

## 102ND GENERAL ASSEMBLY State of Illinois 2021 and 2022 SB2137

Introduced 2/26/2021, by Sen. Jacqueline Y. Collins

## SYNOPSIS AS INTRODUCED:

210 ILCS 45/3-102.3 new 5 ILCS 100/5-45.8 new

Amends the Nursing Home Care Act. Provides that the Department of Public Health shall require each long-term care facility in the State, as a condition of facility licensure, to adopt and implement written policies, provide for the availability of technology to facility residents, and ensure that appropriate staff and other capabilities are in place to prevent the social isolation of facility residents. Contains specified requirements for the social isolation prevention policies. Provides that the Department shall distribute civil monetary penalty funds, as approved by the federal Centers for Medicare and Medicaid Services, and any other available federal and State funds, upon request, to facilities for communicative technologies and accessories needed for the purposes of the provisions. Provides that whenever the Department conducts an inspection of a long-term care facility, the Department's inspector shall determine whether the long-term facility is in compliance with the provisions and the policies, protocols, and procedures adopted pursuant to the provisions. Requires the Department to adopt rules necessary to implement the provisions within 60 days after the amendatory Act's effective date (and makes conforming changes in the Illinois Administrative Procedure Act). Contains other provisions. Effective immediately.

LRB102 16414 CPF 21804 b

FISCAL NOTE ACT MAY APPLY

1 AN ACT concerning regulation.

## Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Nursing Home Care Act is amended by adding Section 3-102.3 as follows:
- 6 (210 ILCS 45/3-102.3 new)
- 7 <u>Sec. 3-102.3. Religious and recreational activities;</u>
- 8 social isolation.
- 9 (a) In this Section:
- 10 "Religious and recreational activities" includes any
- 11 <u>religious, social, or recreational activity that is consistent</u>
- 12 with a resident's preferences and choosing, regardless of
- 13 whether the activity is coordinated, offered, provided, or
- 14 sponsored by facility staff or by an outside activities
- 15 <u>provider.</u>
- "Social isolation" means a state of isolation wherein a
- 17 <u>resident of a long-term care facility is unable to engage in</u>
- 18 social interactions and religious and recreational activities
- 19 with other facility residents or with family members, friends,
- 20 loved ones, caregivers and external support systems.
- 21 <u>(b) The Department shall require each long-term care</u>
- facility in the State, as a condition of facility licensure,
- 23 to adopt and implement written policies, provide for the

availability of technology to facility residents, and ensure
that appropriate staff and other capabilities are in place to
prevent the social isolation of facility residents.

- (c) The social isolation prevention policies adopted by each long-term care facility pursuant to subsection (b) shall:
  - (1) authorize, and include specific protocols and procedures to encourage and enable, residents of the facility to engage in in-person contact, communication, religious activity, and recreational activity with other facility residents and with family members, friends, loved ones, caregivers, and other external support systems, except when the in-person contact, communication, religious activity, or recreational activity is prohibited, restricted, or limited by federal or State statute, rule, or regulation;
  - (2) authorize, and include specific protocols and procedures to encourage and enable, residents to engage in face-to-face, verbal-based, or auditory-based contact, communication, religious activity, and recreational activity with other facility residents and with family members, friends, loved ones, caregivers, and other external support systems, through the use of electronic or virtual means and methods, including, but not limited to, computer technology, the Internet, social media, videoconferencing, and other innovative technological means or methods, whenever the resident is subject to

restrictions that limit his or her ability to engage	e in
in-person contact, communication, religious activity	or,

- (3) provide for residents of the facility to be given access to assistive and supportive technology as may be necessary to facilitate the residents' engagement in face-to-face, verbal-based, or auditory-based contact, communication, religious activity, and recreational activity with other residents, family members, friends, and other external support systems, through electronic means, as provided by paragraph (2);
- (4) include specific administrative policies, procedures, and protocols governing:
  - (A) the acquisition, maintenance, and replacement of computers, videoconferencing equipment, distance-based communications technology, assistive and supportive technology and devices, and other technological equipment, accessories, and electronic licenses as may be necessary to ensure that residents are able to engage in face-to-face, verbal-based, or auditory-based contact, communication, religious activity, and recreational activity with other facility residents and with family members, friends, loved ones, caregivers, and other external support systems, through electronic means, in accordance with the provisions of paragraphs (2) and (3) of this

