



Sen. John M. Sullivan

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LRB097 17689 PJG 66957 a

1 AMENDMENT TO SENATE BILL 3614

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 3614 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Health Facilities Planning Act is  
5 amended by changing Sections 5 and 12 as follows:

6 (20 ILCS 3960/5) (from Ch. 111 1/2, par. 1155)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 5. Construction, modification, or establishment of  
9 health care facilities or acquisition of major medical  
10 equipment; permits or exemptions. No person shall construct,  
11 modify or establish a health care facility or acquire major  
12 medical equipment without first obtaining a permit or exemption  
13 from the State Board. The State Board shall not delegate to the  
14 staff of the State Board or any other person or entity the  
15 authority to grant permits or exemptions whenever the staff or  
16 other person or entity would be required to exercise any

1 discretion affecting the decision to grant a permit or  
2 exemption. The State Board may, by rule, delegate authority to  
3 the Chairman to grant permits or exemptions when applications  
4 meet all of the State Board's review criteria and are  
5 unopposed.

6 A permit or exemption shall be obtained prior to the  
7 acquisition of major medical equipment or to the construction  
8 or modification of a health care facility which:

9 (a) requires a total capital expenditure in excess of  
10 the capital expenditure minimum; or

11 (b) substantially changes the scope or changes the  
12 functional operation of the facility; or

13 (c) changes the bed capacity of a health care facility  
14 by increasing the total number of beds or by distributing  
15 beds among various categories of service or by relocating  
16 beds from one physical facility or site to another by more  
17 than 20 beds or more than 10% of total bed capacity as  
18 defined by the State Board, whichever is less, over a 2  
19 year period, except as provided in item (16) of Section 12.

20 A permit shall be valid only for the defined construction  
21 or modifications, site, amount and person named in the  
22 application for such permit and shall not be transferable or  
23 assignable. A permit shall be valid until such time as the  
24 project has been completed, provided that (a) obligation of the  
25 project occurs within 12 months following issuance of the  
26 permit except for major construction projects such obligation

1 must occur within 18 months following issuance of the permit;  
2 and (b) the project commences and proceeds to completion with  
3 due diligence. To monitor progress toward project commencement  
4 and completion, routine post-permit reports shall be limited to  
5 annual progress reports and the final completion and cost  
6 report. Projects may deviate from the costs, fees, and expenses  
7 provided in their project cost information for the project's  
8 cost components, provided that the final total project cost  
9 does not exceed the approved permit amount. Major construction  
10 projects, for the purposes of this Act, shall include but are  
11 not limited to: projects for the construction of new buildings;  
12 additions to existing facilities; modernization projects whose  
13 cost is in excess of \$1,000,000 or 10% of the facilities'  
14 operating revenue, whichever is less; and such other projects  
15 as the State Board shall define and prescribe pursuant to this  
16 Act. The State Board may extend the obligation period upon a  
17 showing of good cause by the permit holder. Permits for  
18 projects that have not been obligated within the prescribed  
19 obligation period shall expire on the last day of that period.

20 The acquisition by any person of major medical equipment  
21 that will not be owned by or located in a health care facility  
22 and that will not be used to provide services to inpatients of  
23 a health care facility shall be exempt from review provided  
24 that a notice is filed in accordance with exemption  
25 requirements.

26 Notwithstanding any other provision of this Act, no permit

1 or exemption is required for the construction or modification  
2 of a non-clinical service area of a health care facility.

3 (Source: P.A. 96-31, eff. 6-30-09.)

4 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

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

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

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

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

22 (3) (Blank).

23 (4) Develop criteria and standards for health care  
24 facilities planning, conduct statewide inventories of health  
25 care facilities, maintain an updated inventory on the Board's

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

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

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

22 (b) The number of existing and planned facilities  
23 offering similar programs;

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

25 (d) The availability of facilities which may serve as  
26 alternatives or substitutes;

1           (e) The availability of personnel necessary to the  
2 operation of the facility;

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

5           (g) The financial and economic feasibility of proposed  
6 construction or modification; and

7           (h) In the case of health care facilities established  
8 by a religious body or denomination, the needs of the  
9 members of such religious body or denomination may be  
10 considered to be public need.

