



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB1287

Introduced 1/28/2025, by Rep. Natalie A. Manley

SYNOPSIS AS INTRODUCED:

210 ILCS 9/151 new
210 ILCS 45/2-213.5 new
210 ILCS 46/2-219 new
210 ILCS 47/2-219 new
305 ILCS 5/5-5.01a

Amends the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the MC/DD Act, the ID/DD Community Care Act, and the Illinois Public Aid Code. Provides that the administrator of a facility or establishment under any of those Acts shall ensure that the facility or establishment has an automated external defibrillator and policies and procedures for the rendering of automated external defibrillation in the facility or establishment. Provides course requirements for persons certified to provide automated external defibrillation. Provides that a facility or establishment shall contract with or employ a physician who shall be the automated external defibrillation medical director for the facility or establishment and who shall oversee and coordinate specified requirements.

LRB104 06085 BAB 16118 b

1 AN ACT concerning long-term care.

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

4 Section 5. The Assisted Living and Shared Housing Act is
5 amended by adding Section 151 as follows:

6 (210 ILCS 9/151 new)

7 Sec. 151. Automated external defibrillators. The
8 administrator of an assisted living or shared housing
9 establishment shall ensure the establishment has an automated
10 external defibrillator and policies and procedures for the
11 rendering of automated external defibrillation in the
12 establishment.

13 (1) All persons certified to provide automated
14 external defibrillation shall:

15 (A) successfully complete a course in
16 cardiopulmonary resuscitation and in the use of an
17 automated external defibrillator that meets or exceeds
18 the standards established by the American Heart
19 Association or the American National Red Cross; and

20 (B) have evidence that course completion is
21 current and not expired.

22 (2) The establishment shall contract with or employ a
23 physician who shall be the automated external

1 defibrillation medical director for the establishment and
2 who shall oversee and coordinate the following:

3 (A) maintenance and testing of equipment in
4 accordance with the manufacturer's guidelines;

5 (B) certification and training of the
6 establishment's personnel;

7 (C) periodic performance review of the
8 establishment's automated external defibrillation
9 activity; and

10 (D) development of policies and procedures
11 consistent with current medical practice regarding the
12 use of automated external defibrillators.

13 Section 10. The Nursing Home Care Act is amended by adding
14 Section 2-213.5 as follows:

15 (210 ILCS 45/2-213.5 new)

16 Sec. 2-213.5. Automated external defibrillators. The
17 administrator of a nursing facility shall ensure the facility
18 has an automated external defibrillator and policies and
19 procedures for the rendering of automated external
20 defibrillation in the facility.

21 (1) All persons certified to provide automated
22 external defibrillation shall:

23 (A) successfully complete a course in
24 cardiopulmonary resuscitation and in the use of an

1 automated external defibrillator that meets or exceeds
2 the standards established by the American Heart
3 Association or the American National Red Cross; and

4 (B) have evidence that course completion is
5 current and not expired.

6 (2) The facility shall contract with or employ a
7 physician who shall be the automated external
8 defibrillation medical director for the facility and who
9 shall oversee and coordinate the following:

10 (A) maintenance and testing of equipment in
11 accordance with the manufacturer's guidelines;

12 (B) certification and training of the facility's
13 personnel;

14 (C) periodic performance review of the facility's
15 automated external defibrillation activity; and

16 (D) development of policies and procedures
17 consistent with current medical practice regarding the
18 use of automated external defibrillators.

19 Section 15. The MC/DD Act is amended by adding Section
20 2-219 as follows:

21 (210 ILCS 46/2-219 new)

22 Sec. 2-219. Automated external defibrillators. The
23 administrator of a facility shall ensure the facility has an
24 automated external defibrillator and policies and procedures

1 for the rendering of automated external defibrillation in the
2 facility.

3 (1) All persons certified to provide automated
4 external defibrillation shall:

5 (A) successfully complete a course in
6 cardiopulmonary resuscitation and in the use of an
7 automated external defibrillator that meets or exceeds
8 the standards established by the American Heart
9 Association or the American National Red Cross; and

10 (B) have evidence that course completion is
11 current and not expired.

12 (2) The facility shall contract with or employ a
13 physician who shall be the automated external
14 defibrillation medical director for the facility and who
15 shall oversee and coordinate the following:

16 (A) maintenance and testing of equipment in
17 accordance with the manufacturer's guidelines;

18 (B) certification and training of the facility's
19 personnel;

20 (C) periodic performance review of the facility's
21 automated external defibrillation activity; and

22 (D) development of policies and procedures
23 consistent with current medical practice regarding the
24 use of automated external defibrillators.

25 Section 20. The ID/DD Community Care Act is amended by

1 adding Section 2-219 as follows:

2 (210 ILCS 47/2-219 new)

3 Sec. 2-219. Automated external defibrillators. The
4 administrator of a facility shall ensure the facility has an
5 automated external defibrillator and policies and procedures
6 for the rendering of automated external defibrillation in the
7 facility.

