and Family Services, the
2 Department on Aging, and the Department of Human Services may
3 each serve as an ex-officio non-voting member of the
4 Subcommittee. The Chairman of the Board shall select a
5 Subcommittee Chair, who shall serve for a period of 3 years.

6 (16) Prescribe the format of the State Board Staff Report.
7 A State Board Staff Report shall pertain to applications that
8 include, but are not limited to, applications for permit or
9 exemption, applications for permit renewal, applications for
10 extension of the obligation period, applications requesting a
11 declaratory ruling, or applications under the Health Care
12 Worker Self-Referral Act. State Board Staff Reports shall
13 compare applications to the relevant review criteria under the
14 Board's rules.

15 (17) Establish a separate set of rules and guidelines for
16 facilities licensed under the Specialized Mental Health
17 Rehabilitation Act of 2013. An application for the
18 re-establishment of a facility in connection with the
19 relocation of the facility shall not be granted unless the
20 applicant has a contractual relationship with at least one
21 hospital to provide emergency and inpatient mental health
22 services required by facility consumers, and at least one
23 community mental health agency to provide oversight and
24 assistance to facility consumers while living in the facility,
25 and appropriate services, including case management, to assist
26 them to prepare for discharge and reside stably in the

1 community thereafter. No new facilities licensed under the
2 Specialized Mental Health Rehabilitation Act of 2013 shall be
3 established after June 16, 2014 (the effective date of Public
4 Act 98-651) except in connection with the relocation of an
5 existing facility to a new location. An application for a new
6 location shall not be approved unless there are adequate
7 community services accessible to the consumers within a
8 reasonable distance, or by use of public transportation, so as
9 to facilitate the goal of achieving maximum individual
10 self-care and independence. At no time shall the total number
11 of authorized beds under this Act in facilities licensed under
12 the Specialized Mental Health Rehabilitation Act of 2013 exceed
13 the number of authorized beds on June 16, 2014 (the effective
14 date of Public Act 98-651).

15 (18) Adopt rules to implement the requirements of Section
16 8b of the University of Illinois Hospital Act and Section 6.14h
17 of the Hospital Licensing Act.

18 (Source: P.A. 98-414, eff. 1-1-14; 98-463, eff. 8-16-13;
19 98-651, eff. 6-16-14; 98-1086, eff. 8-26-14; 99-78, eff.
20 7-20-15; 99-114, eff. 7-23-15; 99-180, eff. 7-29-15; 99-277,
21 eff. 8-5-15; revised 10-15-15.)

22 Section 10. The University of Illinois Hospital Act is
23 amended by adding Section 8b as follows:

24 (110 ILCS 330/8b new)

1 Sec. 8b. Supplier diversity goals.

2 (a) The public policy of this State is to collaboratively
3 work with hospitals that serve Illinois residents to improve
4 their supplier diversity in a non-antagonistic manner.

5 (b) The Health Facilities and Services Review Board shall
6 require the University of Illinois Hospital to submit an annual
7 report by April 15, 2017 and every April 15 thereafter, in a
8 searchable Adobe PDF format, on all procurement goals and, for
9 all capital expenditures required to be reported under Section
10 5.3 of the Illinois Health Facilities Planning Act, the actual
11 spending for female-owned, minority-owned, veteran-owned, and
12 small business enterprises in the previous calendar year. These
13 goals shall be expressed as a percentage of the total work
14 performed by the entity submitting the report and, for all
15 capital expenditures required to be reported under Section 5.3
16 of the Illinois Health Facilities Planning Act, the actual
17 spending for all female-owned, minority-owned, veteran-owned,
18 and small business enterprises shall be expressed as a
19 percentage of the total work performed for those capital
20 expenditures by the entity submitting the report.

21 (c) The University of Illinois Hospital in its annual
22 report shall include the following information:

23 (1) an explanation of the plan for the next year to
24 increase participation;

25 (2) an explanation of the plan to increase the goals;

26 (3) the areas of procurement that the University of

1 Illinois Hospital shall be actively seeking more
2 participation in in the next year;

3 (4) an outline of the plan to alert and encourage
4 potential vendors in that area to seek business from the
5 University of Illinois Hospital;

6 (5) an explanation of the challenges faced in finding
7 quality vendors and offer any suggestions for what the
8 Health Facilities and Services Review Board could do to be
9 helpful to identify those vendors;

10 (6) a list of the certifications the University of
11 Illinois Hospital recognizes;

12 (7) the point of contact for any potential vendor who
13 wishes to do business with the University of Illinois
14 Hospital and explain the process for a vendor to enroll
15 with the University of Illinois Hospital as a
16 minority-owned, women-owned, or veteran-owned company; and

17 (8) any particular success stories to encourage other
18 hospitals to emulate best practices.

