



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

SB3239

Introduced 2/2/2026, by Sen. Omar Aquino

#### SYNOPSIS AS INTRODUCED:

20 ILCS 3960/2	from Ch. 111 1/2, par. 1152
20 ILCS 3960/3	from Ch. 111 1/2, par. 1153
20 ILCS 3960/4	from Ch. 111 1/2, par. 1154
20 ILCS 3960/4.2	
20 ILCS 3960/5	from Ch. 111 1/2, par. 1155
20 ILCS 3960/6	from Ch. 111 1/2, par. 1156
20 ILCS 3960/6.2	
20 ILCS 3960/8.5	
20 ILCS 3960/8.7	
20 ILCS 3960/10	from Ch. 111 1/2, par. 1160
20 ILCS 3960/11	from Ch. 111 1/2, par. 1161
20 ILCS 3960/12	from Ch. 111 1/2, par. 1162
20 ILCS 3960/12.2	
20 ILCS 3960/13	from Ch. 111 1/2, par. 1163

Amends Illinois Health Facilities Planning Act. Provides that the Health Facilities and Services Review Board may review the applicable criteria in the consideration of any application for an exemption submitted under the Act. Provides that, upon review and consideration, the State Board may approve, deny, or defer for additional information an application for a Certificate of Need or Certificate of Exemption. Makes changes in provisions concerning administrative hearings; powers and duties of State Board; powers of the State Board staff; and review and investigation of applications for permits.

LRB104 20078 SPS 33529 b

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Health Facilities Planning Act is  
5 amended by changing Sections 2, 3, 4, 4.2, 5, 6, 6.2, 8.5, 8.7,  
6 10, 11, 12, 12.2, and 13 as follows:

7 (20 ILCS 3960/2) (from Ch. 111 1/2, par. 1152)

8 (Section scheduled to be repealed on December 31, 2029)

9 Sec. 2. Purpose of the Act. This Act shall establish a  
10 procedure (1) which requires a person establishing,  
11 constructing or modifying a health care facility, as herein  
12 defined, to have the qualifications, background, character and  
13 financial resources to adequately provide a proper service for  
14 the community; (2) that promotes the orderly and economic  
15 development of health care facilities in the State of Illinois  
16 that avoids unnecessary duplication of such facilities; and  
17 (3) that promotes planning for and development of health care  
18 facilities needed for comprehensive health care especially in  
19 areas where the health planning process has identified unmet  
20 needs.

21 The changes made to this Act by this amendatory Act of the  
22 96th General Assembly are intended to accomplish the following  
23 objectives: to improve the financial ability of the public to

1 obtain necessary health services; to establish an orderly and  
2 comprehensive health care delivery system that will guarantee  
3 the availability of quality health care to the general public;  
4 to maintain and improve the provision of essential health care  
5 services and increase the accessibility of those services to  
6 the medically underserved and indigent; to assure that the  
7 reduction and closure of health care services or facilities is  
8 performed in an orderly and timely manner, and that these  
9 actions are deemed to be in the best interests of the public;  
10 and to assess the financial burden to patients caused by  
11 unnecessary health care construction and modification.  
12 Evidence-based assessments, projections and decisions will be  
13 applied regarding capacity, quality, value and equity in the  
14 delivery of health care services in Illinois. The integrity of  
15 the Certificate of Need Permit and Certificate of Exemption  
16 processes are ~~process is~~ ensured through ethical practices and  
17 effective communication ~~revised ethics and communications~~  
18 procedures. Cost containment and support for safety net  
19 services must continue to be central tenets of the Certificate  
20 of Need Permit and Certificate of Exemption processes ~~process~~.  
21 (Source: P.A. 99-527, eff. 1-1-17.)

22 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

23 (Section scheduled to be repealed on December 31, 2029)

24 Sec. 3. Definitions. As used in this Act:

25 "Certificate of Need" or "permit" means the authorization

1 for a health care facility to conduct activities or  
2 transactions that require Board approval under this Act,  
3 including constructing or modifying the health care facility  
4 and acquiring major medical equipment.

5 "Certificate of Exemption" or "exemption" means the  
6 authorization for a health care facility to conduct activities  
7 or transactions that are exempt from the permitting  
8 requirements under this Act, including changes of ownership,  
9 discontinuation of a single category of service, and the  
10 establishment or expansion of a neonatal intensive care  
11 service or the addition of beds.

12 "Health care facilities" means and includes the following  
13 facilities, organizations, and related persons:

14 (1) An ambulatory surgical treatment center required  
15 to be licensed pursuant to the Ambulatory Surgical  
16 Treatment Center Act.

17 (2) An institution, place, building, or agency  
18 required to be licensed pursuant to the Hospital Licensing  
19 Act.

20 (3) Skilled and intermediate long term care facilities  
21 licensed under the Nursing Home Care Act.

22 (A) If a demonstration project under the Nursing  
23 Home Care Act applies for a certificate of need to  
24 convert to a nursing facility, it shall meet the  
25 licensure and certificate of need requirements in  
26 effect as of the date of application.

1           (B) Except as provided in item (A) of this  
2 subsection, this Act does not apply to facilities  
3 granted waivers under Section 3-102.2 of the Nursing  
4 Home Care Act.

5           (3.5) Skilled and intermediate care facilities  
6 licensed under the ID/DD Community Care Act or the MC/DD  
7 Act. No permit or exemption is required for a facility  
8 licensed under the ID/DD Community Care Act or the MC/DD  
9 Act prior to the reduction of the number of beds at a  
10 facility. If there is a total reduction of beds at a  
11 facility licensed under the ID/DD Community Care Act or  
12 the MC/DD Act, this is a discontinuation or closure of the  
13 facility. If a facility licensed under the ID/DD Community  
14 Care Act or the MC/DD Act reduces the number of beds or  
15 discontinues the facility, that facility must notify the  
16 Board as provided in Section 14.1 of this Act.

17           (3.7) Facilities licensed under the Specialized Mental  
18 Health Rehabilitation Act of 2013.

19           (4) Hospitals, nursing homes, ambulatory surgical  
20 treatment centers, or kidney disease treatment centers  
21 maintained by the State or any department or agency  
22 thereof.

23           (5) Kidney disease treatment centers, including a  
24 free-standing hemodialysis unit required to meet the  
25 requirements of 42 CFR 494 in order to be certified for  
26 participation in Medicare and Medicaid under Titles XVIII

1 and XIX of the federal Social Security Act.

2 (A) This Act does not apply to a dialysis facility  
3 that provides only dialysis training, support, and  
4 related services to individuals with end stage renal  
5 disease who have elected to receive home dialysis.

6 (B) This Act does not apply to a dialysis unit  
7 located in a licensed nursing home that offers or  
8 provides dialysis-related services to residents with  
9 end stage renal disease who have elected to receive  
10 home dialysis within the nursing home.

11 (C) The Board, however, may require dialysis  
12 facilities and licensed nursing homes under items (A)  
13 and (B) of this subsection to report statistical  
14 information on a quarterly basis to the Board to be  
15 used by the Board to conduct analyses on the need for  
16 proposed kidney disease treatment centers.

17 (6) An institution, place, building, or room used for  
18 the performance of outpatient surgical procedures that is  
19 leased, owned, or operated by or on behalf of an  
20 out-of-state facility.

21 (7) An institution, place, building, or room used for  
22 provision of a health care category of service, including,  
23 but not limited to, cardiac catheterization and open heart  
24 surgery.

25 (8) An institution, place, building, or room housing  
26 major medical equipment used in the direct clinical

1 diagnosis or treatment of patients, and whose project cost  
2 is in excess of the capital expenditure minimum.

3 "Health care facilities" does not include the following  
4 entities or facility transactions:

5 (1) Federally-owned facilities.

6 (2) Facilities used solely for healing by prayer or  
7 spiritual means.

8 (3) An existing facility located on any campus  
9 facility as defined in Section 5-5.8b of the Illinois  
10 Public Aid Code, provided that the campus facility  
11 encompasses 30 or more contiguous acres and that the new  
12 or renovated facility is intended for use by a licensed  
13 residential facility.

14 (4) Facilities licensed under the Supportive  
15 Residences Licensing Act or the Assisted Living and Shared  
16 Housing Act.

17 (5) Facilities designated as supportive living  
18 facilities that are in good standing with the program  
19 established under Section 5-5.01a of the Illinois Public  
20 Aid Code.

21 (6) Facilities established and operating under the  
22 Alternative Health Care Delivery Act as a children's  
23 community-based health care center alternative health care  
24 model demonstration program or as an Alzheimer's Disease  
25 Management Center alternative health care model  
26 demonstration program.

1           (7) The closure of an entity or a portion of an entity  
2 licensed under the Nursing Home Care Act, the Specialized  
3 Mental Health Rehabilitation Act of 2013, the ID/DD  
4 Community Care Act, or the MC/DD Act, with the exception  
5 of facilities operated by a county or Illinois Veterans  
6 Homes, that elect to convert, in whole or in part, to an  
7 assisted living or shared housing establishment licensed  
8 under the Assisted Living and Shared Housing Act and with  
9 the exception of a facility licensed under the Specialized  
10 Mental Health Rehabilitation Act of 2013 in connection  
11 with a proposal to close a facility and re-establish the  
12 facility in another location.

13           (8) Any change of ownership of a health care facility  
14 that is licensed under the Nursing Home Care Act, the  
15 Specialized Mental Health Rehabilitation Act of 2013, the  
16 ID/DD Community Care Act, or the MC/DD Act, with the  
17 exception of facilities operated by a county or Illinois  
18 Veterans Homes. Changes of ownership of facilities  
19 licensed under the Nursing Home Care Act must meet the  
20 requirements set forth in Sections 3-101 through 3-119 of  
21 the Nursing Home Care Act.

