

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 3, 5.3, 5.4, 6.2, 8.5, 10, 11, 12,
6 12.2, 12.5, 13, and 15 as follows:

7 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

8 (Section scheduled to be repealed on December 31, 2019)

9 Sec. 3. Definitions. As used in this Act:

10 "Health care facilities" means and includes the following
11 facilities, organizations, and related persons:

12 (1) ~~1.~~ An ambulatory surgical treatment center
13 required to be licensed pursuant to the Ambulatory Surgical
14 Treatment Center Act. †

15 (2) ~~2.~~ An institution, place, building, or agency
16 required to be licensed pursuant to the Hospital Licensing
17 Act. †

18 (3) ~~3.~~ Skilled and intermediate long term care
19 facilities licensed under the Nursing Home Care Act. †

20 (A) If a demonstration project under the Nursing
21 Home Care Act applies for a certificate of need to
22 convert to a nursing facility, it shall meet the
23 licensure and certificate of need requirements in

1 effect as of the date of application.

2 (B) Except as provided in item (A) of this
3 subsection, this Act does not apply to facilities
4 granted waivers under Section 3-102.2 of the Nursing
5 Home Care Act. †

6 (3.5) ~~3.5.~~ Skilled and intermediate care facilities
7 licensed under the ID/DD Community Care Act. †

8 (A) No permit or exemption is required for a
9 facility licensed under the ID/DD Community Care Act
10 prior to the reduction of the number of beds at a
11 facility. If there is a total reduction of beds at a
12 facility licensed under the ID/DD Community Care Act,
13 this is a discontinuation or closure of the facility.
14 If a facility licensed under the ID/DD Community Care
15 Act reduces the number of beds or discontinues the
16 facility, that facility must notify the Board as
17 provided in Section 14.1 of this Act.

18 (3.7) ~~3.7.~~ Facilities licensed under the Specialized
19 Mental Health Rehabilitation Act. †

20 (4) ~~4.~~ Hospitals, nursing homes, ambulatory surgical
21 treatment centers, or kidney disease treatment centers
22 maintained by the State or any department or agency
23 thereof. †

24 (5) ~~5.~~ Kidney disease treatment centers, including a
25 free-standing hemodialysis unit required to be licensed
26 under the End Stage Renal Disease Facility Act. †

1 (A) This Act does not apply to a dialysis facility
2 that provides only dialysis training, support, and
3 related services to individuals with end stage renal
4 disease who have elected to receive home dialysis.

5 (B) This Act does not apply to a dialysis unit
6 located in a licensed nursing home that offers or
7 provides dialysis-related services to residents with
8 end stage renal disease who have elected to receive
9 home dialysis within the nursing home.

10 (C) The Board, however, may require dialysis
11 facilities and licensed nursing homes under items (A)
12 and (B) of this subsection to report statistical
13 information on a quarterly basis to the Board to be
14 used by the Board to conduct analyses on the need for
15 proposed kidney disease treatment centers.

16 (6) ~~6.~~ An institution, place, building, or room used
17 for the performance of outpatient surgical procedures that
18 is leased, owned, or operated by or on behalf of an
19 out-of-state facility. ~~+~~

20 (7) ~~7.~~ An institution, place, building, or room used
21 for provision of a health care category of service,
22 including, but not limited to, cardiac catheterization and
23 open heart surgery. ~~+~~ ~~and~~

24 (8) ~~8.~~ An institution, place, building, or room housing
25 ~~used for provision of~~ major medical equipment used in the
26 direct clinical diagnosis or treatment of patients, and

1 whose project cost is in excess of the capital expenditure
2 minimum.

3 "Health care facilities" does not include the following
4 entities or facility transactions:

5 (1) Federally-owned facilities.

6 (2) Facilities used solely for healing by prayer or
7 spiritual means.

8 (3) An existing facility located on any campus facility
9 as defined in Section 5-5.8b of the Illinois Public Aid
10 Code, provided that the campus facility encompasses 30 or
11 more contiguous acres and that the new or renovated
12 facility is intended for use by a licensed residential
13 facility.

14 (4) Facilities licensed under the Supportive
15 Residences Licensing Act or the Assisted Living and Shared
16 Housing Act.

17 (5) Facilities designated as supportive living
18 facilities that are in good standing with the program
19 established under Section 5-5.01a of the Illinois Public
20 Aid Code.

21 (6) Facilities established and operating under the
22 Alternative Health Care Delivery Act as a children's
23 respite care center alternative health care model
24 demonstration program or as an Alzheimer's Disease
25 Management Center alternative health care model
26 demonstration program.

1 (7) The closure of an entity or a portion of an entity
2 licensed under the Nursing Home Care Act, the Specialized
3 Mental Health Rehabilitation Act, or the ID/DD Community
4 Care Act, with the exception of facilities operated by a
5 county or Illinois Veterans Homes, that elect to convert,
6 in whole or in part, to an assisted living or shared
7 housing establishment licensed under the Assisted Living
8 and Shared Housing Act.

9 (8) Any change of ownership of a healthcare facility
10 that is licensed under the Nursing Home Care Act, the
11 Specialized Mental Health Rehabilitation Act, or the ID/DD
12 Community Care Act, with the exception of facilities
13 operated by a county or Illinois Veterans Homes. Changes of
14 ownership of facilities licensed under the Nursing Home
15 Care Act must meet the requirements set forth in Sections
16 3-101 through 3-119 of the Nursing Home Care Act.

