



Sen. Heather A. Steans

**Filed: 5/8/2013**

09800SB0628sam001

LRB098 04439 WGH 45654 a

1 AMENDMENT TO SENATE BILL 628

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 628 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. The Emergency Medical Services (EMS) Systems  
5 Act is amended by changing Section 3.190 as follows:

6 (210 ILCS 50/3.190)

7 Sec. 3.190. Emergency Department Classifications. The  
8 Department shall have the authority and responsibility to:

9 (a) Establish criteria for classifying the emergency  
10 departments of ~~all~~ hospitals within the State as  
11 Comprehensive, Basic, or Standby. In establishing such  
12 criteria, the Department may consult with the Illinois  
13 Hospital Licensing Board and incorporate by reference all  
14 or part of existing standards adopted as rules pursuant to  
15 the Hospital Licensing Act or Emergency Medical Treatment  
16 Act;

1 (b) Classify the emergency departments of ~~all~~  
2 hospitals within the State in accordance with this Section;

3 (c) Annually publish, and distribute to all EMS  
4 Systems, a list reflecting the classification of all  
5 emergency departments.

6 ~~(d)~~ For the purposes of paragraphs (a) and (b) of this  
7 Section, long-term acute care hospitals, rehabilitation  
8 hospitals, and psychiatric hospitals, as defined under the  
9 Hospital Emergency Service Act, are not required to provide  
10 hospital emergency services. Long-term acute care hospitals,  
11 rehabilitation hospitals, and psychiatric hospitals with no  
12 emergency department ~~and~~ shall be classified as not available.  
13 (Source: P.A. 97-667, eff. 1-13-12; revised 8-3-12.)

14 Section 3. The Hospital Emergency Service Act is amended by  
15 changing Sections 1 and 1.3 as follows:

16 (210 ILCS 80/1) (from Ch. 111 1/2, par. 86)

17 Sec. 1. Every hospital required to be licensed by the  
18 Department of Public Health pursuant to the Hospital Licensing  
19 Act which provides general medical and surgical hospital  
20 services, except long-term acute care hospitals, rehabilitation  
21 hospitals, and psychiatric hospitals identified  
22 in Section 1.3 of this Act, shall provide a hospital emergency  
23 service in accordance with rules and regulations adopted by the  
24 Department of Public Health and shall furnish such hospital

1 emergency services to any applicant who applies for the same in  
2 case of injury or acute medical condition where the same is  
3 liable to cause death or severe injury or serious illness. For  
4 purposes of this Act, "applicant" includes any person who is  
5 brought to a hospital by ambulance or specialized emergency  
6 medical services vehicle as defined in the Emergency Medical  
7 Services (EMS) Systems Act.

8 (Source: P.A. 97-667, eff. 1-13-12.)

9 (210 ILCS 80/1.3)

10 Sec. 1.3. Long-term acute care hospitals, rehabilitation  
11 hospitals, and psychiatric hospitals. For the purpose of this  
12 Act, general acute care hospitals designated by Medicare as  
13 long-term acute care hospitals, rehabilitation hospitals, and  
14 psychiatric hospitals are not required to provide hospital  
15 emergency services described in Section 1 of this Act.  
16 Hospitals defined in this Section may provide hospital  
17 emergency services at their option.

18 Any long-term acute care hospital ~~defined in this Section~~  
19 that opts to discontinue or otherwise not provide emergency  
20 services described in Section 1 shall:

21 (1) comply with all provisions of the federal Emergency  
22 Medical Treatment and ~~&~~ Labor Act (EMTALA);

23 (2) comply with all provisions required under the  
24 Social Security Act;

25 (3) provide annual notice to communities in the

1 hospital's service area about available emergency medical  
2 services; and

3 (4) make educational materials available to  
4 individuals who are present at the hospital concerning the  
5 availability of medical services within the hospital's  
6 service area.

7 Long-term acute care hospitals that operate standby  
8 emergency services as of January 1, 2011 may discontinue  
9 hospital emergency services by notifying the Department of  
10 Public Health. Long-term acute care hospitals that operate  
11 basic or comprehensive emergency services must notify the  
12 Health Facilities and Services Review Board and follow the  
13 appropriate procedures.

