



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB5069

by Rep. Patricia R. Bellock

SYNOPSIS AS INTRODUCED:

20 ILCS 3960/3	from Ch. 111 1/2, par. 1153
20 ILCS 3960/13	from Ch. 111 1/2, par. 1163
30 ILCS 105/5.590 rep.	
210 ILCS 62/Act rep.	
410 ILCS 406/15	

Repeals the End Stage Renal Disease Facility Act. Amends the Illinois Health Facilities Planning Act, State Finance Act, and Alzheimer's Disease and Related Dementias Services Act to make corresponding changes.

LRB100 15828 MJP 30937 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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 3 and 13 as follows:

6 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

7 (Text of Section before amendment by P.A. 100-518)

8 (Section scheduled to be repealed on December 31, 2019)

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

10 "Health care facilities" means and includes the following
11 facilities, organizations, and related persons:

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

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

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

20 (A) If a demonstration project under the Nursing
21 Home Care Act applies for a certificate of need to
22 convert to a nursing facility, it shall meet the
23 licensure and certificate of need requirements in

1 effect as of the date of application.

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

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

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

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

24 (5) (Blank). ~~Kidney disease treatment centers,~~
25 ~~including a free-standing hemodialysis unit required to be~~
26 ~~licensed under the End Stage Renal Disease Facility Act.~~

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

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

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

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

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

24 (8) An institution, place, building, or room housing
25 major medical equipment used in the direct clinical
26 diagnosis or treatment of patients, and whose project cost

1 is in excess of the capital expenditure minimum.

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

4 (1) Federally-owned facilities.

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

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

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

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

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

26 (7) The closure of an entity or a portion of an entity

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

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

21 With the exception of those health care facilities
22 specifically included in this Section, nothing in this Act
23 shall be intended to include facilities operated as a part of
24 the practice of a physician or other licensed health care
25 professional, whether practicing in his individual capacity or
26 within the legal structure of any partnership, medical or

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

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

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

1 financing of any type of health care facility, or (d) who is or
2 ever has been a member of the immediate family of the person
3 defined by (a), (b), or (c).

4 "State Board" or "Board" means the Health Facilities and
5 Services Review Board.

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

21 "Establish" means the construction of a health care
22 facility or the replacement of an existing facility on another
23 site or the initiation of a category of service.

24 "Major medical equipment" means medical equipment which is
25 used for the provision of medical and other health services and
26 which costs in excess of the capital expenditure minimum,

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

12 "Capital Expenditure" means an expenditure: (A) made by or
13 on behalf of a health care facility (as such a facility is
14 defined in this Act); and (B) which under generally accepted
15 accounting principles is not properly chargeable as an expense
16 of operation and maintenance, or is made to obtain by lease or
17 comparable arrangement any facility or part thereof or any
18 equipment for a facility or part; and which exceeds the capital
19 expenditure minimum.

20 For the purpose of this paragraph, the cost of any studies,
21 surveys, designs, plans, working drawings, specifications, and
22 other activities essential to the acquisition, improvement,
23 expansion, or replacement of any plant or equipment with
24 respect to which an expenditure is made shall be included in
25 determining if such expenditure exceeds the capital
26 expenditures minimum. Unless otherwise interdependent, or

1 submitted as one project by the applicant, components of
2 construction or modification undertaken by means of a single
3 construction contract or financed through the issuance of a
4 single debt instrument shall not be grouped together as one
5 project. Donations of equipment or facilities to a health care
6 facility which if acquired directly by such facility would be
7 subject to review under this Act shall be considered capital
8 expenditures, and a transfer of equipment or facilities for
9 less than fair market value shall be considered a capital
10 expenditure for purposes of this Act if a transfer of the
11 equipment or facilities at fair market value would be subject
12 to review.

13 "Capital expenditure minimum" means \$11,500,000 for
14 projects by hospital applicants, \$6,500,000 for applicants for
15 projects related to skilled and intermediate care long-term
16 care facilities licensed under the Nursing Home Care Act, and
17 \$3,000,000 for projects by all other applicants, which shall be
18 annually adjusted to reflect the increase in construction costs
19 due to inflation, for major medical equipment and for all other
20 capital expenditures.

21 "Non-clinical service area" means an area (i) for the
22 benefit of the patients, visitors, staff, or employees of a
23 health care facility and (ii) not directly related to the
24 diagnosis, treatment, or rehabilitation of persons receiving
25 services from the health care facility. "Non-clinical service
26 areas" include, but are not limited to, chapels; gift shops;

1 news stands; computer systems; tunnels, walkways, and
2 elevators; telephone systems; projects to comply with life
3 safety codes; educational facilities; student housing;
4 patient, employee, staff, and visitor dining areas;
5 administration and volunteer offices; modernization of
6 structural components (such as roof replacement and masonry
7 work); boiler repair or replacement; vehicle maintenance and
8 storage facilities; parking facilities; mechanical systems for
9 heating, ventilation, and air conditioning; loading docks; and
10 repair or replacement of carpeting, tile, wall coverings,
11 window coverings or treatments, or furniture. Solely for the
12 purpose of this definition, "non-clinical service area" does
13 not include health and fitness centers.

