

1 AN ACT concerning public health.

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

4 Section 5. The Illinois Welfare and Rehabilitation
5 Services Planning Act is amended by changing Section 4 as
6 follows:

7 (20 ILCS 10/4) (from Ch. 127, par. 954)

8 Sec. 4. (a) Plans required by Section 3 shall be prepared
9 by and submitted on behalf of the following State agencies, and
10 may be prepared and submitted by another State Agency
11 designated by the Governor:

- 12 (1) the Department of Children and Family Services;
- 13 (2) the Department of Healthcare and Family Services;
- 14 (3) the Department of Corrections;
- 15 (4) the Department of Human Services;
- 16 (5) (blank);
- 17 (6) the Department on Aging;
- 18 (7) (blank) ~~the Department of Public Health;~~
- 19 (8) the Department of Employment Security.

20 (b) The plans required by Section 3 of this Act shall be
21 co-ordinated with the plan adopted by the Department of Human
22 Services under Sections 48 through 52 of the Mental Health and
23 Developmental Disabilities Administrative Act and any plan

1 adopted, re-adopted or amended by the Department of Human
2 Services under those Sections shall be coordinated with plans
3 required under Section 3 of this Act.

4 (Source: P.A. 95-331, eff. 8-21-07.)

5 Section 10. The Alternative Health Care Delivery Act is
6 amended by changing Sections 15, 30, and 35 as follows:

7 (210 ILCS 3/15)

8 Sec. 15. License required. No health care facility or
9 program that meets the definition and scope of an alternative
10 health care model shall operate as such unless it is a
11 participant in a demonstration program under this Act and
12 licensed by the Department as an alternative health care model.
13 ~~The provisions of this Section as they relate to subacute care~~
14 ~~hospitals shall not apply to hospitals licensed under the~~
15 ~~Illinois Hospital Licensing Act or skilled nursing facilities~~
16 ~~licensed under the Illinois Nursing Home Care Act or the MR/DD~~
17 ~~Community Care Act; provided, however, that the facilities~~
18 ~~shall not hold themselves out to the public as subacute care~~
19 ~~hospitals.~~ The provisions of this Act concerning children's
20 respite care centers shall not apply to any facility licensed
21 under the Hospital Licensing Act, the Nursing Home Care Act,
22 the MR/DD Community Care Act, or the University of Illinois
23 Hospital Act that provides respite care services to children.

24 (Source: P.A. 95-331, eff. 8-21-07; 96-339, eff. 7-1-10.)

1 (210 ILCS 3/30)

2 Sec. 30. Demonstration program requirements. The
3 requirements set forth in this Section shall apply to
4 demonstration programs.

5 (a) (Blank). ~~There shall be no more than:~~

6 ~~(i) 3 subacute care hospital alternative health care~~
7 ~~models in the City of Chicago (one of which shall be~~
8 ~~located on a designated site and shall have been licensed~~
9 ~~as a hospital under the Illinois Hospital Licensing Act~~
10 ~~within the 10 years immediately before the application for~~
11 ~~a license);~~

12 ~~(ii) 2 subacute care hospital alternative health care~~
13 ~~models in the demonstration program for each of the~~
14 ~~following areas:~~

15 ~~(1) Cook County outside the City of Chicago.~~

16 ~~(2) DuPage, Kane, Lake, McHenry, and Will~~
17 ~~Counties.~~

18 ~~(3) Municipalities with a population greater than~~
19 ~~50,000 not located in the areas described in item (i)~~
20 ~~of subsection (a) and paragraphs (1) and (2) of item~~
21 ~~(ii) of subsection (a); and~~

22 ~~(iii) 4 subacute care hospital alternative health care~~
23 ~~models in the demonstration program for rural areas.~~

24 ~~In selecting among applicants for these licenses in rural~~
25 ~~areas, the Health Facilities and Services Review Board and the~~

1 ~~Department shall give preference to hospitals that may be~~
2 ~~unable for economic reasons to provide continued service to the~~
3 ~~community in which they are located unless the hospital were to~~
4 ~~receive an alternative health care model license.~~

5 (a-5) There shall be no more than the total number of
6 postsurgical recovery care centers with a certificate of need
7 for beds as of January 1, 2008.

8 (a-10) There shall be no more than a total of 9 children's
9 respite care center alternative health care models in the
10 demonstration program, which shall be located as follows:

11 (1) Two in the City of Chicago.

12 (2) One in Cook County outside the City of Chicago.

13 (3) A total of 2 in the area comprised of DuPage, Kane,
14 Lake, McHenry, and Will counties.

15 (4) A total of 2 in municipalities with a population of
16 50,000 or more and not located in the areas described in
17 paragraphs (1), (2), or (3).

18 (5) A total of 2 in rural areas, as defined by the
19 Health Facilities and Services Review Board.

20 No more than one children's respite care model owned and
21 operated by a licensed skilled pediatric facility shall be
22 located in each of the areas designated in this subsection
23 (a-10).

24 (a-15) There shall be 5 authorized community-based
25 residential rehabilitation center alternative health care
26 models in the demonstration program.

1 (a-20) There shall be an authorized Alzheimer's disease
2 management center alternative health care model in the
3 demonstration program. The Alzheimer's disease management
4 center shall be located in Will County, owned by a
5 not-for-profit entity, and endorsed by a resolution approved by
6 the county board before the effective date of this amendatory
7 Act of the 91st General Assembly.

