

1 AN ACT concerning hospitals.

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

4 Section 5. The Hospital Licensing Act is amended by
5 changing Sections 8, 8.5, 9, 9.2, and 9.3 and adding Sections
6 9.4, 9.5, and 9.6 as follows:

7 (210 ILCS 85/8) (from Ch. 111 1/2, par. 149)

8 Sec. 8. Facility plan review; fees.

9 (a) Before commencing construction of new facilities or
10 specified types of alteration or additions to an existing
11 hospital involving major construction, as defined by rule by
12 the Department, with an estimated cost greater than \$100,000,
13 architectural plans and specifications therefor shall be
14 submitted by the licensee to the Department for review and
15 approval. Hospitals must submit plans and specifications only
16 for major construction materially affecting patient isolation
17 or operating rooms, hospital egress, compartmentalization or
18 storage, and other conditions covered under the Life Safety
19 Code. A hospital may submit architectural drawings and
20 specifications for other construction projects for Department
21 review according to subsection (b) that shall not be subject
22 to fees under subsection (d). The Department must give a
23 hospital that is planning to submit a construction project
24 for review the opportunity to discuss its plans and
25 specifications with the Department before the hospital
26 formally submits the plans and specifications for Department
27 review. Review of drawings and specifications shall be
28 conducted by an employee of the Department meeting the
29 qualifications established by the Department of Central
30 Management Services class specifications for such an
31 individual's position or by a person contracting with the

1 Department who meets those class specifications. Final
2 approval of the plans and specifications for compliance with
3 design and construction standards shall be obtained from the
4 Department before the alteration, addition, or new
5 construction is begun.

6 (b) The Department shall inform an applicant in writing
7 within 10 working days after receiving drawings and
8 specifications and the required fee, if any, from the
9 applicant whether the applicant's submission is complete or
10 incomplete. Failure to provide the applicant with this
11 notice within 10 working days shall result in the submission
12 being deemed complete for purposes of initiating the 60-day
13 review period under this Section. If the submission is
14 incomplete, the Department shall inform the applicant of the
15 deficiencies with the submission in writing. If the
16 submission is complete and the required fee, if any, has been
17 paid, the Department shall approve or disapprove drawings and
18 specifications submitted to the Department no later than 60
19 days following receipt by the Department. The drawings and
20 specifications shall be of sufficient detail, as provided by
21 Department rule, to enable the Department to render a
22 determination of compliance with design and construction
23 standards under this Act. If the Department finds that the
24 drawings are not of sufficient detail for it to render a
25 determination of compliance, the plans shall be determined to
26 be incomplete and shall not be considered for purposes of
27 initiating the 60 day review period. If a submission of
28 drawings and specifications is incomplete, the applicant may
29 submit additional information. The 60-day review period
30 shall not commence until the Department determines that a
31 submission of drawings and specifications is complete or the
32 submission is deemed complete. If the Department has not
33 approved or disapproved the drawings and specifications
34 within 60 days, the construction, major alteration, or

1 addition shall be deemed approved. If the drawings and
2 specifications are disapproved, the Department shall state in
3 writing, with specificity, the reasons for the disapproval.
4 The entity submitting the drawings and specifications may
5 submit additional information in response to the written
6 comments from the Department or request a reconsideration of
7 the disapproval. A final decision of approval or disapproval
8 shall be made within 45 days of the receipt of the additional
9 information or reconsideration request. If denied, the
10 Department shall state the specific reasons for the denial
11 and the applicant may elect to seek dispute resolution
12 pursuant to Section 25 of the Illinois Building Commission
13 Act, which the Department must participate in.

14 (c) The Department shall provide written approval for
15 occupancy pursuant to subsection (g) and shall not issue a
16 violation to a facility as a result of a licensure or
17 complaint survey based upon the facility's physical structure
18 if:

19 (1) the Department reviewed and approved or deemed
20 approved the drawing and specifications for compliance
21 with design and construction standards;

22 (2) the construction, major alteration, or addition
23 was built as submitted;

24 (3) the law or rules have not been amended since
25 the original approval; and

26 (4) the conditions at the facility indicate that
27 there is a reasonable degree of safety provided for the
28 patients.

29 (d) The Department shall charge the following fees in
30 connection with its reviews conducted before June 30, 2004
31 under this Section:

32 (1) (Blank).