22           (9) (Blank).

23           With the exception of those health care facilities  
24 specifically included in this Section, nothing in this Act  
25 shall be intended to include facilities operated as a part of  
26 the practice of a physician or other licensed health care

1 professional, whether practicing in his individual capacity or  
2 within the legal structure of any partnership, medical or  
3 professional corporation, or unincorporated medical or  
4 professional group. Further, this Act shall not apply to  
5 physicians or other licensed health care professional's  
6 practices where such practices are carried out in a portion of  
7 a health care facility under contract with such health care  
8 facility by a physician or by other licensed health care  
9 professionals, whether practicing in his individual capacity  
10 or within the legal structure of any partnership, medical or  
11 professional corporation, or unincorporated medical or  
12 professional groups, unless the entity constructs, modifies,  
13 or establishes a health care facility as specifically defined  
14 in this Section. This Act shall apply to construction or  
15 modification and to establishment by such health care facility  
16 of such contracted portion which is subject to facility  
17 licensing requirements, irrespective of the party responsible  
18 for such action or attendant financial obligation.

19 "Person" means any one or more natural persons, legal  
20 entities, governmental bodies other than federal, or any  
21 combination thereof.

22 "Consumer" means any person other than a person (a) whose  
23 major occupation currently involves or whose official capacity  
24 within the last 12 months has involved the providing,  
25 administering or financing of any type of health care  
26 facility, (b) who is engaged in health research or the

1 teaching of health, (c) who has a material financial interest  
2 in any activity which involves the providing, administering or  
3 financing of any type of health care facility, or (d) who is or  
4 ever has been a member of the immediate family of the person  
5 defined by item (a), (b), or (c).

6 "State Board" or "Board" means the Health Facilities and  
7 Services Review Board.

8 "Construction or modification" means the establishment,  
9 erection, building, alteration, reconstruction,  
10 modernization, improvement, extension, ~~discontinuation,~~  
11 ~~change of ownership,~~ of or by a health care facility, or the  
12 purchase or acquisition by or through a health care facility  
13 of equipment or service for diagnostic or therapeutic purposes  
14 or for facility administration or operation, or any capital  
15 expenditure made by or on behalf of a health care facility  
16 which exceeds the capital expenditure minimum; however, any  
17 capital expenditure made by or on behalf of a health care  
18 facility for (i) the construction or modification of a  
19 facility licensed under the Assisted Living and Shared Housing  
20 Act or (ii) a conversion project undertaken in accordance with  
21 Section 30 of the Older Adult Services Act shall be excluded  
22 from any obligations under this Act.

23 "Discontinuation" means to, on a voluntary or involuntary  
24 basis, cease the operation of a health care facility or  
25 discontinue a category of service.

26 "Establish" means the construction of a health care

1 facility or the replacement of an existing health care  
2 facility on another site or the initiation of a category of  
3 service.

4 "Major medical equipment" means medical equipment which is  
5 used for the provision of medical and other health services  
6 and which costs in excess of the capital expenditure minimum,  
7 except that such term does not include medical equipment  
8 acquired by or on behalf of a clinical laboratory to provide  
9 clinical laboratory services if the clinical laboratory is  
10 independent of a physician's office and a hospital and it has  
11 been determined under Title XVIII of the Social Security Act  
12 to meet the requirements of paragraphs (10) and (11) of  
13 Section 1861(s) of such Act. In determining whether medical  
14 equipment has a value in excess of the capital expenditure  
15 minimum, the value of studies, surveys, designs, plans,  
16 working drawings, specifications, and other activities  
17 essential to the acquisition of such equipment shall be  
18 included.

19 "Capital expenditure" means an expenditure: (A) made by or  
20 on behalf of a health care facility (as such a facility is  
21 defined in this Act); and (B) which under generally accepted  
22 accounting principles is not properly chargeable as an expense  
23 of operation and maintenance, or is made to obtain by lease or  
24 comparable arrangement any facility or part thereof or any  
25 equipment for a facility or part; and which exceeds the  
26 capital expenditure minimum.

1           For the purpose of this paragraph, the cost of any  
2 studies, surveys, designs, plans, working drawings,  
3 specifications, and other activities essential to the  
4 acquisition, improvement, expansion, or replacement of any  
5 plant or equipment with respect to which an expenditure is  
6 made shall be included in determining if such expenditure  
7 exceeds the capital expenditures minimum. Unless otherwise  
8 interdependent, or submitted as one project by the applicant,  
9 components of construction or modification undertaken by means  
10 of a single construction contract or financed through the  
11 issuance of a single debt instrument shall not be grouped  
12 together as one project. Donations of equipment or facilities  
13 to a health care facility which if acquired directly by such  
14 facility would be subject to review under this Act shall be  
15 considered capital expenditures, and a transfer of equipment  
16 or facilities for less than fair market value shall be  
17 considered a capital expenditure for purposes of this Act if a  
18 transfer of the equipment or facilities at fair market value  
19 would be subject to review.

20           "Capital expenditure minimum" means \$11,500,000 for  
21 projects by hospital applicants, \$6,500,000 for applicants for  
22 projects related to skilled and intermediate care long-term  
23 care facilities licensed under the Nursing Home Care Act, and  
24 \$3,000,000 for projects by all other applicants, which shall  
25 be annually adjusted to reflect the increase in construction  
26 costs due to inflation, for major medical equipment and for

1 all other capital expenditures.

2 "Financial commitment" means the commitment of at least  
3 33% of total funds assigned to cover total project cost, which  
4 occurs by the actual expenditure of 33% or more of the total  
5 project cost or the commitment to expend 33% or more of the  
6 total project cost by signed contracts or other legal means.

7 "Non-clinical service area" means an area (i) for the  
8 benefit of the patients, visitors, staff, or employees of a  
9 health care facility and (ii) not directly related to the  
10 diagnosis, treatment, or rehabilitation of persons receiving  
11 services from the health care facility. "Non-clinical service  
12 areas" include, but are not limited to, chapels; gift shops;  
13 news stands; computer systems; tunnels, walkways, and  
14 elevators; telephone systems; projects to comply with life  
15 safety codes; educational facilities; components in a patient  
16 care unit used as educational space, consultation and  
17 touchdown rooms, and on-call rooms; student housing; patient,  
18 employee, staff, and visitor dining areas; administration and  
19 volunteer offices; modernization of structural components  
20 (such as roof replacement and masonry work); boiler repair or  
21 replacement; vehicle maintenance and storage facilities;  
22 parking facilities; mechanical systems for heating,  
23 ventilation, and air conditioning; loading docks; and repair  
24 or replacement of carpeting, tile, wall coverings, window  
25 coverings or treatments, or furniture. "Non-clinical service  
26 area" does not include health and fitness centers, areas in a

1 patient care unit, or areas that are required by Department  
2 licensing standards, including life safety code regulations,  
3 such as hallways and other interdependent components to a  
4 clinical area.

5 "Areawide" means a major area of the State delineated on a  
6 geographic, demographic, and functional basis for health  
7 planning and for health service and having within it one or  
8 more local areas for health planning and health service. The  
9 term "region", as contrasted with the term "subregion", and  
10 the word "area" may be used synonymously with the term  
11 "areawide".

12 "Local" means a subarea of a delineated major area that on  
13 a geographic, demographic, and functional basis may be  
14 considered to be part of such major area. The term "subregion"  
15 may be used synonymously with the term "local".

16 "Physician" means a person licensed to practice in  
17 accordance with the Medical Practice Act of 1987, as amended.

18 "Licensed health care professional" means a person  
19 licensed to practice a health profession under pertinent  
20 licensing statutes of the State of Illinois.

21 "Director" means the Director of the Illinois Department  
22 of Public Health.

23 "Agency" or "Department" means the Illinois Department of  
24 Public Health.

25 "Alternative health care model" means a facility or  
26 program authorized under the Alternative Health Care Delivery

1 Act.

2 "Out-of-state facility" means a person that is both (i)  
3 licensed as a hospital or as an ambulatory surgery center  
4 under the laws of another state or that qualifies as a hospital  
5 or an ambulatory surgery center under regulations adopted  
6 pursuant to the Social Security Act and (ii) not licensed  
7 under the Ambulatory Surgical Treatment Center Act, the  
8 Hospital Licensing Act, or the Nursing Home Care Act.  
9 Affiliates of out-of-state facilities shall be considered  
10 out-of-state facilities. Affiliates of Illinois licensed  
11 health care facilities 100% owned by an Illinois licensed  
12 health care facility, its parent, or Illinois physicians  
13 licensed to practice medicine in all its branches shall not be  
14 considered out-of-state facilities. Nothing in this definition  
15 shall be construed to include an office or any part of an  
16 office of a physician licensed to practice medicine in all its  
17 branches in Illinois that is not required to be licensed under  
18 the Ambulatory Surgical Treatment Center Act.

19 "Change of ownership of a health care facility" means a  
20 change in the person who has ownership or control of a health  
21 care facility's physical plant and capital assets. A change in  
22 ownership is indicated by the following transactions: sale,  
23 transfer, acquisition, lease, change of sponsorship, or other  
24 means of transferring control.

25 "Related person" means any person that: (i) is at least  
26 50% owned, directly or indirectly, by either the health care

1 facility or a person owning, directly or indirectly, at least  
2 50% of the health care facility; or (ii) owns, directly or  
3 indirectly, at least 50% of the health care facility.

