

The image shows a large, ornate stone archway framing a dark wooden double door. Above the door, the words "STATE OF ILLINOIS" are inscribed in a stylized, white, serif font, with a small outline of the state of Illinois above "STATE" and below "ILLINOIS". The door has a large, circular brass handle. Through the glass panes of the door, a dramatic, stormy sky is visible, with dark clouds and bright lightning bolts striking down. The overall scene is in a monochromatic, blue-grey color palette.

STATE
OF
ILLINOIS

*Hospitals Weather
A Stormy Session*

Spring 2009 Session

Illinois General Assembly

Legislative Report

September 2009



Illinois Hospital Association

Hospitals Weather a Stormy Session

Hospitals entered the 96th Legislative Session of the Illinois General Assembly faced with obstacles that only grew more troublesome as the session proceeded. The disgrace of an arrested and impeached governor. The worst state budget in history – with deficit estimates starting at \$9 billion, then \$10 billion, then \$11 billion, and finally \$12 billion or more. Hopes for an income tax increase to support Medicaid and other state programs, that faltered as the weeks and months went by.

*No one would have ever crossed the ocean
if he could have gotten off the ship in a storm.*

Charles Kettering

And as estimates about the size of the budget deficit increased, the pressure on the new governor, Pat Quinn, and the General Assembly to make deep spending cuts intensified. Legislative and policy groups held hearings and meetings to search for ways to restructure the state budget and save money.

A Clear Target

Medicaid, one of largest parts of the state budget, was an obvious target. The Senate Committee on Deficit Reduction, the House Committee on Medicaid Reform, and the Governor's Taxpayer Action Board each called for changes that would harm the Medicaid program – changes such as forcing Medicaid recipients into HMOs, instituting block grants, and other drastic “reforms.” Meanwhile, hospital adversaries continued their push for arbitrary nurse-patient ratios, rigid charity care levels, and hospital status for limited-service providers.

Even more discouraging was what most other states were doing. They also faced budget short-falls, and since 2008, at least 21 states have cut health programs, according to the Center for Budget and Policy Priorities. Almost half the states restricted eligibility or access to health services for low income children and families. At least 15 states chose to cut or freeze Medicaid during the 2010 and 2011 fiscal years, according to Families USA. In neighboring Ohio, for example, three percent was cut from rates to Medicaid providers. In such an environment, how could Illinois hospitals hope to emerge unscathed?

Against All Odds

In a state with a government in disarray, a \$12 billion budget deficit, and a tradition of cutting Medicaid to help balance unbalanced budgets, a “doomsday budget” was eventually passed in an atmosphere of resignation and bitterness – a budget that severely cut funding for many social services and left the Governor forced to dole out smaller slices of a smaller budget pie. How was it possible that hospitals could get what they asked for? How did we ward off many hostile bills? How did we succeed in our top priorities: Medicaid funding, assessment payments initiated and restored, hospitals receiving funding in the capital program, and CON reform?

We succeeded by solid, determined and targeted advocacy work – and never giving up the fight. From initial research and policy analysis to working with editorial boards and reporters, IHA staff joined with members in crafting and delivering our messages to the right people at the right time, with meetings and discussions with the Governor, his key staff, the Attorney General, the Comptroller and the Treasurer. We provided testimony at legislative hearings and meetings, advocated for hospitals at the Governor’s Taxpayer Action Board and at last-minute budget sessions, and represented you on the Certificate of Need Task Force. Grassroots advocacy, media advocacy, testimony, personal letters and visits... all kept hospitals’ interests at the forefront.

Read on to see how those strategies and activities played out on the various challenging issues we faced during this stormy session.

First, Protect Medicaid

Constant Monitoring and Analysis

The unstable political environment in Springfield didn't stop our legislators from doing their jobs: they introduced 7,063 bills in the General Assembly. Of those, IHA kept a sharp eye on 824 bills that could have an impact on hospitals and health care. We assigned 396 of those for deeper analysis and tracking to specific IHA staff experts. In all, 109 of the bills we followed were eventually passed and sent to the Governor; details are on pages 13-20 of this report. The bottom line: not a single bill that IHA opposed was passed or passed without being amended to meet IHA's concerns before being sent to the Governor.

Throughout the session, our overriding goal was to preserve Medicaid in the state budget. Even when it became clear that there would be no income tax increase (the Senate passed a permanent 67% tax increase, but the House didn't even come close to passing a smaller, temporary tax hike), we kept hammering away at our objective – a budget that protects Medicaid.

When legislators and the Governor's Taxpayer Action Board recommended measures that would bring harm to the Medicaid program and the Hospital Assessment Program, we pulled out all the stops. In testimony, face-to-face meetings with legislators and members of the Taxpayer Action Board, member alerts, a letter to Governor Quinn, letters to newspaper editors published throughout the state, and a member advocacy tool kit as part of our "Protect Medicaid" campaign, we kept making our case.

We exploded various destructive "Medicaid Myths." We showed, for example, that Medicaid is not draining the state's financial resources; on the contrary, the hospital community has partnered with the state to develop substantial non-state funding. Only 25% of Medicaid payments to hospitals come from the state; 75% come from the Hospital Assessment Program and other federal sources. We exposed the myth that moving Medicaid beneficiaries into capitated managed care programs would save hundreds of millions of dollars by showing that such a strategy would actually cost the state more in lost federal funds than they would save in state funds, causing irreparable harm to the state's Medicaid program and the people who depend on it.

