



## 97TH GENERAL ASSEMBLY

### State of Illinois

### 2011 and 2012

### SB2887

Introduced 2/1/2012, by Sen. Heather A. Steans

#### SYNOPSIS AS INTRODUCED:

20 ILCS 3960/3	from Ch. 111 1/2, par. 1153
20 ILCS 3960/12	from Ch. 111 1/2, par. 1162
20 ILCS 3960/13	from Ch. 111 1/2, par. 1163
20 ILCS 3960/14.1	

Amends the Illinois Health Facilities Planning Act. Provides that no facility licensed under the ID/DD Community Care Act shall be subject to the provisions of the Illinois Health Facilities Planning Act. Makes conforming changes to delete references to the ID/DD Community Care Act. Effective immediately.

LRB097 17229 PJG 62429 b

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 3, 12, 13, and 14.1 as follows:

6 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 3. Definitions. As used in this Act:

9 "Health care facilities" means and includes the following  
10 facilities and organizations:

11 1. An ambulatory surgical treatment center required to  
12 be licensed pursuant to the Ambulatory Surgical Treatment  
13 Center Act;

14 2. An institution, place, building, or agency required  
15 to be licensed pursuant to the Hospital Licensing Act;

16 3. Skilled and intermediate long term care facilities  
17 licensed under the Nursing Home Care Act;

18 3.5. (Blank) ~~Skilled and intermediate care facilities~~  
19 ~~licensed under the ID/DD Community Care Act;~~

20 3.7. Facilities licensed under the Specialized Mental  
21 Health Rehabilitation Act;

22 4. Hospitals, nursing homes, ambulatory surgical  
23 treatment centers, or kidney disease treatment centers

1 maintained by the State or any department or agency  
2 thereof;

3 5. Kidney disease treatment centers, including a  
4 free-standing hemodialysis unit required to be licensed  
5 under the End Stage Renal Disease Facility Act;

6 6. An institution, place, building, or room used for  
7 the performance of outpatient surgical procedures that is  
8 leased, owned, or operated by or on behalf of an  
9 out-of-state facility;

10 7. An institution, place, building, or room used for  
11 provision of a health care category of service as defined  
12 by the Board, including, but not limited to, cardiac  
13 catheterization and open heart surgery; and

14 8. An institution, place, building, or room used for  
15 provision of major medical equipment used in the direct  
16 clinical diagnosis or treatment of patients, and whose  
17 project cost is in excess of the capital expenditure  
18 minimum.

19 This Act shall not apply to the construction of any new  
20 facility or the renovation of any existing facility located on  
21 any campus facility as defined in Section 5-5.8b of the  
22 Illinois Public Aid Code, provided that the campus facility  
23 encompasses 30 or more contiguous acres and that the new or  
24 renovated facility is intended for use by a licensed  
25 residential facility.

26 No federally owned facility shall be subject to the

1 provisions of this Act, nor facilities used solely for healing  
2 by prayer or spiritual means.

3 No facility licensed under the Supportive Residences  
4 Licensing Act or the Assisted Living and Shared Housing Act  
5 shall be subject to the provisions of this Act.

6 No facility licensed under the ID/DD Community Care Act  
7 shall be subject to the provisions of this Act.

8 No facility established and operating under the  
9 Alternative Health Care Delivery Act as a children's respite  
10 care center alternative health care model demonstration  
11 program or as an Alzheimer's Disease Management Center  
12 alternative health care model demonstration program shall be  
13 subject to the provisions of this Act.

14 A facility designated as a supportive living facility that  
15 is in good standing with the program established under Section  
16 5-5.01a of the Illinois Public Aid Code shall not be subject to  
17 the provisions of this Act.

18 This Act does not apply to facilities granted waivers under  
19 Section 3-102.2 of the Nursing Home Care Act. However, if a  
20 demonstration project under that Act applies for a certificate  
21 of need to convert to a nursing facility, it shall meet the  
22 licensure and certificate of need requirements in effect as of  
23 the date of application.

