

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 Sections 4, 4.2, 5, 5.2, 5.3, 6, 6.2, 7,
6 10, 12, 12.2, 12.3, 12.4, 12.5, 13, and 14.1 as follows:

7 (20 ILCS 3960/4) (from Ch. 111 1/2, par. 1154)

8 (Section scheduled to be repealed on December 31, 2019)

9 Sec. 4. Health Facilities and Services Review Board;
10 membership; appointment; term; compensation; quorum.
11 ~~Notwithstanding any other provision in this Section, members of~~
12 ~~the State Board holding office on the day before the effective~~
13 ~~date of this amendatory Act of the 96th General Assembly shall~~
14 ~~retain their authority.~~

15 (a) There is created the Health Facilities and Services
16 Review Board, which shall perform the functions described in
17 this Act. The Department shall provide operational support to
18 the Board as necessary, including the provision of office
19 space, supplies, and clerical, financial, and accounting
20 services. The Board may contract for functions or operational
21 support as needed. The Board may also contract with experts
22 related to specific health services or facilities and create
23 technical advisory panels to assist in the development of

1 criteria, standards, and procedures used in the evaluation of
2 applications for permit and exemption.

3 (b) ~~The Beginning March 1, 2010,~~ the State Board shall
4 consist of 9 voting members. All members shall be residents of
5 Illinois and at least 4 shall reside outside the Chicago
6 Metropolitan Statistical Area. Consideration shall be given to
7 potential appointees who reflect the ethnic and cultural
8 diversity of the State. Neither Board members nor Board staff
9 shall be convicted felons or have pled guilty to a felony.

10 Each member shall have a reasonable knowledge of the
11 practice, procedures and principles of the health care delivery
12 system in Illinois, including at least 5 members who shall be
13 knowledgeable about health care delivery systems, health
14 systems planning, finance, or the management of health care
15 facilities currently regulated under the Act. One member shall
16 be a representative of a non-profit health care consumer
17 advocacy organization. A spouse, parent, sibling, or child of a
18 Board member cannot be an employee, agent, or under contract
19 with services or facilities subject to the Act. Prior to
20 appointment and in the course of service on the Board, members
21 of the Board shall disclose the employment or other financial
22 interest of any other relative of the member, if known, in
23 service or facilities subject to the Act. Members of the Board
24 shall declare any conflict of interest that may exist with
25 respect to the status of those relatives and recuse themselves
26 from voting on any issue for which a conflict of interest is

1 declared. No person shall be appointed or continue to serve as
2 a member of the State Board who is, or whose spouse, parent,
3 sibling, or child is, a member of the Board of Directors of,
4 has a financial interest in, or has a business relationship
5 with a health care facility.

6 Notwithstanding any provision of this Section to the
7 contrary, the term of office of each member of the State Board
8 serving on the day before the effective date of this amendatory
9 Act of the 96th General Assembly is abolished on the date upon
10 which members of the 9-member Board, as established by this
11 amendatory Act of the 96th General Assembly, have been
12 appointed and can begin to take action as a Board. ~~Members of~~
13 ~~the State Board serving on the day before the effective date of~~
14 ~~this amendatory Act of the 96th General Assembly may be~~
15 ~~reappointed to the 9-member Board. Prior to March 1, 2010, the~~
16 ~~Health Facilities Planning Board shall establish a plan to~~
17 ~~transition its powers and duties to the Health Facilities and~~
18 ~~Services Review Board.~~

19 (c) The State Board shall be appointed by the Governor,
20 with the advice and consent of the Senate. Not more than 5 of
21 the appointments shall be of the same political party at the
22 time of the appointment.

23 The Secretary of Human Services, the Director of Healthcare
24 and Family Services, and the Director of Public Health, or
25 their designated representatives, shall serve as ex-officio,
26 non-voting members of the State Board.

1 (d) Of those 9 members initially appointed by the Governor
2 following the effective date of this amendatory Act of the 96th
3 General Assembly, 3 shall serve for terms expiring July 1,
4 2011, 3 shall serve for terms expiring July 1, 2012, and 3
5 shall serve for terms expiring July 1, 2013. Thereafter, each
6 appointed member shall hold office for a term of 3 years,
7 provided that any member appointed to fill a vacancy occurring
8 prior to the expiration of the term for which his or her
9 predecessor was appointed shall be appointed for the remainder
10 of such term and the term of office of each successor shall
11 commence on July 1 of the year in which his predecessor's term
12 expires. Each member ~~appointed after the effective date of this~~
13 ~~amendatory Act of the 96th General Assembly~~ shall hold office
14 until his or her successor is appointed and qualified. The
15 Governor may reappoint a member for additional terms, but no
16 member shall serve more than 3 terms, subject to review and
17 re-approval every 3 years.

18 (e) State Board members, while serving on business of the
19 State Board, shall receive actual and necessary travel and
20 subsistence expenses while so serving away from their places of
21 residence. Until March 1, 2010, a member of the State Board who
22 experiences a significant financial hardship due to the loss of
23 income on days of attendance at meetings or while otherwise
24 engaged in the business of the State Board may be paid a
25 hardship allowance, as determined by and subject to the
26 approval of the Governor's Travel Control Board.

1 (f) The Governor shall designate one of the members to
2 serve as the Chairman of the Board, who shall be a person with
3 expertise in health care delivery system planning, finance or
4 management of health care facilities that are regulated under
5 the Act. The Chairman shall annually review Board member
6 performance and shall report the attendance record of each
7 Board member to the General Assembly.

8 (g) The State Board, through the Chairman, shall prepare a
9 separate and distinct budget approved by the General Assembly
10 and shall hire and supervise its own professional staff
11 responsible for carrying out the responsibilities of the Board.

12 (h) The State Board shall meet at least every 45 days, or
13 as often as the Chairman of the State Board deems necessary, or
14 upon the request of a majority of the members.

15 (i) Five members of the State Board shall constitute a
16 quorum. The affirmative vote of 5 of the members of the State
17 Board shall be necessary for any action requiring a vote to be
18 taken by the State Board. A vacancy in the membership of the
19 State Board shall not impair the right of a quorum to exercise
20 all the rights and perform all the duties of the State Board as
21 provided by this Act.

22 (j) A State Board member shall disqualify himself or
23 herself from the consideration of any application for a permit
24 or exemption in which the State Board member or the State Board
25 member's spouse, parent, sibling, or child: (i) has an economic
26 interest in the matter; or (ii) is employed by, serves as a

1 consultant for, or is a member of the governing board of the
2 applicant or a party opposing the application.

3 (k) The Chairman, Board members, and Board staff must
4 comply with the Illinois Governmental Ethics Act.

5 (Source: P.A. 99-527, eff. 1-1-17.)

6 (20 ILCS 3960/4.2)

7 (Text of Section before amendment by P.A. 100-518)

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

9 Sec. 4.2. Ex parte communications.

10 (a) Except in the disposition of matters that agencies are
11 authorized by law to entertain or dispose of on an ex parte
12 basis including, but not limited to rule making, the State
13 Board, any State Board member, employee, or a hearing officer
14 shall not engage in ex parte communication in connection with
15 the substance of any formally filed application for a permit
16 with any person or party or the representative of any party.
17 This subsection (a) applies when the Board, member, employee,
18 or hearing officer knows, or should know upon reasonable
19 inquiry, that the application or exemption has been formally
20 filed with the Board. Nothing in this Section shall prohibit
21 staff members from providing technical assistance to
22 applicants. Nothing in this Section shall prohibit staff from
23 verifying or clarifying an applicant's information as it
24 prepares the Board staff report. Once an application for permit
25 or exemption is filed and deemed complete, a written record of

1 any communication between staff and an applicant shall be
2 prepared by staff and made part of the public record, using a
3 prescribed, standardized format, and shall be included in the
4 application file.

5 (b) A State Board member or employee may communicate with
6 other members or employees and any State Board member or
7 hearing officer may have the aid and advice of one or more
8 personal assistants.

9 (c) An ex parte communication received by the State Board,
10 any State Board member, employee, or a hearing officer shall be
11 made a part of the record of the matter, including all written
12 communications, all written responses to the communications,
13 and a memorandum stating the substance of all oral
14 communications and all responses made and the identity of each
15 person from whom the ex parte communication was received.

16 (d) "Ex parte communication" means a communication between
17 a person who is not a State Board member or employee and a
18 State Board member or employee that reflects on the substance
19 of a pending or impending State Board proceeding and that takes
20 place outside the record of the proceeding. Communications
21 regarding matters of procedure and practice, such as the format
22 of pleading, number of copies required, manner of service, and
23 status of proceedings, are not considered ex parte
24 communications. Technical assistance with respect to an
25 application, not intended to influence any decision on the
26 application, may be provided by employees to the applicant. Any

1 assistance shall be documented in writing by the applicant and
2 employees within 10 business days after the assistance is
3 provided.

4 (e) For purposes of this Section, "employee" means a person
5 the State Board or the Agency employs on a full-time,
6 part-time, contract, or intern basis.