17 ~~This Act shall not apply to the construction of any new~~
18 ~~facility or the renovation of any existing facility located on~~
19 ~~any campus facility as defined in Section 5-5.8b of the~~
20 ~~Illinois Public Aid Code, provided that the campus facility~~
21 ~~encompasses 30 or more contiguous acres and that the new or~~
22 ~~renovated facility is intended for use by a licensed~~
23 ~~residential facility.~~

24 ~~No federally owned facility shall be subject to the~~
25 ~~provisions of this Act, nor facilities used solely for healing~~
26 ~~by prayer or spiritual means.~~

1 ~~No facility licensed under the Supportive Residences~~
2 ~~Licensing Act or the Assisted Living and Shared Housing Act~~
3 ~~shall be subject to the provisions of this Act.~~

4 ~~No facility established and operating under the~~
5 ~~Alternative Health Care Delivery Act as a children's respite~~
6 ~~care center alternative health care model demonstration~~
7 ~~program or as an Alzheimer's Disease Management Center~~
8 ~~alternative health care model demonstration program shall be~~
9 ~~subject to the provisions of this Act.~~

10 ~~A facility designated as a supportive living facility that~~
11 ~~is in good standing with the program established under Section~~
12 ~~5-5.01a of the Illinois Public Aid Code shall not be subject to~~
13 ~~the provisions of this Act.~~

14 ~~This Act does not apply to facilities granted waivers under~~
15 ~~Section 3-102.2 of the Nursing Home Care Act. However, if a~~
16 ~~demonstration project under that Act applies for a certificate~~
17 ~~of need to convert to a nursing facility, it shall meet the~~
18 ~~licensure and certificate of need requirements in effect as of~~
19 ~~the date of application.~~

20 ~~This Act does not apply to a dialysis facility that~~
21 ~~provides only dialysis training, support, and related services~~
22 ~~to individuals with end stage renal disease who have elected to~~
23 ~~receive home dialysis. This Act does not apply to a dialysis~~
24 ~~unit located in a licensed nursing home that offers or provides~~
25 ~~dialysis-related services to residents with end stage renal~~
26 ~~disease who have elected to receive home dialysis within the~~

1 ~~nursing home. The Board, however, may require these dialysis~~
2 ~~facilities and licensed nursing homes to report statistical~~
3 ~~information on a quarterly basis to the Board to be used by the~~
4 ~~Board to conduct analyses on the need for proposed kidney~~
5 ~~disease treatment centers.~~

6 ~~This Act shall not apply to the closure of an entity or a~~
7 ~~portion of an entity licensed under the Nursing Home Care Act,~~
8 ~~the Specialized Mental Health Rehabilitation Act, or the ID/DD~~
9 ~~Community Care Act, with the exceptions of facilities operated~~
10 ~~by a county or Illinois Veterans Homes, that elects to convert,~~
11 ~~in whole or in part, to an assisted living or shared housing~~
12 ~~establishment licensed under the Assisted Living and Shared~~
13 ~~Housing Act.~~

14 ~~This Act does not apply to any change of ownership of a~~
15 ~~healthcare facility that is licensed under the Nursing Home~~
16 ~~Care Act, the Specialized Mental Health Rehabilitation Act, or~~
17 ~~the ID/DD Community Care Act, with the exceptions of facilities~~
18 ~~operated by a county or Illinois Veterans Homes. Changes of~~
19 ~~ownership of facilities licensed under the Nursing Home Care~~
20 ~~Act must meet the requirements set forth in Sections 3-101~~
21 ~~through 3-119 of the Nursing Home Care Act.~~

22 With the exception of those health care facilities
23 specifically included in this Section, nothing in this Act
24 shall be intended to include facilities operated as a part of
25 the practice of a physician or other licensed health care
26 professional, whether practicing in his individual capacity or

1 within the legal structure of any partnership, medical or
2 professional corporation, or unincorporated medical or
3 professional group. Further, this Act shall not apply to
4 physicians or other licensed health care professional's
5 practices where such practices are carried out in a portion of
6 a health care facility under contract with such health care
7 facility by a physician or by other licensed health care
8 professionals, whether practicing in his individual capacity
9 or within the legal structure of any partnership, medical or
10 professional corporation, or unincorporated medical or
11 professional groups, unless the entity constructs, modifies,
12 or establishes a health care facility as specifically defined
13 in this Section. This Act shall apply to construction or
14 modification and to establishment by such health care facility
15 of such contracted portion which is subject to facility
16 licensing requirements, irrespective of the party responsible
17 for such action or attendant financial obligation.

18 ~~No permit or exemption is required for a facility licensed~~
19 ~~under the ID/DD Community Care Act prior to the reduction of~~
20 ~~the number of beds at a facility. If there is a total reduction~~
21 ~~of beds at a facility licensed under the ID/DD Community Care~~
22 ~~Act, this is a discontinuation or closure of the facility.~~
23 ~~However, if a facility licensed under the ID/DD Community Care~~
24 ~~Act reduces the number of beds or discontinues the facility,~~
25 ~~that facility must notify the Board as provided in Section 14.1~~
26 ~~of this Act.~~

1 "Person" means any one or more natural persons, legal
2 entities, governmental bodies other than federal, or any
3 combination thereof.

4 "Consumer" means any person other than a person (a) whose
5 major occupation currently involves or whose official capacity
6 within the last 12 months has involved the providing,
7 administering or financing of any type of health care facility,
8 (b) who is engaged in health research or the teaching of
9 health, (c) who has a material financial interest in any
10 activity which involves the providing, administering or
11 financing of any type of health care facility, or (d) who is or
12 ever has been a member of the immediate family of the person
13 defined by (a), (b), or (c).

