

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, 5, and 12 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7 (Section scheduled to be repealed on December 31, 2019)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, and related persons:

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. Skilled and intermediate care facilities licensed
19 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 established and operating under the
7 Alternative Health Care Delivery Act as a children's respite
8 care center alternative health care model demonstration
9 program or as an Alzheimer's Disease Management Center
10 alternative health care model demonstration program shall be
11 subject to the provisions of this Act.

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

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

22 This Act does not apply to a dialysis facility that
23 provides only dialysis training, support, and related services
24 to individuals with end stage renal disease who have elected to
25 receive home dialysis. This Act does not apply to a dialysis
26 unit located in a licensed nursing home that offers or provides

1 dialysis-related services to residents with end stage renal
2 disease who have elected to receive home dialysis within the
3 nursing home. The Board, however, may require these dialysis
4 facilities and licensed nursing homes to report statistical
5 information on a quarterly basis to the Board to be used by the
6 Board to conduct analyses on the need for proposed kidney
7 disease treatment centers.

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

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

24 With the exception of those health care facilities
25 specifically included in this Section, nothing in this Act
26 shall be intended to include facilities operated as a part of

1 the practice of a physician or other licensed health care
2 professional, whether practicing in his individual capacity or
3 within the legal structure of any partnership, medical or
4 professional corporation, or unincorporated medical or
5 professional group. Further, this Act shall not apply to
6 physicians or other licensed health care professional's
7 practices where such practices are carried out in a portion of
8 a health care facility under contract with such health care
9 facility by a physician or by other licensed health care
10 professionals, whether practicing in his individual capacity
11 or within the legal structure of any partnership, medical or
12 professional corporation, or unincorporated medical or
13 professional groups, unless the entity constructs, modifies,
14 or establishes a health care facility as specifically defined
15 in this Section. 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 No permit or exemption is required for a facility licensed
21 under the ID/DD Community Care Act prior to the reduction of
22 the number of beds at a facility. If there is a total reduction
23 of beds at a facility licensed under the ID/DD Community Care
24 Act, this is a discontinuation or closure of the facility.
25 However, if a facility licensed under the ID/DD Community Care
26 Act reduces the number of beds or discontinues the facility,

1 that facility must notify the Board as provided in Section 14.1
2 of this Act.

3 "Person" means any one or more natural persons, legal
4 entities, governmental bodies other than federal, or any
5 combination thereof.

6 "Consumer" means any person other than a person (a) whose
7 major occupation currently involves or whose official capacity
8 within the last 12 months has involved the providing,
9 administering or financing of any type of health care facility,
10 (b) who is engaged in health research or the teaching of
11 health, (c) who has a material financial interest in any
12 activity which involves the providing, administering or
13 financing of any type of health care facility, or (d) who is or
14 ever has been a member of the immediate family of the person
15 defined by (a), (b), or (c).

16 "State Board" or "Board" means the Health Facilities and
17 Services Review Board.

18 "Construction or modification" means the establishment,
19 erection, building, alteration, reconstruction, modernization,
20 improvement, extension, discontinuation, change of ownership,
21 of or by a health care facility, or the purchase or acquisition
22 by or through a health care facility of equipment or service
23 for diagnostic or therapeutic purposes or for facility
24 administration or operation, or any capital expenditure made by
25 or on behalf of a health care facility which exceeds the
26 capital expenditure minimum; however, any capital expenditure

1 made by or on behalf of a health care facility for (i) the
2 construction or modification of a facility licensed under the
3 Assisted Living and Shared Housing Act or (ii) a conversion
4 project undertaken in accordance with Section 30 of the Older
5 Adult Services Act shall be excluded from any obligations under
6 this Act.

