

1 AN ACT concerning regulation.

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

4 Section 5. The Nursing Home Care Act is amended by changing  
5 Sections 2-106.1, 2-204, 3-202.05, and 3-209 and by adding  
6 Section 3-305.8 as follows:

7 (210 ILCS 45/2-106.1)

8 Sec. 2-106.1. Drug treatment.

9 (a) A resident shall not be given unnecessary drugs. An  
10 unnecessary drug is any drug used in an excessive dose,  
11 including in duplicative therapy; for excessive duration;  
12 without adequate monitoring; without adequate indications for  
13 its use; or in the presence of adverse consequences that  
14 indicate the drugs should be reduced or discontinued. The  
15 Department shall adopt, by rule, the standards for unnecessary  
16 drugs contained in interpretive guidelines issued by the United  
17 States Department of Health and Human Services for the purposes  
18 of administering Titles XVIII and XIX of the Social Security  
19 Act.

20 (b) Psychotropic medication shall not be administered  
21 ~~prescribed~~ without the informed consent of the resident or~~7~~  
22 resident's surrogate decision maker ~~guardian, or other~~  
23 ~~authorized representative~~. "Psychotropic medication" means

1 medication that is used for or listed as used for psychotropic  
2 ~~antipsychotic~~, antidepressant, antimanic, or antianxiety  
3 behavior modification or behavior management purposes in the  
4 latest editions of the AMA Drug Evaluations or the Physician's  
5 Desk Reference. No later than January 1, 2021, the ~~The~~  
6 Department shall adopt, by rule, a protocol specifying how  
7 informed consent for psychotropic medication may be obtained or  
8 refused. The protocol shall require, at a minimum, a discussion  
9 between (i) the resident or the resident's surrogate decision  
10 maker ~~authorized representative~~ and (ii) the resident's  
11 physician, a registered pharmacist (who is not a dispensing  
12 pharmacist for the facility where the resident lives), or a  
13 licensed nurse about the possible risks and benefits of a  
14 recommended medication and the use of standardized consent  
15 forms designated by the Department. The protocol shall include  
16 informing the resident, surrogate decision maker, or both of  
17 the existence of a copy of: the resident's care plan; the  
18 facility policies and procedures adopted in compliance with  
19 subsection (b-15) of this Section; and that all of the  
20 resident's care plans and the facility's policies are available  
21 to the resident or surrogate decision maker upon request. Each  
22 form developed by the Department (i) shall be written in plain  
23 language, (ii) shall be able to be downloaded from the  
24 Department's official website, (iii) shall include information  
25 specific to the psychotropic medication for which consent is  
26 being sought, and (iv) shall be used for every resident for

1 whom psychotropic drugs are prescribed. The Department shall  
2 utilize the rules, protocols, and forms previously developed  
3 and implemented under the Specialized Mental Health  
4 Rehabilitation Act of 2013, except to the extent that this Act  
5 requires a different procedure, and except that the maximum  
6 possible period for informed consent shall be until: (1) a  
7 change in the prescription occurs, either as to type of  
8 psychotropic medication or dosage; or (2) a resident's care  
9 plan changes. The Department shall not be liable for the  
10 implementation of these rules, protocols, or forms. In addition  
11 to creating those forms, the Department shall approve the use  
12 of any other informed consent forms that meet criteria  
13 developed by the Department. At the discretion of the  
14 Department, informed consent forms may include side effects  
15 that the Department reasonably believes are more common, with a  
16 direction that more complete information can be found via a  
17 link on the Department's website to third-party websites with  
18 more complete information, such as the United States Food and  
19 Drug Administration's website. The Department or a facility  
20 shall incur no liability for information provided on a consent  
21 form so long as the consent form is substantially accurate  
22 based upon generally accepted medical principles and, in the  
23 case of the Department's liability, if the Department  
24 references the website links.

25 Informed consent shall be sought by the facility from the  
26 resident unless the resident's attending physician determines

1 that the resident lacks decisional capacity, as determined  
2 under the Health Care Surrogate Act. If the resident lacks  
3 decisional capacity, the facility shall seek informed consent  
4 from the resident's surrogate decision maker.

