



Human Services Committee

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09500HB5657ham001

LRB095 17099 DRJ 47904 a

1 AMENDMENT TO HOUSE BILL 5657

2 AMENDMENT NO. _____. Amend House Bill 5657 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Alternative Health Care Delivery Act is
5 amended by changing Sections 25, 30, and 35 as follows:

6 (210 ILCS 3/25)

7 Sec. 25. Department responsibilities. The Department shall
8 have the responsibilities set forth in this Section.

9 (a) The Department shall adopt rules for each alternative
10 health care model authorized under this Act that shall include
11 but not be limited to the following:

12 (1) Further definition of the alternative health care
13 models.

14 (2) The definition and scope of the demonstration
15 program, including the implementation date and period of
16 operation, not to exceed 5 years.

1 (3) License application information required by the
2 Department.

3 (4) The care of patients in the alternative health care
4 models.

5 (5) Rights afforded to patients of the alternative
6 health care models.

7 (6) Physical plant requirements.

8 (7) License application and renewal fees, which may
9 cover the cost of administering the demonstration program.

10 (8) Information that may be necessary for the Board and
11 the Department to monitor and evaluate the alternative
12 health care model demonstration program.

13 (9) Administrative fines that may be assessed by the
14 Department for violations of this Act or the rules adopted
15 under this Act.

16 (b) The Department shall issue, renew, deny, suspend, or
17 revoke licenses for alternative health care models.

18 (c) The Department shall perform licensure inspections of
19 alternative health care models as deemed necessary by the
20 Department to ensure compliance with this Act or rules.

21 (d) The Department shall deposit application fees, renewal
22 fees, and fines into the Regulatory Evaluation and Basic
23 Enforcement Fund.

24 (e) The Department shall assist the Board in performing the
25 Board's responsibilities under this Act.

26 (f) (Blank). ~~The Department shall conduct a study to~~

1 ~~determine the feasibility, the potential risks and benefits to~~
2 ~~patients, and the potential effect on the health care delivery~~
3 ~~system of authorizing recovery care of nonsurgical patients in~~
4 ~~postsurgical recovery center demonstration models. The~~
5 ~~Department shall report the findings of the study to the~~
6 ~~General Assembly no later than November 1, 1998. The Director~~
7 ~~shall appoint an advisory committee with representation from~~
8 ~~the Illinois Hospital and Health Systems Association, the~~
9 ~~Illinois State Medical Society, and the Illinois Freestanding~~
10 ~~Surgery Center Association, a physician who is board certified~~
11 ~~in internal medicine, a consumer, and other representatives~~
12 ~~deemed appropriate by the Director. The advisory committee~~
13 ~~shall advise the Department as it carries out the study.~~

14 (g) (Blank). ~~Before November 1, 1998 the Department shall~~
15 ~~initiate a process to request public comments on how~~
16 ~~postsurgical recovery centers admitting nonsurgical patients~~
17 ~~should be regulated.~~

18 (Source: P.A. 90-600, eff. 6-25-98; 90-655, eff. 7-30-98.)

19 (210 ILCS 3/30)

20 Sec. 30. Demonstration program requirements. The
21 requirements set forth in this Section shall apply to
22 demonstration programs.

23 (a) There shall be no more than:

24 (i) 3 subacute care hospital alternative health care
25 models in the City of Chicago (one of which shall be

1 located on a designated site and shall have been licensed
2 as a hospital under the Illinois Hospital Licensing Act
3 within the 10 years immediately before the application for
4 a license);

5 (ii) 2 subacute care hospital alternative health care
6 models in the demonstration program for each of the
7 following areas:

8 (1) Cook County outside the City of Chicago.

9 (2) DuPage, Kane, Lake, McHenry, and Will
10 Counties.

11 (3) Municipalities with a population greater than
12 50,000 not located in the areas described in item (i)
13 of subsection (a) and paragraphs (1) and (2) of item
14 (ii) of subsection (a); and

15 (iii) 4 subacute care hospital alternative health care
16 models in the demonstration program for rural areas.

17 In selecting among applicants for these licenses in rural
18 areas, the Health Facilities Planning Board and the Department
19 shall give preference to hospitals that may be unable for
20 economic reasons to provide continued service to the community
21 in which they are located unless the hospital were to receive
22 an alternative health care model license.