14 "Areawide" means a major area of the State delineated on a
15 geographic, demographic, and functional basis for health
16 planning and for health service and having within it one or
17 more local areas for health planning and health service. The
18 term "region", as contrasted with the term "subregion", and the
19 word "area" may be used synonymously with the term "areawide".

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

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

26 "Licensed health care professional" means a person

1 licensed to practice a health profession under pertinent
2 licensing statutes of the State of Illinois.

3 "Director" means the Director of the Illinois Department of
4 Public Health.

5 "Agency" or "Department" means the Illinois Department of
6 Public Health.

7 "Alternative health care model" means a facility or program
8 authorized under the Alternative Health Care Delivery Act.

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

26 "Change of ownership of a health care facility" means a

1 change in the person who has ownership or control of a health
2 care facility's physical plant and capital assets. A change in
3 ownership is indicated by the following transactions: sale,
4 transfer, acquisition, lease, change of sponsorship, or other
5 means of transferring control.

6 "Related person" means any person that: (i) is at least 50%
7 owned, directly or indirectly, by either the health care
8 facility or a person owning, directly or indirectly, at least
9 50% of the health care facility; or (ii) owns, directly or
10 indirectly, at least 50% of the health care facility.

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

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

17 "Category of service" means a grouping by generic class of
18 various types or levels of support functions, equipment, care,
19 or treatment provided to patients or residents, including, but
20 not limited to, classes such as medical-surgical, pediatrics,
21 or cardiac catheterization. A category of service may include
22 subcategories or levels of care that identify a particular
23 degree or type of care within the category of service. Nothing
24 in this definition shall be construed to include the practice
25 of a physician or other licensed health care professional while
26 functioning in an office providing for the care, diagnosis, or

1 treatment of patients. A category of service that is subject to
2 the Board's jurisdiction must be designated in rules adopted by
3 the Board.

4 "State Board Staff Report" means the document that sets
5 forth the review and findings of the State Board staff, as
6 prescribed by the State Board, regarding applications subject
7 to Board jurisdiction.

8 (Source: P.A. 98-414, eff. 1-1-14; 98-629, eff. 1-1-15; 98-651,
9 eff. 6-16-14; 98-1086, eff. 8-26-14; 99-78, eff. 7-20-15;
10 99-180, eff. 7-29-15; 99-527, eff. 1-1-17.)

11 (Text of Section after amendment by P.A. 100-518)

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

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

14 "Health care facilities" means and includes the following
15 facilities, organizations, and related persons:

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

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

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

24 (A) If a demonstration project under the Nursing
25 Home Care Act applies for a certificate of need to

1 convert to a nursing facility, it shall meet the
2 licensure and certificate of need requirements in
3 effect as of the date of application.

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

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

20 (3.7) Facilities licensed under the Specialized Mental
21 Health Rehabilitation Act of 2013.

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

26 (5) Kidney disease treatment centers, including a

1 free-standing hemodialysis unit ~~required to be licensed~~
2 ~~under the End Stage Renal Disease Facility Act.~~

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

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

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

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

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

26 (8) An institution, place, building, or room housing

1 major medical equipment used in the direct clinical
2 diagnosis or treatment of patients, and whose project cost
3 is in excess of the capital expenditure minimum.

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

6 (1) Federally-owned facilities.

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

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

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

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

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

1 demonstration program.

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

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

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 facility,
26 (b) who is engaged in health research or the teaching of

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

23 "Establish" means the construction of a health care
24 facility or the replacement of an existing facility on another
25 site or the initiation of a category of service.

26 "Major medical equipment" means medical equipment which is

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

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

22 For the purpose of this paragraph, the cost of any studies,
23 surveys, designs, plans, working drawings, specifications, and
24 other activities essential to the acquisition, improvement,
25 expansion, or replacement of any plant or equipment with
26 respect to which an expenditure is made shall be included in

1 determining if such expenditure exceeds the capital
2 expenditures minimum. Unless otherwise interdependent, or
3 submitted as one project by the applicant, components of
4 construction or modification undertaken by means of a single
5 construction contract or financed through the issuance of a
6 single debt instrument shall not be grouped together as one
7 project. Donations of equipment or facilities to a health care
8 facility which if acquired directly by such facility would be
9 subject to review under this Act shall be considered capital
10 expenditures, and a transfer of equipment or facilities for
11 less than fair market value shall be considered a capital
12 expenditure for purposes of this Act if a transfer of the
13 equipment or facilities at fair market value would be subject
14 to review.

