

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 Section 12 as follows:

6 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 12. Powers and duties of State Board. For purposes of  
9 this Act, the State Board shall exercise the following powers  
10 and duties:

11 (1) Prescribe rules, regulations, standards, criteria,  
12 procedures or reviews which may vary according to the purpose  
13 for which a particular review is being conducted or the type of  
14 project reviewed and which are required to carry out the  
15 provisions and purposes of this Act. Policies and procedures of  
16 the State Board shall take into consideration the priorities  
17 and needs of medically underserved areas and other health care  
18 services identified through the comprehensive health planning  
19 process, giving special consideration to the impact of projects  
20 on access to safety net services.

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

1 (3) (Blank).

2 (4) Develop criteria and standards for health care  
3 facilities planning, conduct statewide inventories of health  
4 care facilities, maintain an updated inventory on the Board's  
5 web site reflecting the most recent bed and service changes and  
6 updated need determinations when new census data become  
7 available or new need formulae are adopted, and develop health  
8 care facility plans which shall be utilized in the review of  
9 applications for permit under this Act. Such health facility  
10 plans shall be coordinated by the Board with pertinent State  
11 Plans. Inventories pursuant to this Section of skilled or  
12 intermediate care facilities licensed under the Nursing Home  
13 Care Act, skilled or intermediate care facilities licensed  
14 under the ID/DD Community Care Act, facilities licensed under  
15 the Specialized Mental Health Rehabilitation Act, or nursing  
16 homes licensed under the Hospital Licensing Act shall be  
17 conducted on an annual basis no later than July 1 of each year  
18 and shall include among the information requested a list of all  
19 services provided by a facility to its residents and to the  
20 community at large and differentiate between active and  
21 inactive beds.

22 In developing health care facility plans, the State Board  
23 shall consider, but shall not be limited to, the following:

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

26 (b) The number of existing and planned facilities

1 offering similar programs;

2 (c) The extent of utilization of existing facilities;

3 (d) The availability of facilities which may serve as  
4 alternatives or substitutes;

5 (e) The availability of personnel necessary to the  
6 operation of the facility;

7 (f) Multi-institutional planning and the establishment  
8 of multi-institutional systems where feasible;

9 (g) The financial and economic feasibility of proposed  
10 construction or modification; and

11 (h) In the case of health care facilities established  
12 by a religious body or denomination, the needs of the  
13 members of such religious body or denomination may be  
14 considered to be public need.

15 The health care facility plans which are developed and  
16 adopted in accordance with this Section shall form the basis  
17 for the plan of the State to deal most effectively with  
18 statewide health needs in regard to health care facilities.

19 (5) Coordinate with the Center for Comprehensive Health  
20 Planning and other state agencies having responsibilities  
21 affecting health care facilities, including those of licensure  
22 and cost reporting.

23 (6) Solicit, accept, hold and administer on behalf of the  
24 State any grants or bequests of money, securities or property  
25 for use by the State Board or Center for Comprehensive Health  
26 Planning in the administration of this Act; and enter into

1 contracts consistent with the appropriations for purposes  
2 enumerated in this Act.

3 (7) The State Board shall prescribe procedures for review,  
4 standards, and criteria which shall be utilized to make  
5 periodic reviews and determinations of the appropriateness of  
6 any existing health services being rendered by health care  
7 facilities subject to the Act. The State Board shall consider  
8 recommendations of the Board in making its determinations.

9 (8) Prescribe, in consultation with the Center for  
10 Comprehensive Health Planning, rules, regulations, standards,  
11 and criteria for the conduct of an expeditious review of  
12 applications for permits for projects of construction or  
13 modification of a health care facility, which projects are  
14 classified as emergency, substantive, or non-substantive in  
15 nature.

