



Rep. William Davis

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LRB098 08704 JDS 41427 a

1 AMENDMENT TO HOUSE BILL 2423

2 AMENDMENT NO. _____. Amend House Bill 2423 by replacing
3 everything after the enacting clause with the following:

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7 (Section scheduled to be repealed on December 31, 2019)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

1 licensed under the Nursing Home Care Act;

2 3.5. Skilled and intermediate care facilities licensed
3 under the ID/DD Community Care Act;

4 3.7. Facilities licensed under the Specialized Mental
5 Health Rehabilitation Act;

6 4. Hospitals, nursing homes, ambulatory surgical
7 treatment centers, or kidney disease treatment centers
8 maintained by the State or any department or agency
9 thereof;

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

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

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

21 8. An institution, place, building, or room used for
22 provision of major medical equipment used in the direct
23 clinical diagnosis or treatment of patients, and whose
24 project cost is in excess of the capital expenditure
25 minimum.

26 This Act shall not apply to the construction of any new

1 facility or the renovation of any existing facility located on
2 any campus facility as defined in Section 5-5.8b of the
3 Illinois Public Aid Code, provided that the campus facility
4 encompasses 30 or more contiguous acres and that the new or
5 renovated facility is intended for use by a licensed
6 residential facility.

7 No federally owned facility shall be subject to the
8 provisions of this Act, nor facilities used solely for healing
9 by prayer or spiritual means.

10 No facility licensed under the Supportive Residences
11 Licensing Act or the Assisted Living and Shared Housing Act
12 shall be subject to the provisions of this Act.

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

19 A facility designated as a supportive living facility that
20 is in good standing with the program established under Section
21 5-5.01a of the Illinois Public Aid Code shall not be subject to
22 the provisions of this Act.

23 This Act does not apply to facilities granted waivers under
24 Section 3-102.2 of the Nursing Home Care Act. However, if a
25 demonstration project under that Act applies for a certificate
26 of need to convert to a nursing facility, it shall meet the

1 licensure and certificate of need requirements in effect as of
2 the date of application.

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

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

23 This Act does not apply to any change of ownership of a
24 healthcare facility that is licensed under the Nursing Home
25 Care Act, the Specialized Mental Health Rehabilitation Act, or
26 the ID/DD Community Care Act, with the exceptions of facilities

1 operated by a county or Illinois Veterans Homes. Changes of
2 ownership of facilities licensed under the Nursing Home Care
3 Act must meet the requirements set forth in Sections 3-101
4 through 3-119 of the Nursing Home Care Act.

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

1 or owned by a physician, or within the legal structure of any
2 partnership, medical or professional corporation, or
3 unincorporated medical or professional group. This Act shall
4 apply to any institution, place, building, or room used for the
5 provision of major medical equipment used in the direct
6 clinical diagnosis or treatment of patients, and whose project
7 cost is in excess of the capital expenditure minimum, operated
8 or owned by a physician, or within the legal structure of any
9 partnership, medical or professional corporation, or
10 unincorporated medical or professional group.

11 No permit or exemption is required for a facility licensed
12 under the ID/DD Community Care Act prior to the reduction of
13 the number of beds at a facility. If there is a total reduction
14 of beds at a facility licensed under the ID/DD Community Care
15 Act, this is a discontinuation or closure of the facility.
16 However, if a facility licensed under the ID/DD Community Care
17 Act reduces the number of beds or discontinues the facility,
18 that facility must notify the Board as provided in Section 14.1
19 of this Act.

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 "Category of service" means a grouping by generic class of
21 various types or levels of support functions, equipment, care,
22 or treatment provided to patients or residents, including, but
23 not limited to, classes such as medical-surgical, pediatrics,
24 or cardiac catheterization. A category of service may include
25 subcategories or levels of care that identify a particular
26 degree or type of care within the category of service.

1 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;
2 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-277, eff. 1-1-12;
3 97-813, eff. 7-13-12; 97-980, eff. 8-17-12.)

4 (20 ILCS 3960/5) (from Ch. 111 1/2, par. 1155)

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

6 Sec. 5. Construction, modification, or establishment of
7 health care facilities or acquisition of major medical
8 equipment; permits or exemptions. No person shall construct,
9 modify or establish a health care facility or acquire major
10 medical equipment without first obtaining a permit or exemption
11 from the State Board. The State Board shall not delegate to the
12 staff of the State Board or any other person or entity the
13 authority to grant permits or exemptions whenever the staff or
14 other person or entity would be required to exercise any
15 discretion affecting the decision to grant a permit or
16 exemption. The State Board may, by rule, delegate authority to
17 the Chairman to grant permits or exemptions when applications
18 meet all of the State Board's review criteria and are
19 unopposed.

