

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 Civil Administrative Code of Illinois is  
5 amended by changing Section 5-565 as follows:

6 (20 ILCS 5/5-565) (was 20 ILCS 5/6.06)

7 Sec. 5-565. In the Department of Public Health.

8 (a) The General Assembly declares it to be the public  
9 policy of this State that all citizens of Illinois are entitled  
10 to lead healthy lives. Governmental public health has a  
11 specific responsibility to ensure that a public health system  
12 is in place to allow the public health mission to be achieved.  
13 The public health system is the collection of public, private,  
14 and voluntary entities as well as individuals and informal  
15 associations that contribute to the public's health within the  
16 State. To develop a public health system requires certain core  
17 functions to be performed by government. The State Board of  
18 Health is to assume the leadership role in advising the  
19 Director in meeting the following functions:

20 (1) Needs assessment.

21 (2) Statewide health objectives.

22 (3) Policy development.

23 (4) Assurance of access to necessary services.

1           There shall be a State Board of Health composed of 20  
2 persons, all of whom shall be appointed by the Governor, with  
3 the advice and consent of the Senate for those appointed by the  
4 Governor on and after June 30, 1998, and one of whom shall be a  
5 senior citizen age 60 or over. Five members shall be physicians  
6 licensed to practice medicine in all its branches, one  
7 representing a medical school faculty, one who is board  
8 certified in preventive medicine, and one who is engaged in  
9 private practice. One member shall be a chiropractic physician.  
10 One member shall be a dentist; one an environmental health  
11 practitioner; one a local public health administrator; one a  
12 local board of health member; one a registered nurse; one a  
13 physical therapist; one an optometrist; one a veterinarian; one  
14 a public health academician; one a health care industry  
15 representative; one a representative of the business  
16 community; one a representative of the non-profit public  
17 interest community; and 2 shall be citizens at large.

18           The terms of Board of Health members shall be 3 years,  
19 except that members shall continue to serve on the Board of  
20 Health until a replacement is appointed. Upon the effective  
21 date of this amendatory Act of the 93rd General Assembly, in  
22 the appointment of the Board of Health members appointed to  
23 vacancies or positions with terms expiring on or before  
24 December 31, 2004, the Governor shall appoint up to 6 members  
25 to serve for terms of 3 years; up to 6 members to serve for  
26 terms of 2 years; and up to 5 members to serve for a term of one

1 year, so that the term of no more than 6 members expire in the  
2 same year. All members shall be legal residents of the State of  
3 Illinois. The duties of the Board shall include, but not be  
4 limited to, the following:

5 (1) To advise the Department of ways to encourage  
6 public understanding and support of the Department's  
7 programs.

8 (2) To evaluate all boards, councils, committees,  
9 authorities, and bodies advisory to, or an adjunct of, the  
10 Department of Public Health or its Director for the purpose  
11 of recommending to the Director one or more of the  
12 following:

13 (i) The elimination of bodies whose activities are  
14 not consistent with goals and objectives of the  
15 Department.

16 (ii) The consolidation of bodies whose activities  
17 encompass compatible programmatic subjects.

18 (iii) The restructuring of the relationship  
19 between the various bodies and their integration  
20 within the organizational structure of the Department.

21 (iv) The establishment of new bodies deemed  
22 essential to the functioning of the Department.

23 (3) To serve as an advisory group to the Director for  
24 public health emergencies and control of health hazards.

25 (4) To advise the Director regarding public health  
26 policy, and to make health policy recommendations

1 regarding priorities to the Governor through the Director.

2 (5) To present public health issues to the Director and  
3 to make recommendations for the resolution of those issues.

4 (6) To recommend studies to delineate public health  
5 problems.

6 (7) To make recommendations to the Governor through the  
7 Director regarding the coordination of State public health  
8 activities with other State and local public health  
9 agencies and organizations.

10 (8) To report on or before February 1 of each year on  
11 the health of the residents of Illinois to the Governor,  
12 the General Assembly, and the public.

