



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

SB3770

Introduced 2/5/2026, by Sen. Patrick J. Joyce

#### SYNOPSIS AS INTRODUCED:

See Index

Creates the Global Hospital Budget Authority Act. Defines terms. Established the Global Hospital Budget Authority as a Division of the Department of Public Health. Provides that the powers and duties of the Authority shall be vested in and exercised by the Global Hospital Budget Board, which shall have the sole power to employ staff, including an executive director, legal counsel, consultants, or any other staff deemed necessary by the Board to effectuate the purposes of the Act. Provides that individuals employed by the Board shall not be employees of the State for any purpose, including for purposes of compensation, pension benefits, or retirement. Sets forth provisions concerning membership requirements; powers and duties of the Board; roles of participating payers; roles of participant hospitals; data collection and retention; confidentiality of data, contracts, and agreements; and the Global Hospital Budget Fund. Amends the Hospital Licensing Act. Provides that, in reviewing and issuing permits and licenses, the Department shall accept, as factors that satisfy staffing and service-line presence requirements, one or a combination of the following alternative mechanisms if the Department finds that patient safety and continuity of care are maintained: (i) on-site staffing by appropriately licensed clinicians; (ii) written and operative affiliation agreements meeting standards adopted by the Department that provide timely specialty coverage; (iii) documented telemedicine coverage that meets certain standards; or (iv) a waiver issued under certain provisions for a rural or critical access hospital. In provisions concerning requirements for the employment of physicians, provides that employing entities may employ physicians to practice medicine in all of its branches if employment, privileging, and oversight requirements are met. Amends the Illinois Health Facilities Planning Act. Makes changes in provisions concerning definitions; certificates of exemption for change of ownership of a health care facility; applications for permit for discontinuation of a health care facility or category of service; and the powers and duties of State Board. Amends the State Finance Act to make a conforming change.

LRB104 18629 BAB 32072 b

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the Global  
5 Hospital Budget Authority Act.

6 Section 2. Purpose. The purpose of this Act is to protect  
7 and promote access of the residents of this State to  
8 high-quality health care in all communities by encouraging  
9 innovation in health care delivery.

10 Section 5. Definitions. In this Act:

11 "Authority" means the Global Hospital Budget Authority  
12 within the Department of Public Health.

13 "Board" means the Global Hospital Budget Board.

14 "Conflict of interest" means situation in which a Board  
15 member:

16 (1) has an interest in one or more parties involved in  
17 an action under Section 303 of the Illinois Income Tax  
18 Act; and

19 (2) may gain access to competitively sensitive or  
20 strategically relevant information about a participating  
21 payer or participant hospital.

22 "Department" means the Department of Public Health.

1 "Director" means the Director of Public Health.

2 "Eligible hospital" means any general acute care hospital,  
3 critical access hospital, specialty hospital, or children's  
4 hospital licensed under the Hospital Licensing Act that  
5 provides inpatient services in this State, excluding:

6 (1) Psychiatric hospitals;

7 (2) Long-term acute care hospitals;

8 (3) Rehabilitation hospitals; and

9 (4) Federal hospitals operated by the United States  
10 Department of Veterans Affairs or Department of Defense.

11 "Eligible hospital services" means all inpatient and  
12 hospital-based outpatient items and services. "Eligible  
13 hospital services" excludes all other items and services,  
14 including the following:

15 (1) Post-acute care.

16 (2) Professional services.

17 (3) Durable medical equipment.

18 (4) Dental services.

19 (5) Non-inpatient or non-hospital-based outpatient  
20 behavioral health services.

21 (6) Long-term care services, except for swing bed  
22 services for critical access hospitals.

23 "Fund" means the Global Hospital Budget Fund.

24 "Global budget" means the prospectively set annual budget  
25 that is the basis of payment of each participant hospital for  
26 eligible hospital services by participating payers.

1 "Global budget model" means an innovative payment and  
2 service delivery model that is intended to reduce health care  
3 costs while maintaining access to care, improving the quality  
4 of care across all counties, and meeting the health needs of  
5 participant hospitals' local communities, and under which  
6 participating payers pay participant hospitals using a global  
7 budget methodology established by the Authority.

8 "Government program" means a health benefit plan offered  
9 or administered by or on behalf of the United States, this  
10 State, or an agency or instrumentality of either, including:

11 (1) The medical assistance program established under  
12 Article V of the Illinois Public Aid Code.

13 (2) The Children's Health Insurance Program  
14 established under the Children's Health Insurance Program  
15 Act.

16 (3) A health benefit plan offered or administered by  
17 or on behalf of the State or an agency or instrumentality  
18 of the State.

19 (4) Health care benefits administered under Title 10  
20 or Title 38 of the United States Code.

21 (5) The Medicare program established under Title XVIII  
22 of the Social Security Act.

23 "Hospital" means a hospital licensed under the Hospital  
24 Licensing Act.

25 "Hospital budget transformation plan" means a description  
26 of the health care delivery system transformation that a

1 participant hospital undergoes under the global budget model,  
2 as approved by the Board and the federal government.

3 "Insurer" means a person, corporation, or other entity  
4 licensed by the State with Authority to offer, issue, or renew  
5 an insurance policy, subscriber contract, or certificate  
6 providing health care coverage, including:

7 (1) An insurance company, association, or exchange  
8 governed by the Illinois Insurance Code.

9 (2) A health services plan corporation.

10 (3) A professional service corporation that renders  
11 professional services in health care.

12 (4) A health maintenance organization governed by the  
13 Health Maintenance Organization Act.

14 "Medicaid managed care organization" means entity, as  
15 defined in 42 U.S.C. 1396b(m)(1)(A), that is a party to an  
16 agreement with the Department of Human Services. "Medicaid  
17 managed care organization" includes a county Medicaid managed  
18 care organization and a permitted assignee of an agreement.  
19 "Medicaid managed care organization" does not include an  
20 assignor of an agreement.

21 "Participant hospital" means a hospital that signs an  
22 agreement to participate in the global budget model.

23 "Participating payer" means a payer that operates in this  
24 State and, with respect to one or more specified products,  
25 programs, or payment arrangements, signs an agreement with the  
26 Authority to participate in the global budget model.

1 "Payer" means an insurer, government program, or Medicaid  
2 managed care organization that pays or administers payment for  
3 health care services under an insurance policy, subscriber  
4 contract, certificate, administrative services arrangement, or  
5 other payment arrangement.

6 Section 10. Global Hospital Budget Authority.

7 (a) The Global Hospital Budget Authority is established as  
8 a Division of the Department of Public Health. The powers and  
9 duties of the Authority shall be vested in and exercised by the  
10 Global Hospital Budget Board, which shall have the sole power  
11 to employ staff, including an executive director, legal  
12 counsel, consultants, or any other staff deemed necessary by  
13 the Board to effectuate the purposes of this Act. Individuals  
14 employed by the Board shall not be employees of the State for  
15 any purpose, including for purposes of compensation, pension  
16 benefits, or retirement.

17 (b) The Board shall consist of the following members:

18 (1) The Director or the Director's designee, who shall  
19 be an employee of the Department designated in writing  
20 prior to service.

21 (2) The Secretary of Human Services or the Secretary's  
22 designee, who shall be an employee of the Department of  
23 Human Services designated in writing prior to service.

24 (3) The Director of Insurance or the Director's  
25 designee, who shall be an employee of the Department of

1 Insurance designated in writing prior to service.

2 (4) One member selected by each participating payer  
3 that is an insurer on behalf of the participating payer  
4 and the participating payer's parents, affiliates,  
5 subsidiaries, other associated entities, and successors,  
6 excluding any affiliated, subsidiary, or otherwise  
7 associated Medicaid managed care organization.

8 (5) One member selected by each participating payer  
9 that is a Medicaid managed care organization.

10 (6) One member selected by an organization  
11 representing hospitals and health systems in this State.  
12 This member shall be considered a participant hospital  
13 member on the Board.

14 (7) Participant hospital members, the number of which  
15 shall not exceed the number of participating payer  
16 members. The participant hospital members shall represent  
17 the participant hospitals, shall be selected from  
18 different, geographically diverse participant hospitals,  
19 and shall be appointed as follows:

20 (A) The President Pro Tempore of the Senate, the  
21 Minority Leader of the Senate, the Speaker of the  
22 House of Representatives and the Minority Leader of  
23 the House of Representatives shall each appoint one  
24 member.

25 (B) The Governor shall appoint the remaining  
26 members.

1           (8) One member appointed by the Governor that is a  
2           statewide organization advocating on behalf of consumers  
3           for consumer rights in a health care setting.

4           (9) Two members appointed by the Governor who are  
5           nationally recognized experts in health care delivery or  
6           in developing and administering global budgets.

7           (c) The terms of the members of the Board shall be as  
8           follows:

9           (1) The terms of the members specified under  
10           paragraphs (1), (2) and (3) of subsection (b) shall be  
11           concurrent with their holding of public office.