8 (a-25) There shall be no more than 10 birth center
9 alternative health care models in the demonstration program,
10 located as follows:

11 (1) Four in the area comprising Cook, DuPage, Kane,
12 Lake, McHenry, and Will counties, one of which shall be
13 owned or operated by a hospital and one of which shall be
14 owned or operated by a federally qualified health center.

15 (2) Three in municipalities with a population of 50,000
16 or more not located in the area described in paragraph (1)
17 of this subsection, one of which shall be owned or operated
18 by a hospital and one of which shall be owned or operated
19 by a federally qualified health center.

20 (3) Three in rural areas, one of which shall be owned
21 or operated by a hospital and one of which shall be owned
22 or operated by a federally qualified health center.

23 The first 3 birth centers authorized to operate by the
24 Department shall be located in or predominantly serve the
25 residents of a health professional shortage area as determined
26 by the United States Department of Health and Human Services.

1 There shall be no more than 2 birth centers authorized to
2 operate in any single health planning area for obstetric
3 services as determined under the Illinois Health Facilities
4 Planning Act. If a birth center is located outside of a health
5 professional shortage area, (i) the birth center shall be
6 located in a health planning area with a demonstrated need for
7 obstetrical service beds, as determined by the Health
8 Facilities and Services Review Board or (ii) there must be a
9 reduction in the existing number of obstetrical service beds in
10 the planning area so that the establishment of the birth center
11 does not result in an increase in the total number of
12 obstetrical service beds in the health planning area.

13 (b) Alternative health care models, other than a model
14 authorized under subsection (a-10) or (a-20), shall obtain a
15 certificate of need from the Health Facilities and Services
16 Review Board under the Illinois Health Facilities Planning Act
17 before receiving a license by the Department. If, after
18 obtaining its initial certificate of need, an alternative
19 health care delivery model that is a community based
20 residential rehabilitation center seeks to increase the bed
21 capacity of that center, it must obtain a certificate of need
22 from the Health Facilities and Services Review Board before
23 increasing the bed capacity. Alternative health care models in
24 medically underserved areas shall receive priority in
25 obtaining a certificate of need.

26 (c) An alternative health care model license shall be

1 issued for a period of one year and shall be annually renewed
2 if the facility or program is in substantial compliance with
3 the Department's rules adopted under this Act. A licensed
4 alternative health care model that continues to be in
5 substantial compliance after the conclusion of the
6 demonstration program shall be eligible for annual renewals
7 unless and until a different licensure program for that type of
8 health care model is established by legislation, except that a
9 postsurgical recovery care center meeting the following
10 requirements may apply within 3 years after August 25, 2009
11 (the effective date of Public Act 96-669) for a Certificate of
12 Need permit to operate as a hospital:

13 (1) The postsurgical recovery care center shall apply
14 to the Illinois Health Facilities Planning Board for a
15 Certificate of Need permit to discontinue the postsurgical
16 recovery care center and to establish a hospital.

17 (2) If the postsurgical recovery care center obtains a
18 Certificate of Need permit to operate as a hospital, it
19 shall apply for licensure as a hospital under the Hospital
20 Licensing Act and shall meet all statutory and regulatory
21 requirements of a hospital.

22 (3) After obtaining licensure as a hospital, any
23 license as an ambulatory surgical treatment center and any
24 license as a post-surgical recovery care center shall be
25 null and void.

26 (4) The former postsurgical recovery care center that

1 receives a hospital license must seek and use its best
2 efforts to maintain certification under Titles XVIII and
3 XIX of the federal Social Security Act.

4 The Department may issue a provisional license to any
5 alternative health care model that does not substantially
6 comply with the provisions of this Act and the rules adopted
7 under this Act if (i) the Department finds that the alternative
8 health care model has undertaken changes and corrections which
9 upon completion will render the alternative health care model
10 in substantial compliance with this Act and rules and (ii) the
11 health and safety of the patients of the alternative health
12 care model will be protected during the period for which the
13 provisional license is issued. The Department shall advise the
14 licensee of the conditions under which the provisional license
15 is issued, including the manner in which the alternative health
16 care model fails to comply with the provisions of this Act and
17 rules, and the time within which the changes and corrections
18 necessary for the alternative health care model to
19 substantially comply with this Act and rules shall be
20 completed.

21 (d) Alternative health care models shall seek
22 certification under Titles XVIII and XIX of the federal Social
23 Security Act. In addition, alternative health care models shall
24 provide charitable care consistent with that provided by
25 comparable health care providers in the geographic area.

26 (d-5) (Blank).

1 (e) Alternative health care models shall, to the extent
2 possible, link and integrate their services with nearby health
3 care facilities.

4 (f) Each alternative health care model shall implement a
5 quality assurance program with measurable benefits and at
6 reasonable cost.

7 (Source: P.A. 95-331, eff. 8-21-07; 95-445, eff. 1-1-08; 96-31,
8 eff. 6-30-09; 96-129, eff. 8-4-09; 96-669, eff. 8-25-09;
9 96-812, eff. 1-1-10; 96-1000, eff. 7-2-10; 96-1071, eff.
10 7-16-10; 96-1123, eff. 1-1-11; revised 9-16-10.)