13 (9) To review the final draft of all proposed  
14 administrative rules, other than emergency or preemptory  
15 rules and those rules that another advisory body must  
16 approve or review within a statutorily defined time period,  
17 of the Department after September 19, 1991 (the effective  
18 date of Public Act 87-633). The Board shall review the  
19 proposed rules within 90 days of submission by the  
20 Department. The Department shall take into consideration  
21 any comments and recommendations of the Board regarding the  
22 proposed rules prior to submission to the Secretary of  
23 State for initial publication. If the Department disagrees  
24 with the recommendations of the Board, it shall submit a  
25 written response outlining the reasons for not accepting  
26 the recommendations.

1           In the case of proposed administrative rules or  
2           amendments to administrative rules regarding immunization  
3           of children against preventable communicable diseases  
4           designated by the Director under the Communicable Disease  
5           Prevention Act, after the Immunization Advisory Committee  
6           has made its recommendations, the Board shall conduct 3  
7           public hearings, geographically distributed throughout the  
8           State. At the conclusion of the hearings, the State Board  
9           of Health shall issue a report, including its  
10          recommendations, to the Director. The Director shall take  
11          into consideration any comments or recommendations made by  
12          the Board based on these hearings.

13           (10) To deliver to the Governor for presentation to the  
14          General Assembly a State Health Improvement Plan. The first  
15          3 such plans shall be delivered to the Governor on January  
16          1, 2006, January 1, 2009, and January 1, 2016 and then  
17          every 5 years thereafter.

18           The Plan shall recommend priorities and strategies to  
19          improve the public health system and the health status of  
20          Illinois residents, taking into consideration national  
21          health objectives and system standards as frameworks for  
22          assessment.

23           The Plan shall also take into consideration priorities  
24          and strategies developed at the community level through the  
25          Illinois Project for Local Assessment of Needs (IPLAN) and  
26          any regional health improvement plans that may be

1 developed. The Plan shall focus on prevention as a key  
2 strategy for long-term health improvement in Illinois.

3 The Plan shall examine and make recommendations on the  
4 contributions and strategies of the public and private  
5 sectors for improving health status and the public health  
6 system in the State. In addition to recommendations on  
7 health status improvement priorities and strategies for  
8 the population of the State as a whole, the Plan shall make  
9 recommendations regarding priorities and strategies for  
10 reducing and eliminating health disparities in Illinois;  
11 including racial, ethnic, gender, age, socio-economic and  
12 geographic disparities.

13 The Director of the Illinois Department of Public  
14 Health shall appoint a Planning Team that includes a range  
15 of public, private, and voluntary sector stakeholders and  
16 participants in the public health system. This Team shall  
17 include: the directors of State agencies with public health  
18 responsibilities (or their designees), including but not  
19 limited to the Illinois Departments of Public Health and  
20 Department of Human Services, representatives of local  
21 health departments, representatives of local community  
22 health partnerships, and individuals with expertise who  
23 represent an array of organizations and constituencies  
24 engaged in public health improvement and prevention.

25 The State Board of Health shall hold at least 3 public  
26 hearings addressing drafts of the Plan in representative

1 geographic areas of the State. Members of the Planning Team  
2 shall receive no compensation for their services, but may  
3 be reimbursed for their necessary expenses.

4 Upon the delivery of each State Health Improvement  
5 Plan, the Governor shall appoint a SHIP Implementation  
6 Coordination Council that includes a range of public,  
7 private, and voluntary sector stakeholders and  
8 participants in the public health system. The Council shall  
9 include the directors of State agencies and entities with  
10 public health system responsibilities (or their  
11 designees), including but not limited to the Department of  
12 Public Health, Department of Human Services, Department of  
13 Healthcare and Family Services, Environmental Protection  
14 Agency, Illinois State Board of Education, Department on  
15 Aging, Illinois Violence Prevention Authority, Department  
16 of Agriculture, Department of Insurance, Department of  
17 Financial and Professional Regulation, Department of  
18 Transportation, and Department of Commerce and Economic  
19 Opportunity and the Chair of the State Board of Health. The  
20 Council shall include representatives of local health  
21 departments and individuals with expertise who represent  
22 an array of organizations and constituencies engaged in  
23 public health improvement and prevention, including  
24 non-profit public interest groups, health issue groups,  
25 faith community groups, health care providers, businesses  
26 and employers, academic institutions, and community-based