5 For the purpose of this Section, "surrogate decision maker"  
6 means the following persons to be given priority in the order  
7 presented: (1) the guardian of the resident appointed under the  
8 Uniform Adult Guardianship and Protection Proceedings  
9 Jurisdiction Act; (2) the resident's attorney-in-fact who has  
10 been designated under the Mental Health Treatment Preference  
11 Declaration Act; (3) the resident's health care agent who has  
12 the authority to give consent under the Illinois Power of  
13 Attorney Act; (4) the resident's surrogate decision maker under  
14 the Health Care Surrogate Act; and (5) the resident's resident  
15 representative, as that term is defined under Section 483.5 of  
16 Title 42 of the Code of Federal Regulations.

17 In addition to any other penalty prescribed by law, a  
18 facility that is found to have violated this subsection, or the  
19 federal certification requirement that informed consent be  
20 obtained before administering a psychotropic medication, shall  
21 thereafter be required to obtain the signatures of 2 licensed  
22 health care professionals on every form purporting to give  
23 informed consent for the administration of a psychotropic  
24 medication, certifying the personal knowledge of each health  
25 care professional that the consent was obtained in compliance  
26 with the requirements of this subsection.

1       (b-5) A facility must obtain voluntary informed consent, in  
2 writing, from a resident or the resident's surrogate decision  
3 maker before administering or dispensing a psychotropic  
4 medication to that resident.

5       (b-10) No facility shall deny admission or continued  
6 residency to a person on the basis of the person's or  
7 resident's, or the person's or resident's surrogate decision  
8 maker's, refusal of the administration of psychotropic  
9 medication, unless the facility can demonstrate that the  
10 resident's refusal would place the health and safety of the  
11 resident, the facility staff, other residents, or visitors at  
12 risk.

13       A facility that alleges that the resident's refusal to  
14 consent to the administration of psychotropic medication will  
15 place the health and safety of the resident, the facility  
16 staff, other residents, or visitors at risk must: (1) document  
17 the alleged risk in detail; (2) present this documentation to  
18 the resident or the resident's surrogate decision maker, to the  
19 Department, and to the Office of the State Long Term Care  
20 Ombudsman; and (3) inform the resident or his or her surrogate  
21 decision maker of his or her right to appeal to the Department.  
22 The documentation of the alleged risk shall include a  
23 description of all nonpharmacological or alternative care  
24 options attempted and why they were unsuccessful.

25       (b-15) Within 100 days after the effective date of this  
26 amendatory Act of the 101st General Assembly, all facilities

1 shall implement written policies and procedures for compliance  
2 with this Section. The Department shall thereafter have the  
3 discretion to review these written policies and procedures and  
4 either:

5 (1) give written notice to the facility that the  
6 policies or procedures are sufficient to demonstrate the  
7 facility's intent to comply with this Section; or

8 (2) provide written notice to the facility that the  
9 proposed policies and procedures are deficient, identify  
10 the areas that are deficient, and provide 30 days for the  
11 facility to submit amended policies and procedures that  
12 demonstrate its intent to comply with this Section.

13 A facility's failure to submit the documentation required  
14 under this subsection is sufficient to demonstrate its intent  
15 to not comply with this Section and shall be grounds for review  
16 by the Department.

17 All facilities must provide training and education, as  
18 required under this Section, to all personnel involved in  
19 providing care to residents and train and educate such  
20 personnel on the methods and procedures to effectively  
21 implement the facility's policies. Training and education  
22 provided under this Section must be documented in each  
23 personnel file.

24 (b-20) Any violation of this Section may be reported to the  
25 Department for review. At its discretion, the Department may  
26 proceed with disciplinary action against the licensee of the

1 facility and facility administrative personnel. In any  
2 administrative disciplinary action under this subsection, the  
3 Department shall have the discretion to determine the gravity  
4 of the violation and, taking into account mitigating and  
5 aggravating circumstances and facts, may adjust the  
6 disciplinary action accordingly.

7 (b-25) A violation of informed consent that, for an  
8 individual resident, lasts for 7 days or more under this  
9 Section is, at a minimum, a Type "A" violation. A second  
10 violation of informed consent within a year from a previous  
11 violation in the same facility regardless of the duration of  
12 the second violation is, at a minimum, a Type "A" violation.

13 (b-30) Any violation of this Section by a facility may be  
14 prosecuted by an action brought by the Attorney General of  
15 Illinois for injunctive relief, civil penalties, or both  
16 injunctive relief and civil penalties in the name of the People  
17 of Illinois. The Attorney General may initiate such action upon  
18 his or her own complaint or the complaint of any other  
19 interested party.