23 (a-5) There shall be no more than the a total of 12
24 postsurgical recovery care centers with certificate of need for
25 beds as of January 1, 2008. ~~center alternative health care~~
26 ~~models in the demonstration program, located as follows:~~

1 ~~(1) Two in the City of Chicago.~~

2 ~~(2) Two in Cook County outside the City of Chicago. At~~
3 ~~least one of these shall be owned or operated by a hospital~~
4 ~~devoted exclusively to caring for children.~~

5 ~~(3) Two in Kane, Lake, and McHenry Counties.~~

6 ~~(4) Four in municipalities with a population of 50,000~~
7 ~~or more not located in the areas described in paragraphs~~
8 ~~(1), (2), and (3), 3 of which shall be owned or operated by~~
9 ~~hospitals, at least 2 of which shall be located in counties~~
10 ~~with a population of less than 175,000, according to the~~
11 ~~most recent decennial census for which data are available,~~
12 ~~and one of which shall be owned or operated by an~~
13 ~~ambulatory surgical treatment center.~~

14 ~~(5) Two in rural areas, both of which shall be owned or~~
15 ~~operated by hospitals.~~

16 ~~There shall be no postsurgical recovery care center~~
17 ~~alternative health care models located in counties with~~
18 ~~populations greater than 600,000 but less than 1,000,000. A~~
19 ~~proposed postsurgical recovery care center must be owned or~~
20 ~~operated by a hospital if it is to be located within, or will~~
21 ~~primarily serve the residents of, a health service area in~~
22 ~~which more than 60% of the gross patient revenue of the~~
23 ~~hospitals within that health service area are derived from~~
24 ~~Medicaid and Medicare, according to the most recently available~~
25 ~~calendar year data from the Illinois Health Care Cost~~
26 ~~Containment Council. Nothing in this paragraph shall preclude a~~

1 hospital and an ambulatory surgical treatment center from
2 forming a joint venture or developing a collaborative agreement
3 to own or operate a postsurgical recovery care center.

4 (a-10) There shall be no more than a total of 8 children's
5 respite care center alternative health care models in the
6 demonstration program, which shall be located as follows:

7 (1) One in the City of Chicago.

8 (2) One in Cook County outside the City of Chicago.

9 (3) A total of 2 in the area comprised of DuPage, Kane,
10 Lake, McHenry, and Will counties.

11 (4) A total of 2 in municipalities with a population of
12 50,000 or more and not located in the areas described in
13 paragraphs (1), (2), or (3).

14 (5) A total of 2 in rural areas, as defined by the
15 Health Facilities Planning Board.

16 No more than one children's respite care model owned and
17 operated by a licensed skilled pediatric facility shall be
18 located in each of the areas designated in this subsection
19 (a-10).

20 (a-15) There shall be an authorized community-based
21 residential rehabilitation center alternative health care
22 model in the demonstration program. The community-based
23 residential rehabilitation center shall be located in the area
24 of Illinois south of Interstate Highway 70.

25 (a-20) There shall be an authorized Alzheimer's disease
26 management center alternative health care model in the

1 demonstration program. The Alzheimer's disease management
2 center shall be located in Will County, owned by a
3 not-for-profit entity, and endorsed by a resolution approved by
4 the county board before the effective date of this amendatory
5 Act of the 91st General Assembly.

6 (a-25) There shall be no more than 10 birth center
7 alternative health care models in the demonstration program,
8 located as follows:

9 (1) Four in the area comprising Cook, DuPage, Kane,
10 Lake, McHenry, and Will counties, one of which shall be
11 owned or operated by a hospital and one of which shall be
12 owned or operated by a federally qualified health center.

13 (2) Three in municipalities with a population of 50,000
14 or more not located in the area described in paragraph (1)
15 of this subsection, one of which shall be owned or operated
16 by a hospital and one of which shall be owned or operated
17 by a federally qualified health center.

18 (3) Three in rural areas, one of which shall be owned
19 or operated by a hospital and one of which shall be owned
20 or operated by a federally qualified health center.

21 The first 3 birth centers authorized to operate by the
22 Department shall be located in or predominantly serve the
23 residents of a health professional shortage area as determined
24 by the United States Department of Health and Human Services.
25 There shall be no more than 2 birth centers authorized to
26 operate in any single health planning area for obstetric

1 services as determined under the Illinois Health Facilities
2 Planning Act. If a birth center is located outside of a health
3 professional shortage area, (i) the birth center shall be
4 located in a health planning area with a demonstrated need for
5 obstetrical service beds, as determined by the Illinois Health
6 Facilities Planning Board or (ii) there must be a reduction in
7 the existing number of obstetrical service beds in the planning
8 area so that the establishment of the birth center does not
9 result in an increase in the total number of obstetrical
10 service beds in the health planning area.

