

97TH GENERAL ASSEMBLY State of Illinois 2011 and 2012 SB1281

Introduced 2/8/2011, by Sen. William Delgado

SYNOPSIS AS INTRODUCED:

See Index

Amends the Ambulatory Surgical Treatment Center Act, the Home Health, Home Services, and Home Nursing Agency Licensing Act, the Hospital Licensing Act, and the State Finance Act. Increases the licensure fee to \$1500 for ambulatory surgical treatment centers and home health agencies. Establishes a \$50 licensure fee per bed for hospitals applying for a license. Changes the name of the Home Care Services Agency Licensure Fund to the Home Health, Health Services, and Home Nursing Agency Licensure Fund. Creates the Ambulatory Surgical Treatment Center Fund and the Hospital Licensure Fund. Further amends the Hospital Licensing Act. Includes the term "violation" in the provision concerning definitions. Sets forth provisions concerning penalties; determining penalties; inspection; emergency closure; whistleblower protection; and judicial review. Makes changes to the provisions concerning notice and hearing; inspections and investigations; informal dispute resolution; findings, conclusions, and citations; patient protection from abuse; Hospital Licensing Board creation and Department of Public Health rules; administrative decisions; and injunction and other relief. Amends the Abused and Neglected Child Reporting Act to set forth a provision concerning an inter-agency agreement. Effective immediately.

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FISCAL NOTE ACT MAY APPLY

- 1 AN ACT concerning health facilities.
- 2 Be it enacted by the People of the State of Illinois,
- **represented in the General Assembly:**
- 4 Section 5. The State Finance Act is amended by changing
- 5 Section 5.650 and adding Sections 5.786, and 5.787 as follows:
- 6 (30 ILCS 105/5.650)
- 7 Sec. 5.650. The Home Health, Health Services, and Home
- 8 Nursing Agency Licensure Fund Home Care Services Agency
- 9 Licensure Fund.
- 10 (Source: P.A. 94-379, eff. 1-1-06.)
- 11 (30 ILCS 105/5.786 new)
- 12 <u>Sec. 5.786. The Ambulatory Surgical Treatment Center Fund.</u>
- 13 (30 ILCS 105/5.787 new)
- 14 <u>Sec. 5.787. The Hospital Licensure Fund.</u>
- Section 10. The Ambulatory Surgical Treatment Center Act is
- amended by changing Sections 5 and 6 and by adding Section 12.5
- 17 as follows:
- 18 (210 ILCS 5/5) (from Ch. 111 1/2, par. 157-8.5)
- 19 Sec. 5. An application for a license to operate an

- 1 ambulatory surgical treatment center shall be made to the
- 2 Department upon forms provided by it and shall contain such
- 3 information as the Department reasonably requires, which may
- 4 include affirmative evidence of ability to comply with the
- 5 provisions of this Act and the standards, rules and
- 6 regulations, promulgated by virtue thereof.
- 7 All applications required under this Section shall be
- 8 signed by the applicant, verified, and accompanied by a license
- 9 fee of \$1500 \$500.
- 10 (Source: P.A. 81-224.)
- 11 (210 ILCS 5/6) (from Ch. 111 1/2, par. 157-8.6)
- 12 Sec. 6. Upon receipt of an application for a license, the
- 13 Director may deny the application for any of the following
- 14 reasons:
- 15 (1) Conviction of the applicant, or if the applicant is
- a firm, partnership or association, of any of its members,
- or if a corporation, of any of its officers or directors,
- or of the person designated to manage or supervise the
- 19 facility, of a felony, or of 2 or more misdemeanors
- involving moral turpitude, as shown by a certified copy of
- 21 the record of the court of conviction, or, in the case of
- 22 the conviction of a misdemeanor by a court not of record,
- as shown by other evidence, if the Director determines,
- 24 after investigation, that such person has not been
- 25 sufficiently rehabilitated to warrant the public trust; or

other satisfactory evidence that the moral character of the applicant, or manager, or supervisor of the facility is not reputable;

- (2) The licensure status or record of the applicant, or if the applicant is a firm, partnership or association, of any of its members, or if a corporation, of any of its officers or directors, or of the person designated to manage or supervise the facility, from any other state where the applicant has done business in a similar capacity indicates that granting a license to the applicant would be detrimental to the interests of the public; or
- (3) The applicant has insufficient financial or other resources to operate and conduct the facility in accordance with the requirements of this Act and the minimum standards, rules and regulations promulgated thereunder.

The Director shall only issue a license if he finds that the applicant facility complies with this Act and the rules, regulations and standards promulgated pursuant thereto and:

- (a) is under the medical supervision of one or more physicians;
- (b) permits a surgical procedure to be performed only by a physician, podiatrist or dentist who at the time is privileged to have his patients admitted by himself or an associated physician and is himself privileged to perform surgical procedures in at least one Illinois hospital; and
 - (c) maintains adequate medical records for each

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A license, unless sooner suspended or revoked, shall be renewable annually upon approval by the Department and payment of a license fee of \$1500 \(\frac{2300}{3300} \). Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. The licenses shall be posted in a conspicuous place on the licensed premises. A placard or registry of all physicians on staff in the facility shall be centrally located and available for inspection to any interested person. The Department may, either before or after the issuance of a license, request the cooperation of the State Fire Marshal. The report and recommendations of this agency shall be in writing and shall state with particularity its findings with respect to compliance or noncompliance with such minimum standards, rules and regulations.

Director may issue a provisional license to ambulatory surgical treatment center which does not substantially comply with the provisions of this Act and the standards, rules and regulations promulgated by virtue thereof provided that he finds that such ambulatory surgical treatment center will undertake changes and corrections which upon completion will render the ambulatory surgical treatment center in substantial compliance with the provisions of this and the standards, rules and regulations hereunder, and provided that the health and safety of the patients of the ambulatory surgical treatment center will be

protected during the period for which such provisional license 1 2 is issued. The Director shall advise the licensee of the conditions under which such provisional license is issued, 3 including the manner in which the facilities fail to comply 4 5 with the provisions of the Act, standards, rules 6 regulations, and the time within which the changes 7 corrections necessary for such ambulatory surgical treatment 8 center to substantially comply with this Act, and the 9 standards, rules and regulations of the Department relating 10 thereto shall be completed.

