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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 Sections 6.2, 12, and 14.1 as follows:

6 (20 ILCS 3960/6.2)

(Section scheduled to be repealed on December 31, 2019)

8 Sec. 6.2. Review of permits; State Board Staff Reports. 9 Upon receipt of an application for a permit to establish, construct, or modify a health care facility, the State Board 10 staff shall notify the applicant in writing within 10 working 11 days either that the application is or is not complete. If the 12 13 application is complete, the State Board staff shall notify the 14 applicant of the beginning of the review process. If the application is not complete, the Board staff shall explain 15 16 within the 10-day period why the application is incomplete.

The State Board staff shall afford a reasonable amount of time as established by the State Board, but not to exceed 120 days, for the review of the application. The 120-day period begins on the day the application is found to be substantially complete, as that term is defined by the State Board. During the 120-day period, the applicant may request an extension. An applicant may modify the application at any time before a final HB3133 Enrolled - 2 - LRB099 09158 JLK 29356 b

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administrative decision has been made on the application.

2 The State Board shall prescribe and provide the forms upon 3 which the State Board Staff Report shall be made. The State 4 Board staff shall submit its State Board Staff Report to the 5 State Board for its decision-making regarding approval or 6 denial of the permit.

When an application for a permit is initially reviewed by 7 8 State Board staff, as provided in this Section, the State Board 9 shall, upon request by the applicant or an interested person, 10 afford an opportunity for a public hearing within a reasonable 11 amount of time after receipt of the complete application, but 12 not to exceed 90 days after receipt of the complete application. Notice of the hearing shall be made promptly, not 13 14 less than 10 days before the hearing, by certified mail to the 15 applicant and, not less than 10 days before the hearing, by 16 publication in a newspaper of general circulation in the area 17 or community to be affected. The hearing shall be held in the area or community in which the proposed project is to be 18 located and shall be for the purpose of allowing the applicant 19 and any interested person to present public testimony 20 concerning the approval, denial, renewal, or revocation of the 21 22 permit. All interested persons attending the hearing shall be 23 given a reasonable opportunity to present their views or arguments in writing or orally, and a record of all of the 24 25 testimony shall accompany any findings of the State Board staff. The State Board shall adopt reasonable rules and 26

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regulations governing the procedure and conduct of the
hearings.
(Source: P.A. 97-1115, eff. 8-27-12; 98-1086, eff. 8-26-14.)

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

(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 process, giving special consideration to the impact of projects 17 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).

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

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web site reflecting the most recent bed and service changes and 1 2 updated need determinations when new census data become 3 available or new need formulae are adopted, and develop health care facility plans which shall be utilized in the review of 4 5 applications for permit under this Act. Such health facility plans shall be coordinated by the Board with pertinent State 6 Plans. Inventories pursuant to this Section of skilled or 7 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;

(b) The number of existing and planned facilitiesoffering 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;

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

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(f) Multi-institutional planning and the establishment 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 and cost reporting. Beginning no later than January 1, 2013, 18 the Department of Public Health shall produce a written annual 19 20 report to the Governor and the General Assembly regarding the development of the Center for Comprehensive Health Planning. 21 22 The Chairman of the State Board and the State Board 23 Administrator shall also receive a copy of the annual report.

(6) Solicit, accept, hold and administer on behalf of the
State any grants or bequests of money, securities or property
for use by the State Board or Center for Comprehensive Health

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Planning in the administration of this Act; and enter into contracts consistent with the appropriations for purposes enumerated in this Act.

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

10 (8) Prescribe, in consultation with the Center for 11 Comprehensive Health Planning, rules, regulations, standards, 12 and criteria for the conduct of an expeditious review of 13 applications for permits for projects of construction or 14 modification of a health care facility, which projects are 15 classified as emergency, substantive, or non-substantive in 16 nature.