11 (b) Alternative health care models, other than a model
12 authorized under subsection (a-20), shall obtain a certificate
13 of need from the Illinois Health Facilities Planning Board
14 under the Illinois Health Facilities Planning Act before
15 receiving a license by the Department. If, after obtaining its
16 initial certificate of need, an alternative health care
17 delivery model that is a community based residential
18 rehabilitation center seeks to increase the bed capacity of
19 that center, it must obtain a certificate of need from the
20 Illinois Health Facilities Planning Board before increasing
21 the bed capacity. Alternative health care models in medically
22 underserved areas shall receive priority in obtaining a
23 certificate of need.

24 (c) An alternative health care model license shall be
25 issued for a period of one year and shall be annually renewed
26 if the facility or program is in substantial compliance with

1 the Department's rules adopted under this Act. A licensed
2 alternative health care model that continues to be in
3 substantial compliance after the conclusion of the
4 demonstration program shall be eligible for annual renewals
5 unless and until a different licensure program for that type of
6 health care model is established by legislation. The Department
7 may issue a provisional license to any alternative health care
8 model that does not substantially comply with the provisions of
9 this Act and the rules adopted under this Act if (i) the
10 Department finds that the alternative health care model has
11 undertaken changes and corrections which upon completion will
12 render the alternative health care model in substantial
13 compliance with this Act and rules and (ii) the health and
14 safety of the patients of the alternative health care model
15 will be protected during the period for which the provisional
16 license is issued. The Department shall advise the licensee of
17 the conditions under which the provisional license is issued,
18 including the manner in which the alternative health care model
19 fails to comply with the provisions of this Act and rules, and
20 the time within which the changes and corrections necessary for
21 the alternative health care model to substantially comply with
22 this Act and rules shall be completed.

23 (d) Alternative health care models shall seek
24 certification under Titles XVIII and XIX of the federal Social
25 Security Act. In addition, alternative health care models shall
26 provide charitable care consistent with that provided by

1 comparable health care providers in the geographic area.

2 (d-5) The Department of Healthcare and Family Services
3 (formerly Illinois Department of Public Aid), in cooperation
4 with the Illinois Department of Public Health, shall develop
5 and implement a reimbursement methodology for all facilities
6 participating in the demonstration program. The Department of
7 Healthcare and Family Services shall keep a record of services
8 provided under the demonstration program to recipients of
9 medical assistance under the Illinois Public Aid Code and shall
10 submit an annual report of that information to the Illinois
11 Department of Public Health.

12 (e) Alternative health care models shall, to the extent
13 possible, link and integrate their services with nearby health
14 care facilities.

15 (f) Each alternative health care model shall implement a
16 quality assurance program with measurable benefits and at
17 reasonable cost.

18 (Source: P.A. 95-331, eff. 8-21-07; 95-445, eff. 1-1-08.)

19 (210 ILCS 3/35)

20 Sec. 35. Alternative health care models authorized.
21 Notwithstanding any other law to the contrary, alternative
22 health care models described in this Section may be established
23 on a demonstration basis.

24 (1) Alternative health care model; subacute care
25 hospital. A subacute care hospital is a designated site

1 which provides medical specialty care for patients who need
2 a greater intensity or complexity of care than generally
3 provided in a skilled nursing facility but who no longer
4 require acute hospital care. The average length of stay for
5 patients treated in subacute care hospitals shall not be
6 less than 20 days, and for individual patients, the
7 expected length of stay at the time of admission shall not
8 be less than 10 days. Variations from minimum lengths of
9 stay shall be reported to the Department. There shall be no
10 more than 13 subacute care hospitals authorized to operate
11 by the Department. Subacute care includes physician
12 supervision, registered nursing, and physiological
13 monitoring on a continual basis. A subacute care hospital
14 is either a freestanding building or a distinct physical
15 and operational entity within a hospital or nursing home
16 building. A subacute care hospital shall only consist of
17 beds currently existing in licensed hospitals or skilled
18 nursing facilities, except, in the City of Chicago, on a
19 designated site that was licensed as a hospital under the
20 Illinois Hospital Licensing Act within the 10 years
21 immediately before the application for an alternative
22 health care model license. During the period of operation
23 of the demonstration project, the existing licensed beds
24 shall remain licensed as hospital or skilled nursing
25 facility beds as well as being licensed under this Act. In
26 order to handle cases of complications, emergencies, or

