



Sen. John G. Mulroe

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1 AMENDMENT TO HOUSE BILL 763

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 763 on page 35,  
3 immediately below line 9, by inserting the following:

4 "Section 10. The Alternative Health Care Delivery Act is  
5 amended by changing Section 35 as follows:

6 (210 ILCS 3/35)

7 Sec. 35. Alternative health care models authorized.  
8 Notwithstanding any other law to the contrary, alternative  
9 health care models described in this Section may be established  
10 on a demonstration basis.

11 (1) (Blank).

12 (2) Alternative health care delivery model;  
13 postsurgical recovery care center. A postsurgical recovery  
14 care center is a designated site which provides  
15 postsurgical recovery care for generally healthy patients  
16 undergoing surgical procedures that potentially require

1 overnight nursing care, pain control, or observation that  
2 would otherwise be provided in an inpatient setting.  
3 Patients may be discharged from the postsurgical recovery  
4 care center in less than 24 hours if the attending  
5 physician or the facility's medical director believes the  
6 patient has recovered enough to be discharged. A  
7 postsurgical recovery care center is either freestanding  
8 or a defined unit of an ambulatory surgical treatment  
9 center or hospital. No facility, or portion of a facility,  
10 may participate in a demonstration program as a  
11 postsurgical recovery care center unless the facility has  
12 been licensed as an ambulatory surgical treatment center or  
13 hospital for at least 2 years before August 20, 1993 (the  
14 effective date of Public Act 88-441). The maximum length of  
15 stay for patients in a postsurgical recovery care center is  
16 not to exceed 48 hours unless the treating physician  
17 requests an extension of time from the recovery center's  
18 medical director on the basis of medical or clinical  
19 documentation that an additional care period is required  
20 for the recovery of a patient and the medical director  
21 approves the extension of time. In no case, however, shall  
22 a patient's length of stay in a postsurgical recovery care  
23 center be longer than 72 hours. If a patient requires an  
24 additional care period after the expiration of the 72-hour  
25 limit, the patient shall be transferred to an appropriate  
26 facility. Reports on variances from the 24-hour or 48-hour

1 limit shall be sent to the Department for its evaluation.  
2 The reports shall, before submission to the Department,  
3 have removed from them all patient and physician  
4 identifiers. Blood products may be administered in the  
5 postsurgical recovery care center model. In order to handle  
6 cases of complications, emergencies, or exigent  
7 circumstances, every postsurgical recovery care center as  
8 defined in this paragraph shall maintain a contractual  
9 relationship, including a transfer agreement, with a  
10 general acute care hospital. A postsurgical recovery care  
11 center shall be no larger than 20 beds. A postsurgical  
12 recovery care center shall be located within 15 minutes  
13 travel time from the general acute care hospital with which  
14 the center maintains a contractual relationship, including  
15 a transfer agreement, as required under this paragraph.

16 No postsurgical recovery care center shall  
17 discriminate against any patient requiring treatment  
18 because of the source of payment for services, including  
19 Medicare and Medicaid recipients.

20 The Department shall adopt rules to implement the  
21 provisions of Public Act 88-441 concerning postsurgical  
22 recovery care centers within 9 months after August 20,  
23 1993. Notwithstanding any other law to the contrary, a  
24 postsurgical recovery care center model may provide sleep  
25 laboratory or similar sleep studies in accordance with  
26 applicable State and federal laws and regulations.

1           (3) Alternative health care delivery model; children's  
2           community-based health care center. A children's  
3           community-based health care center model is a designated  
4           site that provides nursing care, clinical support  
5           services, and therapies for a period of one to 14 days for  
6           short-term stays and 120 days to facilitate transitions to  
7           home or other appropriate settings for medically fragile  
8           children, technology dependent children, and children with  
9           special health care needs who are deemed clinically stable  
10          by a physician and are younger than 22 years of age. This  
11          care is to be provided in a home-like environment that  
12          serves no more than 16 ~~12~~ children at a time in facilities  
13          on a grade level for Life Safety Code purposes, and no more  
14          than 12 children at a time otherwise. Children's  
15          community-based health care center services must be  
16          available through the model to all families, including  
17          those whose care is paid for through the Department of  
18          Healthcare and Family Services, the Department of Children  
19          and Family Services, the Department of Human Services, and  
20          insurance companies who cover home health care services or  
21          private duty nursing care in the home.