17 Six months after June 30, 2009 (the effective date of 18 Public Act 96-31), substantive projects shall include no more 19 than the following:

20 (a) Projects to construct (1) a new or replacement 21 facility located on a new site or (2) a replacement 22 facility located on the same site as the original facility 23 and the cost of the replacement facility exceeds the 24 capital expenditure minimum, which shall be reviewed by the 25 Board within 120 days;

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(b) Projects proposing a (1) new service within an

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existing healthcare facility or (2) discontinuation of a service within an existing healthcare facility, which shall be reviewed by the Board within 60 days; or

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

11 The Chairman may approve applications for exemption that 12 meet the criteria set forth in rules or refer them to the full 13 Board. The Chairman may approve any unopposed application that 14 meets all of the review criteria or refer them to the full 15 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 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 HB3133 Enrolled - 8 - LRB099 09158 JLK 29356 b

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.

4 (10) Prescribe rules, regulations, standards and criteria 5 for the conduct of an expeditious review, not exceeding 60 6 days, of applications for permits for projects to construct or 7 modify health care facilities which are needed for the care and 8 treatment of persons who have acquired immunodeficiency 9 syndrome (AIDS) or related conditions.

10 (10.5) Provide its rationale when voting on an item before 11 it at a State Board meeting in order to comply with subsection 12 (b) of Section 3-108 of the Code of Civil Procedure.

13 (11) Issue written decisions upon request of the applicant or an adversely affected party to the Board. Requests for a 14 15 written decision shall be made within 15 days after the Board 16 meeting in which a final decision has been made. A "final 17 decision" for purposes of this Act is the decision to approve or deny an application, or take other actions permitted under 18 this Act, at the time and date of the meeting that such action 19 20 is scheduled by the Board. State Board members shall provide 21 their rationale when voting on an item before the State Board 22 at a State Board meeting in order to comply with subsection (b) Section 3-108 of the Administrative Review Law of the Code 23 of of Civil Procedure. The transcript of the State Board meeting 24 25 shall be incorporated into the Board's final decision. The 26 staff of the Board shall prepare a written copy of the final

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decision and the Board shall approve a final copy for inclusion 1 2 in the formal record. The Board shall consider, for approval, the written draft of the final decision no later than the next 3 scheduled Board meeting. The written decision shall identify 4 5 the applicable criteria and factors listed in this Act and the Board's regulations that were taken into consideration by the 6 Board when coming to a final decision. If the Board denies or 7 8 fails to approve an application for permit or exemption, the 9 Board shall include in the final decision detailed а 10 explanation as to why the application was denied and identify 11 what specific criteria or standards the applicant did not 12 fulfill.

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

16 (13) Provide a mechanism for the public to comment on, and 17 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

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 appoint a permanent Health Services Review Board Long-term Care 4 Facility Advisory Subcommittee that 5 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 marketplace and consumer preferences. The Subcommittee shall 15 16 evaluate, and make recommendations to the State Board 17 regarding, the buying, selling, and exchange of beds between long-term care facilities within a specified geographic area or 18 19 drive time. The Board shall file the proposed related 20 administrative rules for the separate rules and quidelines for 21 long-term care required by this paragraph (15) by no later than 22 September 30, 2011. The Subcommittee shall be provided a 23 reasonable and timely opportunity to review and comment on any 24 review, revision, or updating of the criteria, standards, 25 procedures, and rules used to evaluate project applications as provided under Section 12.3 of this Act. 26

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(16) Prescribe the format of and provide forms pertaining 1 2 to the State Board Staff Report. A State Board Staff Report 3 shall pertain to applications that include, but are not limited to, applications for permit or exemption, applications for 4 5 permit renewal, applications for extension of the obligation period, applications requesting a declaratory ruling, or 6 7 applications under the Health Care Worker Self-Referral Self Referral Act. State Board Staff Reports shall compare 8 9 applications to the relevant review criteria under the Board's 10 rules.

