



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

SB1692

Introduced 2/20/2015, by Sen. Patricia Van Pelt

SYNOPSIS AS INTRODUCED:

See Index

Amends the Emergency Medical Services (EMS) Systems Act. Authorizes the Department of Public Health to license freestanding rapid treatment emergency centers. Contains provisions concerning the requirements a facility must meet to be licensed as a freestanding rapid treatment emergency center. Requires the Department of Public Health to establish provisional licensure and licensing procedures by emergency rule. Makes related changes in the Emergency Medical Treatment Act, the Health Care Worker Background Check Act, the Abandoned Newborn Infant Protection Act, and the Illinois Controlled Substances Act. Amends the Illinois Health Facilities Planning Act. Prohibits a person from constructing, modifying, or establishing a freestanding rapid treatment emergency center without obtaining a certificate of need permit from the Health Facilities and Services Review Board. Requires the Health Facilities and Services Review Board to establish provisional permit application guidelines by emergency rule. Amends the Illinois Insurance Code. Contains provisions concerning reimbursements to freestanding rapid treatment emergency centers. Amends the Illinois Public Aid Code. Directs the Department of Healthcare and Family Services to adopt rates to be paid for services delivered by a freestanding rapid treatment emergency center. Effective immediately.

LRB099 08052 RPS 28197 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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 3 and by adding Section 5.1b as
6 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8 (Section scheduled to be repealed on December 31, 2019)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, organizations, and related persons:

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

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

18 (3) Skilled and intermediate long term care facilities
19 licensed under the Nursing Home Care Act.

20 (A) If a demonstration project under the Nursing
21 Home Care Act applies for a certificate of need to
22 convert to a nursing facility, it shall meet the
23 licensure and certificate of need requirements in

1 effect as of the date of application.

2 (B) Except as provided in item (A) of this
3 subsection, this Act does not apply to facilities
4 granted waivers under Section 3-102.2 of the Nursing
5 Home Care Act.

6 (3.5) Skilled and intermediate care facilities
7 licensed under the ID/DD Community Care Act. ~~(A)~~ No permit
8 or exemption is required for a facility licensed under the
9 ID/DD Community Care Act prior to the reduction of the
10 number of beds at a facility. If there is a total reduction
11 of beds at a facility licensed under the ID/DD Community
12 Care Act, this is a discontinuation or closure of the
13 facility. If a facility licensed under the ID/DD Community
14 Care Act reduces the number of beds or discontinues the
15 facility, that facility must notify the Board as provided
16 in Section 14.1 of this Act.

17 (3.7) Facilities licensed under the Specialized Mental
18 Health Rehabilitation Act of 2013.

19 (4) Hospitals, nursing homes, ambulatory surgical
20 treatment centers, or kidney disease treatment centers
21 maintained by the State or any department or agency
22 thereof.

23 (5) Kidney disease treatment centers, including a
24 free-standing hemodialysis unit required to be licensed
25 under the End Stage Renal Disease Facility Act.

26 (A) This Act does not apply to a dialysis facility

1 that provides only dialysis training, support, and
2 related services to individuals with end stage renal
3 disease who have elected to receive home dialysis.

4 (B) This Act does not apply to a dialysis unit
5 located in a licensed nursing home that offers or
6 provides dialysis-related services to residents with
7 end stage renal disease who have elected to receive
8 home dialysis within the nursing home.

9 (C) The Board, however, may require dialysis
10 facilities and licensed nursing homes under items (A)
11 and (B) of this subsection to report statistical
12 information on a quarterly basis to the Board to be
13 used by the Board to conduct analyses on the need for
14 proposed kidney disease treatment centers.

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

19 (7) An institution, place, building, or room used for
20 provision of a health care category of service, including,
21 but not limited to, cardiac catheterization and open heart
22 surgery.

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

1 "Health care facilities" does not include the following
2 entities or facility transactions:

3 (1) Federally-owned facilities.

4 (2) Facilities used solely for healing by prayer or
5 spiritual means.

6 (3) An existing facility located on any campus facility
7 as defined in Section 5-5.8b of the Illinois Public Aid
8 Code, provided that the campus facility encompasses 30 or
9 more contiguous acres and that the new or renovated
10 facility is intended for use by a licensed residential
11 facility.

12 (4) Facilities licensed under the Supportive
13 Residences Licensing Act or the Assisted Living and Shared
14 Housing Act.

15 (5) Facilities designated as supportive living
16 facilities that are in good standing with the program
17 established under Section 5-5.01a of the Illinois Public
18 Aid Code.

19 (6) Facilities established and operating under the
20 Alternative Health Care Delivery Act as a children's
21 community-based health care center ~~children's respite care~~
22 ~~center~~ alternative health care model demonstration program
23 or as an Alzheimer's Disease Management Center alternative
24 health care model demonstration program.

25 (7) The closure of an entity or a portion of an entity
26 licensed under the Nursing Home Care Act, the Specialized

1 Mental Health Rehabilitation Act of 2013, or the ID/DD
2 Community Care Act, with the exception of facilities
3 operated by a county or Illinois Veterans Homes, that elect
4 to convert, in whole or in part, to an assisted living or
5 shared housing establishment licensed under the Assisted
6 Living and Shared Housing Act and with the exception of a
7 facility licensed under the Specialized Mental Health
8 Rehabilitation Act of 2013 in connection with a proposal to
9 close a facility and re-establish the facility in another
10 location.

