



Rep. Anna Moeller

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LRB102 16414 CPF 26353 a

1 AMENDMENT TO SENATE BILL 2137

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2137 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Findings.

5 (1) The General Assembly finds that contact with family,  
6 friends, and clergy is an integral part of the quality of life  
7 for nursing home residents. Social isolation has long been a  
8 trigger for declining mental and physical health. While the  
9 digital revolution creates a new approach for community  
10 connectedness, the State of Illinois stands firmly in  
11 agreement with the body of research that shows in-person  
12 interactions is the preferable and more impactful avenue for  
13 family, friends, and clergy to connect with and support  
14 nursing home residents and supports virtual visitation  
15 programs as a supplement to in-person interactions.  
16 Furthermore, the State of Illinois looks to government payor  
17 sources and integrated entities of the health care system,

1 including Medicaid managed care organizations, as key  
2 stakeholders in providing the adequate resources for residents  
3 to digitally connect with loved ones near and far.

4 (2) The General Assembly further finds that use of  
5 electronic devices to make and maintain contact with nursing  
6 home residents is a new approach and as such must be approached  
7 with care to ensure the protection of nursing home residents  
8 from those who would seek to harm or defraud them using this  
9 new technology.

10 Section 5. The Nursing Home Care Act is amended by adding  
11 Section 3-102.3 as follows:

12 (210 ILCS 45/3-102.3 new)

13 Sec. 3-102.3. Religious and recreational activities;  
14 social isolation.

15 (a) In this Section:

16 "Assistive and supportive technology and devices" means  
17 computers, video conferencing equipment, distance based  
18 communication technology, or other technological equipment,  
19 accessories, or electronic licenses as may be necessary to  
20 ensure that residents are able to engage in face-to-face,  
21 verbal-based, or auditory-based contact, communication,  
22 religious activity, or recreational activity with other  
23 facility residents and with family members, friends, loved  
24 ones, caregivers, and other external support systems, through

1 electronic means, in accordance with the provisions of  
2 paragraphs (2) and (3) of subsection (c).

3 "Religious and recreational activities" includes any  
4 religious, social, or recreational activity that is consistent  
5 with a resident's preferences and choosing, regardless of  
6 whether the activity is coordinated, offered, provided, or  
7 sponsored by facility staff or by an outside activities  
8 provider.

9 "Resident's representative" has the same meaning as  
10 provided in Section 1-123.

11 "Social isolation" means a state of isolation wherein a  
12 resident of a long-term care facility is unable to engage in  
13 social interactions and religious and recreational activities  
14 with other facility residents or with family members, friends,  
15 loved ones, caregivers and external support systems.

16 "Virtual visitation" means the use of face-to-face,  
17 verbal-based, or auditory-based contact through electronic  
18 means.

19 (b) The Department shall:

20 (1) require each long-term care facility in the State  
21 to adopt and implement written policies, provide for the  
22 availability of assistive and supportive technology and  
23 devices to facility residents, and ensure that appropriate  
24 staff are in place to help prevent the social isolation of  
25 facility residents; and

26 (2) communicate regularly with the Department of

1 Healthcare and Family Services and the Department on Aging  
2 concerning potential funding for facilities to mitigate  
3 the potential for racial disparities as an unintended  
4 consequence of this Act.

5 The virtual visitation policies shall not be interpreted  
6 as a substitute for in-person visitation, but shall be wholly  
7 in addition to existing in-person visitation policies.

8 (c) The social isolation prevention policies adopted by  
9 each long-term care facility pursuant to subsection (b) shall  
10 be consistent with rights and privileges guaranteed to  
11 residents and constraints provided under Sections 2-108,  
12 2-109, and 2-110 and shall include the following:

13 (1) authorization and inclusion of specific protocols  
14 and procedures to encourage and enable residents of the  
15 facility to engage in in-person contact, communication,  
16 religious activity, and recreational activity with other  
17 facility residents and with family members, friends, loved  
18 ones, caregivers, and other external support systems,  
19 except when prohibited, restricted, or limited by federal  
20 or State statute, rule, regulation, executive order, or  
21 guidance;