(17) (16) Establish a separate set of rules and guidelines 11 12 for facilities licensed under the Specialized Mental Health 13 Rehabilitation Act of 2013. An application for the re-establishment of a facility in connection with 14 the 15 relocation of the facility shall not be granted unless the 16 applicant has a contractual relationship with at least one 17 hospital to provide emergency and inpatient mental health services required by facility consumers, and at least one 18 community mental health agency to provide oversight and 19 20 assistance to facility consumers while living in the facility, and appropriate services, including case management, to assist 21 22 them to prepare for discharge and reside stably in the 23 community thereafter. No new facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013 shall be 24 25 established after June 16, 2014 (the effective date of Public 26 Act 98-651) this amendatory Act of the 98th General Assembly HB3133 Enrolled - 12 - LRB099 09158 JLK 29356 b

except in connection with the relocation of an existing 1 2 facility to a new location. An application for a new location 3 shall not be approved unless there are adequate community services accessible to the consumers within a reasonable 4 5 distance, or by use of public transportation, so as to 6 facilitate the goal of achieving maximum individual self-care 7 and independence. At no time shall the total number of 8 authorized beds under this Act in facilities licensed under the 9 Specialized Mental Health Rehabilitation Act of 2013 exceed the number of authorized beds on June 16, 2014 (the effective date 10 11 of Public Act 98-651) this amendatory Act of the 98th General 12 Assembly.

13 (Source: P.A. 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813,
14 eff. 7-13-12; 97-1045, eff. 8-21-13; 97-1115, eff. 8-27-12;
15 98-414, eff. 1-1-14; 98-463, eff. 8-16-13; 98-651, eff.
16 6-16-14; 98-1086, eff. 8-26-14; revised 10-1-14.)

17 (20 ILCS 3960/14.1)

18 Sec. 14.1. Denial of permit; other sanctions.

(a) The State Board may deny an application for a permit or
may revoke or take other action as permitted by this Act with
regard to a permit as the State Board deems appropriate,
including the imposition of fines as set forth in this Section,
for any one or a combination of the following:

(1) The acquisition of major medical equipment without
 a permit or in violation of the terms of a permit.

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1 (2) The establishment, construction, or modification, 2 <u>or change of ownership</u> of a health care facility without a 3 permit <u>or exemption</u> or in violation of the terms of a 4 permit.

5 (3) The violation of any provision of this Act or any
6 rule adopted under this Act.

7 (4) The failure, by any person subject to this Act, to
8 provide information requested by the State Board or Agency
9 within 30 days after a formal written request for the
10 information.

11 (5) The failure to pay any fine imposed under this12 Section within 30 days of its imposition.

13 (a-5) For facilities licensed under the ID/DD Community Care Act, no permit shall be denied on the basis of prior 14 15 operator history, other than for actions specified under item 16 (2), (4), or (5) of Section 3-117 of the ID/DD Community Care 17 Act. For facilities licensed under the Specialized Mental Health Rehabilitation Act, no permit shall be denied on the 18 19 basis of prior operator history, other than for actions 20 specified under item (2), (4), or (5) of Section 3-117 of the Specialized Mental Health Rehabilitation Act. For facilities 21 22 licensed under the Nursing Home Care Act, no permit shall be 23 denied on the basis of prior operator history, other than for: 24 (i) actions specified under item (2), (3), (4), (5), or (6) of Section 3-117 of the Nursing Home Care Act; (ii) actions 25 specified under item (a)(6) of Section 3-119 of the Nursing 26

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Home Care Act; or (iii) actions within the preceding 5 years 1 2 constituting a substantial and repeated failure to comply with 3 the Nursing Home Care Act or the rules and regulations adopted by the Department under that Act. The State Board shall not 4 5 deny a permit on account of any action described in this 6 subsection (a-5) without also considering all such actions in 7 the light of all relevant information available to the State 8 Board, including whether the permit is sought to substantially 9 comply with a mandatory or voluntary plan of correction 10 associated with any action described in this subsection (a-5).

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(b) Persons shall be subject to fines as follows:

(1) A permit holder who fails to comply with the requirements of maintaining a valid permit shall be fined an amount not to exceed 1% of the approved permit amount plus an additional 1% of the approved permit amount for each 30-day period, or fraction thereof, that the violation continues.

(2) A permit holder who alters the scope of an approved 18 19 project or whose project costs exceed the allowable permit 20 amount without first obtaining approval from the State Board shall be fined an amount not to exceed the sum of (i) 21 22 the lesser of \$25,000 or 2% of the approved permit amount 23 and (ii) in those cases where the approved permit amount is 24 exceeded by more than \$1,000,000, an additional \$20,000 for each \$1,000,000, or fraction thereof, in excess of the 25 26 approved permit amount.