1 organizations. The Governor shall endeavor to make the  
2 membership of the Council representative of the racial,  
3 ethnic, gender, socio-economic, and geographic diversity  
4 of the State. The Governor shall designate one State agency  
5 representative and one other non-governmental member as  
6 co-chairs of the Council. The Governor shall designate a  
7 member of the Governor's office to serve as liaison to the  
8 Council and one or more State agencies to provide or  
9 arrange for support to the Council. The members of the SHIP  
10 Implementation Coordination Council for each State Health  
11 Improvement Plan shall serve until the delivery of the  
12 subsequent State Health Improvement Plan, whereupon a new  
13 Council shall be appointed. Members of the SHIP Planning  
14 Team may serve on the SHIP Implementation Coordination  
15 Council if so appointed by the Governor.

16 The SHIP Implementation Coordination Council shall  
17 coordinate the efforts and engagement of the public,  
18 private, and voluntary sector stakeholders and  
19 participants in the public health system to implement each  
20 SHIP. The Council shall serve as a forum for collaborative  
21 action; coordinate existing and new initiatives; develop  
22 detailed implementation steps, with mechanisms for action;  
23 implement specific projects; identify public and private  
24 funding sources at the local, State and federal level;  
25 promote public awareness of the SHIP; advocate for the  
26 implementation of the SHIP; and develop an annual report to



1 the Governor, General Assembly, and public regarding the  
2 status of implementation of the SHIP. The Council shall  
3 not, however, have the authority to direct any public or  
4 private entity to take specific action to implement the  
5 SHIP.

6 (11) Upon the request of the Governor, to recommend to  
7 the Governor candidates for Director of Public Health when  
8 vacancies occur in the position.

9 (12) To adopt bylaws for the conduct of its own  
10 business, including the authority to establish ad hoc  
11 committees to address specific public health programs  
12 requiring resolution.

13 (13) (Blank). ~~To review and comment upon the~~  
14 ~~Comprehensive Health Plan submitted by the Center for~~  
15 ~~Comprehensive Health Planning as provided under Section~~  
16 ~~2310-217 of the Department of Public Health Powers and~~  
17 ~~Duties Law of the Civil Administrative Code of Illinois.~~

18 Upon appointment, the Board shall elect a chairperson from  
19 among its members.

20 Members of the Board shall receive compensation for their  
21 services at the rate of \$150 per day, not to exceed \$10,000 per  
22 year, as designated by the Director for each day required for  
23 transacting the business of the Board and shall be reimbursed  
24 for necessary expenses incurred in the performance of their  
25 duties. The Board shall meet from time to time at the call of  
26 the Department, at the call of the chairperson, or upon the

1 request of 3 of its members, but shall not meet less than 4  
2 times per year.

3 (b) (Blank).

4 (c) An Advisory Board on Necropsy Service to Coroners,  
5 which shall counsel and advise with the Director on the  
6 administration of the Autopsy Act. The Advisory Board shall  
7 consist of 11 members, including a senior citizen age 60 or  
8 over, appointed by the Governor, one of whom shall be  
9 designated as chairman by a majority of the members of the  
10 Board. In the appointment of the first Board the Governor shall  
11 appoint 3 members to serve for terms of 1 year, 3 for terms of 2  
12 years, and 3 for terms of 3 years. The members first appointed  
13 under Public Act 83-1538 shall serve for a term of 3 years. All  
14 members appointed thereafter shall be appointed for terms of 3  
15 years, except that when an appointment is made to fill a  
16 vacancy, the appointment shall be for the remaining term of the  
17 position vacant. The members of the Board shall be citizens of  
18 the State of Illinois. In the appointment of members of the  
19 Advisory Board the Governor shall appoint 3 members who shall  
20 be persons licensed to practice medicine and surgery in the  
21 State of Illinois, at least 2 of whom shall have received  
22 post-graduate training in the field of pathology; 3 members who  
23 are duly elected coroners in this State; and 5 members who  
24 shall have interest and abilities in the field of forensic  
25 medicine but who shall be neither persons licensed to practice  
26 any branch of medicine in this State nor coroners. In the

1 appointment of medical and coroner members of the Board, the  
2 Governor shall invite nominations from recognized medical and  
3 coroners organizations in this State respectively. Board  
4 members, while serving on business of the Board, shall receive  
5 actual necessary travel and subsistence expenses while so  
6 serving away from their places of residence.