12           (2) The Board members specified in paragraphs (4),  
13           (5), (6), (7) and (8) of subsection (b) shall serve for a  
14           term of 4 years and shall not be eligible to serve more  
15           than 2 full consecutive 4-year terms. If a member leaves  
16           the Board prior to completing a 4-year term due to a change  
17           in professional status, including, but not limited to,  
18           retirement, changing jobs, failure to qualify, or similar  
19           reasons, a new member shall be appointed or selected  
20           within 60 days after the seat becomes vacant.

21           (d) The Governor shall appoint a chairperson from among  
22           the Board members.

23           (e) A majority of the members of the Board shall  
24           constitute a quorum. Action may be taken by the Board at a  
25           meeting upon a vote of a majority of its members present in  
26           person or through electronic means. If a tie vote occurs at any

1 meeting, it shall be the duty of the chairperson to cast the  
2 deciding vote.

3 (f) The Board shall meet at the call of the chairperson or  
4 as may be provided in the bylaws of the Board. The Board shall  
5 hold meetings at least quarterly, which shall be subject to  
6 the requirements of the Open Meetings Act.

7 (g) The Board shall be formed within 90 days after the  
8 effective date of this Act.

9 (h) Board members shall recuse themselves from discussions  
10 and actions where a conflict of interest may exist. Board  
11 members may not receive confidential information, data, or  
12 material related to an entity where a conflict of interest may  
13 exist.

14 (i) Members of the Board shall not receive a salary or per  
15 diem allowance for serving as members of the Board but shall be  
16 reimbursed for actual and necessary expenses incurred in the  
17 performance of their duties. Reasonable expenses may include  
18 the reimbursement of travel and living expenses while engaged  
19 in Board business. The reimbursements shall be paid for by the  
20 Fund.

21 Section 15. Powers and duties.

22 (a) The Board shall exercise all powers necessary and  
23 appropriate to carry out its duties under this Act, including  
24 the following:

25 (1) Adopt bylaws necessary to carry out the provisions

1 of this Act. The bylaws shall include a provision  
2 addressing conflicts of interest as well as a provision  
3 that restricts Board discussions and decisions to the  
4 administration of the global budget model as provided  
5 under subsection (b).

6 (2) Make, execute, and deliver contracts, grants, and  
7 other instruments necessary or convenient to exercise the  
8 powers and duties of the Board.

9 (3) Apply for, solicit, receive, establish priorities  
10 for, allocate, disburse, contract or grant for,  
11 administer, and expend money in the Fund and other money  
12 made available to the Authority from any other source  
13 consistent with the purposes of this act. The Authority  
14 shall be exempt from the applicable provisions of the  
15 Illinois Procurement Code.

16 (4) Apply for, accept, and administer grants and loans  
17 to carry out the purposes of the Authority.

18 (5) Accept money from both public and private sources,  
19 consistent with federal and State law.

20 (6) Take, hold, administer, assign, lend, encumber,  
21 mortgage, invest, or otherwise dispose of, at a public or  
22 private sale, on behalf of the Authority and for any of the  
23 Authority's purposes, real property, personal property,  
24 and money or any interest therein, including any mortgage  
25 or loan interest owned by the Authority, under the  
26 Authority's control, or in the Authority's possession and

1 the income from the real or personal property either  
2 absolutely or in trust and including the following  
3 abilities:

4 (A) The Board may acquire property or money for  
5 this purpose by purchase or lease and by the  
6 acceptance of gifts, grants, bequests, devises, or  
7 loans, but no obligation of the Authority shall be a  
8 debt of the State, and the Authority shall have no  
9 power to pledge the credit or taxing power of the State  
10 nor to make its debts payable out of any money except  
11 that of the Authority. This subparagraph (A) shall not  
12 be construed as allowing the Board to acquire  
13 hospitals or participant hospitals.

14 (B) All accrued and future earnings from money  
15 invested by the Board and other accrued and future  
16 nonappropriated funds, including, but not limited to,  
17 funds obtained from the federal Government and any  
18 contributions, shall be available to the Authority,  
19 shall be deposited in the State Treasury, and may be  
20 utilized at the discretion of the Board for carrying  
21 out any of the corporate purposes of the Authority.  
22 Any placement of the funds by the State Treasurer in  
23 depositories or investments shall be consistent with  
24 guidelines approved by the Board.

25 (7) Seek waivers from State agency requirements as  
26 necessary to carry out the purposes of this Act.

1           (8) Coordinate with the appropriate State agency to  
2 seek waivers from federal requirements as necessary to  
3 carry out the purposes of this Act.

4           (9) Establish advisory groups with diverse memberships  
5 representing interested and affected groups and  
6 individuals as the Board finds necessary to carry out the  
7 purposes of this Act.

8           (10) Collaborate with all applicable State agencies  
9 for purposes of implementing this Act.

10          (11) Perform all other activities necessary to further  
11 the purposes of this Act.

12          (b) The Board shall be responsible for administering the  
13 global budget model and shall:

14           (1) Evaluate and select hospitals for participation in  
15 the global budget model as participant hospitals on the  
16 basis of diversity, vision, and commitment to health care  
17 delivery transformation.

18           (2) Provide technical assistance, training, and  
19 education to participant hospitals.

20           (3) Collect and maintain data from participant  
21 hospitals, participating payers, and others as necessary  
22 to carry out the responsibilities of this Act.

23           (4) Perform data analysis and quality assurance.

24           (5) Calculate, approve, and administer global budgets.  
25 The global budgets may include payments for eligible  
26 hospital services provided under a participant hospital's

1 employee health plan.

2 (6) Consistent with federal and State law, review and  
3 approve hospital transformation plans, advise and approve  
4 changes to operational and payment mechanisms, and approve  
5 exceptions to agreed-upon payment rules through an  
6 approved procedure provided in the Board's bylaws. For the  
7 purpose of administration, the Authority shall be subject  
8 to the relevant provisions of the Illinois Administrative  
9 Code.

10 (7) Assist hospitals and participant hospitals in  
11 working with community-based organizations to determine  
12 targeted population health improvement goals.

13 (8) Evaluate the progress of the implementation of  
14 each participant hospital's global budget toward  
15 population health improvement goals and the cost of  
16 achieving those goals.

17 (9) Monitor global budgets and quality metrics for  
18 participant hospitals.

19 (10) Provide an annual assessment of each rural  
20 participant hospital's compliance with its hospital  
21 transformation plan and global budget targets.

22 (11) Require a participant hospital to submit a  
23 corrective action plan for failure to submit a hospital  
24 transformation plan, to comply with its hospital  
25 transformation plan, or to meet its global budget targets.

26 (12) Terminate a participant hospital from the global

1 budget model in accordance with the rural participant  
2 hospital's participation agreement.

3 (13) Contract with an independent evaluation group to  
4 provide the Board and Director with an evaluation of the  
5 global budget model's progress in the areas of population  
6 health, quality of care, and cost targets.

7 (14) Review and update its definition of "eligible  
8 hospital services", subject to obtaining all necessary  
9 federal approvals. The Board shall use data collected  
10 under paragraph (3) in its review.

11 (c) (1) The accounts and books of the Authority shall be  
12 examined and audited annually by an independent certified  
13 public accounting firm. The audit shall be public information.

14 (2) The Authority shall, by December 31 of each year, file  
15 a copy of the audit of the preceding State fiscal year required  
16 under paragraph (1) with the Secretary of the Senate and the  
17 Chief Clerk of the House of Representatives and provide a copy  
18 to the Department.

19 (d) The Authority shall:

20 (1) Electronically submit an annual report on the  
21 performance and compliance of each participant rural  
22 hospital to the Department and to other appropriate  
23 parties, including associations, foundations, academic  
24 institutions, and community-based organizations, as  
25 determined by the Board.

26 (2) Electronically submit an annual report to the

1 Governor, the President Pro Tempore of the Senate, and the  
2 Speaker of the House of Representatives for distribution  
3 to the Health and Human Services Committee of the Senate  
4 and the Health Care Availability and Access Committee of  
5 the House of Representatives on the activities of the  
6 Authority for the year.

7 (3) Comply with applicable federal reporting  
8 requirements.

9 (e) The Authority shall annually transmit a financial  
10 statement and the Authority's audit as a notice for  
11 publication in the Illinois Register.

12 Section 20. Roles of participating payers.

13 (a) A payer may submit a letter of interest to the  
14 Authority to participate in the global budget model.

15 (b) As a condition of participation, a participating payer  
16 shall sign an agreement with the Authority. The agreement  
17 shall detail the terms and conditions of participation in the  
18 global budget model.

19 (c) A participating payer may terminate its participation  
20 with a participant hospital according to the terms and  
21 conditions of the agreement under subsection (b).

22 Section 25. Roles of participant hospitals.

23 (a) A hospital may submit a letter of interest to the  
24 Authority to participate in the global budget model.

1 (b) As a condition of participation, the following shall  
2 occur:

3 (1) A hospital shall submit an initial rural hospital  
4 budget transformation plan in the manner and form  
5 prescribed by the Authority for review and approval.

