

Sen. John M. Sullivan

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LRB097 17689 PJG 67752 a

1 AMENDMENT TO SENATE BILL 3614 2 AMENDMENT NO. . Amend Senate Bill 3614 by replacing everything after the enacting clause with the following: 3 "Section 5. The Illinois Health Facilities Planning Act is 4 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amended by changing Section 12 as follows: 6 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162) 7 (Section scheduled to be repealed on December 31, 2019) Sec. 12. Powers and duties of State Board. For purposes of 8 9 this Act, the State Board shall exercise the following powers 10 and duties: (1) Prescribe rules, regulations, standards, criteria, 11 12 procedures or reviews which may vary according to the purpose 13 for which a particular review is being conducted or the type of project reviewed and which are required to carry out the 14 15 provisions and purposes of this Act. Policies and procedures of

the State Board shall take into consideration the priorities

- 1 and needs of medically underserved areas and other health care
- 2 services identified through the comprehensive health planning
- 3 process, giving special consideration to the impact of projects
- 4 on access to safety net services.
- 5 (2) Adopt procedures for public notice and hearing on all
- 6 proposed rules, regulations, standards, criteria, and plans
- 7 required to carry out the provisions of this Act.
- 8 (3) (Blank).

9 (4)Develop criteria and standards for health 10 facilities planning, conduct statewide inventories of health 11 care facilities, maintain an updated inventory on the Board's web site reflecting the most recent bed and service changes and 12 13 updated need determinations when new census data become 14 available or new need formulae are adopted, and develop health 15 care facility plans which shall be utilized in the review of 16 applications for permit under this Act. Such health facility plans shall be coordinated by the Board with pertinent State 17 18 Plans. Inventories pursuant to this Section of skilled or 19 intermediate care facilities licensed under the Nursing Home 20 Care Act, skilled or intermediate care facilities licensed under the ID/DD Community Care Act, facilities licensed under 21 22 the Specialized Mental Health Rehabilitation Act, or nursing 23 homes licensed under the Hospital Licensing Act shall be 24 conducted on an annual basis no later than July 1 of each year 25 and shall include among the information requested a list of all

services provided by a facility to its residents and to the

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1	community	at	large	and	differentiate	between	active	and
2	inactive beds.							

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

- (a) The size, composition and growth of the population of the area to be served;
 - (b) The number of existing and planned facilities offering similar programs;
 - (c) The extent of utilization of existing facilities;
 - (d) The availability of facilities which may serve as alternatives or substitutes;
 - (e) The availability of personnel necessary to the operation of the facility;
 - (f) Multi-institutional planning and the establishment of multi-institutional systems where feasible;
 - (g) The financial and economic feasibility of proposed construction or modification; and
 - (h) In the case of health care facilities established by a religious body or denomination, the needs of the members of such religious body or denomination may be considered to be public need.

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

(5) Coordinate with the Center for Comprehensive Health

- 1 Planning and other state agencies having responsibilities
- affecting health care facilities, including those of licensure 2
- 3 and cost reporting.
- 4 (6) Solicit, accept, hold and administer on behalf of the
- 5 State any grants or bequests of money, securities or property
- for use by the State Board or Center for Comprehensive Health 6
- Planning in the administration of this Act; and enter into 7
- contracts consistent with the appropriations for purposes 8
- 9 enumerated in this Act.
- 10 (7) The State Board shall prescribe procedures for review,
- standards, and criteria which shall be utilized to make 11
- periodic reviews and determinations of the appropriateness of 12
- any existing health services being rendered by health care 13
- 14 facilities subject to the Act. The State Board shall consider
- 15 recommendations of the Board in making its determinations.
- 16 Prescribe, in consultation with the Center for
- Comprehensive Health Planning, rules, regulations, standards, 17
- and criteria for the conduct of an expeditious review of 18
- applications for permits for projects of construction or 19
- 20 modification of a health care facility, which projects are
- classified as emergency, substantive, or non-substantive in 21
- 22 nature.
- Six months after June 30, 2009 (the effective date of 23
- 24 Public Act 96-31), substantive projects shall include no more
- 25 than the following:
- 26 (a) Projects to construct (1) a new or replacement

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facility located on a new site or (2) a replacement facility located on the same site as the original facility and the cost of the replacement facility exceeds the capital expenditure minimum;

- (b) Projects proposing a (1) new service or (2) discontinuation of a service, which shall be reviewed by the Board within 60 days; or
- (c) Projects proposing a change in the bed capacity of a health care facility by an increase in the total number of beds or by a redistribution of beds among various categories of service or by a relocation of beds from one physical facility or site to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board, whichever is less, over a 2-year period.

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

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

(9) Prescribe rules, regulations, standards, and criteria

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- pertaining to the granting of permits for construction and modifications which are emergent in nature and must be undertaken immediately to prevent or correct structural deficiencies or hazardous conditions that may harm or injure persons using the facility, as defined in the rules and regulations of the State Board. This procedure is exempt from public hearing requirements of this Act.
 - (10) Prescribe rules, regulations, standards and criteria for the conduct of an expeditious review, not exceeding 60 days, of applications for permits for projects to construct or modify health care facilities which are needed for the care and treatment of persons who have acquired immunodeficiency syndrome (AIDS) or related conditions.
 - or an adversely affected party to the Board within 30 days of the meeting in which a final decision has been made. A "final decision" for purposes of this Act is the decision to approve or deny an application, or take other actions permitted under this Act, at the time and date of the meeting that such action is scheduled by the Board. The staff of the State Board shall prepare a written copy of the final decision and the State Board shall approve a final copy for inclusion in the formal record.
 - (12) Require at least one of its members to participate in any public hearing, after the appointment of the 9 members to the Board.

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- 1 (13) Provide a mechanism for the public to comment on, and 2 request changes to, draft rules and standards.
 - (14) Implement public information campaigns to regularly inform the general public about the opportunity for public hearings and public hearing procedures.
 - (15) Establish a separate set of rules and guidelines for long-term care that recognizes that nursing homes are a different business line and service model from other regulated facilities. An open and transparent process shall be developed that considers the following: how skilled nursing fits in the continuum of care with other care providers, modernization of nursing homes, establishment οf more private rooms, development of alternative services, and current trends in long-term care services. The Chairman of the Board shall appoint a permanent Health Services Review Board Long-term Care Facility Advisory Subcommittee that shall develop recommend to the Board the rules to be established by the Board under this paragraph (15). The Subcommittee shall also provide continuous review and commentary on policies and procedures relative to long-term care and the review of related projects. In consultation with other experts from the health field of long-term care, the Board and the Subcommittee shall study new approaches to the current bed need formula and Health Service Area boundaries to encourage flexibility and innovation in design models reflective of the changing long-term care marketplace and consumer preferences. The Subcommittee shall

- 1 evaluate, and make recommendations to the State Board regarding, the buying, selling, and exchange of beds between 2 long-term care facilities within a specified geographic area or 3 4 drive time. The Board shall file the proposed related 5 administrative rules for the separate rules and guidelines for 6 long-term care required by this paragraph (15) by September 1, 7 2010. The Subcommittee shall be provided a reasonable and timely opportunity to review and comment on any review, 8 9 revision, or updating of the criteria, standards, procedures, 10 and rules used to evaluate project applications as provided 11 under Section 12.3 of this Act prior to approval by the Board
- 13 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;

and promulgation of related rules.

- 14 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
- 15 revised 9-7-11.)

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