20 A permit or exemption shall be obtained prior to the
21 acquisition of major medical equipment or to the construction
22 or modification of a health care facility which:

23 (a) requires a total capital expenditure in excess of
24 the capital expenditure minimum; or

25 (b) substantially changes the scope or changes the

1 functional operation of the facility; or

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

9 A permit shall be valid only for the defined construction
10 or modifications, site, amount and person named in the
11 application for such permit and shall not be transferable or
12 assignable. A permit shall be valid until such time as the
13 project has been completed, provided that the project commences
14 and proceeds to completion with due diligence by the completion
15 date or extension date approved by the Board.

16 A permit holder must do the following: (i) submit the final
17 completion and cost report for the project within 90 days after
18 the approved project completion date or extension date and (ii)
19 submit annual progress reports no earlier than 30 days before
20 and no later than 30 days after each anniversary date of the
21 Board's approval of the permit until the project is completed.
22 To maintain a valid permit and to monitor progress toward
23 project commencement and completion, routine post-permit
24 reports shall be limited to annual progress reports and the
25 final completion and cost report. Annual progress reports shall
26 include information regarding the committed funds expended

1 toward the approved project. If the project is not completed in
2 one year, then, by the second annual report, the permit holder
3 shall expend 33% or more of the total project cost or shall
4 make a commitment to expend 33% or more of the total project
5 cost by signed contracts or other legal means, and the report
6 shall contain information regarding those expenditures or
7 commitments. If the project is to be completed in one year,
8 then the first annual report shall contain the expenditure
9 commitment information for the total project cost. The State
10 Board may extend the expenditure commitment period after
11 considering a permit holder's showing of good cause and request
12 for additional time to complete the project.

13 The Certificate of Need process required under this Act is
14 designed to restrain rising health care costs by preventing
15 unnecessary construction or modification of health care
16 facilities. The Board must assure that the establishment,
17 construction, or modification of a health care facility or the
18 acquisition of major medical equipment is consistent with the
19 public interest and that the proposed project is consistent
20 with the orderly and economic development or acquisition of
21 those facilities and equipment and is in accord with the
22 standards, criteria, or plans of need adopted and approved by
23 the Board. Board decisions regarding the construction of health
24 care facilities must consider capacity, quality, value, and
25 equity. Projects may deviate from the costs, fees, and expenses
26 provided in their project cost information for the project's

1 cost components, provided that the final total project cost
2 does not exceed the approved permit amount. Project alterations
3 shall not increase the total approved permit amount by more
4 than the limit set forth under the Board's rules.

5 Major construction projects, for the purposes of this Act,
6 shall include but are not limited to: projects for the
7 construction of new buildings; additions to existing
8 facilities; modernization projects whose cost is in excess of
9 \$1,000,000 or 10% of the facilities' operating revenue,
10 whichever is less; and such other projects as the State Board
11 shall define and prescribe pursuant to this Act.

12 ~~Permits for projects that have not been obligated within~~
13 ~~the prescribed obligation period shall expire on the last day~~
14 ~~of that period.~~

15 The acquisition by any person of major medical equipment
16 that will not be owned by or located in a health care facility
17 and that will not be used to provide services to inpatients of
18 a health care facility shall be exempt from review provided
19 that a notice is filed in accordance with exemption
20 requirements.

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

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

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

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

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

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

18 (3) (Blank).

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

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

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

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

17 (b) The number of existing and planned facilities
18 offering similar programs;

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

20 (d) The availability of facilities which may serve as
21 alternatives or substitutes;

22 (e) The availability of personnel necessary to the
23 operation of the facility;

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

26 (g) The financial and economic feasibility of proposed

1 construction or modification; and

2 (h) In the case of health care facilities established
3 by a religious body or denomination, the needs of the
4 members of such religious body or denomination may be
5 considered to be public need.

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

10 (5) Coordinate with the Center for Comprehensive Health
11 Planning and other state agencies having responsibilities
12 affecting health care facilities, including those of licensure
13 and cost reporting. Beginning no later than January 1, 2013,
14 the Department of Public Health shall produce a written annual
15 report to the Governor and the General Assembly regarding the
16 development of the Center for Comprehensive Health Planning.
17 The Chairman of the State Board and the State Board
18 Administrator shall also receive a copy of the annual report.

19 (6) Solicit, accept, hold and administer on behalf of the
20 State any grants or bequests of money, securities or property
21 for use by the State Board or Center for Comprehensive Health
22 Planning in the administration of this Act; and enter into
23 contracts consistent with the appropriations for purposes
24 enumerated in this Act.

25 (7) The State Board shall prescribe procedures for review,
26 standards, and criteria which shall be utilized to make

1 periodic reviews and determinations of the appropriateness of
2 any existing health services being rendered by health care
3 facilities subject to the Act. The State Board shall consider
4 recommendations of the Board in making its determinations.

5 (8) Prescribe, in consultation with the Center for
6 Comprehensive Health Planning, rules, regulations, standards,
7 and criteria for the conduct of an expeditious review of
8 applications for permits for projects of construction or
9 modification of a health care facility, which projects are
10 classified as emergency, substantive, or non-substantive in
11 nature.