6 (2) A participant hospital shall sign an agreement  
7 with the Authority. The agreement shall detail the terms  
8 and conditions of participation in the global budget  
9 model.

10 (3) A participant hospital shall submit annual updates  
11 to its rural hospital budget transformation plan in the  
12 manner and form prescribed by the Authority for review and  
13 approval.

14 Section 30. Data collection and retention.

15 (a) The Authority may collect and analyze any data from  
16 participating payers, rural hospitals, rural participant  
17 hospitals, and the Department of Human Services necessary to  
18 carry out the Authority's responsibilities under this Act.  
19 Data collected by the Authority shall only be used for  
20 administering the global budget model. The Authority shall  
21 obtain the written approval of a participating payer, rural  
22 hospital, rural participant hospital, or the Department of  
23 Human Services before the Authority can use the entity's data  
24 for any other purpose. The Authority shall retain the data for  
25 no more than 7 years.

1 (b) A rural participant hospital may authorize its insurer  
2 or administrator to provide data to the Authority regarding  
3 payments for eligible hospital services provided under the  
4 hospital's employee health plan.

5 (c) Unless specifically provided for in this Act, the  
6 Authority may not release and no data source, person, member  
7 of the public, or other user of any data of the Authority may  
8 gain access to:

9 (1) Raw data which could reasonably be expected to  
10 reveal the identity of an individual patient.

11 (2) Raw data disclosing discounts or allowances  
12 between participating payers and participant rural  
13 hospitals that is prejudicial to an individual  
14 participating payer or participant rural hospital.

15 (3) Data which the Department of Human Services  
16 provides to the Authority, unless the Secretary of Human  
17 Services or Secretary's designee specifically authorizes  
18 the release or access.

19 (4) Any data where a conflict of interest occurs.

20 Section 35. Confidentiality of data, contracts, and  
21 agreements.

22 (a) Any contract or agreement between participating payers  
23 and rural participant hospitals or any data, including patient  
24 data, provided by a participating payer, a rural participant  
25 hospital, including a rural participant hospital's insurer or

1 administrator, a rural hospital, or the Department of Human  
2 Services to the Authority and maintained by the Authority for  
3 the purposes of carrying out the requirements of this Act  
4 shall be confidential and shall not be discoverable or  
5 admissible as evidence in any civil, criminal, or  
6 administrative action or proceeding.

7 (b) Nothing in this Section shall prohibit the Authority  
8 from accessing the data to carry out its responsibilities in  
9 accordance with law.

10 (c) Data provided to the Centers for Medicare and Medicaid  
11 Services, or any other entity, by the Authority shall be  
12 provided consistent with applicable laws and regulations,  
13 including the Health Insurance Portability and Accountability  
14 Act of 1996, the Health Information Technology for Economic  
15 and Clinical Health Act, and any implementing regulations, to  
16 the extent allowed by law and written agreements between the  
17 Authority and each participating payer and rural participant  
18 hospital.

19 Section 40. The Global Hospital Budget Fund.

20 (a) The Global Hospital Budget Fund is created as a  
21 separate fund in the State Treasury.

22 (b) All moneys deposited into the Fund shall be held for  
23 the purposes of the Authority and shall be used only to  
24 effectuate the purposes of this Act as determined by the  
25 Authority. All interest earned from the investment or deposit

1 of moneys accumulated in the Fund shall be deposited in the  
2 Fund for the same use. Any moneys returned to the Authority by  
3 any party shall be deposited into the Fund.

4 Section 41. The State Finance Act is amended by adding  
5 Section 5.1038 as follows:

6 (30 ILCS 105/5.1038 new)

7 Sec. 5.1038. The Global Hospital Budget Fund.

8 Section 45. The Hospital Licensing Act is amended by  
9 changing Sections 4, 10.8, and by adding Section 18 as  
10 follows:

11 (210 ILCS 85/4) (from Ch. 111 1/2, par. 145)

12 Sec. 4. No person shall establish a hospital without first  
13 obtaining a permit from the Department and no person shall  
14 open, conduct, operate, or maintain a hospital without first  
15 obtaining a license from the Department.

16 Nothing in this Act shall be construed to impair or  
17 abridge the power of municipalities to license and regulate  
18 hospitals, provided that the municipal ordinance substantially  
19 complies with the minimum standards and regulations developed  
20 by the Department pursuant to the provisions of this Act. Such  
21 compliance shall be determined by the Department subject to  
22 review as provided in Section 13 of this Act. Section 13 of

1 this Act shall also be applicable to the judicial review of  
2 final administrative decisions of the regulatory agency of the  
3 municipality. Any municipality having an ordinance licensing  
4 and regulating hospitals which provides for minimum standards  
5 and regulations substantially in compliance with those  
6 developed pursuant to this Act shall make such periodic  
7 reports to the Department as the Department deems necessary.  
8 This report shall include a list of hospitals meeting  
9 standards substantially equivalent to those promulgated by the  
10 Department under this Act, and upon the receipt of such report  
11 the Department may then issue a license to such hospital.

12 In reviewing and issuing permits and licenses, the  
13 Department shall accept, as factors that satisfy staffing and  
14 service-line presence requirements, one or a combination of  
15 the following alternative mechanisms if the Department finds  
16 that patient safety and continuity of care are maintained: (i)  
17 on-site staffing by appropriately licensed clinicians; (ii)  
18 written and operative affiliation agreements meeting standards  
19 adopted by the Department that provide timely specialty  
20 coverage; (iii) documented telemedicine coverage that meets  
21 standards in Section 6.21; or (iv) a waiver issued under  
22 Section 6.21 for a rural or critical access hospital. The  
23 Department shall not impose an on-site specialty presence  
24 requirement for any service if the hospital demonstrates  
25 through documentation that an alternative mechanism described  
26 in items (i) through (iv) will provide clinically equivalent,

1 timely care and safe transfer protocols.

2 Waiver approvals shall be time-limited, not to exceed 24  
3 months, and may be renewed upon demonstration of continued  
4 need and compliance with quality and transfer metrics. The  
5 Department shall provide technical assistance, model  
6 affiliation, and telemedicine contract templates to  
7 applicants.

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

9 (210 ILCS 85/10.8)

10 Sec. 10.8. Requirements for employment of physicians.

11 (a) Physician employment by hospitals and hospital  
12 affiliates. Employing entities may employ physicians to  
13 practice medicine in all of its branches provided that the  
14 following requirements are met:

15 (1) The employed physician is a member of the medical  
16 staff of either the hospital or hospital affiliate. If a  
17 hospital affiliate decides to have a medical staff, its  
18 medical staff shall be organized in accordance with  
19 written bylaws where the affiliate medical staff is  
20 responsible for making recommendations to the governing  
21 body of the affiliate regarding all quality assurance  
22 activities and safeguarding professional autonomy. The  
23 affiliate medical staff bylaws may not be unilaterally  
24 changed by the governing body of the affiliate. Nothing in  
25 this Section requires hospital affiliates to have a

1 medical staff.

2 (2) Independent physicians, who are not employed by an  
3 employing entity, periodically review the quality of the  
4 medical services provided by the employed physician to  
5 continuously improve patient care.

6 (3) The employing entity and the employed physician  
7 sign a statement acknowledging that the employer shall not  
8 unreasonably exercise control, direct, or interfere with  
9 the employed physician's exercise and execution of his or  
10 her professional judgment in a manner that adversely  
11 affects the employed physician's ability to provide  
12 quality care to patients. This signed statement shall take  
13 the form of a provision in the physician's employment  
14 contract or a separate signed document from the employing  
15 entity to the employed physician. This statement shall  
16 state: "As the employer of a physician, (employer's name)  
17 shall not unreasonably exercise control, direct, or  
18 interfere with the employed physician's exercise and  
19 execution of his or her professional judgment in a manner  
20 that adversely affects the employed physician's ability to  
21 provide quality care to patients."

22 (4) The employing entity shall establish a mutually  
23 agreed upon independent review process with criteria under  
24 which an employed physician may seek review of the alleged  
25 violation of this Section by physicians who are not  
26 employed by the employing entity. The affiliate may

1           arrange with the hospital medical staff to conduct these  
2           reviews. The independent physicians shall make findings  
3           and recommendations to the employing entity and the  
4           employed physician within 30 days of the conclusion of the  
5           gathering of the relevant information.

6           (a-5) Employing entities may employ physicians to practice  
7           medicine in all of its branches if employment, privileging,  
8           and oversight requirements are met. For purposes of  
9           determining compliance with any requirement that requires a  
10           hospital to maintain a clinical service or specialty, the  
11           presence of a specialty may be satisfied in whole or in part  
12           through documented telemedicine arrangements, affiliation  
13           agreements, shared staffing models, or approved waivers under  
14           Section 6.21, as long as the hospital maintains written  
15           transfer agreements, response-time expectations, clinician  
16           credentialing consistent with the applicable standard of care,  
17           and measures that assure continuous quality of care.

