



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

SB0656

Introduced 2/24/2021, by Sen. Robert Peters

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Health Facilities Planning Act. Modifies provisions concerning Safety Net Impact Statements. Provides for Emergency Medicine and Trauma Systems Impact Statements and Maternal and Child Health Impact Statements. Provides further requirements concerning the discontinuance of a hospital facility or a category of service. Provides requirements for hospital closure during a pandemic. Provides for a right of action under the Act. Specifies and modifies penalties for a violation of the Act. Allows a health facility to be placed under receivership. Specifies further powers and duties of the Health Facilities and Services Review Board under the Act. Amends the Illinois Public Aid Code. Requires a general acute care hospital that ceases to provide hospital services before January 1, 2022 to pay specified amounts. Provides further requirements concerning the payments. Defines terms. Makes conforming and other changes. Effective immediately.

LRB102 13679 RJF 19029 b

1 AN ACT concerning State government.

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

4 Section 5. The Department of Public Health Powers and  
5 Duties Law of the Civil Administrative Code of Illinois is  
6 amended by renumbering Section 2310-223 as follows:

7 (20 ILCS 2310/2310-222)

8 Sec. 2310-222 ~~2310-223~~. Obstetric hemorrhage and  
9 hypertension training.

10 (a) As used in this Section, "birthing facility" means (1)  
11 a hospital, as defined in the Hospital Licensing Act, with  
12 more than one licensed obstetric bed or a neonatal intensive  
13 care unit; (2) a hospital operated by a State university; or  
14 (3) a birth center, as defined in the Alternative Health Care  
15 Delivery Act.

16 (b) The Department shall ensure that all birthing  
17 facilities conduct continuing education yearly for providers  
18 and staff of obstetric medicine and of the emergency  
19 department and other staff that may care for pregnant or  
20 postpartum women. The continuing education shall include  
21 yearly educational modules regarding management of severe  
22 maternal hypertension and obstetric hemorrhage for units that  
23 care for pregnant or postpartum women. Birthing facilities

1 must demonstrate compliance with these education and training  
2 requirements.

3 (c) The Department shall collaborate with the Illinois  
4 Perinatal Quality Collaborative or its successor organization  
5 to develop an initiative to improve birth equity and reduce  
6 peripartum racial and ethnic disparities. The Department shall  
7 ensure that the initiative includes the development of best  
8 practices for implicit bias training and education in cultural  
9 competency to be used by birthing facilities in interactions  
10 between patients and providers. In developing the initiative,  
11 the Illinois Perinatal Quality Collaborative or its successor  
12 organization shall consider existing programs, such as the  
13 Alliance for Innovation on Maternal Health and the California  
14 Maternal Quality Collaborative's pilot work on improving birth  
15 equity. The Department shall support the initiation of a  
16 statewide perinatal quality improvement initiative in  
17 collaboration with birthing facilities to implement strategies  
18 to reduce peripartum racial and ethnic disparities and to  
19 address implicit bias in the health care system.

20 (d) The Department, in consultation with the Maternal  
21 Mortality Review Committee, shall make available to all  
22 birthing facilities best practices for timely identification  
23 of all pregnant and postpartum women in the emergency  
24 department and for appropriate and timely consultation of an  
25 obstetric provider to provide input on management and  
26 follow-up. Birthing facilities may use telemedicine for the

1 consultation.

2 (e) The Department may adopt rules for the purpose of  
3 implementing this Section.

4 (Source: P.A. 101-390, eff. 1-1-20; revised 10-7-19.)

5 Section 10. The Illinois Health Facilities Planning Act is  
6 amended by changing Sections 2, 3, 4, 5, 5.4, 6, 6.2, 8.5, 8.7,  
7 12, 12.3, 12.4, 13.1, 14, and 14.1 and by adding Sections 5.5,  
8 5.6, 6.05, 14.05, and 14.2 as follows:

9 (20 ILCS 3960/2) (from Ch. 111 1/2, par. 1152)

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

11 Sec. 2. Purpose of the Act. This Act shall establish a  
12 procedure (1) which requires a person establishing,  
13 constructing or modifying a health care facility, as herein  
14 defined, to have the qualifications, background, character and  
15 financial resources to adequately provide a proper service for  
16 the community; (2) that promotes the orderly and economic  
17 development of health care facilities in the State of Illinois  
18 that avoids unnecessary duplication of such facilities; (3)  
19 that promotes health equity including equitable access to  
20 quality health care through the development and preservation  
21 of safety net services; and (4) ~~(3)~~ that promotes planning for  
22 and development of health care facilities needed for  
23 comprehensive health care especially in areas where the health  
24 planning process has identified unmet needs.

1           The changes made to this Act by this amendatory Act of the  
2 96th General Assembly are intended to accomplish the following  
3 objectives: to improve the financial ability of the public to  
4 obtain necessary health services; to establish an orderly and  
5 comprehensive health care delivery system that will guarantee  
6 the availability of quality health care to the general public;  
7 to maintain and improve the provision of essential health care  
8 services and increase the accessibility of those services to  
9 the medically underserved and indigent; to assure that the  
10 reduction and closure of health care services or facilities is  
11 performed in an orderly and timely manner, and that these  
12 actions are deemed to be in the best interests of the public;  
13 and to assess the financial burden to patients caused by  
14 unnecessary health care construction and modification.  
15 Evidence-based assessments, projections and decisions will be  
16 applied regarding capacity, quality, value and equity in the  
17 delivery of health care services in Illinois. The integrity of  
18 the Certificate of Need process is ensured through revised  
19 ethics and communications procedures. Cost containment and  
20 support for safety net services must continue to be central  
21 tenets of the Certificate of Need process.

22           The changes made to this Act by this amendatory Act of the  
23 102nd General Assembly recognize a persistent problem of  
24 hospital service cuts and facility closures. These harm the  
25 health care safety net in Illinois and have negatively  
26 impacted access to hospital services in communities of color

1 in particular. The changes are intended to accomplish the  
2 objective of protecting the public interest in equitable  
3 access to health care services.

4 (Source: P.A. 99-527, eff. 1-1-17.)

5 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

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

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

8 "Health care facilities" means and includes the following  
9 facilities, organizations, and related persons:

10 (1) An ambulatory surgical treatment center required  
11 to be licensed pursuant to the Ambulatory Surgical  
12 Treatment Center Act.

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

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

18 (A) If a demonstration project under the Nursing  
19 Home Care Act applies for a certificate of need to  
20 convert to a nursing facility, it shall meet the  
21 licensure and certificate of need requirements in  
22 effect as of the date of application.

23 (B) Except as provided in item (A) of this  
24 subsection, this Act does not apply to facilities  
25 granted waivers under Section 3-102.2 of the Nursing

1 Home Care Act.

2 (3.5) Skilled and intermediate care facilities  
3 licensed under the ID/DD Community Care Act or the MC/DD  
4 Act. No permit or exemption is required for a facility  
5 licensed under the ID/DD Community Care Act or the MC/DD  
6 Act prior to the reduction of the number of beds at a  
7 facility. If there is a total reduction of beds at a  
8 facility licensed under the ID/DD Community Care Act or  
9 the MC/DD Act, this is a discontinuation or closure of the  
10 facility. If a facility licensed under the ID/DD Community  
11 Care Act or the MC/DD Act reduces the number of beds or  
12 discontinues the facility, that facility must notify the  
13 Board as provided in Section 14.1 of this Act.

14 (3.7) Facilities licensed under the Specialized Mental  
15 Health Rehabilitation Act of 2013.

16 (4) Hospitals, nursing homes, ambulatory surgical  
17 treatment centers, or kidney disease treatment centers  
18 maintained by the State or any department or agency  
19 thereof.

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

25 (A) This Act does not apply to a dialysis facility  
26 that provides only dialysis training, support, and

1 related services to individuals with end stage renal  
2 disease who have elected to receive home dialysis.

3 (B) This Act does not apply to a dialysis unit  
4 located in a licensed nursing home that offers or  
5 provides dialysis-related services to residents with  
6 end stage renal disease who have elected to receive  
7 home dialysis within the nursing home.

8 (C) The Board, however, may require dialysis  
9 facilities and licensed nursing homes under items (A)  
10 and (B) of this subsection to report statistical  
11 information on a quarterly basis to the Board to be  
12 used by the Board to conduct analyses on the need for  
13 proposed kidney disease treatment centers.

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

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

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

26 "Health care facilities" does not include the following



1 entities or facility transactions:

2 (1) Federally-owned facilities.

3 (2) Facilities used solely for healing by prayer or  
4 spiritual means.

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

11 (4) Facilities licensed under the Supportive  
12 Residences Licensing Act or the Assisted Living and Shared  
13 Housing Act.

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

18 (6) Facilities established and operating under the  
19 Alternative Health Care Delivery Act as a children's  
20 community-based health care center alternative health care  
21 model demonstration program or as an Alzheimer's Disease  
22 Management Center alternative health care model  
23 demonstration program.

24 (7) The closure of an entity or a portion of an entity  
25 licensed under the Nursing Home Care Act, the Specialized  
26 Mental Health Rehabilitation Act of 2013, the ID/DD

1 Community Care Act, or the MC/DD Act, with the exception  
2 of facilities operated by a county or Illinois Veterans  
3 Homes, that elect to convert, in whole or in part, to an  
4 assisted living or shared housing establishment licensed  
5 under the Assisted Living and Shared Housing Act and with  
6 the exception of a facility licensed under the Specialized  
7 Mental Health Rehabilitation Act of 2013 in connection  
8 with a proposal to close a facility and re-establish the  
9 facility in another location.

10 (8) Any change of ownership of a health care facility  
11 that is licensed under the Nursing Home Care Act, the  
12 Specialized Mental Health Rehabilitation Act of 2013, the  
13 ID/DD Community Care Act, or the MC/DD Act, with the  
14 exception of facilities operated by a county or Illinois  
15 Veterans Homes. Changes of ownership of facilities  
16 licensed under the Nursing Home Care Act must meet the  
17 requirements set forth in Sections 3-101 through 3-119 of  
18 the Nursing Home Care Act.

19 (9) (Blank).

20 With the exception of those health care facilities  
21 specifically included in this Section, nothing in this Act  
22 shall be intended to include facilities operated as a part of  
23 the practice of a physician or other licensed health care  
24 professional, whether practicing in his individual capacity or  
25 within the legal structure of any partnership, medical or  
26 professional corporation, or unincorporated medical or

1 professional group. Further, this Act shall not apply to  
2 physicians or other licensed health care professional's  
3 practices where such practices are carried out in a portion of  
4 a health care facility under contract with such health care  
5 facility by a physician or by other licensed health care  
6 professionals, whether practicing in his individual capacity  
7 or within the legal structure of any partnership, medical or  
8 professional corporation, or unincorporated medical or  
9 professional groups, unless the entity constructs, modifies,  
10 or establishes a health care facility as specifically defined  
11 in this Section. This Act shall apply to construction or  
12 modification and to establishment by such health care facility  
13 of such contracted portion which is subject to facility  
14 licensing requirements, irrespective of the party responsible  
15 for such action or attendant financial obligation.

16 "Person" means any one or more natural persons, legal  
17 entities, governmental bodies other than federal, or any  
18 combination thereof.