7 (f) The State Board, State Board member, or hearing
8 examiner presiding over the proceeding, in the event of a
9 violation of this Section, must take whatever action is
10 necessary to ensure that the violation does not prejudice any
11 party or adversely affect the fairness of the proceedings.

12 (g) Nothing in this Section shall be construed to prevent
13 the State Board or any member of the State Board from
14 consulting with the attorney for the State Board.

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

16 (Text of Section after amendment by P.A. 100-518)

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

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25 with any person or party or the representative of any party.

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2 or hearing officer knows, or should know upon reasonable
3 inquiry, that the application or exemption has been formally
4 filed with the Board. Nothing in this Section shall prohibit
5 staff members from providing technical assistance to
6 applicants. Nothing in this Section shall prohibit staff from
7 verifying or clarifying an applicant's information as it
8 prepares the State Board Staff Report. Once an application for
9 permit or exemption is filed and deemed complete, a written
10 record of any communication between staff and an applicant
11 shall be prepared by staff and made part of the public record,
12 using a prescribed, standardized format, and shall be included
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15 other members or employees and any State Board member or
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19 any State Board member, employee, or a hearing officer shall be
20 made a part of the record of the matter, including all written
21 communications, all written responses to the communications,
22 and a memorandum stating the substance of all oral
23 communications and all responses made and the identity of each
24 person from whom the ex parte communication was received.

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26 a person who is not a State Board member or employee and a

1 State Board member or employee that reflects on the substance
2 of a pending or impending State Board proceeding and that takes
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4 regarding matters of procedure and practice, such as the format
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14 the State Board or the Agency employs on a full-time,
15 part-time, contract, or intern basis.

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17 examiner presiding over the proceeding, in the event of a
18 violation of this Section, must take whatever action is
19 necessary to ensure that the violation does not prejudice any
20 party or adversely affect the fairness of the proceedings.

21 (g) Nothing in this Section shall be construed to prevent
22 the State Board or any member of the State Board from
23 consulting with the attorney for the State Board.

24 (Source: P.A. 100-518, eff. 6-1-18.)

25 (20 ILCS 3960/5) (from Ch. 111 1/2, par. 1155)

1 (Text of Section before amendment by P.A. 100-518)

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

3 Sec. 5. Construction, modification, or establishment of
4 health care facilities or acquisition of major medical
5 equipment; permits or exemptions. No person shall construct,
6 modify or establish a health care facility or acquire major
7 medical equipment without first obtaining a permit or exemption
8 from the State Board. The State Board shall not delegate to the
9 staff of the State Board or any other person or entity the
10 authority to grant permits or exemptions whenever the staff or
11 other person or entity would be required to exercise any
12 discretion affecting the decision to grant a permit or
13 exemption. The State Board may, by rule, delegate authority to
14 the Chairman to grant permits or exemptions when applications
15 meet all of the State Board's review criteria and are
16 unopposed.

17 A permit or exemption shall be obtained prior to the
18 acquisition of major medical equipment or to the construction
19 or modification of a health care facility which:

20 (a) requires a total capital expenditure in excess of
21 the capital expenditure minimum; or

22 (b) substantially changes the scope or changes the
23 functional operation of the facility; or

24 (c) changes the bed capacity of a health care facility
25 by increasing the total number of beds or by distributing
26 beds among various categories of service or by relocating

1 beds from one physical facility or site to another by more
2 than 20 beds or more than 10% of total bed capacity as
3 defined by the State Board, whichever is less, over a
4 2-year ~~2-year~~ period.

5 A permit shall be valid only for the defined construction
6 or modifications, site, amount and person named in the
7 application for such permit ~~and shall not be transferable or~~
8 ~~assignable.~~ The State Board may approve the transfer of an
9 existing permit without regard to whether the permit to be
10 transferred has yet been financially committed, except for
11 permits to establish a new facility or category of service. A
12 permit shall be valid until such time as the project has been
13 completed, provided that the project commences and proceeds to
14 completion with due diligence by the completion date or
15 extension date approved by the Board.

16 A permit holder must do the following: (i) submit the final
17 completion and cost report for the project within 90 days after
18 the approved project completion date or extension date and (ii)
19 submit annual progress reports no earlier than 30 days before
20 and no later than 30 days after each anniversary date of the
21 Board's approval of the permit until the project is completed.
22 To maintain a valid permit and to monitor progress toward
23 project commencement and completion, routine post-permit
24 reports shall be limited to annual progress reports and the
25 final completion and cost report. Annual progress reports shall
26 include information regarding the committed funds expended

1 toward the approved project. For projects to be completed in 12
2 months or fewer, the permit holder shall report financial
3 commitment in the final completion and cost report. For
4 projects to be completed between 12 to 24 months, the permit
5 holder shall report financial commitment in the first annual
6 report. For projects to be completed in more than 24 months the
7 permit holder shall report financial commitment in the second
8 annual progress report. The ~~If the project is not completed in~~
9 ~~one year, then, by the second annual report, the permit holder~~
10 ~~shall expend 33% or more of the total project cost or shall~~
11 ~~make a commitment to expend 33% or more of the total project~~
12 ~~cost by signed contracts or other legal means, and the report~~
13 ~~shall contain information regarding these expenditures and~~ or
14 financial commitments. If the project is to be completed in one
15 year, then the first annual report shall contain the
16 expenditure commitment information for the total project cost.
17 The State Board may extend the expenditure commitment period
18 after considering a permit holder's showing of good cause and
19 request for additional time to complete the project.

20 The Certificate of Need process required under this Act is
21 designed to restrain rising health care costs by preventing
22 unnecessary construction or modification of health care
23 facilities. The Board must assure that the establishment,
24 construction, or modification of a health care facility or the
25 acquisition of major medical equipment is consistent with the
26 public interest and that the proposed project is consistent

1 with the orderly and economic development or acquisition of
2 those facilities and equipment and is in accord with the
3 standards, criteria, or plans of need adopted and approved by
4 the Board. Board decisions regarding the construction of health
5 care facilities must consider capacity, quality, value, and
6 equity. 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. Project alterations
10 shall not increase the total approved permit amount by more
11 than the limit set forth under the Board's rules.

12 ~~Major construction projects, for the purposes of this Act,~~
13 ~~shall include but are not limited to: projects for the~~
14 ~~construction of new buildings; additions to existing~~
15 ~~facilities; modernization projects whose cost is in excess of~~
16 ~~\$1,000,000 or 10% of the facilities' operating revenue,~~
17 ~~whichever is less; and such other projects as the State Board~~
18 ~~shall define and prescribe pursuant to this Act.~~

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

25 Notwithstanding any other provision of this Act, no permit
26 or exemption is required for the construction or modification

1 of a non-clinical service area of a health care facility.

2 (Source: P.A. 97-1115, eff. 8-27-12; 98-414, eff. 1-1-14.)

3 (Text of Section after amendment by P.A. 100-518)

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

5 Sec. 5. Construction, modification, or establishment of
6 health care facilities or acquisition of major medical
7 equipment; permits or exemptions. No person shall construct,
8 modify or establish a health care facility or acquire major
9 medical equipment without first obtaining a permit or exemption
10 from the State Board. The State Board shall not delegate to the
11 staff of the State Board or any other person or entity the
12 authority to grant permits or exemptions whenever the staff or
13 other person or entity would be required to exercise any
14 discretion affecting the decision to grant a permit or
15 exemption. The State Board may, by rule, delegate authority to
16 the Chairman to grant permits or exemptions when applications
17 meet all of the State Board's review criteria and are
18 unopposed.

19 A permit or exemption shall be obtained prior to the
20 acquisition of major medical equipment or to the construction
21 or modification of a health care facility which:

22 (a) requires a total capital expenditure in excess of
23 the capital expenditure minimum; or

24 (b) substantially changes the scope or changes the
25 functional operation of the facility; or

1 (c) changes the bed capacity of a health care facility
2 by increasing the total number of beds or by distributing
3 beds among various categories of service or by relocating
4 beds from one physical facility or site to another by more
5 than 20 beds or more than 10% of total bed capacity as
6 defined by the State Board, whichever is less, over a
7 2-year ~~2-year~~ period.

8 A permit shall be valid only for the defined construction
9 or modifications, site, amount and person named in the
10 application for such permit ~~and shall not be transferable or~~
11 ~~assignable.~~ The State Board may approve the transfer of an
12 existing permit without regard to whether the permit to be
13 transferred has yet been financially committed, except for
14 permits to establish a new facility or category of service. A
15 permit shall be valid until such time as the project has been
16 completed, provided that the project commences and proceeds to
17 completion with due diligence by the completion date or
18 extension date approved by the Board.

19 A permit holder must do the following: (i) submit the final
20 completion and cost report for the project within 90 days after
21 the approved project completion date or extension date and (ii)
22 submit annual progress reports no earlier than 30 days before
23 and no later than 30 days after each anniversary date of the
24 Board's approval of the permit until the project is completed.
25 To maintain a valid permit and to monitor progress toward
26 project commencement and completion, routine post-permit

1 reports shall be limited to annual progress reports and the
2 final completion and cost report. Annual progress reports shall
3 include information regarding the committed funds expended
4 toward the approved project. For projects to be completed in 12
5 months or less, the permit holder shall report financial
6 commitment in the final completion and cost report. For
7 projects to be completed between 12 to 24 months, the permit
8 holder shall report financial commitment in the first annual
9 report. For projects to be completed in more than 24 months,
10 the permit holder shall report financial commitment in the
11 second annual progress report. The report shall contain
12 information regarding ~~financial commitment~~ expenditures and
13 financial ~~or~~ commitments. The State Board may extend the
14 financial commitment period after considering a permit
15 holder's showing of good cause and request for additional time
16 to complete the project.