4 "Charity care" means care provided by a health care  
5 facility for which the provider does not expect to receive  
6 payment from the patient or a third-party payer.

7 "Freestanding emergency center" means a facility subject  
8 to licensure under Section 32.5 of the Emergency Medical  
9 Services (EMS) Systems Act.

10 "Category of service" means a grouping by generic class of  
11 various types or levels of support functions, equipment, care,  
12 or treatment provided to patients or residents, including, but  
13 not limited to, classes such as medical-surgical, pediatrics,  
14 or cardiac catheterization. A category of service may include  
15 subcategories or levels of care that identify a particular  
16 degree or type of care within the category of service. Nothing  
17 in this definition shall be construed to include the practice  
18 of a physician or other licensed health care professional  
19 while functioning in an office providing for the care,  
20 diagnosis, or treatment of patients. A category of service  
21 that is subject to the Board's jurisdiction must be designated  
22 in rules adopted by the Board.

23 "State Board Staff Report" means the document that sets  
24 forth the review and findings of the State Board staff, as  
25 prescribed by the State Board, regarding applications subject  
26 to Board jurisdiction.

1 "Patient care unit" means a physically identifiable and  
2 organized unit in a clearly defined administrative and  
3 geographic area that meets applicable standards of service in  
4 which nursing care and therapeutic services are provided on a  
5 continuous basis and to which specific nursing and support  
6 staff are assigned. "Patient care unit" does not include  
7 education spaces, consultation and touchdown rooms, and  
8 on-call rooms that are not required by Department licensing  
9 standards.

10 "Provider" includes, but is not limited to, a hospital,  
11 long-term care facility, end-stage renal dialysis facility,  
12 ambulatory surgical treatment center, freestanding emergency  
13 center, or birth center.

14 (Source: P.A. 104-365, eff. 1-1-26.)

15 (20 ILCS 3960/4) (from Ch. 111 1/2, par. 1154)

16 (Section scheduled to be repealed on December 31, 2029)

17 Sec. 4. Health Facilities and Services Review Board;  
18 membership; appointment; term; compensation; quorum.

19 (a) There is created the Health Facilities and Services  
20 Review Board, which shall perform the functions described in  
21 this Act. The Department shall provide operational support to  
22 the Board as necessary, including the provision of office  
23 space, supplies, and clerical, financial, and accounting  
24 services. The Board may contract for functions or operational  
25 support as needed. The Board may also contract with experts

1 related to specific health services or facilities and create  
2 technical advisory panels to assist in the development of  
3 criteria, standards, and procedures used in the evaluation of  
4 applications for permit and exemption.

5 (b) The State Board shall consist of 11 voting members.  
6 All members shall be residents of Illinois and at least 4 shall  
7 reside outside the Chicago Metropolitan Statistical Area  
8 Census Data. Consideration shall be given to potential  
9 appointees who reflect the ethnic and cultural diversity of  
10 the State. Neither Board members nor Board staff shall be  
11 convicted felons or have pled guilty to a felony.

12 Each member shall have a reasonable knowledge of the  
13 practice, procedures and principles of the health care  
14 delivery system in Illinois, including at least 5 members who  
15 shall be knowledgeable about health care delivery systems,  
16 health systems planning, finance, or the management of health  
17 care facilities currently regulated under the Act. One member  
18 shall be a representative of a non-profit health care consumer  
19 advocacy organization. One member shall be a representative  
20 from the community with experience on the effects of  
21 discontinuing health care services or the closure of health  
22 care facilities on the surrounding community; provided,  
23 however, that all other members of the Board shall be  
24 appointed before this member shall be appointed. A spouse,  
25 parent, sibling, or child of a Board member cannot be an  
26 employee, agent, or under contract with services or facilities

1 subject to the Act. Prior to appointment and in the course of  
2 service on the Board, members of the Board shall disclose the  
3 employment or other financial interest of any other relative  
4 of the member, if known, in service or facilities subject to  
5 the Act. Members of the Board shall declare any conflict of  
6 interest that may exist with respect to the status of those  
7 relatives and recuse themselves from voting on any issue for  
8 which a conflict of interest is declared. No person shall be  
9 appointed or continue to serve as a member of the State Board  
10 who is, or whose spouse, parent, sibling, or child is, a member  
11 of the Board of Directors of, has a financial interest in, or  
12 has a business relationship with a health care facility.

13 Notwithstanding any provision of this Section to the  
14 contrary, the term of office of each member of the State Board  
15 serving on the day before the effective date of this  
16 amendatory Act of the 96th General Assembly is abolished on  
17 the date upon which members of the Board, as established by  
18 this amendatory Act of the 96th General Assembly, have been  
19 appointed and can begin to take action as a Board.

20 (c) The State Board shall be appointed by the Governor,  
21 with the advice and consent of the Senate. Not more than 6 of  
22 the appointments shall be of the same political party at the  
23 time of the appointment.

24 The Secretary of Human Services, the Director of  
25 Healthcare and Family Services, and the Director of Public  
26 Health, or their designated representatives, shall serve as

1 ex-officio, non-voting members of the State Board.

2 (d) Of those members initially appointed by the Governor  
3 following the effective date of this amendatory Act of the  
4 96th General Assembly, 3 shall serve for terms expiring July  
5 1, 2011, 3 shall serve for terms expiring July 1, 2012, and 3  
6 shall serve for terms expiring July 1, 2013. Thereafter, each  
7 appointed member shall hold office for a term of 3 years,  
8 provided that any member appointed to fill a vacancy occurring  
9 prior to the expiration of the term for which his or her  
10 predecessor was appointed shall be appointed for the remainder  
11 of such term and the term of office of each successor shall  
12 commence on July 1 of the year in which his predecessor's term  
13 expires. Each member shall hold office until his or her  
14 successor is appointed and qualified. The Governor may  
15 reappoint a member for additional terms, but no member shall  
16 serve more than 3 terms, subject to review and re-approval  
17 every 3 years.

18 (e) State Board members, while serving on business of the  
19 State Board, shall receive actual and necessary travel and  
20 subsistence expenses while so serving away from their places  
21 of residence. Until March 1, 2010, a member of the State Board  
22 who experiences a significant financial hardship due to the  
23 loss of income on days of attendance at meetings or while  
24 otherwise engaged in the business of the State Board may be  
25 paid a hardship allowance, as determined by and subject to the  
26 approval of the Governor's Travel Control Board.

1           (f) The Governor shall designate one of the members to  
2           serve as the Chairman of the Board, who shall be a person with  
3           expertise in health care delivery system planning, finance or  
4           management of health care facilities that are regulated under  
5           the Act. The Chairman shall annually review Board member  
6           performance and shall report the attendance record of each  
7           Board member to the General Assembly.

8           (g) The State Board, through the Chairman, shall prepare a  
9           separate and distinct budget approved by the General Assembly  
10          and shall hire and supervise its own professional staff  
11          responsible for carrying out the responsibilities of the  
12          Board.

13          (h) The State Board shall meet at least every 45 days, or  
14          as often as the Chairman of the State Board deems necessary, or  
15          upon the request of a majority of the members.

16          (i) Six members of the State Board shall constitute a  
17          quorum. The affirmative vote of 6 of the members of the State  
18          Board shall be necessary for any action requiring a vote to be  
19          taken by the State Board. A vacancy in the membership of the  
20          State Board shall not impair the right of a quorum to exercise  
21          all the rights and perform all the duties of the State Board as  
22          provided by this Act.

23          (j) A State Board member shall disqualify himself or  
24          herself from the consideration of any application for a permit  
25          or exemption in which the State Board member or the State Board  
26          member's spouse, parent, sibling, or child: (i) has an

1 economic interest in the matter; or (ii) is employed by,  
2 serves as a consultant for, or is a member of the governing  
3 board of the applicant or a party opposing the application.

4 (k) The Chairman, Board members, and Board staff must  
5 comply with the Illinois Governmental Ethics Act.

6 (Source: P.A. 102-4, eff. 4-27-21.)

7 (20 ILCS 3960/4.2)

8 (Section scheduled to be repealed on December 31, 2029)

9 Sec. 4.2. Ex parte communications.

10 (a) Except in the disposition of matters that agencies are  
11 authorized by law to entertain or dispose of on an ex parte  
12 basis including, but not limited to rulemaking, the State  
13 Board, any State Board member, employee, or a hearing officer  
14 shall not engage in ex parte communication in connection with  
15 the substance of any formally filed application for a permit  
16 with any person or party or the representative of any party.  
17 This subsection (a) applies when the Board, member, employee,  
18 or administrative law judge ~~hearing officer~~ knows, or should  
19 know upon reasonable inquiry, that the application or  
20 exemption has been formally filed with the State Board.  
21 Nothing in this Section shall prohibit State Board employees  
22 ~~staff members~~ from providing technical assistance to  
23 applicants. Nothing in this Section shall prohibit State Board  
24 employees ~~staff~~ from verifying or clarifying an applicant's  
25 information as it prepares the State Board Staff Report. Once

1 an application for permit or exemption is filed and deemed  
2 complete, a written record of any communication between State  
3 Board employees ~~staff~~ and an applicant shall be prepared by  
4 staff and made part of the public record, using a prescribed,  
5 standardized format, and shall be included in the application  
6 file.

7 (b) A State Board member or employee may communicate with  
8 other members or employees and any State Board member or  
9 hearing officer may have the aid and advice of one or more  
10 personal assistants.