11 (8) Any change of ownership of a health care ~~healthcare~~
12 facility that is licensed under the Nursing Home Care Act,
13 the Specialized Mental Health Rehabilitation Act of 2013,
14 or the ID/DD Community Care Act, with the exception of
15 facilities operated by a county or Illinois Veterans Homes.
16 Changes of ownership of facilities licensed under the
17 Nursing Home Care Act must meet the requirements set forth
18 in Sections 3-101 through 3-119 of the Nursing Home Care
19 Act. ~~children's community based health care center of 2013~~
20 ~~and with the exception of a facility licensed under the~~
21 ~~Specialized Mental Health Rehabilitation Act of 2013 in~~
22 ~~connection with a proposal to close a facility and~~
23 ~~re-establish the facility in another location of 2013~~

24 With the exception of those health care facilities
25 specifically included in this Section, nothing in this Act
26 shall be intended to include facilities operated as a part of

1 the practice of a physician or other licensed health care
2 professional, whether practicing in his individual capacity or
3 within the legal structure of any partnership, medical or
4 professional corporation, or unincorporated medical or
5 professional group. Further, this Act shall not apply to
6 physicians or other licensed health care professional's
7 practices where such practices are carried out in a portion of
8 a health care facility under contract with such health care
9 facility by a physician or by other licensed health care
10 professionals, whether practicing in his individual capacity
11 or within the legal structure of any partnership, medical or
12 professional corporation, or unincorporated medical or
13 professional groups, unless the entity constructs, modifies,
14 or establishes a health care facility as specifically defined
15 in this Section. This Act shall apply to construction or
16 modification and to establishment by such health care facility
17 of such contracted portion which is subject to facility
18 licensing requirements, irrespective of the party responsible
19 for such action or attendant financial obligation.

20 "Person" means any one or more natural persons, legal
21 entities, governmental bodies other than federal, or any
22 combination thereof.

23 "Consumer" means any person other than a person (a) whose
24 major occupation currently involves or whose official capacity
25 within the last 12 months has involved the providing,
26 administering or financing of any type of health care facility,

1 (b) who is engaged in health research or the teaching of
2 health, (c) who has a material financial interest in any
3 activity which involves the providing, administering or
4 financing of any type of health care facility, or (d) who is or
5 ever has been a member of the immediate family of the person
6 defined by (a), (b), or (c).

7 "State Board" or "Board" means the Health Facilities and
8 Services Review Board.

9 "Construction or modification" means the establishment,
10 erection, building, alteration, reconstruction, modernization,
11 improvement, extension, discontinuation, change of ownership,
12 of or by a health care facility, or the purchase or acquisition
13 by or through a health care facility of equipment or service
14 for diagnostic or therapeutic purposes or for facility
15 administration or operation, or any capital expenditure made by
16 or on behalf of a health care facility which exceeds the
17 capital expenditure minimum; however, any capital expenditure
18 made by or on behalf of a health care facility for (i) the
19 construction or modification of a facility licensed under the
20 Assisted Living and Shared Housing Act or (ii) a conversion
21 project undertaken in accordance with Section 30 of the Older
22 Adult Services Act shall be excluded from any obligations under
23 this Act.

24 "Establish" means the construction of a health care
25 facility or the replacement of an existing facility on another
26 site or the initiation of a category of service.

1 "Major medical equipment" means medical equipment which is
2 used for the provision of medical and other health services and
3 which costs in excess of the capital expenditure minimum,
4 except that such term does not include medical equipment
5 acquired by or on behalf of a clinical laboratory to provide
6 clinical laboratory services if the clinical laboratory is
7 independent of a physician's office and a hospital and it has
8 been determined under Title XVIII of the Social Security Act to
9 meet the requirements of paragraphs (10) and (11) of Section
10 1861(s) of such Act. In determining whether medical equipment
11 has a value in excess of the capital expenditure minimum, the
12 value of studies, surveys, designs, plans, working drawings,
13 specifications, and other activities essential to the
14 acquisition of such equipment shall be included.

15 "Capital Expenditure" means an expenditure: (A) made by or
16 on behalf of a health care facility (as such a facility is
17 defined in this Act); and (B) which under generally accepted
18 accounting principles is not properly chargeable as an expense
19 of operation and maintenance, or is made to obtain by lease or
20 comparable arrangement any facility or part thereof or any
21 equipment for a facility or part; and which exceeds the capital
22 expenditure minimum.

23 For the purpose of this paragraph, the cost of any studies,
24 surveys, designs, plans, working drawings, specifications, and
25 other activities essential to the acquisition, improvement,
26 expansion, or replacement of any plant or equipment with

1 respect to which an expenditure is made shall be included in
2 determining if such expenditure exceeds the capital
3 expenditures minimum. Unless otherwise interdependent, or
4 submitted as one project by the applicant, components of
5 construction or modification undertaken by means of a single
6 construction contract or financed through the issuance of a
7 single debt instrument shall not be grouped together as one
8 project. Donations of equipment or facilities to a health care
9 facility which if acquired directly by such facility would be
10 subject to review under this Act shall be considered capital
11 expenditures, and a transfer of equipment or facilities for
12 less than fair market value shall be considered a capital
13 expenditure for purposes of this Act if a transfer of the
14 equipment or facilities at fair market value would be subject
15 to review.

16 "Capital expenditure minimum" means \$11,500,000 for
17 projects by hospital applicants, \$6,500,000 for applicants for
18 projects related to skilled and intermediate care long-term
19 care facilities licensed under the Nursing Home Care Act, and
20 \$3,000,000 for projects by all other applicants, which shall be
21 annually adjusted to reflect the increase in construction costs
22 due to inflation, for major medical equipment and for all other
23 capital expenditures.

24 "Non-clinical service area" means an area (i) for the
25 benefit of the patients, visitors, staff, or employees of a
26 health care facility and (ii) not directly related to the

1 diagnosis, treatment, or rehabilitation of persons receiving
2 services from the health care facility. "Non-clinical service
3 areas" include, but are not limited to, chapels; gift shops;
4 news stands; computer systems; tunnels, walkways, and
5 elevators; telephone systems; projects to comply with life
6 safety codes; educational facilities; student housing;
7 patient, employee, staff, and visitor dining areas;
8 administration and volunteer offices; modernization of
9 structural components (such as roof replacement and masonry
10 work); boiler repair or replacement; vehicle maintenance and
11 storage facilities; parking facilities; mechanical systems for
12 heating, ventilation, and air conditioning; loading docks; and
13 repair or replacement of carpeting, tile, wall coverings,
14 window coverings or treatments, or furniture. Solely for the
15 purpose of this definition, "non-clinical service area" does
16 not include health and fitness centers.

