



Human Services Committee

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LRB095 08444 HLH 36413 a

1 AMENDMENT TO SENATE BILL 244

2 AMENDMENT NO. _____. Amend Senate Bill 244 as follows:

3 immediately above the enacting clause, by inserting the
4 following:

5 "WHEREAS, The 94th General Assembly funded a study by the
6 Lewin Group, "An Evaluation of Illinois' 'Certificate of Need'
7 Program", which recommended that "... the Illinois legislature
8 move forward to continue the 'Certificate-of-Need' program
9 with an abundance of caution...". Given the potential for harm
10 to specific critical elements of the health care system,
11 non-traditional arguments for maintaining
12 "Certificate-of-Need" laws deserve consideration, until the
13 evidence on the impact that specialty providers and ambulatory
14 surgery centers may have on safety-net providers and services
15 can be better quantified. In response to the Lewin analysis and
16 additional concerns regarding health planning in Illinois, the

1 95th General Assembly enacted Senate Bill 611 (Public Act
2 95-0001) that extended the "sunset" date of the Illinois Health
3 Facilities Planning Act from April 1, 2007 to May 31, 2007 so
4 that interested parties could agree on a strategy to further
5 extend the "sunset" date, and develop a more comprehensive
6 reform agenda; therefore"; and

7 by replacing everything after the enacting clause with the
8 following:

9 "Section 5. The Illinois Health Facilities Planning Act is
10 amended by changing Section 19.6 and by adding Sections 12.5
11 and 15.5 as follows:

12 (20 ILCS 3960/12.5 new)

13 Sec. 12.5. Update of existing bed inventory and associated
14 bed need projections. The State Agency shall immediately update
15 the existing bed inventory and associated bed need projections
16 required by Sections 12 and 12.3 of this Act, using the most
17 recently published historical utilization data, 10-year
18 population projections, and a consistent 85% migration factor
19 for each category of service.

20 (20 ILCS 3960/15.5 new)

21 Sec. 15.5. Task Force on Health Planning Reform.

22 (a) The Task Force on Health Planning Reform is created.

1 (b) The Task Force shall consist of 15 voting members, as
2 follows: 6 persons, who are not currently employed by a State
3 agency, appointed by the Director of Public Health, 3 of whom
4 shall be persons with knowledge and experience in the delivery
5 of health care services, including at least 1 person
6 representing organized health service workers, 2 of whom shall
7 be persons with professional experience in the administration
8 or management of health care facilities, and 1 of whom shall be
9 a person with experience in health planning; 2 members of the
10 Illinois Senate appointed by the President of the Senate, one
11 of whom shall be designated a co-chair at the time of
12 appointment; 2 members of the Illinois Senate appointed by the
13 Senate Minority Leader; 2 members of the Illinois House of
14 Representatives appointed by the Speaker of the House of
15 Representatives, one of whom shall be designated a co-chair at
16 the time of appointment; 2 members of the Illinois House of
17 Representatives appointed by the House Minority Leader; and one
18 member, or a designee, appointed by the Attorney General of
19 Illinois.

20 The following persons, or their designees, shall serve, ex
21 officio, as nonvoting members of the Task Force: the Director
22 of Public Health, the Secretary of the Illinois Health
23 Facilities Planning Board, the Director of Healthcare and
24 Family Services, the Secretary of Human Services, and the
25 Director of the Governor's Office of Management and Budget.

26 Members shall serve without compensation, but may be

1 reimbursed for their expenses in relation to duties on the Task
2 Force.

3 A vote of 10 members appointed to the Task Force is
4 required with respect to the adoption of recommendations to the
5 Governor and General Assembly and the final report required by
6 this Section.

7 (c) The Task Force shall gather information and make
8 recommendations relating to at least the following topics in
9 relation to the Illinois Health Facilities Planning Act:

10 (1) The impact of health planning on the provision of
11 essential and accessible health care services; prevention
12 of unnecessary duplication of facilities and services;
13 improvement in the efficiency of the health care system;
14 maintenance of an environment in the health care system
15 that supports quality care; the most economic use of
16 available resources; and the effect of repealing this Act.

17 (2) Reform of the Illinois Health Facilities Planning
18 Board to enable it to undertake a more active role in
19 health planning to provide guidance in the development of
20 services to meet the health care needs of Illinois,
21 including identifying and recommending initiatives to meet
22 special needs.

23 (3) Reforms to ensure that health planning under the
24 Illinois Health Facilities Planning Act is coordinated
25 with other health planning laws and activities of the
26 State.

1 (4) Reforms that will enable the Illinois Health
2 Facilities Planning Board to focus most of its project
3 review efforts on "Certificate-of-Need" applications
4 involving new facilities, discontinuation of services,
5 major expansions, and volume-sensitive services, and to
6 expedite review of other projects to the maximum extent
7 possible.

8 (5) Reforms that will enable the Illinois Health
9 Facilities Planning Board to determine how criteria,
10 standards, and procedures for evaluating project
11 applications involving specialty providers, ambulatory
12 surgical facilities, and other alternative health care
13 models should be amended to give special attention to the
14 impact of those projects on traditional community
15 hospitals to assure the availability and access to
16 essential quality medical care in those communities.

17 (6) Implementation of policies and procedures
18 necessary for the Illinois Health Facilities Planning
19 Board to give special consideration to the impact of the
20 projects it reviews on access to "safety net" services.

21 (7) Changes in policies and procedures to make the
22 Illinois health facilities planning process predictable,
23 transparent, and as efficient as possible; requiring the
24 State Agency (the Illinois Department of Public Health) and
25 the Illinois Health Facilities Planning Board to provide
26 timely and appropriate explanations of its decisions and

1 establish more effective procedures to enable public
2 review and comment on facts set forth in State Agency staff
3 analyses of project applications prior to the issuance of
4 final decisions on each project.