11 (210 ILCS 3/35)

12 Sec. 35. Alternative health care models authorized.
13 Notwithstanding any other law to the contrary, alternative
14 health care models described in this Section may be established
15 on a demonstration basis.

16 (1) (Blank). ~~Alternative health care model; subacute~~
17 ~~care hospital. A subacute care hospital is a designated~~
18 ~~site which provides medical specialty care for patients who~~
19 ~~need a greater intensity or complexity of care than~~
20 ~~generally provided in a skilled nursing facility but who no~~
21 ~~longer require acute hospital care. The average length of~~
22 ~~stay for patients treated in subacute care hospitals shall~~
23 ~~not be less than 20 days, and for individual patients, the~~
24 ~~expected length of stay at the time of admission shall not~~
25 ~~be less than 10 days. Variations from minimum lengths of~~

1 ~~stay shall be reported to the Department. There shall be no~~
2 ~~more than 13 subacute care hospitals authorized to operate~~
3 ~~by the Department. Subacute care includes physician~~
4 ~~supervision, registered nursing, and physiological~~
5 ~~monitoring on a continual basis. A subacute care hospital~~
6 ~~is either a freestanding building or a distinct physical~~
7 ~~and operational entity within a hospital or nursing home~~
8 ~~building. A subacute care hospital shall only consist of~~
9 ~~beds currently existing in licensed hospitals or skilled~~
10 ~~nursing facilities, except, in the City of Chicago, on a~~
11 ~~designated site that was licensed as a hospital under the~~
12 ~~Illinois Hospital Licensing Act within the 10 years~~
13 ~~immediately before the application for an alternative~~
14 ~~health care model license. During the period of operation~~
15 ~~of the demonstration project, the existing licensed beds~~
16 ~~shall remain licensed as hospital or skilled nursing~~
17 ~~facility beds as well as being licensed under this Act. In~~
18 ~~order to handle cases of complications, emergencies, or~~
19 ~~exigent circumstances, a subacute care hospital shall~~
20 ~~maintain a contractual relationship, including a transfer~~
21 ~~agreement, with a general acute care hospital. If a~~
22 ~~subacute care model is located in a general acute care~~
23 ~~hospital, it shall utilize all or a portion of the bed~~
24 ~~capacity of that existing hospital. In no event shall a~~
25 ~~subacute care hospital use the word "hospital" in its~~
26 ~~advertising or marketing activities or represent or hold~~

1 ~~itself out to the public as a general acute care hospital.~~

2 (2) Alternative health care delivery model;
3 postsurgical recovery care center. A postsurgical recovery
4 care center is a designated site which provides
5 postsurgical recovery care for generally healthy patients
6 undergoing surgical procedures that require overnight
7 nursing care, pain control, or observation that would
8 otherwise be provided in an inpatient setting. A
9 postsurgical recovery care center is either freestanding
10 or a defined unit of an ambulatory surgical treatment
11 center or hospital. No facility, or portion of a facility,
12 may participate in a demonstration program as a
13 postsurgical recovery care center unless the facility has
14 been licensed as an ambulatory surgical treatment center or
15 hospital for at least 2 years before August 20, 1993 (the
16 effective date of Public Act 88-441). The maximum length of
17 stay for patients in a postsurgical recovery care center is
18 not to exceed 48 hours unless the treating physician
19 requests an extension of time from the recovery center's
20 medical director on the basis of medical or clinical
21 documentation that an additional care period is required
22 for the recovery of a patient and the medical director
23 approves the extension of time. In no case, however, shall
24 a patient's length of stay in a postsurgical recovery care
25 center be longer than 72 hours. If a patient requires an
26 additional care period after the expiration of the 72-hour

1 limit, the patient shall be transferred to an appropriate
2 facility. Reports on variances from the 48-hour limit shall
3 be sent to the Department for its evaluation. The reports
4 shall, before submission to the Department, have removed
5 from them all patient and physician identifiers. In order
6 to handle cases of complications, emergencies, or exigent
7 circumstances, every postsurgical recovery care center as
8 defined in this paragraph shall maintain a contractual
9 relationship, including a transfer agreement, with a
10 general acute care hospital. A postsurgical recovery care
11 center shall be no larger than 20 beds. A postsurgical
12 recovery care center shall be located within 15 minutes
13 travel time from the general acute care hospital with which
14 the center maintains a contractual relationship, including
15 a transfer agreement, as required under this paragraph.

16 No postsurgical recovery care center shall
17 discriminate against any patient requiring treatment
18 because of the source of payment for services, including
19 Medicare and Medicaid recipients.

20 The Department shall adopt rules to implement the
21 provisions of Public Act 88-441 concerning postsurgical
22 recovery care centers within 9 months after August 20,
23 1993.

24 (3) Alternative health care delivery model; children's
25 community-based health care center. A children's
26 community-based health care center model is a designated

1 site that provides nursing care, clinical support
2 services, and therapies for a period of one to 14 days for
3 short-term stays and 120 days to facilitate transitions to
4 home or other appropriate settings for medically fragile
5 children, technology dependent children, and children with
6 special health care needs who are deemed clinically stable
7 by a physician and are younger than 22 years of age. This
8 care is to be provided in a home-like environment that
9 serves no more than 12 children at a time. Children's
10 community-based health care center services must be
11 available through the model to all families, including
12 those whose care is paid for through the Department of
13 Healthcare and Family Services, the Department of Children
14 and Family Services, the Department of Human Services, and
15 insurance companies who cover home health care services or
16 private duty nursing care in the home.