17 The Certificate of Need process required under this Act is
18 designed to restrain rising health care costs by preventing
19 unnecessary construction or modification of health care
20 facilities. The Board must assure that the establishment,
21 construction, or modification of a health care facility or the
22 acquisition of major medical equipment is consistent with the
23 public interest and that the proposed project is consistent
24 with the orderly and economic development or acquisition of
25 those facilities and equipment and is in accord with the
26 standards, criteria, or plans of need adopted and approved by

1 the Board. Board decisions regarding the construction of health
2 care facilities must consider capacity, quality, value, and
3 equity. Projects may deviate from the costs, fees, and expenses
4 provided in their project cost information for the project's
5 cost components, provided that the final total project cost
6 does not exceed the approved permit amount. Project alterations
7 shall not increase the total approved permit amount by more
8 than the limit set forth under the Board's rules.

9 ~~Major construction projects, for the purposes of this Act,~~
10 ~~shall include but are not limited to: projects for the~~
11 ~~construction of new buildings; additions to existing~~
12 ~~facilities; modernization projects whose cost is in excess of~~
13 ~~\$1,000,000 or 10% of the facilities' operating revenue,~~
14 ~~whichever is less; and such other projects as the State Board~~
15 ~~shall define and prescribe pursuant to this Act.~~

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

22 Notwithstanding any other provision of this Act, no permit
23 or exemption is required for the construction or modification
24 of a non-clinical service area of a health care facility.

25 (Source: P.A. 100-518, eff. 6-1-18.)

1 (20 ILCS 3960/5.2)

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

3 Sec. 5.2. ~~No~~ After the effective date of this amendatory
4 ~~Act of the 91st General Assembly,~~ no person shall establish,
5 construct, or modify an institution, place, building, or room
6 used for the performance of outpatient surgical procedures that
7 is leased, owned, or operated by or on behalf of an
8 out-of-state facility without first obtaining a permit from the
9 State Board.

10 (Source: P.A. 91-782, eff. 6-9-00.)

11 (20 ILCS 3960/5.3)

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

13 Sec. 5.3. Annual report of capital expenditures.

14 (a) In addition to the State Board's authority to require
15 reports, the State Board shall require each health care
16 facility to submit an annual report of all capital expenditures
17 in excess of \$200,000 (which shall be annually adjusted to
18 reflect the increase in construction costs due to inflation)
19 made by the health care facility during the most recent year.
20 This annual report shall consist of a brief description of the
21 capital expenditure, the amount and method of financing the
22 capital expenditure, the certificate of need project number if
23 the project was reviewed, and the total amount of capital
24 expenditures financially committed ~~obligated~~ for the year.
25 Data collected from health care facilities pursuant to this

1 Section shall not duplicate or overlap other data collected by
2 the Department and must be collected as part of the State
3 Board's Annual Questionnaires or supplements for health care
4 facilities that report these data.

5 (b)(1) For the purposes of this subsection (b), "capital
6 expenditures" means only expenditures required under
7 subsection (a) for the erection, building, alteration,
8 reconstruction, modernization, improvement, extension, or
9 demolition of or by a hospital.

10 (2) If a hospital under the University of Illinois Hospital
11 Act or Hospital Licensing Act that has more than 100 beds
12 reports capital expenditures at or above the amount required
13 under subsection (a), then the hospital shall also meet the
14 reporting requirements under this subsection (b) for
15 female-owned, minority-owned, veteran-owned, and small
16 business enterprises with respect to those reported capital
17 expenditures.

18 (3) Each hospital shall include the following information
19 in its annual report:

20 (A) The hospital's capital expenditure spending goals
21 for female-owned, minority-owned, veteran-owned, and small
22 business enterprises. These goals shall be expressed as a
23 percentage of total capital expenditures reported by the
24 hospital submitting the report.

25 (B) The hospital's actual capital expenditure spending
26 for female-owned, minority-owned, veteran-owned, and small

1 business enterprises. These actual expenditures shall be
2 expressed as a percentage of total capital expenditures
3 reported by the hospital submitting the report. The report
4 may include actual spending on female-owned,
5 minority-owned, veteran-owned, and small business
6 enterprises that is less than the capital expenditure
7 threshold required to be reported under subsection (a) of
8 this Section.

9 (C) The type or types of capital expenditure for which
10 the hospital shall be actively seeking supplier diversity
11 in the next year.

12 (D) An outline of the plan developed to alert and
13 encourage female-owned, minority-owned, veteran-owned, and
14 small business enterprises providing the type or types of
15 services identified in subparagraph (C) to seek business
16 from the hospital.

17 (E) An explanation of the challenges faced in finding
18 quality vendors and any suggestions for what the Health
19 Facilities and Services Review Board could do to be helpful
20 to identify those vendors.

21 (F) A list of the certifications the hospital
22 recognizes.

23 (G) The point of contact for any potential vendor who
24 wishes to do business with the hospital and an explanation
25 of the process for a vendor to enroll with the hospital as
26 a female-owned, minority-owned, veteran-owned, or small

1 business enterprise.

2 (H) Any particular success stories to encourage other
3 hospitals to emulate best practices.

4 (4) A health care system may develop a system-wide annual
5 report that includes all hospitals in order to comply with the
6 requirements of this subsection (b). Each annual report shall
7 include as much State-specific data as possible. If the
8 submitting entity does not submit State-specific data, then the
9 hospital shall include any national data it does have and
10 explain why it could not submit State-specific data and how it
11 intends to do so in future reports, if possible.

12 (5) Subject to appropriation, the Department of Central
13 Management Services shall hold an annual workshop open to the
14 public in 2017 and every year thereafter on the state of
15 supplier diversity to collaboratively seek solutions to
16 structural impediments to achieving stated goals, including
17 testimony from subject matter experts.

18 (6) The Health Facilities and Services Review Board shall
19 publish a database on its website of the point of contact for
20 each hospital for supplier diversity, along with a list of
21 certifications each hospital recognizes from the information
22 submitted in each annual report. The Health Facilities and
23 Services Review Board shall publish each annual report on its
24 website and shall maintain each annual report for at least 5
25 years.

26 (7) Notwithstanding any other provision of law, the Health

1 Facilities and Services Review Board shall not inquire about,
2 review, obtain, or in any other way consider the information
3 provided in this Section when reviewing an application for a
4 permit or exemption or in taking any other action under this
5 Act.

6 (8) The annual report required under this subsection (b)
7 shall be submitted by each hospital for its fiscal years that
8 begin at least 6 months after the effective date of this
9 amendatory Act of the 99th General Assembly.

10 (Source: P.A. 98-1086, eff. 8-26-14; 99-767, eff. 8-12-16.)

11 (20 ILCS 3960/6) (from Ch. 111 1/2, par. 1156)

12 (Text of Section before amendment by P.A. 100-518)

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

14 Sec. 6. Application for permit or exemption; exemption
15 regulations.

16 (a) An application for a permit or exemption shall be made
17 to the State Board upon forms provided by the State Board. This
18 application shall contain such information as the State Board
19 deems necessary. The State Board shall not require an applicant
20 to file a Letter of Intent before an application is filed. Such
21 application shall include affirmative evidence on which the
22 State Board or Chairman may make its decision on the approval
23 or denial of the permit or exemption.

24 (b) The State Board shall establish by regulation the
25 procedures and requirements regarding issuance of exemptions.

1 An exemption shall be approved when information required by the
2 Board by rule is submitted. Projects eligible for an exemption,
3 rather than a permit, include, but are not limited to, change
4 of ownership of a health care facility, discontinuation of a
5 category of service, and discontinuation of a health care
6 facility, other than a health care facility maintained by the
7 State or any agency or department thereof or a nursing home
8 maintained by a county. For a change of ownership of a health
9 care facility, the State Board shall provide by rule for an
10 expedited process for obtaining an exemption in accordance with
11 Section 8.5 of this Act. In connection with a change of
12 ownership, the State Board may approve the transfer of an
13 existing permit without regard to whether the permit to be
14 transferred has yet been obligated, except for permits
15 establishing a new facility or a new category of service.

16 (c) All applications shall be signed by the applicant and
17 shall be verified by any 2 officers thereof.

18 (c-5) Any written review or findings of the Board staff or
19 any other reviewing organization under Section 8 concerning an
20 application for a permit must be made available to the public
21 at least 14 calendar days before the meeting of the State Board
22 at which the review or findings are considered. The applicant
23 and members of the public may submit, to the State Board,
24 written responses regarding the facts set forth in the review
25 or findings of the Board staff ~~or reviewing organization~~.
26 Members of the public shall have until 10 days before the

1 meeting of the State Board to submit any written response
2 concerning the Board staff's written review or findings. The
3 Board staff may revise any findings to address corrections of
4 factual errors cited in the public response. At the meeting,
5 the State Board may, in its discretion, permit the submission
6 of other additional written materials.