15 "Capital expenditure minimum" means \$11,500,000 for
16 projects by hospital applicants, \$6,500,000 for applicants for
17 projects related to skilled and intermediate care long-term
18 care facilities licensed under the Nursing Home Care Act, and
19 \$3,000,000 for projects by all other applicants, which shall be
20 annually adjusted to reflect the increase in construction costs
21 due to inflation, for major medical equipment and for all other
22 capital expenditures.

23 "Financial Commitment" means the commitment of at least 33%
24 of total funds assigned to cover total project cost, which
25 occurs by the actual expenditure of 33% or more of the total
26 project cost or the commitment to expend 33% or more of the

1 total project cost by signed contracts or other legal means.

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

21 "Areawide" means a major area of the State delineated on a
22 geographic, demographic, and functional basis for health
23 planning and for health service and having within it one or
24 more local areas for health planning and health service. The
25 term "region", as contrasted with the term "subregion", and the
26 word "area" may be used synonymously with the term "areawide".

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

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

7 "Licensed health care professional" means a person
8 licensed to practice a health profession under pertinent
9 licensing statutes of the State of Illinois.

10 "Director" means the Director of the Illinois Department of
11 Public Health.

12 "Agency" or "Department" means the Illinois Department of
13 Public Health.

14 "Alternative health care model" means a facility or program
15 authorized under the Alternative Health Care Delivery Act.

16 "Out-of-state facility" means a person that is both (i)
17 licensed as a hospital or as an ambulatory surgery center under
18 the laws of another state or that qualifies as a hospital or an
19 ambulatory surgery center under regulations adopted pursuant
20 to the Social Security Act and (ii) not licensed under the
21 Ambulatory Surgical Treatment Center Act, the Hospital
22 Licensing Act, or the Nursing Home Care Act. Affiliates of
23 out-of-state facilities shall be considered out-of-state
24 facilities. Affiliates of Illinois licensed health care
25 facilities 100% owned by an Illinois licensed health care
26 facility, its parent, or Illinois physicians licensed to

1 practice medicine in all its branches shall not be considered
2 out-of-state facilities. Nothing in this definition shall be
3 construed to include an office or any part of an office of a
4 physician licensed to practice medicine in all its branches in
5 Illinois that is not required to be licensed under the
6 Ambulatory Surgical Treatment Center Act.

7 "Change of ownership of a health care facility" means a
8 change in the person who has ownership or control of a health
9 care facility's physical plant and capital assets. A change in
10 ownership is indicated by the following transactions: sale,
11 transfer, acquisition, lease, change of sponsorship, or other
12 means of transferring control.

13 "Related person" means any person that: (i) is at least 50%
14 owned, directly or indirectly, by either the health care
15 facility or a person owning, directly or indirectly, at least
16 50% of the health care facility; or (ii) owns, directly or
17 indirectly, at least 50% of the health care facility.

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

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

24 "Category of service" means a grouping by generic class of
25 various types or levels of support functions, equipment, care,
26 or treatment provided to patients or residents, including, but

1 not limited to, classes such as medical-surgical, pediatrics,
2 or cardiac catheterization. A category of service may include
3 subcategories or levels of care that identify a particular
4 degree or type of care within the category of service. Nothing
5 in this definition shall be construed to include the practice
6 of a physician or other licensed health care professional while
7 functioning in an office providing for the care, diagnosis, or
8 treatment of patients. A category of service that is subject to
9 the Board's jurisdiction must be designated in rules adopted by
10 the Board.

11 "State Board Staff Report" means the document that sets
12 forth the review and findings of the State Board staff, as
13 prescribed by the State Board, regarding applications subject
14 to Board jurisdiction.

15 (Source: P.A. 99-78, eff. 7-20-15; 99-180, eff. 7-29-15;
16 99-527, eff. 1-1-17; 100-518, eff. 6-1-18.)

17 (20 ILCS 3960/13) (from Ch. 111 1/2, par. 1163)

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

19 Sec. 13. Investigation of applications for permits and
20 certificates of recognition. The State Board shall make or
21 cause to be made such investigations as it deems necessary in
22 connection with an application for a permit or an application
23 for a certificate of recognition, or in connection with a
24 determination of whether or not construction or modification
25 which has been commenced is in accord with the permit issued by

1 the State Board or whether construction or modification has
2 been commenced without a permit having been obtained. The State
3 Board may issue subpoenas duces tecum requiring the production
4 of records and may administer oaths to such witnesses.