18           (b) Definitions. For the purpose of this Section:

19           "Employing entity" means a hospital licensed under the  
20           Hospital Licensing Act or a hospital affiliate.

21           "Employed physician" means a physician who receives an IRS  
22           W-2 form, or any successor federal income tax form, from an  
23           employing entity.

24           "Hospital" means a hospital licensed under the Hospital  
25           Licensing Act, except county hospitals as defined in  
26           subsection (c) of Section 15-1 of the Illinois Public Aid

1 Code.

2 "Hospital affiliate" means a corporation, partnership,  
3 joint venture, limited liability company, or similar  
4 organization, other than a hospital, that is devoted primarily  
5 to the provision, management, or support of health care  
6 services and that directly or indirectly controls, is  
7 controlled by, or is under common control of the hospital.  
8 "Control" means having at least an equal or a majority  
9 ownership or membership interest. A hospital affiliate shall  
10 be 100% owned or controlled by any combination of hospitals,  
11 their parent corporations, or physicians licensed to practice  
12 medicine in all its branches in Illinois. "Hospital affiliate"  
13 does not include a health maintenance organization regulated  
14 under the Health Maintenance Organization Act.

15 "Physician" means an individual licensed to practice  
16 medicine in all its branches in Illinois.

17 "Professional judgment" means the exercise of a  
18 physician's independent clinical judgment in providing  
19 medically appropriate diagnoses, care, and treatment to a  
20 particular patient at a particular time. Situations in which  
21 an employing entity does not interfere with an employed  
22 physician's professional judgment include, without limitation,  
23 the following:

24 (1) practice restrictions based upon peer review of  
25 the physician's clinical practice to assess quality of  
26 care and utilization of resources in accordance with

1 applicable bylaws;

2 (2) supervision of physicians by appropriately  
3 licensed medical directors, medical school faculty,  
4 department chairpersons or directors, or supervising  
5 physicians;

6 (3) written statements of ethical or religious  
7 directives; and

8 (4) reasonable referral restrictions that do not, in  
9 the reasonable professional judgment of the physician,  
10 adversely affect the health or welfare of the patient.

11 (c) Private enforcement. An employed physician aggrieved  
12 by a violation of this Act may seek to obtain an injunction or  
13 reinstatement of employment with the employing entity as the  
14 court may deem appropriate. Nothing in this Section limits or  
15 abrogates any common law cause of action. Nothing in this  
16 Section shall be deemed to alter the law of negligence.

17 (d) Department enforcement. The Department may enforce the  
18 provisions of this Section, but nothing in this Section shall  
19 require or permit the Department to license, certify, or  
20 otherwise investigate the activities of a hospital affiliate  
21 not otherwise required to be licensed by the Department.

22 (e) Retaliation prohibited. No employing entity shall  
23 retaliate against any employed physician for requesting a  
24 hearing or review under this Section. No action may be taken  
25 that affects the ability of a physician to practice during  
26 this review, except in circumstances where the medical staff

1 bylaws authorize summary suspension.

2 (f) Physician collaboration. No employing entity shall  
3 adopt or enforce, either formally or informally, any policy,  
4 rule, regulation, or practice inconsistent with the provision  
5 of adequate collaboration, including medical direction of  
6 licensed advanced practice registered nurses or supervision of  
7 licensed physician assistants and delegation to other  
8 personnel under Section 54.5 of the Medical Practice Act of  
9 1987.

10 (g) Physician disciplinary actions. Nothing in this  
11 Section shall be construed to limit or prohibit the governing  
12 body of an employing entity or its medical staff, if any, from  
13 taking disciplinary actions against a physician as permitted  
14 by law.

15 (h) Physician review. Nothing in this Section shall be  
16 construed to prohibit a hospital or hospital affiliate from  
17 making a determination not to pay for a particular health care  
18 service or to prohibit a medical group, independent practice  
19 association, hospital medical staff, or hospital governing  
20 body from enforcing reasonable peer review or utilization  
21 review protocols or determining whether the employed physician  
22 complied with those protocols.

23 (i) Review. Nothing in this Section may be used or  
24 construed to establish that any activity of a hospital or  
25 hospital affiliate is subject to review under the Illinois  
26 Health Facilities Planning Act.

1 (j) Rules. The Department shall adopt any rules necessary  
2 to implement this Section.

3 (Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18.)

4 (210 ILCS 85/18 new)

5 Sec. 18. Affiliation agreements and telemedicine service  
6 protocols. The Department shall, within 6 months after the  
7 effective date of this amendatory Act of the 104th General  
8 Assembly, adopt rules implementing Sections 3.1 and 6.21 and  
9 shall make publicly available guidance templates for  
10 affiliation agreements and telemedicine service protocols. The  
11 Department shall report to the General Assembly within 18  
12 months after the effective date of this amendatory Act of the  
13 104th General Assembly on the number of waivers issued, the  
14 outcomes, and any impacts on access to care.

15 Section 50. The Illinois Health Facilities Planning Act is  
16 amended by changing Sections 3, 8.5, 8.7, and 12 as follows:

17 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

18 (Section scheduled to be repealed on December 31, 2029)

19 Sec. 3. Definitions. As used in this Act:

20 "Health care facilities" means and includes the following  
21 facilities, organizations, and related persons:

22 (1) An ambulatory surgical treatment center required  
23 to be licensed pursuant to the Ambulatory Surgical

1 Treatment Center Act.

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

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

7 (A) If a demonstration project under the Nursing  
8 Home Care Act applies for a certificate of need to  
9 convert to a nursing facility, it shall meet the  
10 licensure and certificate of need requirements in  
11 effect as of the date of application.

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

16 (3.5) Skilled and intermediate care facilities  
17 licensed under the ID/DD Community Care Act or the MC/DD  
18 Act. No permit or exemption is required for a facility  
19 licensed under the ID/DD Community Care Act or the MC/DD  
20 Act prior to the reduction of the number of beds at a  
21 facility. If there is a total reduction of beds at a  
22 facility licensed under the ID/DD Community Care Act or  
23 the MC/DD Act, this is a discontinuation or closure of the  
24 facility. If a facility licensed under the ID/DD Community  
25 Care Act or the MC/DD Act reduces the number of beds or  
26 discontinues the facility, that facility must notify the

1 Board as provided in Section 14.1 of this Act.

2 (3.7) Facilities licensed under the Specialized Mental  
3 Health Rehabilitation Act of 2013.

4 (4) Hospitals, nursing homes, ambulatory surgical  
5 treatment centers, or kidney disease treatment centers  
6 maintained by the State or any department or agency  
7 thereof.

8 (5) Kidney disease treatment centers, including a  
9 free-standing hemodialysis unit required to meet the  
10 requirements of 42 CFR 494 in order to be certified for  
11 participation in Medicare and Medicaid under Titles XVIII  
12 and XIX of the federal Social Security Act.

13 (A) This Act does not apply to a dialysis facility  
14 that provides only dialysis training, support, and  
15 related services to individuals with end stage renal  
16 disease who have elected to receive home dialysis.

17 (B) This Act does not apply to a dialysis unit  
18 located in a licensed nursing home that offers or  
19 provides dialysis-related services to residents with  
20 end stage renal disease who have elected to receive  
21 home dialysis within the nursing home.

22 (C) The Board, however, may require dialysis  
23 facilities and licensed nursing homes under items (A)  
24 and (B) of this subsection to report statistical  
25 information on a quarterly basis to the Board to be  
26 used by the Board to conduct analyses on the need for

1 proposed kidney disease treatment centers.

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

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

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

14 "Health care facilities" does not include the following  
15 entities or facility transactions:

16 (1) Federally-owned facilities.

17 (2) Facilities used solely for healing by prayer or  
18 spiritual means.

19 (3) An existing facility located on any campus  
20 facility as defined in Section 5-5.8b of the Illinois  
21 Public Aid Code, provided that the campus facility  
22 encompasses 30 or more contiguous acres and that the new  
23 or renovated facility is intended for use by a licensed  
24 residential facility.

25 (4) Facilities licensed under the Supportive  
26 Residences Licensing Act or the Assisted Living and Shared

1           Housing Act.

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

6           (6) Facilities established and operating under the  
7 Alternative Health Care Delivery Act as a children's  
8 community-based health care center alternative health care  
9 model demonstration program or as an Alzheimer's Disease  
10 Management Center alternative health care model  
11 demonstration program.

12           (7) The closure of an entity or a portion of an entity  
13 licensed under the Nursing Home Care Act, the Specialized  
14 Mental Health Rehabilitation Act of 2013, the ID/DD  
15 Community Care Act, or the MC/DD Act, with the exception  
16 of facilities operated by a county or Illinois Veterans  
17 Homes, that elect to convert, in whole or in part, to an  
18 assisted living or shared housing establishment licensed  
19 under the Assisted Living and Shared Housing Act and with  
20 the exception of a facility licensed under the Specialized  
21 Mental Health Rehabilitation Act of 2013 in connection  
22 with a proposal to close a facility and re-establish the  
23 facility in another location.

