

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 Sections 10 and 35 as follows:

6 (210 ILCS 3/10)

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

9 "Ambulatory surgical treatment center" or "ASTC" means any  
10 institution, place, or building licensed under the Ambulatory  
11 Surgical Treatment Center Act.

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

14 "Board" means the State Board of Health.

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

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

19 "Director" means the Director of Public Health.

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

21 (210 ILCS 3/35)

22 Sec. 35. Alternative health care models authorized.

1 Notwithstanding any other law to the contrary, alternative  
2 health care models described in this Section may be established  
3 on a demonstration basis.

4 (1) (Blank).

5 (2) Alternative health care delivery model;  
6 postsurgical recovery care center. A postsurgical recovery  
7 care center is a designated site which provides  
8 postsurgical recovery care for generally healthy patients  
9 undergoing surgical procedures that potentially require  
10 overnight nursing care, pain control, or observation that  
11 would otherwise be provided in an inpatient setting.  
12 Patients may be discharged from the postsurgical recovery  
13 care center in less than 24 hours if the attending  
14 physician or the facility's medical director believes the  
15 patient has recovered enough to be discharged. A  
16 postsurgical recovery care center is either freestanding  
17 or a defined unit of an ambulatory surgical treatment  
18 center or hospital. No facility, or portion of a facility,  
19 may participate in a demonstration program as a  
20 postsurgical recovery care center unless the facility has  
21 been licensed as an ambulatory surgical treatment center or  
22 hospital for at least 2 years before August 20, 1993 (the  
23 effective date of Public Act 88-441). The maximum length of  
24 stay for patients in a postsurgical recovery care center is  
25 not to exceed 48 hours unless the treating physician  
26 requests an extension of time from the recovery center's

1 medical director on the basis of medical or clinical  
2 documentation that an additional care period is required  
3 for the recovery of a patient and the medical director  
4 approves the extension of time. In no case, however, shall  
5 a patient's length of stay in a postsurgical recovery care  
6 center be longer than 72 hours. If a patient requires an  
7 additional care period after the expiration of the 72-hour  
8 limit, the patient shall be transferred to an appropriate  
9 facility. Reports on variances from the 24-hour or 48-hour  
10 limit shall be sent to the Department for its evaluation.  
11 The reports shall, before submission to the Department,  
12 have removed from them all patient and physician  
13 identifiers. Blood products may be administered in the  
14 postsurgical recovery care center model. In order to handle  
15 cases of complications, emergencies, or exigent  
16 circumstances, every postsurgical recovery care center as  
17 defined in this paragraph shall maintain a contractual  
18 relationship, including a transfer agreement, with a  
19 general acute care hospital. A postsurgical recovery care  
20 center shall be no larger than 20 beds. A postsurgical  
21 recovery care center shall be located within 15 minutes  
22 travel time from the general acute care hospital with which  
23 the center maintains a contractual relationship, including  
24 a transfer agreement, as required under this paragraph.

25 No postsurgical recovery care center shall  
26 discriminate against any patient requiring treatment

1 because of the source of payment for services, including  
2 Medicare and Medicaid recipients.

3 The Department shall adopt rules to implement the  
4 provisions of Public Act 88-441 concerning postsurgical  
5 recovery care centers within 9 months after August 20,  
6 1993. Notwithstanding any other law to the contrary, a  
7 postsurgical recovery care center model may provide sleep  
8 laboratory or similar sleep studies in accordance with  
9 applicable State and federal laws and regulations.

10 (3) Alternative health care delivery model; children's  
11 community-based health care center. A children's  
12 community-based health care center model is a designated  
13 site that provides nursing care, clinical support  
14 services, and therapies for a period of one to 14 days for  
15 short-term stays and 120 days to facilitate transitions to  
16 home or other appropriate settings for medically fragile  
17 children, technology dependent children, and children with  
18 special health care needs who are deemed clinically stable  
19 by a physician and are younger than 22 years of age. This  
20 care is to be provided in a home-like environment that  
21 serves no more than 12 children at a time. Children's  
22 community-based health care center services must be  
23 available through the model to all families, including  
24 those whose care is paid for through the Department of  
25 Healthcare and Family Services, the Department of Children  
26 and Family Services, the Department of Human Services, and

1 insurance companies who cover home health care services or  
2 private duty nursing care in the home.

3 Each children's community-based health care center  
4 model location shall be physically separate and apart from  
5 any other facility licensed by the Department of Public  
6 Health under this or any other Act and shall provide the  
7 following services: respite care, registered nursing or  
8 licensed practical nursing care, transitional care to  
9 facilitate home placement or other appropriate settings  
10 and reunite families, medical day care, weekend camps, and  
11 diagnostic studies typically done in the home setting.