8 (1) All persons certified to provide automated
9 external defibrillation shall:

10 (A) successfully complete a course in
11 cardiopulmonary resuscitation and in the use of an
12 automated external defibrillator that meets or exceeds
13 the standards established by the American Heart
14 Association or the American National Red Cross; and

15 (B) have evidence that course completion is
16 current and not expired.

17 (2) The facility shall contract with or employ a
18 physician who shall be the automated external
19 defibrillation medical director for the facility and who
20 shall oversee and coordinate the following:

21 (A) maintenance and testing of equipment in
22 accordance with the manufacturer's guidelines;

23 (B) certification and training of the facility's
24 personnel;

25 (C) periodic performance review of the facility's

1 automated external defibrillation activity; and
2 (D) development of policies and procedures
3 consistent with current medical practice regarding the
4 use of automated external defibrillators.

5 Section 25. The Illinois Public Aid Code is amended by
6 changing Section 5-5.01a as follows:

7 (305 ILCS 5/5-5.01a)

8 Sec. 5-5.01a. Supportive living facilities program.

9 (a) The Department shall establish and provide oversight
10 for a program of supportive living facilities that seek to
11 promote resident independence, dignity, respect, and
12 well-being in the most cost-effective manner.

13 A supportive living facility is (i) a free-standing
14 facility or (ii) a distinct physical and operational entity
15 within a mixed-use building that meets the criteria
16 established in subsection (d). A supportive living facility
17 integrates housing with health, personal care, and supportive
18 services and is a designated setting that offers residents
19 their own separate, private, and distinct living units.

20 Sites for the operation of the program shall be selected
21 by the Department based upon criteria that may include the
22 need for services in a geographic area, the availability of
23 funding, and the site's ability to meet the standards.

24 (b) Beginning July 1, 2014, subject to federal approval,

1 the Medicaid rates for supportive living facilities shall be
2 equal to the supportive living facility Medicaid rate
3 effective on June 30, 2014 increased by 8.85%. Once the
4 assessment imposed at Article V-G of this Code is determined
5 to be a permissible tax under Title XIX of the Social Security
6 Act, the Department shall increase the Medicaid rates for
7 supportive living facilities effective on July 1, 2014 by
8 9.09%. The Department shall apply this increase retroactively
9 to coincide with the imposition of the assessment in Article
10 V-G of this Code in accordance with the approval for federal
11 financial participation by the Centers for Medicare and
12 Medicaid Services.

13 The Medicaid rates for supportive living facilities
14 effective on July 1, 2017 must be equal to the rates in effect
15 for supportive living facilities on June 30, 2017 increased by
16 2.8%.

17 The Medicaid rates for supportive living facilities
18 effective on July 1, 2018 must be equal to the rates in effect
19 for supportive living facilities on June 30, 2018.

20 Subject to federal approval, the Medicaid rates for
21 supportive living services on and after July 1, 2019 must be at
22 least 54.3% of the average total nursing facility services per
23 diem for the geographic areas defined by the Department while
24 maintaining the rate differential for dementia care and must
25 be updated whenever the total nursing facility service per
26 diems are updated. Beginning July 1, 2022, upon the

1 implementation of the Patient Driven Payment Model, Medicaid
2 rates for supportive living services must be at least 54.3% of
3 the average total nursing services per diem rate for the
4 geographic areas. For purposes of this provision, the average
5 total nursing services per diem rate shall include all add-ons
6 for nursing facilities for the geographic area provided for in
7 Section 5-5.2. The rate differential for dementia care must be
8 maintained in these rates and the rates shall be updated
9 whenever nursing facility per diem rates are updated.

10 Subject to federal approval, beginning January 1, 2024,
11 the dementia care rate for supportive living services must be
12 no less than the non-dementia care supportive living services
13 rate multiplied by 1.5.

14 (b-5) Subject to federal approval, beginning January 1,
15 2025, Medicaid rates for supportive living services must be at
16 least 54.75% of the average total nursing services per diem
17 rate for the geographic areas defined by the Department and
18 shall include all add-ons for nursing facilities for the
19 geographic area provided for in Section 5-5.2.

20 (c) The Department may adopt rules to implement this
21 Section. Rules that establish or modify the services,
22 standards, and conditions for participation in the program
23 shall be adopted by the Department in consultation with the
24 Department on Aging, the Department of Rehabilitation
25 Services, and the Department of Mental Health and
26 Developmental Disabilities (or their successor agencies).

1 (d) Subject to federal approval by the Centers for
2 Medicare and Medicaid Services, the Department shall accept
3 for consideration of certification under the program any
4 application for a site or building where distinct parts of the
5 site or building are designated for purposes other than the
6 provision of supportive living services, but only if:

7 (1) those distinct parts of the site or building are
8 not designated for the purpose of providing assisted
9 living services as required under the Assisted Living and
10 Shared Housing Act;

11 (2) those distinct parts of the site or building are
12 completely separate from the part of the building used for
13 the provision of supportive living program services,
14 including separate entrances;

15 (3) those distinct parts of the site or building do
16 not share any common spaces with the part of the building
17 used for the provision of supportive living program
18 services; and

19 (4) those distinct parts of the site or building do
20 not share staffing with the part of the building used for
21 the provision of supportive living program services.