22          Each children's community-based health care center  
23          model location shall be physically separate and apart from  
24          any other facility licensed by the Department of Public  
25          Health under this or any other Act and shall provide the  
26          following services: respite care, registered nursing or

1 licensed practical nursing care, transitional care to  
2 facilitate home placement or other appropriate settings  
3 and reunite families, medical day care, weekend camps, and  
4 diagnostic studies typically done in the home setting.

5 Coverage for the services provided by the Department of  
6 Healthcare and Family Services under this paragraph (3) is  
7 contingent upon federal waiver approval and is provided  
8 only to Medicaid eligible clients participating in the home  
9 and community based services waiver designated in Section  
10 1915(c) of the Social Security Act for medically frail and  
11 technologically dependent children or children in  
12 Department of Children and Family Services foster care who  
13 receive home health benefits.

14 (4) Alternative health care delivery model; community  
15 based residential rehabilitation center. A community-based  
16 residential rehabilitation center model is a designated  
17 site that provides rehabilitation or support, or both, for  
18 persons who have experienced severe brain injury, who are  
19 medically stable, and who no longer require acute  
20 rehabilitative care or intense medical or nursing  
21 services. The average length of stay in a community-based  
22 residential rehabilitation center shall not exceed 4  
23 months. As an integral part of the services provided,  
24 individuals are housed in a supervised living setting while  
25 having immediate access to the community. The residential  
26 rehabilitation center authorized by the Department may

1 have more than one residence included under the license. A  
2 residence may be no larger than 12 beds and shall be  
3 located as an integral part of the community. Day treatment  
4 or individualized outpatient services shall be provided  
5 for persons who reside in their own home. Functional  
6 outcome goals shall be established for each individual.  
7 Services shall include, but are not limited to, case  
8 management, training and assistance with activities of  
9 daily living, nursing consultation, traditional therapies  
10 (physical, occupational, speech), functional interventions  
11 in the residence and community (job placement, shopping,  
12 banking, recreation), counseling, self-management  
13 strategies, productive activities, and multiple  
14 opportunities for skill acquisition and practice  
15 throughout the day. The design of individualized program  
16 plans shall be consistent with the outcome goals that are  
17 established for each resident. The programs provided in  
18 this setting shall be accredited by the Commission on  
19 Accreditation of Rehabilitation Facilities (CARF). The  
20 program shall have been accredited by CARF as a Brain  
21 Injury Community-Integrative Program for at least 3 years.

22 (5) Alternative health care delivery model;  
23 Alzheimer's disease management center. An Alzheimer's  
24 disease management center model is a designated site that  
25 provides a safe and secure setting for care of persons  
26 diagnosed with Alzheimer's disease. An Alzheimer's disease

1 management center model shall be a facility separate from  
2 any other facility licensed by the Department of Public  
3 Health under this or any other Act. An Alzheimer's disease  
4 management center shall conduct and document an assessment  
5 of each resident every 6 months. The assessment shall  
6 include an evaluation of daily functioning, cognitive  
7 status, other medical conditions, and behavioral problems.  
8 An Alzheimer's disease management center shall develop and  
9 implement an ongoing treatment plan for each resident. The  
10 treatment plan shall have defined goals. The Alzheimer's  
11 disease management center shall treat behavioral problems  
12 and mood disorders using nonpharmacologic approaches such  
13 as environmental modification, task simplification, and  
14 other appropriate activities. All staff must have  
15 necessary training to care for all stages of Alzheimer's  
16 Disease. An Alzheimer's disease management center shall  
17 provide education and support for residents and  
18 caregivers. The education and support shall include  
19 referrals to support organizations for educational  
20 materials on community resources, support groups, legal  
21 and financial issues, respite care, and future care needs  
22 and options. The education and support shall also include a  
23 discussion of the resident's need to make advance  
24 directives and to identify surrogates for medical and legal  
25 decision-making. The provisions of this paragraph  
26 establish the minimum level of services that must be

