



Rep. William Davis

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LRB098 08704 JDS 44345 a

1 AMENDMENT TO HOUSE BILL 2423

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

5 "Section 5. The Illinois Health Facilities Planning Act is
6 amended by changing Sections 3, 5, and 12 as follows:

7 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

8 (Section scheduled to be repealed on December 31, 2019)

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

10 "Health care facilities" means and includes the following
11 facilities, ~~and~~ organizations, and related persons:

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

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

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

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

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

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

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

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

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

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

1 This Act shall not apply to the construction of any new
2 facility or the renovation of any existing facility located on
3 any campus facility as defined in Section 5-5.8b of the
4 Illinois Public Aid Code, provided that the campus facility
5 encompasses 30 or more contiguous acres and that the new or
6 renovated facility is intended for use by a licensed
7 residential facility.

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

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

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

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

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

1 of need to convert to a nursing facility, it shall meet the
2 licensure and certificate of need requirements in effect as of
3 the date of application.

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

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

24 This Act does not apply to any change of ownership of a
25 healthcare facility that is licensed under the Nursing Home
26 Care Act, the Specialized Mental Health Rehabilitation Act, or

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

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

1 for such action or attendant financial obligation.

2 No permit or exemption is required for a facility licensed
3 under the ID/DD Community Care Act prior to the reduction of
4 the number of beds at a facility. If there is a total reduction
5 of beds at a facility licensed under the ID/DD Community Care
6 Act, this is a discontinuation or closure of the facility.
7 However, if a facility licensed under the ID/DD Community Care
8 Act reduces the number of beds or discontinues the facility,
9 that facility must notify the Board as provided in Section 14.1
10 of this Act.

11 "Person" means any one or more natural persons, legal
12 entities, governmental bodies other than federal, or any
13 combination thereof.

14 "Consumer" means any person other than a person (a) whose
15 major occupation currently involves or whose official capacity
16 within the last 12 months has involved the providing,
17 administering or financing of any type of health care facility,
18 (b) who is engaged in health research or the teaching of
19 health, (c) who has a material financial interest in any
20 activity which involves the providing, administering or
21 financing of any type of health care facility, or (d) who is or
22 ever has been a member of the immediate family of the person
23 defined by (a), (b), or (c).

24 "State Board" or "Board" means the Health Facilities and
25 Services Review Board.

26 "Construction or modification" means the establishment,

1 erection, building, alteration, reconstruction, modernization,
2 improvement, extension, discontinuation, change of ownership,
3 of or by a health care facility, or the purchase or acquisition
4 by or through a health care facility of equipment or service
5 for diagnostic or therapeutic purposes or for facility
6 administration or operation, or any capital expenditure made by
7 or on behalf of a health care facility which exceeds the
8 capital expenditure minimum; however, any capital expenditure
9 made by or on behalf of a health care facility for (i) the
10 construction or modification of a facility licensed under the
11 Assisted Living and Shared Housing Act or (ii) a conversion
12 project undertaken in accordance with Section 30 of the Older
13 Adult Services Act shall be excluded from any obligations under
14 this Act.

15 "Establish" means the construction of a health care
16 facility or the replacement of an existing facility on another
17 site or the initiation of a category of service ~~as defined by~~
18 ~~the Board.~~

19 "Major medical equipment" means medical equipment which is
20 used for the provision of medical and other health services and
21 which costs in excess of the capital expenditure minimum,
22 except that such term does not include medical equipment
23 acquired by or on behalf of a clinical laboratory to provide
24 clinical laboratory services if the clinical laboratory is
25 independent of a physician's office and a hospital and it has
26 been determined under Title XVIII of the Social Security Act to

1 meet the requirements of paragraphs (10) and (11) of Section
2 1861(s) of such Act. In determining whether medical equipment
3 has a value in excess of the capital expenditure minimum, the
4 value of studies, surveys, designs, plans, working drawings,
5 specifications, and other activities essential to the
6 acquisition of such equipment shall be included.

7 "Capital Expenditure" means an expenditure: (A) made by or
8 on behalf of a health care facility (as such a facility is
9 defined in this Act); and (B) which under generally accepted
10 accounting principles is not properly chargeable as an expense
11 of operation and maintenance, or is made to obtain by lease or
12 comparable arrangement any facility or part thereof or any
13 equipment for a facility or part; and which exceeds the capital
14 expenditure minimum.