7 "Establish" means the construction of a health care
8 facility or the replacement of an existing facility on another
9 site or the initiation of a category of service ~~as defined by~~
10 ~~the Board.~~

11 "Major medical equipment" means medical equipment which is
12 used for the provision of medical and other health services and
13 which costs in excess of the capital expenditure minimum,
14 except that such term does not include medical equipment
15 acquired by or on behalf of a clinical laboratory to provide
16 clinical laboratory services if the clinical laboratory is
17 independent of a physician's office and a hospital and it has
18 been determined under Title XVIII of the Social Security Act to
19 meet the requirements of paragraphs (10) and (11) of Section
20 1861(s) of such Act. In determining whether medical equipment
21 has a value in excess of the capital expenditure minimum, the
22 value of studies, surveys, designs, plans, working drawings,
23 specifications, and other activities essential to the
24 acquisition of such equipment shall be included.

25 "Capital Expenditure" means an expenditure: (A) made by or
26 on behalf of a health care facility (as such a facility is

1 defined in this Act); and (B) which under generally accepted
2 accounting principles is not properly chargeable as an expense
3 of operation and maintenance, or is made to obtain by lease or
4 comparable arrangement any facility or part thereof or any
5 equipment for a facility or part; and which exceeds the capital
6 expenditure minimum.

7 For the purpose of this paragraph, the cost of any studies,
8 surveys, designs, plans, working drawings, specifications, and
9 other activities essential to the acquisition, improvement,
10 expansion, or replacement of any plant or equipment with
11 respect to which an expenditure is made shall be included in
12 determining if such expenditure exceeds the capital
13 expenditures minimum. Unless otherwise interdependent, or
14 submitted as one project by the applicant, components of
15 construction or modification undertaken by means of a single
16 construction contract or financed through the issuance of a
17 single debt instrument shall not be grouped together as one
18 project. Donations of equipment or facilities to a health care
19 facility which if acquired directly by such facility would be
20 subject to review under this Act shall be considered capital
21 expenditures, and a transfer of equipment or facilities for
22 less than fair market value shall be considered a capital
23 expenditure for purposes of this Act if a transfer of the
24 equipment or facilities at fair market value would be subject
25 to review.

26 "Capital expenditure minimum" means \$11,500,000 for

1 projects by hospital applicants, \$6,500,000 for applicants for
2 projects related to skilled and intermediate care long-term
3 care facilities licensed under the Nursing Home Care Act, and
4 \$3,000,000 for projects by all other applicants, which shall be
5 annually adjusted to reflect the increase in construction costs
6 due to inflation, for major medical equipment and for all other
7 capital expenditures.

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

1 "Areawide" means a major area of the State delineated on a
2 geographic, demographic, and functional basis for health
3 planning and for health service and having within it one or
4 more local areas for health planning and health service. The
5 term "region", as contrasted with the term "subregion", and the
6 word "area" may be used synonymously with the term "areawide".

7 "Local" means a subarea of a delineated major area that on
8 a geographic, demographic, and functional basis may be
9 considered to be part of such major area. The term "subregion"
10 may be used synonymously with the term "local".

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

13 "Licensed health care professional" means a person
14 licensed to practice a health profession under pertinent
15 licensing statutes of the State of Illinois.

16 "Director" means the Director of the Illinois Department of
17 Public Health.

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

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

21 "Out-of-state facility" means a person that is both (i)
22 licensed as a hospital or as an ambulatory surgery center under
23 the laws of another state or that qualifies as a hospital or an
24 ambulatory surgery center under regulations adopted pursuant
25 to the Social Security Act and (ii) not licensed under the
26 Ambulatory Surgical Treatment Center Act, the Hospital

1 Licensing Act, or the Nursing Home Care Act. Affiliates of
2 out-of-state facilities shall be considered out-of-state
3 facilities. Affiliates of Illinois licensed health care
4 facilities 100% owned by an Illinois licensed health care
5 facility, its parent, or Illinois physicians licensed to
6 practice medicine in all its branches shall not be considered
7 out-of-state facilities. Nothing in this definition shall be
8 construed to include an office or any part of an office of a
9 physician licensed to practice medicine in all its branches in
10 Illinois that is not required to be licensed under the
11 Ambulatory Surgical Treatment Center Act.

12 "Change of ownership of a health care facility" means a
13 change in the person who has ownership or control of a health
14 care facility's physical plant and capital assets. A change in
15 ownership is indicated by the following transactions: sale,
16 transfer, acquisition, lease, change of sponsorship, or other
17 means of transferring control.