24 This Act does not apply to a dialysis facility that  
25 provides only dialysis training, support, and related services  
26 to individuals with end stage renal disease who have elected to

1 receive home dialysis. This Act does not apply to a dialysis  
2 unit located in a licensed nursing home that offers or provides  
3 dialysis-related services to residents with end stage renal  
4 disease who have elected to receive home dialysis within the  
5 nursing home. The Board, however, may require these dialysis  
6 facilities and licensed nursing homes to report statistical  
7 information on a quarterly basis to the Board to be used by the  
8 Board to conduct analyses on the need for proposed kidney  
9 disease treatment centers.

10 This Act shall not apply to the closure of an entity or a  
11 portion of an entity licensed under the Nursing Home Care Act  
12 or ~~the~~ Specialized Mental Health Rehabilitation Act, ~~or the~~  
13 ~~MR/DD Community Care Act,~~ with the exceptions of facilities  
14 operated by a county or Illinois Veterans Homes, that elects to  
15 convert, in whole or in part, to an assisted living or shared  
16 housing establishment licensed under the Assisted Living and  
17 Shared Housing Act.

18 This Act does not apply to any change of ownership of a  
19 healthcare facility that is licensed under the Nursing Home  
20 Care Act or ~~the~~ Specialized Mental Health Rehabilitation Act,  
21 ~~or the ID/DD Community Care Act,~~ with the exceptions of  
22 facilities operated by a county or Illinois Veterans Homes.  
23 Changes of ownership of facilities licensed under the Nursing  
24 Home Care Act must meet the requirements set forth in Sections  
25 3-101 through 3-119 of the Nursing Home Care Act.

26 With the exception of those health care facilities

1 specifically included in this Section, nothing in this Act  
2 shall be intended to include facilities operated as a part of  
3 the practice of a physician or other licensed health care  
4 professional, whether practicing in his individual capacity or  
5 within the legal structure of any partnership, medical or  
6 professional corporation, or unincorporated medical or  
7 professional group. Further, this Act shall not apply to  
8 physicians or other licensed health care professional's  
9 practices where such practices are carried out in a portion of  
10 a health care facility under contract with such health care  
11 facility by a physician or by other licensed health care  
12 professionals, whether practicing in his individual capacity  
13 or within the legal structure of any partnership, medical or  
14 professional corporation, or unincorporated medical or  
15 professional groups. This Act shall apply to construction or  
16 modification and to establishment by such health care facility  
17 of such contracted portion which is subject to facility  
18 licensing requirements, irrespective of the party responsible  
19 for such action or attendant financial obligation.

20 "Person" means any one or more natural persons, legal  
21 entities, governmental bodies other than federal, or any  
22 combination thereof.

23 "Consumer" means any person other than a person (a) whose  
24 major occupation currently involves or whose official capacity  
25 within the last 12 months has involved the providing,  
26 administering or financing of any type of health care facility,

1 (b) who is engaged in health research or the teaching of  
2 health, (c) who has a material financial interest in any  
3 activity which involves the providing, administering or  
4 financing of any type of health care facility, or (d) who is or  
5 ever has been a member of the immediate family of the person  
6 defined by (a), (b), or (c).

7 "State Board" or "Board" means the Health Facilities and  
8 Services Review Board.

9 "Construction or modification" means the establishment,  
10 erection, building, alteration, reconstruction, modernization,  
11 improvement, extension, discontinuation, change of ownership,  
12 of or by a health care facility, or the purchase or acquisition  
13 by or through a health care facility of equipment or service  
14 for diagnostic or therapeutic purposes or for facility  
15 administration or operation, or any capital expenditure made by  
16 or on behalf of a health care facility which exceeds the  
17 capital expenditure minimum; however, any capital expenditure  
18 made by or on behalf of a health care facility for (i) the  
19 construction or modification of a facility licensed under the  
20 Assisted Living and Shared Housing Act or (ii) a conversion  
21 project undertaken in accordance with Section 30 of the Older  
22 Adult Services Act shall be excluded from any obligations under  
23 this Act.