15 For the purpose of this paragraph, the cost of any studies,
16 surveys, designs, plans, working drawings, specifications, and
17 other activities essential to the acquisition, improvement,
18 expansion, or replacement of any plant or equipment with
19 respect to which an expenditure is made shall be included in
20 determining if such expenditure exceeds the capital
21 expenditures minimum. Unless otherwise interdependent, or
22 submitted as one project by the applicant, components of
23 construction or modification undertaken by means of a single
24 construction contract or financed through the issuance of a
25 single debt instrument shall not be grouped together as one
26 project. Donations of equipment or facilities to a health care

1 facility which if acquired directly by such facility would be
2 subject to review under this Act shall be considered capital
3 expenditures, and a transfer of equipment or facilities for
4 less than fair market value shall be considered a capital
5 expenditure for purposes of this Act if a transfer of the
6 equipment or facilities at fair market value would be subject
7 to review.

8 "Capital expenditure minimum" means \$11,500,000 for
9 projects by hospital applicants, \$6,500,000 for applicants for
10 projects related to skilled and intermediate care long-term
11 care facilities licensed under the Nursing Home Care Act, and
12 \$3,000,000 for projects by all other applicants, which shall be
13 annually adjusted to reflect the increase in construction costs
14 due to inflation, for major medical equipment and for all other
15 capital expenditures.

16 "Non-clinical service area" means an area (i) for the
17 benefit of the patients, visitors, staff, or employees of a
18 health care facility and (ii) not directly related to the
19 diagnosis, treatment, or rehabilitation of persons receiving
20 services from the health care facility. "Non-clinical service
21 areas" include, but are not limited to, chapels; gift shops;
22 news stands; computer systems; tunnels, walkways, and
23 elevators; telephone systems; projects to comply with life
24 safety codes; educational facilities; student housing;
25 patient, employee, staff, and visitor dining areas;
26 administration and volunteer offices; modernization of

1 structural components (such as roof replacement and masonry
2 work); boiler repair or replacement; vehicle maintenance and
3 storage facilities; parking facilities; mechanical systems for
4 heating, ventilation, and air conditioning; loading docks; and
5 repair or replacement of carpeting, tile, wall coverings,
6 window coverings or treatments, or furniture. Solely for the
7 purpose of this definition, "non-clinical service area" does
8 not include health and fitness centers.

9 "Areawide" means a major area of the State delineated on a
10 geographic, demographic, and functional basis for health
11 planning and for health service and having within it one or
12 more local areas for health planning and health service. The
13 term "region", as contrasted with the term "subregion", and the
14 word "area" may be used synonymously with the term "areawide".

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

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

21 "Licensed health care professional" means a person
22 licensed to practice a health profession under pertinent
23 licensing statutes of the State of Illinois.

24 "Director" means the Director of the Illinois Department of
25 Public Health.

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

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

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

20 "Change of ownership of a health care facility" means a
21 change in the person who has ownership or control of a health
22 care facility's physical plant and capital assets. A change in
23 ownership is indicated by the following transactions: sale,
24 transfer, acquisition, lease, change of sponsorship, or other
25 means of transferring control.

26 "Related person" means any person that: (i) is at least 50%

1 owned, directly or indirectly, by either the health care
2 facility or a person owning, directly or indirectly, at least
3 50% of the health care facility; or (ii) owns, directly or
4 indirectly, at least 50% of the health care facility.

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

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

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

22 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;
23 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-277, eff. 1-1-12;
24 97-813, eff. 7-13-12; 97-980, eff. 8-17-12.)

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

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

16 A permit or exemption shall be obtained prior to the
17 acquisition of major medical equipment or to the construction
18 or modification of a health care facility which:

19 (a) requires a total capital expenditure in excess of
20 the capital expenditure minimum; or

21 (b) substantially changes the scope or changes the
22 functional operation of the facility; or

23 (c) changes the bed capacity of a health care facility
24 by increasing the total number of beds or by distributing
25 beds among various categories of service or by relocating
26 beds from one physical facility or site to another by more

1 than 20 beds or more than 10% of total bed capacity as
2 defined by the State Board, whichever is less, over a 2
3 year period.