## subsection;

- (B) the use of environmental barriers and other controls when the equipment and devices acquired pursuant to subparagraph (A) are in use, especially in cases where the equipment or devices are likely to become contaminated with bodily substances, are touched frequently with gloved or ungloved hands, or are difficult to clean; and
- (C) the regular cleaning of the equipment and devices acquired pursuant to subparagraph (A) and any environmental barriers or other physical controls used in association therewith;
- (5) require appropriate staff to assess and regularly reassess the individual needs and preferences of facility residents with respect to the residents' participation in social interactions and religious and recreational activities, including specific protocols and procedures to ensure that the quantity of devices and equipment maintained on-site at the facility remains sufficient, at all times, to meet the assessed social and activity needs and preferences of each facility resident; family members or caregivers should be considered, as appropriate, in the assessment and reassessment;
- (6) require appropriate staff, upon the request of a resident or the resident's family members, guardian, or representative to develop an individualized visitation

1	plan for the resident, which shall:
2	(A) identify the assessed needs and preferences of
3	the resident and any preferences specified by the
4	resident's family members;
5	(B) address the need for a visitation schedule and
6	establish a visitation schedule if deemed to be
7	appropriate;
8	(C) describe the location and modalities to be
9	used in visitation; and
10	(D) describe the respective responsibilities of
11	staff, visitors, and the resident when engaging in
12	visitation pursuant to the individualized visitation
13	plan;
14	(7) notify the resident and the resident's
15	representative that they have the right to request of
16	facility staff the creation and review of a resident's
17	individualized visitation plan;
18	(8) include specific policies, protocols, and
19	procedures governing a resident's requisition, use, and
20	return of devices and equipment maintained pursuant to
21	subparagraph (A) of paragraph (4), and require appropriate
22	staff to communicate those policies, protocols, and
23	procedures to residents; and
24	(9) designate at least one member of the therapeutic
25	recreation or activities department, or, if the facility
26	does not have such a department, designate at least one

senior staff member, as determined by facility management, to train other appropriate facility employees, including, but not limited to, activities professionals and volunteers, social workers, occupational therapists, and therapy assistants, to provide direct assistance to residents upon request and on an as-needed basis, as necessary to ensure that each resident is able to successfully access and use, for the purposes specified in paragraphs (2) and (3) of this subsection, the technology, devices, and equipment acquired pursuant to subparagraph (A) of paragraph (4).

- (d) The Department shall distribute civil monetary penalty funds, as approved by the federal Centers for Medicare and Medicaid Services, and any other available federal and State funds, upon request, to facilities for communicative technologies and accessories needed for the purposes of this Section.
- (e) Whenever the Department conducts an inspection of a long-term care facility, the Department's inspector shall determine whether the long-term facility is in compliance with the provisions of this Section and the policies, protocols, and procedures adopted pursuant to this Section.

In addition to any other applicable penalties provided by law, a long-term care facility that fails to comply with the provisions of this Section or properly implement the policies, protocols, and procedures adopted pursuant to subsection (b)

- 1 <u>shall be liable to pay an administrative penalty, the amount</u>
- of which shall be determined in accordance with a schedule
- 3 <u>established by the Department by rule. The schedule shall</u>
- 4 provide for an enhanced administrative penalty in the case of
- 5 a repeat or ongoing violation.
- 6 (f) Whenever a complaint received by the Office of State
- 7 Long Term Care Ombudsman discloses evidence that a long-term
- 8 care facility has failed to comply with the provisions of this
- 9 Section or to properly implement the policies, protocols, and
- 10 procedures adopted pursuant to subsection (b), the Office of
- 11 State Long Term Care Ombudsman shall refer the matter to the
- 12 Department.
- 13 (g) This Section does not impact, limit, or constrict a
- resident's right to or usage of his or her personal property or
- 15 electronic monitoring under Section 2-115.
- 16 (h) Within 60 days after the effective date of this
- amendatory Act of the 102nd General Assembly, the Department
- 18 shall adopt any rules necessary to implement the provisions of
- 19 this Section. The rules shall include, but need not be limited
- 20 to, minimum standards for the social isolation prevention
- 21 policies to be adopted pursuant to subsection (b) and a
- 22 penalty schedule to be used pursuant to subsection (e).
- 23 Section 10. The Illinois Administrative Procedure Act is
- amended by adding Section 5-45.8 as follows:

- 1 (5 ILCS 100/5-45.8 new)
- 2 Sec. 5-45.8. Emergency rulemaking; Nursing Home Care Act.
- 3 To provide for the expeditious and timely implementation of
- 4 this amendatory Act of the 102nd General Assembly, emergency
- 5 rules <u>implementing Section 3-102.3 of the Nursing Home Care</u>
- 6 Act may be adopted in accordance with Section 5-45 by the
- 7 Department of Public Health. The adoption of emergency rules
- 8 authorized by Section 5-45 and this Section is deemed to be
- 9 <u>necessary for the public interest, safety, and welfare.</u>
- This Section is repealed on January 1, 2027.
- 11 Section 99. Effective date. This Act takes effect upon
- 12 becoming law.