11 (c) An ex parte communication received by the State Board,  
12 any State Board member, employee, or an administrative law  
13 judge ~~a hearing officer~~ shall be made a part of the record of  
14 the matter, including all written communications, all written  
15 responses to the communications, and a memorandum stating the  
16 substance of all oral communications and all responses made  
17 and the identity of each person from whom the ex parte  
18 communication was received.

19 (d) "Ex parte communication" means any written or oral ~~a~~  
20 communication ~~between a person who is not a State Board member~~  
21 ~~or employee and a State Board member or employee~~ that imparts  
22 or requests material information or makes a material argument  
23 regarding potential action ~~reflects~~ on the substance of a  
24 pending or impending permit or exemption application or State  
25 Board proceeding and that takes place outside the open record  
26 of the proceeding. "Ex parte communication" does not include:

1 (i) statements by a person publicly made in a public forum;  
2 (ii) statements regarding matters of procedure and practice,  
3 such as the format of application materials, the number of  
4 copies required, the manner of filing, and the status of a  
5 matter; and (iii) statements made between a State Board member  
6 or employee and another State Board member or employee.  
7 ~~Communications regarding matters of procedure and practice,~~  
8 ~~such as the format of pleading, number of copies required,~~  
9 ~~manner of service, and status of proceedings, are not~~  
10 ~~considered ex parte communications.~~ Technical assistance with  
11 respect to an application, not intended to influence any  
12 decision on the application, may be provided by employees to  
13 the applicant. Any technical assistance shall be documented in  
14 writing by the applicant and employees within 10 business days  
15 after the technical assistance is provided and made part of  
16 the open record.

17 (e) For purposes of this Section, "employee" means a  
18 person the State Board or the Agency employs on a full-time,  
19 part-time, contract, or intern basis.

20 (f) The State Board, State Board member, or administrative  
21 law judge ~~hearing examiner~~ presiding over the proceeding, in  
22 the event of a violation of this Section, must take whatever  
23 action is necessary to ensure that the violation does not  
24 prejudice any party or adversely affect the fairness of the  
25 proceedings.

26 (g) Nothing in this Section shall be construed to prevent

1 the State Board or any member of the State Board from  
2 consulting with the attorney for the State Board.

3 (Source: P.A. 100-518, eff. 6-1-18; 100-681, eff. 8-3-18;  
4 101-81, eff. 7-12-19.)

5 (20 ILCS 3960/5) (from Ch. 111 1/2, par. 1155)

6 (Section scheduled to be repealed on December 31, 2029)

7 Sec. 5. Construction, modification, or establishment of  
8 health care facilities or acquisition of major medical  
9 equipment; permits or exemptions.

10 (a) The State Board shall consider and decide applications  
11 for permits and exemptions in a manner that protects access to  
12 essential health care services, promotes orderly health  
13 planning, and safeguards the public health and continuity of  
14 care.

15 (b) No person shall construct, modify or establish a  
16 health care facility or acquire major medical equipment  
17 without first obtaining a permit or exemption from the State  
18 Board.

19 (c) The Board may review the applicable criteria in the  
20 consideration of any application for an exemption submitted  
21 under this Act. The submission of an application and  
22 information required by the State Board, as established by  
23 rule, shall not obligate the State Board to grant an  
24 exemption. Upon review and consideration, the State Board may  
25 approve, deny, or defer for additional information an

1 application for an exemption, as deemed appropriate. If an  
2 exemption is denied, the applicant shall file an application  
3 for a permit.

4 (d) The State Board shall not delegate to the staff of the  
5 State Board or any other person or entity the authority to  
6 grant permits or exemptions ~~whenever the staff or other person~~  
7 ~~or entity would be required to exercise any discretion~~  
8 ~~affecting the decision to grant a permit or exemption.~~

9 (e) The State Board may, by rule, delegate authority to  
10 the Chairman to grant permits or exemptions when applications  
11 meet all of the State Board's review criteria and are  
12 unopposed.

13 (f) A permit ~~or exemption~~ shall be obtained prior to the  
14 acquisition of major medical equipment or to the construction,  
15 establishment, or modification of a health care facility  
16 which:

17 (1) ~~(a)~~ requires a total capital expenditure in excess  
18 of the capital expenditure minimum; or

19 (2) ~~(b)~~ substantially changes the scope or changes the  
20 functional operation of the facility; or

21 (3) ~~(c)~~ changes the bed capacity of a health care  
22 facility by increasing the total number of beds or by  
23 distributing beds among various categories of service or  
24 by relocating beds from one physical facility or site to  
25 another by more than 20 beds or more than 10% of total bed  
26 capacity as defined by the State Board, whichever is less,

1 over a 2-year period.

2 (g) A permit shall be valid only for the defined  
3 construction or modification ~~modifications~~, site determined by  
4 legal street address or corresponding legal description,  
5 project amount, and person or persons named in the application  
6 for such permit. ~~The State Board may approve the transfer of an~~  
7 ~~existing permit without regard to whether the permit to be~~  
8 ~~transferred has yet been financially committed, except for~~  
9 ~~permits to establish a new facility or category of service.~~ A  
10 permit shall be valid until such time as the project has been  
11 completed, provided that the project commences and proceeds to  
12 completion with due diligence by the completion date or  
13 extension date approved by the Board.

14 (h) A permit holder must do the following: (i) submit the  
15 final completion and cost report for the project within 90  
16 days after the approved project completion date or extension  
17 date and (ii) submit annual progress reports no earlier than  
18 30 days before and no later than 30 days after each anniversary  
19 date of the Board's approval of the permit until the project is  
20 completed. To maintain a valid permit and to monitor progress  
21 toward project commencement and completion, routine  
22 post-permit reports shall be limited to annual progress  
23 reports and the final completion and cost report. Annual  
24 progress reports shall include information regarding the  
25 committed funds expended toward the approved project. For  
26 projects to be completed in 12 months or less, the permit

1 holder shall report financial commitment in the final  
2 completion and cost report. For projects to be completed  
3 between 12 to 24 months, the permit holder shall report  
4 financial commitment in the first annual report. For projects  
5 to be completed in more than 24 months, the permit holder shall  
6 report financial commitment in the second annual progress  
7 report. The report shall contain information regarding  
8 expenditures and financial commitments. The State Board may  
9 extend the financial commitment period after considering a  
10 permit holder's showing of good cause and request for  
11 additional time to complete the project. The State Board may  
12 approve the transfer of an existing permit without regard to  
13 whether the permit to be transferred has been financially  
14 committed, except for permits to establish a new facility or  
15 category of service.

16 The permit ~~Certificate of Need~~ process required under this  
17 Act is designed to restrain rising health care costs by  
18 preventing unnecessary construction or modification of health  
19 care facilities. The Board must assure that the establishment,  
20 construction, or modification of a health care facility or the  
21 acquisition of major medical equipment is consistent with the  
22 public interest and that the proposed project is consistent  
23 with the orderly and economic development or acquisition of  
24 those facilities and equipment and is in accord with the  
25 standards, criteria, or plans of need adopted and approved by  
26 the Board. Board decisions regarding the construction of

1 health care facilities must consider capacity, quality, value,  
2 and equity. Projects may deviate from the costs, fees, and  
3 expenses provided in their project cost information for the  
4 project's cost components, provided that the final total  
5 project cost does not exceed the approved permit amount.  
6 Project alterations shall not increase the total approved  
7 permit amount by more than the limit set forth under the  
8 Board's rules.

9 The acquisition by any person of major medical equipment  
10 that will not be owned by or located in a health care facility  
11 and that will not be used to provide services to inpatients of  
12 a health care facility shall be exempt from review provided  
13 that a notice is filed in accordance with exemption  
14 requirements.

15 Notwithstanding any other provision of this Act, no permit  
16 or exemption is required for the construction or modification  
17 of a non-clinical service area of a health care facility.

18 (Source: P.A. 100-518, eff. 6-1-18; 100-681, eff. 8-3-18.)

19 (20 ILCS 3960/6) (from Ch. 111 1/2, par. 1156)

20 (Section scheduled to be repealed on December 31, 2029)

21 Sec. 6. Application for permit or exemption; exemption  
22 regulations.

23 (a) An application for a permit or exemption shall be made  
24 to the State Board upon forms provided by the State Board. This  
25 application shall contain such information as the State Board

1 deems necessary. The State Board shall not require an  
2 applicant to file a Letter of Intent before an application is  
3 filed. Such application shall include affirmative evidence on  
4 which the State Board or Chairman may make its decision on the  
5 approval or denial of the permit or exemption, including, but  
6 not limited to, affirmative evidence:

7 (1) that the applicant is fit, willing, and able to  
8 provide a proper standard of health care service for the  
9 community with regard to the qualification, background and  
10 character of the applicant;

11 (2) that economic feasibility is demonstrated in terms  
12 of effect on the existing and projected operating budget  
13 of the applicant and of the health care facility,  
14 including:

15 (A) the applicant's ability to establish and  
16 operate the facility in accordance with licensure  
17 regulations set forth in State law; and

18 (B) the projected impact on the total health care  
19 expenditures in the facility and community;

20 (3) that safeguards are provided that assure that the  
21 establishment, construction, or modification of the health  
22 care facility or acquisition of major medical equipment is  
23 consistent with the public interest; and

24 (4) that the proposed project is consistent with the  
25 orderly and economic development of the facilities and  
26 equipment and is in accord with standards, criteria, or

1 plans of need adopted and approved under Section 12.