17 "Areawide" means a major area of the State delineated on a
18 geographic, demographic, and functional basis for health
19 planning and for health service and having within it one or
20 more local areas for health planning and health service. The
21 term "region", as contrasted with the term "subregion", and the
22 word "area" may be used synonymously with the term "areawide".

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

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

3 "Licensed health care professional" means a person
4 licensed to practice a health profession under pertinent
5 licensing statutes of the State of Illinois.

6 "Director" means the Director of the Illinois Department of
7 Public Health.

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

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

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

1 Ambulatory Surgical Treatment Center Act.

2 "Change of ownership of a health care facility" means a
3 change in the person who has ownership or control of a health
4 care facility's physical plant and capital assets. A change in
5 ownership is indicated by the following transactions: sale,
6 transfer, acquisition, lease, change of sponsorship, or other
7 means of transferring control.

8 "Related person" means any person that: (i) is at least 50%
9 owned, directly or indirectly, by either the health care
10 facility or a person owning, directly or indirectly, at least
11 50% of the health care facility; or (ii) owns, directly or
12 indirectly, at least 50% of the health care facility.

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

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

19 "Freestanding rapid treatment emergency center" means a
20 facility subject to licensure under Section 32.6 of the
21 Emergency Medical Services (EMS) Systems Act.

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

1 subcategories or levels of care that identify a particular
2 degree or type of care within the category of service. Nothing
3 in this definition shall be construed to include the practice
4 of a physician or other licensed health care professional while
5 functioning in an office providing for the care, diagnosis, or
6 treatment of patients. A category of service that is subject to
7 the Board's jurisdiction must be designated in rules adopted by
8 the Board.

9 "State Board Staff Report" means the document that sets
10 forth the review and findings of the State Board staff, as
11 prescribed by the State Board, regarding applications subject
12 to Board jurisdiction.

13 (Source: P.A. 97-38, eff. 6-28-11; 97-277, eff. 1-1-12; 97-813,
14 eff. 7-13-12; 97-980, eff. 8-17-12; 98-414, eff. 1-1-14;
15 98-629, eff. 1-1-15; 98-651, eff. 6-16-14; 98-1086, eff.
16 8-26-14; revised 10-22-14.)

17 (20 ILCS 3960/5.1b new)

18 Sec. 5.1b. Freestanding rapid treatment emergency centers.
19 No person shall construct, modify, or establish a freestanding
20 rapid treatment emergency center in Illinois, or acquire major
21 medical equipment or make capital expenditures in relation to
22 such a facility in excess of the capital expenditure minimum,
23 as defined by this Act, without first obtaining a certificate
24 of need permit from the State Board in accordance with
25 criteria, standards, and procedures adopted by the State Board

1 for freestanding rapid treatment emergency centers that ensure
2 the availability of and community access to essential emergency
3 medical services. The State Board is granted the authority
4 under this Act to establish provisional certificate of need
5 permit application guidelines by emergency rule and shall do so
6 within 120 days of the effective date of this amendatory Act of
7 the 99th General Assembly.

8 Section 10. The Emergency Medical Services (EMS) Systems
9 Act is amended by changing Section 3.20 and by adding Section
10 32.6 as follows:

11 (210 ILCS 50/3.20)

12 Sec. 3.20. Emergency Medical Services (EMS) Systems.

13 (a) "Emergency Medical Services (EMS) System" means an
14 organization of hospitals, vehicle service providers and
15 personnel approved by the Department in a specific geographic
16 area, which coordinates and provides pre-hospital and
17 inter-hospital emergency care and non-emergency medical
18 transports at a BLS, ILS and/or ALS level pursuant to a System
19 program plan submitted to and approved by the Department, and
20 pursuant to the EMS Region Plan adopted for the EMS Region in
21 which the System is located.

22 (b) One hospital in each System program plan must be
23 designated as the Resource Hospital. All other hospitals which
24 are located within the geographic boundaries of a System and

1 which have standby, basic or comprehensive level emergency
2 departments must function in that EMS System as either an
3 Associate Hospital or Participating Hospital and follow all
4 System policies specified in the System Program Plan, including
5 but not limited to the replacement of drugs and equipment used
6 by providers who have delivered patients to their emergency
7 departments. All hospitals and vehicle service providers
8 participating in an EMS System must specify their level of
9 participation in the System Program Plan.

10 (c) The Department shall have the authority and
11 responsibility to:

12 (1) Approve BLS, ILS and ALS level EMS Systems which
13 meet minimum standards and criteria established in rules
14 adopted by the Department pursuant to this Act, including
15 the submission of a Program Plan for Department approval.
16 Beginning September 1, 1997, the Department shall approve
17 the development of a new EMS System only when a local or
18 regional need for establishing such System has been
19 verified by the Department. This shall not be construed as
20 a needs assessment for health planning or other purposes
21 outside of this Act. Following Department approval, EMS
22 Systems must be fully operational within one year from the
23 date of approval.

24 (2) Monitor EMS Systems, based on minimum standards for
25 continuing operation as prescribed in rules adopted by the
26 Department pursuant to this Act, which shall include

1 requirements for submitting Program Plan amendments to the
2 Department for approval.

3 (3) Renew EMS System approvals every 4 years, after an
4 inspection, based on compliance with the standards for
5 continuing operation prescribed in rules adopted by the
6 Department pursuant to this Act.

7 (4) Suspend, revoke, or refuse to renew approval of any
8 EMS System, after providing an opportunity for a hearing,
9 when findings show that it does not meet the minimum
10 standards for continuing operation as prescribed by the
11 Department, or is found to be in violation of its
12 previously approved Program Plan.

