

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, 4.2, 5, 5.4, 6, and 12 as
6 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8 (Section scheduled to be repealed on December 31, 2019)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) An ambulatory surgical treatment center required
13 to be licensed pursuant to the Ambulatory Surgical
14 Treatment Center Act.

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

18 (3) Skilled and intermediate long term care facilities
19 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) Skilled and intermediate care facilities
7 licensed under the ID/DD Community Care Act or the MC/DD
8 Act. No permit or exemption is required for a facility
9 licensed under the ID/DD Community Care Act or the MC/DD
10 Act 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 or the
13 MC/DD Act, this is a discontinuation or closure of the
14 facility. If a facility licensed under the ID/DD Community
15 Care Act or the MC/DD Act reduces the number of beds or
16 discontinues the facility, that facility must notify the
17 Board as provided in Section 14.1 of this Act.

18 (3.7) Facilities licensed under the Specialized Mental
19 Health Rehabilitation Act of 2013.

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

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

24 (8) An institution, place, building, or room housing
25 major medical equipment used in the direct clinical
26 diagnosis or treatment of patients, and whose project cost

1 is in excess of the capital expenditure minimum.

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

4 (1) Federally-owned facilities.

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

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

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

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

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

26 (7) The closure of an entity or a portion of an entity

1 licensed under the Nursing Home Care Act, the Specialized
2 Mental Health Rehabilitation Act of 2013, the ID/DD
3 Community Care Act, or the MC/DD Act, with the exception of
4 facilities operated by a county or Illinois Veterans Homes,
5 that elect to convert, in whole or in part, to an assisted
6 living or shared housing establishment licensed under the
7 Assisted Living and Shared Housing Act and with the
8 exception of a facility licensed under the Specialized
9 Mental Health Rehabilitation Act of 2013 in connection with
10 a proposal to close a facility and re-establish the
11 facility in another location.

12 (8) Any change of ownership of a health care facility
13 that is licensed under the Nursing Home Care Act, the
14 Specialized Mental Health Rehabilitation Act of 2013, the
15 ID/DD Community Care Act, or the MC/DD Act, with the
16 exception of facilities operated by a county or Illinois
17 Veterans Homes. Changes of ownership of facilities
18 licensed under the Nursing Home Care Act must meet the
19 requirements set forth in Sections 3-101 through 3-119 of
20 the Nursing Home Care Act.

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

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

17 "Person" means any one or more natural persons, legal
18 entities, governmental bodies other than federal, or any
19 combination thereof.

20 "Consumer" means any person other than a person (a) whose
21 major occupation currently involves or whose official capacity
22 within the last 12 months has involved the providing,
23 administering or financing of any type of health care facility,
24 (b) who is engaged in health research or the teaching of
25 health, (c) who has a material financial interest in any
26 activity which involves the providing, administering or

1 financing of any type of health care facility, or (d) who is or
2 ever has been a member of the immediate family of the person
3 defined by (a), (b), or (c).

4 "State Board" or "Board" means the Health Facilities and
5 Services Review Board.

6 "Construction or modification" means the establishment,
7 erection, building, alteration, reconstruction, modernization,
8 improvement, extension, discontinuation, change of ownership,
9 of or by a health care facility, or the purchase or acquisition
10 by or through a health care facility of equipment or service
11 for diagnostic or therapeutic purposes or for facility
12 administration or operation, or any capital expenditure made by
13 or on behalf of a health care facility which exceeds the
14 capital expenditure minimum; however, any capital expenditure
15 made by or on behalf of a health care facility for (i) the
16 construction or modification of a facility licensed under the
17 Assisted Living and Shared Housing Act or (ii) a conversion
18 project undertaken in accordance with Section 30 of the Older
19 Adult Services Act shall be excluded from any obligations under
20 this Act.

21 "Establish" means the construction of a health care
22 facility or the replacement of an existing facility on another
23 site or the initiation of a category of service.

24 "Major medical equipment" means medical equipment which is
25 used for the provision of medical and other health services and
26 which costs in excess of the capital expenditure minimum,

1 except that such term does not include medical equipment
2 acquired by or on behalf of a clinical laboratory to provide
3 clinical laboratory services if the clinical laboratory is
4 independent of a physician's office and a hospital and it has
5 been determined under Title XVIII of the Social Security Act to
6 meet the requirements of paragraphs (10) and (11) of Section
7 1861(s) of such Act. In determining whether medical equipment
8 has a value in excess of the capital expenditure minimum, the
9 value of studies, surveys, designs, plans, working drawings,
10 specifications, and other activities essential to the
11 acquisition of such equipment shall be included.