2 (b) The State Board shall establish by regulation the  
3 procedures and criteria governing the submission, review, and  
4 ~~requirements regarding~~ issuance of exemptions. The State Board  
5 may determine whether an application meets the criteria for an  
6 exemption and may approve, deny, or defer for additional  
7 information an application for an exemption. The submission of  
8 an application and information required by the State Board, as  
9 established by rule, shall not obligate the State Board to  
10 grant an exemption. If an exemption is denied, the applicant  
11 shall file an application for a permit. An exemption shall be  
12 ~~approved when information required by the Board by rule is~~  
13 ~~submitted.~~ Projects eligible for an exemption, rather than a  
14 permit, include a, ~~but are not limited to,~~ change of ownership  
15 of a health care facility and discontinuation of one ~~a~~  
16 category of service, other than a health care facility  
17 maintained by the State or any agency or department thereof or  
18 a nursing home maintained by a county. The Board may accept an  
19 application for an exemption for the discontinuation of a  
20 category of service at a health care facility only once in a  
21 12-month ~~6-month~~ period ~~following (1) the previous application~~  
22 ~~for exemption at the same health care facility or (2) the final~~  
23 ~~decision of the Board regarding the discontinuation of a~~  
24 ~~category of service at the same health care facility,~~  
25 ~~whichever occurs later.~~ A discontinuation of a category of  
26 service shall otherwise require an application for a permit if

1 an application for an exemption has already been approved  
2 ~~accepted~~ within the 12-month ~~6-month~~ period. ~~For a change of~~  
3 ~~ownership among related persons of a health care facility, the~~  
4 ~~State Board shall provide by rule for an expedited process for~~  
5 ~~obtaining an exemption. For the purposes of this Section,~~  
6 ~~"change of ownership among related persons" means a~~  
7 ~~transaction in which the parties to the transaction are under~~  
8 ~~common control or ownership before and after the transaction~~  
9 ~~is complete.~~

10 (c) All applications shall be signed by the applicant and  
11 shall be verified by any 2 officers or authorized  
12 representatives thereof.

13 (c-5) Any written review or findings of the Board staff  
14 set forth in the State Board Staff Report concerning an  
15 application for a permit must be made available to the public  
16 and the applicant at least 14 calendar days before the meeting  
17 of the State Board at which the review or findings are  
18 considered. The applicant and members of the public may  
19 submit, to the State Board, written responses regarding the  
20 facts set forth in the review or findings of the Board staff.  
21 Members of the public and the applicant shall have until 10  
22 days before the meeting of the State Board to submit any  
23 written response concerning the Board staff's written review  
24 or findings. The Board staff may revise any findings to  
25 address corrections of factual errors cited in the public  
26 response. ~~At the meeting, the State Board may, in its~~

1 ~~discretion, permit the submission of other additional written~~  
2 ~~materials.~~

3 (d) Upon receipt of an application for a permit, the State  
4 Board may determine whether an application meets the criteria  
5 for a permit and may ~~shall~~ approve, deny, or defer for  
6 additional information an application for a permit. and  
7 ~~authorize the issuance of a permit if it finds (1) that the~~  
8 ~~applicant is fit, willing, and able to provide a proper~~  
9 ~~standard of health care service for the community with~~  
10 ~~particular regard to the qualification, background and~~  
11 ~~character of the applicant, (2) that economic feasibility is~~  
12 ~~demonstrated in terms of effect on the existing and projected~~  
13 ~~operating budget of the applicant and of the health care~~  
14 ~~facility; in terms of the applicant's ability to establish and~~  
15 ~~operate such facility in accordance with licensure regulations~~  
16 ~~promulgated under pertinent state laws; and in terms of the~~  
17 ~~projected impact on the total health care expenditures in the~~  
18 ~~facility and community, (3) that safeguards are provided that~~  
19 ~~assure that the establishment, construction or modification of~~  
20 ~~the health care facility or acquisition of major medical~~  
21 ~~equipment is consistent with the public interest, and (4) that~~  
22 ~~the proposed project is consistent with the orderly and~~  
23 ~~economic development of such facilities and equipment and is~~  
24 ~~in accord with standards, criteria, or plans of need adopted~~  
25 ~~and approved pursuant to the provisions of Section 12 of this~~  
26 ~~Act.~~

1 (Source: P.A. 100-518, eff. 6-1-18; 100-681, eff. 8-3-18;  
2 101-83, eff. 7-15-19.)

3 (20 ILCS 3960/6.2)

4 (Section scheduled to be repealed on December 31, 2029)

5 Sec. 6.2. Review of permits and exemptions; public  
6 hearings; State Board Staff Reports.

7 (a) Upon receipt of an application for an exemption or a  
8 permit to establish, construct, or modify a health care  
9 facility, the State Board staff shall notify the applicant in  
10 writing within 10 business ~~working~~ days either that the  
11 application is or is not substantially complete. If the  
12 application is substantially complete, the State Board staff  
13 shall notify the applicant of the beginning of the review  
14 process. If the application is not substantially complete, the  
15 Board staff shall explain within the 10-day period why the  
16 application is incomplete.

17 (b) The State Board staff shall afford a reasonable amount  
18 of time as established by the State Board, but not to exceed  
19 120 days, for the review of the application. The 120-day  
20 period begins on the day the application is found to be  
21 substantially complete, as that term is defined by the State  
22 Board. During the 120-day period, the applicant may request an  
23 extension. An applicant may modify the application, as  
24 established by the State Board by rule, at any time before a  
25 final administrative decision has been made on the

1 application.

2 ~~The State Board staff shall submit its State Board Staff~~  
3 ~~Report to the State Board for its decision making regarding~~  
4 ~~approval or denial of the permit.~~

5 (c) When an application for an exemption or a permit is  
6 initially reviewed by State Board staff, as provided in this  
7 Section, the State Board shall, upon request by the applicant  
8 or an interested person, afford an opportunity for a public  
9 hearing within a reasonable amount of time after receipt of  
10 the complete application, but not to exceed 90 days after  
11 receipt of the complete application. Notice of the hearing  
12 shall be made promptly, not less than 10 business days before  
13 the hearing, by certified mail to the applicant and, not less  
14 than 10 business days before the hearing, by publication on  
15 the State Board's website, in the principal office and  
16 website, if available, of the local government ~~a newspaper of~~  
17 ~~general circulation~~ in the area or community to be affected,  
18 and in the location where the meeting is to be held. The  
19 hearing shall be held in the area or community in which the  
20 proposed project is to be located and shall be for the purpose  
21 of allowing the applicant and any interested person to present  
22 public testimony concerning the approval, denial, renewal, or  
23 revocation of the permit or exemption. All interested persons  
24 attending the hearing shall be given a reasonable opportunity  
25 to present their views or arguments in writing or orally, and a  
26 record of all of the testimony shall accompany any findings of

1 the State Board staff. The State Board shall adopt reasonable  
2 rules and regulations governing the procedure and conduct of  
3 the hearings.

4 (d) The staff of the State Board shall submit its State  
5 Board Staff Report to the State Board for approval or denial of  
6 the permit or exemption.

7 (Source: P.A. 99-114, eff. 7-23-15; 100-681, eff. 8-3-18.)

8 (20 ILCS 3960/8.5)

9 (Section scheduled to be repealed on December 31, 2029)

10 Sec. 8.5. Certificate of exemption for change of ownership  
11 of a health care facility; discontinuation of a category of  
12 service; public notice and public hearing.

13 (a) The State Board may grant, deny, or defer for  
14 additional information an application for a certificate of  
15 exemption for a change of ownership or the discontinuation of  
16 one category of service. The State Board's determination shall  
17 be based on a review and consideration of the applicable  
18 criteria, application and supporting documentation, State  
19 Board Staff Report, public comment, public hearing testimony,  
20 and any other information that State Board deems relevant. If  
21 an application for a certificate of exemption is denied, the  
22 applicant shall file an application for a permit.

23 (a-2) ~~(a)~~ Upon a finding that an application for a change  
24 of ownership is complete, the State Board shall publish a  
25 legal notice on 3 consecutive days on the State Board's

1 website and in the principal office and website, if available,  
2 of the local government in the area or community to be affected  
3 ~~in a newspaper of general circulation in the area or community~~  
4 ~~to be affected~~ and afford the public an opportunity to request  
5 a hearing. ~~If the application is for a facility located in a~~  
6 ~~Metropolitan Statistical Area, an additional legal notice~~  
7 ~~shall be published in a newspaper of limited circulation, if~~  
8 ~~one exists, in the area in which the facility is located. If~~  
9 ~~the newspaper of limited circulation is published on a daily~~  
10 ~~basis, the additional legal notice shall be published on 3~~  
11 ~~consecutive days. The applicant shall pay the cost incurred by~~  
12 ~~the Board in publishing the change of ownership notice in~~  
13 ~~newspapers as required under this subsection.~~ The legal notice  
14 shall also be ~~posted on the Health Facilities and Services~~  
15 ~~Review Board's web site and~~ sent to the State Representative  
16 and State Senator of the district in which the health care  
17 facility is located and to the Office of the Attorney General.  
18 An application for change of ownership of a hospital shall not  
19 be deemed complete without a signed certification that for a  
20 period of 2 years after the change of ownership transaction is  
21 effective, the hospital will not adopt a charity care policy  
22 that is more restrictive than the policy in effect during the  
23 year prior to the transaction. An application for a change of  
24 ownership shall contain the proposed ~~need not contain signed~~  
25 ~~transaction documents~~ or, if not available at the time of  
26 filing, at a minimum, include ~~so long as it includes~~ the

1 following key terms of the transaction: names and background  
2 of the parties; structure of the transaction; the person who  
3 will be the licensed or certified entity or operator after the  
4 transaction; the ownership or membership interests in such  
5 licensed or certified entity both prior to and after the  
6 transaction; fair market value of assets to be transferred;  
7 and the purchase price or other form of consideration to be  
8 provided for those assets. Upon the ~~The~~ issuance of the  
9 certificate of exemption ~~shall be contingent upon~~ the  
10 applicant shall submit ~~submitting~~ a statement to the Board  
11 within 90 days after the closing date of the transaction, or  
12 such longer period as provided by the Board, certifying that  
13 the change of ownership has been completed in accordance with  
14 the key terms contained in the application. If such key terms  
15 of the transaction change, a new application shall be  
16 required.