A person or facility not licensed under this Act or the Hospital Licensing Act shall not hold itself out to the public as a "surgery center" or as a "center for surgery".

14 (Source: P.A. 88-490.)

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15 (210 ILCS 5/12.5 new)

Sec. 12.5. Ambulatory Surgical Treatment Center Fund. The Department shall deposit all fees and fines collected in relation to the licensure of ambulatory surgical treatment centers into the Ambulatory Surgical Treatment Center Fund, a special fund created in the State Treasury, for the purpose of providing funding for the administration of the licensure program for ambulatory surgical treatment centers.

Section 15. The Home Health, Home Services, and Home Nursing Agency Licensing Act is amended by changing Sections 4

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1 and 10.05 as follows:

- 2 (210 ILCS 55/4) (from Ch. 111 1/2, par. 2804)
- 3 Sec. 4. Types of licenses.
- 4 (a) If an applicant for licensure has not been previously 5 licensed, or if the home health agency, home services agency, 6 or home nursing agency is not in operation at the time 7 application is made, the Department may issue a provisional 8 license. A provisional license shall be valid for a period of 9 120 days unless sooner suspended or revoked pursuant to Section 10 9 of this Act. Within 30 days prior to the termination of a 11 provisional license, the Department shall inspect the agency 12 and, if the applicant substantially meets the requirements for licensure, it shall issue a license under this Section. If the 1.3 14 Department finds that a holder of a provisional license does 15 not substantially meet the requirements for licensure, but has 16 made significant progress toward meeting those requirements, the Director may renew the provisional license once for a 17 18 period not to exceed 120 days from the expiration date of the initial provisional license. 19
 - (b) (1) The Director may also issue a provisional license to any licensed agency which does not substantially comply with the provisions of this Act and the rules promulgated hereunder, provided he finds that the health, safety, and well-being of the clients of the agency will be protected during the period for which such provisional license is issued. The term of such

- 1 provisional license shall not exceed 120 days.
 - (2) The Director shall advise the licensee of the conditions under which such provisional license is issued, including the manner in which the licensee fails to comply with the provisions of the Act or rules, and the time within which the corrections necessary for the agency to substantially comply with the Act and rules shall be completed.
 - (3) The Director, at his discretion, may extend the term of such provisional license for an additional 120 days, if he finds that the agency has made substantial progress toward correcting the violations and bringing the agency into full compliance with this Act and the rules promulgated hereunder.
 - (c) An annual license shall be issued to any person conducting or maintaining a home health agency upon receipt of an application and payment of the licensure fee, and when the other requirements of this Act, and the standards, rules and regulations promulgated hereunder, are met. The fee for each single home health agency license or any renewal shall be \$1500 \$25.
 - (d) The Department shall establish, by rule, a system whereby an entity that meets the requirements for licensure may obtain licensure singly or in any combination for the categories authorized under this Act. The Department shall develop and implement one application to be used even if a combination of licenses authorized under the Act is sought. Applicants for multiple licenses under this system shall pay

- 1 the higher of the licensure fees applicable. Fees collected
- 2 under this system shall be deposited into the Home Health, Home
- 3 Services, and Home Nursing Agency Licensure Fund Home Care
- 4 Services Agency Licensure Fund.
- 5 (Source: P.A. 94-379, eff. 1-1-06.)
- 6 (210 ILCS 55/10.05)
- 7 Sec. 10.05. Home Health, Home Services, and Home Nursing
- 8 Agency Licensure Fund Home Care Services Agency Licensure Fund.
- 9 The Department shall deposit all fees and fines collected in
- 10 relation to the licensure of home health agencies, home
- 11 services agencies, and home nursing agencies into the Home
- 12 Health, Home Services, and Home Nursing Agency Licensure Fund
- 13 Home Care Services Agency Licensure Fund, a special fund
- 14 created in the State treasury, for the purpose of providing
- funding for the administration of the program of home health
- 16 agencies, home services agency, and home nursing agency
- 17 licensure.
- 18 (Source: P.A. 94-379, eff. 1-1-06.)
- 19 Section 20. The Hospital Licensing Act is amended by
- 20 changing Sections 3, 5, 6, 7, 9, 9.3, 9.4, 9.6, 10, 13, and 15
- 21 and by adding Sections 7.1, 7.2, 7.3, 7.4, 7.6, 13.1, and 14.5
- 22 as follows:
- 23 (210 ILCS 85/3)

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- 1 Sec. 3. Definitions. As used in this Act:
- 2 (A) "Hospital" means any institution, place, building, or 3 agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of 4 5 facilities for the diagnosis and treatment or care of 2 or more unrelated persons admitted for overnight stay or longer in 6 order to obtain medical, including obstetric, psychiatric and 7 8 nursing, care of illness, disease, injury, infirmity, or 9 deformity.
- The term "hospital", without regard to length of stay, shall also include:
 - (a) any facility which is devoted primarily to providing psychiatric and related services and programs for the diagnosis and treatment or care of 2 or more unrelated persons suffering from emotional or nervous diseases;
 - (b) all places where pregnant females are received, cared for, or treated during delivery irrespective of the number of patients received.
 - The term "hospital" includes general and specialized hospitals, tuberculosis sanitaria, mental or psychiatric hospitals and sanitaria, and includes maternity homes, lying-in homes, and homes for unwed mothers in which care is given during delivery.
- 25 The term "hospital" does not include:
- 26 (1) any person or institution required to be licensed

1	pursuant	to	the	Nursing	Home	Care	Act	or	the	MR/DD
2	Community	Car	e Act	. ;						