1 exigent circumstances, a subacute care hospital shall
2 maintain a contractual relationship, including a transfer
3 agreement, with a general acute care hospital. If a
4 subacute care model is located in a general acute care
5 hospital, it shall utilize all or a portion of the bed
6 capacity of that existing hospital. In no event shall a
7 subacute care hospital use the word "hospital" in its
8 advertising or marketing activities or represent or hold
9 itself out to the public as a general acute care hospital.

10 (2) Alternative health care delivery model;
11 postsurgical recovery care center. A postsurgical recovery
12 care center is a designated site which provides
13 postsurgical recovery care for generally healthy patients
14 undergoing surgical procedures that require overnight
15 nursing care, pain control, or observation that would
16 otherwise be provided in an inpatient setting. A
17 postsurgical recovery care center is either freestanding
18 or a defined unit of an ambulatory surgical treatment
19 center or hospital. No facility, or portion of a facility,
20 may participate in a demonstration program as a
21 postsurgical recovery care center unless the facility has
22 been licensed as an ambulatory surgical treatment center or
23 hospital for at least 2 years before August 20, 1993 (the
24 effective date of Public Act 88-441). The maximum length of
25 stay for patients in a postsurgical recovery care center is
26 not to exceed 48 hours unless the treating physician

1 requests an extension of time from the recovery center's
2 medical director on the basis of medical or clinical
3 documentation that an additional care period is required
4 for the recovery of a patient and the medical director
5 approves the extension of time. In no case, however, shall
6 a patient's length of stay in a postsurgical recovery care
7 center be longer than 72 hours. If a patient requires an
8 additional care period after the expiration of the 72-hour
9 limit, the patient shall be transferred to an appropriate
10 facility. Reports on variances from the 48-hour limit shall
11 be sent to the Department for its evaluation. The reports
12 shall, before submission to the Department, have removed
13 from them all patient and physician identifiers. In order
14 to handle cases of complications, emergencies, or exigent
15 circumstances, every postsurgical recovery care center as
16 defined in this paragraph shall maintain a contractual
17 relationship, including a transfer agreement, with a
18 general acute care hospital. A postsurgical recovery care
19 center shall be no larger than 20 beds. A postsurgical
20 recovery care center shall be located within 15 minutes
21 travel time from the general acute care hospital with which
22 the center maintains a contractual relationship, including
23 a transfer agreement, as required under this paragraph.

24 No postsurgical recovery care center shall
25 discriminate against any patient requiring treatment
26 because of the source of payment for services, including

1 Medicare and Medicaid recipients.

2 ~~The Department shall adopt rules to implement the~~
3 ~~provisions of Public Act 88-441 concerning postsurgical~~
4 ~~recovery care centers within 9 months after August 20,~~
5 ~~1993.~~

6 (3) Alternative health care delivery model; children's
7 community-based health care center. A children's
8 community-based health care center model is a designated
9 site that provides nursing care, clinical support
10 services, and therapies for a period of one to 14 days for
11 short-term stays and 120 days to facilitate transitions to
12 home or other appropriate settings for medically fragile
13 children, technology dependent children, and children with
14 special health care needs who are deemed clinically stable
15 by a physician and are younger than 22 years of age. This
16 care is to be provided in a home-like environment that
17 serves no more than 12 children at a time. Children's
18 community-based health care center services must be
19 available through the model to all families, including
20 those whose care is paid for through the Department of
21 Healthcare and Family Services, the Department of Children
22 and Family Services, the Department of Human Services, and
23 insurance companies who cover home health care services or
24 private duty nursing care in the home.

25 Each children's community-based health care center
26 model location shall be physically separate and apart from

1 any other facility licensed by the Department of Public
2 Health under this or any other Act and shall provide the
3 following services: respite care, registered nursing or
4 licensed practical nursing care, transitional care to
5 facilitate home placement or other appropriate settings
6 and reunite families, medical day care, weekend camps, and
7 diagnostic studies typically done in the home setting.

8 Coverage for the services provided by the Department of
9 Healthcare and Family Services under this paragraph (3) is
10 contingent upon federal waiver approval and is provided
11 only to Medicaid eligible clients participating in the home
12 and community based services waiver designated in Section
13 1915(c) of the Social Security Act for medically frail and
14 technologically dependent children or children in
15 Department of Children and Family Services foster care who
16 receive home health benefits.