17 Where a change of ownership is among related persons, and  
18 there are no other changes being proposed at the health care  
19 facility that would otherwise require a permit or exemption  
20 under this Act, the applicant shall submit an application  
21 consisting of a standard notice in a form set forth by the  
22 Board briefly explaining the reasons for the proposed change  
23 of ownership. Once such an application is submitted to the  
24 Board and reviewed by the Board staff, the State Board ~~Chair~~  
25 shall take action on an application for an exemption for a  
26 change of ownership among related persons at the next meeting

1 ~~within 45 days~~ after the application has been deemed complete,  
2 provided the application meets the applicable standards under  
3 this Section. ~~If the Board Chair has a conflict of interest or~~  
4 ~~for other good cause, the Chair may request review by the~~  
5 ~~Board.~~ Notwithstanding any other provision of this Act, for  
6 purposes of this Section, a change of ownership among related  
7 persons means a transaction where the parties to the  
8 transaction are under common control or ownership before and  
9 after the transaction is completed.

10 Nothing in this Act shall be construed as authorizing the  
11 Board to impose any conditions, obligations, or limitations,  
12 other than those required by this Section, with respect to the  
13 issuance of an exemption for a change of ownership, including,  
14 but not limited to, the time period before which a subsequent  
15 change of ownership of the health care facility could be  
16 sought, or the commitment to continue to offer for a specified  
17 time period any services currently offered by the health care  
18 facility.

19 The changes made by this amendatory Act of the 103rd  
20 General Assembly are inoperative on and after January 1, 2027.

21 (a-3) (Blank).

22 (a-5) ~~Upon a finding that an application to discontinue a~~  
23 ~~category of service is complete and provides the requested~~  
24 ~~information, as specified by the State Board, an exemption~~  
25 ~~shall be issued.~~ No later than 30 days after the approval  
26 issuance of the exemption by the State Board, the health care

1 facility must give written notice of the discontinuation of  
2 the category of service to the State Senator and State  
3 Representative serving the legislative district in which the  
4 health care facility is located. No later than 90 days after a  
5 discontinuation of a category of service, the applicant must  
6 submit a statement to the State Board certifying that the  
7 discontinuation is complete.

8 (b) If a public hearing is requested, it shall be held at  
9 least 15 days but no more than 30 days after the date of  
10 publication of the legal notice in the community in which the  
11 facility is located. The hearing shall be held in the affected  
12 area or community in a place of reasonable size and  
13 accessibility and a full and complete written transcript of  
14 the proceedings shall be made. All interested persons  
15 attending the hearing shall be given a reasonable opportunity  
16 to present their positions in writing or orally. The applicant  
17 shall provide a summary or describe the proposed change of  
18 ownership at the public hearing.

19 (c) (Blank). ~~For the purposes of this Section "newspaper~~  
20 ~~of limited circulation" means a newspaper intended to serve a~~  
21 ~~particular or defined population of a specific geographic area~~  
22 ~~within a Metropolitan Statistical Area such as a municipality,~~  
23 ~~town, village, township, or community area, but does not~~  
24 ~~include publications of professional and trade associations.~~

25 (d) The changes made to this Section by this amendatory  
26 Act of the 101st General Assembly shall apply to all

1 applications submitted after the effective date of this  
2 amendatory Act of the 101st General Assembly.

3 (Source: P.A. 103-526, eff. 1-1-24.)

4 (20 ILCS 3960/8.7)

5 (Section scheduled to be repealed on December 31, 2029)

6 Sec. 8.7. Application for permit for discontinuation of a  
7 health care facility or category of service; public notice and  
8 public hearing.

9 (a) The State Board may grant, deny, or defer for  
10 additional information an application for a permit for a  
11 discontinuation of a health care facility or more than one  
12 category of service simultaneously. The State Board's  
13 determination shall be based on a review and consideration of  
14 the applicable criteria, application and supporting  
15 documentation, State Board Staff Report, public comment,  
16 public hearing testimony, and any other information that the  
17 State Board deems relevant.

18 (a-5) ~~(a)~~ Upon a finding that an application to  
19 discontinue ~~close~~ a health care facility or discontinue more  
20 than one categories ~~a category~~ of service is complete, the  
21 State Board shall publish a legal notice on the State Board's  
22 website and in the principal office and website, if available,  
23 of the local government in the area or community to be affected  
24 ~~3 consecutive days in a newspaper of general circulation in~~  
25 the area or community to be affected and afford the public an

1 opportunity to request a hearing. If the application is for a  
2 facility located in a Metropolitan Statistical Area, an  
3 additional legal notice shall be published in a newspaper of  
4 limited circulation, if one exists, in the area in which the  
5 facility is located. ~~If the newspaper of limited circulation~~  
6 ~~is published on a daily basis, the additional legal notice~~  
7 ~~shall be published on 3 consecutive days.~~ The legal notice  
8 shall also be ~~posted on the Health Facilities and Services~~  
9 ~~Review Board's website and~~ sent to the State Representative  
10 and State Senator of the district in which the health care  
11 facility is located. In addition, the health care facility  
12 shall provide notice of closure to the local media that the  
13 health care facility would routinely notify about facility  
14 events.

15 An application to close a health care facility shall only  
16 be deemed complete if it includes evidence that the health  
17 care facility provided written notice at least 30 days prior  
18 to filing the application of its intent to do so to the  
19 municipality in which it is located, the State Representative  
20 and State Senator of the district in which the health care  
21 facility is located, the State Board, the Director of Public  
22 Health, and the Director of Healthcare and Family Services.  
23 The changes made to this subsection by this amendatory Act of  
24 the 101st General Assembly shall apply to all applications  
25 submitted after the effective date of this amendatory Act of  
26 the 101st General Assembly.

1 (b) No later than 30 days after issuance of a permit to  
2 discontinue ~~close~~ a health care facility or discontinue more  
3 than one category ~~a category~~ of service, the permit holder  
4 shall give written notice of the ~~closure or~~ discontinuation to  
5 the State Senator and State Representative serving the  
6 legislative district in which the health care facility is  
7 located.

8 (c) ~~(1)~~ If there is a pending lawsuit that challenges an  
9 application to discontinue a health care facility that either  
10 names the Board as a party or alleges fraud in the filing of  
11 the application, the Board may defer action on the application  
12 until all litigation related to the application is complete  
13 ~~for up to 6 months after the date of the initial deferral of~~  
14 ~~the application.~~

15 ~~(2) The Board may defer action on an application to~~  
16 ~~discontinue a hospital that is pending before the Board as of~~  
17 ~~the effective date of this amendatory Act of the 102nd General~~  
18 ~~Assembly for up to 60 days after the effective date of this~~  
19 ~~amendatory Act of the 102nd General Assembly.~~

20 ~~(3) The Board may defer taking final action on an~~  
21 ~~application to discontinue a hospital that is filed on or~~  
22 ~~after January 12, 2021, until the earlier to occur of: (i) the~~  
23 ~~expiration of the statewide disaster declaration proclaimed by~~  
24 ~~the Governor of the State of Illinois due to the COVID-19~~  
25 ~~pandemic that is in effect on January 12, 2021, or any~~  
26 ~~extension thereof, or July 1, 2021, whichever occurs later; or~~

1 ~~(ii) the expiration of the declaration of a public health~~  
2 ~~emergency due to the COVID-19 pandemic as declared by the~~  
3 ~~Secretary of the U.S. Department of Health and Human Services~~  
4 ~~that is in effect on January 12, 2021, or any extension~~  
5 ~~thereof, or July 1, 2021, whichever occurs later. This~~  
6 ~~paragraph (3) is repealed as of the date of the expiration of~~  
7 ~~the statewide disaster declaration proclaimed by the Governor~~  
8 ~~of the State of Illinois due to the COVID-19 pandemic that is~~  
9 ~~in effect on January 12, 2021, or any extension thereof, or~~  
10 ~~July 1, 2021, whichever occurs later.~~

11 (d) (Blank). ~~The changes made to this Section by this~~  
12 ~~amendatory Act of the 101st General Assembly shall apply to~~  
13 ~~all applications submitted after the effective date of this~~  
14 ~~amendatory Act of the 101st General Assembly.~~

15 (e) An application for a permit under this Section is  
16 required for the discontinuation of a hospital regardless of  
17 whether the facility is licensed independently or licensed  
18 under a dual campus license.

19 (Source: P.A. 101-83, eff. 7-15-19; 101-650, eff. 7-7-20;  
20 102-4, eff. 4-27-21.)