13 (5) Require each EMS System to adopt written protocols
14 for the bypassing of or diversion to any hospital, trauma
15 center or regional trauma center, which provide that a
16 person shall not be transported to a facility other than
17 the nearest hospital, regional trauma center or trauma
18 center unless the medical benefits to the patient
19 reasonably expected from the provision of appropriate
20 medical treatment at a more distant facility outweigh the
21 increased risks to the patient from transport to the more
22 distant facility, or the transport is in accordance with
23 the System's protocols for patient choice or refusal.

24 (6) Require that the EMS Medical Director of an ILS or
25 ALS level EMS System be a physician licensed to practice
26 medicine in all of its branches in Illinois, and certified

1 by the American Board of Emergency Medicine or the American
2 Osteopathic Board of Emergency Medicine, and that the EMS
3 Medical Director of a BLS level EMS System be a physician
4 licensed to practice medicine in all of its branches in
5 Illinois, with regular and frequent involvement in
6 pre-hospital emergency medical services. In addition, all
7 EMS Medical Directors shall:

8 (A) Have experience on an EMS vehicle at the
9 highest level available within the System, or make
10 provision to gain such experience within 12 months
11 prior to the date responsibility for the System is
12 assumed or within 90 days after assuming the position;

13 (B) Be thoroughly knowledgeable of all skills
14 included in the scope of practices of all levels of EMS
15 personnel within the System;

16 (C) Have or make provision to gain experience
17 instructing students at a level similar to that of the
18 levels of EMS personnel within the System; and

19 (D) For ILS and ALS EMS Medical Directors,
20 successfully complete a Department-approved EMS
21 Medical Director's Course.

22 (7) Prescribe statewide EMS data elements to be
23 collected and documented by providers in all EMS Systems
24 for all emergency and non-emergency medical services, with
25 a one-year phase-in for commencing collection of such data
26 elements.

1 (8) Define, through rules adopted pursuant to this Act,
2 the terms "Resource Hospital", "Associate Hospital",
3 "Participating Hospital", "Basic Emergency Department",
4 "Standby Emergency Department", "Comprehensive Emergency
5 Department", "EMS Medical Director", "EMS Administrative
6 Director", and "EMS System Coordinator".

7 (A) (Blank).

8 (B) (Blank).

9 (9) Investigate the circumstances that caused a
10 hospital in an EMS system to go on bypass status to
11 determine whether that hospital's decision to go on bypass
12 status was reasonable. The Department may impose
13 sanctions, as set forth in Section 3.140 of the Act, upon a
14 Department determination that the hospital unreasonably
15 went on bypass status in violation of the Act.

16 (10) Evaluate the capacity and performance of any
17 freestanding emergency center established under Section
18 32.5 of this Act in meeting emergency medical service needs
19 of the public, including compliance with applicable
20 emergency medical standards and assurance of the
21 availability of and immediate access to the highest quality
22 of medical care possible.

23 (11) Permit limited EMS System participation by
24 facilities operated by the United States Department of
25 Veterans Affairs, Veterans Health Administration. Subject
26 to patient preference, Illinois EMS providers may

1 transport patients to Veterans Health Administration
2 facilities that voluntarily participate in an EMS System.
3 Any Veterans Health Administration facility seeking
4 limited participation in an EMS System shall agree to
5 comply with all Department administrative rules
6 implementing this Section. The Department may promulgate
7 rules, including, but not limited to, the types of Veterans
8 Health Administration facilities that may participate in
9 an EMS System and the limitations of participation.

10 (12) Evaluate the capacity and performance of any
11 freestanding rapid treatment emergency center established
12 under Section 32.6 of this Act in meeting emergency medical
13 service needs of the public, including compliance with
14 applicable emergency medical standards and assurance of
15 the availability of and immediate access to the highest
16 quality of medical care possible.

17 (Source: P.A. 97-333, eff. 8-12-11; 98-973, eff. 8-15-14.)

18 (210 ILCS 50/32.6 new)

19 Sec. 32.6. Freestanding Rapid Treatment Emergency Center.

20 (a) The Department shall issue an annual Freestanding Rapid
21 Treatment Emergency Center (FRTEC) license to a facility that
22 has received a certificate of need permit from the Health
23 Facilities and Services Review Board to establish a FRTEC and:

24 (1) is located: (A) in a municipality with a population
25 in excess of 1,000,000 inhabitants; (B) within or serving

1 an area designated by the United States Department of
2 Health and Human Services as a medically underserved area
3 or population; (C) within or serving an area designated by
4 the United States Department of Health and Human Services
5 as a health professional shortage area; and (D) within one
6 mile of the location of a general acute care hospital that
7 closed between January 1, 2013 and December 31, 2013;

8 (2) is affiliated with, by contractual or other means,
9 one or more acute care hospitals located within 5 miles of
10 the FRTEC, which shall serve as backup hospital providers
11 for the FRTEC, and is not a part of any affiliate
12 hospital's physical plant;

13 (3) meets the standards adopted by the Department by
14 rule for licensed FRTECs, including, but not limited to:
15 (A) facility design, specification, operation, and
16 maintenance standards; (B) equipment standards; and (C)
17 the number and qualifications of emergency medical
18 personnel and other staff, which must include at least one
19 board certified emergency physician present at the FRTEC 24
20 hours per day;

21 (4) limits its participation in the EMS System strictly
22 to receiving patients within the capabilities of the FRTEC,
23 which shall be determined according to protocols jointly
24 developed between the FRTEC and the Resource Hospital in
25 the relevant trauma region; these protocols must be
26 approved by the FRTEC's Medical Director, the Resource

1 Hospital, and the Department;

2 (5) provides comprehensive emergency treatment
3 services, as defined in the rules adopted by the Department
4 under the Hospital Licensing Act, 24 hours per day, on an
5 outpatient basis;

6 (6) provides an ambulance and maintains on site
7 ambulance services staffed with paramedics 24 hours per
8 day;

