



Rep. Brandon W. Phelps

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LRB099 08691 JLK 32836 a

1 AMENDMENT TO HOUSE BILL 3510

2 AMENDMENT NO. _____. Amend House Bill 3510 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 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7 (Section scheduled to be repealed on December 31, 2019)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

1 and needs of medically underserved areas and other health care
2 services identified through the comprehensive health planning
3 process, giving special consideration to the impact of projects
4 on access to safety net services.

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

8 (3) (Blank).

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

1 community at large and differentiate between active and
2 inactive beds.

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

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

7 (b) The number of existing and planned facilities
8 offering similar programs;

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

10 (d) The availability of facilities which may serve as
11 alternatives or substitutes;

12 (e) The availability of personnel necessary to the
13 operation of the facility;

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

16 (g) The financial and economic feasibility of proposed
17 construction or modification; and

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

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

26 (5) Coordinate with the Center for Comprehensive Health

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

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

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

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

1 nature.

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

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

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

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

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

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

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

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

21 (11) Issue written decisions upon request of the applicant
22 or an adversely affected party to the Board. Requests for a
23 written decision shall be made within 15 days after the Board
24 meeting in which a final decision has been made. A "final
25 decision" for purposes of this Act is the decision to approve
26 or deny an application, or take other actions permitted under

1 this Act, at the time and date of the meeting that such action
2 is scheduled by the Board. State Board members shall provide
3 their rationale when voting on an item before the State Board
4 at a State Board meeting in order to comply with subsection (b)
5 of Section 3-108 of the Administrative Review Law of the Code
6 of Civil Procedure. The transcript of the State Board meeting
7 shall be incorporated into the Board's final decision. The
8 staff of the Board shall prepare a written copy of the final
9 decision and the Board shall approve a final copy for inclusion
10 in the formal record. The Board shall consider, for approval,
11 the written draft of the final decision no later than the next
12 scheduled Board meeting. The written decision shall identify
13 the applicable criteria and factors listed in this Act and the
14 Board's regulations that were taken into consideration by the
15 Board when coming to a final decision. If the Board denies or
16 fails to approve an application for permit or exemption, the
17 Board shall include in the final decision a detailed
18 explanation as to why the application was denied and identify
19 what specific criteria or standards the applicant did not
20 fulfill.

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

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

26 (14) Implement public information campaigns to regularly

1 inform the general public about the opportunity for public
2 hearings and public hearing procedures.

3 (15) Establish a separate set of rules and guidelines for
4 long-term care that recognizes that nursing homes are a
5 different business line and service model from other regulated
6 facilities. An open and transparent process shall be developed
7 that considers the following: how skilled nursing fits in the
8 continuum of care with other care providers, modernization of
9 nursing homes, establishment of more private rooms,
10 development of alternative services, and current trends in
11 long-term care services. The Chairman of the Board shall
12 appoint a permanent Health Services Review Board Long-term Care
13 Facility Advisory Subcommittee that shall develop and
14 recommend to the Board the rules to be established by the Board
15 under this paragraph (15). The Subcommittee shall also provide
16 continuous review and commentary on policies and procedures
17 relative to long-term care and the review of related projects.
18 The Subcommittee shall make recommendations to the Board no
19 later than January 1, 2016 and every January thereafter
20 pursuant to the Subcommittee's responsibility for the
21 continuous review and commentary on policies and procedures
22 relative to long-term care. The Subcommittee shall provide the
23 Board with draft rules regarding the Subcommittee's
24 responsibility for the review of long-term care projects and
25 the making of non-binding recommendations to the Board on
26 specific projects for the Board to review and file with the

