



Rep. David R. Leitch

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LRB097 14989 CEL 67762 a

1 AMENDMENT TO HOUSE BILL 5050

2 AMENDMENT NO. _____. Amend House Bill 5050 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 10 and 35 as follows:

6 (210 ILCS 3/10)

7 Sec. 10. Definitions. In this Act, unless the context
8 otherwise requires:

9 "Ambulatory surgical treatment center" or "ASTC" means any
10 institution, place, or building licensed under the Ambulatory
11 Surgical Treatment Center Act.

12 "Alternative health care model" means a facility or program
13 authorized under Section 35 of this Act.

14 "Board" means the State Board of Health.

15 "Department" means the Illinois Department of Public
16 Health.

1 "Demonstration program" means a program to license and
2 study alternative health care models authorized under this Act.

3 "Director" means the Director of Public Health.

4 (Source: P.A. 87-1188.)

5 (210 ILCS 3/35)

6 Sec. 35. Alternative health care models authorized.
7 Notwithstanding any other law to the contrary, alternative
8 health care models described in this Section may be established
9 on a demonstration basis.

10 (1) (Blank).

11 (2) Alternative health care delivery model;
12 postsurgical recovery care center. A postsurgical recovery
13 care center is a designated site which provides
14 postsurgical recovery care for generally healthy patients
15 undergoing surgical procedures that potentially require
16 overnight nursing care, pain control, or observation that
17 would otherwise be provided in an inpatient setting.
18 Patients may be discharged from the postsurgical recovery
19 care center in less than 24 hours if the attending
20 physician or the facility's medical director believes the
21 patient has recovered enough to be discharged. A
22 postsurgical recovery care center is either freestanding
23 or a defined unit of an ambulatory surgical treatment
24 center or hospital. No facility, or portion of a facility,
25 may participate in a demonstration program as a

1 postsurgical recovery care center unless the facility has
2 been licensed as an ambulatory surgical treatment center or
3 hospital for at least 2 years before August 20, 1993 (the
4 effective date of Public Act 88-441). The maximum length of
5 stay for patients in a postsurgical recovery care center is
6 not to exceed 48 hours unless the treating physician
7 requests an extension of time from the recovery center's
8 medical director on the basis of medical or clinical
9 documentation that an additional care period is required
10 for the recovery of a patient and the medical director
11 approves the extension of time. In no case, however, shall
12 a patient's length of stay in a postsurgical recovery care
13 center be longer than 72 hours. If a patient requires an
14 additional care period after the expiration of the 72-hour
15 limit, the patient shall be transferred to an appropriate
16 facility. Reports on variances from the 24-hour or 48-hour
17 limit shall be sent to the Department for its evaluation.
18 The reports shall, before submission to the Department,
19 have removed from them all patient and physician
20 identifiers. Blood products may be administered in the
21 postsurgical recovery care center model. In order to handle
22 cases of complications, emergencies, or exigent
23 circumstances, every postsurgical recovery care center as
24 defined in this paragraph shall maintain a contractual
25 relationship, including a transfer agreement, with a
26 general acute care hospital. A postsurgical recovery care

1 center shall be no larger than 20 beds. A postsurgical
2 recovery care center shall be located within 15 minutes
3 travel time from the general acute care hospital with which
4 the center maintains a contractual relationship, including
5 a transfer agreement, as required under this paragraph.

6 No postsurgical recovery care center shall
7 discriminate against any patient requiring treatment
8 because of the source of payment for services, including
9 Medicare and Medicaid recipients.

10 The Department shall adopt rules to implement the
11 provisions of Public Act 88-441 concerning postsurgical
12 recovery care centers within 9 months after August 20,
13 1993. Notwithstanding any other law to the contrary, a
14 postsurgical recovery care center model may provide sleep
15 laboratory or similar sleep studies in accordance with
16 applicable State and federal laws and regulations.

17 (3) Alternative health care delivery model; children's
18 community-based health care center. A children's
19 community-based health care center model is a designated
20 site that provides nursing care, clinical support
21 services, and therapies for a period of one to 14 days for
22 short-term stays and 120 days to facilitate transitions to
23 home or other appropriate settings for medically fragile
24 children, technology dependent children, and children with
25 special health care needs who are deemed clinically stable
26 by a physician and are younger than 22 years of age. This

1 care is to be provided in a home-like environment that
2 serves no more than 12 children at a time. Children's
3 community-based health care center services must be
4 available through the model to all families, including
5 those whose care is paid for through the Department of
6 Healthcare and Family Services, the Department of Children
7 and Family Services, the Department of Human Services, and
8 insurance companies who cover home health care services or
9 private duty nursing care in the home.

10 Each children's community-based health care center
11 model location shall be physically separate and apart from
12 any other facility licensed by the Department of Public
13 Health under this or any other Act and shall provide the
14 following services: respite care, registered nursing or
15 licensed practical nursing care, transitional care to
16 facilitate home placement or other appropriate settings
17 and reunite families, medical day care, weekend camps, and
18 diagnostic studies typically done in the home setting.