19 "Consumer" means any person other than a person (a) whose  
20 major occupation currently involves or whose official capacity  
21 within the last 12 months has involved the providing,  
22 administering or financing of any type of health care  
23 facility, (b) who is engaged in health research or the  
24 teaching of health, (c) who has a material financial interest  
25 in any activity which involves the providing, administering or  
26 financing of any type of health care facility, or (d) who is or

1 ever has been a member of the immediate family of the person  
2 defined by item (a), (b), or (c).

3 "State Board" or "Board" means the Health Facilities and  
4 Services Review Board.

5 "Construction or modification" means the establishment,  
6 erection, building, alteration, reconstruction,  
7 modernization, improvement, extension, discontinuation,  
8 change of ownership, of or by a health care facility, or the  
9 purchase or acquisition by or through a health care facility  
10 of equipment or service for diagnostic or therapeutic purposes  
11 or for facility administration or operation, or any capital  
12 expenditure made by or on behalf of a health care facility  
13 which exceeds the capital expenditure minimum; however, any  
14 capital expenditure made by or on behalf of a health care  
15 facility for (i) the construction or modification of a  
16 facility licensed under the Assisted Living and Shared Housing  
17 Act or (ii) a conversion project undertaken in accordance with  
18 Section 30 of the Older Adult Services Act shall be excluded  
19 from any obligations under this Act. For the purposes of this  
20 paragraph and Act, any temporary suspension of a category of  
21 service by a hospital for a time period exceeding one month  
22 shall be considered a discontinuation of a category of  
23 service.

24 "Establish" means the construction of a health care  
25 facility or the replacement of an existing facility on another  
26 site or the initiation of a category of service.

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

16 "Capital expenditure" means an expenditure: (A) made by or  
17 on behalf of a health care facility (as such a facility is  
18 defined in this Act); and (B) which under generally accepted  
19 accounting principles is not properly chargeable as an expense  
20 of operation and maintenance, or is made to obtain by lease or  
21 comparable arrangement any facility or part thereof or any  
22 equipment for a facility or part; and which exceeds the  
23 capital expenditure minimum.

24 For the purpose of this paragraph, the cost of any  
25 studies, surveys, designs, plans, working drawings,  
26 specifications, and other activities essential to the

1 acquisition, improvement, expansion, or replacement of any  
2 plant or equipment with respect to which an expenditure is  
3 made shall be included in determining if such expenditure  
4 exceeds the capital expenditures minimum. Unless otherwise  
5 interdependent, or submitted as one project by the applicant,  
6 components of construction or modification undertaken by means  
7 of a single construction contract or financed through the  
8 issuance of a single debt instrument shall not be grouped  
9 together as one project. Donations of equipment or facilities  
10 to a health care facility which if acquired directly by such  
11 facility would be subject to review under this Act shall be  
12 considered capital expenditures, and a transfer of equipment  
13 or facilities for less than fair market value shall be  
14 considered a capital expenditure for purposes of this Act if a  
15 transfer of the equipment or facilities at fair market value  
16 would be subject to review.

17 "Capital expenditure minimum" means \$11,500,000 for  
18 projects by hospital applicants, \$6,500,000 for applicants for  
19 projects related to skilled and intermediate care long-term  
20 care facilities licensed under the Nursing Home Care Act, and  
21 \$3,000,000 for projects by all other applicants, which shall  
22 be annually adjusted to reflect the increase in construction  
23 costs due to inflation, for major medical equipment and for  
24 all other capital expenditures.

25 "Financial commitment" means the commitment of at least  
26 33% of total funds assigned to cover total project cost, which

1 occurs by the actual expenditure of 33% or more of the total  
2 project cost or the commitment to expend 33% or more of the  
3 total project cost by signed contracts or other legal means.

4 "Non-clinical service area" means an area (i) for the  
5 benefit of the patients, visitors, staff, or employees of a  
6 health care facility and (ii) not directly related to the  
7 diagnosis, treatment, or rehabilitation of persons receiving  
8 services from the health care facility. "Non-clinical service  
9 areas" include, but are not limited to, chapels; gift shops;  
10 news stands; computer systems; tunnels, walkways, and  
11 elevators; telephone systems; projects to comply with life  
12 safety codes; educational facilities; student housing;  
13 patient, employee, staff, and visitor dining areas;  
14 administration and volunteer offices; modernization of  
15 structural components (such as roof replacement and masonry  
16 work); boiler repair or replacement; vehicle maintenance and  
17 storage facilities; parking facilities; mechanical systems for  
18 heating, ventilation, and air conditioning; loading docks; and  
19 repair or replacement of carpeting, tile, wall coverings,  
20 window coverings or treatments, or furniture. Solely for the  
21 purpose of this definition, "non-clinical service area" does  
22 not include health and fitness centers.

23 "Areawide" means a major area of the State delineated on a  
24 geographic, demographic, and functional basis for health  
25 planning and for health service and having within it one or  
26 more local areas for health planning and health service. The

1 term "region", as contrasted with the term "subregion", and  
2 the word "area" may be used synonymously with the term  
3 "areawide".

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

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

10 "Licensed health care professional" means a person  
11 licensed to practice a health profession under pertinent  
12 licensing statutes of the State of Illinois.

13 "Director" means the Director of the Illinois Department  
14 of Public Health.

15 "Agency" or "Department" means the Illinois Department of  
16 Public Health.

17 "Alternative health care model" means a facility or  
18 program authorized under the Alternative Health Care Delivery  
19 Act.

20 "Out-of-state facility" means a person that is both (i)  
21 licensed as a hospital or as an ambulatory surgery center  
22 under the laws of another state or that qualifies as a hospital  
23 or an ambulatory surgery center under regulations adopted  
24 pursuant to the Social Security Act and (ii) not licensed  
25 under the Ambulatory Surgical Treatment Center Act, the  
26 Hospital Licensing Act, or the Nursing Home Care Act.



1 Affiliates of out-of-state facilities shall be considered  
2 out-of-state facilities. Affiliates of Illinois licensed  
3 health care facilities 100% owned by an Illinois licensed  
4 health care facility, its parent, or Illinois physicians  
5 licensed to practice medicine in all its branches shall not be  
6 considered out-of-state facilities. Nothing in this definition  
7 shall be construed to include an office or any part of an  
8 office of a physician licensed to practice medicine in all its  
9 branches in Illinois that is not required to be licensed under  
10 the Ambulatory Surgical Treatment Center Act.

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

17 "Related person" means any person that: (i) is at least  
18 50% owned, directly or indirectly, by either the health care  
19 facility or a person owning, directly or indirectly, at least  
20 50% of the health care facility; or (ii) owns, directly or  
21 indirectly, at least 50% of the health care facility.

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

25 "Health disparities" means preventable differences in the  
26 burden of disease, injury, violence, or opportunities to

1 achieve optimal health that are experienced by socially  
2 disadvantaged populations.

3 "Health equity" means a process of assurance of the  
4 conditions for optimal health for all people through focused  
5 and ongoing societal effort valuing all individuals and  
6 populations equally, recognizing and rectifying historical  
7 injustices, and providing resources according to need.

8 "Safety net services" means services provided by health  
9 care providers or organizations that deliver health care  
10 services to persons with barriers to mainstream health care  
11 due to lack of insurance, inability to pay, special needs,  
12 ethnic or cultural characteristics, or geographic isolation,  
13 and those that deliver services to communities or populations  
14 suffering from health disparities including disparities in  
15 health status and outcomes due to differences in social,  
16 economic, environmental, or healthcare resources. Safety net  
17 service providers include, but are not limited to, hospitals  
18 and private practice physicians that provide charity care,  
19 school-based health centers, migrant health clinics, rural  
20 health clinics, federally qualified health centers, community  
21 health centers, public health departments, and community  
22 mental health centers.

23 "Safety net hospital" has the meaning ascribed to it under  
24 Section 5-5e.1 of the Illinois Public Aid Code.

25 "Emergency medical and trauma" means the emergency medical  
26 services, trauma services, and associated non-emergency

1 medical services planned and coordinated in accordance with  
2 the Emergency Medical Services (EMS) Systems Act.

3 "Perinatal and maternal care" means obstetric and neonatal  
4 services under Subpart O of Hospital Licensing Requirements,  
5 77 IAC 250; resources and services associated with hospital  
6 perinatal care level designations under the Developmental  
7 Disability Prevention Act; and maternal care resources and  
8 services developed or identified under Sections 2310-222 and  
9 2310-223 of the Department of Public Health Powers and Duties  
10 Law.

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

14 "Category of service" means a grouping by generic class of  
15 various types or levels of support functions, equipment, care,  
16 or treatment provided to patients or residents. Categories of  
17 service shall at minimum include ~~, including, but not limited~~  
18 ~~to, classes such as~~ medical-surgical, pediatrics, obstetrics,  
19 intensive care, neonatal intensive care, acute mental illness,  
20 comprehensive physical rehabilitation, long-term acute care,  
21 ~~or~~ cardiac catheterization, open heart surgery, kidney  
22 transplantation, general long term nursing care, long term  
23 care for the developmentally disabled (adult), long term care  
24 for the developmentally disabled (children), chronic mental  
25 illness care, in-center hemodialysis, and non-hospital  
26 ambulatory surgery. A category of service may include

1 subcategories or levels of care that identify a particular  
2 degree or type of care within the category of service. Nothing  
3 in this definition shall be construed to include the practice  
4 of a physician or other licensed health care professional  
5 while functioning in an office providing for the care,  
6 diagnosis, or treatment of patients. A category of service  
7 that is subject to the Board's jurisdiction must be designated  
8 in rules adopted by the Board.

9 "State Board Staff Report" means the document that sets  
10 forth the review and findings of the State Board staff, as  
11 prescribed by the State Board, regarding applications subject  
12 to Board jurisdiction.

13 (Source: P.A. 100-518, eff. 6-1-18; 100-581, eff. 3-12-18;  
14 100-957, eff. 8-19-18; 101-81, eff. 7-12-19; 101-650, eff.  
15 7-7-20.)

16 (20 ILCS 3960/4) (from Ch. 111 1/2, par. 1154)

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

18 Sec. 4. Health Facilities and Services Review Board;  
19 membership; appointment; term; compensation; quorum.

20 (a) There is created the Health Facilities and Services  
21 Review Board, which shall perform the functions described in  
22 this Act. The Department shall provide operational support to  
23 the Board as necessary, including the provision of office  
24 space, supplies, and clerical, financial, and accounting  
25 services. The Board may contract for functions or operational

1 support as needed. The Board may also contract with experts  
2 related to specific health services or facilities and create  
3 technical advisory panels to assist in the development of  
4 criteria, standards, and procedures used in the evaluation of  
5 applications for permit and exemption.

6 (b) The State Board shall consist of 9 voting members. All  
7 members shall be residents of Illinois and at least 3 ~~4~~ shall  
8 reside outside the Chicago Metropolitan Statistical Area.  
9 Consideration shall be given to potential appointees who  
10 reflect the ethnic and cultural diversity of the State.  
11 Neither Board members nor Board staff shall be convicted  
12 felons or have pled guilty to a felony.