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

15 (a) Projects to construct (1) a new or replacement
16 facility located on a new site or (2) a replacement
17 facility located on the same site as the original facility
18 and the cost of the replacement facility exceeds the
19 capital expenditure minimum, which shall be reviewed by the
20 Board within 120 days;

21 (b) Projects proposing a (1) new service within an
22 existing healthcare facility or (2) discontinuation of a
23 service within an existing healthcare facility, which
24 shall be reviewed by the Board within 60 days; or

25 (c) Projects proposing a change in the bed capacity of
26 a health care facility by an increase in the total number

1 of beds or by a redistribution of beds among various
2 categories of service or by a relocation of beds from one
3 physical facility or site to another by more than 20 beds
4 or more than 10% of total bed capacity, as defined by the
5 State Board, whichever is less, over a 2-year period.

6 The Chairman may approve applications for exemption that
7 meet the criteria set forth in rules or refer them to the full
8 Board. The Chairman may approve any unopposed application that
9 meets all of the review criteria or refer them to the full
10 Board.

11 Such rules shall not abridge the right of the Center for
12 Comprehensive Health Planning to make recommendations on the
13 classification and approval of projects, nor shall such rules
14 prevent the conduct of a public hearing upon the timely request
15 of an interested party. Such reviews shall not exceed 60 days
16 from the date the application is declared to be complete.

17 (9) Prescribe rules, regulations, standards, and criteria
18 pertaining to the granting of permits for construction and
19 modifications which are emergent in nature and must be
20 undertaken immediately to prevent or correct structural
21 deficiencies or hazardous conditions that may harm or injure
22 persons using the facility, as defined in the rules and
23 regulations of the State Board. This procedure is exempt from
24 public hearing requirements of this Act.

25 (10) Prescribe rules, regulations, standards and criteria
26 for the conduct of an expeditious review, not exceeding 60

1 days, of applications for permits for projects to construct or
2 modify health care facilities which are needed for the care and
3 treatment of persons who have acquired immunodeficiency
4 syndrome (AIDS) or related conditions.

5 (11) Issue written decisions upon request of the applicant
6 or an adversely affected party to the Board ~~within 30 days of~~
7 ~~the meeting in which a final decision has been made.~~ Requests
8 for a written decision shall be made within 15 days after the
9 Board meeting in which a final decision has been made. A "final
10 decision" for purposes of this Act is the decision to approve
11 or deny an application, or take other actions permitted under
12 this Act, at the time and date of the meeting that such action
13 is scheduled by the Board. The staff of the ~~State~~ Board shall
14 prepare a written copy of the final decision and the ~~State~~
15 Board shall approve a final copy for inclusion in the formal
16 record. The Board shall consider, for approval, the written
17 draft of the final decision no later than the next scheduled
18 Board meeting. The written decision shall identify the
19 applicable criteria and factors listed in this Act and the
20 Board's regulations that were taken into consideration by the
21 Board when coming to a final decision. If the ~~State~~ Board
22 denies or fails to approve an application for permit or
23 exemption certificate, the ~~State~~ Board shall include in the
24 final decision a detailed explanation as to why the application
25 was denied and identify what specific criteria or standards the
26 applicant did not fulfill.

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

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

6 (14) Implement public information campaigns to regularly
7 inform the general public about the opportunity for public
8 hearings and public hearing procedures.

9 (15) Establish a separate set of rules and guidelines for
10 long-term care that recognizes that nursing homes are a
11 different business line and service model from other regulated
12 facilities. An open and transparent process shall be developed
13 that considers the following: how skilled nursing fits in the
14 continuum of care with other care providers, modernization of
15 nursing homes, establishment of more private rooms,
16 development of alternative services, and current trends in
17 long-term care services. The Chairman of the Board shall
18 appoint a permanent Health Services Review Board Long-term Care
19 Facility Advisory Subcommittee that shall develop and
20 recommend to the Board the rules to be established by the Board
21 under this paragraph (15). The Subcommittee shall also provide
22 continuous review and commentary on policies and procedures
23 relative to long-term care and the review of related projects.
24 In consultation with other experts from the health field of
25 long-term care, the Board and the Subcommittee shall study new
26 approaches to the current bed need formula and Health Service

1 Area boundaries to encourage flexibility and innovation in
2 design models reflective of the changing long-term care
3 marketplace and consumer preferences. The Subcommittee shall
4 evaluate, and make recommendations to the State Board
5 regarding, the buying, selling, and exchange of beds between
6 long-term care facilities within a specified geographic area or
7 drive time. The Board shall file the proposed related
8 administrative rules for the separate rules and guidelines for
9 long-term care required by this paragraph (15) by no later than
10 September 30, 2011. The Subcommittee shall be provided a
11 reasonable and timely opportunity to review and comment on any
12 review, revision, or updating of the criteria, standards,
13 procedures, and rules used to evaluate project applications as
14 provided under Section 12.3 of this Act.

15 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;
16 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
17 97-813, eff. 7-13-12; 97-1045, eff. 8-21-13; 97-1115, eff.
18 8-27-12; revised 10-11-12.)".