14 Any rehabilitation hospital or psychiatric hospital that  
15 opts to discontinue or otherwise not provide emergency services  
16 described in Section 1 shall:

17 (1) comply with all provisions of the federal Emergency  
18 Medical Treatment and Active Labor Act (EMTALA);

19 (2) comply with all provisions required under the  
20 Social Security Act;

21 (3) provide annual notice to communities in the  
22 hospital's service area about available emergency medical  
23 services;

24 (4) make educational materials available to  
25 individuals who are present at the hospital concerning the  
26 availability of medical services within the hospital's

1       service area;

2           (5) not use the term "hospital" in their name or on any  
3       signage; and

4           (6) notify in writing the Department and the Health  
5       Facilities and Services Review Board of the  
6       discontinuation.

7       (Source: P.A. 97-667, eff. 1-13-12.)

8           Section 5. The Hospital Licensing Act is amended by  
9       changing Sections 5 and 6 and by adding Section 14.5 as  
10      follows:

11           (210 ILCS 85/5) (from Ch. 111 1/2, par. 146)

12           Sec. 5. (a) An application for a permit to establish a  
13      hospital shall be made to the Department upon forms provided by  
14      it. This application shall contain such information as the  
15      Department reasonably requires, which shall include  
16      affirmative evidence on which the Director may make the  
17      findings required under Section 6a of this Act.

18           (b) An application for a license to open, conduct, operate,  
19      and maintain a hospital shall be made to the Department upon  
20      forms provided by it, accompanied by a license fee of \$55 per  
21      bed, or such lesser amount as the Department may establish by  
22      administrative rule in consultation with the Department of  
23      Healthcare and Family Services to comply with the limitations  
24      on health care-related taxes imposed by 42 U.S.C. 1396b(w)

1 that, if violated, would result in reductions to the amount of  
2 federal financial participation received by the State for  
3 Medicaid expenditures, and shall contain such information as  
4 the Department reasonably requires, which may include  
5 affirmative evidence of ability to comply with the provisions  
6 of this Act and the standards, rules, and regulations,  
7 promulgated by virtue thereof.

8 (c) All applications required under this Section shall be  
9 signed by the applicant and shall be verified. Applications on  
10 behalf of a corporation or association or a governmental unit  
11 or agency shall be made and verified by any two officers  
12 thereof.

13 (Source: Laws 1965, p. 2350.)

14 (210 ILCS 85/6) (from Ch. 111 1/2, par. 147)

15 Sec. 6. (a) Upon receipt of an application for a permit to  
16 establish a hospital the Director shall issue a permit if he  
17 finds (1) that the applicant is fit, willing, and able to  
18 provide a proper standard of hospital service for the community  
19 with particular regard to the qualification, background, and  
20 character of the applicant, (2) that the financial resources  
21 available to the applicant demonstrate an ability to construct,  
22 maintain, and operate a hospital in accordance with the  
23 standards, rules, and regulations adopted pursuant to this Act,  
24 and (3) that safeguards are provided which assure hospital  
25 operation and maintenance consistent with the public interest

1 having particular regard to safe, adequate, and efficient  
2 hospital facilities and services.

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

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

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

15 (b) Upon receipt of an application for license to open,  
16 conduct, operate, and maintain a hospital, the Director shall  
17 issue a license if he finds the applicant and the hospital  
18 facilities comply with standards, rules, and regulations  
19 promulgated under this Act. A license, unless sooner suspended  
20 or revoked, shall be renewable annually upon approval by the  
21 Department and payment of a license fee as established pursuant  
22 to Section 5 of this Act. Each license shall be issued only for  
23 the premises and persons named in the application and shall not  
24 be transferable or assignable. Licenses shall be posted in a  
25 conspicuous place on the licensed premises. The Department may,  
26 either before or after the issuance of a license, request the

1 cooperation of the State Fire Marshal, county and multiple  
2 county health departments, or municipal boards of health to  
3 make investigations to determine if the applicant or licensee  
4 is complying with the minimum standards prescribed by the  
5 Department. The report and recommendations of any such agency  
6 shall be in writing and shall state with particularity its  
7 findings with respect to compliance or noncompliance with such  
8 minimum standards, rules, and regulations.