17 Each children's community-based health care center
18 model location shall be physically separate and apart from
19 any other facility licensed by the Department of Public
20 Health under this or any other Act and shall provide the
21 following services: respite care, registered nursing or
22 licensed practical nursing care, transitional care to
23 facilitate home placement or other appropriate settings
24 and reunite families, medical day care, weekend camps, and
25 diagnostic studies typically done in the home setting.

26 Coverage for the services provided by the Department of

1 Healthcare and Family Services under this paragraph (3) is
2 contingent upon federal waiver approval and is provided
3 only to Medicaid eligible clients participating in the home
4 and community based services waiver designated in Section
5 1915(c) of the Social Security Act for medically frail and
6 technologically dependent children or children in
7 Department of Children and Family Services foster care who
8 receive home health benefits.

9 (4) Alternative health care delivery model; community
10 based residential rehabilitation center. A community-based
11 residential rehabilitation center model is a designated
12 site that provides rehabilitation or support, or both, for
13 persons who have experienced severe brain injury, who are
14 medically stable, and who no longer require acute
15 rehabilitative care or intense medical or nursing
16 services. The average length of stay in a community-based
17 residential rehabilitation center shall not exceed 4
18 months. As an integral part of the services provided,
19 individuals are housed in a supervised living setting while
20 having immediate access to the community. The residential
21 rehabilitation center authorized by the Department may
22 have more than one residence included under the license. A
23 residence may be no larger than 12 beds and shall be
24 located as an integral part of the community. Day treatment
25 or individualized outpatient services shall be provided
26 for persons who reside in their own home. Functional

1 outcome goals shall be established for each individual.
2 Services shall include, but are not limited to, case
3 management, training and assistance with activities of
4 daily living, nursing consultation, traditional therapies
5 (physical, occupational, speech), functional interventions
6 in the residence and community (job placement, shopping,
7 banking, recreation), counseling, self-management
8 strategies, productive activities, and multiple
9 opportunities for skill acquisition and practice
10 throughout the day. The design of individualized program
11 plans shall be consistent with the outcome goals that are
12 established for each resident. The programs provided in
13 this setting shall be accredited by the Commission on
14 Accreditation of Rehabilitation Facilities (CARF). The
15 program shall have been accredited by CARF as a Brain
16 Injury Community-Integrative Program for at least 3 years.

17 (5) Alternative health care delivery model;
18 Alzheimer's disease management center. An Alzheimer's
19 disease management center model is a designated site that
20 provides a safe and secure setting for care of persons
21 diagnosed with Alzheimer's disease. An Alzheimer's disease
22 management center model shall be a facility separate from
23 any other facility licensed by the Department of Public
24 Health under this or any other Act. An Alzheimer's disease
25 management center shall conduct and document an assessment
26 of each resident every 6 months. The assessment shall

1 include an evaluation of daily functioning, cognitive
2 status, other medical conditions, and behavioral problems.
3 An Alzheimer's disease management center shall develop and
4 implement an ongoing treatment plan for each resident. The
5 treatment plan shall have defined goals. The Alzheimer's
6 disease management center shall treat behavioral problems
7 and mood disorders using nonpharmacologic approaches such
8 as environmental modification, task simplification, and
9 other appropriate activities. All staff must have
10 necessary training to care for all stages of Alzheimer's
11 Disease. An Alzheimer's disease management center shall
12 provide education and support for residents and
13 caregivers. The education and support shall include
14 referrals to support organizations for educational
15 materials on community resources, support groups, legal
16 and financial issues, respite care, and future care needs
17 and options. The education and support shall also include a
18 discussion of the resident's need to make advance
19 directives and to identify surrogates for medical and legal
20 decision-making. The provisions of this paragraph
21 establish the minimum level of services that must be
22 provided by an Alzheimer's disease management center. An
23 Alzheimer's disease management center model shall have no
24 more than 100 residents. Nothing in this paragraph (5)
25 shall be construed as prohibiting a person or facility from
26 providing services and care to persons with Alzheimer's

1 disease as otherwise authorized under State law.

2 (6) Alternative health care delivery model; birth
3 center. A birth center shall be exclusively dedicated to
4 serving the childbirth-related needs of women and their
5 newborns and shall have no more than 10 beds. A birth
6 center is a designated site that is away from the mother's
7 usual place of residence and in which births are planned to
8 occur following a normal, uncomplicated, and low-risk
9 pregnancy. A birth center shall offer prenatal care and
10 community education services and shall coordinate these
11 services with other health care services available in the
12 community.

13 (A) A birth center shall not be separately licensed
14 if it is one of the following:

15 (1) A part of a hospital; or

16 (2) A freestanding facility that is physically
17 distinct from a hospital but is operated under a
18 license issued to a hospital under the Hospital
19 Licensing Act.

20 (B) A separate birth center license shall be
21 required if the birth center is operated as:

22 (1) A part of the operation of a federally
23 qualified health center as designated by the
24 United States Department of Health and Human
25 Services; or

26 (2) A facility other than one described in

1 subparagraph (A)(1), (A)(2), or (B)(1) of this
2 paragraph (6) whose costs are reimbursable under
3 Title XIX of the federal Social Security Act.