13 Each member shall have a reasonable knowledge of the  
14 practice, procedures and principles of the health care  
15 delivery system in Illinois, including at least 5 members who  
16 shall be knowledgeable about health care delivery systems,  
17 health systems planning, finance, or the management of health  
18 care facilities currently regulated under the Act. One member  
19 shall be a representative of a non-profit health care consumer  
20 advocacy organization and one member shall be representative  
21 of a trade or labor union representing health care workers. A  
22 spouse, parent, sibling, or child of a Board member cannot be  
23 an employee, agent, or under contract with services or  
24 facilities subject to the Act. Prior to appointment and in the  
25 course of service on the Board, members of the Board shall  
26 disclose the employment or other financial interest of any

1 other relative of the member, if known, in service or  
2 facilities subject to the Act. Members of the Board shall  
3 declare any conflict of interest that may exist with respect  
4 to the status of those relatives and recuse themselves from  
5 voting on any issue for which a conflict of interest is  
6 declared. No person shall be appointed or continue to serve as  
7 a member of the State Board who is, or whose spouse, parent,  
8 sibling, or child is, a member of the Board of Directors of,  
9 has a financial interest in, or has a business relationship  
10 with a health care facility.

11 Notwithstanding any provision of this Section to the  
12 contrary, the term of office of each member of the State Board  
13 serving on the day before the effective date of this  
14 amendatory Act of the 96th General Assembly is abolished on  
15 the date upon which members of the 9-member Board, as  
16 established by this amendatory Act of the 96th General  
17 Assembly, have been appointed and can begin to take action as a  
18 Board.

19 (c) The State Board shall be appointed by the Governor,  
20 with the advice and consent of the Senate. Not more than 5 of  
21 the appointments shall be of the same political party at the  
22 time of the appointment.

23 The Secretary of Human Services, the Director of  
24 Healthcare and Family Services, and the Director of Public  
25 Health, or their designated representatives, shall serve as  
26 ex-officio, non-voting members of the State Board.

1 (d) Of those 9 members initially appointed by the Governor  
2 following the effective date of this amendatory Act of the  
3 96th General Assembly, 3 shall serve for terms expiring July  
4 1, 2011, 3 shall serve for terms expiring July 1, 2012, and 3  
5 shall serve for terms expiring July 1, 2013. Thereafter, each  
6 appointed member shall hold office for a term of 3 years,  
7 provided that any member appointed to fill a vacancy occurring  
8 prior to the expiration of the term for which his or her  
9 predecessor was appointed shall be appointed for the remainder  
10 of such term and the term of office of each successor shall  
11 commence on July 1 of the year in which his predecessor's term  
12 expires. Each member shall hold office until his or her  
13 successor is appointed and qualified. The Governor may  
14 reappoint a member for additional terms, but no member shall  
15 serve more than 3 terms, subject to review and re-approval  
16 every 3 years.

17 (e) State Board members, while serving on business of the  
18 State Board, shall receive actual and necessary travel and  
19 subsistence expenses while so serving away from their places  
20 of residence. Until March 1, 2010, a member of the State Board  
21 who experiences a significant financial hardship due to the  
22 loss of income on days of attendance at meetings or while  
23 otherwise engaged in the business of the State Board may be  
24 paid a hardship allowance, as determined by and subject to the  
25 approval of the Governor's Travel Control Board.

26 (f) The Governor shall designate one of the members to

1 serve as the Chairman of the Board, who shall be a person with  
2 expertise in health care delivery system planning, finance or  
3 management of health care facilities that are regulated under  
4 the Act. The Chairman shall annually review Board member  
5 performance and shall report the attendance record of each  
6 Board member to the General Assembly.

7 (g) The State Board, through the Chairman, shall prepare a  
8 separate and distinct budget approved by the General Assembly  
9 and shall hire and supervise its own professional staff  
10 responsible for carrying out the responsibilities of the  
11 Board.

12 (h) The State Board shall meet at least every 45 days, or  
13 as often as the Chairman of the State Board deems necessary, or  
14 upon the request of a majority of the members.

15 (i) Five members of the State Board shall constitute a  
16 quorum. The affirmative vote of 5 of the members of the State  
17 Board shall be necessary for any action requiring a vote to be  
18 taken by the State Board. A vacancy in the membership of the  
19 State Board shall not impair the right of a quorum to exercise  
20 all the rights and perform all the duties of the State Board as  
21 provided by this Act.

22 (j) A State Board member shall disqualify himself or  
23 herself from the consideration of any application for a permit  
24 or exemption in which the State Board member or the State Board  
25 member's spouse, parent, sibling, or child: (i) has an  
26 economic interest in the matter; or (ii) is employed by,



1 serves as a consultant for, or is a member of the governing  
2 board of the applicant or a party opposing the application.

3 (k) The Chairman, Board members, and Board staff must  
4 comply with the Illinois Governmental Ethics Act.

5 (Source: P.A. 99-527, eff. 1-1-17; 100-681, eff. 8-3-18.)

6 (20 ILCS 3960/5) (from Ch. 111 1/2, par. 1155)

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

8 Sec. 5. Construction, modification, or establishment of  
9 health care facilities or acquisition of major medical  
10 equipment; permits or exemptions. No person shall construct,  
11 modify or establish a health care facility or acquire major  
12 medical equipment without first obtaining a permit or  
13 exemption from the State Board. The State Board shall not  
14 delegate to the staff of the State Board or any other person or  
15 entity the authority to grant permits or exemptions whenever  
16 the staff or other person or entity would be required to  
17 exercise any discretion affecting the decision to grant a  
18 permit or exemption. The State Board may, by rule, delegate  
19 authority to the Chairman to grant permits or exemptions when  
20 applications meet all of the State Board's review criteria and  
21 are unopposed.

22 A permit or exemption shall be obtained prior to the  
23 acquisition of major medical equipment or to the construction  
24 or modification of a health care facility which:

25 (a) requires a total capital expenditure in excess of

1 the capital expenditure minimum; or

2 (b) substantially changes the scope or changes the  
3 functional operation of the facility; or

4 (c) changes the bed capacity of a health care facility  
5 by increasing the total number of beds or by distributing  
6 beds among various categories of service or by relocating  
7 beds from one physical facility or site to another by more  
8 than 20 beds or more than 10% of total bed capacity as  
9 defined by the State Board, whichever is less, over a  
10 2-year period.

11 A permit shall be valid only for the defined construction  
12 or modifications, site, amount and person named in the  
13 application for such permit. The State Board may approve the  
14 transfer of an existing permit without regard to whether the  
15 permit to be transferred has yet been financially committed,  
16 except for permits to establish a new facility or category of  
17 service. A permit shall be valid until such time as the project  
18 has been completed, provided that the project commences and  
19 proceeds to completion with due diligence by the completion  
20 date or extension date approved by the Board.

21 A permit holder must do the following: (i) submit the  
22 final completion and cost report for the project within 90  
23 days after the approved project completion date or extension  
24 date and (ii) submit annual progress reports no earlier than  
25 30 days before and no later than 30 days after each anniversary  
26 date of the Board's approval of the permit until the project is

1 completed. To maintain a valid permit and to monitor progress  
2 toward project commencement and completion, routine  
3 post-permit reports shall be limited to annual progress  
4 reports and the final completion and cost report. Annual  
5 progress reports shall include information regarding the  
6 committed funds expended toward the approved project. For  
7 projects to be completed in 12 months or less, the permit  
8 holder shall report financial commitment in the final  
9 completion and cost report. For projects to be completed  
10 between 12 to 24 months, the permit holder shall report  
11 financial commitment in the first annual report. For projects  
12 to be completed in more than 24 months, the permit holder shall  
13 report financial commitment in the second annual progress  
14 report. The report shall contain information regarding  
15 expenditures and financial commitments. The State Board may  
16 extend the financial commitment period after considering a  
17 permit holder's showing of good cause and request for  
18 additional time to complete the project.

19 The Certificate of Need process required under this Act is  
20 designed to support equitable access to health care services,  
21 develop and protect safety net services, and restrain rising  
22 health care costs by preventing unnecessary construction or  
23 modification of health care facilities. The Board must assure  
24 that the establishment, construction, or modification of a  
25 health care facility or the acquisition of major medical  
26 equipment is consistent with the public interest and that the

1 proposed project is consistent with the orderly and economic  
2 development or acquisition of those facilities and equipment  
3 and is in accord with the standards, criteria, or plans of need  
4 adopted and approved by the Board. The Board must assure  
5 decisions regarding hospital facility or service  
6 discontinuations are consistent with the health equity  
7 purposes of the Act and consider whether or not such facility  
8 or service discontinuations will worsen health disparities.

9 Board decisions regarding the construction of health care  
10 facilities must consider capacity, quality, value, and equity.  
11 Projects may deviate from the costs, fees, and expenses  
12 provided in their project cost information for the project's  
13 cost components, provided that the final total project cost  
14 does not exceed the approved permit amount. Project  
15 alterations shall not increase the total approved permit  
16 amount by more than the limit set forth under the Board's  
17 rules.

18 The acquisition by any person of major medical equipment  
19 that will not be owned by or located in a health care facility  
20 and that will not be used to provide services to inpatients of  
21 a health care facility shall be exempt from review provided  
22 that a notice is filed in accordance with exemption  
23 requirements.

24 Notwithstanding any other provision of this Act, no permit  
25 or exemption is required for the construction or modification  
26 of a non-clinical service area of a health care facility.

1 (Source: P.A. 100-518, eff. 6-1-18; 100-681, eff. 8-3-18.)

2 (20 ILCS 3960/5.4)

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

4 Sec. 5.4. Safety Net Impact Statement.

5 (a) General review criteria shall include a requirement  
6 that all health care facilities, with the exception of skilled  
7 and intermediate long-term care facilities licensed under the  
8 Nursing Home Care Act, provide a Safety Net Impact Statement,  
9 which shall be filed with an application for a substantive  
10 project or when the application proposes to discontinue a  
11 category of service.

12 (b) (Blank). ~~For the purposes of this Section, "safety net~~  
13 ~~services" are services provided by health care providers or~~  
14 ~~organizations that deliver health care services to persons~~  
15 ~~with barriers to mainstream health care due to lack of~~  
16 ~~insurance, inability to pay, special needs, ethnic or cultural~~  
17 ~~characteristics, or geographic isolation. Safety net service~~  
18 ~~providers include, but are not limited to, hospitals and~~  
19 ~~private practice physicians that provide charity care,~~  
20 ~~school-based health centers, migrant health clinics, rural~~  
21 ~~health clinics, federally qualified health centers, community~~  
22 ~~health centers, public health departments, and community~~  
23 ~~mental health centers.~~

24 (c) As developed by the applicant, a Safety Net Impact  
25 Statement shall describe all of the following:

1           (1) The project's material impact, if any, on  
2 essential safety net services in the community, including  
3 safety net hospitals and critical access hospitals, to the  
4 extent that it is feasible for an applicant to have such  
5 knowledge.

6           (2) The project's impact on the ability of another  
7 provider or health care system to cross-subsidize safety  
8 net services, ~~if reasonably known to the applicant.~~

9           (3) How the discontinuation of a facility or service  
10 will ~~might~~ impact other ~~the remaining~~ safety net providers  
11 ~~in a given community, if reasonably known by the~~  
12 ~~applicant.~~

13           (4) How the discontinuation of a facility or service  
14 will impact the Medicaid population.

15           (5) How the discontinuation of a facility or service  
16 will impact the health status and outcomes of communities  
17 or populations suffering from health disparities. This  
18 should include consideration of disparities in healthcare  
19 access and outcomes by income, race and ethnic identity,  
20 and preferred language, if reasonably known to the  
21 applicant.

22           (d) Safety Net Impact Statements shall also include all of  
23 the following:

24           (1) For the 3 fiscal years prior to the application, a  
25 certification describing the amount of charity care  
26 provided by the applicant. The amount calculated by

1 hospital applicants shall be in accordance with the  
2 reporting requirements for charity care reporting in the  
3 Illinois Community Benefits Act. Non-hospital applicants  
4 shall report charity care, at cost, in accordance with an  
5 appropriate methodology specified by the Board.