18 "Related person" means any person that: (i) is at least 50%
19 owned, directly or indirectly, by either the health care
20 facility or a person owning, directly or indirectly, at least
21 50% of the health care facility; or (ii) owns, directly or
22 indirectly, at least 50% of the health care facility.

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

26 "Freestanding emergency center" means a facility subject

1 to licensure under Section 32.5 of the Emergency Medical
2 Services (EMS) Systems Act.

3 "Category of service" means a grouping by generic class of
4 various types or levels of support functions, equipment, care,
5 or treatment provided to patients or residents, including, but
6 not limited to, classes such as medical-surgical, pediatrics,
7 or cardiac catheterization. A category of service may include
8 subcategories or levels of care that identify a particular
9 degree or type of care within the category of service. Nothing
10 in this definition shall be construed to include the practice
11 of a physician or other licensed health care professional while
12 functioning in an office providing for the care, diagnosis, or
13 treatment of patients.

14 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;
15 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-277, eff. 1-1-12;
16 97-813, eff. 7-13-12; 97-980, eff. 8-17-12.)

17 (20 ILCS 3960/5) (from Ch. 111 1/2, par. 1155)

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

19 Sec. 5. Construction, modification, or establishment of
20 health care facilities or acquisition of major medical
21 equipment; permits or exemptions. No person shall construct,
22 modify or establish a health care facility or acquire major
23 medical equipment without first obtaining a permit or exemption
24 from the State Board. The State Board shall not delegate to the
25 staff of the State Board or any other person or entity the

1 authority to grant permits or exemptions whenever the staff or
2 other person or entity would be required to exercise any
3 discretion affecting the decision to grant a permit or
4 exemption. The State Board may, by rule, delegate authority to
5 the Chairman to grant permits or exemptions when applications
6 meet all of the State Board's review criteria and are
7 unopposed.

8 A permit or exemption shall be obtained prior to the
9 acquisition of major medical equipment or to the construction
10 or modification of a health care facility which:

11 (a) requires a total capital expenditure in excess of
12 the capital expenditure minimum; or

13 (b) substantially changes the scope or changes the
14 functional operation of the facility; or

15 (c) changes the bed capacity of a health care facility
16 by increasing the total number of beds or by distributing
17 beds among various categories of service or by relocating
18 beds from one physical facility or site to another by more
19 than 20 beds or more than 10% of total bed capacity as
20 defined by the State Board, whichever is less, over a 2
21 year period.

22 A permit shall be valid only for the defined construction
23 or modifications, site, amount and person named in the
24 application for such permit and shall not be transferable or
25 assignable. A permit shall be valid until such time as the
26 project has been completed, provided that the project commences

1 and proceeds to completion with due diligence by the completion
2 date or extension date approved by the Board.

3 A permit holder must do the following: (i) submit the final
4 completion and cost report for the project within 90 days after
5 the approved project completion date or extension date and (ii)
6 submit annual progress reports no earlier than 30 days before
7 and no later than 30 days after each anniversary date of the
8 Board's approval of the permit until the project is completed.
9 To maintain a valid permit and to monitor progress toward
10 project commencement and completion, routine post-permit
11 reports shall be limited to annual progress reports and the
12 final completion and cost report. Annual progress reports shall
13 include information regarding the committed funds expended
14 toward the approved project. If the project is not completed in
15 one year, then, by the second annual report, the permit holder
16 shall expend 33% or more of the total project cost or shall
17 make a commitment to expend 33% or more of the total project
18 cost by signed contracts or other legal means, and the report
19 shall contain information regarding those expenditures or
20 commitments. If the project is to be completed in one year,
21 then the first annual report shall contain the expenditure
22 commitment information for the total project cost. The State
23 Board may extend the expenditure commitment period after
24 considering a permit holder's showing of good cause and request
25 for additional time to complete the project.