24           (8) Any change of ownership of a health care facility  
25 that is licensed under the Nursing Home Care Act, the  
26 Specialized Mental Health Rehabilitation Act of 2013, the

1 ID/DD Community Care Act, or the MC/DD Act, with the  
2 exception of facilities operated by a county or Illinois  
3 Veterans Homes. Changes of ownership of facilities  
4 licensed under the Nursing Home Care Act must meet the  
5 requirements set forth in Sections 3-101 through 3-119 of  
6 the Nursing Home Care Act.

7 (9) (Blank).

8 With the exception of those health care facilities  
9 specifically included in this Section, nothing in this Act  
10 shall be intended to include facilities operated as a part of  
11 the practice of a physician or other licensed health care  
12 professional, whether practicing in his individual capacity or  
13 within the legal structure of any partnership, medical or  
14 professional corporation, or unincorporated medical or  
15 professional group. Further, this Act shall not apply to  
16 physicians or other licensed health care professional's  
17 practices where such practices are carried out in a portion of  
18 a health care facility under contract with such health care  
19 facility by a physician or by other licensed health care  
20 professionals, whether practicing in his individual capacity  
21 or within the legal structure of any partnership, medical or  
22 professional corporation, or unincorporated medical or  
23 professional groups, unless the entity constructs, modifies,  
24 or establishes a health care facility as specifically defined  
25 in this Section. This Act shall apply to construction or  
26 modification and to establishment by such health care facility

1 of such contracted portion which is subject to facility  
2 licensing requirements, irrespective of the party responsible  
3 for such action or attendant financial obligation.

4 "Person" means any one or more natural persons, legal  
5 entities, governmental bodies other than federal, or any  
6 combination thereof.

7 "Consumer" means any person other than a person (a) whose  
8 major occupation currently involves or whose official capacity  
9 within the last 12 months has involved the providing,  
10 administering or financing of any type of health care  
11 facility, (b) who is engaged in health research or the  
12 teaching of health, (c) who has a material financial interest  
13 in any activity which involves the providing, administering or  
14 financing of any type of health care facility, or (d) who is or  
15 ever has been a member of the immediate family of the person  
16 defined by item (a), (b), or (c).

17 "State Board" or "Board" means the Health Facilities and  
18 Services Review Board.

19 "Construction or modification" means the establishment,  
20 erection, building, alteration, reconstruction,  
21 modernization, improvement, extension, discontinuation,  
22 change of ownership, of or by a health care facility, or the  
23 purchase or acquisition by or through a health care facility  
24 of equipment or service for diagnostic or therapeutic purposes  
25 or for facility administration or operation, or any capital  
26 expenditure made by or on behalf of a health care facility

1 which exceeds the capital expenditure minimum; however, any  
2 capital expenditure made by or on behalf of a health care  
3 facility for (i) the construction or modification of a  
4 facility licensed under the Assisted Living and Shared Housing  
5 Act or (ii) a conversion project undertaken in accordance with  
6 Section 30 of the Older Adult Services Act shall be excluded  
7 from any obligations under this Act.

8 "Establish" means the construction of a health care  
9 facility or the replacement of an existing facility on another  
10 site or the initiation of a category of service.

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

26 "Capital expenditure" means an expenditure: (A) made by or

1 on behalf of a health care facility (as such a facility is  
2 defined in this Act); and (B) which under generally accepted  
3 accounting principles is not properly chargeable as an expense  
4 of operation and maintenance, or is made to obtain by lease or  
5 comparable arrangement any facility or part thereof or any  
6 equipment for a facility or part; and which exceeds the  
7 capital expenditure minimum.

8 For the purpose of this paragraph, the cost of any  
9 studies, surveys, designs, plans, working drawings,  
10 specifications, and other activities essential to the  
11 acquisition, improvement, expansion, or replacement of any  
12 plant or equipment with respect to which an expenditure is  
13 made shall be included in determining if such expenditure  
14 exceeds the capital expenditures minimum. Unless otherwise  
15 interdependent, or submitted as one project by the applicant,  
16 components of construction or modification undertaken by means  
17 of a single construction contract or financed through the  
18 issuance of a single debt instrument shall not be grouped  
19 together as one project. Donations of equipment or facilities  
20 to a health care facility which if acquired directly by such  
21 facility would be subject to review under this Act shall be  
22 considered capital expenditures, and a transfer of equipment  
23 or facilities for less than fair market value shall be  
24 considered a capital expenditure for purposes of this Act if a  
25 transfer of the equipment or facilities at fair market value  
26 would be subject to review.

1 "Capital expenditure minimum" means \$11,500,000 for  
2 projects by hospital applicants, \$6,500,000 for applicants for  
3 projects related to skilled and intermediate care long-term  
4 care facilities licensed under the Nursing Home Care Act, and  
5 \$3,000,000 for projects by all other applicants, which shall  
6 be annually adjusted to reflect the increase in construction  
7 costs due to inflation, for major medical equipment and for  
8 all other capital expenditures.

9 "Financial commitment" means the commitment of at least  
10 33% of total funds assigned to cover total project cost, which  
11 occurs by the actual expenditure of 33% or more of the total  
12 project cost or the commitment to expend 33% or more of the  
13 total project cost by signed contracts or other legal means.

14 "Non-clinical service area" means an area (i) for the  
15 benefit of the patients, visitors, staff, or employees of a  
16 health care facility and (ii) not directly related to the  
17 diagnosis, treatment, or rehabilitation of persons receiving  
18 services from the health care facility. "Non-clinical service  
19 areas" include, but are not limited to, chapels; gift shops;  
20 news stands; computer systems; tunnels, walkways, and  
21 elevators; telephone systems; projects to comply with life  
22 safety codes; educational facilities; components in a patient  
23 care unit used as educational space, consultation and  
24 touchdown rooms, and on-call rooms; student housing; patient,  
25 employee, staff, and visitor dining areas; administration and  
26 volunteer offices; modernization of structural components

1 (such as roof replacement and masonry work); boiler repair or  
2 replacement; vehicle maintenance and storage facilities;  
3 parking facilities; mechanical systems for heating,  
4 ventilation, and air conditioning; loading docks; and repair  
5 or replacement of carpeting, tile, wall coverings, window  
6 coverings or treatments, or furniture. "Non-clinical service  
7 area" does not include health and fitness centers, areas in a  
8 patient care unit, or areas that are required by Department  
9 licensing standards, including life safety code regulations,  
10 such as hallways and other interdependent components to a  
11 clinical area.

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

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

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

25 "Licensed health care professional" means a person  
26 licensed to practice a health profession under pertinent

1 licensing statutes of the State of Illinois.

2 "Director" means the Director of the Illinois Department  
3 of Public Health.

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

6 "Alternative health care model" means a facility or  
7 program authorized under the Alternative Health Care Delivery  
8 Act.

9 "Acquiring interest" means any acquisition, directly or  
10 indirectly, of a controlling ownership interest in a health  
11 care facility or health system, including by merger, stock  
12 purchase, asset purchase, management contract, lease of  
13 substantially all operations, or change in controlling  
14 membership or partnership interests.

15 "Out-of-state facility" means a person that is both (i)  
16 licensed as a hospital or as an ambulatory surgery center  
17 under the laws of another state or that qualifies as a hospital  
18 or an ambulatory surgery center under regulations adopted  
19 pursuant to the Social Security Act and (ii) not licensed  
20 under the Ambulatory Surgical Treatment Center Act, the  
21 Hospital Licensing Act, or the Nursing Home Care Act.  
22 Affiliates of out-of-state facilities shall be considered  
23 out-of-state facilities. Affiliates of Illinois licensed  
24 health care facilities 100% owned by an Illinois licensed  
25 health care facility, its parent, or Illinois physicians  
26 licensed to practice medicine in all its branches shall not be

1 considered out-of-state facilities. Nothing in this definition  
2 shall be construed to include an office or any part of an  
3 office of a physician licensed to practice medicine in all its  
4 branches in Illinois that is not required to be licensed under  
5 the Ambulatory Surgical Treatment Center Act.

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

12 "Control" means the power to direct or cause the direction  
13 of management and policies of a facility or system, whether by  
14 ownership of voting securities, by contract, or otherwise.

15 "Covered transaction" means any proposed acquiring  
16 interest or transfer of ownership of a hospital, or any  
17 proposed material change in ownership, management, or  
18 governance that results in the transfer of control.

19 "Material service reduction" includes, but is not limited  
20 to: (i) closure or suspension of inpatient beds, (ii)  
21 emergency department closure or downsizing, (iii) elimination  
22 of maternity or labor-and-delivery services, (iv) elimination  
23 of behavioral health services, (v) elimination of essential  
24 surgical or diagnostic capabilities, (vi) major staffing  
25 reductions likely to affect patient access, or (vii)  
26 termination of community health programs.