9 (7) complies with all State and federal patient rights
10 provisions, including, but not limited to, the Emergency
11 Medical Treatment Act and the federal Emergency Medical
12 Treatment and Active Labor Act;

13 (8) maintains a referral network with one or more acute
14 care backup provider hospitals located within 5 miles of
15 the FRTEC, on a contractual basis; the contract with the
16 referral hospital shall include, but not be limited to, a
17 requirement to maintain a communication system with the
18 referral hospital;

19 (9) reports to the Department any patient transfers
20 from the FRTEC to any of its affiliated acute care
21 hospitals within 48 hours of the transfer plus any other
22 data determined to be relevant by the Department;

23 (10) submits to the Department, on a quarterly basis,
24 the FRTEC's morbidity and mortality rates for patients
25 treated at the FRTEC and other data determined to be
26 relevant by the Department;

1 (11) does not describe itself or hold itself out to the
2 general public as a full service hospital or a hospital's
3 emergency department in its advertising or marketing
4 activities;

5 (12) complies with any other rules adopted by the
6 Department under this Act that relate to FRTECs;

7 (13) passes the Department's site inspection for
8 compliance with the FRTEC requirements of this Act;

9 (14) submits a copy of the certificate of need permit
10 issued by the Health Facilities and Services Review Board
11 indicating that the facility has complied with the Illinois
12 Health Facilities Planning Act with respect to all health
13 services to be provided at the FRTEC;

14 (15) submits an application for designation as a FRTEC
15 in a manner and form prescribed by the Department by rule;
16 and

17 (16) pays the annual license fee as determined by the
18 Department by rule.

19 (b) The Department:

20 (1) shall annually inspect facilities of initial FRTEC
21 applicants and licensed FRTECs, and issue annual licenses
22 to or annually relicense FRTECs that satisfy the
23 Department's licensure requirements as set forth in
24 subsection (a);

25 (2) shall suspend, revoke, refuse to issue, or refuse
26 to renew the license of any FRTEC, after notice and an

1 opportunity for a hearing, when the Department finds that
2 the FRTEC has failed to comply with the standards and
3 requirements of this Act or rules adopted by the Department
4 under this Act;

5 (3) shall issue an emergency suspension order for any
6 FRTEC when the Director or his or her designee has
7 determined that the continued operation of the FRTEC poses
8 an immediate and serious danger to the public health,
9 safety, and welfare; an opportunity for a hearing shall be
10 promptly initiated after an emergency suspension order has
11 been issued; and

12 (4) is granted the authority under this Act to
13 establish provisional licensure and licensing procedures
14 under this Act by emergency rule and shall do so within 120
15 days of the effective date of this amendatory Act of the
16 99th General Assembly.

17 Section 15. The Emergency Medical Treatment Act is amended
18 by changing Section 2 as follows:

19 (210 ILCS 70/2)

20 Sec. 2. Findings; prohibited terms.

21 (a) The Illinois General Assembly makes all of the
22 following findings:

23 (1) Hospital emergency services are not always the most
24 appropriate level of care for patients seeking unscheduled

1 medical care or for patients who do not have a regular
2 physician who can treat a significant or acute medical
3 condition not considered critical, debilitating, or
4 life-threatening.

5 (2) Hospital emergency rooms are over-utilized and too
6 often over-burdened with many injuries or illnesses that
7 could be managed in a less intensive clinical setting or
8 physician's office.

9 (3) Over-utilization of hospital emergency departments
10 contributes to excess medical and health insurance costs.

11 (4) The use of the term "emerg-i-" or a similar term in
12 a facility's posted or advertised name may confuse the
13 public and prospective patients regarding the type of
14 services offered relative to those provided by a hospital
15 emergency department. There is significant risk to the
16 public health and safety if persons requiring treatment for
17 a critical or life-threatening condition inappropriately
18 use such facilities.

19 (5) Many times patients are not clearly aware of the
20 policies and procedures of their insurer or health plan
21 that must be followed in the use of emergency rooms versus
22 non-emergent clinics and what rights they have under the
23 law in regard to appropriately sought emergency care.

24 (6) There is a need to more effectively educate health
25 care payers and consumers about the most appropriate use of
26 the various available levels of medical care and

1 particularly the use of hospital emergency rooms and
2 walk-in medical clinics that do not require appointments.

3 (b) No person, facility, or entity shall hold itself out to
4 the public as an "emergi-" or "emergent" care center or use any
5 similar term, as defined by rule, that would give the
6 impression that emergency medical treatment is provided by the
7 person or entity or at the facility unless the facility is the
8 emergency room of a facility licensed as a hospital under the
9 Hospital Licensing Act or a facility licensed as a freestanding
10 emergency center or a freestanding rapid treatment emergency
11 center under the Emergency Medical Services (EMS) Systems Act.
12 This Section does not prohibit a person, facility, or entity
13 from holding itself out to the public as an "urgi-" or "urgent"
14 care center.

15 (c) Violation of this Section constitutes a business
16 offense with a minimum fine of \$5,000 plus \$1,000 per day for a
17 continuing violation, with a maximum of \$25,000.

18 (d) The Director of Public Health in the name of the people
19 of the State, through the Attorney General, may bring an action
20 for an injunction or to restrain a violation of this Section or
21 the rules adopted pursuant to this Section or to enjoin the
22 future operation or maintenance of any facility in violation of
23 this Section or the rules adopted pursuant to this Section.

24 (e) The Department of Public Health shall adopt rules
25 necessary for the implementation of this Section.

26 (Source: P.A. 98-977, eff. 1-1-15.)

1 Section 20. The Illinois Insurance Code is amended by
2 adding Section 370b.2 as follows:

3 (215 ILCS 5/370b.2 new)

4 Sec. 370b.2. Reimbursement of freestanding rapid treatment
5 emergency centers.

6 (a) An individual or group policy of accident and health
7 insurance shall have copayments or coinsurance for emergency
8 services provided at a freestanding rapid treatment emergency
9 center at the same levels the plan provides for emergency
10 services delivered in other health care facilities covered
11 under the plan.

