**Section 1250.210 Statutory Authority**

a) State Authority

1) This Part is prepared and promulgated by authority granted to the Illinois Department of Public Health (Agency) and the Illinois Health Facilities Planning Board (State Board) under Section 12 of the Illinois Health Facilities Planning Act (The Act) (Ill. Rev. Stat. 1979, ch. 111½, par. 1162)

2) The Specific Section of the Act which provides the basis for appropriateness review reads as follows:

*(10) "In addition to all powers and duties required of the Agency and the State Board pertaining to applications for a permit for the construction or modification of health care facilities, the Agency shall prescribe, with the prior approval of the State Board and in consultation with the recognized areawide health planning organizations, procedures for review, standards and criteria which the State Board, upon adoption thereof, shall utilize to make periodic areawide reviews and determinations of the appropriateness of any existing health services being rendered by health care facilities subject to the Act. The State Board shall consider recommendations of the areawide health planning organization and the Agency in making its determinations."*

b) Federal Authority

1) Appropriateness review is a federally mandated activity under P.L. 93-641, "The National Health Planning and Resources Development Act" of 1974 as amended (42 U.S.C.A. 300 K et seq.).

2) The specific sections of that Act which establish the basis for review read as follows:

A) Section 1513(g)(1) states *"except as provided in paragraph (2), each health systems agency shall review on a periodic basis (but at least every five years) at least those institutional and home health services which are offered in the health service area of the agency with respect to which goals have been established in the State health plan and shall make recommendations to the state health planning and development agency designated under Section 1521 for each state in which the health systems agency's health service area is located respecting the appropriateness in the area of such services."*

B) Section 1513(g)(2) states *"a health systems agency shall complete its initial review of existing institutional health services within three years after the date of the agency's designation under Section 1515(c)."*

C) Section 1513(g)(3) states *"in making the appropriateness review required by paragraph (1) of the health service, each health systems agency shall at least consider the need for the service, its accessibility and availability, financial viability, cost effectiveness, and the quality of service provided."*

D) Section 1523(a)(6) of the Act states the state agency shall *"review on a periodic basis (but not less often than every five years) all institutional and home health services which are offered in the State and with respect to which goals have been established in the State health plan and, after a consideration of recommendations submitted by health systems agencies under Section 1513(g) respecting the appropriateness of such services, make public its findings. In making the appropriateness review request by this paragraph of a health service, the State Agency shall at least consider the need for the service, its accessibility and availability, financial viability, cost effectiveness, and the quality of service provided."*

E) Section 1523(b)(3) states *"a state agency shall complete its findings with respect to the appropriateness of any existing institutional health service within one year after the date a health systems agency (HSA) has made its recommendation under Section 1513(g) with respect to the appropriateness of the service."*

c) Furthermore, P.L. 93-641 requires that the mandated review of appropriateness be conducted in accord with procedures and criteria which are consistent with the general requirements of Section 1532(a), (b) and (c). This portion of the Act specifies minimum steps that must be taken by the HSA and the State agency in carrying out reviews under the Act.