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

11 A permit holder must do the following: (i) submit the final
12 completion and cost report for the project within 90 days after
13 the approved project completion date or extension date and (ii)
14 submit annual progress reports no earlier than 30 days before
15 and no later than 30 days after each anniversary date of the
16 Board's approval of the permit until the project is completed.
17 To maintain a valid permit and to monitor progress toward
18 project commencement and completion, routine post-permit
19 reports shall be limited to annual progress reports and the
20 final completion and cost report. Annual progress reports shall
21 include information regarding the committed funds expended
22 toward the approved project. If the project is not completed in
23 one year, then, by the second annual report, the permit holder
24 shall expend 33% or more of the total project cost or shall
25 make a commitment to expend 33% or more of the total project
26 cost by signed contracts or other legal means, and the report

1 shall contain information regarding those expenditures or
2 commitments. If the project is to be completed in one year,
3 then the first annual report shall contain the expenditure
4 commitment information for the total project cost. The State
5 Board may extend the expenditure commitment period after
6 considering a permit holder's showing of good cause and request
7 for additional time to complete the project.

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

26 Major construction projects, for the purposes of this Act,

1 shall include but are not limited to: projects for the
2 construction of new buildings; additions to existing
3 facilities; modernization projects whose cost is in excess of
4 \$1,000,000 or 10% of the facilities' operating revenue,
5 whichever is less; and such other projects as the State Board
6 shall define and prescribe pursuant to this Act.

7 ~~Permits for projects that have not been obligated within~~
8 ~~the prescribed obligation period shall expire on the last day~~
9 ~~of that period.~~

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

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

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

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

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

22 Sec. 12. Powers and duties of State Board. For purposes of
23 this Act, the State Board shall exercise the following powers
24 and duties:

25 (1) Prescribe rules, regulations, standards, criteria,

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

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

13 (3) (Blank).

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

1 the Specialized Mental Health Rehabilitation Act, or nursing
2 homes licensed under the Hospital Licensing Act shall be
3 conducted on an annual basis no later than July 1 of each year
4 and shall include among the information requested a list of all
5 services provided by a facility to its residents and to the
6 community at large and differentiate between active and
7 inactive beds.

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

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

12 (b) The number of existing and planned facilities
13 offering similar programs;

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

15 (d) The availability of facilities which may serve as
16 alternatives or substitutes;

17 (e) The availability of personnel necessary to the
18 operation of the facility;

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

21 (g) The financial and economic feasibility of proposed
22 construction or modification; and

23 (h) In the case of health care facilities established
24 by a religious body or denomination, the needs of the
25 members of such religious body or denomination may be
26 considered to be public need.

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

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

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

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

26 (8) Prescribe, in consultation with the Center for

1 Comprehensive Health Planning, rules, regulations, standards,
2 and criteria for the conduct of an expeditious review of
3 applications for permits for projects of construction or
4 modification of a health care facility, which projects are
5 classified as emergency, substantive, or non-substantive in
6 nature.

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

10 (a) Projects to construct (1) a new or replacement
11 facility located on a new site or (2) a replacement
12 facility located on the same site as the original facility
13 and the cost of the replacement facility exceeds the
14 capital expenditure minimum, which shall be reviewed by the
15 Board within 120 days;

16 (b) Projects proposing a (1) new service within an
17 existing healthcare facility or (2) discontinuation of a
18 service within an existing healthcare facility, which
19 shall be reviewed by the Board within 60 days; or

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

1 The Chairman may approve applications for exemption that
2 meet the criteria set forth in rules or refer them to the full
3 Board. The Chairman may approve any unopposed application that
4 meets all of the review criteria or refer them to the full
5 Board.

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

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

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

26 (11) Issue written decisions upon request of the applicant

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

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

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

1 (14) Implement public information campaigns to regularly
2 inform the general public about the opportunity for public
3 hearings and public hearing procedures.

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

1 long-term care facilities within a specified geographic area or
2 drive time. The Board shall file the proposed related
3 administrative rules for the separate rules and guidelines for
4 long-term care required by this paragraph (15) by no later than
5 September 30, 2011. The Subcommittee shall be provided a
6 reasonable and timely opportunity to review and comment on any
7 review, revision, or updating of the criteria, standards,
8 procedures, and rules used to evaluate project applications as
9 provided under Section 12.3 of this Act.

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