- (2) hospitalization or care facilities maintained by the State or any department or agency thereof, where such department or agency has authority under law to establish and enforce standards for the hospitalization or care facilities under its management and control;
- (3) hospitalization or care facilities maintained by the federal government or agencies thereof;
- (4) hospitalization or care facilities maintained by any university or college established under the laws of this State and supported principally by public funds raised by taxation;
- (5) any person or facility required to be licensed pursuant to the Alcoholism and Other Drug Abuse and Dependency Act;
- (6) any facility operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination;
- (7) an Alzheimer's disease management center alternative health care model licensed under the Alternative Health Care Delivery Act; or
- (8) any veterinary hospital or clinic operated by a veterinarian or veterinarians licensed under the Veterinary Medicine and Surgery Practice Act of 2004 or

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- 1 maintained by a State-supported or publicly funded 2 university or college.
- 3 (B) "Person" means the State, and any political subdivision 4 or municipal corporation, individual, firm, partnership, 5 corporation, company, association, or joint stock association, 6 or the legal successor thereof.
- 7 (C) "Department" means the Department of Public Health of 8 the State of Illinois.
- 9 (D) "Director" means the Director of Public Health of the State of Illinois.
- 11 (E) "Perinatal" means the period of time between the 12 conception of an infant and the end of the first month after 13 birth.
 - (F) "Federally designated organ procurement agency" means the organ procurement agency designated by the Secretary of the U.S. Department of Health and Human Services for the service area in which a hospital is located; except that in the case of a hospital located in a county adjacent to Wisconsin which currently contracts with an organ procurement agency located in Wisconsin that is not the organ procurement agency designated by the U.S. Secretary of Health and Human Services for the service area in which the hospital is located, if the hospital applies for a waiver pursuant to 42 USC 1320b-8(a), it may designate an organ procurement agency located in Wisconsin to thereafter deemed its federally designated organ procurement agency for the purposes of this Act.

(G) "Tissue bank" means any facility or program operating
in Illinois that is certified by the American Association of
Tissue Banks or the Eye Bank Association of America and is
involved in procuring, furnishing, donating, or distributing
corneas, bones, or other human tissue for the purpose of
injecting, transfusing, or transplanting any of them into the
human body. "Tissue bank" does not include a licensed blood
bank. For the purposes of this Act, "tissue" does not include
organs.

(H) "Violation" is designated as follows:

- (a) "Type 'AA' violation" means any of the following:
- (1) a violation of this Act or the standards, rules, and regulations established by virtue of this Act that creates a condition or occurrence relating to the operation and maintenance of a hospital that proximately caused a patient's death;
- (2) the failure of a licensee to comply with 5 or more but less than 7 regulatory Code Sections that have been identified with high risk designations; or
- (3) the failure of a licensee to comply with 7 or more regulatory Code Sections that have not been identified with high risk designations.
- (b) "Type 'A' violation" means any of the following:
- (1) a violation of this Act or the standards, rules, and regulations established by virtue of this Act that creates a condition or occurrence relating to

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1	the operation and maintenance of a hospital that (i)
2	creates a substantial probability that the risk of
3	death or serious mental or physical harm to a patient
4	will result therefrom or (ii) has resulted in actual
5	physical or mental harm to a patient;
6	(2) the failure of a licensee to comply with 3 or
7	more but less than 5 regulatory Code Sections that have
8	been identified with high risk designations; or
9	(3) the failure of a licensee to comply with 5 or
10	more regulatory Code Sections that have not been
11	identified with high risk designations.
12	(c) "Type 'B' violation" means any of the following:
13	(1) a violation of this Act or the standards,
14	rules, and regulations established by virtue of this
15	Act that creates a condition or occurrence relating to
16	the operation and maintenance of a hospital that is
17	more likely than not to cause more than minimal
18	physical or mental harm to a patient;
19	(2) the failure of a licensee to comply with one or
20	more but less than 3 regulatory Code Sections that have
21	been identified with high risk designations; or
22	(3) the failure of a licensee to comply with 3 or
23	more regulatory Code Sections that have not been
24	identified with high risk designations.
25	(d) "Type 'C' violation" means any of the following:
26	(1) a violation of this Act or the standards,

1	rules, and regulations established by virtue of this
2	Act that creates a condition or occurrence relating to
3	the operation and maintenance of a hospital that
4	creates a substantial probability that minimal or less
5	than minimal physical or mental harm to a resident will
6	result therefrom; or
7	(2) the failure of a licensee with comply with one
8	or more regulatory Code Sections that have not been
9	identified with high risk designations.
10	Nothing shall be deemed a violation under subparagraph (1)
11	of paragraph (a), subparagraph (1) of paragraph (b),
12	subparagraph (1) of paragraph (c), or subparagraph (1) of
13	paragraph (d) of this Section if the condition or occurrence
14	giving rise to the violation arises from a physician licensed
15	to practice medicine in all its branches or a duly licensed
16	nurse providing care within the scope of his or her
17	professional judgment and within the accepted standards of care
18	within the community.
19	(I) "High risk designation" means a regulatory Code Section
20	or subsection that has been identified by the Department
21	through rulemaking to be inherently necessary to the health,
22	safety, and welfare of a hospital patient or the public.
23	(Source: P.A. 96-219, eff. 8-10-09; 96-339, eff. 7-1-10;

25 (210 ILCS 85/5) (from Ch. 111 1/2, par. 146)

96-1000, eff. 7-2-10.)