14 "State Board" or "Board" means the Health Facilities and
15 Services Review Board.

16 "Construction or modification" means the establishment,
17 erection, building, alteration, reconstruction, modernization,
18 improvement, extension, discontinuation, change of ownership,
19 of or by a health care facility, or the purchase or acquisition
20 by or through a health care facility of equipment or service
21 for diagnostic or therapeutic purposes or for facility
22 administration or operation, or any capital expenditure made by
23 or on behalf of a health care facility which exceeds the
24 capital expenditure minimum; however, any capital expenditure
25 made by or on behalf of a health care facility for (i) the
26 construction or modification of a facility licensed under the

1 Assisted Living and Shared Housing Act or (ii) a conversion
2 project undertaken in accordance with Section 30 of the Older
3 Adult Services Act shall be excluded from any obligations under
4 this Act.

5 "Establish" means the construction of a health care
6 facility or the replacement of an existing facility on another
7 site or the initiation of a category of service.

8 "Major medical equipment" means medical equipment which is
9 used for the provision of medical and other health services and
10 which costs in excess of the capital expenditure minimum,
11 except that such term does not include medical equipment
12 acquired by or on behalf of a clinical laboratory to provide
13 clinical laboratory services if the clinical laboratory is
14 independent of a physician's office and a hospital and it has
15 been determined under Title XVIII of the Social Security Act to
16 meet the requirements of paragraphs (10) and (11) of Section
17 1861(s) of such Act. In determining whether medical equipment
18 has a value in excess of the capital expenditure minimum, the
19 value of studies, surveys, designs, plans, working drawings,
20 specifications, and other activities essential to the
21 acquisition of such equipment shall be included.

22 "Capital Expenditure" means an expenditure: (A) made by or
23 on behalf of a health care facility (as such a facility is
24 defined in this Act); and (B) which under generally accepted
25 accounting principles is not properly chargeable as an expense
26 of operation and maintenance, or is made to obtain by lease or

1 comparable arrangement any facility or part thereof or any
2 equipment for a facility or part; and which exceeds the capital
3 expenditure minimum.

4 For the purpose of this paragraph, the cost of any studies,
5 surveys, designs, plans, working drawings, specifications, and
6 other activities essential to the acquisition, improvement,
7 expansion, or replacement of any plant or equipment with
8 respect to which an expenditure is made shall be included in
9 determining if such expenditure exceeds the capital
10 expenditures minimum. Unless otherwise interdependent, or
11 submitted as one project by the applicant, components of
12 construction or modification undertaken by means of a single
13 construction contract or financed through the issuance of a
14 single debt instrument shall not be grouped together as one
15 project. Donations of equipment or facilities to a health care
16 facility which if acquired directly by such facility would be
17 subject to review under this Act shall be considered capital
18 expenditures, and a transfer of equipment or facilities for
19 less than fair market value shall be considered a capital
20 expenditure for purposes of this Act if a transfer of the
21 equipment or facilities at fair market value would be subject
22 to review.

23 "Capital expenditure minimum" means \$11,500,000 for
24 projects by hospital applicants, \$6,500,000 for applicants for
25 projects related to skilled and intermediate care long-term
26 care facilities licensed under the Nursing Home Care Act, and

1 \$3,000,000 for projects by all other applicants, which shall be
2 annually adjusted to reflect the increase in construction costs
3 due to inflation, for major medical equipment and for all other
4 capital expenditures.

5 "Non-clinical service area" means an area (i) for the
6 benefit of the patients, visitors, staff, or employees of a
7 health care facility and (ii) not directly related to the
8 diagnosis, treatment, or rehabilitation of persons receiving
9 services from the health care facility. "Non-clinical service
10 areas" include, but are not limited to, chapels; gift shops;
11 news stands; computer systems; tunnels, walkways, and
12 elevators; telephone systems; projects to comply with life
13 safety codes; educational facilities; student housing;
14 patient, employee, staff, and visitor dining areas;
15 administration and volunteer offices; modernization of
16 structural components (such as roof replacement and masonry
17 work); boiler repair or replacement; vehicle maintenance and
18 storage facilities; parking facilities; mechanical systems for
19 heating, ventilation, and air conditioning; loading docks; and
20 repair or replacement of carpeting, tile, wall coverings,
21 window coverings or treatments, or furniture. Solely for the
22 purpose of this definition, "non-clinical service area" does
23 not include health and fitness centers.

24 "Areawide" means a major area of the State delineated on a
25 geographic, demographic, and functional basis for health
26 planning and for health service and having within it one or

1 more local areas for health planning and health service. The
2 term "region", as contrasted with the term "subregion", and the
3 word "area" may be used synonymously with the term "areawide".

4 "Local" means a subarea of a delineated major area that on
5 a geographic, demographic, and functional basis may be
6 considered to be part of such major area. The term "subregion"
7 may be used synonymously with the term "local".

8 "Physician" means a person licensed to practice in
9 accordance with the Medical Practice Act of 1987, as amended.

10 "Licensed health care professional" means a person
11 licensed to practice a health profession under pertinent
12 licensing statutes of the State of Illinois.

13 "Director" means the Director of the Illinois Department of
14 Public Health.

15 "Agency" means the Illinois Department of Public Health.