33 (2) (Blank).

34 (3) If the estimated dollar value of the major

1 construction is greater than \$500,000, the fee shall be
2 established by the Department pursuant to rules that
3 reflect the reasonable and direct cost of the Department
4 in conducting the architectural reviews required under
5 this Section. The estimated dollar value of the major
6 construction subject to review under this Section shall
7 be annually readjusted to reflect the increase in
8 construction costs due to inflation.

9 The fees provided in this subsection (d) shall not apply
10 to major construction projects involving facility changes
11 that are required by Department rule amendments or to
12 projects related to homeland security.

13 The fees provided in this subsection (d) shall also not
14 apply to major construction projects if 51% or more of the
15 estimated cost of the project is attributed to capital
16 equipment. For major construction projects where 51% or more
17 of the estimated cost of the project is attributed to capital
18 equipment, the Department shall by rule establish a fee that
19 is reasonably related to the cost of reviewing the project.

20 Disproportionate share hospitals and rural hospitals
21 shall only pay one-half of the fees required in this
22 subsection (d). For the purposes of this subsection (d), (i)
23 "disproportionate share hospital" means a hospital described
24 in items (1) through (5) of subsection (b) of Section 5-5.02
25 of the Illinois Public Aid Code and (ii) "rural hospital"
26 means a hospital that is (A) located outside a metropolitan
27 statistical area or (B) located 15 miles or less from a
28 county that is outside a metropolitan statistical area and is
29 licensed to perform medical/surgical or obstetrical services
30 and has a combined total bed capacity of 75 or fewer beds in
31 these 2 service categories as of July 14, 1993, as determined
32 by the Department.

33 The Department shall not commence the facility plan
34 review process under this Section until the applicable fee

1 has been paid.

2 (e) All fees received by the Department under this
3 Section shall be deposited into the Health Facility Plan
4 Review Fund, a special fund created in the State treasury.
5 All fees paid by hospitals under subsection (d) shall be used
6 only to cover the direct and reasonable costs relating to the
7 Department's review of hospital projects under this Section.
8 Moneys shall be appropriated from that Fund to the Department
9 only to pay the costs of conducting reviews under this
10 Section. None of the moneys in the Health Facility Plan
11 Review Fund shall be used to reduce the amount of General
12 Revenue Fund moneys appropriated to the Department for
13 facility plan reviews conducted pursuant to this Section.

14 (f) (Blank).

15 (g) The Department shall conduct an on-site inspection
16 of the completed project no later than 10 business 30 days
17 after notification from the applicant that the project has
18 been completed and all certifications required by the
19 Department have been received and accepted by the Department.
20 The Department shall provide written approval for occupancy
21 to the applicant within 5 working days of the Department's
22 final inspection, provided the applicant has demonstrated
23 substantial compliance as defined by Department rule.
24 Occupancy of new major construction is prohibited until
25 Department approval is received, unless the Department has
26 not acted within the time frames provided in this subsection
27 (g), in which case the construction shall be deemed approved.
28 Occupancy shall be authorized after any required health
29 inspection by the Department has been conducted.

30 (h) The Department shall establish, by rule, a procedure
31 to conduct interim on-site review of large or complex
32 construction projects.

33 (i) The Department shall establish, by rule, an
34 expedited process for emergency repairs or replacement of

1 like equipment.

2 (j) Nothing in this Section shall be construed to apply
3 to maintenance, upkeep, or renovation that does not affect
4 the structural integrity of the building, does not add beds
5 or services over the number for which the facility is
6 licensed, and provides a reasonable degree of safety for the
7 patients.

8 (Source: P.A. 91-712, eff. 7-1-00; 92-563, eff. 6-24-02;
9 92-803, eff. 8-16-02; revised 9-19-02.)