12 "Capital Expenditure" means an expenditure: (A) made by or
13 on behalf of a health care facility (as such a facility is
14 defined in this Act); and (B) which under generally accepted
15 accounting principles is not properly chargeable as an expense
16 of operation and maintenance, or is made to obtain by lease or
17 comparable arrangement any facility or part thereof or any
18 equipment for a facility or part; and which exceeds the capital
19 expenditure minimum.

20 For the purpose of this paragraph, the cost of any studies,
21 surveys, designs, plans, working drawings, specifications, and
22 other activities essential to the acquisition, improvement,
23 expansion, or replacement of any plant or equipment with
24 respect to which an expenditure is made shall be included in
25 determining if such expenditure exceeds the capital
26 expenditures minimum. Unless otherwise interdependent, or

1 submitted as one project by the applicant, components of
2 construction or modification undertaken by means of a single
3 construction contract or financed through the issuance of a
4 single debt instrument shall not be grouped together as one
5 project. Donations of equipment or facilities to a health care
6 facility which if acquired directly by such facility would be
7 subject to review under this Act shall be considered capital
8 expenditures, and a transfer of equipment or facilities for
9 less than fair market value shall be considered a capital
10 expenditure for purposes of this Act if a transfer of the
11 equipment or facilities at fair market value would be subject
12 to review.

13 "Capital expenditure minimum" means \$11,500,000 for
14 projects by hospital applicants, \$6,500,000 for applicants for
15 projects related to skilled and intermediate care long-term
16 care facilities licensed under the Nursing Home Care Act, and
17 \$3,000,000 for projects by all other applicants, which shall be
18 annually adjusted to reflect the increase in construction costs
19 due to inflation, for major medical equipment and for all other
20 capital expenditures.

21 "Financial Commitment" means the commitment of at least 33%
22 of total funds assigned to cover total project cost, which
23 occurs by the actual expenditure of 33% or more of the total
24 project cost or the commitment to expend 33% or more of the
25 total project cost by signed contracts or other legal means.

26 "Non-clinical service area" means an area (i) for the

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

19 "Areawide" means a major area of the State delineated on a
20 geographic, demographic, and functional basis for health
21 planning and for health service and having within it one or
22 more local areas for health planning and health service. The
23 term "region", as contrasted with the term "subregion", and the
24 word "area" may be used synonymously with the term "areawide".

25 "Local" means a subarea of a delineated major area that on
26 a geographic, demographic, and functional basis may be

1 considered to be part of such major area. The term "subregion"
2 may be used synonymously with the term "local".

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

5 "Licensed health care professional" means a person
6 licensed to practice a health profession under pertinent
7 licensing statutes of the State of Illinois.

8 "Director" means the Director of the Illinois Department of
9 Public Health.

10 "Agency" or "Department" means the Illinois Department of
11 Public Health.

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

14 "Out-of-state facility" means a person that is both (i)
15 licensed as a hospital or as an ambulatory surgery center under
16 the laws of another state or that qualifies as a hospital or an
17 ambulatory surgery center under regulations adopted pursuant
18 to the Social Security Act and (ii) not licensed under the
19 Ambulatory Surgical Treatment Center Act, the Hospital
20 Licensing Act, or the Nursing Home Care Act. Affiliates of
21 out-of-state facilities shall be considered out-of-state
22 facilities. Affiliates of Illinois licensed health care
23 facilities 100% owned by an Illinois licensed health care
24 facility, its parent, or Illinois physicians licensed to
25 practice medicine in all its branches shall not be considered
26 out-of-state facilities. Nothing in this definition shall be

1 construed to include an office or any part of an office of a
2 physician licensed to practice medicine in all its branches in
3 Illinois that is not required to be licensed under the
4 Ambulatory Surgical Treatment Center Act.

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

11 "Related person" means any person that: (i) is at least 50%
12 owned, directly or indirectly, by either the health care
13 facility or a person owning, directly or indirectly, at least
14 50% of the health care facility; or (ii) owns, directly or
15 indirectly, at least 50% of the health care facility.