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(2.5) A permit holder who fails to comply with the 1 2 post-permit and reporting requirements set forth in Section 5 shall be fined an amount not to exceed \$10,000 3 plus an additional \$10,000 for each 30-day period, or 4 5 fraction thereof, that the violation continues. This fine shall continue to accrue until the date that (i) the 6 7 post-permit requirements are met and the post-permit 8 reports are received by the State Board or (ii) the matter 9 is referred by the State Board to the State Board's legal 10 counsel. The accrued fine is not waived by the permit 11 holder submitting the required information and reports. 12 Prior to any fine beginning to accrue, the Board shall 13 notify, in writing, a permit holder of the due date for the 14 post-permit and reporting requirements no later than 30 15 days before the due date for the requirements. This 16 paragraph (2.5) takes effect 6 months after August 27, 2012 17 (the effective date of Public Act 97-1115).

(3) A person who acquires major medical equipment or
who establishes a category of service without first
obtaining a permit or exemption, as the case may be, shall
be fined an amount not to exceed \$10,000 for each such
acquisition or category of service established plus an
additional \$10,000 for each 30-day period, or fraction
thereof, that the violation continues.

25 (4) A person who constructs, modifies, or establishes,
 26 <u>or changes ownership of</u> a health care facility without

first obtaining a permit <u>or exemption</u> shall be fined an amount not to exceed \$25,000 plus an additional \$25,000 for each 30-day period, or fraction thereof, that the violation continues.

5 (5) A person who discontinues a health care facility or 6 a category of service without first obtaining a permit or 7 exemption shall be fined an amount not to exceed \$10,000 8 plus an additional \$10,000 for each 30-day period, or 9 fraction thereof, that the violation continues. For 10 purposes of this subparagraph (5), facilities licensed 11 under the Nursing Home Care Act or the ID/DD Community Care 12 Act, with the exceptions of facilities operated by a county or Illinois Veterans Homes, are exempt from this permit 13 14 However, facilities licensed under requirement. the 15 Nursing Home Care Act or the ID/DD Community Care Act must 16 comply with Section 3-423 of the Nursing Home Care Act or 17 Section 3-423 of the ID/DD Community Care Act and must provide the Board and the Department of Human Services with 18 30 days' written notice of its intent to close. Facilities 19 20 licensed under the ID/DD Community Care Act also must 21 provide the Board and the Department of Human Services with 22 30 days' written notice of its intent to reduce the number 23 of beds for a facility.

(6) A person subject to this Act who fails to provide
information requested by the State Board or Agency within
30 days of a formal written request shall be fined an

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amount not to exceed \$1,000 plus an additional \$1,000 for 1 2 30-day period, or fraction thereof, that the each 3 information is not received by the State Board or Agency. (b-5) The State Board may accept in-kind services instead 4 of or in combination with the imposition of a fine. This 5 authorization is limited to cases where the non-compliant 6 7 individual or entity has waived the right to an administrative 8 hearing or opportunity to appear before the Board regarding the 9 non-compliant matter. 10 (c) Before imposing any fine authorized under this Section, 11 the State Board shall afford the person or permit holder, as 12 the case may be, an appearance before the State Board and an opportunity for a hearing before a hearing officer appointed by 13 the State Board. The hearing shall be conducted in accordance 14

15 with Section 10. <u>Requests for an appearance before the State</u> 16 <u>Board must be made within 30 days after receiving notice that a</u> 17 <u>fine will be imposed.</u>

(d) All fines collected under this Act shall be transmitted
to the State Treasurer, who shall deposit them into the
Illinois Health Facilities Planning Fund.

(e) Fines imposed under this Section shall continue to accrue until: (i) the date that the matter is referred by the State Board to the Board's legal counsel; or (ii) the date that the health care facility becomes compliant with the Act, whichever is earlier.

26 (Source: P.A. 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813,

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eff. 7-13-12; 97-980, eff. 8-17-12; 97-1115, eff. 8-27-12;
98-463, eff. 8-16-13.)
Section 99. Effective date. This Act takes effect upon

3 Section 99. Effective date. This Act takes effect upon4 becoming law.