



Sen. John G. Mulroe

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1 AMENDMENT TO HOUSE BILL 763

2 AMENDMENT NO. _____. Amend House Bill 763 on page 35,
3 immediately below line 9, by inserting the following:

4 "Section 10. The Alternative Health Care Delivery Act is
5 amended by changing Section 35 as follows:

6 (210 ILCS 3/35)

7 Sec. 35. Alternative health care models authorized.
8 Notwithstanding any other law to the contrary, alternative
9 health care models described in this Section may be established
10 on a demonstration basis.

11 (1) (Blank).

12 (2) Alternative health care delivery model;
13 postsurgical recovery care center. A postsurgical recovery
14 care center is a designated site which provides
15 postsurgical recovery care for generally healthy patients
16 undergoing surgical procedures that potentially require

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

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

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

20 The Department shall adopt rules to implement the
21 provisions of Public Act 88-441 concerning postsurgical
22 recovery care centers within 9 months after August 20,
23 1993. Notwithstanding any other law to the contrary, a
24 postsurgical recovery care center model may provide sleep
25 laboratory or similar sleep studies in accordance with
26 applicable State and federal laws and regulations.

1 (3) Alternative health care delivery model; children's
2 community-based health care center. A children's
3 community-based health care center model is a designated
4 site that provides nursing care, clinical support
5 services, and therapies for a period of one to 14 days for
6 short-term stays and 120 days to facilitate transitions to
7 home or other appropriate settings for medically fragile
8 children, technology dependent children, and children with
9 special health care needs who are deemed clinically stable
10 by a physician and are younger than 22 years of age. This
11 care is to be provided in a home-like environment that
12 serves no more than 12 children at a time, except that a
13 children's community-based health care center in existence
14 on the effective date of this amendatory Act of the 100th
15 General Assembly that is located in Chicago on grade level
16 for Life Safety Code purposes may provide care to no more
17 than 16 children at a time. Children's community-based
18 health care center services must be available through the
19 model to all families, including those whose care is paid
20 for through the Department of Healthcare and Family
21 Services, the Department of Children and Family Services,
22 the Department of Human Services, and insurance companies
23 who cover home health care services or private duty nursing
24 care in the home.

25 Each children's community-based health care center
26 model location shall be physically separate and apart from

1 any other facility licensed by the Department of Public
2 Health under this or any other Act and shall provide the
3 following services: respite care, registered nursing or
4 licensed practical nursing care, transitional care to
5 facilitate home placement or other appropriate settings
6 and reunite families, medical day care, weekend camps, and
7 diagnostic studies typically done in the home setting.

8 Coverage for the services provided by the Department of
9 Healthcare and Family Services under this paragraph (3) is
10 contingent upon federal waiver approval and is provided
11 only to Medicaid eligible clients participating in the home
12 and community based services waiver designated in Section
13 1915(c) of the Social Security Act for medically frail and
14 technologically dependent children or children in
15 Department of Children and Family Services foster care who
16 receive home health benefits.

17 (4) Alternative health care delivery model; community
18 based residential rehabilitation center. A community-based
19 residential rehabilitation center model is a designated
20 site that provides rehabilitation or support, or both, for
21 persons who have experienced severe brain injury, who are
22 medically stable, and who no longer require acute
23 rehabilitative care or intense medical or nursing
24 services. The average length of stay in a community-based
25 residential rehabilitation center shall not exceed 4
26 months. As an integral part of the services provided,

1 individuals are housed in a supervised living setting while
2 having immediate access to the community. The residential
3 rehabilitation center authorized by the Department may
4 have more than one residence included under the license. A
5 residence may be no larger than 12 beds and shall be
6 located as an integral part of the community. Day treatment
7 or individualized outpatient services shall be provided
8 for persons who reside in their own home. Functional
9 outcome goals shall be established for each individual.
10 Services shall include, but are not limited to, case
11 management, training and assistance with activities of
12 daily living, nursing consultation, traditional therapies
13 (physical, occupational, speech), functional interventions
14 in the residence and community (job placement, shopping,
15 banking, recreation), counseling, self-management
16 strategies, productive activities, and multiple
17 opportunities for skill acquisition and practice
18 throughout the day. The design of individualized program
19 plans shall be consistent with the outcome goals that are
20 established for each resident. The programs provided in
21 this setting shall be accredited by the Commission on
22 Accreditation of Rehabilitation Facilities (CARF). The
23 program shall have been accredited by CARF as a Brain
24 Injury Community-Integrative Program for at least 3 years.

25 (5) Alternative health care delivery model;
26 Alzheimer's disease management center. An Alzheimer's

1 disease management center model is a designated site that
2 provides a safe and secure setting for care of persons
3 diagnosed with Alzheimer's disease. An Alzheimer's disease
4 management center model shall be a facility separate from
5 any other facility licensed by the Department of Public
6 Health under this or any other Act. An Alzheimer's disease
7 management center shall conduct and document an assessment
8 of each resident every 6 months. The assessment shall
9 include an evaluation of daily functioning, cognitive
10 status, other medical conditions, and behavioral problems.
11 An Alzheimer's disease management center shall develop and
12 implement an ongoing treatment plan for each resident. The
13 treatment plan shall have defined goals. The Alzheimer's
14 disease management center shall treat behavioral problems
15 and mood disorders using nonpharmacologic approaches such
16 as environmental modification, task simplification, and
17 other appropriate activities. All staff must have
18 necessary training to care for all stages of Alzheimer's
19 Disease. An Alzheimer's disease management center shall
20 provide education and support for residents and
21 caregivers. The education and support shall include
22 referrals to support organizations for educational
23 materials on community resources, support groups, legal
24 and financial issues, respite care, and future care needs
25 and options. The education and support shall also include a
26 discussion of the resident's need to make advance

1 directives and to identify surrogates for medical and legal
2 decision-making. The provisions of this paragraph
3 establish the minimum level of services that must be
4 provided by an Alzheimer's disease management center. An
5 Alzheimer's disease management center model shall have no
6 more than 100 residents. Nothing in this paragraph (5)
7 shall be construed as prohibiting a person or facility from
8 providing services and care to persons with Alzheimer's
9 disease as otherwise authorized under State law.