6 (2) For the 3 fiscal years prior to the application, a  
7 certification of the amount of care provided to Medicaid  
8 patients. Hospital and non-hospital applicants shall  
9 provide Medicaid information in a manner consistent with  
10 the information reported each year to the State Board  
11 regarding "Inpatients and Outpatients Served by Payor  
12 Source" and "Inpatient and Outpatient Net Revenue by Payor  
13 Source" as required by the Board under Section 13 of this  
14 Act and published in the Annual Hospital Profile.

15 (3) Any information the applicant believes is directly  
16 relevant to safety net services, including information  
17 regarding teaching, research, and any other service.

18 (e) The Board staff shall publish a notice, that an  
19 application accompanied by a Safety Net Impact Statement has  
20 been filed, in a newspaper having general circulation within  
21 the area affected by the application. If no newspaper has a  
22 general circulation within the county, the Board shall post  
23 the notice in 5 conspicuous places within the proposed area.

24 (f) Any person, community organization, provider, or  
25 health system or other entity wishing to comment upon or  
26 oppose the application may file a Safety Net Impact Statement

1 Response with the Board, which shall provide additional  
2 information concerning a project's impact on safety net  
3 services in the community.

4 (g) Applicants shall be provided an opportunity to submit  
5 a reply to any Safety Net Impact Statement Response.

6 (h) The State Board Staff Report shall include a statement  
7 as to whether a Safety Net Impact Statement was filed by the  
8 applicant and whether it included information on charity care,  
9 the amount of care provided to Medicaid patients, and  
10 information on teaching, research, or any other service  
11 provided by the applicant directly relevant to safety net  
12 services. The report shall also indicate the names of the  
13 parties submitting responses and the number of responses and  
14 replies, if any, that were filed.

15 (Source: P.A. 100-518, eff. 6-1-18.)

16 (20 ILCS 3960/5.5 new)

17 Sec. 5.5. Emergency Medicine and Trauma Systems Impact  
18 Statement.

19 (a) Review criteria shall include a requirement that all  
20 general acute hospitals applying to discontinue a facility,  
21 intensive care services, or another category of service  
22 relevant to emergency medical service and trauma systems  
23 identified by rule by the Board include in its application an  
24 Emergency Medicine and Trauma Systems Impact Statement.

25 (b) As developed by the applicant, an Emergency Medicine



1 and Trauma Systems Impact Statement shall describe all of the  
2 following:

3 (1) How the discontinuation of the facility or service  
4 will impact the availability of emergency medical and  
5 trauma services for area populations, specifically  
6 including those that experience difficulty accessing  
7 health services or experience health disparities.

8 (2) How the discontinuation of the facility or service  
9 might impact the remaining providers of emergency medical  
10 and trauma services in the area, to the extent known by the  
11 applicant.

12 (c) Emergency Medicine and Trauma Systems Impact  
13 Statements shall also include all of the following:

14 (1) A list of each resource identified in any  
15 emergency medical service system program plan that will  
16 cease to exist as a result of the facility or service  
17 discontinuation, with a description of its utilization in  
18 the most recent 2 years for which data is available.

19 (2) A list of each resource identified in any trauma  
20 or stroke center designation that will cease to exist as a  
21 result of the facility or service discontinuation, with a  
22 description of its utilization in the most recent 2 years  
23 for which data is available.

24 (3) If any resource listed pursuant to paragraphs (1)  
25 or (2) above was on diversion or bypass status or  
26 otherwise not available during the 2 years, the statement

1 must list the times and reasons it was on bypass.

2 (d) The Board staff shall publish a notice, that an  
3 application accompanied by an Emergency Medicine and Trauma  
4 Systems Impact Statement has been filed, in a newspaper having  
5 general circulation within the area affected by the  
6 application. If no newspaper has a general circulation within  
7 the county, the Board shall post the notice in 5 conspicuous  
8 places within the proposed area.

9 (e) Any person, community organization, provider, or  
10 health system or other entity wishing to comment upon or  
11 oppose the application may file an Emergency Medical and  
12 Trauma Systems Impact Statement Response with the Board, which  
13 shall provide additional information concerning a project's  
14 impact on emergency medical and trauma services in the  
15 community.

16 (f) Applicants shall be provided an opportunity to submit  
17 a reply to any Emergency Medical and Trauma Systems Impact  
18 Statement Response.

19 (g) The State Board Staff Report shall include a statement  
20 as to whether an Emergency Medical and Trauma Systems Impact  
21 Statement was filed by the applicant and whether it included  
22 information described in subsections (b) and (c) above. The  
23 report shall indicate whether the list of resources identified  
24 pursuant to subsection (c) is accurate and complete. The  
25 report shall also indicate the names of the parties submitting  
26 responses and the number of responses and replies, if any,

1 that were filed.

2 (20 ILCS 3960/5.6 new)

3 Sec. 5.6. Maternal and Child Health Impact Statement.

4 (a) Review criteria shall include a requirement that all  
5 general acute hospitals applying to discontinue a facility,  
6 obstetric services, pediatric services, neonatal intensive  
7 care services, or any other category of service relevant to  
8 maternal and child health identified by rule by the Board  
9 include in its application an Emergency Medicine and Trauma  
10 Systems Impact Statement.

11 (b) As developed by the applicant, a Maternal and Child  
12 Health Impact Statement shall describe all of the following:

13 (1) How the discontinuation of the facility or service  
14 will impact the availability of perinatal and maternal  
15 care services for area populations, specifically including  
16 those that experience difficulty accessing health services  
17 or experience health disparities.

18 (2) How the discontinuation of the facility or service  
19 might impact the remaining providers of perinatal and  
20 maternal care services in the area, to the extent known by  
21 the applicant.

22 (c) Maternal and Child Health Impact Statements shall also  
23 include all of the following:

24 (1) A list of each resource identified in any  
25 obstetric and neonatal service plan, hospital perinatal

1 care level designation, or maternal care level designation  
2 that will cease to exist as a result of the facility or  
3 service discontinuation, with a description of its  
4 utilization in the most recent 2 years for which data is  
5 available.

6 (2) A list of any resource that was developed through  
7 initiatives set forth in Section 2310-222 of the  
8 Department of Public Health Powers and Duties Law to  
9 improve birth equity and reduce postpartum racial and  
10 ethnic disparities, or that serves similar purposes that  
11 will cease to exist as a result of the facility or service  
12 discontinuation.

13 (d) The Board staff shall publish a notice, that an  
14 application accompanied by a Maternal and Child Health Impact  
15 Statement has been filed, in a newspaper having general  
16 circulation within the area affected by the application. If no  
17 newspaper has a general circulation within the county, the  
18 Board shall post the notice in 5 conspicuous places within the  
19 proposed area.

20 (e) Any person, community organization, provider, or  
21 health system or other entity wishing to comment upon or  
22 oppose the application may file a Maternal and Child Health  
23 Impact Statement Response with the Board, which shall provide  
24 additional information concerning a project's impact on  
25 emergency medical and trauma services in the community.

26 (f) Applicants shall be provided an opportunity to submit

1 a reply to any Maternal and Child Health Impact Statement  
2 Response.

3 (g) The State Board Staff Report shall include a statement  
4 as to whether a Maternal and Child Health Impact Statement was  
5 filed by the applicant and whether it included information  
6 described in paragraphs (b) and (c) above. The report shall  
7 indicate whether the list of resources identified pursuant to  
8 paragraph (c) is accurate and complete. The report shall also  
9 indicate the names of the parties submitting responses and the  
10 number of responses and replies, if any, that were filed.

11 (20 ILCS 3960/6) (from Ch. 111 1/2, par. 1156)

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

13 Sec. 6. Application for permit or exemption; exemption  
14 regulations.

15 (a) An application for a permit or exemption shall be made  
16 to the State Board upon forms provided by the State Board. This  
17 application shall contain such information as the State Board  
18 deems necessary. The State Board shall not require an  
19 applicant to file a Letter of Intent before an application is  
20 filed. Such application shall include affirmative evidence on  
21 which the State Board or Chairman may make its decision on the  
22 approval or denial of the permit or exemption.

23 (b) The State Board shall establish by regulation the  
24 procedures and requirements regarding issuance of exemptions.  
25 An exemption shall be approved when information required by

1 the Board by rule is submitted. Projects eligible for an  
2 exemption, rather than a permit, shall be ~~include, but are not~~  
3 limited to, change of ownership of a health care facility and  
4 discontinuation of a category of service, other than a  
5 hospital, or a health care facility maintained by the State or  
6 any agency or department thereof or a nursing home maintained  
7 by a county. The Board may accept an application for an  
8 exemption for the discontinuation of a category of service at  
9 any other a health care facility only once in a 6-month period  
10 following (1) the previous application for exemption at the  
11 same health care facility or (2) the final decision of the  
12 Board regarding the discontinuation of a category of service  
13 at the same health care facility, whichever occurs later. A  
14 discontinuation of a category of service shall otherwise  
15 require an application for a permit if an application for an  
16 exemption has already been accepted within the 6-month period.  
17 For a change of ownership among related persons of a health  
18 care facility, the State Board shall provide by rule for an  
19 expedited process for obtaining an exemption. For the purposes  
20 of this Section, "change of ownership among related persons"  
21 means a transaction in which the parties to the transaction  
22 are under common control or ownership before and after the  
23 transaction is complete.

24 (c) All applications shall be signed by the applicant and  
25 shall be verified by any 2 officers thereof.

26 (c-5) Any written review or findings of the Board staff

1 set forth in the State Board Staff Report concerning an  
2 application for a permit must be made available to the public  
3 and the applicant at least 14 calendar days before the meeting  
4 of the State Board at which the review or findings are  
5 considered. The applicant and members of the public may  
6 submit, to the State Board, written responses regarding the  
7 facts set forth in the review or findings of the Board staff.  
8 Members of the public and the applicant shall have until 10  
9 days before the meeting of the State Board to submit any  
10 written response concerning the Board staff's written review  
11 or findings. The Board staff may revise any findings to  
12 address corrections of factual errors cited in the public  
13 response. At the meeting, the State Board may, in its  
14 discretion, permit the submission of other additional written  
15 materials.

16 (d) Upon receipt of an application for a permit, the State  
17 Board shall approve and authorize the issuance of a permit if  
18 it finds (1) that the applicant is fit, willing, and able to  
19 provide a proper standard of health care service for the  
20 community with particular regard to the qualification,  
21 background and character of the applicant, (2) that economic  
22 feasibility is demonstrated in terms of effect on the existing  
23 and projected operating budget of the applicant and of the  
24 health care facility; in terms of the applicant's ability to  
25 establish and operate such facility in accordance with  
26 licensure regulations promulgated under pertinent state laws;

1 and in terms of the projected impact on the total health care  
2 expenditures in the facility and community, (3) that  
3 safeguards are provided that assure that the establishment,  
4 construction or modification of the health care facility or  
5 acquisition of major medical equipment is consistent with the  
6 public interest, (4) that the project will not plausibly  
7 increase health disparities, and (5) ~~(4)~~ that the proposed  
8 project is consistent with the orderly and economic  
9 development of such facilities and equipment and is in accord  
10 with standards, criteria, or plans of need adopted and  
11 approved pursuant to the provisions of Section 12 of this Act.