1       "Private equity" means an entity that is principally  
2 engaged in acquiring equity interests in operating businesses  
3 for investment purposes, including buyout funds, venture  
4 capital funds, hedge funds, or other pooled investment  
5 vehicles, and any affiliated or successor entities through  
6 which such funds hold their interests.

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

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

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

18       "Category of service" means a grouping by generic class of  
19 various types or levels of support functions, equipment, care,  
20 or treatment provided to patients or residents, including, but  
21 not limited to, classes such as medical-surgical, pediatrics,  
22 or cardiac catheterization. A category of service may include  
23 subcategories or levels of care that identify a particular  
24 degree or type of care within the category of service. Nothing  
25 in this definition shall be construed to include the practice  
26 of a physician or other licensed health care professional

1 while functioning in an office providing for the care,  
2 diagnosis, or treatment of patients. A category of service  
3 that is subject to the Board's jurisdiction must be designated  
4 in rules adopted by the Board.

5 "State Board Staff Report" means the document that sets  
6 forth the review and findings of the State Board staff, as  
7 prescribed by the State Board, regarding applications subject  
8 to Board jurisdiction.

9 "Patient care unit" means a physically identifiable and  
10 organized unit in a clearly defined administrative and  
11 geographic area that meets applicable standards of service in  
12 which nursing care and therapeutic services are provided on a  
13 continuous basis and to which specific nursing and support  
14 staff are assigned. "Patient care unit" does not include  
15 education spaces, consultation and touchdown rooms, and  
16 on-call rooms that are not required by Department licensing  
17 standards.

18 "Provider" includes, but is not limited to, a hospital,  
19 long-term care facility, end-stage renal dialysis facility,  
20 ambulatory surgical treatment center, freestanding emergency  
21 center, or birth center.

22 (Source: P.A. 104-365, eff. 1-1-26.)

23 (20 ILCS 3960/8.5)

24 (Section scheduled to be repealed on December 31, 2029)

25 Sec. 8.5. Certificate of exemption for change of ownership

1 of a health care facility; discontinuation of a category of  
2 service; public notice and public hearing.

3 (a) Upon a finding that an application for a change of  
4 ownership is complete, the State Board shall publish a legal  
5 notice on 3 consecutive days in a newspaper of general  
6 circulation in the area or community to be affected and afford  
7 the public an opportunity to request a hearing. If the  
8 application is for a facility located in a Metropolitan  
9 Statistical Area, an additional legal notice shall be  
10 published in a newspaper of limited circulation, if one  
11 exists, in the area in which the facility is located. If the  
12 newspaper of limited circulation is published on a daily  
13 basis, the additional legal notice shall be published on 3  
14 consecutive days. The applicant shall pay the cost incurred by  
15 the Board in publishing the change of ownership notice in  
16 newspapers as required under this subsection. The legal notice  
17 shall also be posted on the Health Facilities and Services  
18 Review Board's web site and sent to the State Representative  
19 and State Senator of the district in which the health care  
20 facility is located and to the Office of the Attorney General.  
21 An application for change of ownership of a hospital shall not  
22 be deemed complete without a signed certification that for a  
23 period of 2 years after the change of ownership transaction is  
24 effective, the hospital will not adopt a charity care policy  
25 that is more restrictive than the policy in effect during the  
26 year prior to the transaction. An application for a change of

1 ownership need not contain signed transaction documents so  
2 long as it includes the following key terms of the  
3 transaction: names and background of the parties; structure of  
4 the transaction; the person who will be the licensed or  
5 certified entity after the transaction; the ownership or  
6 membership interests in such licensed or certified entity both  
7 prior to and after the transaction; fair market value of  
8 assets to be transferred; and the purchase price or other form  
9 of consideration to be provided for those assets. The issuance  
10 of the certificate of exemption shall be contingent upon the  
11 applicant submitting a statement to the Board within 90 days  
12 after the closing date of the transaction, or such longer  
13 period as provided by the Board, certifying that the change of  
14 ownership has been completed in accordance with the key terms  
15 contained in the application. If such key terms of the  
16 transaction change, a new application shall be required.

17 Where a change of ownership is among related persons, and  
18 there are no other changes being proposed at the health care  
19 facility that would otherwise require a permit or exemption  
20 under this Act, the applicant shall submit an application  
21 consisting of a standard notice in a form set forth by the  
22 Board briefly explaining the reasons for the proposed change  
23 of ownership. Once such an application is submitted to the  
24 Board and reviewed by the Board staff, the Board Chair shall  
25 take action on an application for an exemption for a change of  
26 ownership among related persons within 45 days after the

1 application has been deemed complete, provided the application  
2 meets the applicable standards under this Section. If the  
3 Board Chair has a conflict of interest or for other good cause,  
4 the Chair may request review by the Board. Notwithstanding any  
5 other provision of this Act, for purposes of this Section, a  
6 change of ownership among related persons means a transaction  
7 where the parties to the transaction are under common control  
8 or ownership before and after the transaction is completed.

9 Nothing in this Act shall be construed as authorizing the  
10 Board to impose any conditions, obligations, or limitations,  
11 other than those required by this Section, with respect to the  
12 issuance of an exemption for a change of ownership, including,  
13 but not limited to, the time period before which a subsequent  
14 change of ownership of the health care facility could be  
15 sought, or the commitment to continue to offer for a specified  
16 time period any services currently offered by the health care  
17 facility.

18 The changes made by this amendatory Act of the 103rd  
19 General Assembly are inoperative on and after January 1, 2027.

20 In addition to other materials required by this Section,  
21 any application for a change of ownership that constitutes a  
22 covered transaction shall include:

23 (1) a complete ownership chain disclosing the ultimate  
24 beneficial owners and identifying any private equity or  
25 pooled-investment entities in the chain;

26 (2) the transaction agreement and all material

1 ancillary agreements, including, but not limited to,  
2 management agreements, leases of substantially all  
3 operations, sale-leasebacks, service contracts, and  
4 contingent liability instruments;

5 (3) audited and pro forma financial statements for the  
6 facility and the acquiring entity for at least 5 years  
7 following the proposed transaction that is prepared  
8 consistent with generally accepted accounting principles,  
9 and a statement of sources and uses of funds for the  
10 transaction;

11 (4) a written statement disclosing any intended or  
12 anticipated material service reductions within 3 years of  
13 closing and a mitigation plan;

14 (5) a Community Health Impact Assessment (CHIA),  
15 prepared by an independent qualified third party that  
16 meets Board standards, analyzing baseline access and  
17 projected impacts on service availability, capacity,  
18 staffing, payer mix, and at least 2 relevant community  
19 health outcome measures; and

20 (6) a proposed post-transaction monitoring plan,  
21 proposed community benefit commitments, and employee  
22 transition protections.

23 The Board shall not approve any covered transaction until  
24 completion of the Board's review, which shall include  
25 evaluation of the CHIA and any public comments or  
26 interventions. The Board may extend review timelines as

1 necessary to complete independent evaluations.

2 For any covered transaction involving private equity or a  
3 non-operating financial investor, the acquiring party shall  
4 bear the burden of proof by a preponderance of the evidence to  
5 demonstrate that the transaction will not materially impair  
6 access to essential services, quality of care, or community  
7 health outcomes in the facility's service area.

8 The Board may approve, approve with conditions, or deny a  
9 covered transaction. When approving, the Board may impose  
10 conditions, including, but not limited to: (i) minimum  
11 service-level guarantees and minimum staffing levels for a  
12 specified period of no less than 3 years, (ii) capital  
13 investment commitments, (iii) restrictions on dividend  
14 distributions or leveraged recapitalizations for a specified  
15 period, (iv) binding community benefit agreements, and (v)  
16 requirements to maintain charity care levels at prior or  
17 higher levels. The Board shall monitor compliance with all  
18 conditions for a minimum of 5 years post-transaction and may  
19 assess penalties, require restoration of services, or order  
20 divestiture for material noncompliance.

21 The Board shall require full disclosure of beneficial  
22 ownership and fee structures associated with the acquiring  
23 entity. Only disclosing shell companies or nominee entities  
24 shall not constitute full disclosure. Financial documents may  
25 be submitted under protective order, but confidentiality  
26 claims do not relieve the applicant of the burden of proof.

1 (a-3) (Blank).

2 (a-5) Upon a finding that an application to discontinue a  
3 category of service is complete and provides the requested  
4 information, as specified by the State Board, an exemption  
5 shall be issued. No later than 30 days after the issuance of  
6 the exemption, the health care facility must give written  
7 notice of the discontinuation of the category of service to  
8 the State Senator and State Representative serving the  
9 legislative district in which the health care facility is  
10 located. No later than 90 days after a discontinuation of a  
11 category of service, the applicant must submit a statement to  
12 the State Board certifying that the discontinuation is  
13 complete.