7 (d) Upon receipt of an application for a permit, the State
8 Board shall approve and authorize the issuance of a permit if
9 it finds (1) that the applicant is fit, willing, and able to
10 provide a proper standard of health care service for the
11 community with particular regard to the qualification,
12 background and character of the applicant, (2) that economic
13 feasibility is demonstrated in terms of effect on the existing
14 and projected operating budget of the applicant and of the
15 health care facility; in terms of the applicant's ability to
16 establish and operate such facility in accordance with
17 licensure regulations promulgated under pertinent state laws;
18 and in terms of the projected impact on the total health care
19 expenditures in the facility and community, (3) that safeguards
20 are provided that ~~which~~ assure that the establishment,
21 construction or modification of the health care facility or
22 acquisition of major medical equipment is consistent with the
23 public interest, and (4) that the proposed project is
24 consistent with the orderly and economic development of such
25 facilities and equipment and is in accord with standards,
26 criteria, or plans of need adopted and approved pursuant to the

1 provisions of Section 12 of this Act.

2 (Source: P.A. 99-154, eff. 7-28-15.)

3 (Text of Section after amendment by P.A. 100-518)

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

5 Sec. 6. Application for permit or exemption; exemption
6 regulations.

7 (a) An application for a permit or exemption shall be made
8 to the State Board upon forms provided by the State Board. This
9 application shall contain such information as the State Board
10 deems necessary. The State Board shall not require an applicant
11 to file a Letter of Intent before an application is filed. Such
12 application shall include affirmative evidence on which the
13 State Board or Chairman may make its decision on the approval
14 or denial of the permit or exemption.

15 (b) The State Board shall establish by regulation the
16 procedures and requirements regarding issuance of exemptions.
17 An exemption shall be approved when information required by the
18 Board by rule is submitted. Projects eligible for an exemption,
19 rather than a permit, include, but are not limited to, change
20 of ownership of a health care facility, discontinuation of a
21 category of service, and discontinuation of a health care
22 facility, other than a health care facility maintained by the
23 State or any agency or department thereof or a nursing home
24 maintained by a county. For a change of ownership of a health
25 care facility, the State Board shall provide by rule for an

1 expedited process for obtaining an exemption in accordance with
2 Section 8.5 of this Act. ~~In connection with a change of~~
3 ~~ownership, the State Board may approve the transfer of an~~
4 ~~existing permit without regard to whether the permit to be~~
5 ~~transferred has yet been obligated, except for permits~~
6 ~~establishing a new facility or a new category of service.~~

7 (c) All applications shall be signed by the applicant and
8 shall be verified by any 2 officers thereof.

9 (c-5) Any written review or findings of the Board staff
10 concerning an application for a permit must be made available
11 to the public at least 14 calendar days before the meeting of
12 the State Board at which the review or findings are considered.
13 The applicant and members of the public may submit, to the
14 State Board, written responses regarding the facts set forth in
15 the review or findings of the Board staff ~~or reviewing~~
16 ~~organization~~. Members of the public shall have until 10 days
17 before the meeting of the State Board to submit any written
18 response concerning the Board staff's written review or
19 findings. The Board staff may revise any findings to address
20 corrections of factual errors cited in the public response. At
21 the meeting, the State Board may, in its discretion, permit the
22 submission of other additional written materials.

23 (d) Upon receipt of an application for a permit, the State
24 Board shall approve and authorize the issuance of a permit if
25 it finds (1) that the applicant is fit, willing, and able to
26 provide a proper standard of health care service for the

1 community with particular regard to the qualification,
2 background and character of the applicant, (2) that economic
3 feasibility is demonstrated in terms of effect on the existing
4 and projected operating budget of the applicant and of the
5 health care facility; in terms of the applicant's ability to
6 establish and operate such facility in accordance with
7 licensure regulations promulgated under pertinent state laws;
8 and in terms of the projected impact on the total health care
9 expenditures in the facility and community, (3) that safeguards
10 are provided that ~~which~~ assure that the establishment,
11 construction or modification of the health care facility or
12 acquisition of major medical equipment is consistent with the
13 public interest, and (4) that the proposed project is
14 consistent with the orderly and economic development of such
15 facilities and equipment and is in accord with standards,
16 criteria, or plans of need adopted and approved pursuant to the
17 provisions of Section 12 of this Act.

18 (Source: P.A. 99-154, eff. 7-28-15; 100-518, eff. 6-1-18.)

19 (20 ILCS 3960/6.2)

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

21 Sec. 6.2. Review of permits; State Board Staff Reports.
22 Upon receipt of an application for a permit to establish,
23 construct, or modify a health care facility, the State Board
24 staff shall notify the applicant in writing within 10 working
25 days either that the application is or is not substantially

1 complete. If the application is substantially complete, the
2 State Board staff shall notify the applicant of the beginning
3 of the review process. If the application is not substantially
4 complete, the Board staff shall explain within the 10-day
5 period why the application is incomplete.

6 The State Board staff shall afford a reasonable amount of
7 time as established by the State Board, but not to exceed 120
8 days, for the review of the application. The 120-day period
9 begins on the day the application is found to be substantially
10 complete, as that term is defined by the State Board. During
11 the 120-day period, the applicant may request an extension. An
12 applicant may modify the application at any time before a final
13 administrative decision has been made on the application.

14 The State Board staff shall submit its State Board Staff
15 Report to the State Board for its decision-making regarding
16 approval or denial of the permit.

17 When an application for a permit is initially reviewed by
18 State Board staff, as provided in this Section, the State Board
19 shall, upon request by the applicant or an interested person,
20 afford an opportunity for a public hearing within a reasonable
21 amount of time after receipt of the complete application, but
22 not to exceed 90 days after receipt of the complete
23 application. Notice of the hearing shall be made promptly, not
24 less than 10 days before the hearing, by certified mail to the
25 applicant and, not less than 10 days before the hearing, by
26 publication in a newspaper of general circulation in the area

1 or community to be affected. The hearing shall be held in the
2 area or community in which the proposed project is to be
3 located and shall be for the purpose of allowing the applicant
4 and any interested person to present public testimony
5 concerning the approval, denial, renewal, or revocation of the
6 permit. All interested persons attending the hearing shall be
7 given a reasonable opportunity to present their views or
8 arguments in writing or orally, and a record of all of the
9 testimony shall accompany any findings of the State Board
10 staff. The State Board shall adopt reasonable rules and
11 regulations governing the procedure and conduct of the
12 hearings.

13 (Source: P.A. 98-1086, eff. 8-26-14; 99-114, eff. 7-23-15.)

14 (20 ILCS 3960/7) (from Ch. 111 1/2, par. 1157)

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

16 Sec. 7. The Administrator ~~Director~~ or the Chairman of the
17 State Board may request the cooperation of county and
18 multiple-county health departments, municipal boards of
19 health, and other governmental and nongovernmental agencies in
20 obtaining information and in conducting investigations
21 relating to applications for permits.

22 (Source: P.A. 89-276, eff. 8-10-95.)

23 (20 ILCS 3960/10) (from Ch. 111 1/2, par. 1160)

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

1 Sec. 10. Presenting information relevant to the approval of
2 a permit or certificate or in opposition to the denial of the
3 application; notice of outcome and review proceedings. When a
4 motion by the State Board, to approve an application for a
5 permit, fails to pass, ~~or when a motion to deny an application~~
6 ~~for a permit is passed,~~ the applicant or the holder of the
7 permit, as the case may be, and such other parties as the State
8 Board permits, will be given an opportunity to appear before
9 the State Board and present such information as may be relevant
10 to the approval of a permit ~~or in opposition to the denial of~~
11 ~~the application.~~

12 Subsequent to an appearance by the applicant before the
13 State Board or default of such opportunity to appear, a motion
14 by the State Board to approve an application for a permit which
15 fails to pass ~~or a motion to deny an application for a permit~~
16 ~~which passes~~ shall be considered denial of the application for
17 a permit, as the case may be. Such action of denial or an
18 action by the State Board to revoke a permit shall be
19 communicated to the applicant or holder of the permit. Such
20 person or organization shall be afforded an opportunity for a
21 hearing before an administrative law judge, who is appointed by
22 the Chairman of the State Board. A written notice of a request
23 for such hearing shall be served upon the Chairman of the State
24 Board within 30 days following notification of the decision of
25 the State Board. The administrative law judge shall take
26 actions necessary to ensure that the hearing is completed

1 within a reasonable period of time, but not to exceed 120 days,
2 except for delays or continuances agreed to by the person
3 requesting the hearing. Following its consideration of the
4 report of the hearing, or upon default of the party to the
5 hearing, the State Board shall make its final determination,
6 specifying its findings and conclusions within 90 days of
7 receiving the written report of the hearing. A copy of such
8 determination shall be sent by certified mail or served
9 personally upon the party.