12 (d-5) For an application for a permit to discontinue a  
13 hospital facility or service, the State Board shall consider:

14 (1) how the discontinuation of the facility or service  
15 will impact safety net services;

16 (2) the emergency medical and trauma system impact, if  
17 applicable;

18 (3) the maternal and child health impact, if  
19 applicable; and

20 (4) the economic feasibility, based on the resources  
21 of the applicant and related persons, of continued  
22 operation as an alternative.

23 (e) The State Board may attach conditions to issuance of a  
24 permit. For a discontinuation of a hospital facility or  
25 service, the State Board is expressly permitted to attach  
26 conditions requiring that certain public support or subsidies



1 received by the hospital must be repaid.

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

4 (20 ILCS 3960/6.05 new)

5 Sec. 6.05. Hospital closure during a pandemic. The State  
6 Board shall not issue a permit or take any other action that  
7 would allow closure of a general acute care hospital to  
8 proceed during a public health emergency declared pursuant to  
9 the Illinois Emergency Management Act as the result of an  
10 infectious disease pandemic.

11 (20 ILCS 3960/6.2)

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

13 Sec. 6.2. Review of permits; State Board Staff Reports.  
14 Upon receipt of an application for a permit to establish,  
15 construct, or modify a health care facility, the State Board  
16 staff shall notify the applicant in writing within 10 working  
17 days either that the application is or is not ~~substantially~~  
18 complete. If the application is ~~substantially~~ complete, the  
19 State Board staff shall notify the applicant of the beginning  
20 of the review process. If the application is not ~~substantially~~  
21 complete, the Board staff shall explain within the 10-day  
22 period why the application is incomplete.

23 The State Board staff shall afford a reasonable amount of  
24 time as established by the State Board, but not to exceed 180

1 ~~120~~ days, for the review of the application. The 180-day  
2 ~~120-day~~ period begins on the day the application is found to be  
3 ~~substantially~~ complete, as that term is defined by the State  
4 Board. During the 180-day ~~120-day~~ period, the applicant may  
5 request an extension. An applicant may modify the application  
6 at any time before a final administrative decision has been  
7 made on the application.

8 The State Board staff shall submit its State Board Staff  
9 Report to the State Board for its decision-making regarding  
10 approval or denial of the permit.

11 When an application for a permit is initially reviewed by  
12 State Board staff, as provided in this Section, the State  
13 Board shall, upon request by the applicant or an interested  
14 person, afford an opportunity for a public hearing within a  
15 reasonable amount of time after receipt of the complete  
16 application, but not to exceed 90 days after receipt of the  
17 complete application. Notice of the hearing shall be made  
18 promptly, not less than 10 days before the hearing, by  
19 certified mail to the applicant and, not less than 10 days  
20 before the hearing, by publication in a newspaper of general  
21 circulation in the area or community to be affected. The  
22 hearing shall be held in the area or community in which the  
23 proposed project is to be located and shall be for the purpose  
24 of allowing the applicant and any interested person to present  
25 public testimony concerning the approval, denial, renewal, or  
26 revocation of the permit. All interested persons attending the

1 hearing shall be given a reasonable opportunity to present  
2 their views or arguments in writing or orally, and a record of  
3 all of the testimony shall accompany any findings of the State  
4 Board staff. The State Board shall adopt reasonable rules and  
5 regulations governing the procedure and conduct of the  
6 hearings.

7 (Source: P.A. 99-114, eff. 7-23-15; 100-681, eff. 8-3-18.)

8 (20 ILCS 3960/8.5)

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

10 Sec. 8.5. Certificate of exemption for change of ownership  
11 of a health care facility; discontinuation of a category of  
12 service; public notice and public hearing.

13 (a) Upon a finding that an application for a change of  
14 ownership is complete, the State Board shall publish a legal  
15 notice on 3 consecutive days in a newspaper of general  
16 circulation in the area or community to be affected and afford  
17 the public an opportunity to request a hearing. If the  
18 application is for a facility located in a Metropolitan  
19 Statistical Area, an additional legal notice shall be  
20 published in a newspaper of limited circulation, if one  
21 exists, in the area in which the facility is located. If the  
22 newspaper of limited circulation is published on a daily  
23 basis, the additional legal notice shall be published on 3  
24 consecutive days. The applicant shall pay the cost incurred by  
25 the Board in publishing the change of ownership notice in

1 newspapers as required under this subsection. The legal notice  
2 shall also be posted on the Health Facilities and Services  
3 Review Board's web site and sent to the State Representative  
4 and State Senator of the district in which the health care  
5 facility is located. An application for change of ownership of  
6 a hospital shall not be deemed complete without a signed  
7 certification that for a period of 2 years after the change of  
8 ownership transaction is effective, the hospital will not  
9 adopt a charity care policy that is more restrictive than the  
10 policy in effect during the year prior to the transaction. An  
11 application for change of ownership of a hospital shall not be  
12 deemed complete without a signed certification that for a  
13 period of 1 year after the change of ownership transaction is  
14 effective, the hospital will not pursue facility closure or  
15 discontinuation of any category of service. An application for  
16 a change of ownership need not contain signed transaction  
17 documents so long as it includes the following key terms of the  
18 transaction: names and background of the parties; structure of  
19 the transaction; the person who will be the licensed or  
20 certified entity after the transaction; the ownership or  
21 membership interests in such licensed or certified entity both  
22 prior to and after the transaction; fair market value of  
23 assets to be transferred; and the purchase price or other form  
24 of consideration to be provided for those assets. The issuance  
25 of the certificate of exemption shall be contingent upon the  
26 applicant submitting a statement to the Board within 90 days

1 after the closing date of the transaction, or such longer  
2 period as provided by the Board, certifying that the change of  
3 ownership has been completed in accordance with the key terms  
4 contained in the application. If such key terms of the  
5 transaction change, a new application shall be required.

6 Where a change of ownership is among related persons, and  
7 there are no other changes being proposed at the health care  
8 facility that would otherwise require a permit or exemption  
9 under this Act, the applicant shall submit an application  
10 consisting of a standard notice in a form set forth by the  
11 Board briefly explaining the reasons for the proposed change  
12 of ownership. Once such an application is submitted to the  
13 Board and reviewed by the Board staff, the Board Chair shall  
14 take action on an application for an exemption for a change of  
15 ownership among related persons within 45 days after the  
16 application has been deemed complete, provided the application  
17 meets the applicable standards under this Section. If the  
18 Board Chair has a conflict of interest or for other good cause,  
19 the Chair may request review by the Board. Notwithstanding any  
20 other provision of this Act, for purposes of this Section, a  
21 change of ownership among related persons means a transaction  
22 where the parties to the transaction are under common control  
23 or ownership before and after the transaction is completed.

24 ~~Nothing in this Act shall be construed as authorizing the~~  
25 ~~Board to impose any conditions, obligations, or limitations,~~  
26 ~~other than those required by this Section, with respect to the~~

1 ~~issuance of an exemption for a change of ownership, including,~~  
2 ~~but not limited to, the time period before which a subsequent~~  
3 ~~change of ownership of the health care facility could be~~  
4 ~~sought, or the commitment to continue to offer for a specified~~  
5 ~~time period any services currently offered by the health care~~  
6 ~~facility.~~

7 (a-3) (Blank).

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

20 (b) If a public hearing is requested, it shall be held at  
21 least 15 days but no more than 30 days after the date of  
22 publication of the legal notice in the community in which the  
23 facility is located. The hearing shall be held in the affected  
24 area or community in a place of reasonable size and  
25 accessibility and a full and complete written transcript of  
26 the proceedings shall be made. All interested persons

1 attending the hearing shall be given a reasonable opportunity  
2 to present their positions in writing or orally. The applicant  
3 shall provide a summary or describe the proposed change of  
4 ownership at the public hearing.

5 (c) For the purposes of this Section "newspaper of limited  
6 circulation" means a newspaper intended to serve a particular  
7 or defined population of a specific geographic area within a  
8 Metropolitan Statistical Area such as a municipality, town,  
9 village, township, or community area, but does not include  
10 publications of professional and trade associations.

11 (d) The changes made to this Section by this amendatory  
12 Act of the 101st General Assembly shall apply to all  
13 applications submitted after the effective date of this  
14 amendatory Act of the 101st General Assembly.

15 (Source: P.A. 100-201, eff. 8-18-17; 101-83, eff. 7-15-19.)

16 (20 ILCS 3960/8.7)

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

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

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

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

15 An application to close a health care facility shall only  
16 be deemed complete if it includes evidence that the health  
17 care facility provided written notice at least 30 days prior  
18 to filing the application of its intent to do so to the  
19 municipality in which it is located, the State Representative  
20 and State Senator of the district in which the health care  
21 facility is located, the State Board, the Director of Public  
22 Health, and the Director of Healthcare and Family Services.  
23 The changes made to this subsection by this amendatory Act of  
24 the 101st General Assembly shall apply to all applications  
25 submitted after the effective date of this amendatory Act of  
26 the 101st General Assembly.



1           (b) An application to close a hospital facility, or  
2 discontinue a hospital service if applicable, shall only be  
3 deemed complete when the applicant includes a list of public  
4 support or subsidies it has received without repaying or  
5 fulfilling obligations or any other public subsidies it has  
6 received in the past 5 years, including hospital assessment  
7 funded supplemental payments, capital development grants,  
8 public health grants, economic development grants and  
9 supports, and any other categories the Board may identify by  
10 rule. In cases of service discontinuation, this requirement  
11 applies if the support or subsidy is specific to the service.

12           (c) In cases of hospital facility or service  
13 discontinuation, a public response to a safety net impact  
14 statement under subsection (f) of Section 5.4, emergency  
15 medicine and trauma system impact statement under subsection  
16 (e) of Section 5.5, or maternal and child health impact  
17 statement under subsection (e) of Section 5.6 may request an  
18 investigative hearing by the full board under the procedures  
19 set forth in Section 13. Such request shall be granted unless  
20 the Board finds the applicant has shown a likelihood there  
21 will be no impact on the services that are the subject of the  
22 request.

23           (d) No later than 30 days after issuance of a permit to  
24 close a health care facility or discontinue a category of  
25 service, the permit holder shall give written notice of the  
26 closure or discontinuation to the State Senator and State

1 Representative serving the legislative district in which the  
2 health care facility is located.

3 (e) ~~(e)~~ If there is a pending lawsuit that challenges an  
4 application to discontinue a health care facility that either  
5 names the Board as a party or alleges fraud in the filing of  
6 the application, the Board may defer action on the application  
7 until there is no longer such a lawsuit pending ~~for up to 6~~  
8 ~~months after the date of the initial deferral of the~~  
9 ~~application.~~

10 (f) ~~(d)~~ The changes made to this Section by this  
11 amendatory Act of the 101st General Assembly shall apply to  
12 all applications submitted after the effective date of this  
13 amendatory Act of the 101st General Assembly.

14 (Source: P.A. 101-83, eff. 7-15-19; 101-650, eff. 7-7-20.)

15 (20 ILCS 3960/12) (from Ch. 111 1/2, par. 1162)

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

17 Sec. 12. Powers and duties of State Board. For purposes of  
18 this Act, the State Board shall exercise the following powers  
19 and duties:

20 (1) Prescribe rules, regulations, standards, criteria,  
21 procedures or reviews which may vary according to the  
22 purpose for which a particular review is being conducted  
23 or the type of project reviewed and which are required to  
24 carry out the provisions and purposes of this Act.  
25 Policies and procedures of the State Board shall take into

1 consideration the priorities and needs of medically  
2 underserved areas and other health care services, giving  
3 special consideration to the impact of projects on access  
4 to safety net services.