20 (b-35) Any resident who has been administered a  
21 psychotropic medication in violation of this Section may bring  
22 an action for injunctive relief, civil damages, and costs and  
23 attorney's fees against any person and facility responsible for  
24 the violation.

25 (b-40) An action under this Section must be filed within 2  
26 years of either the date of discovery of the violation that

1 gave rise to the claim or the last date of an instance of a  
2 noncompliant administration of psychotropic medication to the  
3 resident, whichever is later.

4 (b-45) A facility subject to action under this Section  
5 shall be liable for damages of up to \$500 for each day that the  
6 facility or person violates the requirements of this Section.

7 (b-55) The rights provided for in this Section are  
8 cumulative to existing resident rights. No part of this Section  
9 shall be interpreted as abridging, abrogating, or otherwise  
10 diminishing existing resident rights or causes of action at law  
11 or equity.

12 (c) The requirements of this Section are intended to  
13 control in a conflict with the requirements of Sections 2-102  
14 and 2-107.2 of the Mental Health and Developmental Disabilities  
15 Code with respect to the administration of psychotropic  
16 medication.

17 (Source: P.A. 95-331, eff. 8-21-07; 96-1372, eff. 7-29-10.)

18 (210 ILCS 45/2-204) (from Ch. 111 1/2, par. 4152-204)

19 Sec. 2-204. The Director shall appoint a Long-Term Care  
20 Facility Advisory Board to consult with the Department and the  
21 residents' advisory councils created under Section 2-203.

22 (a) The Board shall be comprised of the following persons:

23 (1) The Director who shall serve as chairman, ex  
24 officio and nonvoting; and

25 (2) One representative each of the Department of



1 Healthcare and Family Services, the Department of Human  
2 Services, the Department on Aging, and the Office of the  
3 State Fire Marshal, all nonvoting members;

4 (3) One member who shall be a physician licensed to  
5 practice medicine in all its branches;

6 (4) One member who shall be a registered nurse selected  
7 from the recommendations of professional nursing  
8 associations;

9 (5) Four members who shall be selected from the  
10 recommendations by organizations whose membership consists  
11 of facilities;

12 (6) Two members who shall represent the general public  
13 who are not members of a residents' advisory council  
14 established under Section 2-203 and who have no  
15 responsibility for management or formation of policy or  
16 financial interest in a facility;

17 (7) One member who is a member of a residents' advisory  
18 council established under Section 2-203 and is capable of  
19 actively participating on the Board, or, if the Department  
20 is unable to identify a member meeting these requirements,  
21 one member who shall be a certified sub-state ombudsman  
22 experienced in working with resident councils; and

23 (8) One member who shall be selected from the  
24 recommendations of consumer organizations which engage  
25 solely in advocacy or legal representation on behalf of  
26 residents and their immediate families; -

1           (9) One member who is from a nongovernmental statewide  
2           organization that advocates for seniors and Illinois  
3           residents over the age of 50;

4           (10) One member who is from a statewide association  
5           dedicated to Alzheimer's disease care, support, and  
6           research;

7           (11) One member who is a member of a trade or labor  
8           union representing persons who provide care services in  
9           facilities; and

10           (12) One member who advocates for the welfare, rights,  
11           and care of long-term care residents and represents family  
12           caregivers of residents in facilities.

13           (b) The terms of those members of the Board appointed prior  
14           to the effective date of this amendatory Act of 1988 shall  
15           expire on December 31, 1988. Members of the Board created by  
16           this amendatory Act of 1988 shall be appointed to serve for  
17           terms as follows: 3 for 2 years, 3 for 3 years and 3 for 4  
18           years. The member of the Board added by this amendatory Act of  
19           1989 shall be appointed to serve for a term of 4 years. Each  
20           successor member shall be appointed for a term of 4 years. Any  
21           member appointed to fill a vacancy occurring prior to the  
22           expiration of the term for which his predecessor was appointed  
23           shall be appointed for the remainder of such term. The Board  
24           shall meet as frequently as the chairman deems necessary, but  
25           not less than 4 times each year. Upon request by 4 or more  
26           members the chairman shall call a meeting of the Board. The

1 affirmative vote of 7 ~~6~~ members of the Board shall be necessary  
2 for Board action. A member of the Board can designate a  
3 replacement to serve at the Board meeting and vote in place of  
4 the member by submitting a letter of designation to the  
5 chairman prior to or at the Board meeting. The Board members  
6 shall be reimbursed for their actual expenses incurred in the  
7 performance of their duties.