*The greater difficulty, the more glory in surmounting it.
Skillful pilots gain their reputation from storms and tempests.*

Epicurius

The result: on July 15, state lawmakers and the Governor enacted a new state budget for FY2010 including Medicaid funding for hospitals, doctors and nursing homes at the level originally proposed by Governor Quinn and strongly supported by IHA. The FY2010 budgeted Medicaid appropriation for hospitals is \$470 million above the appropriated FY2009 budget, enabling the state to maintain compliance with a prompt pay requirement under the federal economic stimulus law (90% of clean claims to be paid within 30 days and 99% of clean claims within 90 days) so the state can receive nearly \$3 billion in additional Medicaid matching funds under a temporary increase in its FMAP rate.

Keeping the Assessment Program on an Even Keel

In February, IHA worked with legislative leaders and the Governor's Office on **HB1027/PA96-0003**, special legislation that allowed the state to borrow \$510 million from designated state funds to trigger the initial payments to hospitals – more than \$1 billion – for the first nine months of the new Hospital Assessment Program. The Senate voted 57 to 0, and the House 112 to 2, to approve the legislation. It was unprecedented for the General Assembly and Governor to focus so expeditiously on the needs of a specific group – hospitals – and move to borrow money from existing state funds to meet those needs. As a result, the budget also includes the FY2010 appropriation for the state to make monthly payments to hospitals under the Hospital Assessment Program.

Serenity is not freedom from the storm, but peace amid the storm.

Unknown

Fast Action Overcomes a Last-Minute Setback

Both the Senate and House overwhelmingly approved **SB1905/PA96-0031** to implement comprehensive reforms to streamline the CON Program and extend the program for ten years. The legislation was based on the recommendations of the state Task Force on Health Planning Reform, which studied the CON program for a year. The blue ribbon task force included IHA and several other members of the hospital community.

But at the last minute an unanticipated roadblock appeared when the Governor amendatorily vetoed the bill on the day before the CON program was scheduled to sunset. Within less than 12 hours, IHA persuaded the bill's sponsors, legislative leaders and the Governor to take the required legislative and executive actions to uphold the amendatory veto and enact the legislation before the program sunset – actions that normally could take months. All of this was happening at the same time that the Governor and legislative leaders were desperately trying to reach consensus on a new state budget on the last day of the old fiscal year – with numerous meetings, caucuses and press conferences being held throughout that day.

Sometimes a storm arises, a formidable current develops, and it seems it will engulf everything. Wait a moment, another current will appear and bring the first one to naught.

Jacques Maritain

A New Capital Program Includes Hospitals

Seeking to enact the state's first capital program since 1999, the Governor and legislative leaders, with the strong support of rank-and-file legislators, passed a new \$31 billion program under **HB2424/PA96-0037**. IHA had testified and held intense discussions with legislative leaders, sending the message that in order to ensure the strength of the state's health care infrastructure, any state capital program must include funds to invest in updating hospital facilities.

The only safe ship in a storm is leadership.

Faye Wattleton

As a result, the program that passed includes \$150 million for hospitals across the state. The legislation includes \$50 million for hospitals outside Cook County, and \$100 million for hospitals in Cook County, which have significant Medicaid days and utilization and challenges accessing capital. Also, a number of hospitals received capital grants through specific legislator initiatives, or "earmarks" (**SB1221/PA96-0039**).

Once Again, We Blocked Nurse Ratios

For the eighth year in a row, IHA successfully blocked nurse staffing ratio bills strongly pushed by several unions – **HB0485** and **SB0224** – which would have mandated a rigid one-size-fits-all formula for nurse staffing. The proposed ratios in these bills would have been even more stringent than those in California, where mandated ratios have led to patient care delays, service cuts and hospital closures. We greatly appreciate the help and support of hospital nurse leaders and front-line nurses, who made many trips to Springfield to talk to legislators and who were ready on a moment's notice to testify when needed in key committees.

Better Care for Stroke Patients

For more than a year, IHA worked with members, the American Heart/Stroke Association, EMS officials and other key stakeholders on legislation aimed at getting acute stroke patients the best care in the shortest amount of time. IHA formed its own Stroke Task Force to work with the Stroke Association and Rep. Bob Biggins (R-Elmhurst), a stroke survivor. The result was a bill that permits most hospitals capable of providing emergent stroke care to participate in regional stroke protocols, so patients can get timely, effective treatment.

There are some things you learn best in calm, and some in storm.

Willa Cather

As a result of that effort, the General Assembly approved **HB2244/PA96-0514**, which amends the EMS Systems Act. Under this legislation, hospitals throughout the state that are capable of providing emergency stroke care will be designated as Primary Stroke Centers or Emergent Stroke Ready Hospitals by the Illinois Department of Public Health. Local EMS regions will work with area hospitals to create regional protocols for possible acute stroke patients and where they will be transported. In addition, Primary Stroke Centers and Emergent Stroke Ready Hospitals will work with other hospitals to ensure that acute stroke patients get the appropriate care as quickly as possible.

