



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

HB0068

Introduced 1/14/2021, by Rep. Mary E. Flowers

#### 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.

LRB102 03824 CPF 13838 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  
14 adding 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  
19 have proper credentials and any required certificates for  
20 ongoing training at the time the intern, resident, or  
21 physician renews 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) Each instance of preterm birth and infant  
8 mortality within the reporting period, including the  
9 racial and ethnic information of the mothers of those  
10 infants.

11           (6) Each instance of maternal mortality within the  
12 reporting period, including the racial and ethnic  
13 information of those mothers.

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

16           (8) The number of female patients who have died of a  
17 preventable cause within the reporting period and the  
18 number of those preventable deaths that the hospital has  
19 otherwise reported within the reporting period.

20           (9) The number of physicians, as that term is defined  
21 in the Medical Practice Act of 1987, required by the  
22 hospital to undergo any amount or type of retraining  
23 during the reporting period.

24           The infection-related measures developed by the Department  
25 shall be based upon measures and methods developed by the  
26 Centers for Disease Control and Prevention, the Centers for

1 Medicare and Medicaid Services, the Agency for Healthcare  
2 Research and Quality, the Joint Commission on Accreditation of  
3 Healthcare Organizations, or the National Quality Forum. The  
4 Department may align the infection-related measures with the  
5 measures and methods developed by the Centers for Disease  
6 Control and Prevention, the Centers for Medicare and Medicaid  
7 Services, the Agency for Healthcare Research and Quality, the  
8 Joint Commission on Accreditation of Healthcare Organizations,  
9 and the National Quality Forum by adding reporting measures  
10 based on national health care strategies and measures deemed  
11 scientifically reliable and valid for public reporting. The  
12 Department shall receive approval from the State Board of  
13 Health to retire measures deemed no longer scientifically  
14 valid or valuable for informing quality improvement or  
15 infection prevention efforts. The Department shall notify the  
16 Chairs and Minority Spokespersons of the House Human Services  
17 Committee and the Senate Public Health Committee of its intent  
18 to have the State Board of Health take action to retire  
19 measures no later than 7 business days before the meeting of  
20 the State Board of Health.

21 The Department shall include interpretive guidelines for  
22 infection-related indicators and, when available, shall  
23 include relevant benchmark information published by national  
24 organizations.

25 The Department shall collect the information reported  
26 under paragraphs (5) and (6) and shall use it to illustrate the

1 disparity of those occurrences across different racial and  
2 ethnic groups.

3 (b) Individual hospitals shall prepare annual reports  
4 including vacancy and turnover rates for licensed nurses per  
5 clinical service area.

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

10 (1) The Department shall organize an advisory  
11 committee, including representatives from the Department,  
12 public and private hospitals, direct care nursing staff,  
13 physicians, academic researchers, consumers, health  
14 insurance companies, organized labor, and organizations  
15 representing hospitals and physicians. The advisory  
16 committee must be meaningfully involved in the development  
17 of all aspects of the Department's methodology for  
18 collecting, analyzing, and disclosing the information  
19 collected under this Act, including collection methods,  
20 formatting, and methods and means for release and  
21 dissemination.

22 (2) The entire methodology for collecting and  
23 analyzing the data shall be disclosed to all relevant  
24 organizations and to all hospitals that are the subject of  
25 any information to be made available to the public before  
26 any public disclosure of such information.

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

5           (4) The limitations of the data sources and analytic  
6           methodologies used to develop comparative hospital  
7           information shall be clearly identified and acknowledged,  
8           including but not limited to the appropriate and  
9           inappropriate uses of the data.

10          (5) To the greatest extent possible, comparative  
11          hospital information initiatives shall use standard-based  
12          norms derived from widely accepted provider-developed  
13          practice guidelines.

14          (6) Comparative hospital information and other  
15          information that the Department has compiled regarding  
16          hospitals shall be shared with the hospitals under review  
17          prior to public dissemination of such information and  
18          these hospitals have 30 days to make corrections and to  
19          add helpful explanatory comments about the information  
20          before the publication.

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

24          (8) Effective safeguards to protect against the  
25          unauthorized use or disclosure of hospital information  
26          shall be developed and implemented.

1           (9) Effective safeguards to protect against the  
2 dissemination of inconsistent, incomplete, invalid,  
3 inaccurate, or subjective hospital data shall be developed  
4 and implemented.

5           (10) The quality and accuracy of hospital information  
6 reported under this Act and its data collection, analysis,  
7 and dissemination methodologies shall be evaluated  
8 regularly.

9           (11) Only the most basic identifying information from  
10 mandatory reports shall be used, and information  
11 identifying a patient, employee, or licensed professional  
12 shall not be released. None of the information the  
13 Department discloses to the public under this Act may be  
14 used to establish a standard of care in a private civil  
15 action.

16           (d) Quarterly reports shall be submitted, in a format set  
17 forth in rules adopted by the Department, to the Department by  
18 April 30, July 31, October 31, and January 31 each year for the  
19 previous quarter. Data in quarterly reports must cover a  
20 period ending not earlier than one month prior to submission  
21 of the report. Annual reports shall be submitted by December  
22 31 in a format set forth in rules adopted by the Department to  
23 the Department. All reports shall be made available to the  
24 public on-site and through the Department.

25           (e) If the hospital is a division or subsidiary of another  
26 entity that owns or operates other hospitals or related



1 organizations, the annual public disclosure report shall be  
2 for the specific division or subsidiary and not for the other  
3 entity.

4 (f) The Department shall disclose information under this  
5 Section in accordance with provisions for inspection and  
6 copying of public records required by the Freedom of  
7 Information Act provided that such information satisfies the  
8 provisions of subsection (c) of this Section.

9 (g) Notwithstanding any other provision of law, under no  
10 circumstances shall the Department disclose information  
11 obtained from a hospital that is confidential under Part 21 of  
12 Article VIII of the Code of Civil Procedure.

13 (h) No hospital report or Department disclosure may  
14 contain information identifying a patient, employee, or  
15 licensed professional.

16 (Source: P.A. 101-446, eff. 8-23-19.)