16 "Alternative health care model" means a facility or program
17 authorized under the Alternative Health Care Delivery Act.

18 "Out-of-state facility" means a person that is both (i)
19 licensed as a hospital or as an ambulatory surgery center under
20 the laws of another state or that qualifies as a hospital or an
21 ambulatory surgery center under regulations adopted pursuant
22 to the Social Security Act and (ii) not licensed under the
23 Ambulatory Surgical Treatment Center Act, the Hospital
24 Licensing Act, or the Nursing Home Care Act. Affiliates of
25 out-of-state facilities shall be considered out-of-state
26 facilities. Affiliates of Illinois licensed health care

1 facilities 100% owned by an Illinois licensed health care
2 facility, its parent, or Illinois physicians licensed to
3 practice medicine in all its branches shall not be considered
4 out-of-state facilities. Nothing in this definition shall be
5 construed to include an office or any part of an office of a
6 physician licensed to practice medicine in all its branches in
7 Illinois that is not required to be licensed under the
8 Ambulatory Surgical Treatment Center Act.

9 "Change of ownership of a health care facility" means a
10 change in the person who has ownership or control of a health
11 care facility's physical plant and capital assets. A change in
12 ownership is indicated by the following transactions: sale,
13 transfer, acquisition, lease, change of sponsorship, or other
14 means of transferring control.

15 "Related person" means any person that: (i) is at least 50%
16 owned, directly or indirectly, by either the health care
17 facility or a person owning, directly or indirectly, at least
18 50% of the health care facility; or (ii) owns, directly or
19 indirectly, at least 50% of the health care facility.

20 "Charity care" means care provided by a health care
21 facility for which the provider does not expect to receive
22 payment from the patient or a third-party payer.

23 "Freestanding emergency center" means a facility subject
24 to licensure under Section 32.5 of the Emergency Medical
25 Services (EMS) Systems Act.

26 "Category of service" means a grouping by generic class of

1 various types or levels of support functions, equipment, care,
2 or treatment provided to patients or residents, including, but
3 not limited to, classes such as medical-surgical, pediatrics,
4 or cardiac catheterization. A category of service may include
5 subcategories or levels of care that identify a particular
6 degree or type of care within the category of service. Nothing
7 in this definition shall be construed to include the practice
8 of a physician or other licensed health care professional while
9 functioning in an office providing for the care, diagnosis, or
10 treatment of patients. A category of service that is subject to
11 the Board's jurisdiction must be designated in rules adopted by
12 the Board.

13 "State Board Staff Report" means the document that sets
14 forth the review and findings of the State Board staff, as
15 prescribed by the State Board, regarding applications subject
16 to Board jurisdiction.

17 (Source: P.A. 97-38, eff. 6-28-11; 97-277, eff. 1-1-12; 97-813,
18 eff. 7-13-12; 97-980, eff. 8-17-12; 98-414, eff. 1-1-14.)

19 (20 ILCS 3960/5.3)

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

21 Sec. 5.3. Annual report of capital expenditures. In
22 addition to the State Board's authority to require reports, the
23 State Board shall require each health care facility to submit
24 an annual report of all capital expenditures in excess of
25 \$200,000 (which shall be annually adjusted to reflect the

1 increase in construction costs due to inflation) made by the
2 health care facility during the most recent year. This annual
3 report shall consist of a brief description of the capital
4 expenditure, the amount and method of financing the capital
5 expenditure, the certificate of need project number if the
6 project was reviewed, and the total amount of capital
7 expenditures obligated for the year. Data collected from health
8 care facilities pursuant to this Section shall not duplicate or
9 overlap other data collected by the Department and must be
10 collected as part of the State Board's ~~Department's~~ Annual
11 Questionnaires or supplements for health care facilities that
12 report these data.

13 (Source: P.A. 93-41, eff. 6-27-03.)

14 (20 ILCS 3960/5.4)

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

16 Sec. 5.4. Safety Net Impact Statement.

17 (a) General review criteria shall include a requirement
18 that all health care facilities, with the exception of skilled
19 and intermediate long-term care facilities licensed under the
20 Nursing Home Care Act, provide a Safety Net Impact Statement,
21 which shall be filed with an application for a substantive
22 project or when the application proposes to discontinue a
23 category of service.

24 (b) For the purposes of this Section, "safety net services"
25 are services provided by health care providers or organizations

1 that deliver health care services to persons with barriers to
2 mainstream health care due to lack of insurance, inability to
3 pay, special needs, ethnic or cultural characteristics, or
4 geographic isolation. Safety net service providers include,
5 but are not limited to, hospitals and private practice
6 physicians that provide charity care, school-based health
7 centers, migrant health clinics, rural health clinics,
8 federally qualified health centers, community health centers,
9 public health departments, and community mental health
10 centers.

11 (c) As developed by the applicant, a Safety Net Impact
12 Statement shall describe all of the following:

13 (1) The project's material impact, if any, on essential
14 safety net services in the community, to the extent that it
15 is feasible for an applicant to have such knowledge.

16 (2) The project's impact on the ability of another
17 provider or health care system to cross-subsidize safety
18 net services, if reasonably known to the applicant.

19 (3) How the discontinuation of a facility or service
20 might impact the remaining safety net providers in a given
21 community, if reasonably known by the applicant.