7 (Source: P.A. 97-734, eff. 1-1-13; 97-810, eff. 1-1-13; 98-463,  
8 eff. 8-16-13.)

9 Section 10. The Illinois Health Facilities Planning Act is  
10 amended by changing Sections 2, 12, 12.2, 12.3, and 19.5 as  
11 follows:

12 (20 ILCS 3960/2) (from Ch. 111 1/2, par. 1152)

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

14 Sec. 2. Purpose of the Act. This Act shall establish a  
15 procedure (1) which requires a person establishing,  
16 constructing or modifying a health care facility, as herein  
17 defined, to have the qualifications, background, character and  
18 financial resources to adequately provide a proper service for  
19 the community; (2) that promotes, ~~through the process of~~  
20 ~~comprehensive health planning,~~ the orderly and economic  
21 development of health care facilities in the State of Illinois  
22 that avoids unnecessary duplication of such facilities; and (3)  
23 that promotes planning for and development of health care  
24 facilities needed for comprehensive health care especially in

1 areas where the health planning process has identified unmet  
2 needs; ~~and (4) that carries out these purposes in coordination~~  
3 ~~with the Center for Comprehensive Health Planning and the~~  
4 ~~Comprehensive Health Plan developed by that Center.~~

5 The changes made to this Act by this amendatory Act of the  
6 96th General Assembly are intended to accomplish the following  
7 objectives: to improve the financial ability of the public to  
8 obtain necessary health services; to establish an orderly and  
9 comprehensive health care delivery system that will guarantee  
10 the availability of quality health care to the general public;  
11 to maintain and improve the provision of essential health care  
12 services and increase the accessibility of those services to  
13 the medically underserved and indigent; to assure that the  
14 reduction and closure of health care services or facilities is  
15 performed in an orderly and timely manner, and that these  
16 actions are deemed to be in the best interests of the public;  
17 and to assess the financial burden to patients caused by  
18 unnecessary health care construction and modification. ~~The~~  
19 ~~Health Facilities and Services Review Board must apply the~~  
20 ~~findings from the Comprehensive Health Plan to update review~~  
21 ~~standards and criteria, as well as better identify needs and~~  
22 ~~evaluate applications, and establish mechanisms to support~~  
23 ~~adequate financing of the health care delivery system in~~  
24 ~~Illinois, for the development and preservation of safety net~~  
25 ~~services. The Board must provide written and consistent~~  
26 ~~decisions that are based on the findings from the Comprehensive~~

1 ~~Health Plan, as well as other issue or subject specific plans,~~  
2 ~~recommended by the Center for Comprehensive Health Planning.~~  
3 ~~Policies and procedures must include criteria and standards for~~  
4 ~~plan variations and deviations that must be updated.~~

5 Evidence-based assessments, projections and decisions will be  
6 applied regarding capacity, quality, value and equity in the  
7 delivery of health care services in Illinois. The integrity of  
8 the Certificate of Need process is ensured through revised  
9 ethics and communications procedures. Cost containment and  
10 support for safety net services must continue to be central  
11 tenets of the Certificate of Need process.

12 (Source: P.A. 96-31, eff. 6-30-09.)

13 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

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

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

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

1 ~~process~~, giving special consideration to the impact of projects  
2 on access to safety net services.

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

6 (3) (Blank).

