



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

HB5050

Introduced 2/7/2012, by Rep. David R. Leitch

#### SYNOPSIS AS INTRODUCED:

210 ILCS 3/10  
210 ILCS 3/85 new  
210 ILCS 3/90 new

Amends the Alternative Health Care Delivery Act. Sets forth definitions for "ambulatory surgical treatment center" and "postsurgical recovery care center model". Requires the Department of Public Health to enforce by rule certain provisions concerning the approval of protocols for the admission of postsurgical patients with respect to each postsurgical recovery care center model. Sets forth criteria for admission to a postsurgical recovery care center model, including the administration of blood in relation to an intraoperative or postoperative complication. Requires the Department of Public Health to enforce by rule certain provisions concerning laboratory, pharmacy, and radiological services with respect to each postsurgical recovery care center model.

LRB097 14989 RPM 60031 b

1 AN ACT concerning public health.

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

4 Section 5. The Alternative Health Care Delivery Act is  
5 amended by changing Section 10 and by adding Sections 85 and 90  
6 as follows:

7 (210 ILCS 3/10)

8 Sec. 10. Definitions. In this Act, unless the context  
9 otherwise requires:

10 "Alternative health care model" means a facility or program  
11 authorized under Section 35 of this Act.

12 "Ambulatory surgical treatment center" or "ASTC" means any  
13 institution, place, or building licensed pursuant to the  
14 Ambulatory Surgical Treatment Center Act.

15 "Board" means the State Board of Health.

16 "Department" means the Illinois Department of Public  
17 Health.

18 "Demonstration program" means a program to license and  
19 study alternative health care models authorized under this Act.

20 "Director" means the Director of Public Health.

21 "Postsurgical recovery care center model" means a  
22 designated site that provides postsurgical recovery care for  
23 generally healthy patients undergoing surgical procedures who

1 require post-operative nursing care, pain control, or  
2 observation that would otherwise be provided in an in-patient  
3 setting.

4 (Source: P.A. 87-1188.)

5 (210 ILCS 3/85 new)

6 Sec. 85. Approval of protocols for the admission of  
7 postsurgical patients.

8 (a) The Department shall enforce by rule the provisions of  
9 this Section with respect to each postsurgical recovery care  
10 center model.

11 (b) An admission protocol specifying the criteria for  
12 admitting a postsurgical patient to the postsurgical recovery  
13 care center model shall be included in each application for a  
14 license to operate a postsurgical recovery care center model.

15 The admission protocol must address at least the following:

16 (1) The admission of all patients to the postsurgical  
17 recovery care center model shall be performed by a member  
18 of the medical staff with admitting privileges, and all  
19 such patients shall be under the professional care of a  
20 member of the medical staff.

21 (2) The criteria for admission that include limiting  
22 services provided as follows:

23 (A) the patient must have been discharged from the  
24 post-anesthesia care unit or recovery room of the ASTC  
25 or hospital where the procedure was performed; the

1 patient may not be directly admitted to the  
2 postsurgical recovery care center model from the  
3 operating room;

4 (B) patients must be 3 years of age or older;

5 (C) patients with an active, acute, or chronic  
6 infectious condition shall not be eligible for  
7 admission;

8 (D) patients must fall within anesthesia class I or  
9 II or fall within anesthesia class III with only mild  
10 to moderate systematic disease but medically stable;

11 (E) patients may require a postoperative overnight  
12 stay;

13 (F) patients shall require a stay of not more than  
14 48 hours; however, this may be extended to 72 hours  
15 when the necessity of the extension is documented by  
16 the treating physician and approved by the Medical  
17 Director;

18 (G) the level of care needed by the patient is  
19 consistent with the definition of a postsurgical  
20 recovery care center model, and hospitalization is not  
21 required;

22 (H) the patient is physiologically stable at the  
23 time of admission and has experienced no  
24 intraoperative or postoperative complications that  
25 would cause the patient to be ineligible for admission  
26 based on this Act; and

1           (I) the patient does not require the  
2           administration of blood in relation to an  
3           intraoperative or postoperative complication, but may  
4           require the administration of blood in the ordinary  
5           course of their care.