22 (d) Safety Net Impact Statements shall also include all of
23 the following:

24 (1) For the 3 fiscal years prior to the application, a
25 certification describing the amount of charity care
26 provided by the applicant. The amount calculated by

1 hospital applicants shall be in accordance with the
2 reporting requirements for charity care reporting in the
3 Illinois Community Benefits Act. Non-hospital applicants
4 shall report charity care, at cost, in accordance with an
5 appropriate methodology specified by the Board.

6 (2) For the 3 fiscal years prior to the application, a
7 certification of the amount of care provided to Medicaid
8 patients. Hospital and non-hospital applicants shall
9 provide Medicaid information in a manner consistent with
10 the information reported each year to the State Board
11 ~~Illinois Department of Public Health~~ regarding "Inpatients
12 and Outpatients Served by Payor Source" and "Inpatient and
13 Outpatient Net Revenue by Payor Source" as required by the
14 Board under Section 13 of this Act and published in the
15 Annual Hospital Profile.

16 (3) Any information the applicant believes is directly
17 relevant to safety net services, including information
18 regarding teaching, research, and any other service.

19 (e) The Board staff shall publish a notice, that an
20 application accompanied by a Safety Net Impact Statement has
21 been filed, in a newspaper having general circulation within
22 the area affected by the application. If no newspaper has a
23 general circulation within the county, the Board shall post the
24 notice in 5 conspicuous places within the proposed area.

25 (f) Any person, community organization, provider, or
26 health system or other entity wishing to comment upon or oppose

1 the application may file a Safety Net Impact Statement Response
2 with the Board, which shall provide additional information
3 concerning a project's impact on safety net services in the
4 community.

5 (g) Applicants shall be provided an opportunity to submit a
6 reply to any Safety Net Impact Statement Response.

7 (h) The Board staff report shall include a statement as to
8 whether a Safety Net Impact Statement was filed by the
9 applicant and whether it included information on charity care,
10 the amount of care provided to Medicaid patients, and
11 information on teaching, research, or any other service
12 provided by the applicant directly relevant to safety net
13 services. The report shall also indicate the names of the
14 parties submitting responses and the number of responses and
15 replies, if any, that were filed.

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

17 (20 ILCS 3960/6.2)

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

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

1 application is not complete, the Board staff shall explain
2 within the 10-day period why the application is incomplete.

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

11 The State Board shall prescribe and provide the forms upon
12 which the ~~review and findings of the~~ State Board Staff Report
13 ~~staff~~ shall be made. The State Board staff shall submit its
14 State Board Staff Report ~~review and findings~~ to the State Board
15 for its decision-making regarding approval or denial of the
16 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. 97-1115, eff. 8-27-12.)

14 (20 ILCS 3960/8.5)

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

16 Sec. 8.5. Certificate of exemption for change of ownership
17 of a health care facility; public notice and public hearing.

18 (a) Upon a finding ~~by the Department of Public Health~~ that
19 an application for a change of ownership is complete, the State
20 Board ~~Department of Public Health~~ shall publish a legal notice
21 on 3 consecutive days in a newspaper of general circulation in
22 the area or community to be affected and afford the public an
23 opportunity to request a hearing. If the application is for a
24 facility located in a Metropolitan Statistical Area, an
25 additional legal notice shall be published in a newspaper of

1 limited circulation, if one exists, in the area in which the
2 facility is located. If the newspaper of limited circulation is
3 published on a daily basis, the additional legal notice shall
4 be published on 3 consecutive days. The legal notice shall also
5 be posted on the Health Facilities and Services Review Board's
6 web site and sent to the State Representative and State Senator
7 of the district in which the health care facility is located.
8 ~~An~~ ~~The Department of Public Health shall not find that an~~
9 application for change of ownership of a hospital shall not be
10 deemed ~~is~~ complete without a signed certification that for a
11 period of 2 years after the change of ownership transaction is
12 effective, the hospital will not adopt a charity care policy
13 that is more restrictive than the policy in effect during the
14 year prior to the transaction.

15 For the purposes of this subsection, "newspaper of limited
16 circulation" means a newspaper intended to serve a particular
17 or defined population of a specific geographic area within a
18 Metropolitan Statistical Area such as a municipality, town,
19 village, township, or community area, but does not include
20 publications of professional and trade associations.

21 (b) If a public hearing is requested, it shall be held at
22 least 15 days but no more than 30 days after the date of
23 publication of the legal notice in the community in which the
24 facility is located. The hearing shall be held in a place of
25 reasonable size and accessibility and a full and complete
26 written transcript of the proceedings shall be made. The

1 applicant shall provide a summary of the proposed change of
2 ownership for distribution at the public hearing.

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

4 (20 ILCS 3960/10) (from Ch. 111 1/2, par. 1160)

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

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

18 Subsequent to an appearance by the applicant before the
19 State Board or default of such opportunity to appear, a motion
20 by the State Board to approve an application for a permit or a
21 certificate of recognition which fails to pass or a motion to
22 deny an application for a permit or a certificate of
23 recognition which passes shall be considered denial of the
24 application for a permit or certificate of recognition, as the
25 case may be. Such action of denial or an action by the State

1 Board to revoke a permit or a certificate of recognition shall
2 be communicated to the applicant or holder of the permit or
3 certificate of recognition. Such person or organization shall
4 be afforded an opportunity for a hearing before an
5 administrative law judge, who is appointed by the Chairman of
6 the State Board. A written notice of a request for such hearing
7 shall be served upon the Chairman of the State Board within 30
8 days following notification of the decision of the State Board.
9 The administrative law judge shall take actions necessary to
10 ensure that the hearing is completed within a reasonable period
11 of time, but not to exceed 120 days, except for delays or
12 continuances agreed to by the person requesting the hearing.
13 Following its consideration of the report of the hearing, or
14 upon default of the party to the hearing, the State Board shall
15 make its final determination, specifying its findings and
16 conclusions within 90 days of receiving the written report of
17 the hearing. A copy of such determination shall be sent by
18 certified mail or served personally upon the party.

