



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB2431

by Rep. Mary E. Flowers - LaToya Greenwood

SYNOPSIS AS INTRODUCED:

110 ILCS 330/11 new
210 ILCS 85/10.12 new
210 ILCS 86/25

Amends the University of Illinois Hospital Act and the Hospital Licensing Act. Requires hospitals to require an intern, resident, or physician who provides medical services at the hospital to have proper credentials and any required certificates for ongoing training at the time the intern, resident, or physician renews his or her license. Amends the Hospital Report Card Act. Requires hospitals to include in their quarterly reports the number of female patients who have died within the reporting period, the number of female patients who have died of a preventable cause within the reporting period and the number of those preventable deaths that the hospital has otherwise reported within the reporting period, and the number of physicians who were required by the hospital to undergo any amount or type of retraining during the reporting period.

LRB101 02848 CPF 47856 b

1 AN ACT concerning regulation.

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

4 Section 5. The University of Illinois Hospital Act is
5 amended by adding Section 11 as follows:

6 (110 ILCS 330/11 new)

7 Sec. 11. Credentials and certificates. The University of
8 Illinois Hospital shall require an intern, resident, or
9 physician who provides medical services at the University of
10 Illinois Hospital to have proper credentials and any required
11 certificates for ongoing training at the time the intern,
12 resident, or physician renews his or her license.

13 Section 10. The Hospital Licensing Act is amended by adding
14 Section 10.12 as follows:

15 (210 ILCS 85/10.12 new)

16 Sec. 10.12. Credentials and certificates. A hospital
17 licensed under this Act shall require an intern, resident, or
18 physician who provides medical services at the hospital to have
19 proper credentials and any required certificates for ongoing
20 training at the time the intern, resident, or physician renews
21 his or her license.

1 Section 15. The Hospital Report Card Act is amended by
2 changing Section 25 as follows:

3 (210 ILCS 86/25)

4 Sec. 25. Hospital reports.

5 (a) Individual hospitals shall prepare a quarterly report
6 including all of the following:

7 (1) Nursing hours per patient day, average daily
8 census, and average daily hours worked for each clinical
9 service area.

10 (2) Infection-related measures for the facility for
11 the specific clinical procedures and devices determined by
12 the Department by rule under 2 or more of the following
13 categories:

14 (A) Surgical procedure outcome measures.

15 (B) Surgical procedure infection control process
16 measures.

17 (C) Outcome or process measures related to
18 ventilator-associated pneumonia.

19 (D) Central vascular catheter-related bloodstream
20 infection rates in designated critical care units.

21 (3) Information required under paragraph (4) of
22 Section 2310-312 of the Department of Public Health Powers
23 and Duties Law of the Civil Administrative Code of
24 Illinois.

1 (4) Additional infection measures mandated by the
2 Centers for Medicare and Medicaid Services that are
3 reported by hospitals to the Centers for Disease Control
4 and Prevention's National Healthcare Safety Network
5 surveillance system, or its successor, and deemed relevant
6 to patient safety by the Department.

7 (5) The number of female patients who have died within
8 the reporting period.

9 (6) The number of female patients who have died of a
10 preventable cause within the reporting period and the
11 number of those preventable deaths that the hospital has
12 otherwise reported within the reporting period.

13 (7) The number of physicians, as that term is defined
14 in the Medical Practice Act of 1987, required by the
15 hospital to undergo any amount or type of retraining during
16 the reporting period.

17 The infection-related measures developed by the Department
18 shall be based upon measures and methods developed by the
19 Centers for Disease Control and Prevention, the Centers for
20 Medicare and Medicaid Services, the Agency for Healthcare
21 Research and Quality, the Joint Commission on Accreditation of
22 Healthcare Organizations, or the National Quality Forum. The
23 Department may align the infection-related measures with the
24 measures and methods developed by the Centers for Disease
25 Control and Prevention, the Centers for Medicare and Medicaid
26 Services, the Agency for Healthcare Research and Quality, the

1 Joint Commission on Accreditation of Healthcare Organizations,
2 and the National Quality Forum by adding reporting measures
3 based on national health care strategies and measures deemed
4 scientifically reliable and valid for public reporting. The
5 Department shall receive approval from the State Board of
6 Health to retire measures deemed no longer scientifically valid
7 or valuable for informing quality improvement or infection
8 prevention efforts. The Department shall notify the Chairs and
9 Minority Spokespersons of the House Human Services Committee
10 and the Senate Public Health Committee of its intent to have
11 the State Board of Health take action to retire measures no
12 later than 7 business days before the meeting of the State
13 Board of Health.