19 (d) Each annual report shall include the rules,
20 regulations, and definitions used for the procurement goals in
21 the University of Illinois Hospital's annual report.

22 (e) The University of Illinois Hospital shall participate
23 in the annual workshop described in subsection (e) of Section
24 6.14h of the Hospital Licensing Act. The Health Facilities and
25 Services Review Board shall publish a database on its website
26 of the point of contact for the University of Illinois Hospital

1 for supplier diversity, along with a list of certifications the
2 University of Illinois Hospital recognizes from the
3 information submitted in each annual report. The Health
4 Facilities and Services Review Board shall publish each annual
5 report on its website and shall maintain each annual report for
6 at least 5 years.

7 Section 15. The Hospital Licensing Act is amended by adding
8 Section 6.14h as follows:

9 (210 ILCS 85/6.14h new)

10 Sec. 6.14h. Supplier diversity goals.

11 (a) The public policy of this State is to collaboratively
12 work with hospitals that serve Illinois residents to improve
13 their supplier diversity in a non-antagonistic manner.

14 (b) The Health Facilities and Services Review Board shall
15 require all participating hospitals under the Health
16 Facilities and Services Review Board's authority to submit an
17 annual report by April 15, 2017 and every April 15 thereafter,
18 in a searchable Adobe PDF format, on all procurement goals and,
19 for all capital expenditures required to be reported under
20 Section 5.3 of the Illinois Health Facilities Planning Act, the
21 actual spending for female-owned, minority-owned,
22 veteran-owned, and small business enterprises in the previous
23 calendar year. These goals shall be expressed as a percentage
24 of the total work performed by the entity submitting the report

1 and, for all capital expenditures required to be reported under
2 Section 5.3 of the Illinois Health Facilities Planning Act, the
3 actual spending for all female-owned, minority-owned,
4 veteran-owned, and small business enterprises shall be
5 expressed as a percentage of the total work performed for those
6 capital expenditures by the entity submitting the report.

7 (c) Each participating hospital in its annual report shall
8 include the following information:

9 (1) an explanation of the plan for the next year to
10 increase participation;

11 (2) an explanation of the plan to increase the goals;

12 (3) the areas of procurement that the participating
13 hospital shall be actively seeking more participation in in
14 the next year;

15 (4) an outline of the plan to alert and encourage
16 potential vendors in that area to seek business from the
17 participating hospital;

18 (5) an explanation of the challenges faced in finding
19 quality vendors and offer any suggestions for what the
20 Health Facilities and Services Review Board could do to be
21 helpful to identify those vendors;

22 (6) a list of the certifications the participating
23 hospital recognizes;

24 (7) the point of contact for any potential vendor who
25 wishes to do business with the participating hospital and
26 explain the process for a vendor to enroll with the

1 participating hospital as a minority-owned, women-owned,
2 or veteran-owned company; and

3 (8) any particular success stories to encourage other
4 hospitals to emulate best practices.

5 (d) Each annual report shall include the rules,
6 regulations, and definitions used for the procurement goals in
7 the participating hospital's annual report.

8 (e) Subject to appropriation, the Department of Central
9 Management Services, in conjunction with the University of
10 Illinois Hospital and all participating hospitals, shall hold
11 an annual workshop open to the public in 2017 and every year
12 thereafter on the state of supplier diversity to
13 collaboratively seek solutions to structural impediments to
14 achieving stated goals, including testimony from each
15 participating hospital as well as subject matter experts and
16 advocates. The Health Facilities and Services Review Board
17 shall publish a database on its website of the point of contact
18 for each participating hospital for supplier diversity, along
19 with a list of certifications each participating hospital
20 recognizes from the information submitted in each annual
21 report. The Health Facilities and Services Review Board shall
22 publish each annual report on its website and shall maintain
23 each annual report for at least 5 years.

24 (f) For the purposes of this Section, "participating
25 hospital" means a hospital that has more than 50 beds."