17 (4) Alternative health care delivery model; community
18 based residential rehabilitation center. A community-based
19 residential rehabilitation center model is a designated
20 site that provides rehabilitation or support, or both, for
21 persons who have experienced severe brain injury, who are
22 medically stable, and who no longer require acute
23 rehabilitative care or intense medical or nursing
24 services. The average length of stay in a community-based
25 residential rehabilitation center shall not exceed 4
26 months. As an integral part of the services provided,

1 individuals are housed in a supervised living setting while
2 having immediate access to the community. The residential
3 rehabilitation center authorized by the Department may
4 have more than one residence included under the license. A
5 residence may be no larger than 12 beds and shall be
6 located as an integral part of the community. Day treatment
7 or individualized outpatient services shall be provided
8 for persons who reside in their own home. Functional
9 outcome goals shall be established for each individual.
10 Services shall include, but are not limited to, case
11 management, training and assistance with activities of
12 daily living, nursing consultation, traditional therapies
13 (physical, occupational, speech), functional interventions
14 in the residence and community (job placement, shopping,
15 banking, recreation), counseling, self-management
16 strategies, productive activities, and multiple
17 opportunities for skill acquisition and practice
18 throughout the day. The design of individualized program
19 plans shall be consistent with the outcome goals that are
20 established for each resident. The programs provided in
21 this setting shall be accredited by the Commission on
22 Accreditation of Rehabilitation Facilities (CARF). The
23 program shall have been accredited by CARF as a Brain
24 Injury Community-Integrative Program for at least 3 years.

25 (5) Alternative health care delivery model;
26 Alzheimer's disease management center. An Alzheimer's

1 disease management center model is a designated site that
2 provides a safe and secure setting for care of persons
3 diagnosed with Alzheimer's disease. An Alzheimer's disease
4 management center model shall be a facility separate from
5 any other facility licensed by the Department of Public
6 Health under this or any other Act. An Alzheimer's disease
7 management center shall conduct and document an assessment
8 of each resident every 6 months. The assessment shall
9 include an evaluation of daily functioning, cognitive
10 status, other medical conditions, and behavioral problems.
11 An Alzheimer's disease management center shall develop and
12 implement an ongoing treatment plan for each resident. The
13 treatment plan shall have defined goals. The Alzheimer's
14 disease management center shall treat behavioral problems
15 and mood disorders using nonpharmacologic approaches such
16 as environmental modification, task simplification, and
17 other appropriate activities. All staff must have
18 necessary training to care for all stages of Alzheimer's
19 Disease. An Alzheimer's disease management center shall
20 provide education and support for residents and
21 caregivers. The education and support shall include
22 referrals to support organizations for educational
23 materials on community resources, support groups, legal
24 and financial issues, respite care, and future care needs
25 and options. The education and support shall also include a
26 discussion of the resident's need to make advance

1 directives and to identify surrogates for medical and legal
2 decision-making. The provisions of this paragraph
3 establish the minimum level of services that must be
4 provided by an Alzheimer's disease management center. An
5 Alzheimer's disease management center model shall have no
6 more than 100 residents. Nothing in this paragraph (5)
7 shall be construed as prohibiting a person or facility from
8 providing services and care to persons with Alzheimer's
9 disease as otherwise authorized under State law.

10 (6) Alternative health care delivery model; birth
11 center. A birth center shall be exclusively dedicated to
12 serving the childbirth-related needs of women and their
13 newborns and shall have no more than 10 beds. A birth
14 center is a designated site that is away from the mother's
15 usual place of residence and in which births are planned to
16 occur following a normal, uncomplicated, and low-risk
17 pregnancy. A birth center shall offer prenatal care and
18 community education services and shall coordinate these
19 services with other health care services available in the
20 community.

21 (A) A birth center shall not be separately licensed
22 if it is one of the following:

23 (1) A part of a hospital; or

24 (2) A freestanding facility that is physically
25 distinct from a hospital but is operated under a
26 license issued to a hospital under the Hospital

1 Licensing Act.

2 (B) A separate birth center license shall be
3 required if the birth center is operated as:

4 (1) A part of the operation of a federally
5 qualified health center as designated by the
6 United States Department of Health and Human
7 Services; or

8 (2) A facility other than one described in
9 subparagraph (A) (1), (A) (2), or (B) (1) of this
10 paragraph (6) whose costs are reimbursable under
11 Title XIX of the federal Social Security Act.