5 Any circuit court of this State, upon the application of
6 the State Board or upon the application of any party to such
7 proceedings, may, in its discretion, compel the attendance of
8 witnesses, the production of books, papers, records, or
9 memoranda and the giving of testimony before the State Board,
10 by a proceeding as for contempt, or otherwise, in the same
11 manner as production of evidence may be compelled before the
12 court.

13 The State Board shall require all health facilities
14 operating in this State to provide such reasonable reports at
15 such times and containing such information as is needed by it
16 to carry out the purposes and provisions of this Act. Prior to
17 collecting information from health facilities, the State Board
18 shall make reasonable efforts through a public process to
19 consult with health facilities and associations that represent
20 them to determine whether data and information requests will
21 result in useful information for health planning, whether
22 sufficient information is available from other sources, and
23 whether data requested is routinely collected by health
24 facilities and is available without retrospective record
25 review. Data and information requests shall not impose undue
26 paperwork burdens on health care facilities and personnel.

1 Health facilities not complying with this requirement shall be
2 reported to licensing, accrediting, certifying, or payment
3 agencies as being in violation of State law. Health care
4 facilities and other parties at interest shall have reasonable
5 access, under rules established by the State Board, to all
6 planning information submitted in accord with this Act
7 pertaining to their area.

8 Among the reports to be required by the State Board are
9 facility questionnaires for health care facilities licensed
10 under the Ambulatory Surgical Treatment Center Act, the
11 Hospital Licensing Act, the Nursing Home Care Act, the ID/DD
12 Community Care Act, the MC/DD Act, or the Specialized Mental
13 Health Rehabilitation Act of 2013, ~~or the End Stage Renal
14 Disease Facility Act~~. These questionnaires shall be conducted
15 on an annual basis and compiled by the State Board. For health
16 care facilities licensed under the Nursing Home Care Act or the
17 Specialized Mental Health Rehabilitation Act of 2013, these
18 reports shall include, but not be limited to, the
19 identification of specialty services provided by the facility
20 to patients, residents, and the community at large. Annual
21 reports for facilities licensed under the ID/DD Community Care
22 Act and facilities licensed under the MC/DD Act shall be
23 different from the annual reports required of other health care
24 facilities and shall be specific to those facilities licensed
25 under the ID/DD Community Care Act or the MC/DD Act. The Health
26 Facilities and Services Review Board shall consult with

1 associations representing facilities licensed under the ID/DD
2 Community Care Act and associations representing facilities
3 licensed under the MC/DD Act when developing the information
4 requested in these annual reports. For health care facilities
5 that contain long term care beds, the reports shall also
6 include the number of staffed long term care beds, physical
7 capacity for long term care beds at the facility, and long term
8 care beds available for immediate occupancy. For purposes of
9 this paragraph, "long term care beds" means beds (i) licensed
10 under the Nursing Home Care Act, (ii) licensed under the ID/DD
11 Community Care Act, (iii) licensed under the MC/DD Act, (iv)
12 licensed under the Hospital Licensing Act, or (v) licensed
13 under the Specialized Mental Health Rehabilitation Act of 2013
14 and certified as skilled nursing or nursing facility beds under
15 Medicaid or Medicare.

16 (Source: P.A. 98-1086, eff. 8-26-14; 99-180, eff. 7-29-15.)

17 (30 ILCS 105/5.590 rep.)

18 Section 10. The State Finance Act is amended by repealing
19 Section 5.590.

20 (210 ILCS 62/Act rep.)

21 Section 15. The End Stage Renal Disease Facility Act is
22 repealed.

23 Section 20. The Alzheimer's Disease and Related Dementias

1 Services Act is amended by changing Section 15 as follows:

2 (410 ILCS 406/15)

3 (For Act repeal see Section 90)

4 Sec. 15. Applicability. Programs covered by this Act
5 include, but are not limited to, health care facilities
6 licensed or certified by the Assisted Living and Shared Housing
7 Act; Life Care Facilities Act; Nursing Home Care Act;
8 Specialized Mental Health Rehabilitation Act of 2013; Home
9 Health, Home Services, and Home Nursing Agency Licensing Act;
10 and Hospice Program Licensing Act; ~~and End Stage Renal Disease~~
11 ~~Facility Act~~. This Act does not apply to physicians licensed to
12 practice medicine in all its branches.

13 (Source: P.A. 99-822, eff. 8-15-16.)

14 Section 95. No acceleration or delay. Where this Act makes
15 changes in a statute that is represented in this Act by text
16 that is not yet or no longer in effect (for example, a Section
17 represented by multiple versions), the use of that text does
18 not accelerate or delay the taking effect of (i) the changes
19 made by this Act or (ii) provisions derived from any other
20 Public Act.