24 "Establish" means the construction of a health care  
25 facility or the replacement of an existing facility on another  
26 site or the initiation of a category of service as defined by

1 the Board.

2 "Major medical equipment" means medical equipment which is  
3 used for the provision of medical and other health services and  
4 which costs in excess of the capital expenditure minimum,  
5 except that such term does not include medical equipment  
6 acquired by or on behalf of a clinical laboratory to provide  
7 clinical laboratory services if the clinical laboratory is  
8 independent of a physician's office and a hospital and it has  
9 been determined under Title XVIII of the Social Security Act to  
10 meet the requirements of paragraphs (10) and (11) of Section  
11 1861(s) of such Act. In determining whether medical equipment  
12 has a value in excess of the capital expenditure minimum, the  
13 value of studies, surveys, designs, plans, working drawings,  
14 specifications, and other activities essential to the  
15 acquisition of such equipment shall be included.

16 "Capital Expenditure" means an expenditure: (A) made by or  
17 on behalf of a health care facility (as such a facility is  
18 defined in this Act); and (B) which under generally accepted  
19 accounting principles is not properly chargeable as an expense  
20 of operation and maintenance, or is made to obtain by lease or  
21 comparable arrangement any facility or part thereof or any  
22 equipment for a facility or part; and which exceeds the capital  
23 expenditure minimum.

24 For the purpose of this paragraph, the cost of any studies,  
25 surveys, designs, plans, working drawings, specifications, and  
26 other activities essential to the acquisition, improvement,



1 expansion, or replacement of any plant or equipment with  
2 respect to which an expenditure is made shall be included in  
3 determining if such expenditure exceeds the capital  
4 expenditures minimum. Unless otherwise interdependent, or  
5 submitted as one project by the applicant, components of  
6 construction or modification undertaken by means of a single  
7 construction contract or financed through the issuance of a  
8 single debt instrument shall not be grouped together as one  
9 project. Donations of equipment or facilities to a health care  
10 facility which if acquired directly by such facility would be  
11 subject to review under this Act shall be considered capital  
12 expenditures, and a transfer of equipment or facilities for  
13 less than fair market value shall be considered a capital  
14 expenditure for purposes of this Act if a transfer of the  
15 equipment or facilities at fair market value would be subject  
16 to review.

17 "Capital expenditure minimum" means \$11,500,000 for  
18 projects by hospital applicants, \$6,500,000 for applicants for  
19 projects related to skilled and intermediate care long-term  
20 care facilities licensed under the Nursing Home Care Act, and  
21 \$3,000,000 for projects by all other applicants, which shall be  
22 annually adjusted to reflect the increase in construction costs  
23 due to inflation, for major medical equipment and for all other  
24 capital expenditures.

25 "Non-clinical service area" means an area (i) for the  
26 benefit of the patients, visitors, staff, or employees of a

1 health care facility and (ii) not directly related to the  
2 diagnosis, treatment, or rehabilitation of persons receiving  
3 services from the health care facility. "Non-clinical service  
4 areas" include, but are not limited to, chapels; gift shops;  
5 news stands; computer systems; tunnels, walkways, and  
6 elevators; telephone systems; projects to comply with life  
7 safety codes; educational facilities; student housing;  
8 patient, employee, staff, and visitor dining areas;  
9 administration and volunteer offices; modernization of  
10 structural components (such as roof replacement and masonry  
11 work); boiler repair or replacement; vehicle maintenance and  
12 storage facilities; parking facilities; mechanical systems for  
13 heating, ventilation, and air conditioning; loading docks; and  
14 repair or replacement of carpeting, tile, wall coverings,  
15 window coverings or treatments, or furniture. Solely for the  
16 purpose of this definition, "non-clinical service area" does  
17 not include health and fitness centers.