Repairing a Flawed Recovery Center Bill

IHA successfully opposed **HB0976/SB1407**, proposals that in their original form would have allowed certain post surgical recovery centers to become hospitals without going through the CON process or meeting all the requirements of the Hospital Licensing Act. These bills raised many concerns about patient safety, unfair competition, and the undermining of health care services for the broader community served by full-service community hospitals.

Working with the sponsor, IHA was able to have **HB0976/PA96-0669** amended to require that a recovery center wishing to be called a hospital (1) meet all Hospital Licensing Act requirements; and (2) obtain a Certificate of Need. In addition, post surgical recovery centers that apply for permits to become hospitals must seek and use best efforts to maintain Medicare and Medicaid certification.

Storms make the oak grow deeper roots.

George Herbert

When IHA told the Senate Human Services Committee that an amendment to the recovery center bill previously opposed by hospitals was now acceptable, one legislator, Senator Gary Dahl (R-Granville), postponed his vote for the amendment until he contacted his local hospitals to be sure they no longer objected to the amendment. This is an example of the effectiveness of IHA, its members, and legislators working in harmony.

What Goes Down the Drain

SB1919/PA96-0221 originally proposed to eliminate just one of the many ways pharmaceutical waste gets into the environment by prohibiting health care institutions – and only health care institutions – from flushing all pharmaceuticals down sinks and toilets. However, IHA worked with the bill's sponsor, Senator Susan Garrett (D-Lake Forest), to amend the bill to include two notable exceptions: IV fluids containing medications can still be flushed, as well as liquid medications from syringes. In nursing homes, narcotics may still be flushed, even if they are in pill form, because that is the way the DEA recommends these medications be safely removed from the environment and potential drug seekers. Hospitals can arrange for drug take back programs with the manufacturers, but nursing homes cannot. Sen. Garrett has set up a task force within the Illinois Environmental Protection Agency to find the best ways to dispose of pharmaceuticals and personal care products.

On the Horizon

It's not over yet. In addition to new unfunded or underfunded mandates, multiple budget issues will still need to be resolved during the General Assembly's veto session in October and beyond. The Governor will continue to push for an income tax increase, and others will continue to resist. There will be growing pressures on the Governor and legislators to find savings and cuts in the budget. When the 2010 legislative session starts, the state's budget problems may be even worse than this year's. The billions of dollars in federal stimulus and matching funds that the state is currently counting on will no longer be available at the end of 2010, halfway through the state's 2011 fiscal year.

Against this dark economic backdrop, Illinois' primary elections will be held in early 2010, with the Governor, other statewide constitutional officers, the entire State House, one-third of the State Senate, and the entire Illinois House delegation in Washington up for election or re-election.

Celebrate your success and stand strong when adversity hits, for when the storm clouds come in, the eagles soar while the small birds take cover.

Unknown

Meanwhile, the future of America's health care will be decided as federal health reform reaches its point of decision, which will impact the costs of, reimbursements for, and delivery of health care in Illinois in ways not yet determined.

As always, IHA stands ready to work with its members to weather any storm, no matter how treacherous, to help ensure that hospitals across Illinois will continue to serve their patients and communities into the future. We will continue to fight the storms of burdensome regulations, lack of reimbursement, prescriptive staffing ratios, charity care mandates and all the future challenges... with solid, ethical advocacy work.

2009 Legislative Report Card

Public Acts

Budget and Access to Capital

HB0210 FY09 Supplemental Appropriation

Speaker Madigan/Sen. Donne Trotter

This bill is a supplemental appropriation to the FY09 budget. The purpose of this supplemental appropriation is to allow the state to meet the prompt payment requirement that enables Illinois to take advantage of the enhanced Medicaid matching reimbursement rate made possible through the American Recovery and Reinvestment Act.

Status: PA96-0004

Effective: 4/3/09

HB2194 and HB2206 HFS Medicaid Funding

Speaker Madigan/Sen. Donne Trotter

These bills together fully fund the Governor's Budget as introduced. It provides a \$470 million increase over the FY09 Budget (without the supplemental appropriation).

Status: PA96-0032 and PA96-0046

Effective: 7/8/09 and 7/15/09

HB2424 Hospital Capital Investment Program

Rep. Lou Lang/Sen. Donne Trotter

At the direction of the IHA Board, IHA staff engaged in intense negotiations to establish the Hospital Capital Investment Program authorizing \$150 million in capital funding for hospitals across the State. IHA is working with IDPH as it develops the application process for this program. IHA was able to increase the number of safety net hospitals, focus more of the downstate pool on rural hospitals and increase the size of the capital funding pool.

Status: PA96-0037

Effective: 7/13/09

SB1221 Illinois Jobs Now!

Capital Construction Program

Sen. Donne Trotter/Speaker Madigan

Broad capital bill that includes several individual hospital specific capital projects.

Status: PA96-0039/ Amendatory Veto Stands (AV not related to any capital program)

Effective: 7/13/09

HB0571 Federal Stimulus Tracking/Reporting

Rep. Rosemary Mulligan/Sen. Mike Noland

Requires the State to track and report by means of a monthly report, the State's spending of the federal stimulus moneys provided pursuant to the American Recovery and Reinvestment Act. Specifies certain information to be contained in the monthly reports and makes recommendations for other categories of information to be included. Requires a final report to be available online. The Act sunsets on December 31, 2014.

