

97TH GENERAL ASSEMBLY State of Illinois 2011 and 2012 SB3700

Introduced 2/10/2012, by Sen. Ron Sandack

SYNOPSIS AS INTRODUCED:

210 ILCS 3/30 210 ILCS 3/35.5 new 210 ILCS 5/3

from Ch. 111 1/2, par. 157-8.3

Amends the Alternative Health Care Delivery Act and the Ambulatory Surgical Treatment Center Act. Provides that there shall be no more than a total of 14 postsurgical recovery care center alternative health care models in the demonstration program under the Alternative Health Care Delivery Act, and specifies the locations and ownership-operator arrangements for those facilities. Provides that nothing in the amendatory provisions precludes a hospital and an ambulatory surgical treatment center from forming a joint venture or developing a collaborative agreement to own or operate a postsurgical recovery care center. Provides that once the Department of Public Health has authorized a total of 14 postsurgical recovery care centers, no new postsurgical recovery care centers shall be authorized for the duration of the demonstration program. Provides that an ambulatory surgical treatment center (ASTC) may provide beds or other accommodations for the overnight stay of patients for up to 23 hours and 59 minutes following admission until the time of discharge (instead of that an ASTC shall not provide beds or other accommodations for the overnight stay of patients, except that facilities devoted exclusively to the treatment of children may provide accommodations and beds for their patients for up to 23 hours following admission). Effective immediately.

LRB097 19910 DRJ 65200 b

FISCAL NOTE ACT MAY APPLY

1 AN ACT concerning regulation.

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

- 4 Section 5. The Alternative Health Care Delivery Act is
- 5 amended by changing Section 30 and by adding Section 35.5 as
- 6 follows:
- 7 (210 ILCS 3/30)
- 8 Sec. 30. Demonstration program requirements. The
- 9 requirements set forth in this Section shall apply to
- 10 demonstration programs.
- 11 (a) (Blank).
- 12 (a-5) There shall be no more than \underline{a} the total \underline{of} 14 number
- 13 of postsurgical recovery care center alternative health care
- 14 models in the demonstration program, located as follows:
- 15 <u>(1) Two in the City of Chicago.</u>
- 16 (2) Two in Cook County outside the City of Chicago. At
- 17 <u>least one of these shall be owned by a hospital devoted</u>
- 18 exclusively to caring for children.
- 19 (3) Four in DuPage, Kane, Lake, McHenry, and Will
- counties.
- 21 (4) Four in municipalities with a population of 50,000
- or more and not located in the areas described in
- 23 paragraphs (1), (2), and (3): 3 of which shall be owned and

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1	operated by hospitals, at least 2 of which shall be located
2	in counties with a population of less than 175,000
3	according to the most recent decennial census for which
4	data are available; and one of which shall be owned and
5	operated by an ambulatory surgical treatment center.
6	(5) Two in rural areas, both of which shall be owned
7	and operated by hospitals.
8	Nothing in this subsection (a-5) precludes a hospital and
9	an ambulatory surgical treatment center from forming a joint
10	venture or developing a collaborative agreement to own or
11	operate a postsurgical recovery care center. eenters with a
12	certificate of need for beds as of January 1, 2008.
13	(a-10) There shall be no more than a total of 9 children's
14	respite care center alternative health care models in the
15	demonstration program, which shall be located as follows:
16	(1) Two in the City of Chicago.
17	(2) One in Cook County outside the City of Chicago.
18	(3) A total of 2 in the area comprised of DuPage, Kane,
19	Lake, McHenry, and Will counties.
20	(4) A total of 2 in municipalities with a population of
21	50,000 or more and not located in the areas described in
22	paragraphs (1), (2), or (3).
23	(5) A total of 2 in rural areas, as defined by the
24	Health Facilities and Services Review Board.