4 In adopting rules for birth centers, the Department
5 shall consider: the American Association of Birth Centers'
6 Standards for Freestanding Birth Centers; the American
7 Academy of Pediatrics/American College of Obstetricians
8 and Gynecologists Guidelines for Perinatal Care; and the
9 Regionalized Perinatal Health Care Code. The Department's
10 rules shall stipulate the eligibility criteria for birth
11 center admission. The Department's rules shall stipulate
12 the necessary equipment for emergency care according to the
13 American Association of Birth Centers' standards and any
14 additional equipment deemed necessary by the Department.
15 The Department's rules shall provide for a time period
16 within which each birth center not part of a hospital must
17 become accredited by either the Commission for the
18 Accreditation of Freestanding Birth Centers or The Joint
19 Commission.

20 A birth center shall be certified to participate in the
21 Medicare and Medicaid programs under Titles XVIII and XIX,
22 respectively, of the federal Social Security Act. To the
23 extent necessary, the Illinois Department of Healthcare
24 and Family Services shall apply for a waiver from the
25 United States Health Care Financing Administration to
26 allow birth centers to be reimbursed under Title XIX of the

1 federal Social Security Act.

2 A birth center that is not operated under a hospital
3 license shall be located within a ground travel time
4 distance from the general acute care hospital with which
5 the birth center maintains a contractual relationship,
6 including a transfer agreement, as required under this
7 paragraph, that allows for an emergency caesarian delivery
8 to be started within 30 minutes of the decision a caesarian
9 delivery is necessary. A birth center operating under a
10 hospital license shall be located within a ground travel
11 time distance from the licensed hospital that allows for an
12 emergency caesarian delivery to be started within 30
13 minutes of the decision a caesarian delivery is necessary.

14 The services of a medical director physician, licensed
15 to practice medicine in all its branches, who is certified
16 or eligible for certification by the American College of
17 Obstetricians and Gynecologists or the American Board of
18 Osteopathic Obstetricians and Gynecologists or has
19 hospital obstetrical privileges are required in birth
20 centers. The medical director in consultation with the
21 Director of Nursing and Midwifery Services shall
22 coordinate the clinical staff and overall provision of
23 patient care. The medical director or his or her physician
24 designee shall be available on the premises or within a
25 close proximity as defined by rule. The medical director
26 and the Director of Nursing and Midwifery Services shall

1 jointly develop and approve policies defining the criteria
2 to determine which pregnancies are accepted as normal,
3 uncomplicated, and low-risk, and the anesthesia services
4 available at the center. No general anesthesia may be
5 administered at the center.

6 If a birth center employs certified nurse midwives, a
7 certified nurse midwife shall be the Director of Nursing
8 and Midwifery Services who is responsible for the
9 development of policies and procedures for services as
10 provided by Department rules.

11 An obstetrician, family practitioner, or certified
12 nurse midwife shall attend each woman in labor from the
13 time of admission through birth and throughout the
14 immediate postpartum period. Attendance may be delegated
15 only to another physician or certified nurse midwife.
16 Additionally, a second staff person shall also be present
17 at each birth who is licensed or certified in Illinois in a
18 health-related field and under the supervision of the
19 physician or certified nurse midwife in attendance, has
20 specialized training in labor and delivery techniques and
21 care of newborns, and receives planned and ongoing training
22 as needed to perform assigned duties effectively.

23 The maximum length of stay in a birth center shall be
24 consistent with existing State laws allowing a 48-hour stay
25 or appropriate post-delivery care, if discharged earlier
26 than 48 hours.

1 A birth center shall participate in the Illinois
2 Perinatal System under the Developmental Disability
3 Prevention Act. At a minimum, this participation shall
4 require a birth center to establish a letter of agreement
5 with a hospital designated under the Perinatal System. A
6 hospital that operates or has a letter of agreement with a
7 birth center shall include the birth center under its
8 maternity service plan under the Hospital Licensing Act and
9 shall include the birth center in the hospital's letter of
10 agreement with its regional perinatal center.

11 A birth center may not discriminate against any patient
12 requiring treatment because of the source of payment for
13 services, including Medicare and Medicaid recipients.

14 No general anesthesia and no surgery may be performed
15 at a birth center. The Department may by rule add birth
16 center patient eligibility criteria or standards as it
17 deems necessary. The Department shall by rule require each
18 birth center to report the information which the Department
19 shall make publicly available, which shall include, but is
20 not limited to, the following:

21 (i) Birth center ownership.

22 (ii) Sources of payment for services.

23 (iii) Utilization data involving patient length of
24 stay.

25 (iv) Admissions and discharges.

26 (v) Complications.

1 (vi) Transfers.

2 (vii) Unusual incidents.

3 (viii) Deaths.

4 (ix) Any other publicly reported data required
5 under the Illinois Consumer Guide.

6 (x) Post-discharge patient status data where
7 patients are followed for 14 days after discharge from
8 the birth center to determine whether the mother or
9 baby developed a complication or infection.