Status: PA96-0169

Effective: 8/10/09

HB1307 Ambulance Service Grants

Sponsors: Rep. Don Moffitt/Sen. Dale Risinger

Allows the Office of the State Fire Marshal to make grants to volunteer, non-profit, stand alone ambulance services for ambulance equipment.

Status: PA96-0386

Effective: 8/13/09

HB4098 Budget Appropriations

Rep. Tom Cross/Sen. Linda Holmes

Amends State Budget Law to include in the appropriations for expenditures anticipated statutory continuing appropriation obligations that are expected to be incurred during the budgeted fiscal year.

Status: PA96-0320

Effective: 1/1/10

SB0223 Prevailing Wage Act

Sen. Gary Forby/Rep. David Miller

This bill amends the Illinois Prevailing Wage Act (IPWA) to broaden the term "public works." The amended IPWA effectively requires employers to pay prevailing wages to employees who work on any project that is financed, in whole or in part, with bonds, grants, loans or other funds made available by or through the state or any of its political subdivisions. Private entities receiving governmental financial assistance will now be required to observe Illinois' expansive prevailing wage requirements. Of note to hospitals, capital monies either through direct appropriation or the Hospital Capital Investment Program are included.

Status: PA96-0058

Effective 1/1/10

Certificate of Need

SB1905 Certificate of Need

Sen. Susan Garrett/Rep. Lisa Dugan

This bill is a work product based on the report of a 17-member task force comprised of legislators, consumer advocates, unions, civic leaders and health policy experts who studied the issue for a year. The legislation intends to streamline, reform and extend the CON process. It contains comprehensive reforms and numerous provisions designed to give Illinois a better vision of how Illinois should plan and deliver health services.

Status: PA96-0031

Effective: 6/30/09

2009 Legislative Report Card

Public Acts

HB0976 Limited Service Providers

Rep. Linda Chapa LaVia/Sen. Pam Althoff

As introduced, this bill was the perennial attempt to allow certain ASTCs to become hospitals by circumventing the CON and licensing processes, which would likely jeopardize patient safety and negatively impact health care services for the entire community served by full-service hospitals. After the proponents stated in committee they would follow the same rules and regulations that hospitals must follow (which is current law) IHA drafted an amendment to require just that. The bill that passed both Houses is largely a reflection of current law and maintains the CON process for ASTCs with postsurgical recovery centers that want to convert to hospitals.

Status: PA96-0669

Effective: 8/25/09

HB1327 Freestanding Emergency Centers

Rep. Darlene Senger/Sen. Linda Holmes

Extends the Freestanding Emergency Center (FEC) demonstration program by authorizing IDPH to issue a license to any facility that received a CON permit to establish an FEC if the CON application was deemed complete by the Planning Board by March 1, 2009. Also eliminates the requirement for FECs to have helicopter landing capabilities.

Status: PA96-0023

Effective: 6/30/09

Health Policy and Regulation

HB2481 Diabetes Registry–IDPH

Rep. Tom Cross/Sen. Don Harmon

Requires IDPH to establish a diabetes registry pilot program to collect data on children diagnosed with diabetes before 12 months of age provided there is written consent. Physicians and other health care providers as well as clinical laboratories are required to report a limited amount of information so that statewide information could be gathered to identify children who may be treated for their diabetes without insulin injections. A report is due to the General Assembly by December 1, 2012, when the pilot ends.

Status: PA96-0395

Effective: 8/13/09

SB0314 Nursing Home Violations

Sen. Iris Martinez/Rep. Dan Beiser

With certain limits, authorizes IDPH to reduce or waive penalties for violations of the Nursing Home Care Act.

Status: PA96-0758

Effective: 8/25/09

SB1736 Flu and Pneumonia Vaccine–Reporting

Sen. Terry Link/Rep. Betsy Hannig

As introduced, the bill would have layered additional paperwork and reporting requirements regarding the administration of flu and pneumonia vaccine. It also included provisions contradictory to HLA rules regarding when and how medications can be administered. IHA drafted an amendment to comport with the sponsor's intention and existing rules while not increasing burdensome paperwork.

Status: PA96-0343

Effective: 8/11/09

HB3878 Hospital Closure Requirements

Rep. John Bradley/Sen. Gary Forby

This bill requires health care facilities that are closing to file pre and post closing statements to IDPH, indicating the arrangements that have been made for storing records, disposing of waste, securing the building, etc.

Status: PA96-0596

Effective: 8/18/09

HB3925 Abandoned Newborn Infant Protection Law–Revisions

Rep. Beth Coulson/Sen. Donne Trotter

Amends the Abandoned Newborn Infant Protection Act to allow relinquishment of a newborn infant 30 days old or less (changed from 7 days).

Status: PA96-0345

Effective: 1/1/10

HB4081 Sexual Assault Survivors–Reporting

Rep. Kathy Ryg/Sen. Mattie Hunter

Amends the Sexual Assault Survivors Emergency Treatment Act to allow any person who is a sexual assault survivor to be provided services without the consent of any parent, guardian, custodian, surrogate or agent. Allows an investigating law enforcement officer under certain circumstances to authorize the release of evidence and information for an adult sexual assault survivor who has a guardian. IHA worked with advocates for both sexual assault survivors and the disabled community to assure the legislation was workable from a hospital perspective and in the best interest of the survivor.