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

8 (3) (Blank).

9 (4) Develop criteria and standards for health care  
10 facilities planning, conduct statewide inventories of  
11 health care facilities, maintain an updated inventory on  
12 the Board's web site reflecting the most recent bed and  
13 service changes and updated need determinations when new  
14 census data become available or new need formulae are  
15 adopted, and develop health care facility plans which  
16 shall be utilized in the review of applications for permit  
17 under this Act. Such health facility plans shall be  
18 coordinated by the Board with pertinent State Plans.  
19 Inventories pursuant to this Section of skilled or  
20 intermediate care facilities licensed under the Nursing  
21 Home Care Act, skilled or intermediate care facilities  
22 licensed under the ID/DD Community Care Act, skilled or  
23 intermediate care facilities licensed under the MC/DD Act,  
24 facilities licensed under the Specialized Mental Health  
25 Rehabilitation Act of 2013, or nursing homes licensed  
26 under the Hospital Licensing Act shall be conducted on an

1 annual basis no later than July 1 of each year and shall  
2 include among the information requested a list of all  
3 services provided by a facility to its residents and to  
4 the community at large and differentiate between active  
5 and inactive beds.

6 In developing health care facility plans, the State  
7 Board shall consider, but shall not be limited to, the  
8 following:

9 (a) The size, composition and growth of the  
10 population of the area to be served including Medicaid  
11 population specifically;

12 (b) The number of existing and planned facilities  
13 offering similar programs;

14 (c) The extent of utilization of existing  
15 facilities including Medicaid utilization  
16 specifically;

17 (d) The availability of facilities which may serve  
18 as alternatives or substitutes;

19 (e) The availability of personnel necessary to the  
20 operation of the facility;

21 (f) Multi-institutional planning and the  
22 establishment of multi-institutional systems where  
23 feasible;

24 (g) The financial and economic feasibility of  
25 proposed construction or modification; ~~and~~

26 (g-5) Impact on safety net services including

1 safety net and critical access hospitals;

2 (h) In the case of health care facilities  
3 established by a religious body or denomination, the  
4 needs of the members of such religious body or  
5 denomination may be considered to be public need; ~~and-~~

6 (i) The presence and severity of health  
7 disparities in the area and among the population to be  
8 served. This at minimum must include consideration of  
9 disparities in healthcare access and outcomes by  
10 income, race and ethnic identity, and preferred  
11 language.

12 The health care facility plans which are developed and  
13 adopted in accordance with this Section shall form the  
14 basis for the plan of the State to deal most effectively  
15 with statewide health needs in regard to health care  
16 facilities.

17 (5) Coordinate with other state agencies having  
18 responsibilities affecting health care facilities,  
19 including those of licensure and cost reporting.

20 (6) Solicit, accept, hold and administer on behalf of  
21 the State any grants or bequests of money, securities or  
22 property for use by the State Board in the administration  
23 of this Act; and enter into contracts consistent with the  
24 appropriations for purposes enumerated in this Act.

25 (7) (Blank).

26 (7.5) Protect safety net services.

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

7           Substantive projects shall include ~~no more than~~ the  
8 following:

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

15           (b) Projects proposing a (1) new service within an  
16 existing healthcare facility or (2) discontinuation of  
17 a service within an existing healthcare facility,  
18 which shall be reviewed by the Board within 60 days; or

19           (c) Projects proposing a change in the bed  
20 capacity of a health care facility by an increase in  
21 the total number of beds or by a redistribution of beds  
22 among various categories of service or by a relocation  
23 of beds from one physical facility or site to another  
24 by more than 20 beds or more than 10% of total bed  
25 capacity, as defined by the State Board, whichever is  
26 less, over a 2-year period.

1           The Chairman may approve applications for exemption  
2 that meet the criteria set forth in rules or refer them to  
3 the full Board. The Chairman may approve any unopposed  
4 application that meets all of the review criteria or refer  
5 them to the full Board.

6           Such rules shall not prevent the conduct of a public  
7 hearing upon the timely request of an interested party.  
8 Such reviews shall not exceed 60 days from the date the  
9 application is declared to be complete.

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

19           (10) Prescribe rules, regulations, standards and  
20 criteria for the conduct of an expeditious review, not  
21 exceeding 60 days, of applications for permits for  
22 projects to construct or modify health care facilities  
23 which are needed for the care and treatment of persons who  
24 have acquired immunodeficiency syndrome (AIDS) or related  
25 conditions.

26           (10.5) Provide its rationale when voting on an item

1 before it at a State Board meeting in order to comply with  
2 subsection (b) of Section 3-108 of the Code of Civil  
3 Procedure.

4 (11) Issue written decisions upon request of the  
5 applicant or an adversely affected party to the Board.  
6 Requests for a written decision shall be made within 15  
7 days after the Board meeting in which a final decision has  
8 been made. A "final decision" for purposes of this Act is  
9 the decision to approve or deny an application, or take  
10 other actions permitted under this Act, at the time and  
11 date of the meeting that such action is scheduled by the  
12 Board. The transcript of the State Board meeting shall be  
13 incorporated into the Board's final decision. The staff of  
14 the Board shall prepare a written copy of the final  
15 decision and the Board shall approve a final copy for  
16 inclusion in the formal record. The Board shall consider,  
17 for approval, the written draft of the final decision no  
18 later than the next scheduled Board meeting. The written  
19 decision shall identify the applicable criteria and  
20 factors listed in this Act and the Board's regulations  
21 that were taken into consideration by the Board when  
22 coming to a final decision. If the Board denies or fails to  
23 approve an application for permit or exemption, the Board  
24 shall include in the final decision a detailed explanation  
25 as to why the application was denied and identify what  
26 specific criteria or standards the applicant did not



1 fulfill.

2 (12) (Blank).

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

5 (14) Implement public information campaigns to  
6 regularly inform the general public about the opportunity  
7 for public hearings and public hearing procedures.

8 (15) Establish a separate set of rules and guidelines  
9 for long-term care that recognizes that nursing homes are  
10 a different business line and service model from other  
11 regulated facilities. An open and transparent process  
12 shall be developed that considers the following: how  
13 skilled nursing fits in the continuum of care with other  
14 care providers, modernization of nursing homes,  
15 establishment of more private rooms, development of  
16 alternative services, and current trends in long-term care  
17 services. The Chairman of the Board shall appoint a  
18 permanent Health Services Review Board Long-term Care  
19 Facility Advisory Subcommittee that shall develop and  
20 recommend to the Board the rules to be established by the  
21 Board under this paragraph (15). The Subcommittee shall  
22 also provide continuous review and commentary on policies  
23 and procedures relative to long-term care and the review  
24 of related projects. The Subcommittee shall make  
25 recommendations to the Board no later than January 1, 2016  
26 and every January thereafter pursuant to the

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

23 The Chairman of the Board shall appoint voting members  
24 of the Subcommittee, who shall serve for a period of 3  
25 years, with one-third of the terms expiring each January,  
26 to be determined by lot. Appointees shall include, but not

1 be limited to, recommendations from each of the 3  
2 statewide long-term care associations, with an equal  
3 number to be appointed from each. Compliance with this  
4 provision shall be through the appointment and  
5 reappointment process. All appointees serving as of April  
6 1, 2015 shall serve to the end of their term as determined  
7 by lot or until the appointee voluntarily resigns,  
8 whichever is earlier.

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

16 (16) Prescribe the format of the State Board Staff  
17 Report. A State Board Staff Report shall pertain to  
18 applications that include, but are not limited to,  
19 applications for permit or exemption, applications for  
20 permit renewal, applications for extension of the  
21 financial commitment period, applications requesting a  
22 declaratory ruling, or applications under the Health Care  
23 Worker Self-Referral Act. State Board Staff Reports shall  
24 compare applications to the relevant review criteria under  
25 the Board's rules.

26 (17) Establish a separate set of rules and guidelines

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

1 98-651).

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

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

7 (20 ILCS 3960/12.3)

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

9 Sec. 12.3. Revision of criteria, standards, and rules. At  
10 least every 2 years, the State Board shall review, revise, and  
11 update the criteria, standards, and rules used to evaluate  
12 applications for permit and exemption. The Board may appoint  
13 temporary advisory committees made up of experts with  
14 professional competence in the subject matter of the proposed  
15 standards or criteria to assist in the development of  
16 revisions to requirements, standards, and criteria. In  
17 particular, the review of the criteria, standards, and rules  
18 shall consider:

19 (1) Whether the requirements, criteria, and standards  
20 reflect current industry standards and anticipated trends.

21 (2) Whether the criteria and standards can be reduced  
22 or eliminated.

23 (3) Whether requirements, criteria, and standards can  
24 be developed to authorize the construction of unfinished  
25 space for future use when the ultimate need for such space

1 can be reasonably projected.

2 (4) Whether the criteria and standards take into  
3 account issues related to population growth, ~~and~~ changing  
4 demographics, Medicaid utilization, and the presence and  
5 severity of health disparities in a community, which at  
6 minimum must include consideration of disparities in  
7 healthcare access and outcomes by income, race and ethnic  
8 identity, and preferred language.

9 (5) Whether facility-defined service and planning  
10 areas should be recognized.

11 (6) Whether categories of service that are subject to  
12 review should be re-evaluated, including provisions  
13 related to structural, functional, and operational  
14 differences between long-term care facilities and acute  
15 care facilities and that allow routine changes of  
16 ownership, facility sales, and closure requests to be  
17 processed on a more timely basis.

18 As of July 1, 2021 and thereafter, the State Board may not  
19 utilize need formulae for lines of service that do not factor  
20 in disparities in incidence of health conditions or other  
21 demonstrated need for the service.

22 (Source: P.A. 99-527, eff. 1-1-17; 100-681, eff. 8-3-18.)

23 (20 ILCS 3960/12.4)

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

25 Sec. 12.4. Hospital reduction in health care services;

1 notice. If a hospital reduces any of the Categories of Service  
2 as outlined in Title 77, Chapter II, Part 1110 in the Illinois  
3 Administrative Code, or any other service as defined by rule  
4 by the State Board, by 50% or more according to rules adopted  
5 by the State Board, then within 30 days after reducing the  
6 service, the hospital must give written notice of the  
7 reduction in service to the State Board, the Department of  
8 Public Health, and the State Senator and State Representative  
9 serving the legislative district in which the hospital is  
10 located. If the amount of the reduction is greater than or  
11 equal to 5% of service inventory in the region, the State Board  
12 shall cause the notice to be published in the publications and  
13 locations listed in subsection (a) of Section 8.7. Any party  
14 receiving notice may request a safety net impact statement,  
15 emergency medicine and trauma system impact statement, or  
16 maternal and child health impact statement, as described at:  
17 (i) subsections (c) and (d) of Section 5.4; (ii) subsections  
18 (b) and (c) of Section 5.5; and (iii) subsections (b) and (c)  
19 of Section 5.6, respectively, to be filed describing impact of  
20 the reduction in services. The State Board shall adopt rules  
21 to implement this Section, including rules that specify (i)  
22 how each health care service is defined, if not already  
23 defined in the State Board's rules, and (ii) what constitutes  
24 a reduction in service of 50% or more.