No more than one children's respite care model owned and

operated by a licensed skilled pediatric facility shall be

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- located in each of the areas designated in this subsection (a-10).
- 3 (a-15) There shall be 5 authorized community-based 4 residential rehabilitation center alternative health care 5 models in the demonstration program.
- 6 (a-20) There shall be an authorized Alzheimer's disease management center alternative health care model 7 8 demonstration program. The Alzheimer's disease management 9 shall be located in Will County, owned by a center 10 not-for-profit entity, and endorsed by a resolution approved by 11 the county board before the effective date of this amendatory 12 Act of the 91st General Assembly.
- 13 (a-25) There shall be no more than 10 birth center
 14 alternative health care models in the demonstration program,
 15 located as follows:
 - (1) Four in the area comprising Cook, DuPage, Kane, Lake, McHenry, and Will counties, one of which shall be owned or operated by a hospital and one of which shall be owned or operated by a federally qualified health center.
 - (2) Three in municipalities with a population of 50,000 or more not located in the area described in paragraph (1) of this subsection, one of which shall be owned or operated by a hospital and one of which shall be owned or operated by a federally qualified health center.
 - (3) Three in rural areas, one of which shall be owned or operated by a hospital and one of which shall be owned

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or operated by a federally qualified health center.

The first 3 birth centers authorized to operate by the Department shall be located in or predominantly serve the residents of a health professional shortage area as determined by the United States Department of Health and Human Services. There shall be no more than 2 birth centers authorized to operate in any single health planning area for obstetric services as determined under the Illinois Health Facilities Planning Act. If a birth center is located outside of a health professional shortage area, (i) the birth center shall be located in a health planning area with a demonstrated need for obstetrical service beds, as determined by the Health Facilities and Services Review Board or (ii) there must be a reduction in the existing number of obstetrical service beds in the planning area so that the establishment of the birth center does not result in an increase in the total number of obstetrical service beds in the health planning area.

(b) Alternative health care models, other than a model authorized under subsection (a-10) or (a-20), shall obtain a certificate of need from the Health Facilities and Services Review Board under the Illinois Health Facilities Planning Act before receiving a license by the Department. If, after obtaining its initial certificate of need, an alternative health care delivery model that is a community based residential rehabilitation center seeks to increase the bed capacity of that center, it must obtain a certificate of need

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- from the Health Facilities and Services Review Board before increasing the bed capacity. Alternative health care models in medically underserved areas shall receive priority in obtaining a certificate of need.
 - (c) An alternative health care model license shall be issued for a period of one year and shall be annually renewed if the facility or program is in substantial compliance with the Department's rules adopted under this Act. A licensed alternative health care model t.hat. continues to be substantial compliance after t.he conclusion οf the demonstration program shall be eligible for annual renewals unless and until a different licensure program for that type of health care model is established by legislation, except that a postsurgical recovery care center meeting the following requirements may apply within 3 years after August 25, 2009 (the effective date of Public Act 96-669) for a Certificate of Need permit to operate as a hospital:
 - (1) The postsurgical recovery care center shall apply to the Illinois Health Facilities and Services Review Planning Board for a Certificate of Need permit to discontinue the postsurgical recovery care center and to establish a hospital.
 - (2) If the postsurgical recovery care center obtains a Certificate of Need permit to operate as a hospital, it shall apply for licensure as a hospital under the Hospital Licensing Act and shall meet all statutory and regulatory

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- 1 requirements of a hospital.
 - (3) After obtaining licensure as a hospital, any license as an ambulatory surgical treatment center and any license as a post-surgical recovery care center shall be null and void.
 - (4) The former postsurgical recovery care center that receives a hospital license must seek and use its best efforts to maintain certification under Titles XVIII and XIX of the federal Social Security Act.

The Department may issue a provisional license to any alternative health care model that does not substantially comply with the provisions of this Act and the rules adopted under this Act if (i) the Department finds that the alternative health care model has undertaken changes and corrections which upon completion will render the alternative health care model in substantial compliance with this Act and rules and (ii) the health and safety of the patients of the alternative health care model will be protected during the period for which the provisional license is issued. The Department shall advise the licensee of the conditions under which the provisional license is issued, including the manner in which the alternative health care model fails to comply with the provisions of this Act and rules, and the time within which the changes and corrections the alternative necessary for health care model t.o substantially comply with this Act and rules shall be completed.