7 (4) Develop criteria and standards for health care  
8 facilities planning, conduct statewide inventories of health  
9 care facilities, maintain an updated inventory on the Board's  
10 web site reflecting the most recent bed and service changes and  
11 updated need determinations when new census data become  
12 available or new need formulae are adopted, and develop health  
13 care facility plans which shall be utilized in the review of  
14 applications for permit under this Act. Such health facility  
15 plans shall be coordinated by the Board with pertinent State  
16 Plans. Inventories pursuant to this Section of skilled or  
17 intermediate care facilities licensed under the Nursing Home  
18 Care Act, skilled or intermediate care facilities licensed  
19 under the ID/DD Community Care Act, skilled or intermediate  
20 care facilities licensed under the MC/DD Act, facilities  
21 licensed under the Specialized Mental Health Rehabilitation  
22 Act of 2013, or nursing homes licensed under the Hospital  
23 Licensing Act shall be conducted on an annual basis no later  
24 than July 1 of each year and shall include among the  
25 information requested a list of all services provided by a  
26 facility to its residents and to the community at large and

1 differentiate between active and inactive beds.

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

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

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

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

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

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

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

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

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

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

25 (5) Coordinate with ~~the Center for Comprehensive Health~~  
26 ~~Planning and~~ other state agencies having responsibilities

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

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

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

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



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

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

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

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

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

26           Such rules shall not ~~abridge the right of the Center for~~

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

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

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

20 (10.5) Provide its rationale when voting on an item before  
21 it at a State Board meeting in order to comply with subsection  
22 (b) of Section 3-108 of the Code of Civil Procedure.

23 (11) Issue written decisions upon request of the applicant  
24 or an adversely affected party to the Board. Requests for a  
25 written decision shall be made within 15 days after the Board  
26 meeting in which a final decision has been made. A "final

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

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

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

24 (14) Implement public information campaigns to regularly  
25 inform the general public about the opportunity for public  
26 hearings and public hearing procedures.

1           (15) Establish a separate set of rules and guidelines for  
2 long-term care that recognizes that nursing homes are a  
3 different business line and service model from other regulated  
4 facilities. An open and transparent process shall be developed  
5 that considers the following: how skilled nursing fits in the  
6 continuum of care with other care providers, modernization of  
7 nursing homes, establishment of more private rooms,  
8 development of alternative services, and current trends in  
9 long-term care services. The Chairman of the Board shall  
10 appoint a permanent Health Services Review Board Long-term Care  
11 Facility Advisory Subcommittee that shall develop and  
12 recommend to the Board the rules to be established by the Board  
13 under this paragraph (15). The Subcommittee shall also provide  
14 continuous review and commentary on policies and procedures  
15 relative to long-term care and the review of related projects.  
16 The Subcommittee shall make recommendations to the Board no  
17 later than January 1, 2016 and every January thereafter  
18 pursuant to the Subcommittee's responsibility for the  
19 continuous review and commentary on policies and procedures  
20 relative to long-term care. In consultation with other experts  
21 from the health field of long-term care, the Board and the  
22 Subcommittee shall study new approaches to the current bed need  
23 formula and Health Service Area boundaries to encourage  
24 flexibility and innovation in design models reflective of the  
25 changing long-term care marketplace and consumer preferences  
26 and submit its recommendations to the Chairman of the Board no

1 later than January 1, 2017. The Subcommittee shall evaluate,  
2 and make recommendations to the State Board regarding, the  
3 buying, selling, and exchange of beds between long-term care  
4 facilities within a specified geographic area or drive time.  
5 The Board shall file the proposed related administrative rules  
6 for the separate rules and guidelines for long-term care  
7 required by this paragraph (15) by no later than September 30,  
8 2011. The Subcommittee shall be provided a reasonable and  
9 timely opportunity to review and comment on any review,  
10 revision, or updating of the criteria, standards, procedures,  
11 and rules used to evaluate project applications as provided  
12 under Section 12.3 of this Act.

13 The Chairman of the Board shall appoint voting members of  
14 the Subcommittee, who shall serve for a period of 3 years, with  
15 one-third of the terms expiring each January, to be determined  
16 by lot. Appointees shall include, but not be limited to,  
17 recommendations from each of the 3 statewide long-term care  
18 associations, with an equal number to be appointed from each.  
19 Compliance with this provision shall be through the appointment  
20 and reappointment process. All appointees serving as of April  
21 1, 2015 shall serve to the end of their term as determined by  
22 lot or until the appointee voluntarily resigns, whichever is  
23 earlier.