19 A full and complete record shall be kept of all
20 proceedings, including the notice of hearing, complaint, and
21 all other documents in the nature of pleadings, written motions
22 filed in the proceedings, and the report and orders of the
23 State Board or hearing officer. All testimony shall be reported
24 but need not be transcribed unless the decision is appealed in
25 accordance with the Administrative Review Law, as now or
26 hereafter amended. A copy or copies of the transcript may be

1 obtained by any interested party on payment of the cost of
2 preparing such copy or copies.

3 The State Board or hearing officer shall upon its own or
4 his motion, or on the written request of any party to the
5 proceeding who has, in the State Board's or hearing officer's
6 opinion, demonstrated the relevancy of such request to the
7 outcome of the proceedings, issue subpoenas requiring the
8 attendance and the giving of testimony by witnesses, and
9 subpoenas duces tecum requiring the production of books,
10 papers, records, or memoranda. The fees of witnesses for
11 attendance and travel shall be the same as the fees of
12 witnesses before the circuit court of this State.

13 When the witness is subpoenaed at the instance of the State
14 Board, or its hearing officer, such fees shall be paid in the
15 same manner as other expenses of the Board Agency, and when the
16 witness is subpoenaed at the instance of any other party to any
17 such proceeding the State Board may, in accordance with its ~~the~~
18 ~~rules of the Agency~~, require that the cost of service of the
19 subpoena or subpoena duces tecum and the fee of the witness be
20 borne by the party at whose instance the witness is summoned.
21 In such case, the State Board in its discretion, may require a
22 deposit to cover the cost of such service and witness fees. A
23 subpoena or subpoena duces tecum so issued shall be served in
24 the same manner as a subpoena issued out of a court.

25 Any circuit court of this State upon the application of the
26 State Board or upon the application of any other party to the

1 proceeding, may, in its discretion, compel the attendance of
2 witnesses, the production of books, papers, records, or
3 memoranda and the giving of testimony before it or its hearing
4 officer conducting an investigation or holding a hearing
5 authorized by this Act, by an attachment for contempt, or
6 otherwise, in the same manner as production of evidence may be
7 compelled before the court.

8 (Source: P.A. 97-1115, eff. 8-27-12.)

9 (20 ILCS 3960/11) (from Ch. 111 1/2, par. 1161)

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

11 Sec. 11. Any person who is adversely affected by a final
12 decision of the State Board may have such decision judicially
13 reviewed. The provisions of the Administrative Review Law, as
14 now or hereafter amended, and the rules adopted pursuant
15 thereto shall apply to and govern all proceedings for the
16 judicial review of final administrative decisions of the State
17 Board. The term "administrative decisions" is as defined in
18 Section 3-101 of the Code of Civil Procedure. In order to
19 comply with subsection (b) of Section 3-108 of the
20 Administrative Review Law of the Code of Civil Procedure, the
21 State Board shall transcribe each State Board meeting using a
22 certified court reporter. The transcript shall contain the
23 record of the findings and decisions of the State Board.

24 (Source: P.A. 82-1057.)

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

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

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

6 (1) Prescribe rules, regulations, standards, criteria,
7 procedures or reviews which may vary according to the purpose
8 for which a particular review is being conducted or the type of
9 project reviewed and which are required to carry out the
10 provisions and purposes of this Act. Policies and procedures of
11 the State Board shall take into consideration the priorities
12 and needs of medically underserved areas and other health care
13 services identified through the comprehensive health planning
14 process, giving special consideration to the impact of projects
15 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, facilities licensed under
7 the Specialized Mental Health Rehabilitation Act, or nursing
8 homes licensed under the Hospital Licensing Act shall be
9 conducted on an annual basis no later than July 1 of each year
10 and shall include among the information requested a list of all
11 services provided by a facility to its residents and to the
12 community at large and differentiate between active and
13 inactive beds.

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

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

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

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

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

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

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

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

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

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

11 (5) Coordinate with the Center for Comprehensive Health
12 Planning and other state agencies having responsibilities
13 affecting health care facilities, including those of licensure
14 and cost reporting. Beginning no later than January 1, 2013,
15 the Department of Public Health shall produce a written annual
16 report to the Governor and the General Assembly regarding the
17 development of the Center for Comprehensive Health Planning.
18 The Chairman of the State Board and the State Board
19 Administrator shall also receive a copy of the annual report.

20 (6) Solicit, accept, hold and administer on behalf of the
21 State any grants or bequests of money, securities or property
22 for use by the State Board or Center for Comprehensive Health
23 Planning in the administration of this Act; and enter into
24 contracts consistent with the appropriations for purposes
25 enumerated in this Act.

26 (7) The State Board shall prescribe procedures for review,

1 standards, and criteria which shall be utilized to make
2 periodic reviews and determinations of the appropriateness of
3 any existing health services being rendered by health care
4 facilities subject to the Act. The State Board shall consider
5 recommendations of the Board in making its determinations.