9 The Director may issue a provisional license to any  
10 hospital which does not substantially comply with the  
11 provisions of this Act and the standards, rules, and  
12 regulations promulgated by virtue thereof provided that he  
13 finds that such hospital has undertaken changes and corrections  
14 which upon completion will render the hospital in substantial  
15 compliance with the provisions of this Act, and the standards,  
16 rules, and regulations adopted hereunder, and provided that the  
17 health and safety of the patients of the hospital will be  
18 protected during the period for which such provisional license  
19 is issued. The Director shall advise the licensee of the  
20 conditions under which such provisional license is issued,  
21 including the manner in which the hospital facilities fail to  
22 comply with the provisions of the Act, standards, rules, and  
23 regulations, and the time within which the changes and  
24 corrections necessary for such hospital facilities to  
25 substantially comply with this Act, and the standards, rules,  
26 and regulations of the Department relating thereto shall be



1 completed.

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

3 (210 ILCS 85/14.5 new)

4 Sec. 14.5. Hospital Licensure Fund.

5 (a) There is created in the State treasury the Hospital  
6 Licensure Fund. The Fund is created for the purpose of  
7 providing funding for the administration of the licensure  
8 program and patient safety and quality initiatives for  
9 hospitals, including, without limitation, the implementation  
10 of the Illinois Adverse Health Care Events Reporting Law of  
11 2005.

12 (b) The Fund shall consist of the following:

13 (1) fees collected pursuant to this Section;

14 (2) federal matching funds received by the State as a  
15 result of expenditures made by the Department that are  
16 attributable to moneys deposited in the Fund;

17 (3) interest earned on moneys deposited in the Fund;

18 and

19 (4) other moneys received for the Fund from any other  
20 source, including interest earned thereon.

21 (c) Disbursements from the Fund shall be made only for:

22 (1) initially, the implementation of the Illinois  
23 Adverse Health Care Events Reporting Law of 2005;

24 (2) subsequently, programs, information, or  
25 assistance, including measures to address public

1 complaints, designed to measurably improve quality and  
2 patient safety; and

3 (3) the reimbursement of moneys collected by the  
4 Department through error or mistake.

5 (d) The uses described in paragraphs (1) and (2) of  
6 subsection (c) shall be developed in conjunction with a  
7 statewide organization representing a majority of hospitals.

8 Section 8. The Illinois Adverse Health Care Events  
9 Reporting Law of 2005 is amended by changing Sections 10-10 and  
10 10-15 as follows:

11 (410 ILCS 522/10-10)

12 Sec. 10-10. Definitions. As used in this Law, the following  
13 terms have the following meanings:

14 "Adverse health care event" means any event identified as a  
15 serious reportable event by the National Quality Forum on the  
16 effective date of this amendatory Act of the 98th General  
17 Assembly. The Department shall adopt, by rule, the list of  
18 adverse health care events. The rules in effect on May 1, 2013,  
19 that define "adverse health care event" shall remain in effect  
20 until new rules are adopted in accordance with this amendatory  
21 Act of the 98th General Assembly. If the National Quality Forum  
22 thereafter revises its list of serious reportable events  
23 through addition, deletion, or modification, then the term  
24 "adverse health care event" for purposes of this Law shall be

1 similarly revised, effective no sooner than 6 months after the  
2 revision by the National Quality Forum. ~~described in~~  
3 ~~subsections (b) through (g) of Section 10-15.~~

4 "Department" means the Illinois Department of Public  
5 Health.

6 "Health care facility" means a hospital maintained by the  
7 State or any department or agency thereof where such department  
8 or agency has authority under law to establish and enforce  
9 standards for the hospital under its management and control, a  
10 hospital maintained by any university or college established  
11 under the laws of this State and supported principally by  
12 public funds raised by taxation, a hospital licensed under the  
13 Hospital Licensing Act, a hospital organized under the  
14 University of Illinois Hospital Act, and an ambulatory surgical  
15 treatment center licensed under the Ambulatory Surgical  
16 Treatment Center Act.

17 (Source: P.A. 94-242, eff. 7-18-05.)