10 (210 ILCS 85/8.5)

11 Sec. 8.5. Waiver of compliance with rules or standards
12 ~~for construction or physical plant~~. Upon application by a
13 hospital, the Department may grant or renew the waiver of the
14 hospital's compliance with a ~~construction or physical plant~~
15 rule or standard, including without limitation rules and
16 standards for (i) design and construction, (ii) engineering
17 and maintenance of the physical plant, site, equipment, and
18 systems (heating, cooling, electrical, ventilation, plumbing,
19 water, sewer, and solid waste disposal), and (iii) fire and
20 safety, and (iv) other rules or standards that may present a
21 barrier to the development, adoption, or implementation of an
22 innovation designed to improve patient care, for a period not
23 to exceed the duration of the current license or, in the case
24 of an application for license renewal, the duration of the
25 renewal period. The waiver may be conditioned upon the
26 hospital taking action prescribed by the Department as a
27 measure equivalent to compliance. In determining whether to
28 grant or renew a waiver, the Department shall consider the
29 duration and basis for any current waiver with respect to the
30 same rule or standard and the validity and effect upon
31 patient health and safety of extending it on the same basis,
32 the effect upon the health and safety of patients, the
33 quality of patient care, the hospital's history of compliance

1 with the rules and standards of this Act, and the hospital's
2 attempts to comply with the particular rule or standard in
3 question. The Department may provide, by rule, for the
4 automatic renewal of waivers concerning construction or
5 physical plant requirements upon the renewal of a license.
6 The Department shall renew waivers relating to construction
7 or physical plant standards issued pursuant to this Section
8 at the time of the indicated reviews, unless it can show why
9 such waivers should not be extended for the following
10 reasons:

11 (1) the condition of the physical plant has
12 deteriorated or its use substantially changed so that the
13 basis upon which the waiver was issued is materially
14 different; or

15 (2) the hospital is renovated or substantially
16 remodeled in such a way as to permit compliance with the
17 applicable rules and standards without substantial
18 increase in cost.

19 A copy of each waiver application and each waiver granted
20 or renewed shall be on file with the Department and available
21 for public inspection.

22 The Department shall advise hospitals of any applicable
23 federal waivers about which it is aware and for which the
24 hospital may apply.

25 In the event that the Department does not grant or renew
26 a waiver of a rule or standard, the Department must notify
27 the hospital in writing detailing the specific reasons for
28 not granting or renewing the waiver and must discuss possible
29 options, if any, the hospital could take to have the waiver
30 approved.

31 This Section shall apply to both new and existing
32 construction.

33 (Source: P.A. 92-803, eff. 8-16-02.)

1 (210 ILCS 85/9) (from Ch. 111 1/2, par. 150)

2 Sec. 9. Inspections and investigations. The Department
3 shall make or cause to be made such inspections and
4 investigations as it deems necessary. Upon arrival at the
5 hospital, the Department's inspector or investigator must
6 inform the hospital of the scope of the investigation with
7 references to the particular statutory or regulatory
8 provisions triggering the inspection or investigation. Any
9 expansion of the scope of the investigation or inspection
10 beyond what was disclosed upon arrival at the hospital must
11 be disclosed to the hospital along with the reasons for such
12 expansion and the statutory or regulatory provisions that
13 govern the expanded review. The inspector or investigator
14 shall document the reasons for the expanded inspection or
15 investigation. No inspection or investigation shall proceed
16 beyond the scope of what the inspector or investigator
17 disclosed to the hospital. If the inspection or
18 investigation is being conducted in response to a complaint,
19 the Department must inform the hospital of the nature of the
20 complaint before proceeding with the investigation or
21 inspection. Information received by the Department through
22 filed reports, inspection, or as otherwise authorized under
23 this Act shall not be disclosed publicly in such manner as to
24 identify individuals or hospitals, except (i) in a proceeding
25 involving the denial, suspension, or revocation of a permit
26 to establish a hospital or a proceeding involving the denial,
27 suspension, or revocation of a license to open, conduct,
28 operate, and maintain a hospital, (ii) to the Department of
29 Children and Family Services in the course of a child abuse
30 or neglect investigation conducted by that Department or by
31 the Department of Public Health, (iii) in accordance with
32 Section 6.14a of this Act, or (iv) in other circumstances as
33 may be approved by the Hospital Licensing Board.

34 (Source: P.A. 90-608, eff. 6-30-98; 91-242, eff. 1-1-00.)

1 (210 ILCS 85/9.2)

2 Sec. 9.2. Disclosure. Prior to conducting a survey of a
3 hospital operating under an approved waiver, equivalency, or
4 other approval, a surveyor must be made aware of the waiver,
5 equivalency, or other approval prior to entering the
6 hospital. Prior to commencing an inspection, the Department
7 must provide the hospital with documentation that the survey
8 is being conducted, with consideration of the relevant
9 waiver, equivalency, or approval. ~~After--conducting--the~~
10 ~~survey,--the--Department--must--conduct--a--comprehensive--exit~~
11 ~~interview--with--designated--hospital--representatives--at--which~~
12 ~~the--hospital--may--present--additional--information--regarding~~
13 ~~findings.~~

14 (Source: P.A. 92-803, eff. 8-16-02.)

