

1 AN ACT concerning State government.

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

4 Section 5. The Illinois Health Facilities Planning Act is
5 amended by changing Sections 15.5 and 19.6 as follows:

6 (20 ILCS 3960/15.5)

7 (Section scheduled to be repealed on August 31, 2008)

8 Sec. 15.5. Task Force on Health Planning Reform.

9 (a) The Task Force on Health Planning Reform is created.

10 (b) The Task Force shall consist of 19 voting members, as
11 follows: 6 persons, who are not currently employed by a State
12 agency, appointed by the Director of Public Health, 3 of whom
13 shall be persons with knowledge and experience in the delivery
14 of health care services, including at least one person
15 representing organized health service workers, 2 of whom shall
16 be persons with professional experience in the administration
17 or management of health care facilities, and one of whom shall
18 be a person with experience in health planning; 2 members of
19 the Illinois Senate appointed by the President of the Senate,
20 one of whom shall be a co-chair to the Task Force; 2 members of
21 the Illinois Senate appointed by the Senate Minority Leader; 2
22 members of the Illinois House of Representatives appointed by
23 the Speaker of the House of Representatives, one of whom shall

1 be a co-chair to the Task Force; 2 members of the Illinois
2 House of Representatives appointed by the House Minority
3 Leader; the Attorney General, or his or her designee; and 4
4 members of the general public, representing health care
5 consumers, appointed by the Attorney General of Illinois.

6 The following persons, or their designees, shall serve, ex
7 officio, as nonvoting members of the Task Force: the Director
8 of Public Health, the Secretary of the Illinois Health
9 Facilities Planning Board, the Director of Healthcare and
10 Family Services, the Secretary of Human Services, and the
11 Director of the Governor's Office of Management and Budget.

12 Members shall serve without compensation, but may be
13 reimbursed for their expenses in relation to duties on the Task
14 Force.

15 A vote of 12 members appointed to the Task Force is
16 required with respect to the adoption of recommendations to the
17 Governor and General Assembly and the final report required by
18 this Section.

19 (c) The Task Force shall gather information and make
20 recommendations relating to at least the following topics in
21 relation to the Illinois Health Facilities Planning Act:

22 (1) The impact of health planning on the provision of
23 essential and accessible health care services; prevention
24 of unnecessary duplication of facilities and services;
25 improvement in the efficiency of the health care system;
26 maintenance of an environment in the health care system

1 that supports quality care; the most economic use of
2 available resources; and the effect of repealing this Act.

3 (2) Reform of the Illinois Health Facilities Planning
4 Board to enable it to undertake a more active role in
5 health planning to provide guidance in the development of
6 services to meet the health care needs of Illinois,
7 including identifying and recommending initiatives to meet
8 special needs.

9 (3) Reforms to ensure that health planning under the
10 Illinois Health Facilities Planning Act is coordinated
11 with other health planning laws and activities of the
12 State.

13 (4) Reforms that will enable the Illinois Health
14 Facilities Planning Board to focus most of its project
15 review efforts on "Certificate-of-Need" applications
16 involving new facilities, discontinuation of services,
17 major expansions, and volume-sensitive services, and to
18 expedite review of other projects to the maximum extent
19 possible.

20 (5) Reforms that will enable the Illinois Health
21 Facilities Planning Board to determine how criteria,
22 standards, and procedures for evaluating project
23 applications involving specialty providers, ambulatory
24 surgical facilities, and other alternative health care
25 models should be amended to give special attention to the
26 impact of those projects on traditional community

1 hospitals to assure the availability and access to
2 essential quality medical care in those communities.

3 (6) Implementation of policies and procedures
4 necessary for the Illinois Health Facilities Planning
5 Board to give special consideration to the impact of the
6 projects it reviews on access to "safety net" services.

7 (7) Changes in policies and procedures to make the
8 Illinois health facilities planning process predictable,
9 transparent, and as efficient as possible; requiring the
10 State Agency (the Illinois Department of Public Health) and
11 the Illinois Health Facilities Planning Board to provide
12 timely and appropriate explanations of its decisions and
13 establish more effective procedures to enable public
14 review and comment on facts set forth in State Agency staff
15 analyses of project applications prior to the issuance of
16 final decisions on each project.

17 (8) Reforms to ensure that patient access to new and
18 modernized services will not be delayed during a transition
19 period under any proposed system reform; and that the
20 transition should minimize disruption of the process for
21 current applicants.

22 (9) Identification of the resources necessary to
23 support the work of the Agency and the Board.

24 (d) The Task Force shall recommend reforms regarding the
25 following:

26 (1) The size and membership of current Illinois Health

1 Facilities Planning Board. Review and make recommendations
2 on the reorganization of the structure and function of the
3 Illinois Health Facilities Planning Board and the State
4 Agency responsible for health planning (the Illinois
5 Department of Public Health), giving consideration to
6 various options for reassigning the primary responsibility
7 for the review, approval, and denial of project
8 applications between the Board and the State Agency, so
9 that the "Certificate-of-Need" process is administered in
10 the most effective, efficient, and consistent manner
11 possible in accordance with the objectives referenced in
12 subsection (c) of this Section.