10 Within 9 months after the effective date of this
11 amendatory Act of the 95th General Assembly, the Department
12 shall adopt rules that are developed with consideration of:
13 the American Association of Birth Centers' Standards for
14 Freestanding Birth Centers; the American Academy of
15 Pediatrics/American College of Obstetricians and
16 Gynecologists Guidelines for Perinatal Care; and the
17 Regionalized Perinatal Health Care Code.

18 The Department shall adopt other rules as necessary to
19 implement the provisions of this amendatory Act of the 95th
20 General Assembly within 9 months after the effective date
21 of this amendatory Act of the 95th General Assembly.

22 (Source: P.A. 95-331, eff. 8-21-07; 95-445, eff. 1-1-08.)

23 Section 15. The Nursing Home Care Act is amended by
24 changing Sections 2-106 and 3-804 as follows:

1 (210 ILCS 45/2-106) (from Ch. 111 1/2, par. 4152-106)

2 Sec. 2-106. (a) For purposes of this Act, (i) a physical
3 restraint is any manual method or physical or mechanical
4 device, material, or equipment attached or adjacent to a
5 resident's body that the resident cannot remove easily and
6 restricts freedom of movement or normal access to one's body.
7 Devices used for positioning, including but not limited to bed
8 rails, gait belts, and cushions, shall not be considered to be
9 restraints for purposes of this Section; (ii) a chemical
10 restraint is any drug used for discipline or convenience and
11 not required to treat medical symptoms. The Department shall by
12 rule, designate certain devices as restraints, including at
13 least all those devices which have been determined to be
14 restraints by the United States Department of Health and Human
15 Services in interpretive guidelines issued for the purposes of
16 administering Titles XVIII and XIX of the Social Security Act.

17 (b) Neither restraints nor confinements shall be employed
18 for the purpose of punishment or for the convenience of any
19 facility personnel. No restraints or confinements shall be
20 employed except as ordered by a physician who documents the
21 need for such restraints or confinements in the resident's
22 clinical record. ~~Each facility licensed under this Act must~~
23 ~~have a written policy to address the use of restraints and~~
24 ~~seclusion. The Department shall establish by rule the~~
25 ~~provisions that the policy must include, which, to the extent~~
26 ~~practicable, should be consistent with the requirements for~~

1 ~~participation in the federal Medicare program. Each policy~~
2 ~~shall include periodic review of the use of restraints.~~

3 (c) A restraint may be used only with the informed consent
4 of the resident, the resident's guardian, or other authorized
5 representative. A restraint may be used only for specific
6 periods, if it is the least restrictive means necessary to
7 attain and maintain the resident's highest practicable
8 physical, mental or psychosocial well-being, including brief
9 periods of time to provide necessary life-saving treatment. A
10 restraint may be used only after consultation with appropriate
11 health professionals, such as occupational or physical
12 therapists, and a trial of less restrictive measures has led to
13 the determination that the use of less restrictive measures
14 would not attain or maintain the resident's highest practicable
15 physical, mental or psychosocial well-being. However, if the
16 resident needs emergency care, restraints may be used for brief
17 periods to permit medical treatment to proceed unless the
18 facility has notice that the resident has previously made a
19 valid refusal of the treatment in question.

20 (d) A restraint may be applied only by a person trained in
21 the application of the particular type of restraint.

22 (e) Whenever a period of use of a restraint is initiated,
23 the resident shall be advised of his or her right to have a
24 person or organization of his or her choosing, including the
25 Guardianship and Advocacy Commission, notified of the use of
26 the restraint. A recipient who is under guardianship may

1 request that a person or organization of his or her choosing be
2 notified of the restraint, whether or not the guardian approves
3 the notice. If the resident so chooses, the facility shall make
4 the notification within 24 hours, including any information
5 about the period of time that the restraint is to be used.
6 Whenever the Guardianship and Advocacy Commission is notified
7 that a resident has been restrained, it shall contact the
8 resident to determine the circumstances of the restraint and
9 whether further action is warranted.

10 (f) Whenever a restraint is used on a resident whose
11 primary mode of communication is sign language, the resident
12 shall be permitted to have his or her hands free from restraint
13 for brief periods each hour, except when this freedom may
14 result in physical harm to the resident or others.

15 (g) The requirements of this Section are intended to
16 control in any conflict with the requirements of Sections 1-126
17 and 2-108 of the Mental Health and Developmental Disabilities
18 Code.

19 (Source: P.A. 95-331, eff. 8-21-07.)

20 (210 ILCS 45/3-804) (from Ch. 111 1/2, par. 4153-804)

21 Sec. 3-804. The Department shall report to the General
22 Assembly by July ~~April~~ 1 of each year upon the performance of
23 its inspection, survey and evaluation duties under this Act,
24 including the number and needs of the Department personnel
25 engaged in such activities. The report shall also describe the

1 Department's actions in enforcement of this Act, including the
2 number and needs of personnel so engaged. The report shall also
3 include the number of valid and invalid complaints filed with
4 the Department within the last calendar year.

5 (Source: P.A. 84-1322.)

6 Section 20. The Illinois Migrant Labor Camp Law is amended
7 by changing Sections 4 and 6 as follows:

8 (210 ILCS 110/4) (from Ch. 111 1/2, par. 185.4)

9 Sec. 4. Applications for a license to operate or maintain a
10 Migrant Labor Camp or for a renewal thereof shall be made upon
11 forms to be furnished by the Department. Such application shall
12 include:

13 (a) The name and address of the applicant or applicants. If
14 the applicant is a partnership, the names and addresses of all
15 the partners shall also be given. If the applicant is a
16 corporation, the names and addresses of the principal officers
17 of the corporation shall be given.