19 Coverage for the services provided by the Department of
20 Healthcare and Family Services under this paragraph (3) is
21 contingent upon federal waiver approval and is provided
22 only to Medicaid eligible clients participating in the home
23 and community based services waiver designated in Section
24 1915(c) of the Social Security Act for medically frail and
25 technologically dependent children or children in
26 Department of Children and Family Services foster care who

1 receive home health benefits.

2 (4) Alternative health care delivery model; community
3 based residential rehabilitation center. A community-based
4 residential rehabilitation center model is a designated
5 site that provides rehabilitation or support, or both, for
6 persons who have experienced severe brain injury, who are
7 medically stable, and who no longer require acute
8 rehabilitative care or intense medical or nursing
9 services. The average length of stay in a community-based
10 residential rehabilitation center shall not exceed 4
11 months. As an integral part of the services provided,
12 individuals are housed in a supervised living setting while
13 having immediate access to the community. The residential
14 rehabilitation center authorized by the Department may
15 have more than one residence included under the license. A
16 residence may be no larger than 12 beds and shall be
17 located as an integral part of the community. Day treatment
18 or individualized outpatient services shall be provided
19 for persons who reside in their own home. Functional
20 outcome goals shall be established for each individual.
21 Services shall include, but are not limited to, case
22 management, training and assistance with activities of
23 daily living, nursing consultation, traditional therapies
24 (physical, occupational, speech), functional interventions
25 in the residence and community (job placement, shopping,
26 banking, recreation), counseling, self-management

1 strategies, productive activities, and multiple
2 opportunities for skill acquisition and practice
3 throughout the day. The design of individualized program
4 plans shall be consistent with the outcome goals that are
5 established for each resident. The programs provided in
6 this setting shall be accredited by the Commission on
7 Accreditation of Rehabilitation Facilities (CARF). The
8 program shall have been accredited by CARF as a Brain
9 Injury Community-Integrative Program for at least 3 years.

10 (5) Alternative health care delivery model;
11 Alzheimer's disease management center. An Alzheimer's
12 disease management center model is a designated site that
13 provides a safe and secure setting for care of persons
14 diagnosed with Alzheimer's disease. An Alzheimer's disease
15 management center model shall be a facility separate from
16 any other facility licensed by the Department of Public
17 Health under this or any other Act. An Alzheimer's disease
18 management center shall conduct and document an assessment
19 of each resident every 6 months. The assessment shall
20 include an evaluation of daily functioning, cognitive
21 status, other medical conditions, and behavioral problems.
22 An Alzheimer's disease management center shall develop and
23 implement an ongoing treatment plan for each resident. The
24 treatment plan shall have defined goals. The Alzheimer's
25 disease management center shall treat behavioral problems
26 and mood disorders using nonpharmacologic approaches such

1 as environmental modification, task simplification, and
2 other appropriate activities. All staff must have
3 necessary training to care for all stages of Alzheimer's
4 Disease. An Alzheimer's disease management center shall
5 provide education and support for residents and
6 caregivers. The education and support shall include
7 referrals to support organizations for educational
8 materials on community resources, support groups, legal
9 and financial issues, respite care, and future care needs
10 and options. The education and support shall also include a
11 discussion of the resident's need to make advance
12 directives and to identify surrogates for medical and legal
13 decision-making. The provisions of this paragraph
14 establish the minimum level of services that must be
15 provided by an Alzheimer's disease management center. An
16 Alzheimer's disease management center model shall have no
17 more than 100 residents. Nothing in this paragraph (5)
18 shall be construed as prohibiting a person or facility from
19 providing services and care to persons with Alzheimer's
20 disease as otherwise authorized under State law.

21 (6) Alternative health care delivery model; birth
22 center. A birth center shall be exclusively dedicated to
23 serving the childbirth-related needs of women and their
24 newborns and shall have no more than 10 beds. A birth
25 center is a designated site that is away from the mother's
26 usual place of residence and in which births are planned to

1 occur following a normal, uncomplicated, and low-risk
2 pregnancy. A birth center shall offer prenatal care and
3 community education services and shall coordinate these
4 services with other health care services available in the
5 community.

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

8 (1) A part of a hospital; or

9 (2) A freestanding facility that is physically
10 distinct from a hospital but is operated under a
11 license issued to a hospital under the Hospital
12 Licensing Act.

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

15 (1) A part of the operation of a federally
16 qualified health center as designated by the
17 United States Department of Health and Human
18 Services; or

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

23 In adopting rules for birth centers, the Department
24 shall consider: the American Association of Birth Centers'
25 Standards for Freestanding Birth Centers; the American
26 Academy of Pediatrics/American College of Obstetricians

1 and Gynecologists Guidelines for Perinatal Care; and the
2 Regionalized Perinatal Health Care Code. The Department's
3 rules shall stipulate the eligibility criteria for birth
4 center admission. The Department's rules shall stipulate
5 the necessary equipment for emergency care according to the
6 American Association of Birth Centers' standards and any
7 additional equipment deemed necessary by the Department.
8 The Department's rules shall provide for a time period
9 within which each birth center not part of a hospital must
10 become accredited by either the Commission for the
11 Accreditation of Freestanding Birth Centers or The Joint
12 Commission.