24 One representative from the Department of Public Health,  
25 the Department of Healthcare and Family Services, the  
26 Department on Aging, and the Department of Human Services may

1 each serve as an ex-officio non-voting member of the  
2 Subcommittee. The Chairman of the Board shall select a  
3 Subcommittee Chair, who shall serve for a period of 3 years.

4 (16) Prescribe the format of the State Board Staff Report.  
5 A State Board Staff Report shall pertain to applications that  
6 include, but are not limited to, applications for permit or  
7 exemption, applications for permit renewal, applications for  
8 extension of the obligation period, applications requesting a  
9 declaratory ruling, or applications under the Health Care  
10 Worker Self-Referral Act. State Board Staff Reports shall  
11 compare applications to the relevant review criteria under the  
12 Board's rules.

13 (17) Establish a separate set of rules and guidelines for  
14 facilities licensed under the Specialized Mental Health  
15 Rehabilitation Act of 2013. An application for the  
16 re-establishment of a facility in connection with the  
17 relocation of the facility shall not be granted unless the  
18 applicant has a contractual relationship with at least one  
19 hospital to provide emergency and inpatient mental health  
20 services required by facility consumers, and at least one  
21 community mental health agency to provide oversight and  
22 assistance to facility consumers while living in the facility,  
23 and appropriate services, including case management, to assist  
24 them to prepare for discharge and reside stably in the  
25 community thereafter. No new facilities licensed under the  
26 Specialized Mental Health Rehabilitation Act of 2013 shall be

1 established after June 16, 2014 (the effective date of Public  
2 Act 98-651) except in connection with the relocation of an  
3 existing facility to a new location. An application for a new  
4 location shall not be approved unless there are adequate  
5 community services accessible to the consumers within a  
6 reasonable distance, or by use of public transportation, so as  
7 to facilitate the goal of achieving maximum individual  
8 self-care and independence. At no time shall the total number  
9 of authorized beds under this Act in facilities licensed under  
10 the Specialized Mental Health Rehabilitation Act of 2013 exceed  
11 the number of authorized beds on June 16, 2014 (the effective  
12 date of Public Act 98-651).

13 (Source: P.A. 98-414, eff. 1-1-14; 98-463, eff. 8-16-13;  
14 98-651, eff. 6-16-14; 98-1086, eff. 8-26-14; 99-78, eff.  
15 7-20-15; 99-114, eff. 7-23-15; 99-180, eff. 7-29-15; 99-277,  
16 eff. 8-5-15; revised 10-15-15.)

17 (20 ILCS 3960/12.2)

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

19 Sec. 12.2. Powers of the State Board staff. For purposes of  
20 this Act, the staff shall exercise the following powers and  
21 duties:

22 (1) Review applications for permits and exemptions in  
23 accordance with the standards, criteria, and plans of need  
24 established by the State Board under this Act and certify its  
25 finding to the State Board.

1           (1.5) Post the following on the Board's web site: relevant  
2           (i) rules, (ii) standards, (iii) criteria, (iv) State norms,  
3           (v) references used by Board staff in making determinations  
4           about whether application criteria are met, and (vi) notices of  
5           project-related filings, including notice of public comments  
6           related to the application.

7           (2) Charge and collect an amount determined by the State  
8           Board and the staff to be reasonable fees for the processing of  
9           applications by the State Board. The State Board shall set the  
10          amounts by rule. Application fees for continuing care  
11          retirement communities, and other health care models that  
12          include regulated and unregulated components, shall apply only  
13          to those components subject to regulation under this Act. All  
14          fees and fines collected under the provisions of this Act shall  
15          be deposited into the Illinois Health Facilities Planning Fund  
16          to be used for the expenses of administering this Act.