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

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

22 "Category of service" means a grouping by generic class of
23 various types or levels of support functions, equipment, care,
24 or treatment provided to patients or residents, including, but
25 not limited to, classes such as medical-surgical, pediatrics,
26 or cardiac catheterization. A category of service may include

1 subcategories or levels of care that identify a particular
2 degree or type of care within the category of service. Nothing
3 in this definition shall be construed to include the practice
4 of a physician or other licensed health care professional while
5 functioning in an office providing for the care, diagnosis, or
6 treatment of patients. A category of service that is subject to
7 the Board's jurisdiction must be designated in rules adopted by
8 the Board.

9 "State Board Staff Report" means the document that sets
10 forth the review and findings of the State Board staff, as
11 prescribed by the State Board, regarding applications subject
12 to Board jurisdiction.

13 (Source: P.A. 98-414, eff. 1-1-14; 98-629, eff. 1-1-15; 98-651,
14 eff. 6-16-14; 98-1086, eff. 8-26-14; 99-78, eff. 7-20-15;
15 99-180, eff. 7-29-15; 99-527, eff. 1-1-17.)

16 (20 ILCS 3960/4.2)

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

18 Sec. 4.2. Ex parte communications.

19 (a) Except in the disposition of matters that agencies are
20 authorized by law to entertain or dispose of on an ex parte
21 basis including, but not limited to rule making, the State
22 Board, any State Board member, employee, or a hearing officer
23 shall not engage in ex parte communication in connection with
24 the substance of any formally filed application for a permit
25 with any person or party or the representative of any party.

1 This subsection (a) applies when the Board, member, employee,
2 or hearing officer knows, or should know upon reasonable
3 inquiry, that the application or exemption has been formally
4 filed with the Board. Nothing in this Section shall prohibit
5 staff members from providing technical assistance to
6 applicants. Nothing in this Section shall prohibit staff from
7 verifying or clarifying an applicant's information as it
8 prepares the State Board Staff Report ~~staff report~~. Once an
9 application or exemption is filed and deemed complete, a
10 written record of any communication between staff and an
11 applicant shall be prepared by staff and made part of the
12 public record, using a prescribed, standardized format, and
13 shall be included in the application file.

14 (b) A State Board member or employee may communicate with
15 other members or employees and any State Board member or
16 hearing officer may have the aid and advice of one or more
17 personal assistants.

18 (c) An ex parte communication received by the State Board,
19 any State Board member, employee, or a hearing officer shall be
20 made a part of the record of the matter, including all written
21 communications, all written responses to the communications,
22 and a memorandum stating the substance of all oral
23 communications and all responses made and the identity of each
24 person from whom the ex parte communication was received.

25 (d) "Ex parte communication" means a communication between
26 a person who is not a State Board member or employee and a

1 State Board member or employee that reflects on the substance
2 of a pending or impending State Board proceeding and that takes
3 place outside the record of the proceeding. Communications
4 regarding matters of procedure and practice, such as the format
5 of pleading, number of copies required, manner of service, and
6 status of proceedings, are not considered ex parte
7 communications. Technical assistance with respect to an
8 application, not intended to influence any decision on the
9 application, may be provided by employees to the applicant. Any
10 assistance shall be documented in writing by the applicant and
11 employees within 10 business days after the assistance is
12 provided.

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

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

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

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

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

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

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

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

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

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

23 (c) changes the bed capacity of a health care facility
24 by increasing the total number of beds or by distributing
25 beds among various categories of service or by relocating
26 beds from one physical facility or site to another by more

1 than 20 beds or more than 10% of total bed capacity as
2 defined by the State Board, whichever is less, over a 2
3 year period.

4 A permit shall be valid only for the defined construction
5 or modifications, site, amount and person named in the
6 application for such permit and shall not be transferable or
7 assignable. A permit shall be valid until such time as the
8 project has been completed, provided that the project commences
9 and proceeds to completion with due diligence by the completion
10 date or extension date approved by the Board.