8 (c) The Advisory Board shall advise the Department of  
9 Public Health on all aspects of its responsibilities under this  
10 Act and the Specialized Mental Health Rehabilitation Act of  
11 2013, including the format and content of any rules promulgated  
12 ~~by the Department of Public Health. Any such rules, except~~  
13 ~~emergency rules promulgated pursuant to Section 5-45 of the~~  
14 ~~Illinois Administrative Procedure Act, promulgated without~~  
15 ~~obtaining the advice of the Advisory Board are null and void.~~

16 In the event that the Department fails to follow the advice of  
17 the Board, the Department shall, prior to the promulgation of  
18 such rules, transmit a written explanation of the reason  
19 thereof to the Board. During its review of rules, the Board  
20 shall analyze the economic and regulatory impact of those  
21 rules. ~~If the Advisory Board, having been asked for its advice,~~  
22 ~~fails to advise the Department within 90 days, the rules shall~~  
23 ~~be considered acted upon.~~

24 (Source: P.A. 97-38, eff. 6-28-11; 98-104, eff. 7-22-13;  
25 98-463, eff. 8-16-13.)

1 (210 ILCS 45/3-202.05)

2 Sec. 3-202.05. Staffing ratios effective July 1, 2010 and  
3 thereafter.

4 (a) For the purpose of computing staff to resident ratios,  
5 direct care staff shall include:

6 (1) registered nurses;

7 (2) licensed practical nurses;

8 (3) certified nurse assistants;

9 (4) psychiatric services rehabilitation aides;

10 (5) rehabilitation and therapy aides;

11 (6) psychiatric services rehabilitation coordinators;

12 (7) assistant directors of nursing;

13 (8) 50% of the Director of Nurses' time; and

14 (9) 30% of the Social Services Directors' time.

15 The Department shall, by rule, allow certain facilities  
16 subject to 77 Ill. Admin. Code 300.4000 and following (Subpart  
17 S) to utilize specialized clinical staff, as defined in rules,  
18 to count towards the staffing ratios.

19 Within 120 days of the effective date of this amendatory  
20 Act of the 97th General Assembly, the Department shall  
21 promulgate rules specific to the staffing requirements for  
22 facilities federally defined as Institutions for Mental  
23 Disease. These rules shall recognize the unique nature of  
24 individuals with chronic mental health conditions, shall  
25 include minimum requirements for specialized clinical staff,  
26 including clinical social workers, psychiatrists,

1 psychologists, and direct care staff set forth in paragraphs  
2 (4) through (6) and any other specialized staff which may be  
3 utilized and deemed necessary to count toward staffing ratios.

4 Within 120 days of the effective date of this amendatory  
5 Act of the 97th General Assembly, the Department shall  
6 promulgate rules specific to the staffing requirements for  
7 facilities licensed under the Specialized Mental Health  
8 Rehabilitation Act of 2013. These rules shall recognize the  
9 unique nature of individuals with chronic mental health  
10 conditions, shall include minimum requirements for specialized  
11 clinical staff, including clinical social workers,  
12 psychiatrists, psychologists, and direct care staff set forth  
13 in paragraphs (4) through (6) and any other specialized staff  
14 which may be utilized and deemed necessary to count toward  
15 staffing ratios.

16 (b) (Blank). ~~Beginning January 1, 2011, and thereafter,~~  
17 ~~light intermediate care shall be staffed at the same staffing~~  
18 ~~ratio as intermediate care.~~

19 (b-5) For purposes of the minimum staffing ratios in this  
20 Section, all residents shall be classified as requiring either  
21 skilled care or intermediate care.

22 As used in this subsection:

23 "Intermediate care" means basic nursing care and other  
24 restorative services under periodic medical direction.

25 "Skilled care" means skilled nursing care, continuous  
26 skilled nursing observations, restorative nursing, and other

1 services under professional direction with frequent medical  
2 supervision.