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- Sec. 5. (a) An application for a permit to establish a 1 2 hospital shall be made to the Department upon forms provided by it. This application shall contain such information as the 3 Department reasonably requires, which shall 4 5 affirmative evidence on which the Director may make the findings required under Section 6a of this Act. 6
- 7 (b) An application for a license to open, conduct, operate, 8 and maintain a hospital shall be made to the Department upon 9 forms provided by it, accompanied by a license fee of \$50 per 10 bed, and shall contain such information as the Department 11 reasonably requires, which may include affirmative evidence of 12 ability to comply with the provisions of this Act and the standards, rules, and regulations, promulgated by virtue 13 thereof. 14
 - (c) All applications required under this Section shall be signed by the applicant and shall be verified. Applications on behalf of a corporation or association or a governmental unit or agency shall be made and verified by any two officers thereof.
- 20 (Source: Laws 1965, p. 2350.)
- 21 (210 ILCS 85/6) (from Ch. 111 1/2, par. 147)
- Sec. 6. (a) Upon receipt of an application for a permit to establish a hospital the Director shall issue a permit if he finds (1) that the applicant is fit, willing, and able to provide a proper standard of hospital service for the community

with particular regard to the qualification, background, and character of the applicant, (2) that the financial resources available to the applicant demonstrate an ability to construct, maintain, and operate a hospital in accordance with the standards, rules, and regulations adopted pursuant to this Act, and (3) that safeguards are provided which assure hospital operation and maintenance consistent with the public interest having particular regard to safe, adequate, and efficient hospital facilities and services.

The Director may request the cooperation of county and multiple-county health departments, municipal boards of health, and other governmental and non-governmental agencies in obtaining information and in conducting investigations relating to such applications.

A permit to establish a hospital shall be valid only for the premises and person named in the application for such permit and shall not be transferable or assignable.

In the event the Director issues a permit to establish a hospital the applicant shall thereafter submit plans and specifications to the Department in accordance with Section 8 of this Act.

(b) Upon receipt of an application for license to open, conduct, operate, and maintain a hospital, the Director shall issue a license if he finds the applicant and the hospital facilities comply with standards, rules, and regulations promulgated under this Act. A license, unless sooner suspended

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or revoked, shall be renewable annually upon approval by the Department and payment of a license fee of \$50 per bed. Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place on the licensed premises. The Department may, either before or after the issuance of a license, request the cooperation of the State Fire Marshal, county and multiple county health departments, or municipal boards of health to make investigations to determine if the applicant or licensee is complying with the minimum standards prescribed by the Department. The report and recommendations of any such agency shall be in writing and shall state with particularity its findings with respect to compliance or noncompliance with such minimum standards, rules, and regulations.

The Director may issue a provisional license to any hospital which does not substantially comply with the provisions of this Act and the standards, rules, and regulations promulgated by virtue thereof provided that he finds that such hospital has undertaken changes and corrections which upon completion will render the hospital in substantial compliance with the provisions of this Act, and the standards, rules, and regulations adopted hereunder, and provided that the health and safety of the patients of the hospital will be protected during the period for which such provisional license is issued. The Director shall advise the licensee of the

conditions under which such provisional license is issued, 1 2 including the manner in which the hospital facilities fail to comply with the provisions of the Act, standards, rules, and 3 regulations, and the time within which the changes 4 5 corrections necessary for such hospital facilities substantially comply with this Act, and the standards, rules, 6 7 and regulations of the Department relating thereto shall be 8 completed.

9 (Source: P.A. 80-56.)

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- 10 (210 ILCS 85/7) (from Ch. 111 1/2, par. 148)
- 11 Sec. 7. Notice and hearing.
- 12 (a) The Director after notice and opportunity for hearing
 13 to the applicant or licensee may do any or all of the
 14 following:
 - (1) Deny deny, suspend, or revoke a permit to establish a hospital or deny, suspend, or revoke a license to open, conduct, operate, and maintain a hospital in any case in which the Director he finds that there has been a substantial failure to comply with the provisions of this Act, the Hospital Report Card Act, or the Illinois Adverse Health Care Events Reporting Law of 2005 or the standards, rules, and regulations established by virtue of any of those Acts. A substantial failure by an applicant or licensee shall include, but not be limited to, any of the following:

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(2)	Impos	e Th	e Der	partmc	ent	may	imp	ose	fines	s on

hospitals, not to exceed \$500 per occurrence, for failing

to initiate a criminal background check on a patient that meets the criteria for hospital-initiated background checks. In assessing whether to impose such a fine, the Department shall consider various factors including, but not limited to, whether the hospital has engaged in a pattern or practice of failing to initiate criminal background checks.

- (3) Impose fines on hospitals for any other violation of this Act or the standards, rules, and regulations established by virtue of this Act as set forth in Section 7.1. Money from fines imposed under paragraphs (2) or (3) of this subsection shall be deposited into the Hospital Licensure Long Term Care Provider Fund.
- (b) Such notice shall be effected by registered mail or by personal service setting forth the particular reasons for the proposed action and fixing a date, not less than 15 days from the date of such mailing or service, at which time the applicant or licensee shall be given an opportunity for a hearing. Such hearing shall be conducted by the Director or by an employee of the Department designated in writing by the Director as Hearing Officer to conduct the hearing. On the basis of any such hearing, or upon default of the applicant or licensee, the Director shall make a determination specifying his findings and conclusions. In case of a denial to an applicant of a permit to establish a hospital, such determination shall specify the subsection of Section 6 under

which the permit was denied and shall contain findings of fact forming the basis of such denial. A copy of such determination shall be sent by registered mail or served personally upon the applicant or licensee. The decision denying, suspending, or revoking a permit or a license shall become final 35 days after it is so mailed or served, unless the applicant or licensee, within such 35 day period, petitions for review pursuant to Section 13. Any decision upholding a violation or fine imposed under Section 7.1 of this Act shall become final 15 days after it is so mailed or served, unless the applicant or licensee within such 15-day period petitions for review pursuant to Section 13 of this Act.