21 (20 ILCS 3960/10) (from Ch. 111 1/2, par. 1160)

22 (Section scheduled to be repealed on December 31, 2029)

23 Sec. 10. Administrative hearings following an initial  
24 denial or revocation of a permit. Presenting information  
25 relevant to the approval of a permit or certificate or in

1 ~~opposition to the denial of the application; notice of outcome~~  
2 ~~and review proceedings. When a motion by the State Board, to~~  
3 ~~approve an application for a permit, fails to pass, the~~  
4 ~~applicant or the holder of the permit, as the case may be, and~~  
5 ~~such other parties as the State Board permits, will be given an~~  
6 ~~opportunity to appear before the State Board and present such~~  
7 ~~information as may be relevant to the approval of a permit.~~

8       Subsequent to an appearance by the applicant before the  
9 State Board or default of such opportunity to appear, a motion  
10 by the State Board to approve an application for a permit which  
11 fails to pass shall be considered an initial denial of the  
12 application for a permit, as the case may be. Such action of an  
13 initial denial or an action by the State Board to revoke a  
14 permit shall be communicated to the applicant or holder of the  
15 permit. Such person or organization shall be afforded an  
16 opportunity for a hearing before an administrative law judge,  
17 who is appointed by the Chairman of the State Board. A written  
18 notice of a request for such hearing shall be served upon the  
19 Chairman of the State Board or the Agency within 30 days  
20 following notification of the decision of the State Board. The  
21 administrative law judge shall take actions necessary to  
22 ensure that the hearing is completed within a reasonable  
23 period of time, but not to exceed 120 days, except for delays  
24 or continuances agreed to by the person requesting the  
25 hearing. Following its consideration of the report of the  
26 hearing, or upon default of the party to the hearing, the State

1 Board shall make its final determination, specifying its  
2 findings and conclusions within 90 days of receiving the  
3 written report of the hearing. A copy of such determination  
4 shall be sent by certified mail or served personally upon the  
5 party.

6 A full and complete record shall be kept of all  
7 administrative hearing proceedings, including the notice of  
8 hearing, complaint, and all other documents in the nature of  
9 pleadings, written motions filed in the proceedings, and the  
10 report and orders of the State Board or hearing officer. All  
11 testimony shall be reported by either a court reporter or some  
12 other reliable means of recording but need not be transcribed  
13 unless the decision is appealed in accordance with the  
14 Administrative Review Law, as now or hereafter amended. A copy  
15 or copies of the administrative hearing transcript may be  
16 obtained by any ~~interested~~ party granted the right to  
17 intervene on payment of the cost of preparing such copy or  
18 copies.

19 The State Board or administrative law judge ~~hearing~~  
20 ~~officer~~ shall upon its own or the administrative law judge's  
21 ~~his~~ motion, or on the written request of any party to the  
22 administrative hearing proceeding who has, in the State  
23 Board's or administrative law judge's ~~hearing officer's~~  
24 opinion, demonstrated the relevancy of such request to the  
25 outcome of the proceedings, issue subpoenas requiring the  
26 attendance and the giving of testimony by witnesses, and

1 subpoenas duces tecum requiring the production of books,  
2 papers, records, or memoranda. The fees of witnesses for  
3 attendance and travel shall be the same as the fees of  
4 witnesses before the circuit court of this State.

5 When the witness is subpoenaed at the instance of the  
6 State Board, or its administrative law judge ~~hearing officer~~,  
7 such fees shall be paid in the same manner as other expenses of  
8 the State Board, and when the witness is subpoenaed at the  
9 instance of any other party to any such proceeding the State  
10 Board may, in accordance with its rules, require that the cost  
11 of service of the subpoena or subpoena duces tecum and the fee  
12 of the witness be borne by the party at whose instance the  
13 witness is summoned. In such case, the State Board in its  
14 discretion, may require a deposit to cover the cost of such  
15 service and witness fees. A subpoena or subpoena duces tecum  
16 so issued shall be served in the same manner as a subpoena  
17 issued out of a court.

18 Any circuit court of this State upon the application of  
19 the State Board or upon the application of any other party to  
20 the administrative hearing proceeding, may, in its discretion,  
21 compel the attendance of witnesses, the production of books,  
22 papers, records, or memoranda and the giving of testimony  
23 before it or its administrative law judge ~~hearing officer~~  
24 conducting an investigation or holding a hearing authorized by  
25 this Act, by an attachment for contempt, or otherwise, in the  
26 same manner as production of evidence may be compelled before

1 the court.

2 (Source: P.A. 99-527, eff. 1-1-17; 100-681, eff. 8-3-18.)

3 (20 ILCS 3960/11) (from Ch. 111 1/2, par. 1161)

4 (Section scheduled to be repealed on December 31, 2029)

5 Sec. 11. Any person who is adversely affected by a final  
6 decision of the State Board may have such decision judicially  
7 reviewed. The provisions of the Administrative Review Law, as  
8 now or hereafter amended, and the rules adopted pursuant  
9 thereto shall apply to and govern all proceedings for the  
10 judicial review of final administrative decisions of the State  
11 Board. The term "administrative decisions" is as defined in  
12 Section 3-101 of the Code of Civil Procedure. In order to  
13 comply with subsection (b) of Section 3-108 of the  
14 Administrative Review Law of the Code of Civil Procedure, upon  
15 the filing of an administrative judicial review action, the  
16 State Board shall transcribe each State Board meeting using a  
17 certified court reporter. The transcript shall contain the  
18 record of the findings and decisions of the State Board.

19 (Source: P.A. 98-1086, eff. 8-26-14.)

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

21 (Section scheduled to be repealed on December 31, 2029)

22 Sec. 12. Powers and duties of State Board. For purposes of  
23 this Act, the State Board shall exercise the following powers  
24 and duties:

1           (1) Prescribe rules, regulations, standards, criteria,  
2           procedures or reviews which may vary according to the  
3           purpose for which a particular review is being conducted  
4           or the type of project reviewed and which are required to  
5           carry out the provisions and purposes of this Act.  
6           Policies and procedures of the State Board shall take into  
7           consideration the priorities and needs of medically  
8           underserved areas and other health care services, giving  
9           special consideration to the impact of projects on access  
10          to safety net services.

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

14          (3) (Blank).

15          (4) Develop criteria and standards for health care  
16          facilities planning, conduct statewide inventories of  
17          health care facilities, maintain an updated inventory on  
18          the Board's web site reflecting the most recent bed and  
19          service changes and updated need determinations when new  
20          census data become available or new need formulae are  
21          adopted, and develop health care facility plans which  
22          shall be utilized in the review of applications for permit  
23          under this Act. Such health facility plans shall be  
24          coordinated by the Board with pertinent State Plans.  
25          Inventories pursuant to this Section of skilled or  
26          intermediate care facilities licensed under the Nursing

1 Home Care Act, skilled or intermediate care facilities  
2 licensed under the ID/DD Community Care Act, skilled or  
3 intermediate care facilities licensed under the MC/DD Act,  
4 facilities licensed under the Specialized Mental Health  
5 Rehabilitation Act of 2013, or nursing homes licensed  
6 under the Hospital Licensing Act shall be conducted on an  
7 annual basis no later than July 1 of each year and shall  
8 include among the information requested a list of all  
9 services provided by a facility to its residents and to  
10 the community at large and differentiate between active  
11 and inactive beds.

12 In developing health care facility plans, the State  
13 Board shall consider, but shall not be limited to, the  
14 following:

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

17 (b) The number of existing and planned facilities  
18 offering similar programs;

19 (c) The extent of utilization of existing  
20 facilities;

21 (d) The availability of facilities which may serve  
22 as alternatives or substitutes;

23 (e) The availability of personnel necessary to the  
24 operation of the facility;

25 (f) Multi-institutional planning and the  
26 establishment of multi-institutional systems where

1           feasible;

2           (g) The financial and economic feasibility of  
3           proposed construction or modification; and

4           (h) In the case of health care facilities  
5           established by a religious body or denomination, the  
6           needs of the members of such religious body or  
7           denomination may be considered to be public need.

8           The health care facility plans which are developed and  
9           adopted in accordance with this Section shall form the  
10          basis for the plan of the State to deal most effectively  
11          with statewide health needs in regard to health care  
12          facilities.

13          (5) Coordinate with other state agencies having  
14          responsibilities affecting health care facilities,  
15          including those of licensure and cost reporting.

16          (6) Solicit, accept, hold and administer on behalf of  
17          the State any grants or bequests of money, securities or  
18          property for use by the State Board in the administration  
19          of this Act; and enter into contracts consistent with the  
20          appropriations for purposes enumerated in this Act.

21          (7) (Blank).

22          (8) Prescribe rules, regulations, standards, and  
23          criteria for the conduct of an expeditious review of  
24          applications for permits for projects of construction or  
25          modification of a health care facility, which projects are  
26          classified as emergency, substantive, or non-substantive

1 in nature.

2 Substantive projects shall include no more than the  
3 following:

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

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

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

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

1           Such rules shall not prevent the conduct of a public  
2 hearing upon the timely request of an interested party.  
3 Such reviews shall not exceed 60 days from the date the  
4 application is declared to be complete.

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

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

21           (10.5) Provide its basis or rationale when voting on  
22 an item before it at a State Board meeting in order to  
23 comply with subsection (b) of Section 3-108 of the Code of  
24 Civil Procedure.

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

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

24           (12) (Blank).

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

1           (14) Implement public information campaigns to  
2 regularly inform the general public about the opportunity  
3 for public hearings and public hearing procedures.

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

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

19 The Chairman of the Board shall appoint voting members  
20 of the Subcommittee, who shall serve for a period of 3  
21 years, with one-third of the terms expiring each January,  
22 to be determined by lot. Appointees shall include, but not  
23 be limited to, recommendations from each of the 3  
24 statewide long-term care associations, with an equal  
25 number to be appointed from each. Compliance with this  
26 provision shall be through the appointment and

1 reappointment process. All appointees serving as of April  
2 1, 2015 shall serve to the end of their term as determined  
3 by lot or until the appointee voluntarily resigns,  
4 whichever is earlier.