1 provided by an Alzheimer's disease management center. An  
2 Alzheimer's disease management center model shall have no  
3 more than 100 residents. Nothing in this paragraph (5)  
4 shall be construed as prohibiting a person or facility from  
5 providing services and care to persons with Alzheimer's  
6 disease as otherwise authorized under State law.

7 (6) Alternative health care delivery model; birth  
8 center. A birth center shall be exclusively dedicated to  
9 serving the childbirth-related needs of women and their  
10 newborns and shall have no more than 10 beds. A birth  
11 center is a designated site that is away from the mother's  
12 usual place of residence and in which births are planned to  
13 occur following a normal, uncomplicated, and low-risk  
14 pregnancy. A birth center shall offer prenatal care and  
15 community education services and shall coordinate these  
16 services with other health care services available in the  
17 community.

18 (A) A birth center shall not be separately licensed  
19 if it is one of the following:

20 (1) A part of a hospital; or

21 (2) A freestanding facility that is physically  
22 distinct from a hospital but is operated under a  
23 license issued to a hospital under the Hospital  
24 Licensing Act.

25 (B) A separate birth center license shall be  
26 required if the birth center is operated as:



1           (1) A part of the operation of a federally  
2           qualified health center as designated by the  
3           United States Department of Health and Human  
4           Services; or

5           (2) A facility other than one described in  
6           subparagraph (A)(1), (A)(2), or (B)(1) of this  
7           paragraph (6) whose costs are reimbursable under  
8           Title XIX of the federal Social Security Act.

9           In adopting rules for birth centers, the Department  
10          shall consider: the American Association of Birth Centers'  
11          Standards for Freestanding Birth Centers; the American  
12          Academy of Pediatrics/American College of Obstetricians  
13          and Gynecologists Guidelines for Perinatal Care; and the  
14          Regionalized Perinatal Health Care Code. The Department's  
15          rules shall stipulate the eligibility criteria for birth  
16          center admission. The Department's rules shall stipulate  
17          the necessary equipment for emergency care according to the  
18          American Association of Birth Centers' standards and any  
19          additional equipment deemed necessary by the Department.  
20          The Department's rules shall provide for a time period  
21          within which each birth center not part of a hospital must  
22          become accredited by either the Commission for the  
23          Accreditation of Freestanding Birth Centers or The Joint  
24          Commission.

25          A birth center shall be certified to participate in the  
26          Medicare and Medicaid programs under Titles XVIII and XIX,

1           respectively, of the federal Social Security Act. To the  
2           extent necessary, the Illinois Department of Healthcare  
3           and Family Services shall apply for a waiver from the  
4           United States Health Care Financing Administration to  
5           allow birth centers to be reimbursed under Title XIX of the  
6           federal Social Security Act.

7           A birth center that is not operated under a hospital  
8           license shall be located within a ground travel time  
9           distance from the general acute care hospital with which  
10          the birth center maintains a contractual relationship,  
11          including a transfer agreement, as required under this  
12          paragraph, that allows for an emergency caesarian delivery  
13          to be started within 30 minutes of the decision a caesarian  
14          delivery is necessary. A birth center operating under a  
15          hospital license shall be located within a ground travel  
16          time distance from the licensed hospital that allows for an  
17          emergency caesarian delivery to be started within 30  
18          minutes of the decision a caesarian delivery is necessary.