18 (410 ILCS 522/10-15)

19 Sec. 10-15. Health care facility requirements to report,  
20 analyze, and correct.

21 (a) Reports of adverse health care events required. Each  
22 health care facility shall report to the Department the  
23 occurrence of any ~~of the~~ adverse health care events ~~described~~  
24 ~~in subsections (b) through (g)~~ no later than 30 days after  
25 discovery of the event. The report shall be filed in a format

1 specified by the Department and shall identify the health care  
2 facility, but shall not include any information identifying or  
3 that tends to identify any of the health care professionals,  
4 employees, or patients involved.

5 (b) (Blank). ~~Surgical events. Events reportable under this~~  
6 ~~subsection are:~~

7 ~~(1) Surgery performed on a wrong body part that is not~~  
8 ~~consistent with the documented informed consent for that~~  
9 ~~patient. Reportable events under this clause do not include~~  
10 ~~situations requiring prompt action that occur in the course~~  
11 ~~of surgery or situations whose urgency precludes obtaining~~  
12 ~~informed consent.~~

13 ~~(2) Surgery performed on the wrong patient.~~

14 ~~(3) The wrong surgical procedure performed on a patient~~  
15 ~~that is not consistent with the documented informed consent~~  
16 ~~for that patient. Reportable events under this clause do~~  
17 ~~not include situations requiring prompt action that occur~~  
18 ~~in the course of surgery or situations whose urgency~~  
19 ~~precludes obtaining informed consent.~~

20 ~~(4) Retention of a foreign object in a patient after~~  
21 ~~surgery or other procedure, excluding objects~~  
22 ~~intentionally implanted as part of a planned intervention~~  
23 ~~and objects present prior to surgery that are intentionally~~  
24 ~~retained.~~

25 ~~(5) Death during or immediately after surgery of a~~  
26 ~~normal, healthy patient who has no organic, physiologic,~~

1 ~~biochemical, or psychiatric disturbance and for whom the~~  
2 ~~pathologic processes for which the operation is to be~~  
3 ~~performed are localized and do not entail a systemic~~  
4 ~~disturbance.~~

5 (c) (Blank). ~~Product or device events. Events reportable~~  
6 ~~under this subsection are:~~

7 ~~(1) Patient death or serious disability associated~~  
8 ~~with the use of contaminated drugs, devices, or biologics~~  
9 ~~provided by the health care facility when the contamination~~  
10 ~~is the result of generally detectable contaminants in~~  
11 ~~drugs, devices, or biologics regardless of the source of~~  
12 ~~the contamination or the product.~~

13 ~~(2) Patient death or serious disability associated~~  
14 ~~with the use or function of a device in patient care in~~  
15 ~~which the device is used or functions other than as~~  
16 ~~intended. "Device" includes, but is not limited to,~~  
17 ~~catheters, drains, and other specialized tubes, infusion~~  
18 ~~pumps, and ventilators.~~

19 ~~(3) Patient death or serious disability associated~~  
20 ~~with intravascular air embolism that occurs while being~~  
21 ~~cared for in a health care facility, excluding deaths~~  
22 ~~associated with neurosurgical procedures known to present~~  
23 ~~a high risk of intravascular air embolism.~~

24 (d) (Blank). ~~Patient protection events. Events reportable~~  
25 ~~under this subsection are:~~

26 ~~(1) An infant discharged to the wrong person.~~

1           ~~(2) Patient death or serious disability associated~~  
2 ~~with patient disappearance for more than 4 hours, excluding~~  
3 ~~events involving adults who have decision-making capacity.~~

4           ~~(3) Patient suicide or attempted suicide resulting in~~  
5 ~~serious disability while being cared for in a health care~~  
6 ~~facility due to patient actions after admission to the~~  
7 ~~health care facility, excluding deaths resulting from~~  
8 ~~self-inflicted injuries that were the reason for admission~~  
9 ~~to the health care facility.~~

10           (e) (Blank). ~~Care management events. Events reportable~~  
11 ~~under this subsection are:~~

12           ~~(1) Patient death or serious disability associated~~  
13 ~~with a medication error, including, but not limited to,~~  
14 ~~errors involving the wrong drug, the wrong dose, the wrong~~  
15 ~~patient, the wrong time, the wrong rate, the wrong~~  
16 ~~preparation, or the wrong route of administration,~~  
17 ~~excluding reasonable differences in clinical judgment on~~  
18 ~~drug selection and dose.~~

