

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 Section 12 as follows:

6 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

7 (Section scheduled to be repealed on December 31, 2019)

8 Sec. 12. Powers and duties of State Board. For purposes of
9 this Act, the State Board shall exercise the following powers
10 and duties:

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

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

1 (3) (Blank).

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

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

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

26 (b) The number of existing and planned facilities

1 offering similar programs;

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

3 (d) The availability of facilities which may serve as
4 alternatives or substitutes;

5 (e) The availability of personnel necessary to the
6 operation of the facility;

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

9 (g) The financial and economic feasibility of proposed
10 construction or modification; and

11 (h) In the case of health care facilities established
12 by a religious body or denomination, the needs of the
13 members of such religious body or denomination may be
14 considered to be public need.

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

19 (5) Coordinate with the Center for Comprehensive Health
20 Planning and other state agencies having responsibilities
21 affecting health care facilities, including those of licensure
22 and cost reporting. Beginning no later than January 1, 2013,
23 the Department of Public Health shall produce a written annual
24 report to the Governor and the General Assembly regarding the
25 development of the Center for Comprehensive Health Planning.
26 The Chairman of the State Board and the State Board

1 Administrator shall also receive a copy of the annual report.

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

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

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

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

24 (a) Projects to construct (1) a new or replacement
25 facility located on a new site or (2) a replacement
26 facility located on the same site as the original facility

1 and the cost of the replacement facility exceeds the
2 capital expenditure minimum, which shall be reviewed by the
3 Board within 120 days;

4 (b) Projects proposing a (1) new service within an
5 existing healthcare facility or (2) discontinuation of a
6 service within an existing healthcare facility, which
7 shall be reviewed by the Board within 60 days; or

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

15 The Chairman may approve applications for exemption that
16 meet the criteria set forth in rules or refer them to the full
17 Board. The Chairman may approve any unopposed application that
18 meets all of the review criteria or refer them to the full
19 Board.

20 Such rules shall not abridge the right of the Center for
21 Comprehensive Health Planning to make recommendations on the
22 classification and approval of projects, nor shall such rules
23 prevent the conduct of a public hearing upon the timely request
24 of an interested party. Such reviews shall not exceed 60 days
25 from the date the application is declared to be complete.

26 (9) Prescribe rules, regulations, standards, and criteria

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

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

14 (11) Issue written decisions upon request of the applicant
15 or an adversely affected party to the Board. Requests for a
16 written decision shall be made within 15 days after the Board
17 meeting in which a final decision has been made. A "final
18 decision" for purposes of this Act is the decision to approve
19 or deny an application, or take other actions permitted under
20 this Act, at the time and date of the meeting that such action
21 is scheduled by the Board. State Board members shall provide
22 their rationale when voting on an item before the State Board
23 at a State Board meeting in order to comply with subsection (b)
24 of Section 3-108 of the Administrative Review Law of the Code
25 of Civil Procedure. The transcript of the State Board meeting
26 shall be incorporated into the Board's final decision. The

1 staff of the Board shall prepare a written copy of the final
2 decision and the Board shall approve a final copy for inclusion
3 in the formal record. The Board shall consider, for approval,
4 the written draft of the final decision no later than the next
5 scheduled Board meeting. The written decision shall identify
6 the 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 Board denies or
9 fails to approve an application for permit or exemption, the
10 Board shall include in the final decision a detailed
11 explanation as to why the application was denied and identify
12 what specific criteria or standards the applicant did not
13 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 The Subcommittee shall make recommendations to the Board no
12 later than January 1, 2016 and every January thereafter
13 pursuant to the Subcommittee's responsibility for the
14 continuous review and commentary on policies and procedures
15 relative to long-term care. In consultation with other experts
16 from the health field of long-term care, the Board and the
17 Subcommittee shall study new approaches to the current bed need
18 formula and Health Service Area boundaries to encourage
19 flexibility and innovation in design models reflective of the
20 changing long-term care marketplace and consumer preferences
21 and submit its recommendations to the Chairman of the Board no
22 later than January 1, 2017. The Subcommittee shall evaluate,
23 and make recommendations to the State Board regarding, the
24 buying, selling, and exchange of beds between long-term care
25 facilities within a specified geographic area or drive time.
26 The Board shall file the proposed related administrative rules

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

8 The Chairman of the Board shall appoint voting members of
9 the Subcommittee, who shall serve for a period of 3 years, with
10 one-third of the terms expiring each January, to be determined
11 by lot. Appointees shall include, but not be limited to,
12 recommendations from each of the 3 statewide long-term care
13 associations, with an equal number to be appointed from each.
14 Compliance with this provision shall be through the appointment
15 and reappointment process. All appointees serving as of April
16 1, 2015 shall serve to the end of their term as determined by
17 lot or until the appointee voluntarily resigns, whichever is
18 earlier.

19 One representative from the Department of Public Health,
20 the Department of Healthcare and Family Services, the
21 Department on Aging, and the Department of Human Services may
22 each serve as an ex-officio non-voting member of the
23 Subcommittee. The Chairman of the Board shall select a
24 Subcommittee Chair, who shall serve for a period of 3 years.

25 (16) Prescribe and provide forms pertaining to the State
26 Board Staff Report. A State Board Staff Report shall pertain to

1 applications that include, but are not limited to, applications
2 for permit or exemption, applications for permit renewal,
3 applications for extension of the obligation period,
4 applications requesting a declaratory ruling, or applications
5 under the Health Care Worker Self-Referral ~~Self-Referral~~ Act.
6 State Board Staff Reports shall compare applications to the
7 relevant review criteria under the Board's rules.

8 (17) ~~(16)~~ Establish a separate set of rules and guidelines
9 for facilities licensed under the Specialized Mental Health
10 Rehabilitation Act of 2013. An application for the
11 re-establishment of a facility in connection with the
12 relocation of the facility shall not be granted unless the
13 applicant has a contractual relationship with at least one
14 hospital to provide emergency and inpatient mental health
15 services required by facility consumers, and at least one
16 community mental health agency to provide oversight and
17 assistance to facility consumers while living in the facility,
18 and appropriate services, including case management, to assist
19 them to prepare for discharge and reside stably in the
20 community thereafter. No new facilities licensed under the
21 Specialized Mental Health Rehabilitation Act of 2013 shall be
22 established after June 16, 2014 (the effective date of Public
23 Act 98-651) ~~this amendatory Act of the 98th General Assembly~~
24 except in connection with the relocation of an existing
25 facility to a new location. An application for a new location
26 shall not be approved unless there are adequate community

1 services accessible to the consumers within a reasonable
2 distance, or by use of public transportation, so as to
3 facilitate the goal of achieving maximum individual self-care
4 and independence. At no time shall the total number of
5 authorized beds under this Act in facilities licensed under the
6 Specialized Mental Health Rehabilitation Act of 2013 exceed the
7 number of authorized beds on June 16, 2014 (the effective date
8 of Public Act 98-651) ~~this amendatory Act of the 98th General~~
9 ~~Assembly.~~

10 (Source: P.A. 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813,
11 eff. 7-13-12; 97-1045, eff. 8-21-13; 97-1115, eff. 8-27-12;
12 98-414, eff. 1-1-14; 98-463, eff. 8-16-13; 98-651, eff.
13 6-16-14; 98-1086, eff. 8-26-14; revised 10-1-14.)

14 Section 99. Effective date. This Act takes effect upon
15 becoming law.