

Sen. Bill Brady

Filed: 4/18/2008

| | 09500HB5017sam001 LRB095 19601 HLH 49475 a |
|----|---|
| 1 | AMENDMENT TO HOUSE BILL 5017 |
| 2 | AMENDMENT NO Amend House Bill 5017 on page 1, line |
| 3 | 5, after "Sections", by inserting "4, 12,"; and |
| 4 | on page 1, immediately below line 5, by inserting the |
| 5 | following: |
| 6 | "(20 ILCS 3960/4) (from Ch. 111 1/2, par. 1154) |
| 7 | (Section scheduled to be repealed on August 31, 2008) |
| 8 | Sec. 4. Health Facilities Planning Board; membership; |
| 9 | appointment; term; compensation; quorum. There is created the |
| 10 | Health Facilities Planning Board, which shall perform the |
| 11 | functions described in this Act. |
| 12 | The State Board shall consist of 5 voting members. Each |
| 13 | member shall have a reasonable knowledge of health planning, |
| 14 | health finance, or health care at the time of his or her |
| 15 | appointment. No person shall be appointed or continue to serve |
| 16 | as a member of the State Board who is, or whose spouse, parent, |

09500HB5017sam001

1 or child is, a member of the Board of Directors of, has a 2 financial interest in, or has a business relationship with a 3 health care facility.

4 Notwithstanding any provision of this Section to the 5 contrary, the term of office of each member of the State Board 6 is abolished on the effective date of this amendatory Act of 7 the 93rd General Assembly and those members no longer hold 8 office.

9 The State Board shall be appointed by the Governor, with 10 the advice and consent of the Senate. Not more than 3 of the 11 appointments shall be of the same political party at the time 12 of the appointment. No person shall be appointed as a State 13 Board member if that person has served, after the effective 14 date of Public Act 93-41, 2 3-year terms as a State Board 15 member, except for ex officio non-voting members.

16 The Secretary of Human Services, the Director of Healthcare 17 and Family Services, and the Director of Public Health, or 18 their designated representatives, shall serve as ex-officio, 19 non-voting members of the State Board.

Of those members initially appointed by the Governor under this amendatory Act of the 93rd General Assembly, 2 shall serve for terms expiring July 1, 2005, 2 shall serve for terms expiring July 1, 2006, and 1 shall serve for a term expiring July 1, 2007. Thereafter, each appointed member shall hold office for a term of 3 years, provided that any member appointed to fill a vacancy occurring prior to the expiration 09500HB5017sam001 -3- LRB095 19601 HLH 49475 a

of the term for which his or her predecessor was appointed shall be appointed for the remainder of such term and the term of office of each successor shall commence on July 1 of the year in which his predecessor's term expires. Each member appointed after the effective date of this amendatory Act of the 93rd General Assembly shall hold office until his or her successor is appointed and qualified.

8 State Board members, while serving on business of the State 9 Board, shall receive actual and necessary travel and 10 subsistence expenses while so serving away from their places of 11 residence. A member of the State Board who experiences a significant financial hardship due to the loss of income on 12 days of attendance at meetings or while otherwise engaged in 13 14 the business of the State Board may be paid a hardship 15 allowance, as determined by and subject to the approval of the 16 Governor's Travel Control Board.

17 The Governor shall designate one of the members to serve as 18 Chairman and shall name, with the advice and consent of the 19 General Assembly, as full-time Executive Secretary of the State 20 Board, a person qualified in health care facility planning and 21 in administration. The Agency shall provide administrative and 22 staff support for the State Board. The State Board shall advise 23 the Director of its budgetary and staff needs and consult with 24 the Director on annual budget preparation.

The State Board shall meet at least once each quarter, or as often as the Chairman of the State Board deems necessary, or 1

upon the request of a majority of the members.

Three members of the State Board shall constitute a quorum. The affirmative vote of 3 of the members of the State Board shall be necessary for any action requiring a vote to be taken by the State Board. A vacancy in the membership of the State Board shall not impair the right of a quorum to exercise all the rights and perform all the duties of the State Board as provided by this Act.

9 A State Board member shall disqualify himself or herself 10 from the consideration of any application for a permit or 11 exemption in which the State Board member or the State Board 12 member's spouse, parent, or child: (i) has an economic interest 13 in the matter; or (ii) is employed by, serves as a consultant 14 for, or is a member of the governing board of the applicant or 15 a party opposing the application.

16 (Source: P.A. 95-331, eff. 8-21-07.)

17 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

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

Sec. 12. Powers and duties of State Board. For purposes of this Act, the State Board shall exercise the following powers and duties:

(1) Prescribe rules, regulations, standards, criteria,
 procedures or reviews which may vary according to the purpose
 for which a particular review is being conducted or the type of
 project reviewed and which are required to carry out the

09500HB5017sam001 -5- LRB095 19601 HLH 49475 a

1 provisions and purposes of this Act.

(2) Adopt procedures for public notice and hearing on all
proposed rules, regulations, standards, criteria, and plans
required to carry out the provisions of this Act.