6           (3) The types of surgical procedures performed in  
7           ambulatory surgical treatment centers or hospitals that  
8           the postsurgical recovery care center model intends to  
9           admit, including documentation that the expected  
10           postoperative stay is less than 48 hours and the  
11           postoperative complication rate is minimal.

12           (4) The patient's medical record at the time of  
13           admission, including the following:

14           (A) a current history and physical examination  
15           conducted or approved by members of the medical staff;

16           (B) patient diagnosis;

17           (C) a discharge summary from the referring  
18           facility or physician, including the surgical  
19           procedure performed, the type of anesthesia used,  
20           medications given, recovery events, and any other  
21           pertinent information regarding the patient's status;

22           (D) physician orders;

23           (E) documentation concerning advance directives;

24           and

25           (F) any other underlying medical condition that  
26           could be relevant to the patient's care.

1       (c) The admission protocol and any subsequent revisions  
2 shall be approved by the applicant's consulting committee prior  
3 to submission to the Department, and documentation of the  
4 approval must be submitted with the request for the  
5 Department's approval.

6       (d) The initial and any revised admission protocols may not  
7 be put into effect without prior approval of the Department as  
8 provided in this Section.

9       (e) The Department shall review all admission protocols  
10 submitted with the application, renewal application, and any  
11 separate submission under this Section to ensure that the  
12 admission protocol provides for the admission of only  
13 postsurgical patients who can safely be cared for outside of a  
14 licensed acute care hospital. The Department shall disapprove  
15 any admission protocol that allows an admission that would be  
16 life threatening in nature or that does not meet the  
17 requirements set forth in subsection (b) of this Section.

18       (f) Upon receipt of the information from the applicant, the  
19 Department shall either approve the admission protocol or  
20 disapprove the admission protocol as provided under subsection  
21 (e) of this Section. The Department shall seek the  
22 recommendations of medical specialists and other professional  
23 consultants concerning the safety of specific admission  
24 protocols when it determines that such consultation is  
25 necessary. The Department shall also consider any additional  
26 information submitted by medical specialists and other

1 professionals and by medical specialty and other professional  
2 societies in making these determinations.

3 (210 ILCS 3/90 new)

4 Sec. 90. Laboratory, pharmacy, and radiological services.

5 (a) The Department shall enforce by rule the provisions of  
6 this Section with respect to each postsurgical recovery care  
7 center model.

8 (b) Each postsurgical recovery care center model shall meet  
9 the following requirements:

10 (1) possess a valid Clinical Laboratory Improvement  
11 Amendments (CLIA) certificate for those tests performed by  
12 the postsurgical recovery care center model; and

13 (2) have a written agreement with a laboratory that  
14 possesses a valid CLIA certificate to perform any required  
15 laboratory procedures that are not performed in the  
16 postsurgical recovery care center model.

17 (c) Blood may be administered in the postsurgical recovery  
18 care center model for non-emergent reasons related to the  
19 ordinary course of patient care but not for intraoperative or  
20 postoperative complications. Blood products may be  
21 administered in the postsurgical recovery care center model.

22 (d) Pharmacy services shall be provided directly by the  
23 postsurgical recovery care center model or by contract with a  
24 pharmacy licensed pursuant to the Pharmacy Practice Act.

25 (e) Pharmacy services not provided by contract must be

1 under the direction of a registered pharmacist employed by the  
2 postsurgical recovery care center model on a full-time,  
3 part-time, or consulting basis.

4 (f) All drugs and medicines shall be stored and dispensed  
5 in accordance with applicable State and federal laws and  
6 regulations.

7 (g) All blood and blood products shall be stored,  
8 administered, and monitored in accordance with State and  
9 federal laws and regulations.

10 (h) Radiologic services sufficient to perform and  
11 interpret the radiological examinations necessary to meet the  
12 needs of the patients must be provided.

13 (i) All X-rays shall be read by a member of the medical  
14 staff or a consulting radiologist approved by the consulting  
15 committee.

16