12 Coverage for the services provided by the Department of  
13 Healthcare and Family Services under this paragraph (3) is  
14 contingent upon federal waiver approval and is provided  
15 only to Medicaid eligible clients participating in the home  
16 and community based services waiver designated in Section  
17 1915(c) of the Social Security Act for medically frail and  
18 technologically dependent children or children in  
19 Department of Children and Family Services foster care who  
20 receive home health benefits.

21 (4) Alternative health care delivery model; community  
22 based residential rehabilitation center. A community-based  
23 residential rehabilitation center model is a designated  
24 site that provides rehabilitation or support, or both, for  
25 persons who have experienced severe brain injury, who are  
26 medically stable, and who no longer require acute

1 rehabilitative care or intense medical or nursing  
2 services. The average length of stay in a community-based  
3 residential rehabilitation center shall not exceed 4  
4 months. As an integral part of the services provided,  
5 individuals are housed in a supervised living setting while  
6 having immediate access to the community. The residential  
7 rehabilitation center authorized by the Department may  
8 have more than one residence included under the license. A  
9 residence may be no larger than 12 beds and shall be  
10 located as an integral part of the community. Day treatment  
11 or individualized outpatient services shall be provided  
12 for persons who reside in their own home. Functional  
13 outcome goals shall be established for each individual.  
14 Services shall include, but are not limited to, case  
15 management, training and assistance with activities of  
16 daily living, nursing consultation, traditional therapies  
17 (physical, occupational, speech), functional interventions  
18 in the residence and community (job placement, shopping,  
19 banking, recreation), counseling, self-management  
20 strategies, productive activities, and multiple  
21 opportunities for skill acquisition and practice  
22 throughout the day. The design of individualized program  
23 plans shall be consistent with the outcome goals that are  
24 established for each resident. The programs provided in  
25 this setting shall be accredited by the Commission on  
26 Accreditation of Rehabilitation Facilities (CARF). The

1 program shall have been accredited by CARF as a Brain  
2 Injury Community-Integrative Program for at least 3 years.

3 (5) Alternative health care delivery model;  
4 Alzheimer's disease management center. An Alzheimer's  
5 disease management center model is a designated site that  
6 provides a safe and secure setting for care of persons  
7 diagnosed with Alzheimer's disease. An Alzheimer's disease  
8 management center model shall be a facility separate from  
9 any other facility licensed by the Department of Public  
10 Health under this or any other Act. An Alzheimer's disease  
11 management center shall conduct and document an assessment  
12 of each resident every 6 months. The assessment shall  
13 include an evaluation of daily functioning, cognitive  
14 status, other medical conditions, and behavioral problems.  
15 An Alzheimer's disease management center shall develop and  
16 implement an ongoing treatment plan for each resident. The  
17 treatment plan shall have defined goals. The Alzheimer's  
18 disease management center shall treat behavioral problems  
19 and mood disorders using nonpharmacologic approaches such  
20 as environmental modification, task simplification, and  
21 other appropriate activities. All staff must have  
22 necessary training to care for all stages of Alzheimer's  
23 Disease. An Alzheimer's disease management center shall  
24 provide education and support for residents and  
25 caregivers. The education and support shall include  
26 referrals to support organizations for educational

1 materials on community resources, support groups, legal  
2 and financial issues, respite care, and future care needs  
3 and options. The education and support shall also include a  
4 discussion of the resident's need to make advance  
5 directives and to identify surrogates for medical and legal  
6 decision-making. The provisions of this paragraph  
7 establish the minimum level of services that must be  
8 provided by an Alzheimer's disease management center. An  
9 Alzheimer's disease management center model shall have no  
10 more than 100 residents. Nothing in this paragraph (5)  
11 shall be construed as prohibiting a person or facility from  
12 providing services and care to persons with Alzheimer's  
13 disease as otherwise authorized under State law.

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

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



1 (1) A part of a hospital; or

2 (2) A freestanding facility that is physically  
3 distinct from a hospital but is operated under a  
4 license issued to a hospital under the Hospital  
5 Licensing Act.

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

8 (1) A part of the operation of a federally  
9 qualified health center as designated by the  
10 United States Department of Health and Human  
11 Services; or

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

16 In adopting rules for birth centers, the Department  
17 shall consider: the American Association of Birth Centers'  
18 Standards for Freestanding Birth Centers; the American  
19 Academy of Pediatrics/American College of Obstetricians  
20 and Gynecologists Guidelines for Perinatal Care; and the  
21 Regionalized Perinatal Health Care Code. The Department's  
22 rules shall stipulate the eligibility criteria for birth  
23 center admission. The Department's rules shall stipulate  
24 the necessary equipment for emergency care according to the  
25 American Association of Birth Centers' standards and any  
26 additional equipment deemed necessary by the Department.