3 (c) Facilities shall notify the Department within 60 days  
4 after the effective date of this amendatory Act of the 96th  
5 General Assembly, in a form and manner prescribed by the  
6 Department, of the staffing ratios in effect on the effective  
7 date of this amendatory Act of the 96th General Assembly for  
8 both intermediate and skilled care and the number of residents  
9 receiving each level of care.

10 (d) (1) (Blank). ~~Effective July 1, 2010, for each resident~~  
11 ~~needing skilled care, a minimum staffing ratio of 2.5 hours of~~  
12 ~~nursing and personal care each day must be provided; for each~~  
13 ~~resident needing intermediate care, 1.7 hours of nursing and~~  
14 ~~personal care each day must be provided.~~

15 (2) (Blank). ~~Effective January 1, 2011, the minimum~~  
16 ~~staffing ratios shall be increased to 2.7 hours of nursing and~~  
17 ~~personal care each day for a resident needing skilled care and~~  
18 ~~1.9 hours of nursing and personal care each day for a resident~~  
19 ~~needing intermediate care.~~

20 (3) (Blank). ~~Effective January 1, 2012, the minimum~~  
21 ~~staffing ratios shall be increased to 3.0 hours of nursing and~~  
22 ~~personal care each day for a resident needing skilled care and~~  
23 ~~2.1 hours of nursing and personal care each day for a resident~~  
24 ~~needing intermediate care.~~

25 (4) (Blank). ~~Effective January 1, 2013, the minimum~~  
26 ~~staffing ratios shall be increased to 3.4 hours of nursing and~~

1 ~~personal care each day for a resident needing skilled care and~~  
2 ~~2.3 hours of nursing and personal care each day for a resident~~  
3 ~~needing intermediate care.~~

4 (5) Effective January 1, 2014, the minimum staffing ratios  
5 shall be increased to 3.8 hours of nursing and personal care  
6 each day for a resident needing skilled care and 2.5 hours of  
7 nursing and personal care each day for a resident needing  
8 intermediate care.

9 (e) Ninety days after the effective date of this amendatory  
10 Act of the 97th General Assembly, a minimum of 25% of nursing  
11 and personal care time shall be provided by licensed nurses,  
12 with at least 10% of nursing and personal care time provided by  
13 registered nurses. These minimum requirements shall remain in  
14 effect until an acuity based registered nurse requirement is  
15 promulgated by rule concurrent with the adoption of the  
16 Resource Utilization Group classification-based payment  
17 methodology, as provided in Section 5-5.2 of the Illinois  
18 Public Aid Code. Registered nurses and licensed practical  
19 nurses employed by a facility in excess of these requirements  
20 may be used to satisfy the remaining 75% of the nursing and  
21 personal care time requirements. Notwithstanding this  
22 subsection, no staffing requirement in statute in effect on the  
23 effective date of this amendatory Act of the 97th General  
24 Assembly shall be reduced on account of this subsection.

25 (f) The Department shall adopt rules on or before January  
26 1, 2020 establishing a system for determining compliance with

1 minimum direct care staffing standards and the requirements of  
2 77 Ill. Adm. Code 300.1230. Compliance shall be determined at  
3 least quarterly using the Centers for Medicare and Medicaid  
4 Services' payroll-based journal and the facility's census and  
5 payroll data, which shall be obtained quarterly by the  
6 Department. The Department shall, at minimum, use the quarterly  
7 payroll-based journal and census and payroll data to calculate  
8 the number of hours provided per resident per day and compare  
9 this ratio to the minimums required by this Section as impacted  
10 by a waiver of the percentage requirement under Section  
11 3-303.1. The Department shall publish the data quarterly on its  
12 website.

13 In enforcing the minimum staffing ratios, the Department  
14 shall take into account that transitions between intermediate  
15 care and skilled care occur regularly.

16 (g) The Department shall adopt rules by January 1, 2020  
17 establishing monetary penalties for facilities not in  
18 compliance with minimum staffing standards under this Section.  
19 No monetary penalty may be issued during the implementation  
20 period, which shall be July 1, 2020 through September 30, 2020.  
21 If a facility is found to be noncompliant during the  
22 implementation period, the Department shall provide a written  
23 notice identifying the staffing deficiency and require the  
24 facility to provide a sufficiently detailed correction plan to  
25 meet the statutory minimum staffing levels. Monetary penalties  
26 shall be imposed beginning no later than October 1, 2020 and



1 quarterly thereafter and shall be based on the latest quarter  
2 for which the Department has data.