- (c) The procedure governing hearings authorized by this Section shall be in accordance with rules promulgated by the Department and approved by the Hospital Licensing Board. A full and complete record shall be kept of all proceedings, including the notice of hearing, complaint, and all other documents in the nature of pleadings, written motions filed in the proceedings, and the report and orders of the Director and Hearing Officer. All testimony shall be reported but need not be transcribed unless the decision is appealed pursuant to Section 13. A copy or copies of the transcript may be obtained by any interested party on payment of the cost of preparing such copy or copies.
- 25 (d) The Director or Hearing Officer shall upon his own 26 motion, or on the written request of any party to the

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proceeding, issue subpoenas requiring the attendance and the giving of testimony by witnesses, and subpoenas duces tecum requiring the production of books, papers, records, memoranda. All subpoenas and subpoenas duces tecum issued under the terms of this Act may be served by any person of full age. The fees of witnesses for attendance and travel shall be the same as the fees of witnesses before the Circuit Court of this State, such fees to be paid when the witness is excused from further attendance. When the witness is subpoenaed at the instance of the Director, or Hearing Officer, such fees shall be paid in the same manner as other expenses of the Department, and when the witness is subpoenaed at the instance of any other party to any such proceeding the Department may require that the cost of service of the subpoena or subpoena duces tecum and the fee of the witness be borne by the party at whose instance the witness is summoned. In such case, the Department in its discretion, may require a deposit to cover the cost of such service and witness fees. A subpoena or subpoena duces tecum issued as aforesaid shall be served in the same manner as a subpoena issued out of a court.

(e) Any Circuit Court of this State upon the application of the Director, or upon the application of any other party to the proceeding, may, in its discretion, compel the attendance of witnesses, the production of books, papers, records, or memoranda and the giving of testimony before the Director or Hearing Officer conducting an investigation or holding a

- 1 hearing authorized by this Act, by an attachment for contempt,
- or otherwise, in the same manner as production of evidence may
- 3 be compelled before the court.
- 4 (f) The Director or Hearing Officer, or any party in an
- 5 investigation or hearing before the Department, may cause the
- 6 depositions of witnesses within the State to be taken in the
- 7 manner prescribed by law for like depositions in civil actions
- 8 in courts of this State, and to that end compel the attendance
- 9 of witnesses and the production of books, papers, records, or
- 10 memoranda.
- 11 (Source: P.A. 96-1372, eff. 7-29-10.)
- 12 (210 ILCS 85/7.1 new)
- 13 Sec. 7.1. Penalties.
- 14 (a) The licensee of a hospital that is in violation of any
- provision of this Act or the standards, rules, and regulations
- 16 established by virtue of this Act may be subject to the
- 17 penalties or fines levied by the Department as specified in
- 18 this Section. The penalties and fines are as follows:
- 19 (1) A licensee who commits a Type "AA" violation, as
- defined in Section 3 of this Act, may be assessed a fine of
- 21 up to \$50,000 per violation and may be issued a provisional
- license pursuant to Section 6 of this Act.
- 23 (2) A licensee who commits a Type "A" violation, as
- defined in Section 3 of this Act, may be assessed a fine of
- up to \$25,0000 per violation and may be issued a

1	provisional license pursuant to Section 6 of this Act.
2	(3) A licensee who commits a Type "B" violation, as
3	defined in Section 3 of this Act, may be assessed a fine of
4	up to \$10,000 per violation.
5	(4) A licensee who commits 10 or more Type "C"
6	violations, as defined in Section 3 of this Act, may be
7	assessed a fine of up to \$1,000 per violation.
8	(b) The maximum fines that may be assessed pursuant to this
9	Section shall be twice those otherwise specified for any
10	hospital that willfully makes a misstatement of fact to the
11	Department or willfully fails to make a required notification
12	to the Department if that misstatement or failure substantially
13	impairs the Department's investigation.
14	(c) If the Department finds that a facility that has a high
15	risk designation, as defined in Section 3 of this Act, has
16	violated a provision of the Illinois Administrative Code or
17	that a facility has violated the same provision of the Illinois
18	Administrative Code 3 or more times in the previous 12 months,
19	then the Department may assess a fine of up to 2 times the
20	maximum fine otherwise allowed.

21 (210 ILCS 85/7.2 new)

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Sec. 7.2. Determining penalty. In determining whether a penalty is to be imposed and in determining the amount of the penalty to be imposed, if any, for a violation, the Director shall consider the following factors, but shall not be required

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- 2 (1) the gravity of the violation, including the 3 probability that death or serious physical or mental harm 4 to a patient will result or has resulted, the severity of 5 the actual or potential harm, and the extent to which the 6 provisions of the applicable statutes, standards, or 7 regulations were violated;
- 8 (2) the reasonable diligence exercised by the licensee
 9 and efforts to correct violations;
 - (3) any previous violations committed by the licensee;
- 11 (4) the financial benefit to the facility of committing 12 or continuing the violation; and
- 13 (5) the number of patients affected by the violation.
- 14 (210 ILCS 85/7.3 new)
- Sec. 7.3. Inspection. Any holder of a license or applicant

 for a license shall be deemed to have given consent to any

 authorized officer, employee, or agent of the Department to

 enter and inspect the hospital in accordance with this Act.

 Refusal to permit such entry or inspection shall constitute

 grounds for denial, suspension, or revocation of a license as
- 22 (210 ILCS 85/7.4 new)

provided in Section 7 of this Act.

23 <u>Sec. 7.4. Emergency closure. Whenever the Department finds</u>
24 that an emergency exists that requires immediate action to

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protect the public health, it may, without notice or hearing, issue an order reciting the existence of such an emergency and then require that such action be taken as it may deem necessary to meet the emergency, including, but not limited to, closure of a hospital. Notwithstanding any other provision in this Act, such order shall be effective immediately. The State's Attorney and sheriff of the county in which the hospital is located or the Attorney General shall enforce the order after receiving notice thereof. Any licensee affected by such an order is entitled, upon request, to a hearing as provided for in rules adopted pursuant to this Act. When such emergency conditions are abated in the opinion of the Department, the Department may authorize reopening the hospital.

