



September 3, 2021

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION  
M E M O R A N D U M**

**SUBJECT: Regulatory and Patient Care Legislation Acted Upon by General Assembly**

The Spring 2021 session resulted in numerous pieces of legislation passed by the Illinois General Assembly addressing issues of patient care and hospital regulation. This memo updates these changes. All legislation has passed both houses and is awaiting action by the Governor except where noted as a Public Act.

[P.A. 102-0004 – Illinois Health Care and Human Service Reform Act](#) – This law, **effective immediately**, is the healthcare pillar of the four major proposals of the Legislative Black Caucus. Covering a wide array of healthcare related topics, this omnibus legislation addresses several hospital regulatory requirements:

- The Hospital Licensing Act is amended to require that as part of the medical staff privileging process, a hospital must ask the Illinois Department of Financial and Professional Regulation (IDFPR) for information pertinent to the medical staff member's proper credentials and certificates in addition to their licensure status and disciplinary action.
- The Hospital Licensing Act and University of Illinois Hospital Act were amended to require hospitals to provide N95 masks to physicians, registered nurses, advanced practice registered nurses, and any other employees or contractual workers who provide direct patient care, when appropriate pursuant to applicable government policies, guidance, and recommendations of public health and infection control authorities. The Illinois Department of Public Health (IDPH) has already issued emergency rules (July 2 [Illinois Register](#) pages 8096-8108) to implement this provision. **Note: this Section of the Hospital Licensing Act and University of Illinois Hospital Act and its corresponding rules will expire on Dec. 31, 2021.**
- The Department of Professional Regulation Law of the Civil Administrative Code is amended to require implicit bias training for "health care professionals" (see page 56 of the Act for a complete list of licensed professionals impacted) as part of their license or registration renewal occurring on or after Jan. 1, 2022. Healthcare professionals must complete at least a one-hour course in training on implicit bias awareness, which may be counted toward their total required continuing education. Nothing in this section compels hospitals to offer training to the covered health care professionals.
- The Hospital Licensing Act is amended to require hospitals to develop a policy for testing their water supply for Legionella bacteria. The policy and the results of any test are to be made available to IDPH upon request.
- The Health Facilities Planning Act is amended to make several changes:

- Increase the size of the Board from 9 to 11 members with one member being a representative of the community with experience on the effects of discontinuing healthcare services or facility closures on the surrounding community;
- Enhance the Safety Net Impact Statement as it relates to the material impact on safety net services to include the impact on racial and healthcare disparities in the community; and
- Allow the Board to defer taking final action on an application to discontinue a healthcare facility until the latter of July 1, 2021 or the end of the Governor's or Secretary of Health and Human Services (HHS) COVID-19 public health emergency declaration. Due to IHA's advocacy efforts, language prohibiting the closure of a hospital or ending a category of service until at least 2023 was removed. **Note: this Section of the Health Facilities Planning Act will expire upon the end of the Governor's COVID-19 public health emergency declaration.**

[P.A. 102-0131 – Human Trafficking Signage](#) – This law, effective Jan. 1, 2022, amends the Human Trafficking Resource Center Notice Act to expand the location of signage regarding human trafficking to include all restrooms open to the public. Per the Act, emergency departments within acute care hospitals and urgent care centers must comply with the additional signage requirements. **Note that pursuant to [P.A. 102-0004](#), this notice may be posted by electronic means.**

[P.A. 102-0256 – Reporting of Female Deaths](#) – This law, effective Jan. 1, 2022, amends the Hospital Report Card Act to add two additional items for hospitals to include in their quarterly reports: 1) the number of female patients who have died within the reporting period; and 2) the number of female patients admitted to the hospital with a diagnosis of COVID-19 and at least one known underlying condition identified by the CDC as a condition that increases the risk of mortality from COVID-19 who subsequently died at the hospital. Through IHA's advocacy efforts, other vague reporting requirements that would have been challenging to ascertain and provided an incomplete or incorrect picture of the care provided at a hospital were removed.

[P.A. 102-0257 – Death Certificates](#) – This law, effective Jan. 1, 2022, amends the Vital Records Act to expand the individuals authorized to sign the patient's medical certification within 48 hours after death to include a certifying healthcare professional who, within 12 months prior to the date of the patient's death, was treating or managing treatment of the patient's illness or condition which resulted in death. For the purposes of this Act, a certifying healthcare professional means either a physician or advanced practice registered nurse. This expansion includes the medical certification of fetal deaths, which much occur within 24 hours after death. IHA supported this initiative as an approach that gave hospitals greater options in the timely completion of the medical certificate.

[P.A. 102-0398 – Patient Contact Policy](#) – This law, effective immediately, amends the Hospital Licensing Act requiring hospitals to develop and implement a policy that, in times of pandemic

or other public health emergency, encourages patients' ability to engage with family members throughout the duration of the pandemic or public health emergency, including through the use of phone calls, video calls, or other electronic mechanisms. Through IHA's advocacy efforts the final legislation significantly reduces a hospital's requirements compared to the proposed language, allowing hospitals to focus their attention on responding to the pandemic or public health emergency in question.

[P.A. 102-0426 – Fire and Smoke Damper Inspections](#) – This law, effective Jan. 1, 2022, creates the Fire and Smoke Damper Inspection Act. It sets forth requirements for inspection and testing of HVAC fire dampers and smoke dampers, including certifications required for the inspectors and standards in which the dampers will be tested. Through IHA's advocacy efforts, language around frequency of testing for healthcare facilities inconsistent with other regulatory requirements was removed from the final proposal.

[P.A. 102-0533 – Surgical Smoke Evacuation](#) – This law, effective Jan. 1, 2022, amends the Hospital Licensing Act, the University of Illinois Hospital Act, and the Ambulatory Surgical Treatment Center Act to require hospitals and ambulatory surgical centers (ASTCs) to adopt policies to ensure the elimination of surgical smoke plume by use of a surgical smoke plume evacuation system for each procedure that generates surgical smoke plume. Hospitals and ASTCs must report to the Illinois Department of Public Health (IDPH) the adoption of their policy within 90 days of enactment of this legislation.

[P.A. 102-0604 – AN CRA Implicit Bias Training](#) – This law, effective Jan. 1, 2022, amends the Abused and Neglected Child Reporting Act to add a new section on implicit bias to the mandated reporter training that much of a hospital's staff is required to take. The Department of Children and Family Services will be required to develop the content and include in these trainings within a year after the legislation's enactment.

If you have any questions, please [contact IHA](#).