25 (Source: P.A. 100-681, eff. 8-3-18.)

1 (20 ILCS 3960/13.1) (from Ch. 111 1/2, par. 1163.1)

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

3 Sec. 13.1. Any person establishing, constructing, or  
4 modifying a health care facility or portion thereof without  
5 obtaining a required permit, or in violation of the terms of  
6 the required permit, shall not be eligible to apply for any  
7 necessary operating licenses or be eligible for payment by any  
8 State agency for services rendered in that facility until the  
9 required permit is obtained. In cases of any person  
10 discontinuing a hospital facility or category of service  
11 without obtaining a required permit, or in violation of the  
12 terms of the required permit, no related person shall be  
13 eligible to apply for any necessary operating licenses nor  
14 shall any related person be eligible for payment by any State  
15 agency for services rendered until the required permit is  
16 obtained.

17 (Source: P.A. 88-18.)

18 (20 ILCS 3960/14) (from Ch. 111 1/2, par. 1164)

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

20 Sec. 14. Any person who has discontinued a hospital or a  
21 category of service at a hospital without a permit or  
22 exemption issued under this Act or in violation of the terms of  
23 such a permit or exemption is guilty of a business offense and  
24 may be fined up to \$1,000,000. Any person otherwise acquiring  
25 major medical equipment or establishing, constructing or



1 modifying a health care facility without a permit issued under  
2 this Act or in violation of the terms of such a permit is  
3 guilty of a business offense and may be fined up to \$100,000  
4 ~~\$25,000~~. The State's Attorneys of the several counties or the  
5 Attorney General shall represent the People of the State of  
6 Illinois in proceedings under this Section. The State's  
7 Attorneys of the several counties or the Attorney General may  
8 additionally maintain an action in the name of the People of  
9 the State of Illinois for injunction or other process against  
10 any person or governmental unit to restrain or prevent the  
11 acquisition of major medical equipment, or the establishment,  
12 construction or modification of a health care facility without  
13 the required permit, or to restrain or prevent the occupancy  
14 or utilization of the equipment acquired or facility which was  
15 constructed or modified without the required permit.  
16 Proceedings ~~The prosecution of an offense~~ under this Section,  
17 including the prosecution of an offense, shall not prohibit  
18 the imposition of any other sanction provided under this Act.

19 (Source: P.A. 88-18.)

20 (20 ILCS 3960/14.05 new)

21 Sec. 14.05. Right of action. Any person aggrieved by a  
22 violation of this Act, due to a negative impact on their access  
23 to health care or on their health due to diminished access to  
24 health care, involving the discontinuation of a hospital or a  
25 discontinuation of a category of service at a hospital without

1 a permit or exemption as required by this Act shall have a  
2 right of action in a State circuit court or as a supplemental  
3 claim in federal district court against an offending party. A  
4 prevailing party may recover for each violation: (i) any  
5 actual damages; (ii) an injunction or other relief as the  
6 court may deem appropriate; and (iii) reasonable attorney's  
7 fees.

8 (20 ILCS 3960/14.1)

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

10 Sec. 14.1. Denial of permit; other sanctions.

11 (a) The State Board may deny an application for a permit or  
12 may revoke or take other action as permitted by this Act with  
13 regard to a permit as the State Board deems appropriate,  
14 including the imposition of fines as set forth in this  
15 Section, for any one or a combination of the following:

16 (1) The acquisition of major medical equipment without  
17 a permit or in violation of the terms of a permit.

18 (2) The establishment, construction, modification, or  
19 change of ownership of a health care facility without a  
20 permit or exemption or in violation of the terms of a  
21 permit.

22 (3) The violation of any provision of this Act or any  
23 rule adopted under this Act.

24 (4) The failure, by any person subject to this Act, to  
25 provide information requested by the State Board or Agency

1           within 30 days after a formal written request for the  
2           information.

3           (5) The failure to pay any fine imposed under this  
4           Section within 30 days of its imposition.

5           (a-5) For facilities licensed under the ID/DD Community  
6           Care Act, no permit shall be denied on the basis of prior  
7           operator history, other than for actions specified under item  
8           (2), (4), or (5) of Section 3-117 of the ID/DD Community Care  
9           Act. For facilities licensed under the MC/DD Act, no permit  
10          shall be denied on the basis of prior operator history, other  
11          than for actions specified under item (2), (4), or (5) of  
12          Section 3-117 of the MC/DD Act. For facilities licensed under  
13          the Specialized Mental Health Rehabilitation Act of 2013, no  
14          permit shall be denied on the basis of prior operator history,  
15          other than for actions specified under subsections (a) and (b)  
16          of Section 4-109 of the Specialized Mental Health  
17          Rehabilitation Act of 2013. For facilities licensed under the  
18          Nursing Home Care Act, no permit shall be denied on the basis  
19          of prior operator history, other than for: (i) actions  
20          specified under item (2), (3), (4), (5), or (6) of Section  
21          3-117 of the Nursing Home Care Act; (ii) actions specified  
22          under item (a)(6) of Section 3-119 of the Nursing Home Care  
23          Act; or (iii) actions within the preceding 5 years  
24          constituting a substantial and repeated failure to comply with  
25          the Nursing Home Care Act or the rules and regulations adopted  
26          by the Department under that Act. The State Board shall not

1 deny a permit on account of any action described in this  
2 subsection (a-5) without also considering all such actions in  
3 the light of all relevant information available to the State  
4 Board, including whether the permit is sought to substantially  
5 comply with a mandatory or voluntary plan of correction  
6 associated with any action described in this subsection (a-5).

7 (b) Persons shall be subject to fines as provided in this  
8 subsection (b). The maximum fines imposed under this  
9 subsection (b) shall be annually adjusted and proportional  
10 with the increase in construction costs due to inflation, for  
11 major medical equipment and for all other capital  
12 expenditures. as follows:

13 (1) A permit holder who fails to comply with the  
14 requirements of maintaining a valid permit shall be fined  
15 an amount not to exceed 1% of the approved permit amount  
16 plus an additional 1% of the approved permit amount for  
17 each 30-day period, or fraction thereof, that the  
18 violation continues.

19 (2) A permit holder who alters the scope of an  
20 approved project or whose project costs exceed the  
21 allowable permit amount without first obtaining approval  
22 from the State Board shall be fined an amount not to exceed  
23 the sum of (i) the lesser of \$40,000 ~~\$25,000~~ or 2% of the  
24 approved permit amount and (ii) in those cases where the  
25 approved permit amount is exceeded by more than  
26 \$1,000,000, an additional \$40,000 ~~\$20,000~~ for each

1           \$1,000,000, or fraction thereof, in excess of the approved  
2 permit amount.

3           (2.5) A permit or exemption holder who fails to comply  
4 with the post-permit and reporting requirements set forth  
5 in Sections 5 and 8.5 shall be fined an amount not to  
6 exceed \$18,000 ~~\$10,000~~ plus an additional \$18,000 ~~\$10,000~~  
7 for each 30-day period, or fraction thereof, that the  
8 violation continues. The accrued fine is not waived by the  
9 permit or exemption holder submitting the required  
10 information and reports. Prior to any fine beginning to  
11 accrue, the Board shall notify, in writing, a permit or  
12 exemption holder of the due date for the post-permit and  
13 reporting requirements no later than 30 days before the  
14 due date for the requirements. The exemption letter shall  
15 serve as the notice for exemptions.

16           (3) A person who acquires major medical equipment or  
17 who establishes a category of service without first  
18 obtaining a permit or exemption, as the case may be, shall  
19 be fined an amount not to exceed \$18,000 ~~\$10,000~~ for each  
20 such acquisition or category of service established plus  
21 an additional \$18,000 ~~\$10,000~~ for each 30-day period, or  
22 fraction thereof, that the violation continues.

23           (4) A person who constructs, modifies, establishes, or  
24 changes ownership of a health care facility without first  
25 obtaining a permit or exemption shall be fined an amount  
26 not to exceed \$40,000 ~~\$25,000~~ plus an additional \$40,000

1       ~~\$25,000~~ for each 30-day period, or fraction thereof, that  
2       the violation continues.

3           (5) A person who discontinues a health care facility  
4       other than a hospital or a category of service at a health  
5       care facility other than a hospital without first  
6       obtaining a permit or exemption shall be fined an amount  
7       not to exceed \$25,000 ~~\$10,000~~ plus an additional \$25,000  
8       ~~\$10,000~~ for each 30-day period, or fraction thereof, that  
9       the violation continues. For purposes of this subparagraph  
10       (5), facilities licensed under the Nursing Home Care Act,  
11       the ID/DD Community Care Act, or the MC/DD Act, with the  
12       exceptions of facilities operated by a county or Illinois  
13       Veterans Homes, are exempt from this permit requirement.  
14       However, facilities licensed under the Nursing Home Care  
15       Act, the ID/DD Community Care Act, or the MC/DD Act must  
16       comply with Section 3-423 of the Nursing Home Care Act,  
17       Section 3-423 of the ID/DD Community Care Act, or Section  
18       3-423 of the MC/DD Act and must provide the Board and the  
19       Department of Human Services with 30 days' written notice  
20       of their intent to close. Facilities licensed under the  
21       ID/DD Community Care Act or the MC/DD Act also must  
22       provide the Board and the Department of Human Services  
23       with 30 days' written notice of their intent to reduce the  
24       number of beds for a facility.

25           (5.5) A person who discontinues a hospital facility or  
26       category of service without first obtaining a permit or

1 exemption shall be fined an amount not to exceed \$100,000  
2 plus an additional \$100,000 for each 30-day period, or  
3 fraction thereof, that the violation continues.

4 (6) A person subject to this Act who fails to provide  
5 information requested by the State Board or Agency within  
6 30 days of a formal written request shall be fined an  
7 amount not to exceed \$2,000 ~~\$1,000~~ plus an additional  
8 \$2,000 ~~\$1,000~~ for each 30-day period, or fraction thereof,  
9 that the information is not received by the State Board or  
10 Agency.

11 (b-5) Notwithstanding any other provision of this Act, the  
12 State board may not accept in-kind services or donations  
13 instead of or in combination with any fine imposed on a person  
14 due to their discontinuation of a hospital or a category of  
15 service at a hospital. ~~The State Board may accept in-kind~~  
16 ~~services or donations instead of or in combination with the~~  
17 ~~imposition of a fine. This authorization is limited to cases~~  
18 ~~where the non compliant individual or entity has waived the~~  
19 ~~right to an administrative hearing or opportunity to appear~~  
20 ~~before the Board regarding the non-compliant matter.~~

21 (c) Before imposing any fine authorized under this  
22 Section, the State Board shall afford the person or permit  
23 holder, as the case may be, an appearance before the State  
24 Board and an opportunity for a hearing before a hearing  
25 officer appointed by the State Board. The hearing shall be  
26 conducted in accordance with Section 10. Requests for an

1 appearance before the State Board must be made within 30 days  
2 after receiving notice that a fine will be imposed.

3 (d) All fines collected under this Act shall be  
4 transmitted to the State Treasurer, who shall deposit them  
5 into the Illinois Health Facilities Planning Fund.

6 (e) Fines imposed under this Section shall continue to  
7 accrue until: (i) the date that the matter is referred by the  
8 State Board to the Board's legal counsel; or (ii) the date that  
9 the health care facility becomes compliant with the Act,  
10 whichever is earlier.