- 1 (d) Alternative health care models shall seek
- 2 certification under Titles XVIII and XIX of the federal Social
- 3 Security Act. In addition, alternative health care models shall
- 4 provide charitable care consistent with that provided by
- 5 comparable health care providers in the geographic area.
- (d-5) (Blank).
- 7 (e) Alternative health care models shall, to the extent
- 8 possible, link and integrate their services with nearby health
- 9 care facilities.
- 10 (f) Each alternative health care model shall implement a
- 11 quality assurance program with measurable benefits and at
- 12 reasonable cost.
- 13 (Source: P.A. 96-31, eff. 6-30-09; 96-129, eff. 8-4-09; 96-669,
- 14 eff. 8-25-09; 96-812, eff. 1-1-10; 96-1000, eff. 7-2-10;
- 15 96-1071, eff. 7-16-10; 96-1123, eff. 1-1-11; 97-135, eff.
- 16 7-14-11; 97-333, eff. 8-12-11; revised 11-18-11.)
- 17 (210 ILCS 3/35.5 new)
- 18 Sec. 35.5. Postsurgical recovery care centers; limit. Once
- 19 the Department has authorized a total of 14 postsurgical
- 20 recovery care centers as provided in subsection (a-5) of
- 21 Section 30, no new postsurgical recovery care centers shall be
- 22 authorized for the duration of the demonstration program.
- 23 Section 10. The Ambulatory Surgical Treatment Center Act is
- 24 amended by changing Section 3 as follows:

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- 1 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)
- Sec. 3. As used in this Act, unless the context otherwise requires, the following words and phrases shall have the meanings ascribed to them:
 - "Ambulatory surgical treatment center" means any institution, place or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures or any facility in which a medical or surgical procedure is utilized to terminate a pregnancy, irrespective of whether the facility is devoted primarily to this purpose. Such facility may shall not provide beds or other accommodations for the overnight stay of patients; however, facilities devoted exclusively to the treatment of children may provide accommodations and beds for their patients for up to 23 hours and 59 minutes following admission until the time of discharge. Individual patients shall be discharged in an ambulatory condition without danger to the continued well being of the patients or shall be transferred to a hospital.
 - The term "ambulatory surgical treatment center" does not include any of the following:
- 21 (1) Any institution, place, building or agency 22 required to be licensed pursuant to the "Hospital Licensing 23 Act", approved July 1, 1953, as amended.
 - (2) Any person or institution required to be licensed pursuant to the Nursing Home Care Act, the Specialized

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- Mental Health Rehabilitation Act, or the ID/DD Community

 Care Act.
 - (3) Hospitals or ambulatory surgical treatment centers maintained by the State or any department or agency thereof, where such department or agency has authority under law to establish and enforce standards for the hospitals or ambulatory surgical treatment centers under its management and control.
 - (4) Hospitals or ambulatory surgical treatment centers maintained by the Federal Government or agencies thereof.
 - (5) Any place, agency, clinic, or practice, public or private, whether organized for profit or not, devoted exclusively to the performance of dental or oral surgical procedures.
- 15 (B) "Person" means any individual, firm, partnership,
 16 corporation, company, association, or joint stock association,
 17 or the legal successor thereof.
- 18 (C) "Department" means the Department of Public Health of 19 the State of Illinois.
- 20 (D) "Director" means the Director of the Department of 21 Public Health of the State of Illinois.
- 22 (E) "Physician" means a person licensed to practice 23 medicine in all of its branches in the State of Illinois.
- 24 (F) "Dentist" means a person licensed to practice dentistry
 25 under the Illinois Dental Practice Act.
- 26 (G) "Podiatrist" means a person licensed to practice

- 1 podiatry under the Podiatric Medical Practice Act of 1987.
- 2 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
- 3 eff. 1-1-12; revised 9-28-11.)
- 4 Section 99. Effective date. This Act takes effect upon
- 5 becoming law.