5 One representative from the Department of Public  
6 Health, the Department of Healthcare and Family Services,  
7 the Department on Aging, and the Department of Human  
8 Services may each serve as an ex-officio non-voting member  
9 of the Subcommittee. The Chairman of the Board shall  
10 select a Subcommittee Chair, who shall serve for a period  
11 of 3 years.

12 (16) Prescribe the format of the State Board Staff  
13 Report. A State Board Staff Report shall pertain to  
14 applications that include, but are not limited to,  
15 applications for permit or exemption, applications for  
16 permit renewal, applications for extension of the  
17 financial commitment period, applications requesting a  
18 declaratory ruling, or applications under the Health Care  
19 Worker Self-Referral Act. State Board Staff Reports shall  
20 compare applications to the relevant review criteria under  
21 the Board's rules.

22 (17) Establish a separate set of rules and guidelines  
23 for facilities licensed under the Specialized Mental  
24 Health Rehabilitation Act of 2013. An application for the  
25 re-establishment of a facility in connection with the  
26 relocation of the facility shall not be granted unless the

1 applicant has a contractual relationship with at least one  
2 hospital to provide emergency and inpatient mental health  
3 services required by facility consumers, and at least one  
4 community mental health agency to provide oversight and  
5 assistance to facility consumers while living in the  
6 facility, and appropriate services, including case  
7 management, to assist them to prepare for discharge and  
8 reside stably in the community thereafter. No new  
9 facilities licensed under the Specialized Mental Health  
10 Rehabilitation Act of 2013 shall be established after June  
11 16, 2014 (the effective date of Public Act 98-651) except  
12 in connection with the relocation of an existing facility  
13 to a new location. An application for a new location shall  
14 not be approved unless there are adequate community  
15 services accessible to the consumers within a reasonable  
16 distance, or by use of public transportation, so as to  
17 facilitate the goal of achieving maximum individual  
18 self-care and independence. At no time shall the total  
19 number of authorized beds under this Act in facilities  
20 licensed under the Specialized Mental Health  
21 Rehabilitation Act of 2013 exceed the number of authorized  
22 beds on June 16, 2014 (the effective date of Public Act  
23 98-651).

24 (18) Elect a Vice Chairman to preside over State Board  
25 meetings and otherwise act in place of the Chairman when  
26 the Chairman is unavailable.

1 (Source: P.A. 100-518, eff. 6-1-18; 100-681, eff. 8-3-18;  
2 101-83, eff. 7-15-19.)

3 (20 ILCS 3960/12.2)

4 (Section scheduled to be repealed on December 31, 2029)

5 Sec. 12.2. Powers of the State Board staff. For purposes  
6 of this Act, the staff shall exercise the following powers and  
7 duties:

8 (1) Review applications for permits and exemptions in  
9 accordance with the standards, criteria, and plans of need  
10 established by the State Board under this Act and certify  
11 its finding to the State Board.

12 (1.5) Post the following on the Board's web site:  
13 relevant (i) rules, (ii) standards, (iii) criteria, (iv)  
14 State norms, (v) references used by Board staff in making  
15 determinations about whether application criteria are met,  
16 and (vi) notices of project-related filings, including  
17 notice of public comments related to the application.

18 (2) Charge and collect an amount determined by the  
19 State Board and the staff to be reasonable fees for the  
20 processing of applications by the State Board. The State  
21 Board shall set the amounts by rule. Application fees for  
22 continuing care retirement communities, and other health  
23 care models that include regulated and unregulated  
24 components, shall apply only to those components subject  
25 to regulation under this Act. All fees and fines collected

1 under the provisions of this Act shall be deposited into  
2 the Illinois Health Facilities Planning Fund to be used  
3 for the expenses of administering this Act.

4 (2.1) Publish the following reports on the State Board  
5 website:

6 (A) An annual accounting, aggregated by category  
7 and with names of parties redacted, of fees, fines,  
8 and other revenue collected as well as expenses  
9 incurred, in the administration of this Act.

10 (B) An annual report, with names of the parties  
11 redacted, that summarizes all settlement agreements  
12 entered into with the State Board that resolve an  
13 alleged instance of noncompliance with State Board  
14 requirements under this Act.

15 (C) (Blank).

16 (D) Board reports showing the degree to which an  
17 application conforms to the review standards, a  
18 summation of relevant public testimony, and any  
19 additional information that staff wants to  
20 communicate.

21 (3) Coordinate with other State agencies having  
22 responsibilities affecting health care facilities,  
23 including licensure and cost reporting agencies.

24 (4) Issue advisory opinions upon request. Staff  
25 advisory opinions do not constitute determinations by the  
26 State Board. Determinations by the State Board are made

1 through the declaratory ruling process.

2 For purposes of this Section, "staff" means a person the  
3 State Board or the Agency employs on a full-time, part-time,  
4 contract, or intern basis.

5 (Source: P.A. 100-681, eff. 8-3-18; 101-83, eff. 7-15-19.)

6 (20 ILCS 3960/13) (from Ch. 111 1/2, par. 1163)

7 (Section scheduled to be repealed on December 31, 2029)

8 Sec. 13. Review and investigation ~~Investigation~~ of  
9 applications for permits. The State Board and State Board  
10 employees shall make or cause to be made such a review of all  
11 submitted applications or investigations as it deems necessary  
12 in connection with an application for a permit or exemption,  
13 or in connection with a determination of whether or not a  
14 project or transaction ~~construction or modification~~ that has  
15 been commenced is in accord with the exemption or permit  
16 issued by the State Board, or whether a project or transaction  
17 ~~construction or modification~~ has been commenced without a  
18 permit or exemption having been obtained. The State Board may  
19 issue subpoenas duces tecum requiring the production of  
20 records and may administer oaths to such witnesses.

21 Any circuit court of this State, upon the application of  
22 the State Board or upon the application of any proper party to  
23 such proceedings, may, in its discretion, compel the  
24 attendance of witnesses, the production of books, papers,  
25 records, or memoranda and the giving of testimony before the

1 State Board, by a proceeding as for contempt, or otherwise, in  
2 the same manner as production of evidence may be compelled  
3 before the court.

4 The State Board shall require all health facilities  
5 operating in this State to provide such reasonable reports at  
6 such times and containing such information as is needed by it  
7 to carry out the purposes and provisions of this Act. Prior to  
8 collecting information from health facilities, the State Board  
9 shall make reasonable efforts through a public process to  
10 consult with health facilities and associations that represent  
11 them to determine whether data and information requests will  
12 result in useful information for health planning, whether  
13 sufficient information is available from other sources, and  
14 whether data requested is routinely collected by health  
15 facilities and is available without retrospective record  
16 review. Data and information requests shall not impose undue  
17 paperwork burdens on health care facilities and personnel.  
18 Health facilities not complying with this requirement shall be  
19 reported to licensing, accrediting, certifying, or payment  
20 agencies as being in violation of State law. Health care  
21 facilities and other parties at interest shall have reasonable  
22 access, under rules established by the State Board, to all  
23 planning information submitted in accord with this Act  
24 pertaining to their area.

25 Among the reports to be required by the State Board are  
26 facility questionnaires for health care facilities licensed

1 under the Ambulatory Surgical Treatment Center Act, the  
2 Hospital Licensing Act, the Nursing Home Care Act, the ID/DD  
3 Community Care Act, the MC/DD Act, or the Specialized Mental  
4 Health Rehabilitation Act of 2013 and health care facilities  
5 that are required to meet the requirements of 42 CFR 494 in  
6 order to be certified for participation in Medicare and  
7 Medicaid under Titles XVIII and XIX of the federal Social  
8 Security Act. These questionnaires shall be conducted on an  
9 annual basis and compiled by the State Board. For health care  
10 facilities licensed under the Nursing Home Care Act or the  
11 Specialized Mental Health Rehabilitation Act of 2013, these  
12 reports shall include, but not be limited to, the  
13 identification of specialty services provided by the facility  
14 to patients, residents, and the community at large. Annual  
15 reports for facilities licensed under the ID/DD Community Care  
16 Act and facilities licensed under the MC/DD Act shall be  
17 different from the annual reports required of other health  
18 care facilities and shall be specific to those facilities  
19 licensed under the ID/DD Community Care Act or the MC/DD Act.  
20 The Health Facilities and Services Review Board shall consult  
21 with associations representing facilities licensed under the  
22 ID/DD Community Care Act and associations representing  
23 facilities licensed under the MC/DD Act when developing the  
24 information requested in these annual reports. For health care  
25 facilities that contain long term care beds, the reports shall  
26 also include the number of staffed long term care beds,

1 physical capacity for long term care beds at the facility, and  
2 long term care beds available for immediate occupancy. For  
3 purposes of this paragraph, "long term care beds" means beds  
4 (i) licensed under the Nursing Home Care Act, (ii) licensed  
5 under the ID/DD Community Care Act, (iii) licensed under the  
6 MC/DD Act, (iv) licensed under the Hospital Licensing Act, or  
7 (v) licensed under the Specialized Mental Health  
8 Rehabilitation Act of 2013 and certified as skilled nursing or  
9 nursing facility beds under Medicaid or Medicare.

10 (Source: P.A. 100-681, eff. 8-3-18; 100-957, eff. 8-19-18;  
11 101-81, eff. 7-12-19.)