15 (210 ILCS 85/9.3)

16 Sec. 9.3. Informal dispute resolution. The Department
17 must offer an opportunity for informal dispute resolution
18 concerning the application of building codes for new and
19 existing construction and other related Department rules and
20 standards before the advisory committee under subsection (b)
21 of Section 2310-560 of the Department of Public Health Powers
22 and Duties Law of the Civil Administrative Code of Illinois.
23 Participants in this process must include representatives
24 from the Department, representatives of the hospital, and
25 additional representatives deemed appropriate by both parties
26 with expertise regarding the contested deficiencies and the
27 management of health care facilities. If the Department does
28 not resolve disputed deficiencies after the informal dispute
29 resolution process, the Department must provide a written
30 explanation to the hospital of why the deficiencies have not
31 been removed from the statement of deficiencies.

32 (Source: P.A. 92-803, eff. 8-16-02.)

1 (210 ILCS 85/9.4 new)

2 Sec. 9.4. Status and exit briefings. While conducting
3 inspections, investigations, or surveys the Department must
4 have a daily status briefing with the hospital to disclose
5 preliminary findings before the inspector, investigator, or
6 surveyor leaves for the day. At the end of each inspection,
7 investigation, or survey the Department must have a detailed
8 and comprehensive exit briefing with the hospital to disclose
9 its preliminary findings and conclusions. As part of these
10 briefings, the Department inspector, investigator, or
11 surveyor must disclose any reasonable corrective actions that
12 would bring the hospital into compliance with this Act.

13 (210 ILCS 85/9.5 new)

14 Sec. 9.5. Findings, conclusions, and citations. The
15 Department must consider any factual information offered by
16 the hospital at any time during the survey, inspection, or
17 investigation, at daily status briefings and in the exit
18 briefing required under Section 9.4 before making final
19 findings and conclusions or issuing citations. The Department
20 must document receipt of such information and provide the
21 hospital with its findings and conclusions regarding this
22 information in addition to any other findings and conclusions
23 of its survey, investigation, or inspection. The Department
24 must provide the hospital with written notice of its findings
25 and conclusions within 10 days of the exit briefing required
26 under Section 9.4. This notice must provide the following
27 information: (i) identification of all deficiencies and areas
28 of noncompliance with applicable law; (ii) identification of
29 the applicable statutes, rules, codes, or standards that were
30 violated; (iii) the factual basis for each deficiency or
31 violation; and (iv) recommended corrective action or actions
32 as well as any alternative corrective action that would bring
33 the hospital into compliance with applicable law. The

1 Department's recommended corrective action or actions must
2 take into account the size, resources, and ability of the
3 hospital to implement the recommendation.

4 (210 ILCS 85/9.6 new)

5 Sec. 9.6. Reviewer quality improvement. The Department
6 must implement a reviewer performance improvement program for
7 hospital survey, inspection, and investigation staff.
8 Components of the program must address at least the following
9 minimum individual qualifications as defined by rule before
10 the Department may use that individual as a surveyor,
11 investigator, or inspector: (i) outside formal education;
12 (ii) training within the Department; and (iii) a number of
13 supervised inspections, surveys, and investigations. The
14 Department must also review the work of each of its
15 surveyors, inspectors, and investigators on a quarterly basis
16 to assess whether its surveyors, inspectors, and
17 investigators: (i) apply the same protocols and criteria
18 consistently to substantially similar situations; (ii) reach
19 similar findings and conclusions when reviewing substantially
20 similar situations; (iii) conduct surveys, inspections, or
21 investigations in a professional manner; and (iv) comply with
22 the provisions of this Act. The Department must also
23 implement continuing education programs for its surveyors,
24 inspectors, and investigators to correct review inconsistency
25 and to reduce review time and expense. At least one
26 continuing education program during the calendar year must
27 involve an opportunity for interaction among Department
28 surveyors, inspectors, investigators, and hospital personnel
29 and representatives.