22 (2) authorization and inclusion of specific protocols  
23 and procedures to encourage and enable residents to engage  
24 in face-to-face, verbal-based, or auditory-based contact,  
25 communication, religious activity, and recreational  
26 activity with other facility residents and with family

1 members, friends, loved ones, caregivers, and other  
2 external support systems through the use of electronic or  
3 virtual means and methods, including, but not limited to,  
4 computer technology, the Internet, social media,  
5 videoconferencing, videophone, and other innovative  
6 technological means or methods, whenever the resident is  
7 subject to restrictions that limit his or her ability to  
8 engage in in-person contact, communication, religious  
9 activity, or recreational activity as authorized by  
10 paragraph (1) and when the technology requested is not  
11 being used by other residents in the event of a limited  
12 number of items of technology in a facility;

13 (3) a mechanism for residents of the facility or the  
14 residents' representatives to request access to assistive  
15 and supportive technology and devices as may be necessary  
16 to facilitate the residents' engagement in face-to-face,  
17 verbal-based, or auditory-based contact, communication,  
18 religious activity, and recreational activity with other  
19 residents, family members, friends, and other external  
20 support systems, through electronic means, as provided by  
21 paragraph (2);

22 (4) specific administrative policies, procedures, and  
23 protocols governing:

24 (A) the acquisition, maintenance, and replacement  
25 of assistive and supportive technology and devices;

26 (B) the use of environmental barriers and other

1           controls when the assistive and supportive technology  
2           and devices acquired pursuant to subparagraph (A) are  
3           in use, especially in cases where the assistive and  
4           supportive technology and devices are likely to become  
5           contaminated with bodily substances, are touched  
6           frequently, or are difficult to clean; and

7           (C) the regular cleaning of the assistive and  
8           supportive technology and devices acquired pursuant to  
9           subparagraph (A) and any environmental barriers or  
10          other physical controls used in association therewith;

11          (5) a requirement that (i) upon admission and (ii) at  
12          the request of a resident or the resident's  
13          representative, appropriate staff shall develop and update  
14          an individualized virtual visitation schedule while taking  
15          into account the individual's requests and preferences  
16          with respect to the residents' participation in social  
17          interactions and religious and recreational activities;

18          (6) a requirement that appropriate staff, upon the  
19          request of a resident or the resident's family members,  
20          guardian, or representative, shall develop an  
21          individualized virtual visitation schedule for the  
22          resident, which shall:

23                (A) address the need for a virtual visitation  
24                schedule and establish a virtual visitation schedule  
25                if deemed to be appropriate;

26                (B) identify the assessed needs and preferences of

1       the resident and any preferences specified by the  
2       resident's representative, unless a preference  
3       specified by the resident conflicts with a preference  
4       specified by the resident's representative, in which  
5       case the resident's preference shall take priority;

6           (C) document the long-term care facility's defined  
7       virtual hours of visitation and inform the resident  
8       and the resident's representative that virtual  
9       visitation pursuant to paragraph (2) of subsection (c)  
10       will adhere to the defined visitation hours;

11           (D) describe the location within the facility and  
12       assistive and supportive technology and devices to be  
13       used in virtual visitation; and

14           (E) describe the respective responsibilities of  
15       staff, visitors, and the resident when engaging in  
16       virtual visitation pursuant to the individualized  
17       visitation plan;

18       (7) a requirement (i) upon admission and (ii) at the  
19       request of the resident or the resident's representative,  
20       to provide notification to the resident and the resident's  
21       representative that they have the right to request of  
22       facility staff the creation and review of a resident's  
23       individualized virtual visitation schedule;

24       (8) a requirement (i) upon admission and (ii) at the  
25       request of the resident or resident's representative, to  
26       provide, in writing to the resident or resident's

1 representative, virtual visitation hours, how to schedule  
2 a virtual visitation, and how to request assistive and  
3 supportive technology and devices;

4 (9) specific policies, protocols, and procedures  
5 governing a resident's requisition, use, and return of  
6 assistive and supportive technology and devices maintained  
7 pursuant to subparagraph (A) of paragraph (4), and require  
8 appropriate staff to communicate those policies,  
9 protocols, and procedures to residents; and

10 (10) the designation of at least one member of the  
11 therapeutic recreation or activities department, or, if  
12 the facility does not have such a department, the  
13 designation of at least one senior staff member, as  
14 determined by facility management, to train other  
15 appropriate facility employees, including, but not limited  
16 to, activities professionals and volunteers, social  
17 workers, occupational therapists, and therapy assistants,  
18 to provide direct assistance to residents upon request and  
19 on an as-needed basis, as necessary to ensure that each  
20 resident is able to successfully access and use, for the  
21 purposes specified in paragraphs (2) and (3) of this  
22 subsection, the assistive and supportive technology and  
23 devices acquired pursuant to subparagraph (A) of paragraph  
24 (4).