Status: PA96-0318

Effective: 1/1/10

Public Acts

SB0212 Expedited Partner Therapy

Sen. Dave Koehler/Rep. Sara Feigenholtz

Amends the Sexually Transmissible Disease Control Act to allow a health care professional who diagnoses a person's chlamydia or gonorrhea, to provide antibiotics to the sexual partner of the infected person, without physical examination of the partner, under certain circumstances. A health care professional who practices EPT must provide counseling for the patient and written information for the partner. There are immunity provisions for health care professionals who practice EPT; for those who choose not to practice EPT; and for pharmacists under certain circumstances.

Status: PA96-0613

Effective: 1/1/10

SB1703 Fetal Cremation

Sen. Kirk Dillard/Rep. Patti Bellock

Amends the Hospital Licensing Act and the Crematory Regulation Act to permit common cremation of fetal remains after a gestation period of less than 20 weeks, without the requirement of a fetal death certificate. Hospitals may inform mothers of this option.

Status: PA96-0338

Effective: 1/1/10

HB2244 Stroke Care

Rep. Bob Biggins/Sen. Heather Steans

The result of an intense 15-month collaborative effort that included IHA and members, the American Stroke Association, a division of the American Heart Association, Emergency Medical Service providers, the Illinois Department of Public Health, City of Chicago, key legislators, stroke survivors and others who have been personally affected by stroke. As originally introduced, among other serious concerns, the bill would have bypassed non-primary stroke centers when possible acute stroke patients needed care. New provisions include: state recognition of two levels of stroke centers and provides for an EMS regional approach for stroke care transportation as well as a statewide assessment tool for EMS to identify possible acute stroke patients.

Status: PA96-0514

Effective: 1/1/10

HB2285 Safe Patient Lifting

Rep. Sandy Cole/Sen. Iris Martinez

Amends the Hospital Licensing Act, University of Illinois Act and the Nursing Home Care Act to require hospitals and nursing homes to adopt and implement a safe patient handling policy to control risk of injury to patients, nurses and other health care workers. Components of the policy includes: analysis, education, evaluation, and internal annual reporting to a nurse committee.

Status: PA96-0389

Effective: 1/1/10

SB0134 Nursing Home Care Act—Community Based Services

Sen. Don Harmon/Rep. Deborah Graham

Amends the Nursing Home Care Act to require IDPH to provide residents being transferred or discharged with a comprehensive list of alternative community-based care services.

Status: PA96-0477

Effective: 8/14/09

HR0201 Abuse and Neglect Work Group

Rep. Beth Coulson/ Rep. Kathy Ryg

As introduced, this resolution sought to establish a work group to study and make recommendations about the state's fragmented abuse and neglect reporting system for persons with a disability. It was to be headed by an outside organization, that at its discretion would be responsible for inviting other interested parties to the table. IHA sought amendatory language to ensure the voices of the hospital, medical and long-term care communities are included in the work group. The resolution was further amended to install DHS as the entity convening the work group.

Status: Adopted 116-1-0

HB3649 Hospital Abuse/Neglect Reports

Rep. Kathy Ryg/ Sen. Ira Silverstein

Introduced previously, the bill was re-filed and initially included overly broad definitions and unreasonable implementation requirements dealing with allegations of hospital abuse and neglect. IHA again met with the sponsor and advocates and brought the bill back to previously agreed upon language. **HB3649** requires hospitals to designate a qualified administrative employee to conduct an internal review of all good faith reports of patient abuse occurring in the hospital and to train their staff every two years on detecting and reporting abuse.

Status: PA96-0692

Effective: 1/1/10

2009 Legislative Report Card

Public Acts

Licensure

SB1483 Endoscopy Procedures by Speech–Language Pathologists

Sen. Maggie Crotty/Rep. Dan Reitz

Amends the Speech-Language Pathology and Audiology Practice Act to add that the practice of speech-language pathology includes the use of rigid or flexible laryngoscopes for the sole purpose of observing and obtaining images of the pharynx and larynx. The bill contains numerous requirements for the use of laryngoscopes by speech-language pathologists in practice settings other than a hospital. IHA worked with the interested parties to exempt the practice of speech-language pathologists in a hospital from the requirements and restrictions in this bill. In order to practice in a hospital, a speech-language pathologist must possess clinical privileges for flexible or rigid laryngoscope procedures recommended by the medical staff and approved by the governing body.

Status: PA96-0719

Effective: 8/25/09

HB1293 Pharmacy Practice Act–Revisions

Rep. Angelo Saviano/Sen. Bill Haine

Makes numerous changes in the Pharmacy Practice Act. Of note, it removes the requirement for student pharmacists to become pharmacy technicians in addition to making other technical changes.

Status: PA96-0673

Effective: 1/1/10

HB3994 Stretcher Van Licensure

Rep. Patrick Verschoore/Sen. John Sullivan

Amends the EMS Systems Act to require licensure of stretcher van providers. Establishes rulemaking provisions, safety standards and a fund in the treasury for the deposit of fees.

Status: PA96-0702

Effective: 8/25/09

Medication/Pharmaceutical Waste Regulation

HB0658 Medication Disposal Collaborative

Rep. Paul Froehlich/Sen. Susan Garrett

Creates Medical Education Disposal Solutions (MEDS) collaborative to partner with public and private constituents to promote environmentally responsible disposal of medications. Comprised of IEPA Director and volunteers, their focus will be to develop an organization to produce educational materials for the public and assist in promoting expansion of a network of secure pharmaceutical collection centers. A report is due December 31, 2010 and the Act is repealed July 1, 2011.