18 "Areawide" means a major area of the State delineated on a  
19 geographic, demographic, and functional basis for health  
20 planning and for health service and having within it one or  
21 more local areas for health planning and health service. The  
22 term "region", as contrasted with the term "subregion", and the  
23 word "area" may be used synonymously with the term "areawide".

24 "Local" means a subarea of a delineated major area that on  
25 a geographic, demographic, and functional basis may be  
26 considered to be part of such major area. The term "subregion"

1 may be used synonymously with the term "local".

2 "Physician" means a person licensed to practice in  
3 accordance with the Medical Practice Act of 1987, as amended.

4 "Licensed health care professional" means a person  
5 licensed to practice a health profession under pertinent  
6 licensing statutes of the State of Illinois.

7 "Director" means the Director of the Illinois Department of  
8 Public Health.

9 "Agency" means the Illinois Department of Public Health.

10 "Alternative health care model" means a facility or program  
11 authorized under the Alternative Health Care Delivery Act.

12 "Out-of-state facility" means a person that is both (i)  
13 licensed as a hospital or as an ambulatory surgery center under  
14 the laws of another state or that qualifies as a hospital or an  
15 ambulatory surgery center under regulations adopted pursuant  
16 to the Social Security Act and (ii) not licensed under the  
17 Ambulatory Surgical Treatment Center Act, the Hospital  
18 Licensing Act, or the Nursing Home Care Act. Affiliates of  
19 out-of-state facilities shall be considered out-of-state  
20 facilities. Affiliates of Illinois licensed health care  
21 facilities 100% owned by an Illinois licensed health care  
22 facility, its parent, or Illinois physicians licensed to  
23 practice medicine in all its branches shall not be considered  
24 out-of-state facilities. Nothing in this definition shall be  
25 construed to include an office or any part of an office of a  
26 physician licensed to practice medicine in all its branches in

1 Illinois that is not required to be licensed under the  
2 Ambulatory Surgical Treatment Center Act.

3 "Change of ownership of a health care facility" means a  
4 change in the person who has ownership or control of a health  
5 care facility's physical plant and capital assets. A change in  
6 ownership is indicated by the following transactions: sale,  
7 transfer, acquisition, lease, change of sponsorship, or other  
8 means of transferring control.

9 "Related person" means any person that: (i) is at least 50%  
10 owned, directly or indirectly, by either the health care  
11 facility or a person owning, directly or indirectly, at least  
12 50% of the health care facility; or (ii) owns, directly or  
13 indirectly, at least 50% of the health care facility.

14 "Charity care" means care provided by a health care  
15 facility for which the provider does not expect to receive  
16 payment from the patient or a third-party payer.

17 "Freestanding emergency center" means a facility subject  
18 to licensure under Section 32.5 of the Emergency Medical  
19 Services (EMS) Systems Act.

20 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;  
21 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-277, eff. 1-1-12;  
22 revised 9-7-11.)

23 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

24 (Section scheduled to be repealed on December 31, 2019)

25 Sec. 12. Powers and duties of State Board. For purposes of

1 this Act, the State Board shall exercise the following powers  
2 and duties:

3 (1) Prescribe rules, regulations, standards, criteria,  
4 procedures or reviews which may vary according to the purpose  
5 for which a particular review is being conducted or the type of  
6 project reviewed and which are required to carry out the  
7 provisions and purposes of this Act. Policies and procedures of  
8 the State Board shall take into consideration the priorities  
9 and needs of medically underserved areas and other health care  
10 services identified through the comprehensive health planning  
11 process, giving special consideration to the impact of projects  
12 on access to safety net services.

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

16 (3) (Blank).