11 (Source: P.A. 99-114, eff. 7-23-15; 99-180, eff. 7-29-15;  
12 99-527, eff. 1-1-17; 99-642, eff. 6-28-16; 100-681, eff.  
13 8-3-18.)

14 (20 ILCS 3960/14.2 new)

15 Sec. 14.2. Receivership.

16 (a) Should a person attempt to discontinue a hospital  
17 facility or category of service without first obtaining a  
18 permit or exemption, the State Board may file a verified  
19 petition to the circuit court for the county in which the  
20 facility is located for an order placing the facility under  
21 the control of a receiver.

22 (b) The court shall hold a hearing within 5 days after the  
23 filing of the petition. The petition and notice of the hearing  
24 shall be served on the owner, administrator or designated  
25 agent of the facility as provided under the Civil Practice



1 Law, or the petition and notice of hearing shall be posted in a  
2 conspicuous place in the facility not later than 3 days before  
3 the time specified for the hearing, unless a different period  
4 is fixed by order of the court.

5 (c) The court may appoint any qualified person as  
6 receiver, except it shall not appoint any owner or related  
7 person of the facility which is in receivership as its  
8 receiver. The State Board shall maintain a list of such  
9 persons to operate facilities which the court may consider.

10 (d) The receiver shall make provisions for the continued  
11 health, safety, and welfare of all patients utilizing the  
12 facility.

13 (e) A receiver appointed under this Act:

14 (1) Shall exercise those powers and shall perform  
15 those duties set out by the court.

16 (2) Shall operate the facility in such a manner as to  
17 assure the safety and adequate health care for patients.

18 (3) Shall have the same rights to possession of the  
19 building in which the facility is located and all goods  
20 and fixtures in the building at the time the petition for  
21 receivership is filed as the owner would have had if the  
22 receiver had not been appointed, and of all assets of the  
23 facility. The receiver shall take such action as  
24 reasonably necessary to protect or conserve the assets or  
25 property of which the receiver takes possession, or the  
26 proceeds from any transfer thereof, and may use them only

1 in the performance of the powers and duties set forth in  
2 this Section and by order of the court.

3 (4) May use the building, fixtures, furnishing and any  
4 accompanying consumable goods in the provision of care and  
5 services to patients receiving services from the facility.  
6 The receiver shall collect payments for all goods and  
7 services provided to patients during the period of the  
8 receivership at the same rate of payment charged by the  
9 operator at the time the petition for receivership was  
10 filed.

11 (5) May let contracts and hire agents and employees to  
12 carry out the powers and duties of the receiver under this  
13 Section.

14 (6) Shall honor all leases, mortgages and secured  
15 transactions governing the building in which the facility  
16 is located and all goods and fixtures in the building of  
17 which the receiver has taken possession, but only to the  
18 extent of payment which, in the case of a purchase  
19 agreement, come due during the period of receivership.

20 (7) Shall have full power to direct and manage and to  
21 discharge employees of the facility, subject to any  
22 contract rights they may have. The receiver shall pay  
23 employees at minimum the same rate of compensation,  
24 including benefits, that the employees would have received  
25 from the obligation to employees not carried out by the  
26 receiver.

1           (8) Shall report to the court any actions they believe  
2           should be continued when the receivership is terminated.

3           (f) A person who is served with notice of an order of the  
4           court appointing a receiver and of the receiver's name and  
5           address shall be liable to pay the receiver for any goods or  
6           services provided by the receiver after the date of the date of  
7           the order if the person would have been liable for the goods or  
8           services as supplied by the owner. The receiver shall give a  
9           receipt for each payment and shall keep a copy of each receipt  
10           on file. The receiver shall deposit amounts received in a  
11           separate account and shall use this account for all  
12           disbursements. The receiver may bring an action to enforce the  
13           liability created by this subsection.

14           (g) If there are insufficient fund on hand to meet the  
15           expenses of performing the powers and duties conferred on the  
16           receiver, the State Board may reimburse the receiver for those  
17           expenses from funds appropriated for its ordinary and  
18           contingent expenses by the General Assembly.

19           (h) In any action or special proceeding brought against a  
20           receiver in the receiver's official capacity for acts  
21           committed while carrying out powers and duties under this  
22           Section, the receiver shall be considered a public employee. A  
23           receiver may be held liable in a personal capacity only for the  
24           receivers own gross negligence, intentional acts, or breach of  
25           fiduciary duty.

26           (i) Other provisions of this Act notwithstanding, the

1 Department may issue a license to a facility placed in  
2 receivership. The duration of a license issued under this  
3 Section is limited to the duration of the receivership.

4 (j) The court may terminate a receivership at any time if  
5 it determines that the receivership is no longer necessary  
6 because the conditions which gave rise to the receivership no  
7 longer exist, either because the person attempting to  
8 discontinue the hospital facility or category of service  
9 without first obtaining a permit has obtained a permit  
10 allowing them to do so, or because the person attempting to  
11 discontinue the hospital facility or category of service  
12 without first obtaining a permit has ceased attempting to  
13 discontinue the hospital facility or category of service  
14 without first obtaining a permit.

15 Section 15. The Illinois Public Aid Code is amended by  
16 changing Section 5A-17 as follows:

17 (305 ILCS 5/5A-17)

18 Sec. 5A-17. Recovery of payments; liens.

19 (a) As a condition of receiving payments pursuant to  
20 subsections (d) and (k) of Section 5A-12.7 for State Fiscal  
21 Year 2021, a for-profit general acute care hospital that  
22 ceases to provide hospital services before July 1, 2021 and  
23 within 12 months of a change in the hospital's ownership  
24 status from not-for-profit to investor owned, shall be

1 obligated to pay to the Department an amount equal to the  
2 payments received pursuant to subsections (d) and (k) of  
3 Section 5A-12.7 since the change in ownership status to the  
4 cessation of hospital services. The obligated amount shall be  
5 due immediately and must be paid to the Department within 10  
6 days of ceasing to provide services or pursuant to a payment  
7 plan approved by the Department unless the hospital requests a  
8 hearing under paragraph (d) of this Section. The obligation  
9 under this Section shall not apply to a hospital that ceases to  
10 provide services under circumstances that include:  
11 implementation of a transformation project approved by the  
12 Department under subsection (d-5) of Section 14-12;  
13 emergencies as declared by federal, State, or local  
14 government; actions approved or required by federal, State, or  
15 local government; actions taken in compliance with the  
16 Illinois Health Facilities Planning Act; or other  
17 circumstances beyond the control of the hospital provider or  
18 for the benefit of the community previously served by the  
19 hospital, as determined on a case-by-case basis by the  
20 Department.

21 (a-5) As a condition of receiving payments pursuant to  
22 subsections (d) and (k) of Section 5A-12.7 for calendar year  
23 2021, a general acute care hospital that ceases to provide  
24 hospital services before January 1, 2022 shall be obligated to  
25 pay to the Department an amount equal to the payments received  
26 pursuant to subsections (d) and (k) of Section 5A-12.7 up to

1 the cessation of hospital services. The obligated amount shall  
2 be due immediately and must be paid to the Department within 30  
3 days of ceasing to provide services, or pursuant to a payment  
4 plan approved by the Department. The obligation under this  
5 Section shall not apply to a hospital that ceases to provide  
6 services under circumstances that include: (i) implementation  
7 of a transformation project approved under subsection (d-5) of  
8 Section 14-12; (ii) emergencies as declared by federal, State,  
9 or local government; (iii) actions approved or required by  
10 federal, State, or local government; (iv) actions taken in  
11 compliance with the Illinois Health Facilities Planning Act;  
12 or (v) other circumstances beyond the control of the hospital  
13 provider or for the benefit of the community previously served  
14 by the hospital, as determined on a case-by-case basis by the  
15 Department.

16 (b) The Illinois Department shall administer and enforce  
17 this Section and collect the obligations imposed under this  
18 Section using procedures employed in its administration of  
19 this Code generally. The Illinois Department, its Director,  
20 and every hospital provider subject to this Section shall have  
21 the following powers, duties, and rights:

22 (1) The Illinois Department may initiate either  
23 administrative or judicial proceedings, or both, to  
24 enforce the provisions of this Section. Administrative  
25 enforcement proceedings initiated hereunder shall be  
26 governed by the Illinois Department's administrative

1 rules. Judicial enforcement proceedings initiated in  
2 accordance with this Section shall be governed by the  
3 rules of procedure applicable in the courts of this State.

4 (2) No proceedings for collection, refund, credit, or  
5 other adjustment of an amount payable under this Section  
6 shall be issued more than 3 years after the due date of the  
7 obligation, except in the case of an extended period  
8 agreed to in writing by the Illinois Department and the  
9 hospital provider before the expiration of this limitation  
10 period.

11 (3) Any unpaid obligation under this Section shall  
12 become a lien upon the assets of the hospital. If any  
13 hospital provider sells or transfers the major part of any  
14 one or more of (i) the real property and improvements,  
15 (ii) the machinery and equipment, or (iii) the furniture  
16 or fixtures of any hospital that is subject to the  
17 provisions of this Section, the seller or transferor shall  
18 pay the Illinois Department the amount of any obligation  
19 due from it under this Section up to the date of the sale  
20 or transfer. If the seller or transferor fails to pay any  
21 amount due under this Section, the purchaser or transferee  
22 of such asset shall be liable for the amount of the  
23 obligation up to the amount of the reasonable value of the  
24 property acquired by the purchaser or transferee. The  
25 purchaser or transferee shall continue to be liable until  
26 the purchaser or transferee pays the full amount of the

1 obligation up to the amount of the reasonable value of the  
2 property acquired by the purchaser or transferee or until  
3 the purchaser or transferee receives from the Illinois  
4 Department a certificate showing that such assessment,  
5 penalty, and interest have been paid or a certificate from  
6 the Illinois Department showing that no amount is due from  
7 the seller or transferor under this Section.

8 (c) In addition to any other remedy provided for, the  
9 Illinois Department may collect an unpaid obligation by  
10 withholding, as payment of the amount due, reimbursements or  
11 other amounts otherwise payable by the Illinois Department to  
12 the hospital provider.

13 (Source: P.A. 101-650, eff. 7-7-20.)

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



1 INDEX  
2 Statutes amended in order of appearance

3 20 ILCS 2310/2310-222  
4 20 ILCS 3960/2 from Ch. 111 1/2, par. 1152  
5 20 ILCS 3960/3 from Ch. 111 1/2, par. 1153  
6 20 ILCS 3960/4 from Ch. 111 1/2, par. 1154  
7 20 ILCS 3960/5 from Ch. 111 1/2, par. 1155  
8 20 ILCS 3960/5.4  
9 20 ILCS 3960/5.5 new  
10 20 ILCS 3960/5.6 new  
11 20 ILCS 3960/6 from Ch. 111 1/2, par. 1156  
12 20 ILCS 3960/6.05 new  
13 20 ILCS 3960/6.2  
14 20 ILCS 3960/8.5  
15 20 ILCS 3960/8.7  
16 20 ILCS 3960/12 from Ch. 111 1/2, par. 1162  
17 20 ILCS 3960/12.3  
18 20 ILCS 3960/12.4  
19 20 ILCS 3960/13.1 from Ch. 111 1/2, par. 1163.1  
20 20 ILCS 3960/14 from Ch. 111 1/2, par. 1164  
21 20 ILCS 3960/14.05 new  
22 20 ILCS 3960/14.1  
23 20 ILCS 3960/14.2 new  
24 305 ILCS 5/5A-17