Status: PA96-0369

Effective: 8/13/09

SB0178 Household Waste Drop-off Points

Sen. Susan Garrett/Rep. Sandy Pihos

Allows IEPA to approve household waste drop-off points for consumers to safely dispose of personal waste such as pharmaceuticals, personal care products, and batteries. Directs IEPA to consult with IDPH to develop and implement a public information program regarding available household waste drop-off points and the proper storage and disposal of unused pharmaceutical products. Also directs IEPA to create signs with information on proper storage and disposal of drugs. This bill allows hospitals to be household waste drop-off points.

Status: PA96-0121

Effective: 8/4/09

SB1919 Safe Pharmaceutical Disposal Act

Sen. Susan Garrett/Rep. Karen May

As introduced, this bill prohibited hospitals, nursing homes and other health care facilities from disposing of all pharmaceuticals down drains and toilets. IHA recognizes the growing concern of pharmaceuticals in our water. However, it ignored federal requirements on how to appropriately dispose of drugs in a variety of health care settings. As passed the bill appropriately provides for unused drug disposal and creates the “Safe Pharmaceutical Disposal Act.”

Status: PA96-0221

Effective: 1/1/10

Advanced Care Planning

HB0748 Health Care Surrogate–Nursing Homes

Rep. Kathy Ryg/Sen. Susan Garrett

Amends the Nursing Home Care Act to require a 30-day written notice to new residents of their right to provide the name of a potential health care surrogate should the resident lose decision-making capacity. The written declaration of a selected surrogate is to be kept in the chart and used for informational purposes only. There is immunity for health care providers “relating to the identification or selection of a surrogate or potential health care surrogate.”

Status: PA96-0448

Effective: 1/1/10

SB2256 Health Care Surrogate–Witness

Sen. AJ Wilhelmi/Rep. Andre Thapedi

The uniform IDPH DNR Advance Directive need only be signed by one witness, instead of two, who attests that the person signing the form had a chance to read it, and who acknowledges his/her signature.

Status: PA96-0765

Effective: 1/1/10

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Public Acts

SB2258 Health Care Surrogate—Advance Directives

Sen. AJ Wilhelmi/Rep. Kathleen Ryg

Amends the Health Care Surrogate Act by deleting the words “for the duration of the patient’s stay” from the requirement that advance directives be kept in the patient’s medical records while a patient is in a health care facility. Permits selected health care surrogates to retain their authority to make decisions for patients even after the patients leave a facility. For example, a surrogate can request to see the medical records, even though the patient has been discharged.

Status: PA96-0492

Effective: 8/14/09

Mental Health

HB0751 MH-DD Facility Sale Proceeds

Rep. Kathy Ryg/Sen. Heather Steans

The bill provides that the net proceeds either of a sale of a State-operated facility or the real estate upon which it is located, must be deposited into the respective Medicaid Trust Fund designated for Mental Health or Developmental Disabilities and the net proceeds should be used to provide mental health or developmental disability services. And, it requires sufficient moneys to be made available to ensure an appropriate level of staffing and safety at the remaining State-operated facilities. DHS must share its plans for the use of the new proceeds of a sale with appropriate advocacy organizations.

Status: PA96-0660

Effective: 8/25/09

HB2845 MH-DD Confidentiality Disclosure

Rep. Patti Bellock/Sen. Kirk Dillard

A needed clarification to the involuntary admission law; it adds involuntary treatment to the categories of circumstances under which mental health records may be disclosed without consent.

Status: PA96-0466

Effective: 8/14/09

SB0209 Mental Health—Voluntary Admission

Rep. Patti Bellock/Sen. Heather Steans

Clarifies that a guardian of a disabled person may admit that ward to a mental health facility on a voluntary basis. However, it makes more stringent the requirements on a mental health facility director (or his or her designee) to determine and document whether the recipient of services is clinically suitable for voluntary admission and has the capacity to consent to voluntary admission. Guardians are subject to the same standard as the facility director with regard to the recipient’s capacity to consent and the voluntary nature of the admission.

Status: PA96-0612

Effective: 1/1/10

Miscellaneous

HB0546 Medical Staff Privileges

Rep. Tim Schmitz/Sen. Michael Frerichs

Provides that any adverse report obtained from external peer review shall be made part of the internal peer review process under the medical staff bylaws, and that if the medical staff peer review committee or the individual under review prepares a written response to the report, the governing board shall consider the response prior to the implementation of any final action. Provides that a summary suspension of a physician may not be implemented unless there is actual documentation or other reliable information that an immediate danger exists. The bill contains provisions for expedited review of a summary suspension.

Status: PA96-0445

Effective: 8/14/09

SB0069 Medical Practice Fee Splitting

Sen. Ira Silverstein/Rep. David Miller

The bill amends the fee-splitting prohibition of the Medical Practice Act to address recent Illinois court actions that have invalidated physician practice management company’s contracts with physicians for violating the existing fee-splitting prohibition. IHA staff worked with the ISMS to ensure that current arrangements Illinois hospital have with their employed physicians would not be altered.