17 (4) Develop criteria and standards for health care  
18 facilities planning, conduct statewide inventories of health  
19 care facilities, maintain an updated inventory on the Board's  
20 web site reflecting the most recent bed and service changes and  
21 updated need determinations when new census data become  
22 available or new need formulae are adopted, and develop health  
23 care facility plans which shall be utilized in the review of  
24 applications for permit under this Act. Such health facility  
25 plans shall be coordinated by the Board with pertinent State  
26 Plans. Inventories pursuant to this Section of skilled or

1 intermediate care facilities licensed under the Nursing Home  
2 Care Act, ~~skilled or intermediate care facilities licensed~~  
3 ~~under the ID/DD Community Care Act,~~ facilities licensed under  
4 the Specialized Mental Health Rehabilitation Act, or nursing  
5 homes licensed under the Hospital Licensing Act shall be  
6 conducted on an annual basis no later than July 1 of each year  
7 and shall include among the information requested a list of all  
8 services provided by a facility to its residents and to the  
9 community at large and differentiate between active and  
10 inactive beds.

11 In developing health care facility plans, the State Board  
12 shall consider, but shall not be limited to, the following:

13 (a) The size, composition and growth of the population  
14 of the area to be served;

15 (b) The number of existing and planned facilities  
16 offering similar programs;

17 (c) The extent of utilization of existing facilities;

18 (d) The availability of facilities which may serve as  
19 alternatives or substitutes;

20 (e) The availability of personnel necessary to the  
21 operation of the facility;

22 (f) Multi-institutional planning and the establishment  
23 of multi-institutional systems where feasible;

24 (g) The financial and economic feasibility of proposed  
25 construction or modification; and

26 (h) In the case of health care facilities established

1 by a religious body or denomination, the needs of the  
2 members of such religious body or denomination may be  
3 considered to be public need.

4 The health care facility plans which are developed and  
5 adopted in accordance with this Section shall form the basis  
6 for the plan of the State to deal most effectively with  
7 statewide health needs in regard to health care facilities.

8 (5) Coordinate with the Center for Comprehensive Health  
9 Planning and other state agencies having responsibilities  
10 affecting health care facilities, including those of licensure  
11 and cost reporting.

12 (6) Solicit, accept, hold and administer on behalf of the  
13 State any grants or bequests of money, securities or property  
14 for use by the State Board or Center for Comprehensive Health  
15 Planning in the administration of this Act; and enter into  
16 contracts consistent with the appropriations for purposes  
17 enumerated in this Act.

18 (7) The State Board shall prescribe procedures for review,  
19 standards, and criteria which shall be utilized to make  
20 periodic reviews and determinations of the appropriateness of  
21 any existing health services being rendered by health care  
22 facilities subject to the Act. The State Board shall consider  
23 recommendations of the Board in making its determinations.

24 (8) Prescribe, in consultation with the Center for  
25 Comprehensive Health Planning, rules, regulations, standards,  
26 and criteria for the conduct of an expeditious review of

1 applications for permits for projects of construction or  
2 modification of a health care facility, which projects are  
3 classified as emergency, substantive, or non-substantive in  
4 nature.

5 Six months after June 30, 2009 (the effective date of  
6 Public Act 96-31), substantive projects shall include no more  
7 than the following:

8 (a) Projects to construct (1) a new or replacement  
9 facility located on a new site or (2) a replacement  
10 facility located on the same site as the original facility  
11 and the cost of the replacement facility exceeds the  
12 capital expenditure minimum;

13 (b) Projects proposing a (1) new service or (2)  
14 discontinuation of a service, which shall be reviewed by  
15 the Board within 60 days; or

16 (c) Projects proposing a change in the bed capacity of  
17 a health care facility by an increase in the total number  
18 of beds or by a redistribution of beds among various  
19 categories of service or by a relocation of beds from one  
20 physical facility or site to another by more than 20 beds  
21 or more than 10% of total bed capacity, as defined by the  
22 State Board, whichever is less, over a 2-year period.

23 The Chairman may approve applications for exemption that  
24 meet the criteria set forth in rules or refer them to the full  
25 Board. The Chairman may approve any unopposed application that  
26 meets all of the review criteria or refer them to the full



1 Board.

2 Such rules shall not abridge the right of the Center for  
3 Comprehensive Health Planning to make recommendations on the  
4 classification and approval of projects, nor shall such rules  
5 prevent the conduct of a public hearing upon the timely request  
6 of an interested party. Such reviews shall not exceed 60 days  
7 from the date the application is declared to be complete.