5 (3) Prescribe criteria for recognition for areawide health 6 planning organizations, including, but not limited to, 7 standards for evaluating the scientific bases for judgments on 8 need and procedure for making these determinations.

Develop criteria and standards for health care 9 (4) 10 facilities planning, conduct statewide inventories of health 11 care facilities, maintain an updated inventory on the Department's web site reflecting the most recent bed and 12 13 service changes and updated need determinations when new census data become available or new need formulae are adopted, and 14 15 develop health care facility plans which shall be utilized in 16 the review of applications for permit under this Act. Such health facility plans shall be coordinated by the Agency with 17 18 the health care facility plans areawide health planning 19 organizations and with other pertinent State Plans. 20 Inventories pursuant to this Section of skilled or intermediate care facilities licensed under the Nursing Home Care Act or 21 22 nursing homes licensed under the Hospital Licensing Act shall 23 be conducted on an annual basis no later than July 1 of each 24 year and shall include among the information requested a list 25 of all services provided by a facility to its residents and to 26 the community at large and differentiate between active and 09500HB5017sam001

1 inactive beds.

| 2 | In developing health care facility plans, the State Board |
|----|--|
| 3 | shall consider, but shall not be limited to, the following: |
| 4 | (a) The size, composition and growth of the population |
| 5 | of the area to be served; |
| 6 | (b) The number of existing and planned facilities |
| 7 | offering similar programs; |
| 8 | (c) The extent of utilization of existing facilities; |
| 9 | (d) The availability of facilities which may serve as |
| 10 | alternatives or substitutes; |
| 11 | (e) The availability of personnel necessary to the |
| 12 | operation of the facility; |
| 13 | (f) Multi-institutional planning and the establishment |
| 14 | of multi-institutional systems where feasible; |
| 15 | (g) The financial and economic feasibility of proposed |
| 16 | construction or modification; and |
| 17 | (h) In the case of health care facilities established |
| 18 | by a religious body or denomination, the needs of the |
| 19 | members of such religious body or denomination may be |
| 20 | considered to be public need. |
| 21 | The health care facility plans which are developed and |
| 22 | adopted in accordance with this Section shall form the basis |
| 23 | for the plan of the State to deal most effectively with |

24 statewide health needs in regard to health care facilities.

(5) Coordinate with other state agencies having
 responsibilities affecting health care facilities, including

09500HB5017sam001 -7- LRB095 19601 HLH 49475 a

1 those of licensure and cost reporting.

(6) Solicit, accept, hold and administer on behalf of the
State any grants or bequests of money, securities or property
for use by the State Board or recognized areawide health
planning organizations in the administration of this Act; and
enter into contracts consistent with the appropriations for
purposes enumerated in this Act.

(7) The State Board shall prescribe, in consultation with 8 9 the recognized areawide health planning organizations, 10 procedures for review, standards, and criteria which shall be 11 utilized to make periodic areawide reviews and determinations of the appropriateness of any existing health services being 12 13 rendered by health care facilities subject to the Act. The State Board shall consider recommendations of the areawide 14 15 health planning organization and the Agency in making its 16 determinations.

Prescribe, in consultation with the recognized 17 (8) areawide health planning organizations, rules, regulations, 18 19 standards, and criteria for the conduct of an expeditious 20 review of applications for permits for projects of construction or modification of a health care facility, which projects are 21 non-substantive in nature. Such rules shall not abridge the 22 23 right of areawide health planning organizations to make 24 the classification and approval recommendations on of 25 projects, nor shall such rules prevent the conduct of a public 26 hearing upon the timely request of an interested party. Such reviews shall not exceed 60 days from the date the application
 is declared to be complete by the Agency.

(9) Prescribe rules, regulations, standards, and criteria 3 4 pertaining to the granting of permits for construction and 5 modifications which are emergent in nature and must be 6 undertaken immediately to prevent or correct structural deficiencies or hazardous conditions that may harm or injure 7 persons using the facility, as defined in the rules and 8 9 regulations of the State Board. This procedure is exempt from 10 public hearing requirements of this Act.

(10) Prescribe rules, regulations, standards and criteria for the conduct of an expeditious review, not exceeding 60 days, of applications for permits for projects to construct or modify health care facilities which are needed for the care and treatment of persons who have acquired immunodeficiency syndrome (AIDS) or related conditions.

17 <u>(11) Create a 3-member rules revision subcommittee, which</u> 18 <u>shall hold at least 2 rule revision meetings each year. The</u> 19 <u>rules revision meetings must allow all parties to offer rule</u> 20 <u>revision suggestions to the subcommittee. The rules revision</u> 21 <u>subcommittee shall report to the full Board at least annually</u> 22 <u>with any rule change recommendations.</u>

23 (12) At least one Board member must be present at any 24 public hearing during which public testimony is given in 25 support of or in opposition to a certificate of need or a 26 certificate of exemption. 09500HB5017sam001 -9- LRB095 19601 HLH 49475 a

1 (Source: P.A. 93-41, eff. 6-27-03; 94-983, eff. 6-30-06.)".