14 (b) If a public hearing is requested, it shall be held at  
15 least 15 days but no more than 30 days after the date of  
16 publication of the legal notice in the community in which the  
17 facility is located. The hearing shall be held in the affected  
18 area or community in a place of reasonable size and  
19 accessibility and a full and complete written transcript of  
20 the proceedings shall be made. All interested persons  
21 attending the hearing shall be given a reasonable opportunity  
22 to present their positions in writing or orally. The applicant  
23 shall provide a summary or describe the proposed change of  
24 ownership at the public hearing.

25 (c) For the purposes of this Section "newspaper of limited  
26 circulation" means a newspaper intended to serve a particular

1 or defined population of a specific geographic area within a  
2 Metropolitan Statistical Area such as a municipality, town,  
3 village, township, or community area, but does not include  
4 publications of professional and trade associations.

5 (d) The changes made to this Section by this amendatory  
6 Act of the 101st General Assembly shall apply to all  
7 applications submitted after the effective date of this  
8 amendatory Act of the 101st General Assembly.

9 (e) The changes made to this Section by this amendatory  
10 Act of the 104th General Assembly shall apply to any  
11 application for change of ownership or exemption filed on or  
12 after the effective date of this amendatory Act of the 104th  
13 General Assembly.

14 (Source: P.A. 103-526, eff. 1-1-24.)

15 (20 ILCS 3960/8.7)

16 (Section scheduled to be repealed on December 31, 2029)

17 Sec. 8.7. Application for permit for discontinuation of a  
18 health care facility or category of service; public notice and  
19 public hearing.

20 (a) Upon a finding that an application to close a health  
21 care facility or discontinue a category of service is  
22 complete, the State Board shall publish a legal notice on 3  
23 consecutive days in a newspaper of general circulation in the  
24 area or community to be affected and afford the public an  
25 opportunity to request a hearing. If the application is for a

1 facility located in a Metropolitan Statistical Area, an  
2 additional legal notice shall be published in a newspaper of  
3 limited circulation, if one exists, in the area in which the  
4 facility is located. If the newspaper of limited circulation  
5 is published on a daily basis, the additional legal notice  
6 shall be published on 3 consecutive days. The legal notice  
7 shall also be posted on the Health Facilities and Services  
8 Review Board's website and sent to the State Representative  
9 and State Senator of the district in which the health care  
10 facility is located. In addition, the health care facility  
11 shall provide notice of closure to the local media that the  
12 health care facility would routinely notify about facility  
13 events.

14 Before approving an application for closure or  
15 discontinuation, the Board shall require a Community Health  
16 Impact Assessment (CHIA) consistent with rules promulgated  
17 under Section 8.6 and shall not approve the application if the  
18 Board finds that the proposed closure or discontinuation will  
19 likely degrade essential health outcomes, worsen geographic  
20 access to emergent or urgent care, or impose an undue increase  
21 in travel time for ordinarily accessible services.

22 An application to close a health care facility shall only  
23 be deemed complete if it includes evidence that the health  
24 care facility provided written notice at least 30 days prior  
25 to filing the application of its intent to do so to the  
26 municipality in which it is located, the State Representative

1 and State Senator of the district in which the health care  
2 facility is located, the State Board, the Director of Public  
3 Health, and the Director of Healthcare and Family Services.  
4 The changes made to this subsection by this amendatory Act of  
5 the 101st General Assembly shall apply to all applications  
6 submitted after the effective date of this amendatory Act of  
7 the 101st General Assembly.

8 (b) No later than 30 days after issuance of a permit to  
9 close a health care facility or discontinue a category of  
10 service, the permit holder shall give written notice of the  
11 closure or discontinuation to the State Senator and State  
12 Representative serving the legislative district in which the  
13 health care facility is located.

14 (b-5) The Board shall monitor outcomes for a minimum of 5  
15 years following any permitted closure or service reduction,  
16 including data reported annually on access, such as travel  
17 time and ambulance diversion), staffing levels, charity care,  
18 and community health indicators. Failure to submit required  
19 reports or materially breaching commitments shall subject the  
20 permit holder and any applicable owner to penalties and  
21 remedies under this Act.

22 (c) (1) If there is a pending lawsuit that challenges an  
23 application to discontinue a health care facility that either  
24 names the Board as a party or alleges fraud in the filing of  
25 the application, the Board may defer action on the application  
26 for up to 6 months after the date of the initial deferral of

1 the application.

2 (2) The Board may defer action on an application to  
3 discontinue a hospital that is pending before the Board as of  
4 the effective date of this amendatory Act of the 102nd General  
5 Assembly for up to 60 days after the effective date of this  
6 amendatory Act of the 102nd General Assembly.

7 (3) The Board may defer taking final action on an  
8 application to discontinue a hospital that is filed on or  
9 after January 12, 2021, until the earlier to occur of: (i) the  
10 expiration of the statewide disaster declaration proclaimed by  
11 the Governor of the State of Illinois due to the COVID-19  
12 pandemic that is in effect on January 12, 2021, or any  
13 extension thereof, or July 1, 2021, whichever occurs later; or  
14 (ii) the expiration of the declaration of a public health  
15 emergency due to the COVID-19 pandemic as declared by the  
16 Secretary of the U.S. Department of Health and Human Services  
17 that is in effect on January 12, 2021, or any extension  
18 thereof, or July 1, 2021, whichever occurs later. This  
19 paragraph (3) is repealed as of the date of the expiration of  
20 the statewide disaster declaration proclaimed by the Governor  
21 of the State of Illinois due to the COVID-19 pandemic that is  
22 in effect on January 12, 2021, or any extension thereof, or  
23 July 1, 2021, whichever occurs later.

24 (d) The changes made to this Section by this amendatory  
25 Act of the 101st General Assembly shall apply to all  
26 applications submitted after the effective date of this

1 amendatory Act of the 101st General Assembly.

2 (Source: P.A. 101-83, eff. 7-15-19; 101-650, eff. 7-7-20;  
3 102-4, eff. 4-27-21.)

4 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

5 (Section scheduled to be repealed on December 31, 2029)

6 Sec. 12. Powers and duties of State Board. For purposes of  
7 this Act, the State Board shall exercise the following powers  
8 and duties:

9 (1) Prescribe rules, regulations, standards, criteria,  
10 procedures or reviews which may vary according to the  
11 purpose for which a particular review is being conducted  
12 or the type of project reviewed and which are required to  
13 carry out the provisions and purposes of this Act.  
14 Policies and procedures of the State Board shall take into  
15 consideration the priorities and needs of medically  
16 underserved areas and other health care services, giving  
17 special consideration to the impact of projects on access  
18 to safety net services.

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

22 (3) (Blank).

23 (4) Develop criteria and standards for health care  
24 facilities planning, conduct statewide inventories of  
25 health care facilities, maintain an updated inventory on

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

21 In developing health care facility plans, the State  
22 Board shall consider, but shall not be limited to, the  
23 following:

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

26 (b) The number of existing and planned facilities

1 offering similar programs;

2 (c) The extent of utilization of existing  
3 facilities;

4 (d) The availability of facilities which may serve  
5 as alternatives or substitutes;

6 (e) The availability of personnel necessary to the  
7 operation of the facility;

8 (f) Multi-institutional planning and the  
9 establishment of multi-institutional systems where  
10 feasible;

11 (g) The financial and economic feasibility of  
12 proposed construction or modification; and

13 (h) In the case of health care facilities  
14 established by a religious body or denomination, the  
15 needs of the members of such religious body or  
16 denomination may be considered to be public need.

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

22 (5) Coordinate with other state agencies having  
23 responsibilities affecting health care facilities,  
24 including those of licensure and cost reporting.

25 (6) Solicit, accept, hold and administer on behalf of  
26 the State any grants or bequests of money, securities or

1 property for use by the State Board in the administration  
2 of this Act; and enter into contracts consistent with the  
3 appropriations for purposes enumerated in this Act.

4 (7) (Blank).

5 (8) Prescribe rules, regulations, standards, and  
6 criteria for the conduct of an expeditious review of  
7 applications for permits for projects of construction or  
8 modification of a health care facility, which projects are  
9 classified as emergency, substantive, or non-substantive  
10 in nature.

11 Substantive projects shall include no more than the  
12 following:

13 (a) Projects to construct (1) a new or replacement  
14 facility located on a new site or (2) a replacement  
15 facility located on the same site as the original  
16 facility and the cost of the replacement facility  
17 exceeds the capital expenditure minimum, which shall  
18 be reviewed by the Board within 120 days;

19 (b) Projects proposing a (1) new service within an  
20 existing healthcare facility or (2) discontinuation of  
21 a service within an existing healthcare facility,  
22 which shall be reviewed by the Board within 60 days; or

23 (c) Projects proposing a change in the bed  
24 capacity of a health care facility by an increase in  
25 the total number of beds or by a redistribution of beds  
26 among various categories of service or by a relocation

1 of beds from one physical facility or site to another  
2 by more than 20 beds or more than 10% of total bed  
3 capacity, as defined by the State Board, whichever is  
4 less, over a 2-year period.