10 A full and complete record shall be kept of all
11 proceedings, including the notice of hearing, complaint, and
12 all other documents in the nature of pleadings, written motions
13 filed in the proceedings, and the report and orders of the
14 State Board or hearing officer. All testimony shall be reported
15 but need not be transcribed unless the decision is appealed in
16 accordance with the Administrative Review Law, as now or
17 hereafter amended. A copy or copies of the transcript may be
18 obtained by any interested party on payment of the cost of
19 preparing such copy or copies.

20 The State Board or hearing officer shall upon its own or
21 his motion, or on the written request of any party to the
22 proceeding who has, in the State Board's or hearing officer's
23 opinion, demonstrated the relevancy of such request to the
24 outcome of the proceedings, issue subpoenas requiring the
25 attendance and the giving of testimony by witnesses, and
26 subpoenas duces tecum requiring the production of books,

1 papers, records, or memoranda. The fees of witnesses for
2 attendance and travel shall be the same as the fees of
3 witnesses before the circuit court of this State.

4 When the witness is subpoenaed at the instance of the State
5 Board, or its hearing officer, such fees shall be paid in the
6 same manner as other expenses of the Board, and when the
7 witness is subpoenaed at the instance of any other party to any
8 such proceeding the State Board may, in accordance with its
9 rules, require that the cost of service of the subpoena or
10 subpoena duces tecum and the fee of the witness be borne by the
11 party at whose instance the witness is summoned. In such case,
12 the State Board in its discretion, may require a deposit to
13 cover the cost of such service and witness fees. A subpoena or
14 subpoena duces tecum so issued shall be served in the same
15 manner as a subpoena issued out of a court.

16 Any circuit court of this State upon the application of the
17 State Board or upon the application of any other party to the
18 proceeding, may, in its discretion, compel the attendance of
19 witnesses, the production of books, papers, records, or
20 memoranda and the giving of testimony before it or its hearing
21 officer conducting an investigation or holding a hearing
22 authorized by this Act, by an attachment for contempt, or
23 otherwise, in the same manner as production of evidence may be
24 compelled before the court.

25 (Source: P.A. 98-1086, eff. 8-26-14; 99-527, eff. 1-1-17.)

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

2 (Text of Section before amendment by P.A. 100-518)

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

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

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

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

19 (3) (Blank).

20 (4) Develop criteria and standards for health care
21 facilities planning, conduct statewide inventories of health
22 care facilities, maintain an updated inventory on the Board's
23 web site reflecting the most recent bed and service changes and
24 updated need determinations when new census data become
25 available or new need formulae are adopted, and develop health
26 care facility plans which shall be utilized in the review of

1 applications for permit under this Act. Such health facility
2 plans shall be coordinated by the Board with pertinent State
3 Plans. Inventories pursuant to this Section of skilled or
4 intermediate care facilities licensed under the Nursing Home
5 Care Act, skilled or intermediate care facilities licensed
6 under the ID/DD Community Care Act, skilled or intermediate
7 care facilities licensed under the MC/DD Act, facilities
8 licensed under the Specialized Mental Health Rehabilitation
9 Act of 2013, or nursing homes licensed under the Hospital
10 Licensing Act shall be conducted on an annual basis no later
11 than July 1 of each year and shall include among the
12 information requested a list of all services provided by a
13 facility to its residents and to the community at large and
14 differentiate between active and inactive beds.

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

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

19 (b) The number of existing and planned facilities
20 offering similar programs;

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

22 (d) The availability of facilities which may serve as
23 alternatives or substitutes;

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

26 (f) Multi-institutional planning and the establishment

1 of multi-institutional systems where feasible;

2 (g) The financial and economic feasibility of proposed
3 construction or modification; and

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

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

12 (5) Coordinate with other state agencies having
13 responsibilities affecting health care facilities, including
14 those of licensure and cost reporting.

15 (6) Solicit, accept, hold and administer on behalf of the
16 State any grants or bequests of money, securities or property
17 for use by the State Board in the administration of this Act;
18 and enter into contracts consistent with the appropriations for
19 purposes enumerated in this Act.

20 (7) ~~(Blank). The State Board shall prescribe procedures for~~
21 ~~review, standards, and criteria which shall be utilized to make~~
22 ~~periodic reviews and determinations of the appropriateness of~~
23 ~~any existing health services being rendered by health care~~
24 ~~facilities subject to the Act. The State Board shall consider~~
25 ~~recommendations of the Board in making its determinations.~~

26 (8) Prescribe rules, regulations, standards, and criteria

1 for the conduct of an expeditious review of applications for
2 permits for projects of construction or modification of a
3 health care facility, which projects are classified as
4 emergency, substantive, or non-substantive in nature.

5 Substantive ~~Six months after June 30, 2009 (the effective~~
6 ~~date of Public Act 96-31),~~ substantive projects shall include
7 no more than the following:

8 (a) Projects to construct (1) a new or replacement
9 facility located on a new site or (2) a replacement
10 facility located on the same site as the original facility
11 and the cost of the replacement facility exceeds the
12 capital expenditure minimum, which shall be reviewed by the
13 Board within 120 days;

14 (b) Projects proposing a (1) new service within an
15 existing healthcare facility or (2) discontinuation of a
16 service within an existing healthcare facility, which
17 shall be reviewed by the Board within 60 days; or

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

25 The Chairman may approve applications for exemption that
26 meet the criteria set forth in rules or refer them to the full

1 Board. The Chairman may approve any unopposed application that
2 meets all of the review criteria or refer them to the full
3 Board.

4 Such rules shall not prevent the conduct of a public
5 hearing upon the timely request of an interested party. Such
6 reviews shall not exceed 60 days from the date the application
7 is declared to be complete.

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

16 (10) Prescribe rules, regulations, standards and criteria
17 for the conduct of an expeditious review, not exceeding 60
18 days, of applications for permits for projects to construct or
19 modify health care facilities which are needed for the care and
20 treatment of persons who have acquired immunodeficiency
21 syndrome (AIDS) or related conditions.

22 (10.5) Provide its rationale when voting on an item before
23 it at a State Board meeting in order to comply with subsection
24 (b) of Section 3-108 of the Code of Civil Procedure.

25 (11) Issue written decisions upon request of the applicant
26 or an adversely affected party to the Board. Requests for a

1 written decision shall be made within 15 days after the Board
2 meeting in which a final decision has been made. A "final
3 decision" for purposes of this Act is the decision to approve
4 or deny an application, or take other actions permitted under
5 this Act, at the time and date of the meeting that such action
6 is scheduled by the Board. The transcript of the State Board
7 meeting shall be incorporated into the Board's final decision.
8 The staff of the Board shall prepare a written copy of the
9 final decision and the Board shall approve a final copy for
10 inclusion in the formal record. The Board shall consider, for
11 approval, the written draft of the final decision no later than
12 the next scheduled Board meeting. The written decision shall
13 identify the applicable criteria and factors listed in this Act
14 and the Board's regulations that were taken into consideration
15 by the Board when coming to a final decision. If the Board
16 denies or fails to approve an application for permit or
17 exemption, the Board shall include in the final decision a
18 detailed explanation as to why the application was denied and
19 identify what specific criteria or standards the applicant did
20 not fulfill.

21 (12) (Blank). ~~Require at least one of its members to~~
22 ~~participate in any public hearing, after the appointment of a~~
23 ~~majority of the members to the Board.~~

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

26 (14) Implement public information campaigns to regularly

1 inform the general public about the opportunity for public
2 hearings and public hearing procedures.

3 (15) Establish a separate set of rules and guidelines for
4 long-term care that recognizes that nursing homes are a
5 different business line and service model from other regulated
6 facilities. An open and transparent process shall be developed
7 that considers the following: how skilled nursing fits in the
8 continuum of care with other care providers, modernization of
9 nursing homes, establishment of more private rooms,
10 development of alternative services, and current trends in
11 long-term care services. The Chairman of the Board shall
12 appoint a permanent Health Services Review Board Long-term Care
13 Facility Advisory Subcommittee that shall develop and
14 recommend to the Board the rules to be established by the Board
15 under this paragraph (15). The Subcommittee shall also provide
16 continuous review and commentary on policies and procedures
17 relative to long-term care and the review of related projects.
18 The Subcommittee shall make recommendations to the Board no
19 later than January 1, 2016 and every January thereafter
20 pursuant to the Subcommittee's responsibility for the
21 continuous review and commentary on policies and procedures
22 relative to long-term care. In consultation with other experts
23 from the health field of long-term care, the Board and the
24 Subcommittee shall study new approaches to the current bed need
25 formula and Health Service Area boundaries to encourage
26 flexibility and innovation in design models reflective of the

1 changing long-term care marketplace and consumer preferences
2 and submit its recommendations to the Chairman of the Board no
3 later than January 1, 2017. The Subcommittee shall evaluate,
4 and make recommendations to the State Board regarding, the
5 buying, selling, and exchange of beds between long-term care
6 facilities within a specified geographic area or drive time.
7 The Board shall file the proposed related administrative rules
8 for the separate rules and guidelines for long-term care
9 required by this paragraph (15) by no later than September 30,
10 2011. The Subcommittee shall be provided a reasonable and
11 timely opportunity to review and comment on any review,
12 revision, or updating of the criteria, standards, procedures,
13 and rules used to evaluate project applications as provided
14 under Section 12.3 of this Act.