1           The Department's rules shall provide for a time period  
2           within which each birth center not part of a hospital must  
3           become accredited by either the Commission for the  
4           Accreditation of Freestanding Birth Centers or The Joint  
5           Commission.

6           A birth center shall be certified to participate in the  
7           Medicare and Medicaid programs under Titles XVIII and XIX,  
8           respectively, of the federal Social Security Act. To the  
9           extent necessary, the Illinois Department of Healthcare  
10          and Family Services shall apply for a waiver from the  
11          United States Health Care Financing Administration to  
12          allow birth centers to be reimbursed under Title XIX of the  
13          federal Social Security Act.

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

26          The services of a medical director physician, licensed

1 to practice medicine in all its branches, who is certified  
2 or eligible for certification by the American College of  
3 Obstetricians and Gynecologists or the American Board of  
4 Osteopathic Obstetricians and Gynecologists or has  
5 hospital obstetrical privileges are required in birth  
6 centers. The medical director in consultation with the  
7 Director of Nursing and Midwifery Services shall  
8 coordinate the clinical staff and overall provision of  
9 patient care. The medical director or his or her physician  
10 designee shall be available on the premises or within a  
11 close proximity as defined by rule. The medical director  
12 and the Director of Nursing and Midwifery Services shall  
13 jointly develop and approve policies defining the criteria  
14 to determine which pregnancies are accepted as normal,  
15 uncomplicated, and low-risk, and the anesthesia services  
16 available at the center. No general anesthesia may be  
17 administered at the center.

18 If a birth center employs certified nurse midwives, a  
19 certified nurse midwife shall be the Director of Nursing  
20 and Midwifery Services who is responsible for the  
21 development of policies and procedures for services as  
22 provided by Department rules.

23 An obstetrician, family practitioner, or certified  
24 nurse midwife shall attend each woman in labor from the  
25 time of admission through birth and throughout the  
26 immediate postpartum period. Attendance may be delegated

1           only to another physician or certified nurse midwife.  
2           Additionally, a second staff person shall also be present  
3           at each birth who is licensed or certified in Illinois in a  
4           health-related field and under the supervision of the  
5           physician or certified nurse midwife in attendance, has  
6           specialized training in labor and delivery techniques and  
7           care of newborns, and receives planned and ongoing training  
8           as needed to perform assigned duties effectively.

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

13          A birth center shall participate in the Illinois  
14          Perinatal System under the Developmental Disability  
15          Prevention Act. At a minimum, this participation shall  
16          require a birth center to establish a letter of agreement  
17          with a hospital designated under the Perinatal System. A  
18          hospital that operates or has a letter of agreement with a  
19          birth center shall include the birth center under its  
20          maternity service plan under the Hospital Licensing Act and  
21          shall include the birth center in the hospital's letter of  
22          agreement with its regional perinatal center.

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

26          No general anesthesia and no surgery may be performed

1 at a birth center. The Department may by rule add birth  
2 center patient eligibility criteria or standards as it  
3 deems necessary. The Department shall by rule require each  
4 birth center to report the information which the Department  
5 shall make publicly available, which shall include, but is  
6 not limited to, the following:

7 (i) Birth center ownership.

8 (ii) Sources of payment for services.

9 (iii) Utilization data involving patient length of  
10 stay.

11 (iv) Admissions and discharges.

12 (v) Complications.

13 (vi) Transfers.

14 (vii) Unusual incidents.

15 (viii) Deaths.

16 (ix) Any other publicly reported data required  
17 under the Illinois Consumer Guide.

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

22 Within 9 months after the effective date of this  
23 amendatory Act of the 95th General Assembly, the Department  
24 shall adopt rules that are developed with consideration of:  
25 the American Association of Birth Centers' Standards for  
26 Freestanding Birth Centers; the American Academy of

1           Pediatrics/American College of Obstetricians and  
2           Gynecologists Guidelines for Perinatal Care; and the  
3           Regionalized Perinatal Health Care Code.

4           The Department shall adopt other rules as necessary to  
5           implement the provisions of this amendatory Act of the 95th  
6           General Assembly within 9 months after the effective date  
7           of this amendatory Act of the 95th General Assembly.

8           (Source: P.A. 97-135, eff. 7-14-11.)