11 A permit holder must do the following: (i) submit the final
12 completion and cost report for the project within 90 days after
13 the approved project completion date or extension date and (ii)
14 submit annual progress reports no earlier than 30 days before
15 and no later than 30 days after each anniversary date of the
16 Board's approval of the permit until the project is completed.
17 To maintain a valid permit and to monitor progress toward
18 project commencement and completion, routine post-permit
19 reports shall be limited to annual progress reports and the
20 final completion and cost report. Annual progress reports shall
21 include information regarding the committed funds expended
22 toward the approved project. For projects to be completed in 12
23 months or less, the permit holder shall report financial
24 commitment in the final completion and cost report. For
25 projects to be completed between 12 to 24 months, the permit
26 holder shall report financial commitment in the first annual

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

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

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

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

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

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

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

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

2 Sec. 5.4. Safety Net Impact Statement.

3 (a) General review criteria shall include a requirement
4 that all health care facilities, with the exception of skilled
5 and intermediate long-term care facilities licensed under the
6 Nursing Home Care Act, provide a Safety Net Impact Statement,
7 which shall be filed with an application for a substantive
8 project or when the application proposes to discontinue a
9 category of service.

10 (b) For the purposes of this Section, "safety net services"
11 are services provided by health care providers or organizations
12 that deliver health care services to persons with barriers to
13 mainstream health care due to lack of insurance, inability to
14 pay, special needs, ethnic or cultural characteristics, or
15 geographic isolation. Safety net service providers include,
16 but are not limited to, hospitals and private practice
17 physicians that provide charity care, school-based health
18 centers, migrant health clinics, rural health clinics,
19 federally qualified health centers, community health centers,
20 public health departments, and community mental health
21 centers.

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

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

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

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

7 (d) Safety Net Impact Statements shall also include all of
8 the following:

9 (1) For the 3 fiscal years prior to the application, a
10 certification describing the amount of charity care
11 provided by the applicant. The amount calculated by
12 hospital applicants shall be in accordance with the
13 reporting requirements for charity care reporting in the
14 Illinois Community Benefits Act. Non-hospital applicants
15 shall report charity care, at cost, in accordance with an
16 appropriate methodology specified by the Board.

17 (2) For the 3 fiscal years prior to the application, a
18 certification of the amount of care provided to Medicaid
19 patients. Hospital and non-hospital applicants shall
20 provide Medicaid information in a manner consistent with
21 the information reported each year to the State Board
22 regarding "Inpatients and Outpatients Served by Payor
23 Source" and "Inpatient and Outpatient Net Revenue by Payor
24 Source" as required by the Board under Section 13 of this
25 Act and published in the Annual Hospital Profile.

26 (3) Any information the applicant believes is directly

1 relevant to safety net services, including information
2 regarding teaching, research, and any other service.

3 (e) The Board staff shall publish a notice, that an
4 application accompanied by a Safety Net Impact Statement has
5 been filed, in a newspaper having general circulation within
6 the area affected by the application. If no newspaper has a
7 general circulation within the county, the Board shall post the
8 notice in 5 conspicuous places within the proposed area.

9 (f) Any person, community organization, provider, or
10 health system or other entity wishing to comment upon or oppose
11 the application may file a Safety Net Impact Statement Response
12 with the Board, which shall provide additional information
13 concerning a project's impact on safety net services in the
14 community.

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

17 (h) The State Board Staff Report ~~staff report~~ shall include
18 a statement as to whether a Safety Net Impact Statement was
19 filed by the applicant and whether it included information on
20 charity care, the amount of care provided to Medicaid patients,
21 and information on teaching, research, or any other service
22 provided by the applicant directly relevant to safety net
23 services. The report shall also indicate the names of the
24 parties submitting responses and the number of responses and
25 replies, if any, that were filed.

26 (Source: P.A. 98-1086, eff. 8-26-14.)

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

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

3 Sec. 6. Application for permit or exemption; exemption
4 regulations.

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

13 (b) The State Board shall establish by regulation the
14 procedures and requirements regarding issuance of exemptions.
15 An exemption shall be approved when information required by the
16 Board by rule is submitted. Projects eligible for an exemption,
17 rather than a permit, include, but are not limited to, change
18 of ownership of a health care facility, discontinuation of a
19 category of service, and discontinuation of a health care
20 facility, other than a health care facility maintained by the
21 State or any agency or department thereof or a nursing home
22 maintained by a county. For a change of ownership of a health
23 care facility, the State Board shall provide by rule for an
24 expedited process for obtaining an exemption in accordance with
25 Section 8.5 of this Act. In connection with a change of

1 ownership, the State Board may approve the transfer of an
2 existing permit without regard to whether the permit to be
3 transferred has yet been obligated, except for permits
4 establishing a new facility or a new category of service.