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

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

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

22 (b) Projects proposing a (1) new service within an
23 existing healthcare facility or (2) discontinuation of a
24 service within an existing healthcare facility, which
25 shall be reviewed by the Board within 60 days; or

26 (c) Projects proposing a change in the bed capacity of

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

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

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

18 (9) Prescribe rules, regulations, standards, and criteria
19 pertaining to the granting of permits for construction and
20 modifications which are emergent in nature and must be
21 undertaken immediately to prevent or correct structural
22 deficiencies or hazardous conditions that may harm or injure
23 persons using the facility, as defined in the rules and
24 regulations of the State Board. This procedure is exempt from
25 public hearing requirements of this Act.

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

1 for the conduct of an expeditious review, not exceeding 60
2 days, of applications for permits for projects to construct or
3 modify health care facilities which are needed for the care and
4 treatment of persons who have acquired immunodeficiency
5 syndrome (AIDS) or related conditions.

6 (11) Issue written decisions upon request of the applicant
7 or an adversely affected party to the Board. Requests for a
8 written decision shall be made within 15 days after the Board
9 meeting in which a final decision has been made. A "final
10 decision" for purposes of this Act is the decision to approve
11 or deny an application, or take other actions permitted under
12 this Act, at the time and date of the meeting that such action
13 is scheduled by the Board. State Board members shall provide
14 their rationale when voting on an item before the State Board
15 at a State Board meeting in order to comply with subsection (b)
16 of Section 3-108 of the Administrative Review Law of the Code
17 of Civil Procedure. The transcript of the State Board meeting
18 shall be incorporated into the Board's final decision. The
19 staff of the Board shall prepare a written copy of the final
20 decision and the Board shall approve a final copy for inclusion
21 in the formal record. The Board shall consider, for approval,
22 the written draft of the final decision no later than the next
23 scheduled Board meeting. The written decision shall identify
24 the applicable criteria and factors listed in this Act and the
25 Board's regulations that were taken into consideration by the
26 Board when coming to a final decision. If the Board denies or

1 fails to approve an application for permit or exemption, the
2 Board shall include in the final decision a detailed
3 explanation as to why the application was denied and identify
4 what specific criteria or standards the applicant did not
5 fulfill.

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

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

11 (14) Implement public information campaigns to regularly
12 inform the general public about the opportunity for public
13 hearings and public hearing procedures.

14 (15) Establish a separate set of rules and guidelines for
15 long-term care that recognizes that nursing homes are a
16 different business line and service model from other regulated
17 facilities. An open and transparent process shall be developed
18 that considers the following: how skilled nursing fits in the
19 continuum of care with other care providers, modernization of
20 nursing homes, establishment of more private rooms,
21 development of alternative services, and current trends in
22 long-term care services. The Chairman of the Board shall
23 appoint a permanent Health Services Review Board Long-term Care
24 Facility Advisory Subcommittee that shall develop and
25 recommend to the Board the rules to be established by the Board
26 under this paragraph (15). The Subcommittee shall also provide

1 continuous review and commentary on policies and procedures
2 relative to long-term care and the review of related projects.
3 In consultation with other experts from the health field of
4 long-term care, the Board and the Subcommittee shall study new
5 approaches to the current bed need formula and Health Service
6 Area boundaries to encourage flexibility and innovation in
7 design models reflective of the changing long-term care
8 marketplace and consumer preferences. The Subcommittee shall
9 evaluate, and make recommendations to the State Board
10 regarding, the buying, selling, and exchange of beds between
11 long-term care facilities within a specified geographic area or
12 drive time. The Board shall file the proposed related
13 administrative rules for the separate rules and guidelines for
14 long-term care required by this paragraph (15) by no later than
15 September 30, 2011. The Subcommittee shall be provided a
16 reasonable and timely opportunity to review and comment on any
17 review, revision, or updating of the criteria, standards,
18 procedures, and rules used to evaluate project applications as
19 provided under Section 12.3 of this Act.

20 (16) Prescribe and provide forms pertaining to the State
21 Board Staff Report. A State Board Staff Report shall pertain to
22 applications that include, but are not limited to, applications
23 for permit or exemption, applications for permit renewal,
24 applications for extension of the obligation period,
25 applications requesting a declaratory ruling, or applications
26 under the Health Care Worker Self Referral Act. State Board

1 Staff Reports shall compare applications to the relevant review
2 criteria under the Board's rules.

3 (Source: P.A. 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813,
4 eff. 7-13-12; 97-1045, eff. 8-21-13; 97-1115, eff. 8-27-12;
5 98-414, eff. 1-1-14; 98-463, eff. 8-16-13.)

6 (20 ILCS 3960/12.2)

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

8 Sec. 12.2. Powers of the State Board staff. For purposes of
9 this Act, the staff shall exercise the following powers and
10 duties:

11 (1) Review applications for permits and exemptions in
12 accordance with the standards, criteria, and plans of need
13 established by the State Board under this Act and certify its
14 finding to the State Board.

15 (1.5) Post the following on the Board's web site: relevant
16 (i) rules, (ii) standards, (iii) criteria, (iv) State norms,
17 (v) references used by Board ~~Agency~~ staff in making
18 determinations about whether application criteria are met, and
19 (vi) notices of project-related filings, including notice of
20 public comments related to the application.

21 (2) Charge and collect an amount determined by the State
22 Board and the staff to be reasonable fees for the processing of
23 applications by the State Board. The State Board shall set the
24 amounts by rule. Application fees for continuing care
25 retirement communities, and other health care models that

1 include regulated and unregulated components, shall apply only
2 to those components subject to regulation under this Act. All
3 fees and fines collected under the provisions of this Act shall
4 be deposited into the Illinois Health Facilities Planning Fund
5 to be used for the expenses of administering this Act.