5 The Chairman may approve applications for exemption  
6 that meet the criteria set forth in rules or refer them to  
7 the full Board. The Chairman may approve any unopposed  
8 application that meets all of the review criteria or refer  
9 them to the full Board.

10 Such rules shall not prevent the conduct of a public  
11 hearing upon the timely request of an interested party.  
12 Such reviews shall not exceed 60 days from the date the  
13 application is declared to be complete.

14 (9) Prescribe rules, regulations, standards, and  
15 criteria pertaining to the granting of permits for  
16 construction and modifications which are emergent in  
17 nature and must be undertaken immediately to prevent or  
18 correct structural deficiencies or hazardous conditions  
19 that may harm or injure persons using the facility, as  
20 defined in the rules and regulations of the State Board.  
21 This procedure is exempt from public hearing requirements  
22 of this Act.

23 (10) Prescribe rules, regulations, standards and  
24 criteria for the conduct of an expeditious review, not  
25 exceeding 60 days, of applications for permits for  
26 projects to construct or modify health care facilities

1           which are needed for the care and treatment of persons who  
2           have acquired immunodeficiency syndrome (AIDS) or related  
3           conditions.

4           (10.5) Provide its rationale when voting on an item  
5           before it at a State Board meeting in order to comply with  
6           subsection (b) of Section 3-108 of the Code of Civil  
7           Procedure.

8           (11) Issue written decisions upon request of the  
9           applicant or an adversely affected party to the Board.  
10          Requests for a written decision shall be made within 15  
11          days after the Board meeting in which a final decision has  
12          been made. A "final decision" for purposes of this Act is  
13          the decision to approve or deny an application, or take  
14          other actions permitted under this Act, at the time and  
15          date of the meeting that such action is scheduled by the  
16          Board. The transcript of the State Board meeting shall be  
17          incorporated into the Board's final decision. The staff of  
18          the Board shall prepare a written copy of the final  
19          decision and the Board shall approve a final copy for  
20          inclusion in the formal record. The Board shall consider,  
21          for approval, the written draft of the final decision no  
22          later than the next scheduled Board meeting. The written  
23          decision shall identify the applicable criteria and  
24          factors listed in this Act and the Board's regulations  
25          that were taken into consideration by the Board when  
26          coming to a final decision. If the Board denies or fails to

1 approve an application for permit or exemption, the Board  
2 shall include in the final decision a detailed explanation  
3 as to why the application was denied and identify what  
4 specific criteria or standards the applicant did not  
5 fulfill.

6 (12) (Blank).

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

9 (14) Implement public information campaigns to  
10 regularly inform the general public about the opportunity  
11 for public hearings and public hearing procedures.

12 (15) Establish a separate set of rules and guidelines  
13 for long-term care that recognizes that nursing homes are  
14 a different business line and service model from other  
15 regulated facilities. An open and transparent process  
16 shall be developed that considers the following: how  
17 skilled nursing fits in the continuum of care with other  
18 care providers, modernization of nursing homes,  
19 establishment of more private rooms, development of  
20 alternative services, and current trends in long-term care  
21 services. The Chairman of the Board shall appoint a  
22 permanent Health Services Review Board Long-term Care  
23 Facility Advisory Subcommittee that shall develop and  
24 recommend to the Board the rules to be established by the  
25 Board under this paragraph (15). The Subcommittee shall  
26 also provide continuous review and commentary on policies

1 and procedures relative to long-term care and the review  
2 of related projects. The Subcommittee shall make  
3 recommendations to the Board no later than January 1, 2016  
4 and every January thereafter pursuant to the  
5 Subcommittee's responsibility for the continuous review  
6 and commentary on policies and procedures relative to  
7 long-term care. In consultation with other experts from  
8 the health field of long-term care, the Board and the  
9 Subcommittee shall study new approaches to the current bed  
10 need formula and Health Service Area boundaries to  
11 encourage flexibility and innovation in design models  
12 reflective of the changing long-term care marketplace and  
13 consumer preferences and submit its recommendations to the  
14 Chairman of the Board no later than January 1, 2017. The  
15 Subcommittee shall evaluate, and make recommendations to  
16 the State Board regarding, the buying, selling, and  
17 exchange of beds between long-term care facilities within  
18 a specified geographic area or drive time. The Board shall  
19 file the proposed related administrative rules for the  
20 separate rules and guidelines for long-term care required  
21 by this paragraph (15) by no later than September 30,  
22 2011. The Subcommittee shall be provided a reasonable and  
23 timely opportunity to review and comment on any review,  
24 revision, or updating of the criteria, standards,  
25 procedures, and rules used to evaluate project  
26 applications as provided under Section 12.3 of this Act.

1           The Chairman of the Board shall appoint voting members  
2           of the Subcommittee, who shall serve for a period of 3  
3           years, with one-third of the terms expiring each January,  
4           to be determined by lot. Appointees shall include, but not  
5           be limited to, recommendations from each of the 3  
6           statewide long-term care associations, with an equal  
7           number to be appointed from each. Compliance with this  
8           provision shall be through the appointment and  
9           reappointment process. All appointees serving as of April  
10          1, 2015 shall serve to the end of their term as determined  
11          by lot or until the appointee voluntarily resigns,  
12          whichever is earlier.

13          One representative from the Department of Public  
14          Health, the Department of Healthcare and Family Services,  
15          the Department on Aging, and the Department of Human  
16          Services may each serve as an ex-officio non-voting member  
17          of the Subcommittee. The Chairman of the Board shall  
18          select a Subcommittee Chair, who shall serve for a period  
19          of 3 years.

20          (16) Prescribe the format of the State Board Staff  
21          Report. A State Board Staff Report shall pertain to  
22          applications that include, but are not limited to,  
23          applications for permit or exemption, applications for  
24          permit renewal, applications for extension of the  
25          financial commitment period, applications requesting a  
26          declaratory ruling, or applications under the Health Care

1 Worker Self-Referral Act. State Board Staff Reports shall  
2 compare applications to the relevant review criteria under  
3 the Board's rules.

4 (17) Establish a separate set of rules and guidelines  
5 for facilities licensed under the Specialized Mental  
6 Health Rehabilitation Act of 2013. An application for the  
7 re-establishment of a facility in connection with the  
8 relocation of the facility shall not be granted unless the  
9 applicant has a contractual relationship with at least one  
10 hospital to provide emergency and inpatient mental health  
11 services required by facility consumers, and at least one  
12 community mental health agency to provide oversight and  
13 assistance to facility consumers while living in the  
14 facility, and appropriate services, including case  
15 management, to assist them to prepare for discharge and  
16 reside stably in the community thereafter. No new  
17 facilities licensed under the Specialized Mental Health  
18 Rehabilitation Act of 2013 shall be established after June  
19 16, 2014 (the effective date of Public Act 98-651) except  
20 in connection with the relocation of an existing facility  
21 to a new location. An application for a new location shall  
22 not be approved unless there are adequate community  
23 services accessible to the consumers within a reasonable  
24 distance, or by use of public transportation, so as to  
25 facilitate the goal of achieving maximum individual  
26 self-care and independence. At no time shall the total

1 number of authorized beds under this Act in facilities  
2 licensed under the Specialized Mental Health  
3 Rehabilitation Act of 2013 exceed the number of authorized  
4 beds on June 16, 2014 (the effective date of Public Act  
5 98-651).

6 (18) Elect a Vice Chairman to preside over State Board  
7 meetings and otherwise act in place of the Chairman when  
8 the Chairman is unavailable.

9 (19) The Board may deny or impose conditions on any  
10 covered transaction, as defined in Section 8.6, when the  
11 Board determines that the transaction is likely to harm  
12 access to essential services or materially degrade  
13 community health outcomes.

14 (20) The Board may impose enforceable conditions on  
15 covered transactions or permits for discontinuation,  
16 including minimum staffing and service-level guarantees  
17 for a specified minimum period of 3 years, capital  
18 investment obligations, restrictions on dividend  
19 distributions and leveraged recapitalizations for a  
20 specified period, and binding community benefit  
21 agreements.

22 (21) The Board shall require disclosure of the full  
23 ownership chain and ultimate beneficial owners in all  
24 covered transaction filings and may require submission of  
25 financial documents under protective order. The Board  
26 shall adopt rules defining required disclosures and the

1           circumstances under which confidential treatment may be  
2           granted.

3           (Source: P.A. 100-518, eff. 6-1-18; 100-681, eff. 8-3-18;  
4           101-83, eff. 7-15-19.)

1 INDEX

2 Statutes amended in order of appearance

3 New Act

4 30 ILCS 105/5.1038 new

5 210 ILCS 85/4 from Ch. 111 1/2, par. 145

6 210 ILCS 85/10.8

7 210 ILCS 85/18 new

8 20 ILCS 3960/3 from Ch. 111 1/2, par. 1153

9 20 ILCS 3960/8.5

10 20 ILCS 3960/8.7

11 20 ILCS 3960/12 from Ch. 111 1/2, par. 1162