1 Index Division of the Office of the Secretary of State no later
2 than April 1, 2016. In consultation with other experts from the
3 health field of long-term care, the Board and the Subcommittee
4 shall study new approaches to the current bed need formula and
5 Health Service Area boundaries to encourage flexibility and
6 innovation in design models reflective of the changing
7 long-term care marketplace and consumer preferences and submit
8 its recommendations to the Chairman of the Board no later than
9 January 1, 2016. The Subcommittee shall evaluate, and make
10 recommendations to the State Board regarding, the buying,
11 selling, and exchange of beds between long-term care facilities
12 within a specified geographic area or drive time. The Board
13 shall file the proposed related administrative rules for the
14 separate rules and guidelines for long-term care required by
15 this paragraph (15) by no later than September 30, 2011. The
16 Subcommittee shall be provided a reasonable and timely
17 opportunity to review and comment on any review, revision, or
18 updating of the criteria, standards, procedures, and rules used
19 to evaluate project applications as provided under Section 12.3
20 of this Act.

21 The Chairman of the Board shall ensure that the
22 Subcommittee includes 2 members recommended from each of the 3
23 statewide long-term care provider associations by January 1,
24 2016.

25 The Chairman of the Board shall select a Subcommittee
26 Chair, who shall serve for a period of one year, from those

1 serving on the Subcommittee at the recommendation of the 3
2 long-term care provider associations. Each year thereafter,
3 the Chairman of the Board shall name a successor Subcommittee
4 Chair from the recommendations of a different provider
5 association. Voting members shall be appointed for a period of
6 3 years, with one-third of the terms expiring each January, to
7 be determined by lot. One representative from the Department of
8 Public Health, the Department of Healthcare and Family
9 Services, and the Department of Human Services shall each serve
10 as a non-voting member of the Subcommittee.

11 (16) Prescribe and provide forms pertaining to the State
12 Board Staff Report. A State Board Staff Report shall pertain to
13 applications that include, but are not limited to, applications
14 for permit or exemption, applications for permit renewal,
15 applications for extension of the obligation period,
16 applications requesting a declaratory ruling, or applications
17 under the Health Care Worker Self-Referral ~~Self-Referral~~ Act.
18 State Board Staff Reports shall compare applications to the
19 relevant review criteria under the Board's rules.

20 (17) ~~(16)~~ Establish a separate set of rules and guidelines
21 for facilities licensed under the Specialized Mental Health
22 Rehabilitation Act of 2013. An application for the
23 re-establishment of a facility in connection with the
24 relocation of the facility shall not be granted unless the
25 applicant has a contractual relationship with at least one
26 hospital to provide emergency and inpatient mental health

1 services required by facility consumers, and at least one
2 community mental health agency to provide oversight and
3 assistance to facility consumers while living in the facility,
4 and appropriate services, including case management, to assist
5 them to prepare for discharge and reside stably in the
6 community thereafter. No new facilities licensed under the
7 Specialized Mental Health Rehabilitation Act of 2013 shall be
8 established after June 16, 2014 (the effective date of Public
9 Act 98-651) ~~this amendatory Act of the 98th General Assembly~~
10 except in connection with the relocation of an existing
11 facility to a new location. An application for a new location
12 shall not be approved unless there are adequate community
13 services accessible to the consumers within a reasonable
14 distance, or by use of public transportation, so as to
15 facilitate the goal of achieving maximum individual self-care
16 and independence. At no time shall the total number of
17 authorized beds under this Act in facilities licensed under the
18 Specialized Mental Health Rehabilitation Act of 2013 exceed the
19 number of authorized beds on June 16, 2014 (the effective date
20 of Public Act 98-651) ~~this amendatory Act of the 98th General~~
21 ~~Assembly.~~

22 (Source: P.A. 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813,
23 eff. 7-13-12; 97-1045, eff. 8-21-13; 97-1115, eff. 8-27-12;
24 98-414, eff. 1-1-14; 98-463, eff. 8-16-13; 98-651, eff.
25 6-16-14; 98-1086, eff. 8-26-14; revised 10-1-14.)

1 Section 99. Effective date. This Act takes effect upon
2 becoming law.".