18 (b) The approximate legal description and the address of
19 the tract of land upon which the applicant proposes to operate
20 and maintain such Migrant Labor Camp.

21 (c) A general plan or sketch of the camp site showing the
22 location of the buildings or facilities together with a
23 description of the buildings, of the water supply, of the
24 toilet, bathing and laundry facilities, and of the fire

1 protection equipment.

2 (d) The date upon which the occupancy and use of the
3 Migrant Labor Camp will commence.

4 The application for the original license or for any renewal
5 thereof shall be accompanied by a fee of \$100.

6 Application for the original license ~~or any renewal thereof~~
7 shall be filed with the Department ~~in the office of the~~
8 ~~Director~~ at least 60 days prior to the date on which the
9 occupancy and use of such camp is to commence. Application for
10 a renewal license shall be filed with the Department at least
11 60 days prior to the expiration date of the current license.
12 The camp shall be ready for inspection at least 30 days prior
13 to the date upon which the occupancy and use of such camp is to
14 commence.

15 (Source: P.A. 86-595.)

16 (210 ILCS 110/6) (from Ch. 111 1/2, par. 185.6)

17 Sec. 6. Upon receipt of an application for a license, the
18 Department shall inspect the camp site and the facilities
19 described in the application ~~approximately 30 days prior to the~~
20 ~~date on which the occupancy and use of such camp is to~~
21 ~~commence~~. If the Department finds that the Migrant Labor Camp
22 described in the application meets and complies with the
23 provisions of this Act and the rules and regulations of the
24 Department in relation thereto, the Director shall, ~~not less~~
25 ~~than 15 days prior to the date on which the occupancy and use~~

1 ~~of such camp is to commence,~~ issue a license to the applicant
2 for the operation of the camp.

3 If the application is denied, the Department shall notify
4 the applicant in writing of such denial ~~not less than 15 days~~
5 ~~prior to the date on which the occupancy and use of such camp~~
6 ~~is to commence,~~ setting forth the reasons therefor. If the
7 conditions constituting the basis for such denial are
8 remediable, the applicant may correct such conditions and
9 notify the Department in writing indicating therein the manner
10 in which such conditions have been remedied. Notifications of
11 corrections shall be processed in the same manner as the
12 original application.

13 (Source: Laws 1965, p. 2356.)

14 Section 25. The Poison Control System Act is amended by
15 changing Section 15 as follows:

16 (410 ILCS 47/15)

17 Sec. 15. Regional center designation. By January 1, 1993,
18 the Director of the Illinois Department of Public Health shall
19 designate at least one ~~2~~ and no more than 3 human poison
20 control centers. The director of the Illinois Department of
21 Agriculture shall designate one ~~1~~ animal poison control center
22 as regional poison control center to provide comprehensive
23 poison control center services for animal exposures by January
24 1, 1993. The services provided by the centers shall adhere to

1 the appropriate national standards promulgated by the American
2 Association of Poison Control Centers and the Illinois State
3 Veterinary Medical Association; adherence to these standards
4 shall occur within 2 years after designation by the respective
5 departments, unless the center has been granted an extension by
6 the Illinois Department of Public Health or the Illinois
7 Department of Agriculture. The 2-year period shall
8 automatically be extended for an additional 2 years if funding
9 was not secured after a poison control center's initial
10 designation. The designated departments shall set standards of
11 operation after consulting with current poison control service
12 providers. Poison control centers shall cooperate to reduce the
13 cost of operations, collect information on poisoning
14 exposures, and provide education to the public and health
15 professionals. A regional poison control center shall continue
16 to operate unless it voluntarily closes or the designating
17 departments revoke the designation for failure to comply with
18 the standards. Centers designated under this Act shall be
19 considered State agencies for purposes of the State Employee
20 Indemnification Act.

21 (Source: P.A. 87-1145.)

22 Section 30. The Illinois Food, Drug and Cosmetic Act is
23 amended by changing Section 21.3 as follows:

24 (410 ILCS 620/21.3)

1 Sec. 21.3. Certificates of free sale; health certificates;
2 shellfish certificates.

3 (a) The Department is authorized, upon request, to issue
4 certificates of free sale, health certificates, or an
5 equivalent, to Illinois food, dairy, drug, cosmetic, or medical
6 device manufacturers, processors, packers, or warehousemen. The
7 Department shall charge a fee of \$10 for issuing a certificate
8 of free sale, health certificate, or equivalent.

9 (b) The Department shall issue an Illinois shellfish
10 certificate, upon request, to shellfish firms in compliance
11 with the National Shellfish Sanitation Program Model Ordinance
12 ~~Interstate Shellfish Sanitation Conference~~.

13 (c) This Section applies on and after January 1, 2003.
14 (Source: P.A. 92-769, eff. 1-1-03.)