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

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

22 (11) Issue written decisions upon request of the applicant  
23 or an adversely affected party to the Board within 30 days of  
24 the meeting in which a final decision has been made. A "final  
25 decision" for purposes of this Act is the decision to approve  
26 or deny an application, or take other actions permitted under

1 this Act, at the time and date of the meeting that such action  
2 is scheduled by the Board. The staff of the State Board shall  
3 prepare a written copy of the final decision and the State  
4 Board shall approve a final copy for inclusion in the formal  
5 record.

6 (12) Require at least one of its members to participate in  
7 any public hearing, after the appointment of the 9 members to  
8 the Board.

9 (13) Provide a mechanism for the public to comment on, and  
10 request changes to, draft rules and standards.

11 (14) Implement public information campaigns to regularly  
12 inform the general public about the opportunity for public  
13 hearings and public hearing procedures.

14 (15) Establish a separate set of rules and guidelines for  
15 long-term care that recognizes that nursing homes are a  
16 different business line and service model from other regulated  
17 facilities. An open and transparent process shall be developed  
18 that considers the following: how skilled nursing fits in the  
19 continuum of care with other care providers, modernization of  
20 nursing homes, establishment of more private rooms,  
21 development of alternative services, and current trends in  
22 long-term care services. The Chairman of the Board shall  
23 appoint a permanent Health Services Review Board Long-term Care  
24 Facility Advisory Subcommittee that shall develop and  
25 recommend to the Board the rules to be established by the Board  
26 under this paragraph (15). The Subcommittee shall also provide

1 continuous review and commentary on policies and procedures  
2 relative to long-term care and the review of related projects.  
3 In consultation with other experts from the health field of  
4 long-term care, the Board and the Subcommittee shall study new  
5 approaches to the current bed need formula and Health Service  
6 Area boundaries to encourage flexibility and innovation in  
7 design models reflective of the changing long-term care  
8 marketplace and consumer preferences. The Board shall file the  
9 proposed related administrative rules for the separate rules  
10 and guidelines for long-term care required by this paragraph  
11 (15) by September 1, 2010. The Subcommittee shall be provided a  
12 reasonable and timely opportunity to review and comment on any  
13 review, revision, or updating of the criteria, standards,  
14 procedures, and rules used to evaluate project applications as  
15 provided under Section 12.3 of this Act prior to approval by  
16 the Board and promulgation of related rules.

17 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;  
18 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;  
19 revised 9-7-11.)

20 (20 ILCS 3960/13) (from Ch. 111 1/2, par. 1163)

21 (Section scheduled to be repealed on December 31, 2019)

22 Sec. 13. Investigation of applications for permits and  
23 certificates of recognition. The Agency or the State Board  
24 shall make or cause to be made such investigations as it or the  
25 State Board deems necessary in connection with an application

1 for a permit or an application for a certificate of  
2 recognition, or in connection with a determination of whether  
3 or not construction or modification which has been commenced is  
4 in accord with the permit issued by the State Board or whether  
5 construction or modification has been commenced without a  
6 permit having been obtained. The State Board may issue  
7 subpoenas duces tecum requiring the production of records and  
8 may administer oaths to such witnesses.

9 Any circuit court of this State, upon the application of  
10 the State Board or upon the application of any party to such  
11 proceedings, may, in its discretion, compel the attendance of  
12 witnesses, the production of books, papers, records, or  
13 memoranda and the giving of testimony before the State Board,  
14 by a proceeding as for contempt, or otherwise, in the same  
15 manner as production of evidence may be compelled before the  
16 court.