12 (b) Reimbursement to a freestanding rapid treatment
13 emergency center licensed under the Emergency Medical Services
14 (EMS) Systems Act that performs emergency services
15 reimbursable under an individual or group policy of accident
16 and health insurance shall be at a rate substantially similar
17 to the rate paid to a hospital licensed under the Hospital
18 Licensing Act with a hospital-based emergency department or at
19 a freestanding emergency center licensed under the Emergency
20 Medical Services (EMS) Systems Act, which shall include, but
21 not be limited to, facility fees and professional fees.

22 Section 25. The Health Care Worker Background Check Act is
23 amended by changing Section 15 as follows:

1 (225 ILCS 46/15)

2 Sec. 15. Definitions. In this Act:

3 "Applicant" means an individual seeking employment with a
4 health care employer who has received a bona fide conditional
5 offer of employment.

6 "Conditional offer of employment" means a bona fide offer
7 of employment by a health care employer to an applicant, which
8 is contingent upon the receipt of a report from the Department
9 of Public Health indicating that the applicant does not have a
10 record of conviction of any of the criminal offenses enumerated
11 in Section 25.

12 "Direct care" means the provision of nursing care or
13 assistance with feeding, dressing, movement, bathing,
14 toileting, or other personal needs, including home services as
15 defined in the Home Health, Home Services, and Home Nursing
16 Agency Licensing Act. The entity responsible for inspecting and
17 licensing, certifying, or registering the health care employer
18 may, by administrative rule, prescribe guidelines for
19 interpreting this definition with regard to the health care
20 employers that it licenses.

21 "Disqualifying offenses" means those offenses set forth in
22 Section 25 of this Act.

23 "Employee" means any individual hired, employed, or
24 retained to which this Act applies.

25 "Fingerprint-based criminal history records check" means a

1 livescan fingerprint-based criminal history records check
2 submitted as a fee applicant inquiry in the form and manner
3 prescribed by the Department of State Police.

4 "Health care employer" means:

5 (1) the owner or licensee of any of the following:

6 (i) a community living facility, as defined in the
7 Community Living Facilities Act;

8 (ii) a life care facility, as defined in the Life
9 Care Facilities Act;

10 (iii) a long-term care facility;

11 (iv) a home health agency, home services agency, or
12 home nursing agency as defined in the Home Health, Home
13 Services, and Home Nursing Agency Licensing Act;

14 (v) a hospice care program or volunteer hospice
15 program, as defined in the Hospice Program Licensing
16 Act;

17 (vi) a hospital, as defined in the Hospital
18 Licensing Act;

19 (vii) (blank);

20 (viii) a nurse agency, as defined in the Nurse
21 Agency Licensing Act;

22 (ix) a respite care provider, as defined in the
23 Respite Program Act;

24 (ix-a) an establishment licensed under the
25 Assisted Living and Shared Housing Act;

26 (x) a supportive living program, as defined in the

- 1 Illinois Public Aid Code;
- 2 (xi) early childhood intervention programs as
- 3 described in 59 Ill. Adm. Code 121;
- 4 (xii) the University of Illinois Hospital,
- 5 Chicago;
- 6 (xiii) programs funded by the Department on Aging
- 7 through the Community Care Program;
- 8 (xiv) programs certified to participate in the
- 9 Supportive Living Program authorized pursuant to
- 10 Section 5-5.01a of the Illinois Public Aid Code;
- 11 (xv) programs listed by the Emergency Medical
- 12 Services (EMS) Systems Act as Freestanding Emergency
- 13 Centers or Freestanding Rapid Treatment Emergency
- 14 Centers;
- 15 (xvi) locations licensed under the Alternative
- 16 Health Care Delivery Act;
- 17 (2) a day training program certified by the Department
- 18 of Human Services;
- 19 (3) a community integrated living arrangement operated
- 20 by a community mental health and developmental service
- 21 agency, as defined in the Community-Integrated Living
- 22 Arrangements Licensing and Certification Act; or
- 23 (4) the State Long Term Care Ombudsman Program,
- 24 including any regional long term care ombudsman programs
- 25 under Section 4.04 of the Illinois Act on the Aging, only
- 26 for the purpose of securing background checks.

1 "Initiate" means obtaining from a student, applicant, or
2 employee his or her social security number, demographics, a
3 disclosure statement, and an authorization for the Department
4 of Public Health or its designee to request a fingerprint-based
5 criminal history records check; transmitting this information
6 electronically to the Department of Public Health; conducting
7 Internet searches on certain web sites, including without
8 limitation the Illinois Sex Offender Registry, the Department
9 of Corrections' Sex Offender Search Engine, the Department of
10 Corrections' Inmate Search Engine, the Department of
11 Corrections Wanted Fugitives Search Engine, the National Sex
12 Offender Public Registry, and the website of the Health and
13 Human Services Office of Inspector General to determine if the
14 applicant has been adjudicated a sex offender, has been a
15 prison inmate, or has committed Medicare or Medicaid fraud, or
16 conducting similar searches as defined by rule; and having the
17 student, applicant, or employee's fingerprints collected and
18 transmitted electronically to the Department of State Police.

19 "Livescan vendor" means an entity whose equipment has been
20 certified by the Department of State Police to collect an
21 individual's demographics and inkless fingerprints and, in a
22 manner prescribed by the Department of State Police and the
23 Department of Public Health, electronically transmit the
24 fingerprints and required data to the Department of State
25 Police and a daily file of required data to the Department of
26 Public Health. The Department of Public Health shall negotiate

1 a contract with one or more vendors that effectively
2 demonstrate that the vendor has 2 or more years of experience
3 transmitting fingerprints electronically to the Department of
4 State Police and that the vendor can successfully transmit the
5 required data in a manner prescribed by the Department of
6 Public Health. Vendor authorization may be further defined by
7 administrative rule.