15 The Chairman of the Board shall appoint voting members of
16 the Subcommittee, who shall serve for a period of 3 years, with
17 one-third of the terms expiring each January, to be determined
18 by lot. Appointees shall include, but not be limited to,
19 recommendations from each of the 3 statewide long-term care
20 associations, with an equal number to be appointed from each.
21 Compliance with this provision shall be through the appointment
22 and reappointment process. All appointees serving as of April
23 1, 2015 shall serve to the end of their term as determined by
24 lot or until the appointee voluntarily resigns, whichever is
25 earlier.

26 One representative from the Department of Public Health,

1 the Department of Healthcare and Family Services, the
2 Department on Aging, and the Department of Human Services may
3 each serve as an ex-officio non-voting member of the
4 Subcommittee. The Chairman of the Board shall select a
5 Subcommittee Chair, who shall serve for a period of 3 years.

6 (16) Prescribe the format of the State Board Staff Report.
7 A State Board Staff Report shall pertain to applications that
8 include, but are not limited to, applications for permit or
9 exemption, applications for permit renewal, applications for
10 extension of the financial commitment ~~obligation~~ period,
11 applications requesting a declaratory ruling, or applications
12 under the Health Care Worker Self-Referral Act. State Board
13 Staff Reports shall compare applications to the relevant review
14 criteria under the Board's rules.

15 (17) Establish a separate set of rules and guidelines for
16 facilities licensed under the Specialized Mental Health
17 Rehabilitation Act of 2013. An application for the
18 re-establishment of a facility in connection with the
19 relocation of the facility shall not be granted unless the
20 applicant has a contractual relationship with at least one
21 hospital to provide emergency and inpatient mental health
22 services required by facility consumers, and at least one
23 community mental health agency to provide oversight and
24 assistance to facility consumers while living in the facility,
25 and appropriate services, including case management, to assist
26 them to prepare for discharge and reside stably in the

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

15 (Source: P.A. 98-414, eff. 1-1-14; 98-463, eff. 8-16-13;
16 98-651, eff. 6-16-14; 98-1086, eff. 8-26-14; 99-78, eff.
17 7-20-15; 99-114, eff. 7-23-15; 99-180, eff. 7-29-15; 99-277,
18 eff. 8-5-15; 99-527, eff. 1-1-17; 99-642, eff. 7-28-16.)

19 (Text of Section after amendment by P.A. 100-518)

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

21 Sec. 12. Powers and duties of State Board. For purposes of
22 this Act, the State Board shall exercise the following powers
23 and duties:

24 (1) Prescribe rules, regulations, standards, criteria,
25 procedures or reviews which may vary according to the purpose

1 for which a particular review is being conducted or the type of
2 project reviewed and which are required to carry out the
3 provisions and purposes of this Act. Policies and procedures of
4 the State Board shall take into consideration the priorities
5 and needs of medically underserved areas and other health care
6 services, giving special consideration to the impact of
7 projects on access to safety net services.

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

11 (3) (Blank).

12 (4) Develop criteria and standards for health care
13 facilities planning, conduct statewide inventories of health
14 care facilities, maintain an updated inventory on the Board's
15 web site reflecting the most recent bed and service changes and
16 updated need determinations when new census data become
17 available or new need formulae are adopted, and develop health
18 care facility plans which shall be utilized in the review of
19 applications for permit under this Act. Such health facility
20 plans shall be coordinated by the Board with pertinent State
21 Plans. Inventories pursuant to this Section of skilled or
22 intermediate care facilities licensed under the Nursing Home
23 Care Act, skilled or intermediate care facilities licensed
24 under the ID/DD Community Care Act, skilled or intermediate
25 care facilities licensed under the MC/DD Act, facilities
26 licensed under the Specialized Mental Health Rehabilitation

1 Act of 2013, or nursing homes licensed under the Hospital
2 Licensing Act shall be conducted on an annual basis no later
3 than July 1 of each year and shall include among the
4 information requested a list of all services provided by a
5 facility to its residents and to the community at large and
6 differentiate between active and inactive beds.

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

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

11 (b) The number of existing and planned facilities
12 offering similar programs;

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

14 (d) The availability of facilities which may serve as
15 alternatives or substitutes;

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

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

20 (g) The financial and economic feasibility of proposed
21 construction or modification; and

22 (h) In the case of health care facilities established
23 by a religious body or denomination, the needs of the
24 members of such religious body or denomination may be
25 considered to be public need.

26 The health care facility plans which are developed and

1 adopted in accordance with this Section shall form the basis
2 for the plan of the State to deal most effectively with
3 statewide health needs in regard to health care facilities.

4 (5) Coordinate with other state agencies having
5 responsibilities affecting health care facilities, including
6 those of licensure and cost reporting.

7 (6) Solicit, accept, hold and administer on behalf of the
8 State any grants or bequests of money, securities or property
9 for use by the State Board in the administration of this Act;
10 and enter into contracts consistent with the appropriations for
11 purposes enumerated in this Act.

12 (7) ~~(Blank). The State Board shall prescribe procedures for~~
13 ~~review, standards, and criteria which shall be utilized to make~~
14 ~~periodic reviews and determinations of the appropriateness of~~
15 ~~any existing health services being rendered by health care~~
16 ~~facilities subject to the Act. The State Board shall consider~~
17 ~~recommendations of the Board in making its determinations.~~

18 (8) Prescribe rules, regulations, standards, and criteria
19 for the conduct of an expeditious review of applications for
20 permits for projects of construction or modification of a
21 health care facility, which projects are classified as
22 emergency, substantive, or non-substantive in nature.

23 Substantive ~~Six months after June 30, 2009 (the effective~~
24 ~~date of Public Act 96-31),~~ substantive projects shall include
25 no more than the following:

26 (a) Projects to construct (1) a new or replacement

1 facility located on a new site or (2) a replacement
2 facility located on the same site as the original facility
3 and the cost of the replacement facility exceeds the
4 capital expenditure minimum, which shall be reviewed by the
5 Board within 120 days;

6 (b) Projects proposing a (1) new service within an
7 existing healthcare facility or (2) discontinuation of a
8 service within an existing healthcare facility, which
9 shall be reviewed by the Board within 60 days; or

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

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

22 Such rules shall not prevent the conduct of a public
23 hearing upon the timely request of an interested party. Such
24 reviews shall not exceed 60 days from the date the application
25 is declared to be complete.

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

1 pertaining to the granting of permits for construction and
2 modifications which are emergent in nature and must be
3 undertaken immediately to prevent or correct structural
4 deficiencies or hazardous conditions that may harm or injure
5 persons using the facility, as defined in the rules and
6 regulations of the State Board. This procedure is exempt from
7 public hearing requirements of this Act.

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

14 (10.5) Provide its rationale when voting on an item before
15 it at a State Board meeting in order to comply with subsection
16 (b) of Section 3-108 of the Code of Civil Procedure.

17 (11) Issue written decisions upon request of the applicant
18 or an adversely affected party to the Board. Requests for a
19 written decision shall be made within 15 days after the Board
20 meeting in which a final decision has been made. A "final
21 decision" for purposes of this Act is the decision to approve
22 or deny an application, or take other actions permitted under
23 this Act, at the time and date of the meeting that such action
24 is scheduled by the Board. The transcript of the State Board
25 meeting shall be incorporated into the Board's final decision.
26 The staff of the Board shall prepare a written copy of the

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

13 (12) (Blank). ~~Require at least one of its members to~~
14 ~~participate in any public hearing, after the appointment of a~~
15 ~~majority of the members to 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 The Subcommittee shall make recommendations to the Board no
11 later than January 1, 2016 and every January thereafter
12 pursuant to the Subcommittee's responsibility for the
13 continuous review and commentary on policies and procedures
14 relative to long-term care. In consultation with other experts
15 from the health field of long-term care, the Board and the
16 Subcommittee shall study new approaches to the current bed need
17 formula and Health Service Area boundaries to encourage
18 flexibility and innovation in design models reflective of the
19 changing long-term care marketplace and consumer preferences
20 and submit its recommendations to the Chairman of the Board no
21 later than January 1, 2017. The Subcommittee shall evaluate,
22 and make recommendations to the State Board regarding, the
23 buying, selling, and exchange of beds between long-term care
24 facilities within a specified geographic area or drive time.
25 The Board shall file the proposed related administrative rules
26 for the separate rules and guidelines for long-term care

1 required by this paragraph (15) by no later than September 30,
2 2011. The Subcommittee shall be provided a reasonable and
3 timely opportunity to review and comment on any review,
4 revision, or updating of the criteria, standards, procedures,
5 and rules used to evaluate project applications as provided
6 under Section 12.3 of this Act.