12 In adopting rules for birth centers, the Department
13 shall consider: the American Association of Birth Centers'
14 Standards for Freestanding Birth Centers; the American
15 Academy of Pediatrics/American College of Obstetricians
16 and Gynecologists Guidelines for Perinatal Care; and the
17 Regionalized Perinatal Health Care Code. The Department's
18 rules shall stipulate the eligibility criteria for birth
19 center admission. The Department's rules shall stipulate
20 the necessary equipment for emergency care according to the
21 American Association of Birth Centers' standards and any
22 additional equipment deemed necessary by the Department.
23 The Department's rules shall provide for a time period
24 within which each birth center not part of a hospital must
25 become accredited by either the Commission for the
26 Accreditation of Freestanding Birth Centers or The Joint

1 Commission.

2 A birth center shall be certified to participate in the
3 Medicare and Medicaid programs under Titles XVIII and XIX,
4 respectively, of the federal Social Security Act. To the
5 extent necessary, the Illinois Department of Healthcare
6 and Family Services shall apply for a waiver from the
7 United States Health Care Financing Administration to
8 allow birth centers to be reimbursed under Title XIX of the
9 federal Social Security Act.

10 A birth center that is not operated under a hospital
11 license shall be located within a ground travel time
12 distance from the general acute care hospital with which
13 the birth center maintains a contractual relationship,
14 including a transfer agreement, as required under this
15 paragraph, that allows for an emergency caesarian delivery
16 to be started within 30 minutes of the decision a caesarian
17 delivery is necessary. A birth center operating under a
18 hospital license shall be located within a ground travel
19 time distance from the licensed hospital that allows for an
20 emergency caesarian delivery to be started within 30
21 minutes of the decision a caesarian delivery is necessary.

22 The services of a medical director physician, licensed
23 to practice medicine in all its branches, who is certified
24 or eligible for certification by the American College of
25 Obstetricians and Gynecologists or the American Board of
26 Osteopathic Obstetricians and Gynecologists or has

1 hospital obstetrical privileges are required in birth
2 centers. The medical director in consultation with the
3 Director of Nursing and Midwifery Services shall
4 coordinate the clinical staff and overall provision of
5 patient care. The medical director or his or her physician
6 designee shall be available on the premises or within a
7 close proximity as defined by rule. The medical director
8 and the Director of Nursing and Midwifery Services shall
9 jointly develop and approve policies defining the criteria
10 to determine which pregnancies are accepted as normal,
11 uncomplicated, and low-risk, and the anesthesia services
12 available at the center. No general anesthesia may be
13 administered at the center.

14 If a birth center employs certified nurse midwives, a
15 certified nurse midwife shall be the Director of Nursing
16 and Midwifery Services who is responsible for the
17 development of policies and procedures for services as
18 provided by Department rules.

19 An obstetrician, family practitioner, or certified
20 nurse midwife shall attend each woman in labor from the
21 time of admission through birth and throughout the
22 immediate postpartum period. Attendance may be delegated
23 only to another physician or certified nurse midwife.
24 Additionally, a second staff person shall also be present
25 at each birth who is licensed or certified in Illinois in a
26 health-related field and under the supervision of the

1 physician or certified nurse midwife in attendance, has
2 specialized training in labor and delivery techniques and
3 care of newborns, and receives planned and ongoing training
4 as needed to perform assigned duties effectively.

5 The maximum length of stay in a birth center shall be
6 consistent with existing State laws allowing a 48-hour stay
7 or appropriate post-delivery care, if discharged earlier
8 than 48 hours.

9 A birth center shall participate in the Illinois
10 Perinatal System under the Developmental Disability
11 Prevention Act. At a minimum, this participation shall
12 require a birth center to establish a letter of agreement
13 with a hospital designated under the Perinatal System. A
14 hospital that operates or has a letter of agreement with a
15 birth center shall include the birth center under its
16 maternity service plan under the Hospital Licensing Act and
17 shall include the birth center in the hospital's letter of
18 agreement with its regional perinatal center.

19 A birth center may not discriminate against any patient
20 requiring treatment because of the source of payment for
21 services, including Medicare and Medicaid recipients.