- 14 (210 ILCS 85/7.6 new)
- 15 Sec. 7.6. Whistleblower protection.
- 16 (a) In this Section, "retaliatory action" means the reprimand, discharge, suspension, demotion, denial of 17 18 promotion or transfer, or change in the terms and conditions of employment of any employee of a hospital that is taken in 19 20 retaliation for the employee's involvement in a protected 21 activity as set forth in paragraphs (1) through (3) of 22 subsection (b) of this Section.
- 23 (b) A hospital through its administrator, agent, or 24 employee shall not take any retaliatory action against another 25 employee of a hospital because the employee does any of the

following:	-				
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2	(1) Discloses or threatens to disclose to a supervisor
3	or to a public body an activity, inaction, policy, or
4	practice implemented by a hospital that the employee
5	reasonably believes is in violation of a law, rule, or
5	regulation

- (2) Provides information to or testifies before any public body conducting an investigation, hearing, or inquiry into any violation of a law, rule, or regulation by the hospital.
- (3) Assists or participates in a proceeding to enforce the provisions of this Act.
- (c) A violation of this Section may be established only upon a finding that (i) the hospital engaged in conduct described in subsection (b) of this Section and (ii) this conduct was a contributing factor in the retaliatory action alleged by the employee. There is no violation of this Section, however, if the hospital demonstrates by clear and convincing evidence that it would have taken the same unfavorable personnel action in the absence of that conduct.
- (d) The employee of the facility may be awarded all remedies necessary to make the employee whole and to prevent future violations of this Section. Remedies imposed by the court may include, but are not limited to, all of the following:
 - (1) Reinstatement of the employee to either the same

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1	position	held	before	the	retaliatory	action	or	to	an
2	equivaler	nt nosi	tion.						

- (2) Two times the amount of back pay.
- 4 (3) Interest on the back pay.
- 5 (4) Reinstatement of full fringe benefits and seniority rights.
- 7 (5) Payment of reasonable costs and attorney's fees.
- 8 (e) Nothing in this Section shall be deemed to diminish the
 9 rights, privileges, or remedies of an employee of a hospital
 10 under any other federal or State law, rule, or regulation or
 11 under any employment contract.
- 12 (210 ILCS 85/9) (from Ch. 111 1/2, par. 150)
- 13 Sec. 9. Inspections and investigations.
 - (a) The Department shall make or cause to be made such inspections and investigations as it deems necessary, except that, subject to appropriation, the Department shall investigate every allegation of abuse of a patient received by the Department. Information received by the Department through filed reports, inspection, or as otherwise authorized under this Act shall not be disclosed publicly in such manner as to identify individuals or hospitals, except (i) in a proceeding involving the denial, suspension, or revocation of a permit to establish a hospital or a proceeding involving the denial, suspension, or revocation of a license to open, conduct, operate, and maintain a hospital, (ii) to the Department of

- 1 Children and Family Services in the course of a child abuse or
- 2 neglect investigation conducted by that Department or by the
- 3 Department of Public Health, (iii) in accordance with Section
- 4 6.14a of this Act, or (iv) in other circumstances as may be
- 5 approved by the Department Hospital Licensing Board.
- 6 (b) Individuals employed by a hospital licensed by the
- 7 Department shall be required to indicate in writing whether
- 8 they agree or disagree with any interview statement as written
- 9 by a surveyor conducting an inspection or investigation and
- shall sign the interview statement. Failure to comply with this
- 11 provision shall result in a rebuttable presumption that the
- interview statement was accurately recorded by the surveyor.
- 13 (Source: P.A. 96-692, eff. 1-1-10.)
- 14 (210 ILCS 85/9.3)
- Sec. 9.3. Informal dispute resolution. The Department <u>may</u>
- 16 must offer an opportunity for informal dispute resolution
- 17 concerning Department rules and standards before the advisory
- 18 committee under subsection (b) of Section 2310-560 of the
- 19 Department of Public Health Powers and Duties Law of the Civil
- 20 Administrative Code of Illinois. Participants in this process
- 21 must include representatives from the Department,
- 22 representatives of the hospital, and additional
- 23 representatives deemed appropriate by both parties with
- 24 expertise regarding the contested deficiencies and the
- 25 management of health care facilities. If the Department does

- 1 not resolve disputed deficiencies after the informal dispute
- 2 resolution process, the Department must provide a written
- 3 explanation to the hospital of why the deficiencies have not
- 4 been removed from the statement of deficiencies.
- 5 (Source: P.A. 92-803, eff. 8-16-02; 93-41, eff. 6-27-03.)
- 6 (210 ILCS 85/9.4)
- 7 Sec. 9.4. Findings, conclusions, and citations. The
- 8 Department must consider any factual information offered by the
- 9 hospital during the survey, inspection, or investigation, at
- daily status briefings, and in the exit briefing required under
- 11 Section 9.2 before making final findings and conclusions or
- issuing violations citations. The Department must document
- 13 receipt of such information. The Department must provide the
- 14 hospital with written notice of its findings and conclusions
- within 10 days of the exit briefing required under Section 9.2.
- 16 This notice must provide the following information: (i)
- 17 identification of all deficiencies and areas of noncompliance
- 18 with applicable law; (ii) identification of the applicable
- 19 statutes, rules, codes, or standards that were violated; and
- 20 (iii) the factual basis for each deficiency or violation, and
- 21 (iv) any fines or penalties assessed as the result of each
- 22 deficiency or violation.
- 23 (Source: P.A. 93-41, eff. 6-27-03.)
- 24 (210 ILCS 85/9.6)

- 1 Sec. 9.6. Patient protection from abuse.
- 2 (a) No administrator, agent, or employee of a hospital or a 3 member of its medical staff may abuse a patient in the
- 4 hospital.