6 (2.1) Publish the following reports on the State Board
7 website:

8 (A) An annual accounting, aggregated by category and
9 with names of parties redacted, of fees, fines, and other
10 revenue collected as well as expenses incurred, in the
11 administration of this Act.

12 (B) An annual report, with names of the parties
13 redacted, that summarizes all settlement agreements
14 entered into with the State Board that resolve an alleged
15 instance of noncompliance with State Board requirements
16 under this Act.

17 (C) A monthly report that includes the status of
18 applications and recommendations regarding updates to the
19 standard, criteria, or the health plan as appropriate.

20 (D) Board reports showing the degree to which an
21 application conforms to the review standards, a summation
22 of relevant public testimony, and any additional
23 information that staff wants to communicate.

24 (3) Coordinate with other State agencies having
25 responsibilities affecting health care facilities, including
26 the Center for Comprehensive Health Planning and those of

1 licensure and cost reporting.

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

3 (20 ILCS 3960/12.5)

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

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

21 (Source: P.A. 97-1115, eff. 8-27-12.)

22 (20 ILCS 3960/13) (from Ch. 111 1/2, par. 1163)

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

24 Sec. 13. Investigation of applications for permits and

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

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

20 The State Board shall require all health facilities
21 operating in this State to provide such reasonable reports at
22 such times and containing such information as is needed by it
23 to carry out the purposes and provisions of this Act. Prior to
24 collecting information from health facilities, the State Board
25 shall make reasonable efforts through a public process to
26 consult with health facilities and associations that represent

1 them to determine whether data and information requests will
2 result in useful information for health planning, whether
3 sufficient information is available from other sources, and
4 whether data requested is routinely collected by health
5 facilities and is available without retrospective record
6 review. Data and information requests shall not impose undue
7 paperwork burdens on health care facilities and personnel.
8 Health facilities not complying with this requirement shall be
9 reported to licensing, accrediting, certifying, or payment
10 agencies as being in violation of State law. Health care
11 facilities and other parties at interest shall have reasonable
12 access, under rules established by the State Board, to all
13 planning information submitted in accord with this Act
14 pertaining to their area.

15 Among the reports to be required by the State Board are
16 facility questionnaires for health care facilities licensed
17 under the Ambulatory Surgical Treatment Center Act, the
18 Hospital Licensing Act, the Nursing Home Care Act, the ID/DD
19 Community Care Act, the Specialized Mental Health
20 Rehabilitation Act, or the End Stage Renal Disease Facility
21 Act. These questionnaires shall be conducted on an annual basis
22 and compiled by the State Board ~~Agency~~. For health care
23 facilities licensed under the Nursing Home Care Act or the
24 Specialized Mental Health Rehabilitation Act, these reports
25 shall include, but not be limited to, the identification of
26 specialty services provided by the facility to patients,

1 residents, and the community at large. Annual reports for
2 facilities licensed under the ID/DD Community Care Act shall be
3 different from the annual reports required of other health care
4 facilities and shall be specific to those facilities licensed
5 under the ID/DD Community Care Act. The Health Facilities and
6 Services Review Board shall consult with associations
7 representing facilities licensed under the ID/DD Community
8 Care Act when developing the information requested in these
9 annual reports. For health care facilities that contain long
10 term care beds, the reports shall also include the number of
11 staffed long term care beds, physical capacity for long term
12 care beds at the facility, and long term care beds available
13 for immediate occupancy. For purposes of this paragraph, "long
14 term care beds" means beds (i) licensed under the Nursing Home
15 Care Act, (ii) licensed under the ID/DD Community Care Act,
16 (iii) licensed under the Hospital Licensing Act, or (iv)
17 licensed under the Specialized Mental Health Rehabilitation
18 Act and certified as skilled nursing or nursing facility beds
19 under Medicaid or Medicare.

20 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
21 eff. 1-1-12; 97-813, eff. 7-13-12; 97-980, eff. 8-17-12.)

22 (20 ILCS 3960/15) (from Ch. 111 1/2, par. 1165)

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

24 Sec. 15. Notwithstanding the existence or pursuit of any
25 other remedy, the State Board ~~or the Agency~~ may, in the manner

1 provided by law, upon the advice of the Attorney General who
2 shall represent the State Board ~~or the Agency~~ in the
3 proceedings, maintain an action in the name of the State for
4 injunction or other process against any person or governmental
5 unit to restrain or prevent the acquisition of major medical
6 equipment, or the establishment, construction or modification
7 of a health care facility without the required permit, or to
8 restrain or prevent the occupancy or utilization of the
9 equipment acquired or facility which was constructed or
10 modified without the required permit.

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

12 Section 99. Effective date. This Act takes effect upon
13 becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 20 ILCS 3960/3 from Ch. 111 1/2, par. 1153

4 20 ILCS 3960/5.3

5 20 ILCS 3960/5.4

6 20 ILCS 3960/6.2

7 20 ILCS 3960/8.5

8 20 ILCS 3960/10 from Ch. 111 1/2, par. 1160

9 20 ILCS 3960/11 from Ch. 111 1/2, par. 1161

10 20 ILCS 3960/12 from Ch. 111 1/2, par. 1162

11 20 ILCS 3960/12.2

12 20 ILCS 3960/12.5

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

14 20 ILCS 3960/15 from Ch. 111 1/2, par. 1165