17 The State Board shall require all health facilities  
18 operating in this State to provide such reasonable reports at  
19 such times and containing such information as is needed by it  
20 to carry out the purposes and provisions of this Act. Prior to  
21 collecting information from health facilities, the State Board  
22 shall make reasonable efforts through a public process to  
23 consult with health facilities and associations that represent  
24 them to determine whether data and information requests will  
25 result in useful information for health planning, whether  
26 sufficient information is available from other sources, and

1 whether data requested is routinely collected by health  
2 facilities and is available without retrospective record  
3 review. Data and information requests shall not impose undue  
4 paperwork burdens on health care facilities and personnel.  
5 Health facilities not complying with this requirement shall be  
6 reported to licensing, accrediting, certifying, or payment  
7 agencies as being in violation of State law. Health care  
8 facilities and other parties at interest shall have reasonable  
9 access, under rules established by the State Board, to all  
10 planning information submitted in accord with this Act  
11 pertaining to their area.

12 Among the reports to be required by the State Board are  
13 facility questionnaires for health care facilities licensed  
14 under the Ambulatory Surgical Treatment Center Act, the  
15 Hospital Licensing Act, the Nursing Home Care Act, ~~the ID/DD~~  
16 ~~Community Care Act,~~ the Specialized Mental Health  
17 Rehabilitation Act, or the End Stage Renal Disease Facility  
18 Act. These questionnaires shall be conducted on an annual basis  
19 and compiled by the Agency. For health care facilities licensed  
20 under the Nursing Home Care Act or, the Specialized Mental  
21 Health Rehabilitation Act, ~~or the ID/DD Community Care Act,~~  
22 these reports shall include, but not be limited to, the  
23 identification of specialty services provided by the facility  
24 to patients, residents, and the community at large. For health  
25 care facilities that contain long term care beds, the reports  
26 shall also include the number of staffed long term care beds,

1 physical capacity for long term care beds at the facility, and  
2 long term care beds available for immediate occupancy. For  
3 purposes of this paragraph, "long term care beds" means beds  
4 (i) licensed under the Nursing Home Care Act, (ii) ~~licensed~~  
5 ~~under the ID/DD Community Care Act, (iii)~~ licensed under the  
6 Hospital Licensing Act, or (iii) ~~(iv)~~ licensed under the  
7 Specialized Mental Health Rehabilitation Act and certified as  
8 skilled nursing or nursing facility beds under Medicaid or  
9 Medicare.

10 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,  
11 eff. 1-1-12; revised 9-7-11.)

12 (20 ILCS 3960/14.1)

13 Sec. 14.1. Denial of permit; other sanctions.

14 (a) The State Board may deny an application for a permit or  
15 may revoke or take other action as permitted by this Act with  
16 regard to a permit as the State Board deems appropriate,  
17 including the imposition of fines as set forth in this Section,  
18 for any one or a combination of the following:

19 (1) The acquisition of major medical equipment without  
20 a permit or in violation of the terms of a permit.

21 (2) The establishment, construction, or modification  
22 of a health care facility without a permit or in violation  
23 of the terms of a permit.

24 (3) The violation of any provision of this Act or any  
25 rule adopted under this Act.

1           (4) The failure, by any person subject to this Act, to  
2           provide information requested by the State Board or Agency  
3           within 30 days after a formal written request for the  
4           information.

5           (5) The failure to pay any fine imposed under this  
6           Section within 30 days of its imposition.

7           ~~(a-5) For facilities licensed under the ID/DD Community~~  
8           ~~Care Act, no permit shall be denied on the basis of prior~~  
9           ~~operator history, other than for actions specified under item~~  
10           ~~(2), (4), or (5) of Section 3-117 of the ID/DD Community Care~~  
11           ~~Act.~~ For facilities licensed under the Specialized Mental  
12           Health Rehabilitation Act, no permit shall be denied on the  
13           basis of prior operator history, other than for actions  
14           specified under item (2), (4), or (5) of Section 3-117 of the  
15           Specialized Mental Health Rehabilitation Act. For facilities  
16           licensed under the Nursing Home Care Act, no permit shall be  
17           denied on the basis of prior operator history, other than for:  
18           (i) actions specified under item (2), (3), (4), (5), or (6) of  
19           Section 3-117 of the Nursing Home Care Act; (ii) actions  
20           specified under item (a)(6) of Section 3-119 of the Nursing  
21           Home Care Act; or (iii) actions within the preceding 5 years  
22           constituting a substantial and repeated failure to comply with  
23           the Nursing Home Care Act or the rules and regulations adopted  
24           by the Department under that Act. The State Board shall not  
25           deny a permit on account of any action described in this  
26           subsection (a-5) without also considering all such actions in