22 No general anesthesia and no surgery may be performed
23 at a birth center. The Department may by rule add birth
24 center patient eligibility criteria or standards as it
25 deems necessary. The Department shall by rule require each
26 birth center to report the information which the Department

1 shall make publicly available, which shall include, but is
2 not limited to, the following:

3 (i) Birth center ownership.

4 (ii) Sources of payment for services.

5 (iii) Utilization data involving patient length of
6 stay.

7 (iv) Admissions and discharges.

8 (v) Complications.

9 (vi) Transfers.

10 (vii) Unusual incidents.

11 (viii) Deaths.

12 (ix) Any other publicly reported data required
13 under the Illinois Consumer Guide.

14 (x) Post-discharge patient status data where
15 patients are followed for 14 days after discharge from
16 the birth center to determine whether the mother or
17 baby developed a complication or infection.

18 Within 9 months after the effective date of this
19 amendatory Act of the 95th General Assembly, the Department
20 shall adopt rules that are developed with consideration of:
21 the American Association of Birth Centers' Standards for
22 Freestanding Birth Centers; the American Academy of
23 Pediatrics/American College of Obstetricians and
24 Gynecologists Guidelines for Perinatal Care; and the
25 Regionalized Perinatal Health Care Code.

26 The Department shall adopt other rules as necessary to

1 implement the provisions of this amendatory Act of the 95th
2 General Assembly within 9 months after the effective date
3 of this amendatory Act of the 95th General Assembly.

4 (Source: P.A. 95-331, eff. 8-21-07; 95-445, eff. 1-1-08.)

5 (210 ILCS 3/35.1 rep.)

6 Section 6. The Alternative Health Care Delivery Act is
7 amended by repealing Section 35.1.

8 Section 10. The Hospital Licensing Act is amended by
9 changing Sections 3 and 4.6 as follows:

10 (210 ILCS 85/3) (from Ch. 111 1/2, par. 144)

11 Sec. 3. As used in this Act:

12 (A) "Hospital" means any institution, place, building, or
13 agency, public or private, whether organized for profit or not,
14 devoted primarily to the maintenance and operation of
15 facilities for the diagnosis and treatment or care of 2 or more
16 unrelated persons admitted for overnight stay or longer in
17 order to obtain medical, including obstetric, psychiatric and
18 nursing, care of illness, disease, injury, infirmity, or
19 deformity.

20 The term "hospital", without regard to length of stay,
21 shall also include:

22 (a) any facility which is devoted primarily to
23 providing psychiatric and related services and programs

1 for the diagnosis and treatment or care of 2 or more
2 unrelated persons suffering from emotional or nervous
3 diseases;

4 (b) all places where pregnant females are received,
5 cared for, or treated during delivery irrespective of the
6 number of patients received.

7 The term "hospital" includes general and specialized
8 hospitals, postsurgical recovery care hospitals, tuberculosis
9 sanitarium, mental or psychiatric hospitals and sanitarium, and
10 includes maternity homes, lying-in homes, and homes for unwed
11 mothers in which care is given during delivery.

12 The term "hospital" does not include:

13 (1) any person or institution required to be licensed
14 pursuant to the Nursing Home Care Act, as amended;

15 (2) hospitalization or care facilities maintained by
16 the State or any department or agency thereof, where such
17 department or agency has authority under law to establish
18 and enforce standards for the hospitalization or care
19 facilities under its management and control;

20 (3) hospitalization or care facilities maintained by
21 the federal government or agencies thereof;

22 (4) hospitalization or care facilities maintained by
23 any university or college established under the laws of
24 this State and supported principally by public funds raised
25 by taxation;

26 (5) any person or facility required to be licensed

1 pursuant to the Alcoholism and Other Drug Abuse and
2 Dependency Act;

3 (6) any facility operated solely by and for persons who
4 rely exclusively upon treatment by spiritual means through
5 prayer, in accordance with the creed or tenets of any
6 well-recognized church or religious denomination; or

7 (7) An Alzheimer's disease management center
8 alternative health care model licensed under the
9 Alternative Health Care Delivery Act.

10 (B) "Person" means the State, and any political subdivision
11 or municipal corporation, individual, firm, partnership,
12 corporation, company, association, or joint stock association,
13 or the legal successor thereof.

14 (C) "Department" means the Department of Public Health of
15 the State of Illinois.

16 (D) "Director" means the Director of Public Health of the
17 State of Illinois.

18 (E) "Perinatal" means the period of time between the
19 conception of an infant and the end of the first month after
20 birth.