- (b) Any hospital administrator, agent, employee, or medical staff member who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department as required by this Section.
- 12 (c) Retaliation against a person who lawfully and in good 13 faith makes a report under this Section is prohibited, as 14 provided in Section 7.5 of this Act.
 - (d) Upon receiving a report under subsection (b) of this Section, the hospital shall submit the report to the Department within 24 hours of obtaining such report. In the event that the hospital receives multiple reports involving a single alleged instance of abuse, the hospital shall submit one report to the Department.
 - (e) Upon receiving a report under this Section, the hospital shall promptly conduct an internal review to ensure the alleged victim's safety. Measures to protect the alleged victim shall be taken as deemed necessary by the hospital's administrator and may include, but are not limited to, removing suspected violators from further patient contact during the

- hospital's internal review. If the alleged victim lacks decision-making capacity under the Health Care Surrogate Act and no health care surrogate is available, the hospital may contact the Illinois Guardianship and Advocacy Commission to determine the need for a temporary guardian of that person.
 - (f) All internal hospital reviews shall be conducted by a designated hospital employee or agent who is qualified to detect abuse and is not involved in the alleged victim's treatment. All internal review findings must be documented and filed according to hospital procedures and shall be made available to the Department upon request.
 - (g) Any other person may make a report of patient abuse to the Department if that person has reasonable cause to believe that a patient has been abused in the hospital.
 - (h) The report required under this Section shall include: the name of the patient; the name and address of the hospital treating the patient; the age of the patient; the nature of the patient's condition, including any evidence of previous injuries or disabilities; and any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the abuse.
 - (i) Except for willful or wanton misconduct, any individual, person, institution, or agency participating in good faith in the making of a report under this Section, or in the investigation of such a report or in making a disclosure of

- information concerning reports of abuse under this Section, shall have immunity from any liability, whether civil, professional, or criminal, that otherwise might result by reason of such actions. For the purpose of any proceedings, whether civil, professional, or criminal, the good faith of any persons required to report cases of suspected abuse under this Section or who disclose information concerning reports of abuse in compliance with this Section, shall be presumed.
 - (j) No administrator, agent, or employee of a hospital shall adopt or employ practices or procedures designed to discourage good faith reporting of patient abuse under this Section.
 - (k) Every hospital shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter.
 - (1) The Department shall investigate each report of patient abuse made under this Section according to the procedures of the Department, except that a report of abuse which indicates that a patient's life or safety is in imminent danger shall be investigated within 24 hours of such report. Under no circumstances may a hospital's internal review of an allegation of abuse replace an investigation of the allegation by the Department.
 - (m) The Department shall keep a continuing record of all reports made pursuant to this Section, including indications of the final determination of any investigation and the final

- disposition of all reports. The Department shall inform the
- 2 investigated hospital and any other person making a report
- 3 under subsection (g) of its final determination or disposition
- 4 in writing.
- 5 (n) The Department shall not disclose to the public any
- 6 information regarding any reports and investigations under
- 7 this Section unless and until the report of abuse is
- 8 substantiated following a full and proper investigation.
- 9 (o) All patient identifiable information in any report or
- 10 investigation under this Section shall be confidential and
- 11 shall not be disclosed except as authorized by this Act or
- 12 other applicable law.
- 13 (p) Nothing in this Section relieves a hospital
- 14 administrator, employee, agent, or medical staff member from
- 15 contacting appropriate law enforcement authorities as required
- 16 by law.
- 17 (q) Nothing in this Section shall be construed to mean that
- 18 a patient is a victim of abuse because of health care services
- 19 provided or not provided by health care professionals.
- 20 (r) Nothing in this Section shall require a hospital,
- 21 including its employees, agents, and medical staff members, to
- 22 provide any services to a patient in contravention of his or
- 23 her stated or implied objection thereto upon grounds that such
- 24 services conflict with his or her religious beliefs or
- 25 practices, nor shall such a patient be considered abused under
- this Section for the exercise of such beliefs or practices.

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- 1 (s) The Department's implementation of this Section is 2 subject to appropriations to the Department for that purpose.
- 3 (t) As used in this Section, the following terms have the following meanings:
 - "Abuse" means any physical or mental injury or sexual abuse intentionally inflicted by a hospital employee, agent, or medical staff member on a patient of the hospital and does not include any hospital, medical, health care, or other personal care services done in good faith in the interest of the patient according to established medical and clinical standards of care.
- "Mental injury" means intentionally caused emotional distress in a patient from words or gestures that would be considered by a reasonable person to be humiliating, harassing, or threatening and which causes observable and substantial impairment.
- "Sexual abuse" means any intentional act of sexual contact or sexual penetration of a patient in the hospital.
- "Substantiated", with respect to a report of abuse, means that a preponderance of the evidence indicates that abuse occurred.
- 22 (Source: P.A. 96-692, eff. 1-1-10.)
- 23 (210 ILCS 85/10) (from Ch. 111 1/2, par. 151)
- Sec. 10. Board creation; Department rules.
- 25 (a) The Governor shall appoint a Hospital Licensing Board

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composed of 14 persons, which shall advise and consult with the Director in the administration of this Act. The Secretary of Human Services (or his or her designee) shall serve on the along with one additional representative of Department of Human Services to be designated by the Secretary. Four appointive members shall represent the general public and 2 of these shall be members of hospital governing boards; one appointive member shall be a registered professional nurse or advanced practice, nurse as defined in the Nurse Practice Act, who is employed in a hospital; 3 appointive members shall be hospital administrators actively engaged in the supervision or administration of hospitals; 2 appointive members shall be practicing physicians, licensed in Illinois to practice medicine in all of its branches; and one appointive member shall be a physician licensed to practice podiatric medicine under the Podiatric Medical Practice Act of 1987; and one appointive member shall be a dentist licensed to practice dentistry under the Illinois Dental Practice Act. In making Board appointments, the Governor shall give consideration to recommendations made through the Director by professional organizations concerned with hospital administration for the hospital administrative and governing board appointments, registered professional nurse organizations for the registered appointment, professional nurse professional organizations for the physician appointments, and professional dental organizations for the dentist appointment.