19          The services of a medical director physician, licensed  
20          to practice medicine in all its branches, who is certified  
21          or eligible for certification by the American College of  
22          Obstetricians and Gynecologists or the American Board of  
23          Osteopathic Obstetricians and Gynecologists or has  
24          hospital obstetrical privileges are required in birth  
25          centers. The medical director in consultation with the  
26          Director of Nursing and Midwifery Services shall

1 coordinate the clinical staff and overall provision of  
2 patient care. The medical director or his or her physician  
3 designee shall be available on the premises or within a  
4 close proximity as defined by rule. The medical director  
5 and the Director of Nursing and Midwifery Services shall  
6 jointly develop and approve policies defining the criteria  
7 to determine which pregnancies are accepted as normal,  
8 uncomplicated, and low-risk, and the anesthesia services  
9 available at the center. No general anesthesia may be  
10 administered at the center.

11 If a birth center employs certified nurse midwives, a  
12 certified nurse midwife shall be the Director of Nursing  
13 and Midwifery Services who is responsible for the  
14 development of policies and procedures for services as  
15 provided by Department rules.

16 An obstetrician, family practitioner, or certified  
17 nurse midwife shall attend each woman in labor from the  
18 time of admission through birth and throughout the  
19 immediate postpartum period. Attendance may be delegated  
20 only to another physician or certified nurse midwife.  
21 Additionally, a second staff person shall also be present  
22 at each birth who is licensed or certified in Illinois in a  
23 health-related field and under the supervision of the  
24 physician or certified nurse midwife in attendance, has  
25 specialized training in labor and delivery techniques and  
26 care of newborns, and receives planned and ongoing training

1 as needed to perform assigned duties effectively.

2 The maximum length of stay in a birth center shall be  
3 consistent with existing State laws allowing a 48-hour stay  
4 or appropriate post-delivery care, if discharged earlier  
5 than 48 hours.

6 A birth center shall participate in the Illinois  
7 Perinatal System under the Developmental Disability  
8 Prevention Act. At a minimum, this participation shall  
9 require a birth center to establish a letter of agreement  
10 with a hospital designated under the Perinatal System. A  
11 hospital that operates or has a letter of agreement with a  
12 birth center shall include the birth center under its  
13 maternity service plan under the Hospital Licensing Act and  
14 shall include the birth center in the hospital's letter of  
15 agreement with its regional perinatal center.

16 A birth center may not discriminate against any patient  
17 requiring treatment because of the source of payment for  
18 services, including Medicare and Medicaid recipients.

19 No general anesthesia and no surgery may be performed  
20 at a birth center. The Department may by rule add birth  
21 center patient eligibility criteria or standards as it  
22 deems necessary. The Department shall by rule require each  
23 birth center to report the information which the Department  
24 shall make publicly available, which shall include, but is  
25 not limited to, the following:

26 (i) Birth center ownership.

- 1 (ii) Sources of payment for services.
- 2 (iii) Utilization data involving patient length of  
3 stay.
- 4 (iv) Admissions and discharges.
- 5 (v) Complications.
- 6 (vi) Transfers.
- 7 (vii) Unusual incidents.
- 8 (viii) Deaths.
- 9 (ix) Any other publicly reported data required  
10 under the Illinois Consumer Guide.

11 (x) Post-discharge patient status data where  
12 patients are followed for 14 days after discharge from  
13 the birth center to determine whether the mother or  
14 baby developed a complication or infection.

15 Within 9 months after the effective date of this  
16 amendatory Act of the 95th General Assembly, the Department  
17 shall adopt rules that are developed with consideration of:  
18 the American Association of Birth Centers' Standards for  
19 Freestanding Birth Centers; the American Academy of  
20 Pediatrics/American College of Obstetricians and  
21 Gynecologists Guidelines for Perinatal Care; and the  
22 Regionalized Perinatal Health Care Code.

23 The Department shall adopt other rules as necessary to  
24 implement the provisions of this amendatory Act of the 95th  
25 General Assembly within 9 months after the effective date  
26 of this amendatory Act of the 95th General Assembly.

1 (Source: P.A. 97-135, eff. 7-14-11; 97-987, eff. 1-1-13.)".