16 Six months after June 30, 2009 (the effective date of  
17 Public Act 96-31), substantive projects shall include no more  
18 than the following:

19 (a) Projects to construct (1) a new or replacement  
20 facility located on a new site or (2) a replacement  
21 facility located on the same site as the original facility  
22 and the cost of the replacement facility exceeds the  
23 capital expenditure minimum;

24 (b) Projects proposing a (1) new service or (2)  
25 discontinuation of a service, which shall be reviewed by  
26 the Board within 60 days; or

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

8           The Chairman may approve applications for exemption that  
9           meet the criteria set forth in rules or refer them to the full  
10          Board. The Chairman may approve any unopposed application that  
11          meets all of the review criteria or refer them to the full  
12          Board.

13          Such rules shall not abridge the right of the Center for  
14          Comprehensive Health Planning to make recommendations on the  
15          classification and approval of projects, nor shall such rules  
16          prevent the conduct of a public hearing upon the timely request  
17          of an interested party. Such reviews shall not exceed 60 days  
18          from the date the application is declared to be complete.

19          (9) Prescribe rules, regulations, standards, and criteria  
20          pertaining to the granting of permits for construction and  
21          modifications which are emergent in nature and must be  
22          undertaken immediately to prevent or correct structural  
23          deficiencies or hazardous conditions that may harm or injure  
24          persons using the facility, as defined in the rules and  
25          regulations of the State Board. This procedure is exempt from  
26          public hearing requirements of this Act.

1           (10) Prescribe rules, regulations, standards and criteria  
2 for the conduct of an expeditious review, not exceeding 60  
3 days, of applications for permits for projects to construct or  
4 modify health care facilities which are needed for the care and  
5 treatment of persons who have acquired immunodeficiency  
6 syndrome (AIDS) or related conditions.

7           (11) Issue written decisions upon request of the applicant  
8 or an adversely affected party to the Board within 30 days of  
9 the meeting in which a final decision has been made. A "final  
10 decision" for purposes of this Act is the decision to approve  
11 or deny an application, or take other actions permitted under  
12 this Act, at the time and date of the meeting that such action  
13 is scheduled by the Board. The staff of the State Board shall  
14 prepare a written copy of the final decision and the State  
15 Board shall approve a final copy for inclusion in the formal  
16 record.

17           (12) Require at least one of its members to participate in  
18 any public hearing, after the appointment of the 9 members to  
19 the Board.

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

22           (14) Implement public information campaigns to regularly  
23 inform the general public about the opportunity for public  
24 hearings and public hearing procedures.

25           (15) Establish a separate set of rules and guidelines for  
26 long-term care that recognizes that nursing homes are a

1 different business line and service model from other regulated  
2 facilities. An open and transparent process shall be developed  
3 that considers the following: how skilled nursing fits in the  
4 continuum of care with other care providers, modernization of  
5 nursing homes, establishment of more private rooms,  
6 development of alternative services, and current trends in  
7 long-term care services. The Chairman of the Board shall  
8 appoint a permanent Health Services Review Board Long-term Care  
9 Facility Advisory Subcommittee that shall develop and  
10 recommend to the Board the rules to be established by the Board  
11 under this paragraph (15). The Subcommittee shall also provide  
12 continuous review and commentary on policies and procedures  
13 relative to long-term care and the review of related projects.  
14 In consultation with other experts from the health field of  
15 long-term care, the Board and the Subcommittee shall study new  
16 approaches to the current bed need formula and Health Service  
17 Area boundaries to encourage flexibility and innovation in  
18 design models reflective of the changing long-term care  
19 marketplace and consumer preferences. The Subcommittee shall  
20 evaluate, and make recommendations to the State Board  
21 regarding, the buying, selling, and exchange of beds between  
22 long-term care facilities within a specified geographic area or  
23 drive time. The Board shall file the proposed related  
24 administrative rules for the separate rules and guidelines for  
25 long-term care required by this paragraph (15) by September 1,  
26 2010. The Subcommittee shall be provided a reasonable and

1 timely opportunity to review and comment on any review,  
2 revision, or updating of the criteria, standards, procedures,  
3 and rules used to evaluate project applications as provided  
4 under Section 12.3 of this Act prior to approval by the Board  
5 and promulgation of related rules.

6 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;  
7 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;  
8 revised 9-7-11.)

9 Section 99. Effective date. This Act takes effect one year  
10 after becoming law.