14 The Department shall include interpretive guidelines for
15 infection-related indicators and, when available, shall
16 include relevant benchmark information published by national
17 organizations.

18 (b) Individual hospitals shall prepare annual reports
19 including vacancy and turnover rates for licensed nurses per
20 clinical service area.

21 (c) None of the information the Department discloses to the
22 public may be made available in any form or fashion unless the
23 information has been reviewed, adjusted, and validated
24 according to the following process:

25 (1) The Department shall organize an advisory
26 committee, including representatives from the Department,

1 public and private hospitals, direct care nursing staff,
2 physicians, academic researchers, consumers, health
3 insurance companies, organized labor, and organizations
4 representing hospitals and physicians. The advisory
5 committee must be meaningfully involved in the development
6 of all aspects of the Department's methodology for
7 collecting, analyzing, and disclosing the information
8 collected under this Act, including collection methods,
9 formatting, and methods and means for release and
10 dissemination.

11 (2) The entire methodology for collecting and
12 analyzing the data shall be disclosed to all relevant
13 organizations and to all hospitals that are the subject of
14 any information to be made available to the public before
15 any public disclosure of such information.

16 (3) Data collection and analytical methodologies shall
17 be used that meet accepted standards of validity and
18 reliability before any information is made available to the
19 public.

20 (4) The limitations of the data sources and analytic
21 methodologies used to develop comparative hospital
22 information shall be clearly identified and acknowledged,
23 including but not limited to the appropriate and
24 inappropriate uses of the data.

25 (5) To the greatest extent possible, comparative
26 hospital information initiatives shall use standard-based

1 norms derived from widely accepted provider-developed
2 practice guidelines.

3 (6) Comparative hospital information and other
4 information that the Department has compiled regarding
5 hospitals shall be shared with the hospitals under review
6 prior to public dissemination of such information and these
7 hospitals have 30 days to make corrections and to add
8 helpful explanatory comments about the information before
9 the publication.

10 (7) Comparisons among hospitals shall adjust for
11 patient case mix and other relevant risk factors and
12 control for provider peer groups, when appropriate.

13 (8) Effective safeguards to protect against the
14 unauthorized use or disclosure of hospital information
15 shall be developed and implemented.

16 (9) Effective safeguards to protect against the
17 dissemination of inconsistent, incomplete, invalid,
18 inaccurate, or subjective hospital data shall be developed
19 and implemented.

20 (10) The quality and accuracy of hospital information
21 reported under this Act and its data collection, analysis,
22 and dissemination methodologies shall be evaluated
23 regularly.

24 (11) Only the most basic identifying information from
25 mandatory reports shall be used, and information
26 identifying a patient, employee, or licensed professional

1 shall not be released. None of the information the
2 Department discloses to the public under this Act may be
3 used to establish a standard of care in a private civil
4 action.

5 (d) Quarterly reports shall be submitted, in a format set
6 forth in rules adopted by the Department, to the Department by
7 April 30, July 31, October 31, and January 31 each year for the
8 previous quarter. Data in quarterly reports must cover a period
9 ending not earlier than one month prior to submission of the
10 report. Annual reports shall be submitted by December 31 in a
11 format set forth in rules adopted by the Department to the
12 Department. All reports shall be made available to the public
13 on-site and through the Department.

14 (e) If the hospital is a division or subsidiary of another
15 entity that owns or operates other hospitals or related
16 organizations, the annual public disclosure report shall be for
17 the specific division or subsidiary and not for the other
18 entity.

19 (f) The Department shall disclose information under this
20 Section in accordance with provisions for inspection and
21 copying of public records required by the Freedom of
22 Information Act provided that such information satisfies the
23 provisions of subsection (c) of this Section.

24 (g) Notwithstanding any other provision of law, under no
25 circumstances shall the Department disclose information
26 obtained from a hospital that is confidential under Part 21 of

1 Article VIII of the Code of Civil Procedure.

2 (h) No hospital report or Department disclosure may contain
3 information identifying a patient, employee, or licensed
4 professional.

5 (Source: P.A. 98-463, eff. 8-16-13; 99-326, eff. 8-10-15.)