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

15           (5) Coordinate with the Center for Comprehensive Health  
16 Planning and other state agencies having responsibilities  
17 affecting health care facilities, including those of licensure  
18 and cost reporting.

19           (6) Solicit, accept, hold and administer on behalf of the  
20 State any grants or bequests of money, securities or property  
21 for use by the State Board or Center for Comprehensive Health  
22 Planning in the administration of this Act; and enter into  
23 contracts consistent with the appropriations for purposes  
24 enumerated in this Act.

25           (7) The State Board shall prescribe procedures for review,  
26 standards, and criteria which shall be utilized to make

1 periodic reviews and determinations of the appropriateness of  
2 any existing health services being rendered by health care  
3 facilities subject to the Act. The State Board shall consider  
4 recommendations of the Board in making its determinations.

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

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

15 (a) Projects to construct (1) a new or replacement  
16 facility located on a new site or (2) a replacement  
17 facility located on the same site as the original facility  
18 and the cost of the replacement facility exceeds the  
19 capital expenditure minimum;

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

23 (c) Projects proposing a change in the bed capacity of  
24 a health care facility by an increase in the total number  
25 of beds or by a redistribution of beds among various  
26 categories of service or by a relocation of beds from one

1 physical facility or site to another by more than 20 beds  
2 or more than 10% of total bed capacity, as defined by the  
3 State Board, whichever is less, over a 2-year period.

4 The Chairman may approve applications for exemption that  
5 meet the criteria set forth in rules or refer them to the full  
6 Board. The Chairman may approve any unopposed application that  
7 meets all of the review criteria or refer them to the full  
8 Board.

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

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

23 (10) Prescribe rules, regulations, standards and criteria  
24 for the conduct of an expeditious review, not exceeding 60  
25 days, of applications for permits for projects to construct or  
26 modify health care facilities which are needed for the care and



1 treatment of persons who have acquired immunodeficiency  
2 syndrome (AIDS) or related conditions.

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

13 (12) Require at least one of its members to participate in  
14 any public hearing, after the appointment of the 9 members to  
15 the Board.

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

18 (14) Implement public information campaigns to regularly  
19 inform the general public about the opportunity for public  
20 hearings and public hearing procedures.

21 (15) Establish a separate set of rules and guidelines for  
22 long-term care that recognizes that nursing homes are a  
23 different business line and service model from other regulated  
24 facilities. An open and transparent process shall be developed  
25 that considers the following: how skilled nursing fits in the  
26 continuum of care with other care providers, modernization of

1 nursing homes, establishment of more private rooms,  
2 development of alternative services, and current trends in  
3 long-term care services. The Chairman of the Board shall  
4 appoint a permanent Health Services Review Board Long-term Care  
5 Facility Advisory Subcommittee that shall develop and  
6 recommend to the Board the rules to be established by the Board  
7 under this paragraph (15). The Subcommittee shall also provide  
8 continuous review and commentary on policies and procedures  
9 relative to long-term care and the review of related projects.  
10 In consultation with other experts from the health field of  
11 long-term care, the Board and the Subcommittee shall study new  
12 approaches to the current bed need formula and Health Service  
13 Area boundaries to encourage flexibility and innovation in  
14 design models reflective of the changing long-term care  
15 marketplace and consumer preferences. The Board shall file the  
16 proposed related administrative rules for the separate rules  
17 and guidelines for long-term care required by this paragraph  
18 (15) by September 1, 2010. The Subcommittee shall be provided a  
19 reasonable and timely opportunity to review and comment on any  
20 review, revision, or updating of the criteria, standards,  
21 procedures, and rules used to evaluate project applications as  
22 provided under Section 12.3 of this Act prior to approval by  
23 the Board and promulgation of related rules.

24 (16) Prescribe rules developed and recommended by the  
25 Subcommittee to establish a bed exchange program that, at a  
26 minimum, provides for the movement of beds between facilities

1 within a specific geographic or drive time area without the  
2 prior approval of the State Board, regardless of whether the  
3 beds are currently licensed to the owner of the facility to  
4 which the beds are transferred or the facility purchases the  
5 licenses for the beds from a third party.

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."