8 "Long-term care facility" means a facility licensed by the
9 State or certified under federal law as a long-term care
10 facility, including without limitation facilities licensed
11 under the Nursing Home Care Act, the Specialized Mental Health
12 Rehabilitation Act of 2013, or the ID/DD Community Care Act, a
13 supportive living facility, an assisted living establishment,
14 or a shared housing establishment or registered as a board and
15 care home.

16 (Source: P.A. 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813,
17 eff. 7-13-12; 98-104, eff. 7-22-13.)

18 Section 30. The Illinois Public Aid Code is amended by
19 adding Section 5-35 as follows:

20 (305 ILCS 5/5-35 new)

21 Sec. 5-35. Freestanding rapid treatment emergency center
22 reimbursement. The Illinois Department shall adopt rates to be
23 paid for services delivered by freestanding rapid treatment
24 emergency centers licensed under the Emergency Medical

1 Services (EMS) Systems Act to qualified individuals. The rates
2 established by the Illinois Department shall be substantially
3 similar to the rates paid for services delivered to qualified
4 individuals in an emergency room of a hospital licensed under
5 the Hospital Licensing Act or a freestanding emergency center
6 licensed under the Emergency Medical Services (EMS) Systems
7 Act. Rates shall be established no later than 90 days after the
8 effective date of this amendatory Act of the 99th General
9 Assembly.

10 Section 35. The Abandoned Newborn Infant Protection Act is
11 amended by changing Section 10 as follows:

12 (325 ILCS 2/10)

13 Sec. 10. Definitions. In this Act:

14 "Abandon" has the same meaning as in the Abused and
15 Neglected Child Reporting Act.

16 "Abused child" has the same meaning as in the Abused and
17 Neglected Child Reporting Act.

18 "Child-placing agency" means a licensed public or private
19 agency that receives a child for the purpose of placing or
20 arranging for the placement of the child in a foster family
21 home or other facility for child care, apart from the custody
22 of the child's parents.

23 "Department" or "DCFS" means the Illinois Department of
24 Children and Family Services.

1 "Emergency medical facility" means a freestanding
2 emergency center, freestanding rapid treatment emergency
3 center, or trauma center, as defined in the Emergency Medical
4 Services (EMS) Systems Act.

5 "Emergency medical professional" includes licensed
6 physicians, and any emergency medical technician, emergency
7 medical technician-intermediate, advanced emergency medical
8 technician, paramedic, trauma nurse specialist, and
9 pre-hospital registered nurse, as defined in the Emergency
10 Medical Services (EMS) Systems Act.

11 "Fire station" means a fire station within the State with
12 at least one staff person.

13 "Hospital" has the same meaning as in the Hospital
14 Licensing Act.

15 "Legal custody" means the relationship created by a court
16 order in the best interest of a newborn infant that imposes on
17 the infant's custodian the responsibility of physical
18 possession of the infant, the duty to protect, train, and
19 discipline the infant, and the duty to provide the infant with
20 food, shelter, education, and medical care, except as these are
21 limited by parental rights and responsibilities.

22 "Neglected child" has the same meaning as in the Abused and
23 Neglected Child Reporting Act.

24 "Newborn infant" means a child who a licensed physician
25 reasonably believes is 30 days old or less at the time the
26 child is initially relinquished to a hospital, police station,

1 fire station, or emergency medical facility, and who is not an
2 abused or a neglected child.

3 "Police station" means a municipal police station, a county
4 sheriff's office, a campus police department located on any
5 college or university owned or controlled by the State or any
6 private college or private university that is not owned or
7 controlled by the State when employees of the campus police
8 department are present, or any of the district headquarters of
9 the Illinois State Police.

10 "Relinquish" means to bring a newborn infant, who a
11 licensed physician reasonably believes is 30 days old or less,
12 to a hospital, police station, fire station, or emergency
13 medical facility and to leave the infant with personnel of the
14 facility, if the person leaving the infant does not express an
15 intent to return for the infant or states that he or she will
16 not return for the infant. In the case of a mother who gives
17 birth to an infant in a hospital, the mother's act of leaving
18 that newborn infant at the hospital (i) without expressing an
19 intent to return for the infant or (ii) stating that she will
20 not return for the infant is not a "relinquishment" under this
21 Act.

22 "Temporary protective custody" means the temporary
23 placement of a newborn infant within a hospital or other
24 medical facility out of the custody of the infant's parent.

25 (Source: P.A. 97-293, eff. 8-11-11; 98-973, eff. 8-15-14.)

1 Section 40. The Illinois Controlled Substances Act is
2 amended by changing Section 318 as follows:

3 (720 ILCS 570/318)

4 Sec. 318. Confidentiality of information.

5 (a) Information received by the central repository under
6 Section 316 and former Section 321 is confidential.

7 (b) The Department must carry out a program to protect the
8 confidentiality of the information described in subsection
9 (a). The Department may disclose the information to another
10 person only under subsection (c), (d), or (f) and may charge a
11 fee not to exceed the actual cost of furnishing the
12 information.

13 (c) The Department may disclose confidential information
14 described in subsection (a) to any person who is engaged in
15 receiving, processing, or storing the information.

16 (d) The Department may release confidential information
17 described in subsection (a) to the following persons:

18 (1) A governing body that licenses practitioners and is
19 engaged in an investigation, an adjudication, or a
20 prosecution of a violation under any State or federal law
21 that involves a controlled substance.

22 (2) An investigator for the Consumer Protection
23 Division of the office of the Attorney General, a
24 prosecuting attorney, the Attorney General, a deputy
25 Attorney General, or an investigator from the office of the

1 Attorney General, who is engaged in any of the following
2 activities involving controlled substances:

3 (A) an investigation;

4 (B) an adjudication; or

5 (C) a prosecution of a violation under any State or
6 federal law that involves a controlled substance.