26 The Certificate of Need process required under this Act is

1 designed to restrain rising health care costs by preventing
2 unnecessary construction or modification of health care
3 facilities. The Board must assure that the establishment,
4 construction, or modification of a health care facility or the
5 acquisition of major medical equipment is consistent with the
6 public interest and that the proposed project is consistent
7 with the orderly and economic development or acquisition of
8 those facilities and equipment and is in accord with the
9 standards, criteria, or plans of need adopted and approved by
10 the Board. Board decisions regarding the construction of health
11 care facilities must consider capacity, quality, value, and
12 equity. Projects may deviate from the costs, fees, and expenses
13 provided in their project cost information for the project's
14 cost components, provided that the final total project cost
15 does not exceed the approved permit amount. Project alterations
16 shall not increase the total approved permit amount by more
17 than the limit set forth under the Board's rules.

18 Major construction projects, for the purposes of this Act,
19 shall include but are not limited to: projects for the
20 construction of new buildings; additions to existing
21 facilities; modernization projects whose cost is in excess of
22 \$1,000,000 or 10% of the facilities' operating revenue,
23 whichever is less; and such other projects as the State Board
24 shall define and prescribe pursuant to this Act.

25 ~~Permits for projects that have not been obligated within~~
26 ~~the prescribed obligation period shall expire on the last day~~

1 ~~of that period.~~

2 The acquisition by any person of major medical equipment
3 that will not be owned by or located in a health care facility
4 and that will not be used to provide services to inpatients of
5 a health care facility shall be exempt from review provided
6 that a notice is filed in accordance with exemption
7 requirements.

8 Notwithstanding any other provision of this Act, no permit
9 or exemption is required for the construction or modification
10 of a non-clinical service area of a health care facility.

11 (Source: P.A. 96-31, eff. 6-30-09; 97-1115, eff. 8-27-12.)

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

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

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

17 (1) Prescribe rules, regulations, standards, criteria,
18 procedures or reviews which may vary according to the purpose
19 for which a particular review is being conducted or the type of
20 project reviewed and which are required to carry out the
21 provisions and purposes of this Act. Policies and procedures of
22 the State Board shall take into consideration the priorities
23 and needs of medically underserved areas and other health care
24 services identified through the comprehensive health planning
25 process, giving special consideration to the impact of projects

1 on access to safety net services.

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

5 (3) (Blank).

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

26 In developing health care facility plans, the State Board

1 shall consider, but shall not be limited to, the following:

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

4 (b) The number of existing and planned facilities
5 offering similar programs;

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

7 (d) The availability of facilities which may serve as
8 alternatives or substitutes;

9 (e) The availability of personnel necessary to the
10 operation of the facility;

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

13 (g) The financial and economic feasibility of proposed
14 construction or modification; and

15 (h) In the case of health care facilities established
16 by a religious body or denomination, the needs of the
17 members of such religious body or denomination may be
18 considered to be public need.

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

23 (5) Coordinate with the Center for Comprehensive Health
24 Planning and other state agencies having responsibilities
25 affecting health care facilities, including those of licensure
26 and cost reporting. Beginning no later than January 1, 2013,

1 the Department of Public Health shall produce a written annual
2 report to the Governor and the General Assembly regarding the
3 development of the Center for Comprehensive Health Planning.
4 The Chairman of the State Board and the State Board
5 Administrator shall also receive a copy of the annual report.

6 (6) Solicit, accept, hold and administer on behalf of the
7 State any grants or bequests of money, securities or property
8 for use by the State Board or Center for Comprehensive Health
9 Planning in the administration of this Act; and enter into
10 contracts consistent with the appropriations for purposes
11 enumerated in this Act.

12 (7) The State Board shall prescribe procedures for review,
13 standards, and criteria which shall be utilized to make
14 periodic reviews and determinations of the appropriateness of
15 any existing health services being rendered by health care
16 facilities subject to the Act. The State Board shall consider
17 recommendations of the Board in making its determinations.

18 (8) Prescribe, in consultation with the Center for
19 Comprehensive Health Planning, rules, regulations, standards,
20 and criteria for the conduct of an expeditious review of
21 applications for permits for projects of construction or
22 modification of a health care facility, which projects are
23 classified as emergency, substantive, or non-substantive in
24 nature.