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

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

23 (1) A part of a hospital; or

24 (2) A freestanding facility that is physically
25 distinct from a hospital but is operated under a
26 license issued to a hospital under the Hospital

1 Licensing Act.

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

4 (1) A part of the operation of a federally
5 qualified health center as designated by the
6 United States Department of Health and Human
7 Services; or

8 (2) A facility other than one described in
9 subparagraph (A) (1), (A) (2), or (B) (1) of this
10 paragraph (6) whose costs are reimbursable under
11 Title XIX of the federal Social Security Act.

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

1 Commission.

2 A birth center shall be certified to participate in the
3 Medicare and Medicaid programs under Titles XVIII and XIX,
4 respectively, of the federal Social Security Act. To the
5 extent necessary, the Illinois Department of Healthcare
6 and Family Services shall apply for a waiver from the
7 United States Health Care Financing Administration to
8 allow birth centers to be reimbursed under Title XIX of the
9 federal Social Security Act.

10 A birth center that is not operated under a hospital
11 license shall be located within a ground travel time
12 distance from the general acute care hospital with which
13 the birth center maintains a contractual relationship,
14 including a transfer agreement, as required under this
15 paragraph, that allows for an emergency caesarian delivery
16 to be started within 30 minutes of the decision a caesarian
17 delivery is necessary. A birth center operating under a
18 hospital license shall be located within a ground travel
19 time distance from the licensed hospital that allows for an
20 emergency caesarian delivery to be started within 30
21 minutes of the decision a caesarian delivery is necessary.

22 The services of a medical director physician, licensed
23 to practice medicine in all its branches, who is certified
24 or eligible for certification by the American College of
25 Obstetricians and Gynecologists or the American Board of
26 Osteopathic Obstetricians and Gynecologists or has

1 hospital obstetrical privileges are required in birth
2 centers. The medical director in consultation with the
3 Director of Nursing and Midwifery Services shall
4 coordinate the clinical staff and overall provision of
5 patient care. The medical director or his or her physician
6 designee shall be available on the premises or within a
7 close proximity as defined by rule. The medical director
8 and the Director of Nursing and Midwifery Services shall
9 jointly develop and approve policies defining the criteria
10 to determine which pregnancies are accepted as normal,
11 uncomplicated, and low-risk, and the anesthesia services
12 available at the center. No general anesthesia may be
13 administered at the center.

14 If a birth center employs certified nurse midwives, a
15 certified nurse midwife shall be the Director of Nursing
16 and Midwifery Services who is responsible for the
17 development of policies and procedures for services as
18 provided by Department rules.

19 An obstetrician, family practitioner, or certified
20 nurse midwife shall attend each woman in labor from the
21 time of admission through birth and throughout the
22 immediate postpartum period. Attendance may be delegated
23 only to another physician or certified nurse midwife.
24 Additionally, a second staff person shall also be present
25 at each birth who is licensed or certified in Illinois in a
26 health-related field and under the supervision of the

1 physician or certified nurse midwife in attendance, has
2 specialized training in labor and delivery techniques and
3 care of newborns, and receives planned and ongoing training
4 as needed to perform assigned duties effectively.

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

9 A birth center shall participate in the Illinois
10 Perinatal System under the Developmental Disability
11 Prevention Act. At a minimum, this participation shall
12 require a birth center to establish a letter of agreement
13 with a hospital designated under the Perinatal System. A
14 hospital that operates or has a letter of agreement with a
15 birth center shall include the birth center under its
16 maternity service plan under the Hospital Licensing Act and
17 shall include the birth center in the hospital's letter of
18 agreement with its regional perinatal center.

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

22 No general anesthesia and no surgery may be performed
23 at a birth center. The Department may by rule add birth
24 center patient eligibility criteria or standards as it
25 deems necessary. The Department shall by rule require each
26 birth center to report the information which the Department

1 shall make publicly available, which shall include, but is
2 not limited to, the following:

3 (i) Birth center ownership.

4 (ii) Sources of payment for services.

5 (iii) Utilization data involving patient length of
6 stay.

7 (iv) Admissions and discharges.

8 (v) Complications.

9 (vi) Transfers.

10 (vii) Unusual incidents.

11 (viii) Deaths.

12 (ix) Any other publicly reported data required
13 under the Illinois Consumer Guide.

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

18 Within 9 months after the effective date of this
19 amendatory Act of the 95th General Assembly, the Department
20 shall adopt rules that are developed with consideration of:
21 the American Association of Birth Centers' Standards for
22 Freestanding Birth Centers; the American Academy of
23 Pediatrics/American College of Obstetricians and
24 Gynecologists Guidelines for Perinatal Care; and the
25 Regionalized Perinatal Health Care Code.

26 The Department shall adopt other rules as necessary to

1 implement the provisions of this amendatory Act of the 95th
2 General Assembly within 9 months after the effective date
3 of this amendatory Act of the 95th General Assembly.
4 (Source: P.A. 97-135, eff. 7-14-11; 97-987, eff. 1-1-13.)".