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(b) Each appointive member shall hold office for a term of 3 years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term and the terms of office of the members first taking office shall expire, as designated at the time of appointment, 2 at the end of the first year, 2 at the end of the second year, and 3 at the end of the third year, after the date of appointment. The initial terms of office of the 2 additional members representing the general public provided for in this Section shall expire at the end of the third year after the date of appointment. The term of office of each original appointee shall commence July 1, 1953; the term of office of the original registered professional nurse appointee shall commence July 1, 1969; the term of office of the original licensed podiatrist appointee shall commence July 1, 1981; the term of office of the original dentist appointee shall commence July 1, 1987; and the term of office of each successor shall commence on July 1 of the year in which his predecessor's term expires. Board members, while serving on business of the Board, shall receive actual and necessary travel and subsistence expenses while so serving away from their places of residence. The Board shall meet as frequently as the Director deems necessary, but not less than once a year. Upon request of 5 or more members, the Director shall call a meeting of the Board.

The Director shall prescribe rules, regulations,

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- standards, and statements of policy needed to implement, interpret, or make specific the provisions and purposes of this Act. The Department shall adopt rules which set forth standards for determining when the public interest, safety or welfare requires emergency action in relation to termination of a research program or experimental procedure conducted by a hospital licensed under this Act. No rule, regulation, or standard shall be adopted by the Department concerning the operation of hospitals licensed under this Act which has not had prior approval of the Hospital Licensing Board, nor shall the Department adopt any rule, regulation or standard relating to the establishment of a hospital without consultation with the Hospital Licensing Board.
 - (d) Within one year after the effective date of this amendatory Act of 1984, all hospitals licensed under this Act and providing perinatal care shall comply with standards of perinatal care promulgated by the Department. The Director shall promulgate rules or regulations under this Act which are consistent with "An Act relating to the prevention of developmental disabilities", approved September 6, 1973, as amended.
- 22 (Source: P.A. 95-639, eff. 10-5-07.)
- 23 (210 ILCS 85/13) (from Ch. 111 1/2, par. 154)
- 24 Sec. 13. Administrative decisions. Whenever the Department 25 (i) refuses to grant, or revokes or suspends a permit to

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establish a hospital, or a license to open, conduct, operate, or maintain a hospital or (ii) upholds a fine based on violations issued pursuant to Section 7 of this Act, the applicant or licensee may have such decision judicially reviewed. The provisions of the Administrative Review Law, as heretofore or hereafter amended, and the rules adopted pursuant thereto shall apply to and govern all proceedings for the judicial review of final administrative decisions of the Department hereunder. The term "administrative decisions" is defined as in Section 3-101 of the Code of Civil Procedure.

11 (Source: P.A. 82-783.)

12 (210 ILCS 85/13.1 new)

Sec. 13.1. Judicial review. The Department shall not be required to certify any record or file any answer or otherwise appear in any proceeding for judicial review, unless there is filed in the court with the complaint a receipt from the Department acknowledging payment of the costs of furnishing and certifying the record, which costs shall be computed at the rate of \$1 per page of such record. Failure on the part of the plaintiff to file such receipt in Court shall be grounds for dismissal of the action; provided however, that persons proceeding in forma pauperis with the approval of the circuit court shall not be required to pay these fees.

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Sec. 14.5. Hospital Licensure Fund. The Department shall deposit all fees and fines collected in relation to the licensure of hospitals into the Hospital Licensure Fund, a special fund created in the State Treasury, for the purpose of providing funding for the administration of the licensure program for hospitals.

(210 ILCS 85/15) (from Ch. 111 1/2, par. 156)

Sec. 15. Injunction; other relief. Notwithstanding the existence or pursuit of any other remedy, the Director may, in the manner provided by law, upon the advice of the State's Attorney or Attorney General who shall represent the Director in the proceedings, maintain an action in the name of the State for injunction or other process against any person or governmental unit to restrain or prevent the establishment of a hospital without a permit issued pursuant to this Act, or to restrain or prevent the opening, conducting, operating, or maintaining of a hospital without a license issued pursuant to this Act. In addition, the Director may, in the manner provided by law, in the name of the People of this State and through the State's Attorney or Attorney General, who shall represent the Director in the proceedings, maintain an action for injunction or other relief or process against any licensee to enforce and compel compliance with the provisions of this Act and the standards, rules, and regulations established by virtue of this Act and any order entered for any response action pursuant to

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- this Act and such standards, rules, and regulations.
- 2 (Source: Laws 1965, p. 2350.)
- 3 Section 25. The Abused and Neglected Child Reporting Act is 4 amended by changing Section 7.20 as follows:

(325 ILCS 5/7.20)

Sec. 7.20. Inter-agency agreements for information. The Department shall enter into an inter-agency agreement with the Secretary of State to establish a procedure by which employees of the Department may have immediate access to driver's license records maintained by the Secretary of State if the Department determines the information is necessary to perform its duties under the Abused and Neglected Child Reporting Act, the Child Care Act of 1969, and the Children and Family Services Act. The Department shall enter into an inter-agency agreement with the Department of Healthcare and Family Services and the Department of Human Services (acting as successor to the Department of Public Aid under the Department of Human Services Act) to establish a procedure by which employees of the Department may have immediate access to records, files, papers, and communications (except medical, alcohol or drug assessment or treatment, mental health, or any other medical records) of the Healthcare Department of and Family Services, departments of public aid, the Department of Human Services, and local governmental units receiving State or federal funds

- or aid to provide public aid, if the Department determines the
- 2 information is necessary to perform its duties under the Abused
- 3 and Neglected Child Reporting Act, the Child Care Act of 1969,
- 4 and the Children and Family Services Act. The Department shall
- 5 enter into an inter-agency agreement with the Department of
- 6 Public Health to establish a procedure by which the Department
- 7 of Public Health will receive notification of indicated child
- 8 <u>abuse or neglect reports involving staff of</u>, or occurring in,
- 9 <u>facilities licensed under the Hospital Licensing Act.</u>
- 10 (Source: P.A. 95-331, eff. 8-21-07.)
- 11 Section 99. Effective date. This Act takes effect upon
- 12 becoming law.

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- 1 210 ILCS 85/13.1 new
- 2 210 ILCS 85/14.5 new
- 3 210 ILCS 85/15 from Ch. 111 1/2, par. 156
- 4 325 ILCS 5/7.20