25 Six months after June 30, 2009 (the effective date of
26 Public Act 96-31), substantive projects shall include no more

1 than the following:

2 (a) Projects to construct (1) a new or replacement
3 facility located on a new site or (2) a replacement
4 facility located on the same site as the original facility
5 and the cost of the replacement facility exceeds the
6 capital expenditure minimum, which shall be reviewed by the
7 Board within 120 days;

8 (b) Projects proposing a (1) new service within an
9 existing healthcare facility or (2) discontinuation of a
10 service within an existing healthcare facility, which
11 shall be reviewed by the Board within 60 days; or

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

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

24 Such rules shall not abridge the right of the Center for
25 Comprehensive Health Planning to make recommendations on the
26 classification and approval of projects, nor shall such rules

1 prevent the conduct of a public hearing upon the timely request
2 of an interested party. Such reviews shall not exceed 60 days
3 from the date the application is declared to be complete.

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

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

18 (11) Issue written decisions upon request of the applicant
19 or an adversely affected party to the Board ~~within 30 days of~~
20 ~~the meeting in which a final decision has been made.~~ Requests
21 for a written decision shall be made within 15 days after the
22 Board meeting in which a final decision has been made. A "final
23 decision" for purposes of this Act is the decision to approve
24 or deny an application, or take other actions permitted under
25 this Act, at the time and date of the meeting that such action
26 is scheduled by the Board. The staff of the ~~State~~ Board shall

1 prepare a written copy of the final decision and the ~~State~~
2 Board shall approve a final copy for inclusion in the formal
3 record. The Board shall consider, for approval, the written
4 draft of the final decision no later than the next scheduled
5 Board meeting. The written decision shall identify the
6 applicable criteria and factors listed in this Act and the
7 Board's regulations that were taken into consideration by the
8 Board when coming to a final decision. If the ~~State~~ Board
9 denies or fails to approve an application for permit or
10 exemption certificate, the ~~State~~ Board shall include in the
11 final decision a detailed explanation as to why the application
12 was denied and identify what specific criteria or standards the
13 applicant did not fulfill.

14 (12) Require at least one of its members to participate in
15 any public hearing, after the appointment of a majority of the
16 members to the Board.

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

19 (14) Implement public information campaigns to regularly
20 inform the general public about the opportunity for public
21 hearings and public hearing procedures.

22 (15) Establish a separate set of rules and guidelines for
23 long-term care that recognizes that nursing homes are a
24 different business line and service model from other regulated
25 facilities. An open and transparent process shall be developed
26 that considers the following: how skilled nursing fits in the

1 continuum of care with other care providers, modernization of
2 nursing homes, establishment of more private rooms,
3 development of alternative services, and current trends in
4 long-term care services. The Chairman of the Board shall
5 appoint a permanent Health Services Review Board Long-term Care
6 Facility Advisory Subcommittee that shall develop and
7 recommend to the Board the rules to be established by the Board
8 under this paragraph (15). The Subcommittee shall also provide
9 continuous review and commentary on policies and procedures
10 relative to long-term care and the review of related projects.
11 In consultation with other experts from the health field of
12 long-term care, the Board and the Subcommittee shall study new
13 approaches to the current bed need formula and Health Service
14 Area boundaries to encourage flexibility and innovation in
15 design models reflective of the changing long-term care
16 marketplace and consumer preferences. The Subcommittee shall
17 evaluate, and make recommendations to the State Board
18 regarding, the buying, selling, and exchange of beds between
19 long-term care facilities within a specified geographic area or
20 drive time. The Board shall file the proposed related
21 administrative rules for the separate rules and guidelines for
22 long-term care required by this paragraph (15) by no later than
23 September 30, 2011. The Subcommittee shall be provided a
24 reasonable and timely opportunity to review and comment on any
25 review, revision, or updating of the criteria, standards,
26 procedures, and rules used to evaluate project applications as

1 provided under Section 12.3 of this Act.

2 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;
3 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
4 97-813, eff. 7-13-12; 97-1045, eff. 8-21-13; 97-1115, eff.
5 8-27-12; revised 10-11-12.)