Status: PA96-0608

Effective: 8/24/09

SB0189 Freedom of Information Act—Rewrite

Sen. Kwame Raoul/Speaker Madigan

The bill re-writes and amends several Acts including Open Meetings, FOIA and the Attorney General Act. Authorizes the position of “Public Access Counselor” within the Attorney General’s Office to have subpoena power, issue advisory and binding opinions to resolve disputes, and sue to enforce the binding opinions. FOIA changes of note: creates a presumption that all records are open for inspection; and makes the following records public: records of the use or receipt of public funds, payrolls, arrest reports/ criminal histories, and settlement agreements entered into by or on behalf of a public body. All public bodies must appoint a FOI officer who must undergo annual training developed by the Public Access Counselor. Public bodies must pay attorney fees and court costs if they lose in court. Penalties of \$2500 can be imposed for bad faith denials.

Status: PA96-0542

Effective: 1/1/10

Pending Legislation

SB0224/HB0485 Nurse Staffing Ratios

Sen. Kimberly Lightford/Rep. Mary Flowers

For the 8th consecutive year, legislation was introduced to mandate a one-size-fits-all approach to hospital nurse staffing. Even more stringent than California's law (the only state in the nation to do so), which has resulted in unhappy caregivers, dissatisfied patients and reduced access to care. Many bedside nurses oppose this bill because it treats all nurses, patients and hospitals as if they are exactly the same. No accounting or flexibility for nursing skills and experience, or patient need is provided. Health care is a dynamic process with ever-changing variables. A rigid law removes the autonomy of professional nurses and undermines their ability to deliver quality patient care.

Status: House Rules/Senate Assignments

HB2363 Income Tax Credit

Rep. Mike Smith

This bill amended the Illinois Income Tax Act to authorize a credit of \$5,000 to an individual taxpayer who is a qualified rural physician practicing in a designated shortage area and serving at least 200 Medicaid patients at a rural health clinic.

Status: House Rules

HB0754 Mental Health Planning

Rep. Sara Feigenholtz

This bill sought to create a Work Group, under the direction of the DHS Division of Mental Health, that conducts a needs assessment and develops a comprehensive plan for the delivery of mental health services in Illinois. The functions of the group, including the source materials to consider, methods to evaluate the effectiveness as well as redundancies of existing programs, and entities to include on the group are enumerated.

Status: House Rules

HB2401 MDRO—Reporting

Rep. Lou Lang

As introduced, this bill would have sought to add additional levels of infection oversight to hospitals by IDPH at a time when existing law and department obligations for oversight had not been implemented or evaluated. IHA staff asked the sponsor to hold the measure until currently required state oversight had been implemented along with an evaluation and review.

Status: House Rules

SB1820 Hospital Billing—Listing Actual “Costs”

Sen. Michael Noland

This bill would have required hospitals to list the “actual cost” of goods or services provided the patient on the bill and statement of account. Hospitals’ charge structures are extremely complex and take into account not only the direct cost of a particular supply or service, but also indirect costs incurred by the hospital, such as overhead, nursing salaries to administer the supply, etc. For example, a consumer can purchase a bottle of aspirin at the local pharmacy for a few dollars. Yet the charge for the provision of aspirin in the hospital setting includes all the factors discussed above, not simply the cost of the aspirin. Intended to bring clarity to health care billing, this piece of legislation creates more confusion for patients while adding to the cost of care.

Status: Senate Assignments

HB0528 Minority Standards of Care

Rep. Mary Flowers

As introduced, this bill required not-for-profit hospitals to post in plain view the National Standards of Care. If a hospital was found to have provided a single instance of “substandard care” to a member of a minority group, the hospital had to dissolve its “not for profit” status or close its doors. IHA spoke with the sponsor to better understand the issue she was attempting to address. IHA drafted an amendment to the Medical Patient Rights Act to require hospitals to post a notice and provide grievance procedures addressing discrimination based on race, color or national origin. The bill was further amended to require insurance coverage for “observation status”. The bill was held and did not advance this session, but will likely return.

Status: House Rules

HB0649 Minority Standards of Care

Rep. Mary Flowers

Nearly identical to **HB0528**, IHA spoke with the sponsor to better understand the issue she was attempting to address. With direction from Policy Council, IHA drafted an amendment to the Emergency Medical Treatment Act clarifies that every hospital shall comply with the Hospital Emergency Service Act and requires that every hospital provides medical surgical services shall provide emergency service in accordance with EMTALA.

Status: House Rules

SB0184 Pre—Trial Interest

Sen. Bill Haine

This bill would require tort defendants, including hospitals (and other health care providers), to pay interest on the amount of money a successful plaintiff recovers from them for losses from the date the defendant is notified of the injury until the date of the award. Prejudgment interest may be avoided if the defendant makes a settlement offer within 120 days of filing its answer to the plaintiff's complaint and the award at trial is equal to or less than the amount offered. IHA opposed this bill.

Status: Senate Assignments

Pending Legislation

SB2108 Pre-Trial Interest

Sen. Dale Righter

This bill amends the Code of Civil Procedure to impose a prejudgment interest penalty at 9% per annum against a defendant who refuses a settlement offer from the date of the offer to the entry of the award or judgment if such recovery is better than the settlement offer. Seeking to level the playing field as it relates to **SB0184**, IHA believes any legislation pertaining to pre-trial interest does not result in a better tort environment regarding medical liability.