7 The Chairman of the Board shall appoint voting members of
8 the Subcommittee, who shall serve for a period of 3 years, with
9 one-third of the terms expiring each January, to be determined
10 by lot. Appointees shall include, but not be limited to,
11 recommendations from each of the 3 statewide long-term care
12 associations, with an equal number to be appointed from each.
13 Compliance with this provision shall be through the appointment
14 and reappointment process. All appointees serving as of April
15 1, 2015 shall serve to the end of their term as determined by
16 lot or until the appointee voluntarily resigns, whichever is
17 earlier.

18 One representative from the Department of Public Health,
19 the Department of Healthcare and Family Services, the
20 Department on Aging, and the Department of Human Services may
21 each serve as an ex-officio non-voting member of the
22 Subcommittee. The Chairman of the Board shall select a
23 Subcommittee Chair, who shall serve for a period of 3 years.

24 (16) Prescribe the format of the State Board Staff Report.
25 A State Board Staff Report shall pertain to applications that
26 include, but are not limited to, applications for permit or

1 exemption, applications for permit renewal, applications for
2 extension of the financial commitment period, applications
3 requesting a declaratory ruling, or applications under the
4 Health Care Worker Self-Referral Act. State Board Staff Reports
5 shall compare applications to the relevant review criteria
6 under the Board's rules.

7 (17) Establish a separate set of rules and guidelines for
8 facilities licensed under the Specialized Mental Health
9 Rehabilitation Act of 2013. An application for the
10 re-establishment of a facility in connection with the
11 relocation of the facility shall not be granted unless the
12 applicant has a contractual relationship with at least one
13 hospital to provide emergency and inpatient mental health
14 services required by facility consumers, and at least one
15 community mental health agency to provide oversight and
16 assistance to facility consumers while living in the facility,
17 and appropriate services, including case management, to assist
18 them to prepare for discharge and reside stably in the
19 community thereafter. No new facilities licensed under the
20 Specialized Mental Health Rehabilitation Act of 2013 shall be
21 established after June 16, 2014 (the effective date of Public
22 Act 98-651) except in connection with the relocation of an
23 existing facility to a new location. An application for a new
24 location shall not be approved unless there are adequate
25 community services accessible to the consumers within a
26 reasonable distance, or by use of public transportation, so as

1 to facilitate the goal of achieving maximum individual
2 self-care and independence. At no time shall the total number
3 of authorized beds under this Act in facilities licensed under
4 the Specialized Mental Health Rehabilitation Act of 2013 exceed
5 the number of authorized beds on June 16, 2014 (the effective
6 date of Public Act 98-651).

7 (Source: P.A. 99-78, eff. 7-20-15; 99-114, eff. 7-23-15;
8 99-180, eff. 7-29-15; 99-277, eff. 8-5-15; 99-527, eff. 1-1-17;
9 99-642, eff. 7-28-16; 100-518, eff. 6-1-18.)

10 (20 ILCS 3960/12.2)

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

12 Sec. 12.2. Powers of the State Board staff. For purposes of
13 this Act, the staff shall exercise the following powers and
14 duties:

15 (1) Review applications for permits and exemptions in
16 accordance with the standards, criteria, and plans of need
17 established by the State Board under this Act and certify
18 its finding to the State Board.

19 (1.5) Post the following on the Board's web site:
20 relevant (i) rules, (ii) standards, (iii) criteria, (iv)
21 State norms, (v) references used by Board staff in making
22 determinations about whether application criteria are met,
23 and (vi) notices of project-related filings, including
24 notice of public comments related to the application.

25 (2) Charge and collect an amount determined by the

1 State Board and the staff to be reasonable fees for the
2 processing of applications by the State Board. The State
3 Board shall set the amounts by rule. Application fees for
4 continuing care retirement communities, and other health
5 care models that include regulated and unregulated
6 components, shall apply only to those components subject to
7 regulation under this Act. All fees and fines collected
8 under the provisions of this Act shall be deposited into
9 the Illinois Health Facilities Planning Fund to be used for
10 the expenses of administering this Act.

11 (2.1) Publish the following reports on the State Board
12 website:

13 (A) An annual accounting, aggregated by category
14 and with names of parties redacted, of fees, fines, and
15 other revenue collected as well as expenses incurred,
16 in the administration of this Act.

17 (B) An annual report, with names of the parties
18 redacted, that summarizes all settlement agreements
19 entered into with the State Board that resolve an
20 alleged instance of noncompliance with State Board
21 requirements under this Act.

22 (C) (Blank). ~~A monthly report that includes the~~
23 ~~status of applications and recommendations regarding~~
24 ~~updates to the standard, criteria, or the health plan~~
25 ~~as appropriate.~~

26 (D) Board reports showing the degree to which an

1 application conforms to the review standards, a
2 summation of relevant public testimony, and any
3 additional information that staff wants to
4 communicate.

5 (3) Coordinate with other State agencies having
6 responsibilities affecting health care facilities,
7 including licensure and cost reporting agencies.

8 (Source: P.A. 98-1086, eff. 8-26-14; 99-527, eff. 1-1-17.)

9 (20 ILCS 3960/12.3)

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

11 Sec. 12.3. Revision of criteria, standards, and rules. At
12 least every 2 years, the State Board shall review, revise, and
13 update the criteria, standards, and rules used to evaluate
14 applications for permit and exemption. The Board may appoint
15 temporary advisory committees made up of experts with
16 professional competence in the subject matter of the proposed
17 standards or criteria to assist in the development of revisions
18 to requirements, standards, and criteria. In particular, the
19 review of the criteria, standards, and rules shall consider:

20 (1) Whether the requirements, criteria, and standards
21 reflect current industry standards and anticipated trends.

22 (2) Whether the criteria and standards can be reduced
23 or eliminated.

24 (3) Whether requirements, criteria, and standards can
25 be developed to authorize the construction of unfinished

1 space for future use when the ultimate need for such space
2 can be reasonably projected.

3 (4) Whether the criteria and standards take into
4 account issues related to population growth and changing
5 demographics in a community.

6 (5) Whether facility-defined service and planning
7 areas should be recognized.

8 (6) Whether categories of service that are subject to
9 review should be re-evaluated, including provisions
10 related to structural, functional, and operational
11 differences between long-term care facilities and acute
12 care facilities and that allow routine changes of
13 ownership, facility sales, and closure requests to be
14 processed on a more timely basis.

15 (Source: P.A. 99-527, eff. 1-1-17.)

16 (20 ILCS 3960/12.4)

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

18 Sec. 12.4. Hospital reduction in health care services;
19 notice. If a hospital reduces any of the Categories of Service
20 as outlined in Title 77, Chapter II, Part 1110 in the Illinois
21 Administrative Code, or any other service as defined by rule by
22 the State Board, by 50% or more according to rules adopted by
23 the State Board, then within 30 days after reducing the
24 service, the hospital must give written notice of the reduction
25 in service to the State Board, the Department of Public Health,

1 and the State Senator and ~~2~~ State Representative
2 ~~Representatives~~ serving the legislative district in which the
3 hospital is located. The State Board shall adopt rules to
4 implement this Section, including rules that specify (i) how
5 each health care service is defined, if not already defined in
6 the State Board's rules, and (ii) what constitutes a reduction
7 in service of 50% or more.

8 (Source: P.A. 93-940, eff. 1-1-05.)

9 (20 ILCS 3960/12.5)

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

11 Sec. 12.5. Update existing bed inventory and associated bed
12 need projections. ~~The While the Task Force on Health Planning~~
13 ~~Reform will make long term recommendations related to the~~
14 ~~method and formula for calculating the bed inventory and~~
15 ~~associated bed need projections, there is a current need for~~
16 ~~the bed inventory to be updated prior to the issuance of the~~
17 ~~recommendations of the Task Force. Therefore, the State Board~~
18 shall regularly ~~immediately~~ update the existing bed inventory
19 and associated bed need projections required by Sections 12 and
20 12.3 of this Act, using the most recently published historical
21 utilization data, 5-year population projections, and an
22 appropriate migration factor for the medical-surgical and
23 pediatric category of service which shall be no less than 50%.
24 The State Board shall provide written documentation providing
25 the methodology and rationale used to determine the appropriate

1 migration factor.

2 (Source: P.A. 97-1115, eff. 8-27-12; 98-1086, eff. 8-26-14.)

3 (20 ILCS 3960/13) (from Ch. 111 1/2, par. 1163)

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

5 Sec. 13. Investigation of applications for permits ~~and~~
6 ~~certificates of recognition~~. The State Board shall make or
7 cause to be made such investigations as it deems necessary in
8 connection with an application for a permit ~~or an application~~
9 ~~for a certificate of recognition~~, or in connection with a
10 determination of whether or not construction or modification
11 that ~~which~~ has been commenced is in accord with the permit
12 issued by the State Board, l or whether construction or
13 modification has been commenced without a permit having been
14 obtained. The State Board may issue subpoenas duces tecum
15 requiring the production of records and may administer oaths to
16 such witnesses.

17 Any circuit court of this State, upon the application of
18 the State Board or upon the application of any party to such
19 proceedings, may, in its discretion, compel the attendance of
20 witnesses, the production of books, papers, records, or
21 memoranda and the giving of testimony before the State Board,
22 by a proceeding as for contempt, or otherwise, in the same
23 manner as production of evidence may be compelled before the
24 court.