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

7 (c-5) Any written review or findings of the Board staff ~~or~~
8 ~~any other reviewing organization under Section 8~~ concerning an
9 application for a permit must be made available to the public
10 at least 14 calendar days before the meeting of the State Board
11 at which the review or findings are considered. The applicant
12 and members of the public may submit, to the State Board,
13 written responses regarding the facts set forth in the review
14 or findings of the Board staff or reviewing organization.
15 Members of the public shall have until 10 days before the
16 meeting of the State Board to submit any written response
17 concerning the Board staff's written review or findings. The
18 Board staff may revise any findings to address corrections of
19 factual errors cited in the public response. At the meeting,
20 the State Board may, in its discretion, permit the submission
21 of other additional written materials.

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

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

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

18 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

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

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

23 (1) Prescribe rules, regulations, standards, criteria,
24 procedures or reviews which may vary according to the purpose
25 for which a particular review is being conducted or the type of

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

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

10 (3) (Blank).

11 (4) Develop criteria and standards for health care
12 facilities planning, conduct statewide inventories of health
13 care facilities, maintain an updated inventory on the Board's
14 web site reflecting the most recent bed and service changes and
15 updated need determinations when new census data become
16 available or new need formulae are adopted, and develop health
17 care facility plans which shall be utilized in the review of
18 applications for permit under this Act. Such health facility
19 plans shall be coordinated by the Board with pertinent State
20 Plans. Inventories pursuant to this Section of skilled or
21 intermediate care facilities licensed under the Nursing Home
22 Care Act, skilled or intermediate care facilities licensed
23 under the ID/DD Community Care Act, skilled or intermediate
24 care facilities licensed under the MC/DD Act, facilities
25 licensed under the Specialized Mental Health Rehabilitation
26 Act of 2013, or nursing homes licensed under the Hospital

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

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

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

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

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

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

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

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

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

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

25 The health care facility plans which are developed and
26 adopted in accordance with this Section shall form the basis

1 for the plan of the State to deal most effectively with
2 statewide health needs in regard to health care facilities.

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

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

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

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

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

25 (a) Projects to construct (1) a new or replacement
26 facility located on a new site or (2) a replacement

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

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

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

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

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

25 (9) Prescribe rules, regulations, standards, and criteria
26 pertaining to the granting of permits for construction and

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

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

13 (10.5) Provide its rationale when voting on an item before
14 it at a State Board meeting in order to comply with subsection
15 (b) of Section 3-108 of the Code of Civil Procedure.

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

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

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

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

17 (14) Implement public information campaigns to regularly
18 inform the general public about the opportunity for public
19 hearings and public hearing procedures.

20 (15) Establish a separate set of rules and guidelines for
21 long-term care that recognizes that nursing homes are a
22 different business line and service model from other regulated
23 facilities. An open and transparent process shall be developed
24 that considers the following: how skilled nursing fits in the
25 continuum of care with other care providers, modernization of
26 nursing homes, establishment of more private rooms,

1 development of alternative services, and current trends in
2 long-term care services. The Chairman of the Board shall
3 appoint a permanent Health Services Review Board Long-term Care
4 Facility Advisory Subcommittee that shall develop and
5 recommend to the Board the rules to be established by the Board
6 under this paragraph (15). The Subcommittee shall also provide
7 continuous review and commentary on policies and procedures
8 relative to long-term care and the review of related projects.
9 The Subcommittee shall make recommendations to the Board no
10 later than January 1, 2016 and every January thereafter
11 pursuant to the Subcommittee's responsibility for the
12 continuous review and commentary on policies and procedures
13 relative to long-term care. In consultation with other experts
14 from the health field of long-term care, the Board and the
15 Subcommittee shall study new approaches to the current bed need
16 formula and Health Service Area boundaries to encourage
17 flexibility and innovation in design models reflective of the
18 changing long-term care marketplace and consumer preferences
19 and submit its recommendations to the Chairman of the Board no
20 later than January 1, 2017. The Subcommittee shall evaluate,
21 and make recommendations to the State Board regarding, the
22 buying, selling, and exchange of beds between long-term care
23 facilities within a specified geographic area or drive time.
24 The Board shall file the proposed related administrative rules
25 for the separate rules and guidelines for long-term care
26 required by this paragraph (15) by no later than September 30,

1 2011. The Subcommittee shall be provided a reasonable and
2 timely opportunity to review and comment on any review,
3 revision, or updating of the criteria, standards, procedures,
4 and rules used to evaluate project applications as provided
5 under Section 12.3 of this Act.

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

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

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

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

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

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

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