1 the light of all relevant information available to the State  
2 Board, including whether the permit is sought to substantially  
3 comply with a mandatory or voluntary plan of correction  
4 associated with any action described in this subsection (a-5).

5 (b) Persons shall be subject to fines as follows:

6 (1) A permit holder who fails to comply with the  
7 requirements of maintaining a valid permit shall be fined  
8 an amount not to exceed 1% of the approved permit amount  
9 plus an additional 1% of the approved permit amount for  
10 each 30-day period, or fraction thereof, that the violation  
11 continues.

12 (2) A permit holder who alters the scope of an approved  
13 project or whose project costs exceed the allowable permit  
14 amount without first obtaining approval from the State  
15 Board shall be fined an amount not to exceed the sum of (i)  
16 the lesser of \$25,000 or 2% of the approved permit amount  
17 and (ii) in those cases where the approved permit amount is  
18 exceeded by more than \$1,000,000, an additional \$20,000 for  
19 each \$1,000,000, or fraction thereof, in excess of the  
20 approved permit amount.

21 (3) A person who acquires major medical equipment or  
22 who establishes a category of service without first  
23 obtaining a permit or exemption, as the case may be, shall  
24 be fined an amount not to exceed \$10,000 for each such  
25 acquisition or category of service established plus an  
26 additional \$10,000 for each 30-day period, or fraction



1           thereof, that the violation continues.

2           (4) A person who constructs, modifies, or establishes a  
3 health care facility without first obtaining a permit shall  
4 be fined an amount not to exceed \$25,000 plus an additional  
5 \$25,000 for each 30-day period, or fraction thereof, that  
6 the violation continues.

7           (5) A person who discontinues a health care facility or  
8 a category of service without first obtaining a permit  
9 shall be fined an amount not to exceed \$10,000 plus an  
10 additional \$10,000 for each 30-day period, or fraction  
11 thereof, that the violation continues. For purposes of this  
12 subparagraph (5), facilities licensed under the Nursing  
13 Home Care Act ~~or the ID/DD Community Care Act~~, with the  
14 exceptions of facilities operated by a county or Illinois  
15 Veterans Homes, are exempt from this permit requirement.  
16 However, facilities licensed under the Nursing Home Care  
17 Act ~~or the ID/DD Community Care Act~~ must comply with  
18 Section 3-423 of the Nursing Home Care Act ~~or Section 3-423~~  
19 ~~of the ID/DD Community Care Act~~ and must provide the Board  
20 with 30-days' written notice of its intent to close.

21           (6) A person subject to this Act who fails to provide  
22 information requested by the State Board or Agency within  
23 30 days of a formal written request shall be fined an  
24 amount not to exceed \$1,000 plus an additional \$1,000 for  
25 each 30-day period, or fraction thereof, that the  
26 information is not received by the State Board or Agency.

1           (c) Before imposing any fine authorized under this Section,  
2 the State Board shall afford the person or permit holder, as  
3 the case may be, an appearance before the State Board and an  
4 opportunity for a hearing before a hearing officer appointed by  
5 the State Board. The hearing shall be conducted in accordance  
6 with Section 10.

7           (d) All fines collected under this Act shall be transmitted  
8 to the State Treasurer, who shall deposit them into the  
9 Illinois Health Facilities Planning Fund.

10           (Source: P.A. 96-339, eff. 7-1-10; 96-1372, eff. 7-29-10;  
11 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; revised 9-7-11.)

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