5 (8) Reforms to ensure that patient access to new and
6 modernized services will not be delayed during a transition
7 period under any proposed system reform; and that the
8 transition should minimize disruption of the process for
9 current applicants.

10 (9) Identification of the resources necessary to
11 support the work of the Agency and the Board.

12 (d) The Task Force shall recommend reforms regarding the
13 following:

14 (1) The size and membership of current Illinois Health
15 Facilities Planning Board. Review and make recommendations
16 on the reorganization of the structure and function of the
17 Illinois Health Facilities Planning Board and the State
18 Agency responsible for health planning (the Illinois
19 Department of Public Health), giving consideration to
20 various options for re-assigning the primary
21 responsibility for the review, approval, and denial of
22 project applications between the Board and the State
23 Agency, so that the "Certificate-of-Need" process is
24 administered in the most effective, efficient, and
25 consistent manner possible in accordance with the
26 objectives referenced in subsection (c) of this Section.

1 (2) Changes in policies and procedures that will charge
2 the Illinois Health Facilities Planning Board with
3 developing a long range health facilities plan (10 years)
4 to be updated at least every 2 years, so that it is a
5 rolling 10-year plan based upon data no older than 2 years.
6 The plan should incorporate an inventory of the State's
7 health facilities infrastructure including both facilities
8 and services regulated under this Act, as well as
9 facilities and services that are not currently regulated
10 under this Act, as determined by the Board. The planning
11 criteria and standards should be adjusted to take into
12 consideration services that are regulated under the Act,
13 but are also offered by non-regulated providers. The
14 Illinois Department of Public Health bed inventory should
15 be updated each year using the most recent utilization data
16 for both hospitals and long-term care facilities including
17 2003, 2004, 2005 and subsequent-year inpatient discharges
18 and days. This revised bed supply should be used as the bed
19 supply input for all Planning Area bed need calculations.
20 Ten-year population projection data should be incorporated
21 into the plan. Plan updates may include re-drawing planning
22 area boundaries to reflect population changes. The Task
23 Force shall consider whether the inventory formula should
24 use migration factors for the medical/surgical,
25 pediatrics, obstetrics, and other categories of service,
26 and if so, what those migration factors should be. The

1 Board should hold public hearings on the plan and its
2 updates. There should be a mechanism for the public to
3 request that the plan be updated more frequently to address
4 emerging population and demographic trends. In developing
5 the plan, the Board should consider health plans and other
6 related publications that have been developed both in
7 Illinois and nationally. In developing the plan, the need
8 to ensure access to care, especially for "safety net"
9 services, including rural and medically underserved
10 communities, should be included.

11 (3) Changes in regulations that establish separate
12 criteria, standards, and procedures when necessary to
13 adjust for structural, functional, and operational
14 differences between long term care facilities and acute
15 care facilities and that allow routine changes of
16 ownership, facility sales, and closure requests to be
17 processed on a timely basis. Consider rules to allow
18 flexibility for facilities to modernize, expand, or
19 convert to alternative uses that are in accord with health
20 planning standards.

21 (4) Changes in policies and procedures so that the
22 Illinois Health Facilities Planning Board updates the
23 standards and criteria on a regular basis and proposes new
24 standards to keep pace with the evolving health care
25 delivery system. Proton Therapy and Treatment is an example
26 of a new, cutting-edge procedure that may require the Board

1 to immediately develop criteria, standards, and procedures
2 for that type of facility. Temporary advisory committees
3 may be appointed to assist in the development of revisions
4 to the Board's standards and criteria, including experts
5 with professional competence in the subject matter of the
6 proposed standards or criteria that are to be developed.

7 (5) Changes in policies and procedures to expedite
8 project approval, particularly for less complex projects,
9 including standards for determining whether a project is in
10 "substantial compliance" with the Board's review
11 standards. The review standards must include a requirement
12 for applicants to include a "Safety Net" Impact Statement.
13 This Statement shall describe the project's impact on
14 safety net services in the community. The State Agency
15 Report shall include an assessment of the Statement.

16 (6) Changes to enforcement processes and compliance
17 standards to ensure they are fair and consistent with the
18 severity of the violation.

19 (7) Revisions in policies and procedures to prevent
20 conflicts of interest by members of the Illinois Health
21 Facilities Planning Board and State Agency staff,
22 including increasing the penalties for violations.

23 (8) Other changes determined necessary to improve the
24 administration of this Act.

25 (e) The State Agency, at the direction of the Task Force,
26 may hire any necessary staff or consultants, enter into

1 contracts, and make any expenditures necessary for carrying out
2 the duties of the Task Force, all out of moneys appropriated
3 for that purpose. Staff support services shall be provided to
4 the Task Force by the State Agency from such appropriations.

5 (f) The Task Force may establish any advisory committee to
6 ensure maximum public participation in the Task Force's
7 planning, organization, and implementation review process. If
8 established, advisory committees shall (i) advise and assist
9 the Task Force in its duties and (ii) help the Task Force to
10 identify issues of public concern.

11 (g) The Task Force shall submit findings and
12 recommendations to the Governor and the General Assembly by
13 March 1, 2008, including any necessary implementing
14 legislation, and recommendations for changes to policies,
15 rules, or procedures that are not incorporated in the
16 implementing legislation.

17 (h) The Task Force is abolished on August 1, 2008.

18 (20 ILCS 3960/19.6)

19 (Section scheduled to be repealed on May 31, 2007)

20 Sec. 19.6. Repeal. This Act is repealed on August 31, 2008
21 ~~May 31, 2007.~~

22 (Source: P.A. 94-983, eff. 6-30-06; 95-1, eff. 3-30-07.)

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