13 (2) Changes in policies and procedures that will charge
14 the Illinois Health Facilities Planning Board with
15 developing a long-range health facilities plan (10 years)
16 to be updated at least every 2 years, so that it is a
17 rolling 10-year plan based upon data no older than 2 years.
18 The plan should incorporate an inventory of the State's
19 health facilities infrastructure including both facilities
20 and services regulated under this Act, as well as
21 facilities and services that are not currently regulated
22 under this Act, as determined by the Board. The planning
23 criteria and standards should be adjusted to take into
24 consideration services that are regulated under the Act,
25 but are also offered by non-regulated providers. The
26 Illinois Department of Public Health bed inventory should

1 be updated each year using the most recent utilization data
2 for both hospitals and long-term care facilities including
3 2003, 2004, 2005 and subsequent-year inpatient discharges
4 and days. This revised bed supply should be used as the bed
5 supply input for all Planning Area bed-need calculations.
6 Ten-year population projection data should be incorporated
7 into the plan. Plan updates may include redrawing planning
8 area boundaries to reflect population changes. The Task
9 Force shall consider whether the inventory formula should
10 use migration factors for the medical/surgical,
11 pediatrics, obstetrics, and other categories of service,
12 and if so, what those migration factors should be. The
13 Board should hold public hearings on the plan and its
14 updates. There should be a mechanism for the public to
15 request that the plan be updated more frequently to address
16 emerging population and demographic trends. In developing
17 the plan, the Board should consider health plans and other
18 related publications that have been developed both in
19 Illinois and nationally. In developing the plan, the need
20 to ensure access to care, especially for "safety net"
21 services, including rural and medically underserved
22 communities, should be included.

23 (3) Changes in regulations that establish separate
24 criteria, standards, and procedures when necessary to
25 adjust for structural, functional, and operational
26 differences between long-term care facilities and acute

1 care facilities and that allow routine changes of
2 ownership, facility sales, and closure requests to be
3 processed on a timely basis. Consider rules to allow
4 flexibility for facilities to modernize, expand, or
5 convert to alternative uses that are in accord with health
6 planning standards.

7 (4) Changes in policies and procedures so that the
8 Illinois Health Facilities Planning Board updates the
9 standards and criteria on a regular basis and proposes new
10 standards to keep pace with the evolving health care
11 delivery system. Proton Therapy and Treatment is an example
12 of a new, cutting-edge procedure that may require the Board
13 to immediately develop criteria, standards, and procedures
14 for that type of facility. Temporary advisory committees
15 may be appointed to assist in the development of revisions
16 to the Board's standards and criteria, including experts
17 with professional competence in the subject matter of the
18 proposed standards or criteria that are to be developed.

19 (5) Changes in policies and procedures to expedite
20 project approval, particularly for less complex projects,
21 including standards for determining whether a project is in
22 "substantial compliance" with the Board's review
23 standards. The review standards must include a requirement
24 for applicants to include a "Safety Net" Impact Statement.
25 This Statement shall describe the project's impact on
26 safety net services in the community. The State Agency

1 Report shall include an assessment of the Statement.

2 (6) Changes to enforcement processes and compliance
3 standards to ensure they are fair and consistent with the
4 severity of the violation.

5 (7) Revisions in policies and procedures to prevent
6 conflicts of interest by members of the Illinois Health
7 Facilities Planning Board and State Agency staff,
8 including increasing the penalties for violations.

9 (8) Other changes determined necessary to improve the
10 administration of this Act.

11 (e) The State Agency, at the direction of the Task Force,
12 may hire any necessary staff or consultants, enter into
13 contracts, and make any expenditures necessary for carrying out
14 the duties of the Task Force, all out of moneys appropriated
15 for that purpose. Staff support services shall be provided to
16 the Task Force by the State Agency from such appropriations.

17 (f) The Task Force may establish any advisory committee to
18 ensure maximum public participation in the Task Force's
19 planning, organization, and implementation review process. If
20 established, advisory committees shall (i) advise and assist
21 the Task Force in its duties and (ii) help the Task Force to
22 identify issues of public concern.

23 (g) The Task Force may ~~shall~~ submit findings and
24 recommendations to the Governor and the General Assembly as may
25 be necessary at any time and shall submit a final report by
26 November 3, 2008 ~~March 1, 2008~~, including any necessary

1 implementing legislation, and recommendations for changes to
2 policies, rules, or procedures that are not incorporated in the
3 implementing legislation.

4 (h) The Task Force is abolished on December 31, 2008 ~~August~~
5 ~~1, 2008~~.

6 (Source: P.A. 95-5, eff. 5-31-07.)

7 (20 ILCS 3960/19.6)

8 (Section scheduled to be repealed on August 31, 2008)

9 Sec. 19.6. Repeal. This Act is repealed on July 1, 2009
10 ~~August 31, 2008~~.

11 (Source: P.A. 94-983, eff. 6-30-06; 95-1, eff. 3-30-07; 95-5,
12 eff. 5-31-07.)

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