7 (3) A law enforcement officer who is:

8 (A) authorized by the Illinois State Police or the
9 office of a county sheriff or State's Attorney or
10 municipal police department of Illinois to receive
11 information of the type requested for the purpose of
12 investigations involving controlled substances; or

13 (B) approved by the Department to receive
14 information of the type requested for the purpose of
15 investigations involving controlled substances; and

16 (C) engaged in the investigation or prosecution of
17 a violation under any State or federal law that
18 involves a controlled substance.

19 (e) Before the Department releases confidential
20 information under subsection (d), the applicant must
21 demonstrate in writing to the Department that:

22 (1) the applicant has reason to believe that a
23 violation under any State or federal law that involves a
24 controlled substance has occurred; and

25 (2) the requested information is reasonably related to
26 the investigation, adjudication, or prosecution of the

1 violation described in subdivision (1).

2 (f) The Department may receive and release prescription
3 record information under Section 316 and former Section 321 to:

4 (1) a governing body that licenses practitioners;

5 (2) an investigator for the Consumer Protection
6 Division of the office of the Attorney General, a
7 prosecuting attorney, the Attorney General, a deputy
8 Attorney General, or an investigator from the office of the
9 Attorney General;

10 (3) any Illinois law enforcement officer who is:

11 (A) authorized to receive the type of information
12 released; and

13 (B) approved by the Department to receive the type
14 of information released; or

15 (4) prescription monitoring entities in other states
16 per the provisions outlined in subsection (g) and (h)
17 below;

18 confidential prescription record information collected under
19 Sections 316 and 321 (now repealed) that identifies vendors or
20 practitioners, or both, who are prescribing or dispensing large
21 quantities of Schedule II, III, IV, or V controlled substances
22 outside the scope of their practice, pharmacy, or business, as
23 determined by the Advisory Committee created by Section 320.

24 (g) The information described in subsection (f) may not be
25 released until it has been reviewed by an employee of the
26 Department who is licensed as a prescriber or a dispenser and

1 until that employee has certified that further investigation is
2 warranted. However, failure to comply with this subsection (g)
3 does not invalidate the use of any evidence that is otherwise
4 admissible in a proceeding described in subsection (h).

5 (h) An investigator or a law enforcement officer receiving
6 confidential information under subsection (c), (d), or (f) may
7 disclose the information to a law enforcement officer or an
8 attorney for the office of the Attorney General for use as
9 evidence in the following:

10 (1) A proceeding under any State or federal law that
11 involves a controlled substance.

12 (2) A criminal proceeding or a proceeding in juvenile
13 court that involves a controlled substance.

14 (i) The Department may compile statistical reports from the
15 information described in subsection (a). The reports must not
16 include information that identifies, by name, license or
17 address, any practitioner, dispenser, ultimate user, or other
18 person administering a controlled substance.

19 (j) Based upon federal, initial and maintenance funding, a
20 prescriber and dispenser inquiry system shall be developed to
21 assist the health care community in its goal of effective
22 clinical practice and to prevent patients from diverting or
23 abusing medications.

24 (1) An inquirer shall have read-only access to a
25 stand-alone database which shall contain records for the
26 previous 12 months.

1 (2) Dispensers may, upon positive and secure
2 identification, make an inquiry on a patient or customer
3 solely for a medical purpose as delineated within the
4 federal HIPAA law.

5 (3) The Department shall provide a one-to-one secure
6 link and encrypted software necessary to establish the link
7 between an inquirer and the Department. Technical
8 assistance shall also be provided.

9 (4) Written inquiries are acceptable but must include
10 the fee and the requestor's Drug Enforcement
11 Administration license number and submitted upon the
12 requestor's business stationery.

13 (5) As directed by the Prescription Monitoring Program
14 Advisory Committee and the Clinical Director for the
15 Prescription Monitoring Program, aggregate data that does
16 not indicate any prescriber, practitioner, dispenser, or
17 patient may be used for clinical studies.

18 (6) Tracking analysis shall be established and used per
19 administrative rule.

20 (7) Nothing in this Act or Illinois law shall be
21 construed to require a prescriber or dispenser to make use
22 of this inquiry system.

23 (8) If there is an adverse outcome because of a
24 prescriber or dispenser making an inquiry, which is
25 initiated in good faith, the prescriber or dispenser shall
26 be held harmless from any civil liability.

1 (k) The Department shall establish, by rule, the process by
2 which to evaluate possible erroneous association of
3 prescriptions to any licensed prescriber or end user of the
4 Illinois Prescription Information Library (PIL).

5 (l) The Prescription Monitoring Program Advisory Committee
6 is authorized to evaluate the need for and method of
7 establishing a patient specific identifier.

8 (m) Patients who identify prescriptions attributed to them
9 that were not obtained by them shall be given access to their
10 personal prescription history pursuant to the validation
11 process as set forth by administrative rule.

12 (n) The Prescription Monitoring Program is authorized to
13 develop operational push reports to entities with compatible
14 electronic medical records. The process shall be covered within
15 administrative rule established by the Department.

16 (o) Hospital emergency departments and freestanding
17 healthcare facilities, including, but not limited to,
18 freestanding emergency centers and freestanding rapid
19 treatment emergency centers, providing healthcare to walk-in
20 patients may obtain, for the purpose of improving patient care,
21 a unique identifier for each shift to utilize the PIL system.
22 (Source: P.A. 97-334, eff. 1-1-12; 97-813, eff. 7-13-12.)

23 Section 99. Effective date. This Act takes effect upon
24 becoming law.

1 INDEX

2 Statutes amended in order of appearance

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

4 20 ILCS 3960/5.1b new

5 210 ILCS 50/3.20

6 210 ILCS 50/32.6 new

7 210 ILCS 70/2

8 215 ILCS 5/370b.2 new

9 225 ILCS 46/15

10 305 ILCS 5/5-35 new

11 325 ILCS 2/10

12 720 ILCS 570/318