22 (e) Facilities or distinct parts of facilities which are
23 selected as supportive living facilities and are in good
24 standing with the Department's rules are exempt from the
25 provisions of the Nursing Home Care Act and the Illinois
26 Health Facilities Planning Act.

1 (f) Section 9817 of the American Rescue Plan Act of 2021
2 (Public Law 117-2) authorizes a 10% enhanced federal medical
3 assistance percentage for supportive living services for a
4 12-month period from April 1, 2021 through March 31, 2022.
5 Subject to federal approval, including the approval of any
6 necessary waiver amendments or other federally required
7 documents or assurances, for a 12-month period the Department
8 must pay a supplemental \$26 per diem rate to all supportive
9 living facilities with the additional federal financial
10 participation funds that result from the enhanced federal
11 medical assistance percentage from April 1, 2021 through March
12 31, 2022. The Department may issue parameters around how the
13 supplemental payment should be spent, including quality
14 improvement activities. The Department may alter the form,
15 methods, or timeframes concerning the supplemental per diem
16 rate to comply with any subsequent changes to federal law,
17 changes made by guidance issued by the federal Centers for
18 Medicare and Medicaid Services, or other changes necessary to
19 receive the enhanced federal medical assistance percentage.

20 (g) All applications for the expansion of supportive
21 living dementia care settings involving sites not approved by
22 the Department by January 1, 2024 ~~(Public Act 103-102)~~ may
23 allow new elderly non-dementia units in addition to new
24 dementia care units. The Department may approve such
25 applications only if the application has: (1) no more than one
26 non-dementia care unit for each dementia care unit and (2) the

1 site is not located within 4 miles of an existing supportive
2 living program site in Cook County (including the City of
3 Chicago), not located within 12 miles of an existing
4 supportive living program site in Alexander, Bond, Boone,
5 Calhoun, Champaign, Clinton, DeKalb, DuPage, Fulton, Grundy,
6 Henry, Jackson, Jersey, Johnson, Kane, Kankakee, Kendall,
7 Lake, Macon, Macoupin, Madison, Marshall, McHenry, McLean,
8 Menard, Mercer, Monroe, Peoria, Piatt, Rock Island, Sangamon,
9 Stark, St. Clair, Tazewell, Vermilion, Will, Williamson,
10 Winnebago, or Woodford counties, or not located within 25
11 miles of an existing supportive living program site in any
12 other county.

13 (h) Beginning January 1, 2025, subject to federal
14 approval, for a person who is a resident of a supportive living
15 facility under this Section, the monthly personal needs
16 allowance shall be \$120 per month.

17 (i) ~~(h)~~ As stated in the supportive living program home
18 and community-based service waiver approved by the federal
19 Centers for Medicare and Medicaid Services, and beginning July
20 1, 2025, the Department must maintain the rate add-on
21 implemented on January 1, 2023 for the provision of 2 meals per
22 day at no less than \$6.15 per day.

23 (j) ~~(f)~~ Subject to federal approval, the Department shall
24 allow a certified medication aide to administer medication in
25 a supportive living facility. For purposes of this subsection,
26 "certified medication aide" means a person who has met the

1 qualifications for certification under Section 79 of the
2 Assisted Living and Shared Housing Act and assists with
3 medication administration while under the supervision of a
4 registered professional nurse as authorized by Section 50-75
5 of the Nurse Practice Act. The Department may adopt rules to
6 implement this subsection.

7 (k) The administrator of a supportive living facility
8 shall ensure the facility has an automated external
9 defibrillator and policies and procedures for the rendering of
10 automated external defibrillation in the facility.

11 (1) All persons certified to provide automated
12 external defibrillation shall:

13 (A) successfully complete a course in
14 cardiopulmonary resuscitation and in the use of an
15 automated external defibrillator that meets or exceeds
16 the standards established by the American Heart
17 Association or the American National Red Cross; and

18 (B) have evidence that course completion is
19 current and not expired.

20 (2) The facility shall contract with or employ a
21 physician who shall be the automated external
22 defibrillation medical director for the facility and who
23 shall oversee and coordinate the following:

24 (A) maintenance and testing of equipment in
25 accordance with the manufacturer's guidelines;

26 (B) certification and training of the facility's

1 personnel;

2 (C) periodic performance review of the facility's
3 automated external defibrillation activity; and

4 (D) development of policies and procedures
5 consistent with current medical practice regarding the
6 use of automated external defibrillators.

7 (Source: P.A. 102-43, eff. 7-6-21; 102-699, eff. 4-19-22;
8 103-102, Article 20, Section 20-5, eff. 1-1-24; 103-102,
9 Article 100, Section 100-5, eff. 1-1-24; 103-593, Article 15,
10 Section 15-5, eff. 6-7-24; 103-593, Article 100, Section
11 100-5, eff. 6-7-24; 103-593, Article 165, Section 165-5, eff.
12 6-7-24; 103-605, eff. 7-1-24; 103-886, eff. 8-9-24; revised
13 10-8-24.)