25 (d) A long-term care facility may apply to the Department  
26 for civil monetary penalty fund grants for assistive and



1 supportive technology and devices and may request other  
2 available federal and State funds.

3 (e) The Department shall determine whether a long-term  
4 care facility is in compliance with the provisions of this  
5 Section and the policies, protocols, and procedures adopted  
6 pursuant to this Section in accordance with the Nursing Home  
7 Care Act for surveys and inspections.

8 In addition to any other applicable penalties provided by  
9 law, a long-term care facility that fails to comply with the  
10 provisions of this Section or properly implement the policies,  
11 protocols, and procedures adopted pursuant to subsection (b)  
12 shall be liable to pay an administrative penalty as a Type "C"  
13 violation, the amount of which shall be determined in  
14 accordance with a schedule established by the Department by  
15 rule. The schedule shall provide for an enhanced  
16 administrative penalty in the case of a repeat or ongoing  
17 violation. Implementation of an administrative penalty as a  
18 Type "C" violation under this subsection shall not be imposed  
19 prior to January 1, 2023.

20 (f) Whenever a complaint received by the Office of State  
21 Long Term Care Ombudsman discloses evidence that a long-term  
22 care facility has failed to comply with the provisions of this  
23 Section or to properly implement the policies, protocols, and  
24 procedures adopted pursuant to subsection (b), the Office of  
25 State Long Term Care Ombudsman shall refer the matter to the  
26 Department.

1       (g) This Section does not impact, limit, or constrict a  
2 resident's right to or usage of his or her personal property or  
3 electronic monitoring under Section 2-115.

4       (h) Specific protocols and procedures shall be developed  
5 to ensure that the quantity of assistive and supportive  
6 technology and devices maintained on-site at the facility  
7 remains sufficient, at all times, to meet the assessed social  
8 and activity needs and preferences of each facility resident.  
9 Residents' family members or caregivers should be considered,  
10 as appropriate, in the assessment and reassessment.

11       (i) Within 60 days after the effective date of this  
12 amendatory Act of the 102nd General Assembly, the Department  
13 shall file rules necessary to implement the provisions of this  
14 Section. The rules shall include, but need not be limited to,  
15 minimum standards for the social isolation prevention policies  
16 to be adopted pursuant to subsection (b), a penalty schedule  
17 to be used pursuant to subsection (e), and policies regarding  
18 a long-term care facility's Internet access and subsequent  
19 Internet barriers in relation to a resident's virtual  
20 visitation plan pursuant to paragraph (2) of subsection (c).

21       (j) The Department's rules under subsection (i) shall take  
22 into account Internet bandwidth limitations outside of the  
23 control of a long-term care facility.

24       (k) Nothing in this Section shall be interpreted to mean  
25 that addressing the issues of social isolation shall take  
26 precedence over providing for the health and safety of the

1 residents.

2 Section 10. The Illinois Administrative Procedure Act is  
3 amended by adding Section 5-45.8 as follows:

4 (5 ILCS 100/5-45.8 new)

5 Sec. 5-45.8. Emergency rulemaking; Nursing Home Care Act.

6 To provide for the expeditious and timely implementation of  
7 this amendatory Act of the 102nd General Assembly, emergency  
8 rules implementing Section 3-102.3 of the Nursing Home Care  
9 Act may be adopted in accordance with Section 5-45 by the  
10 Department of Public Health. The adoption of emergency rules  
11 authorized by Section 5-45 and this Section is deemed to be  
12 necessary for the public interest, safety, and welfare.

13 This Section is repealed on January 1, 2027.

14 Section 99. Effective date. This Act takes effect upon  
15 becoming law."