19           ~~(2) Patient death or serious disability associated~~  
20 ~~with a hemolytic reaction due to the administration of~~  
21 ~~ABO-incompatible blood or blood products.~~

22           ~~(3) Maternal death or serious disability associated~~  
23 ~~with labor or delivery in a low-risk pregnancy while being~~  
24 ~~cared for in a health care facility, excluding deaths from~~  
25 ~~pulmonary or amniotic fluid embolism, acute fatty liver of~~  
26 ~~pregnancy, or cardiomyopathy.~~

1           ~~(4) Patient death or serious disability directly~~  
2           ~~related to hypoglycemia, the onset of which occurs while~~  
3           ~~the patient is being cared for in a health care facility~~  
4           ~~for a condition unrelated to hypoglycemia.~~

5           (f) (Blank). ~~Environmental events. Events reportable under~~  
6           ~~this subsection are:~~

7           ~~(1) Patient death or serious disability associated~~  
8           ~~with an electric shock while being cared for in a health~~  
9           ~~care facility, excluding events involving planned~~  
10           ~~treatments such as electric countershock.~~

11           ~~(2) Any incident in which a line designated for oxygen~~  
12           ~~or other gas to be delivered to a patient contains the~~  
13           ~~wrong gas or is contaminated by toxic substances.~~

14           ~~(3) Patient death or serious disability associated~~  
15           ~~with a burn incurred from any source while being cared for~~  
16           ~~in a health care facility that is not consistent with the~~  
17           ~~documented informed consent for that patient. Reportable~~  
18           ~~events under this clause do not include situations~~  
19           ~~requiring prompt action that occur in the course of surgery~~  
20           ~~or situations whose urgency precludes obtaining informed~~  
21           ~~consent.~~

22           ~~(4) Patient death associated with a fall while being~~  
23           ~~cared for in a health care facility.~~

24           ~~(5) Patient death or serious disability associated~~  
25           ~~with the use of restraints or bedrails while being cared~~  
26           ~~for in a health care facility.~~

1           (g) (Blank). ~~Physical security events. Events reportable~~  
2 ~~under this subsection are:~~

3           ~~(1) Any instance of care ordered by or provided by~~  
4 ~~someone impersonating a physician, nurse, pharmacist, or~~  
5 ~~other licensed health care provider.~~

6           ~~(2) Abduction of a patient of any age.~~

7           ~~(3) Sexual assault on a patient within or on the~~  
8 ~~grounds of a health care facility.~~

9           ~~(4) Death or significant injury of a patient or staff~~  
10 ~~member resulting from a physical assault that occurs within~~  
11 ~~or on the grounds of a health care facility.~~

12           (g-5) If the adverse health care events subject to this Law  
13 are revised as described in Section 10-10, then the Department  
14 shall provide notice to all affected health care facilities  
15 promptly upon the revision and shall inform affected health  
16 care facilities of the effective date of the revision for  
17 purposes of reporting under this Law.

18           (h) Definitions. As pertains to an adverse health care  
19 event used in this Section 10-15:

20           "Death" means patient death related to an adverse event  
21 and not related solely to the natural course of the patient's  
22 illness or underlying condition. Events otherwise reportable  
23 under this Section 10-15 shall be reported even if the death  
24 might have otherwise occurred as the natural course of the  
25 patient's illness or underlying condition.

26           "Serious disability" means a physical or mental



1 impairment, including loss of a body part, related to an  
2 adverse event and not related solely to the natural course of  
3 the patient's illness or underlying condition, that  
4 substantially limits one or more of the major life activities  
5 of an individual or a loss of bodily function, if the  
6 impairment or loss lasts more than 7 days prior to discharge or  
7 is still present at the time of discharge from an inpatient  
8 health care facility.

9 (Source: P.A. 94-242, eff. 7-18-05.)

10 Section 10. The State Finance Act is amended by adding  
11 Section 5.826 as follows:

12 (30 ILCS 105/5.826 new)

13 Sec. 5.826. The Hospital Licensure Fund.

14 Section 99. Effective date. This Act takes effect upon  
15 becoming law."