13 A birth center shall be certified to participate in the
14 Medicare and Medicaid programs under Titles XVIII and XIX,
15 respectively, of the federal Social Security Act. To the
16 extent necessary, the Illinois Department of Healthcare
17 and Family Services shall apply for a waiver from the
18 United States Health Care Financing Administration to
19 allow birth centers to be reimbursed under Title XIX of the
20 federal Social Security Act.

21 A birth center that is not operated under a hospital
22 license shall be located within a ground travel time
23 distance from the general acute care hospital with which
24 the birth center maintains a contractual relationship,
25 including a transfer agreement, as required under this
26 paragraph, that allows for an emergency caesarian delivery

1 to be started within 30 minutes of the decision a caesarian
2 delivery is necessary. A birth center operating under a
3 hospital license shall be located within a ground travel
4 time distance from the licensed hospital that allows for an
5 emergency caesarian delivery to be started within 30
6 minutes of the decision a caesarian delivery is necessary.

7 The services of a medical director physician, licensed
8 to practice medicine in all its branches, who is certified
9 or eligible for certification by the American College of
10 Obstetricians and Gynecologists or the American Board of
11 Osteopathic Obstetricians and Gynecologists or has
12 hospital obstetrical privileges are required in birth
13 centers. The medical director in consultation with the
14 Director of Nursing and Midwifery Services shall
15 coordinate the clinical staff and overall provision of
16 patient care. The medical director or his or her physician
17 designee shall be available on the premises or within a
18 close proximity as defined by rule. The medical director
19 and the Director of Nursing and Midwifery Services shall
20 jointly develop and approve policies defining the criteria
21 to determine which pregnancies are accepted as normal,
22 uncomplicated, and low-risk, and the anesthesia services
23 available at the center. No general anesthesia may be
24 administered at the center.

25 If a birth center employs certified nurse midwives, a
26 certified nurse midwife shall be the Director of Nursing

1 and Midwifery Services who is responsible for the
2 development of policies and procedures for services as
3 provided by Department rules.

4 An obstetrician, family practitioner, or certified
5 nurse midwife shall attend each woman in labor from the
6 time of admission through birth and throughout the
7 immediate postpartum period. Attendance may be delegated
8 only to another physician or certified nurse midwife.
9 Additionally, a second staff person shall also be present
10 at each birth who is licensed or certified in Illinois in a
11 health-related field and under the supervision of the
12 physician or certified nurse midwife in attendance, has
13 specialized training in labor and delivery techniques and
14 care of newborns, and receives planned and ongoing training
15 as needed to perform assigned duties effectively.

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

20 A birth center shall participate in the Illinois
21 Perinatal System under the Developmental Disability
22 Prevention Act. At a minimum, this participation shall
23 require a birth center to establish a letter of agreement
24 with a hospital designated under the Perinatal System. A
25 hospital that operates or has a letter of agreement with a
26 birth center shall include the birth center under its

1 maternity service plan under the Hospital Licensing Act and
2 shall include the birth center in the hospital's letter of
3 agreement with its regional perinatal center.

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

7 No general anesthesia and no surgery may be performed
8 at a birth center. The Department may by rule add birth
9 center patient eligibility criteria or standards as it
10 deems necessary. The Department shall by rule require each
11 birth center to report the information which the Department
12 shall make publicly available, which shall include, but is
13 not limited to, the following:

14 (i) Birth center ownership.

15 (ii) Sources of payment for services.

16 (iii) Utilization data involving patient length of
17 stay.

18 (iv) Admissions and discharges.

19 (v) Complications.

20 (vi) Transfers.

21 (vii) Unusual incidents.

22 (viii) Deaths.

23 (ix) Any other publicly reported data required
24 under the Illinois Consumer Guide.

25 (x) Post-discharge patient status data where
26 patients are followed for 14 days after discharge from

1 the birth center to determine whether the mother or
2 baby developed a complication or infection.

3 Within 9 months after the effective date of this
4 amendatory Act of the 95th General Assembly, the Department
5 shall adopt rules that are developed with consideration of:
6 the American Association of Birth Centers' Standards for
7 Freestanding Birth Centers; the American Academy of
8 Pediatrics/American College of Obstetricians and
9 Gynecologists Guidelines for Perinatal Care; and the
10 Regionalized Perinatal Health Care Code.

11 The Department shall adopt other rules as necessary to
12 implement the provisions of this amendatory Act of the 95th
13 General Assembly within 9 months after the effective date
14 of this amendatory Act of the 95th General Assembly.

15 (Source: P.A. 97-135, eff. 7-14-11.)".