25 The State Board shall require all health facilities

1 operating in this State to provide such reasonable reports at
2 such times and containing such information as is needed by it
3 to carry out the purposes and provisions of this Act. Prior to
4 collecting information from health facilities, the State Board
5 shall make reasonable efforts through a public process to
6 consult with health facilities and associations that represent
7 them to determine whether data and information requests will
8 result in useful information for health planning, whether
9 sufficient information is available from other sources, and
10 whether data requested is routinely collected by health
11 facilities and is available without retrospective record
12 review. Data and information requests shall not impose undue
13 paperwork burdens on health care facilities and personnel.
14 Health facilities not complying with this requirement shall be
15 reported to licensing, accrediting, certifying, or payment
16 agencies as being in violation of State law. Health care
17 facilities and other parties at interest shall have reasonable
18 access, under rules established by the State Board, to all
19 planning information submitted in accord with this Act
20 pertaining to their area.

21 Among the reports to be required by the State Board are
22 facility questionnaires for health care facilities licensed
23 under the Ambulatory Surgical Treatment Center Act, the
24 Hospital Licensing Act, the Nursing Home Care Act, the ID/DD
25 Community Care Act, the MC/DD Act, the Specialized Mental
26 Health Rehabilitation Act of 2013, or the End Stage Renal

1 Disease Facility Act. These questionnaires shall be conducted
2 on an annual basis and compiled by the State Board. For health
3 care facilities licensed under the Nursing Home Care Act or the
4 Specialized Mental Health Rehabilitation Act of 2013, these
5 reports shall include, but not be limited to, the
6 identification of specialty services provided by the facility
7 to patients, residents, and the community at large. Annual
8 reports for facilities licensed under the ID/DD Community Care
9 Act and facilities licensed under the MC/DD Act shall be
10 different from the annual reports required of other health care
11 facilities and shall be specific to those facilities licensed
12 under the ID/DD Community Care Act or the MC/DD Act. The Health
13 Facilities and Services Review Board shall consult with
14 associations representing facilities licensed under the ID/DD
15 Community Care Act and associations representing facilities
16 licensed under the MC/DD Act when developing the information
17 requested in these annual reports. For health care facilities
18 that contain long term care beds, the reports shall also
19 include the number of staffed long term care beds, physical
20 capacity for long term care beds at the facility, and long term
21 care beds available for immediate occupancy. For purposes of
22 this paragraph, "long term care beds" means beds (i) licensed
23 under the Nursing Home Care Act, (ii) licensed under the ID/DD
24 Community Care Act, (iii) licensed under the MC/DD Act, (iv)
25 licensed under the Hospital Licensing Act, or (v) licensed
26 under the Specialized Mental Health Rehabilitation Act of 2013

1 and certified as skilled nursing or nursing facility beds under
2 Medicaid or Medicare.

3 (Source: P.A. 98-1086, eff. 8-26-14; 99-180, eff. 7-29-15.)

4 (20 ILCS 3960/14.1)

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

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

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

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

14 (2) The establishment, construction, modification, or
15 change of ownership of a health care facility without a
16 permit or exemption or in violation of the terms of a
17 permit.

18 (3) The violation of any provision of this Act or any
19 rule adopted under this Act.

20 (4) The failure, by any person subject to this Act, to
21 provide information requested by the State Board or Agency
22 within 30 days after a formal written request for the
23 information.

24 (5) The failure to pay any fine imposed under this
25 Section within 30 days of its imposition.

1 (a-5) For facilities licensed under the ID/DD Community
2 Care Act, no permit shall be denied on the basis of prior
3 operator history, other than for actions specified under item
4 (2), (4), or (5) of Section 3-117 of the ID/DD Community Care
5 Act. For facilities licensed under the MC/DD Act, no permit
6 shall be denied on the basis of prior operator history, other
7 than for actions specified under item (2), (4), or (5) of
8 Section 3-117 of the MC/DD Act. For facilities licensed under
9 the Specialized Mental Health Rehabilitation Act of 2013, no
10 permit shall be denied on the basis of prior operator history,
11 other than for actions specified under subsections (a) and (b)
12 of Section 4-109 of the Specialized Mental Health
13 Rehabilitation Act of 2013. For facilities licensed under the
14 Nursing Home Care Act, no permit shall be denied on the basis
15 of prior operator history, other than for: (i) actions
16 specified under item (2), (3), (4), (5), or (6) of Section
17 3-117 of the Nursing Home Care Act; (ii) actions specified
18 under item (a)(6) of Section 3-119 of the Nursing Home Care
19 Act; or (iii) actions within the preceding 5 years constituting
20 a substantial and repeated failure to comply with the Nursing
21 Home Care Act or the rules and regulations adopted by the
22 Department under that Act. The State Board shall not deny a
23 permit on account of any action described in this subsection
24 (a-5) without also considering all such actions in the light of
25 all relevant information available to the State Board,
26 including whether the permit is sought to substantially comply

1 with a mandatory or voluntary plan of correction associated
2 with any action described in this subsection (a-5).

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

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

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

19 (2.5) A permit or exemption holder who fails to comply
20 with the post-permit and reporting requirements set forth
21 in Sections 5 and 8.5 shall be fined an amount not to
22 exceed \$10,000 plus an additional \$10,000 for each 30-day
23 period, or fraction thereof, that the violation continues.
24 ~~This fine shall continue to accrue until the date that (i)~~
25 ~~the post permit requirements are met and the post permit or~~
26 ~~post exemption reports are received by the State Board or~~

1 ~~(ii) the matter is referred by the State Board to the State~~
2 ~~Board's legal counsel.~~ The accrued fine is not waived by
3 the permit or exemption holder submitting the required
4 information and reports. Prior to any fine beginning to
5 accrue, the Board shall notify, in writing, a permit or
6 exemption holder of the due date for the post-permit and
7 reporting requirements no later than 30 days before the due
8 date for the requirements. The exemption letter shall serve
9 as the notice for exemptions. ~~This paragraph (2.5) takes~~
10 ~~effect 6 months after August 27, 2012 (the effective date~~
11 ~~of Public Act 97-1115).~~

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

19 (4) A person who constructs, modifies, establishes, or
20 changes ownership of a health care facility without first
21 obtaining a permit or exemption shall be fined an amount
22 not to exceed \$25,000 plus an additional \$25,000 for each
23 30-day period, or fraction thereof, that the violation
24 continues.

25 (5) A person who discontinues a health care facility or
26 a category of service without first obtaining a permit or

1 exemption shall be fined an amount not to exceed \$10,000
2 plus an additional \$10,000 for each 30-day period, or
3 fraction thereof, that the violation continues. For
4 purposes of this subparagraph (5), facilities licensed
5 under the Nursing Home Care Act, the ID/DD Community Care
6 Act, or the MC/DD Act, with the exceptions of facilities
7 operated by a county or Illinois Veterans Homes, are exempt
8 from this permit requirement. However, facilities licensed
9 under the Nursing Home Care Act, the ID/DD Community Care
10 Act, or the MC/DD Act must comply with Section 3-423 of the
11 Nursing Home Care Act, Section 3-423 of the ID/DD Community
12 Care Act, or Section 3-423 of the MC/DD Act and must
13 provide the Board and the Department of Human Services with
14 30 days' written notice of their intent to close.
15 Facilities licensed under the ID/DD Community Care Act or
16 the MC/DD Act also must provide the Board and the
17 Department of Human Services with 30 days' written notice
18 of their intent to reduce the number of beds for a
19 facility.

20 (6) A person subject to this Act who fails to provide
21 information requested by the State Board or Agency within
22 30 days of a formal written request shall be fined an
23 amount not to exceed \$1,000 plus an additional \$1,000 for
24 each 30-day period, or fraction thereof, that the
25 information is not received by the State Board or Agency.

26 (b-5) The State Board may accept in-kind services or

1 donations instead of or in combination with the imposition of a
2 fine. This authorization is limited to cases where the
3 non-compliant individual or entity has waived the right to an
4 administrative hearing or opportunity to appear before the
5 Board regarding the non-compliant matter.

6 (c) Before imposing any fine authorized under this Section,
7 the State Board shall afford the person or permit holder, as
8 the case may be, an appearance before the State Board and an
9 opportunity for a hearing before a hearing officer appointed by
10 the State Board. The hearing shall be conducted in accordance
11 with Section 10. Requests for an appearance before the State
12 Board must be made within 30 days after receiving notice that a
13 fine will be imposed.

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

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

22 (Source: P.A. 98-463, eff. 8-16-13; 99-114, eff. 7-23-15;
23 99-180, eff. 7-29-15; 99-527, eff. 1-1-17; 99-642, eff.
24 6-28-16.)

25 Section 95. No acceleration or delay. Where this Act makes

1 changes in a statute that is represented in this Act by text
2 that is not yet or no longer in effect (for example, a Section
3 represented by multiple versions), the use of that text does
4 not accelerate or delay the taking effect of (i) the changes
5 made by this Act or (ii) provisions derived from any other
6 Public Act.

7 Section 99. Effective date. This Act takes effect upon
8 becoming law.