3 Monetary penalties shall be established based on a formula  
4 that calculates the cost of wages and benefits for the missing  
5 staff hours and shall be no less than twice the calculated cost  
6 of wages and benefits for the missing staff hours during the  
7 quarter. The penalty shall be imposed regardless of whether the  
8 facility has committed other violations of this Act during the  
9 same quarter. The penalty may not be waived; however, if the  
10 violation is not more than a 5% deviation of the required  
11 minimum staffing requirements, the Department shall have the  
12 discretion to determine the gravity of the violation and,  
13 taking into account mitigating and aggravating circumstances  
14 and facts, may reduce the penalty amount. Nothing in this  
15 Section precludes a facility from being given a high risk  
16 designation for failing to comply with this Section that, when  
17 cited with other violations of this Act, increases the  
18 otherwise applicable penalty.

19 (h) A violation of the minimum staffing requirements under  
20 this Section is, at minimum, a Type "B" violation. In the event  
21 that the violation is not more than a 5% deviation of the  
22 required minimum staffing requirements, the Department shall  
23 have the discretion to determine the gravity of the violation  
24 and, taking into account mitigating and aggravating  
25 circumstances and facts, may assess a different type or class  
26 of violation.

1 (Source: P.A. 97-689, eff. 6-14-12; 98-104, eff. 7-22-13.)

2 (210 ILCS 45/3-209) (from Ch. 111 1/2, par. 4153-209)

3 Sec. 3-209. Required posting of information.

4 (a) Every facility shall conspicuously post for display in  
5 an area of its offices accessible to residents, employees, and  
6 visitors the following:

7 (1) Its current license;

8 (2) A description, provided by the Department, of  
9 complaint procedures established under this Act and the  
10 name, address, and telephone number of a person authorized  
11 by the Department to receive complaints;

12 (3) A copy of any order pertaining to the facility  
13 issued by the Department or a court; and

14 (4) A list of the material available for public  
15 inspection under Section 3-210.

16 (b) A facility that has received a notice of violation for  
17 a violation of the minimum staffing requirements under Section  
18 3-202.05 shall display, for 6 months following the date that  
19 the notice of violation was issued, a notice stating in Calibri  
20 (body) font and 26-point type in black letters on an 8.5 by 11  
21 inch white paper the following:

22 "Notice Dated: .....

23 This facility did not have enough staff to meet the minimum  
24 staffing ratios for facility residents during the period from

1 ..... to ..... Posted at the direction of the Illinois  
2 Department of Public Health."

3 The notice must be posted, at a minimum, at all publicly used  
4 exterior entryways into the facility, inside the main entrance  
5 lobby, and next to any registration desk for easily accessible  
6 viewing. The notice must also be posted on the main page of the  
7 facility's website. The Department shall have the discretion to  
8 determine the gravity of any violation and, taking into account  
9 mitigating and aggravating circumstances and facts, may reduce  
10 the requirement of, and amount of time for, posting the notice.  
11 (Source: P.A. 81-1349.)

12 (210 ILCS 45/3-305.8 new)

13 Sec. 3-305.8. Database of nursing home quarterly reports  
14 and citations.

15 (a) The Department shall publish the quarterly reports of  
16 facilities in violation of this Act in an easily searchable,  
17 comprehensive, and downloadable electronic database on the  
18 Department's website in language that is easily understood. The  
19 database shall include quarterly reports of all facilities that  
20 have violated this Act starting from 2005 and shall continue  
21 indefinitely. The database shall be in an electronic format  
22 with active hyperlinks to individual facility citations. The  
23 database shall be updated quarterly and shall be electronically  
24 searchable using a facility's name and address and the facility

1 owner's name and address.

2 (b) In lieu of the database under subsection (a), the  
3 Department may publish the list mandated under Section 3-304 in  
4 an easily searchable, comprehensive, and downloadable  
5 electronic database on the Department's website in plain  
6 language. The database shall include the information from all  
7 such lists since 2005 and shall continue indefinitely. The  
8 database shall be in an electronic format with active  
9 hyperlinks to individual facility citations. The database  
10 shall be updated quarterly and shall be electronically  
11 searchable using a facility's name and address and the facility  
12 owner's name and address.

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