17          (2.1) Publish the following reports on the State Board  
18          website:

19                (A) An annual accounting, aggregated by category and  
20                with names of parties redacted, of fees, fines, and other  
21                revenue collected as well as expenses incurred, in the  
22                administration of this Act.

23                (B) An annual report, with names of the parties  
24                redacted, that summarizes all settlement agreements  
25                entered into with the State Board that resolve an alleged  
26                instance of noncompliance with State Board requirements



1 under this Act.

2 (C) A monthly report that includes the status of  
3 applications and recommendations regarding updates to the  
4 standard, criteria, or the health plan as appropriate.

5 (D) Board reports showing the degree to which an  
6 application conforms to the review standards, a summation  
7 of relevant public testimony, and any additional  
8 information that staff wants to communicate.

9 (3) Coordinate with other State agencies having  
10 responsibilities affecting health care facilities, including  
11 ~~the Center for Comprehensive Health Planning and those of~~  
12 licensure and cost reporting agencies.

13 (Source: P.A. 98-1086, eff. 8-26-14.)

14 (20 ILCS 3960/12.3)

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

16 Sec. 12.3. Revision of criteria, standards, and rules. At  
17 least every 2 years, the State Board shall review, revise, and  
18 update the criteria, standards, and rules used to evaluate  
19 applications for permit. ~~To the extent practicable, the~~  
20 ~~criteria, standards, and rules shall be based on objective~~  
21 ~~criteria using the inventory and recommendations of the~~  
22 ~~Comprehensive Health Plan for guidance.~~ The Board may appoint  
23 temporary advisory committees made up of experts with  
24 professional competence in the subject matter of the proposed  
25 standards or criteria to assist in the development of revisions

1 to standards and criteria. In particular, the review of the  
2 criteria, standards, and rules shall consider:

3 (1) Whether the criteria and standards reflect current  
4 industry standards and anticipated trends.

5 (2) Whether the criteria and standards can be reduced  
6 or eliminated.

7 (3) Whether criteria and standards can be developed to  
8 authorize the construction of unfinished space for future  
9 use when the ultimate need for such space can be reasonably  
10 projected.

11 (4) Whether the criteria and standards take into  
12 account issues related to population growth and changing  
13 demographics in a community.

14 (5) Whether facility-defined service and planning  
15 areas should be recognized.

16 (6) Whether categories of service that are subject to  
17 review should be re-evaluated, including provisions  
18 related to structural, functional, and operational  
19 differences between long-term care facilities and acute  
20 care facilities and that allow routine changes of  
21 ownership, facility sales, and closure requests to be  
22 processed on a more timely basis.

23 (Source: P.A. 96-31, eff. 6-30-09.)

24 (20 ILCS 3960/19.5)

25 (Section scheduled to be repealed on December 31, 2019 and

1 as provided internally)

2 Sec. 19.5. Audit. Twenty-four months after the last member  
3 of the 9-member Board is appointed, as required under this  
4 amendatory Act of the 96th General Assembly, and 36 months  
5 thereafter, the Auditor General shall commence a performance  
6 audit of the ~~Center for Comprehensive Health Planning~~, State  
7 Board~~7~~ and the Certificate of Need processes to determine:

8 (1) (blank); ~~whether progress is being made to develop~~  
9 ~~a Comprehensive Health Plan and whether resources are~~  
10 ~~sufficient to meet the goals of the Center for~~  
11 ~~Comprehensive Health Planning;~~

12 (2) whether changes to the Certificate of Need  
13 processes are being implemented effectively, as well as  
14 their impact, if any, on access to safety net services; and

15 (3) whether fines and settlements are fair,  
16 consistent, and in proportion to the degree of violations.

17 The Auditor General must report on the results of the audit  
18 to the General Assembly.

19 This Section is repealed when the Auditor General files his  
20 or her report with the General Assembly.

21 (Source: P.A. 96-31, eff. 6-30-09.)

22 (20 ILCS 2310/2310-217 rep.)

23 Section 15. The Department of Public Health Powers and  
24 Duties Law of the Civil Administrative Code of Illinois is  
25 amended by repealing Section 2310-217.