Status: Senate Assignments

SB1617 Ambulatory Surgical Treatment Centers

Sen. Heather Steans/Rep Linda Chapa LaVia

As introduced, this bill amends the ASTC Licensing Act and the Radiation Protection Act to require ASTCs and imaging centers to have an agency approved plan for providing service to Medicaid recipients and the medically underserved; or have an Attorney General approved plan for the provision of charity care; or submit a notarized statement that certifies that care will not be denied to Medicaid recipients. The IHA opposed the bill in its current form. The IHA Board directed this issue to Policy Council for further analysis. IHA will continue to monitor.

Status: House Rules

HB0311 Single Payer Health Care

Rep. Mary Flowers

Although it contained no substantive language as introduced, similar legislation and amendments from prior years sought to advance single payer health care in Illinois. IHA supports moving Illinois towards universal and continuous access to health insurance coverage by incorporating the strengths of a pluralistic private and public system, not replacing the entire system with a single payer. With "health care reform" front and center in Washington, we anticipate continued activity on this issue next spring.

Status: House Rules

HB3923 Individual Health Benefit Coverage

Rep. Greg Harris/Sen. Heather Steans

As introduced, the bill sought substantial health care reforms for the individual market. However it contained one fatal flaw-hospital rate regulation. IHA worked with the bill sponsors and others to craft and adopt an amendment to remove that provision. The bill has been amended many times throughout the process, each time with IHA advocacy and input. We will continue to follow this measure.

Status: House Concurrence Calendar

HB4193 High Deductible Insurance

Rep. Ron Wait

IHA strongly opposed this bill as it would harm consumers and health care providers, allowing insurance plans to exclude any health service or benefits that the State required under the Insurance Code and raising out-of-pocket costs for many consumers. Consumers will not have a choice in accepting such bare-bones, limited coverage because their employers may only offer a high-deductible health plan. IHA supports proposals that offer true insurance coverage to those without it. Insurance coverage must be comprehensive, but not with outrageously high deductibles and exclusions that in a catastrophic situation render the insurance meaningless.

Status: House Rules

SB1643/HB1144 Fiscal Year Limits on Payments for Services Rendered

Sen. William Delgado/ Rep. Will Davis

These bills require all claims for services in that state fiscal year to be submitted in that fiscal year or during the lapse period, which is the first four months of the next fiscal year. Our members appreciate the intent of the legislation which is to facilitate a more timely and accurate budget process. However, this bill would prevent legitimate bills from ever being paid. Currently there is an exception for medical services that allows claims for services in one prior year to be paid out of the next fiscal year's appropriation. There are several reasons claims might be submitted outside the lapse period spending window. One important reason is that Medicaid is the payer of last resort. Providers are required to bill all third party payers (insurance companies) first. And, since insurance companies allow up to 12 months from date of service to submit the claim for payment, medical providers would ultimately be denied earned payment for services rendered. It is just one of the reasons the federal government recognizes and pays Federal Financial Participation (FFP) on all claims submitted 12 months from the date of service.

Status: Senate Assignments/House Rules

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Pending Legislation

SB2060 Prescription Substitution—Patient/Physician

Sen. Dan Kotowski

Requires pharmacists to notify prescribers and patients when a generic option is available to enable the patient to choose either the generic or name brand. Establishes fines, considers each prescription dispensed incorrectly a separate offense, and compounds the fine for repeated violations. As we understand, the intent is toward retail pharmacies. However, the bill as written includes hospital pharmacies/ pharmacists. The sponsor indicated his willingness to address IHA's concern. At this time the bill has not advanced. IHA will continue to monitor and seek to have hospital pharmacies and pharmacists removed from the legislation.

Status: Senate Assignments

Vetoes and Amendatory Vetoes

HB0208 FQHC Construction Grants

Rep. Sara Feigenholtz/Sen. James Clayborne, Jr.

Creates the Community Health Center Construction Grant Program to make grants to community health centers for construction, renovation, and purchase of equipment. Grants would be made by the Capital Development Board, subject to appropriations.

Status: Vetoed

HB0237 Prompt Payment

Rep. Jil Tracy/Sen. Deanna Demuzio

This bill reduces the time period for payment of a proper bill or invoice submitted under Article V of the Public Aid Code from 60 days to 30 days and increases the interest penalty from 1% to 2%.

Status: Amendatorily Vetoed

HB0382 Nurse Educator Scholarships

Rep. James Brosnahan/Sen. Edward Maloney

This bill recognizes Illinois' shortage of nurse faculty and seeks to increase the numbers of skilled nurse educators by providing merit or need based scholarship funding through IDPH. Scholarships are for Illinois residents and can be for up to 3 years. Recipients must meet certain employment and other obligations.

Status: Amendatorily Vetoed

HB0204 APN Medicaid Reimbursement

Rep. David Leitch/Sen. Dale Risinger

Requires HFS to pay an Advanced Practice Nurse for psychiatric services he or she delivers to a Medicaid recipient, when these services are provided pursuant to a collaborative agreement with a psychiatrist.

Status: Amendatorily Vetoed

To obtain the "enrolled" version of any bill – the version that was passed by the General Assembly – go to the General Assembly's Web site at www.ilga.gov. Enter the bill number in the Search box.



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