15 Section 35. The Grade A Pasteurized Milk and Milk Products
16 Act is amended by changing Section 3 as follows:

17 (410 ILCS 635/3) (from Ch. 56 1/2, par. 2203)

18 Sec. 3. Definitions.

19 (a) As used in this Act "Grade A" means that milk and milk
20 products are produced and processed in accordance with the
21 current Grade A Pasteurized Milk Ordinance as adopted by the
22 National Conference on Interstate Milk Shipments and the latest
23 United States Public Health Service - Food and Drug
24 Administration and all other applicable federal regulations

1 ~~Grade A Pasteurized Milk Ordinance as may be amended.~~ The term
2 Grade A is applicable to "dairy farm", "milk hauler-sampler",
3 "milk plant", "milk product", "receiving station", "transfer
4 station", "milk tank truck", and "certified pasteurizer
5 sealer" whenever used in this Act.

6 (b) Unless the context clearly indicates otherwise, terms
7 have the meaning ascribed as follows:

8 (1) "Dairy farm" means any place or premise where one
9 or more cows or goats are kept, and from which a part or
10 all of the milk or milk products are provided, sold, or
11 offered for sale to a milk plant, transfer station, or
12 receiving station.

13 (2) "Milk" means the milk of cows or goats and includes
14 skim milk and cream.

15 (3) "Milk plant" means any place, premise, or
16 establishment where milk or milk products are collected,
17 handled, processed, stored, pasteurized, aseptically
18 processed, bottled, or prepared for distribution.

19 (4) "Milk product" means any product including cream,
20 light cream, light whipping cream, heavy cream, heavy
21 whipping cream, whipped cream, whipped light cream, sour
22 cream, acidified light cream, cultured sour cream,
23 half-and-half, sour half-and-half, acidified sour
24 half-and-half, cultured half-and-half, reconstituted or
25 recombined milk and milk products, concentrated milk,
26 concentrated milk products, skim milk, lowfat milk, frozen

1 milk concentrate, eggnog, buttermilk, cultured milk,
2 cultured lowfat milk or skim milk, cottage cheese, yogurt,
3 lowfat yogurt, nonfat yogurt, acidified milk, acidified
4 lowfat milk or skim milk, low-sodium milk, low-sodium
5 lowfat milk, low-sodium skim milk, lactose-reduced milk,
6 lactose-reduced lowfat milk, lactose-reduced skim milk,
7 aseptically processed and packaged milk and milk products,
8 and milk, lowfat milk or skim milk with added safe and
9 suitable microbial organisms.

10 (5) "Receiving station" means any place, premise, or
11 establishment where raw milk is received, collected,
12 handled, stored or cooled and prepared for further
13 transporting.

14 (6) "Transfer station" means any place, premise, or
15 establishment where milk or milk products are transferred
16 directly from one milk tank truck to another.

17 (7) "Department" means the Illinois Department of
18 Public Health.

19 (8) "Director" means the Director of the Illinois
20 Department of Public Health.

21 (9) "Embargo or hold for investigation" means a
22 detention or seizure designed to deny the use of milk or
23 milk products which may be unwholesome or to prohibit the
24 use of equipment which may result in contaminated or
25 unwholesome milk or dairy products.

26 (10) "Imminent hazard to the public health" means any

1 hazard to the public health when the evidence is sufficient
2 to show that a product or practice, posing or contributing
3 to a significant threat of danger to health, creates or may
4 create a public health situation (1) that should be
5 corrected immediately to prevent injury and (2) that should
6 not be permitted to continue while a hearing or other
7 formal proceeding is being held.

8 (11) "Person" means any individual, group of
9 individuals, association, trust, partnership, corporation,
10 person doing business under an assumed name, the State of
11 Illinois, or any political subdivision or department
12 thereof, or any other entity.

13 (12) "Enforcing agency" means the Illinois Department
14 of Public Health or a unit of local government electing to
15 administer and enforce this Act as provided for in this
16 Act.

17 (13) "Permit" means a document awarded to a person for
18 compliance with the provisions of and under conditions set
19 forth in this Act.

20 (14) "Milk hauler-sampler" means a person who is
21 qualified and trained for the grading and sampling of raw
22 milk in accordance with federal and State quality standards
23 and procedures.

24 (15) "Cleaning and sanitizing facility" means any
25 place, premise or establishment where milk tank trucks are
26 cleaned and sanitized.

1 (16) "Milk tank truck" includes both a bulk pickup tank
2 and a milk transport tank.

3 (A) "Bulk milk pickup tank" means the tank, and
4 those appurtenances necessary for its use, used by a
5 milk hauler-sampler to transport bulk raw milk for
6 pasteurization from a dairy farm to a milk plant,
7 receiving station, or transfer station.

8 (B) "Milk transport tank" means a vehicle,
9 including the truck and tank, used by a milk hauler to
10 transport bulk shipments of milk from a transfer
11 station, receiving station, or milk plant to another
12 transfer station, receiving station, or milk plant.

13 (17) "Certified pasteurizer sealer" means a person who
14 has satisfactorily completed a course of instruction and
15 has demonstrated the ability to satisfactorily conduct all
16 pasteurization control tests, as required by rules adopted
17 by the Department.

18 (Source: P.A. 92-216, eff. 1-1-02.)

19 (210 ILCS 3/36.5 rep.)

20 Section 40. The Alternative Health Care Delivery Act is
21 amended by repealing Section 36.5.

22 Section 99. Effective date. This Act takes effect upon
23 becoming law.