21 (F) "Federally designated organ procurement agency" means
22 the organ procurement agency designated by the Secretary of the
23 U.S. Department of Health and Human Services for the service
24 area in which a hospital is located; except that in the case of
25 a hospital located in a county adjacent to Wisconsin which
26 currently contracts with an organ procurement agency located in

1 Wisconsin that is not the organ procurement agency designated
2 by the U.S. Secretary of Health and Human Services for the
3 service area in which the hospital is located, if the hospital
4 applies for a waiver pursuant to 42 USC 1320b-8(a), it may
5 designate an organ procurement agency located in Wisconsin to
6 be thereafter deemed its federally designated organ
7 procurement agency for the purposes of this Act.

8 (G) "Tissue bank" means any facility or program operating
9 in Illinois that is certified by the American Association of
10 Tissue Banks or the Eye Bank Association of America and is
11 involved in procuring, furnishing, donating, or distributing
12 corneas, bones, or other human tissue for the purpose of
13 injecting, transfusing, or transplanting any of them into the
14 human body. "Tissue bank" does not include a licensed blood
15 bank. For the purposes of this Act, "tissue" does not include
16 organs.

17 (Source: P.A. 91-838, eff. 6-16-00.)

18 (210 ILCS 85/4.6)

19 Sec. 4.6. Additional licensing requirements.

20 (a) Notwithstanding any other law or rule to the contrary,
21 without the issuance of a Certificate of Need Permit or
22 Certificate of Exemption from Illinois Health Facilities
23 Planning Board, the Department may license as a hospital a
24 building that meets either of the following criteria:

25 (1) It ~~(i)~~ is owned or operated by a hospital licensed

1 under this Act, ~~(ii)~~ is located in a municipality with a
2 population of less than 60,000, and ~~(iii)~~ includes a
3 postsurgical recovery care center licensed under the
4 Alternative Health Care Delivery Act for a period of not
5 less than 2 years, an ambulatory surgical treatment center
6 licensed under the Ambulatory Surgical Treatment Center
7 Act, and a Freestanding Emergency Center licensed under the
8 Emergency Medical Services (EMS) Systems Act. Only the
9 components of the building which are currently licensed
10 shall be eligible under the provisions of this Section.

11 (2) It is a postsurgical recovery care center under the
12 Alternative Health Care Delivery Act, is affiliated with or
13 connected to a licensed hospital or ambulatory surgical
14 treatment center, that previously received a Certificate
15 of Need from the Illinois Health Facilities Planning Board
16 and maintains an organized medical staff of physicians,
17 permanent facilities that include inpatient beds, medical
18 services, including physician services, and continuous
19 registered professional nursing services for not less than
20 24 hours every day. These licenses will be for postsurgical
21 recovery care hospitals.

22 (b) Prior to issuing a license, the Department shall
23 inspect the facility and require the facility to meet such of
24 the Department's rules relating to the establishment of
25 hospitals as the Department determines are appropriate to such
26 facility. The Department's licensure of the facility as a

1 postsurgical recovery care hospital shall be the only approval
2 required for the facility to make improvements and operate as a
3 postsurgical recovery care hospital. Once the Department
4 approves the facility and issues a hospital license, all other
5 licenses as listed in subsection (a) above shall be null and
6 void. Upon receiving licensure as a postsurgical recovery care
7 hospital, any facility licensed under subdivision (a)(2) of
8 this Section shall be subject to the following limitations:

9 (1) The facility shall not have a number of beds that
10 is greater than the number of authorized postsurgical
11 recovery care beds.

12 (2) The facility shall continue to be subject to the
13 length-of-stay limitations set forth in Section 35 of the
14 Alternative Health Care Delivery Act.

15 (3) The facility shall seek certification under
16 Section 1861(e) of the federal Social Security Act.

17 (c) A license as a postsurgical recovery care hospital ~~Only~~
18 ~~one license~~ may be issued under the authority of subdivision
19 (a)(2) of this Section only to a postsurgical recovery care
20 center established under the Alternative Health Care Delivery
21 Act. No license may be issued after 18 months after the
22 effective date of this amendatory Act of the 91st General
23 Assembly. No license may be issued after 36 months after the
24 effective date of this amendatory Act of the 95th General
25 Assembly.

26 (Source: P.A. 91-736, eff. 6-2-00.)

1 Section 99. Effective date. This Act takes effect July 1,
2 2008.".