

AN ACT concerning regulation.

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

(20 ILCS 2310/2310-685 rep.)

Section 5. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by repealing Section 2310-685 (as added by Public Act 99-315).

Section 10. The Illinois Health Facilities Planning Act is amended by changing Section 5.3 as follows:

(20 ILCS 3960/5.3)

(Section scheduled to be repealed on December 31, 2019)

Sec. 5.3. Annual report of capital expenditures.

(a) In addition to the State Board's authority to require reports, the State Board shall require each health care facility to submit an annual report of all capital expenditures in excess of \$200,000 (which shall be annually adjusted to reflect the increase in construction costs due to inflation) made by the health care facility during the most recent year. This annual report shall consist of a brief description of the capital expenditure, the amount and method of financing the capital expenditure, the certificate of need project number if

the project was reviewed, and the total amount of capital expenditures obligated for the year. Data collected from health care facilities pursuant to this Section shall not duplicate or overlap other data collected by the Department and must be collected as part of the State Board's Annual Questionnaires or supplements for health care facilities that report these data.

(b) (1) For the purposes of this subsection (b), "capital expenditures" means only expenditures required under subsection (a) for the erection, building, alteration, reconstruction, modernization, improvement, extension, or demolition of or by a hospital.

(2) If a hospital under the University of Illinois Hospital Act or Hospital Licensing Act that has more than 100 beds reports capital expenditures at or above the amount required under subsection (a), then the hospital shall also meet the reporting requirements under this subsection (b) for female-owned, minority-owned, veteran-owned, and small business enterprises with respect to those reported capital expenditures.

(3) Each hospital shall include the following information in its annual report:

(A) The hospital's capital expenditure spending goals for female-owned, minority-owned, veteran-owned, and small business enterprises. These goals shall be expressed as a percentage of total capital expenditures reported by the hospital submitting the report.

(B) The hospital's actual capital expenditure spending for female-owned, minority-owned, veteran-owned, and small business enterprises. These actual expenditures shall be expressed as a percentage of total capital expenditures reported by the hospital submitting the report. The report may include actual spending on female-owned, minority-owned, veteran-owned, and small business enterprises that is less than the capital expenditure threshold required to be reported under subsection (a) of this Section.

(C) The type or types of capital expenditure for which the hospital shall be actively seeking supplier diversity in the next year.

(D) An outline of the plan developed to alert and encourage female-owned, minority-owned, veteran-owned, and small business enterprises providing the type or types of services identified in subparagraph (C) to seek business from the hospital.

(E) An explanation of the challenges faced in finding quality vendors and any suggestions for what the Health Facilities and Services Review Board could do to be helpful to identify those vendors.

(F) A list of the certifications the hospital recognizes.

(G) The point of contact for any potential vendor who wishes to do business with the hospital and an explanation

of the process for a vendor to enroll with the hospital as a female-owned, minority-owned, veteran-owned, or small business enterprise.

(H) Any particular success stories to encourage other hospitals to emulate best practices.

(4) A health care system may develop a system-wide annual report that includes all hospitals in order to comply with the requirements of this subsection (b). Each annual report shall include as much State-specific data as possible. If the submitting entity does not submit State-specific data, then the hospital shall include any national data it does have and explain why it could not submit State-specific data and how it intends to do so in future reports, if possible.

(5) Subject to appropriation, the Department of Central Management Services shall hold an annual workshop open to the public in 2017 and every year thereafter on the state of supplier diversity to collaboratively seek solutions to structural impediments to achieving stated goals, including testimony from subject matter experts.

(6) The Health Facilities and Services Review Board shall publish a database on its website of the point of contact for each hospital for supplier diversity, along with a list of certifications each hospital recognizes from the information submitted in each annual report. The Health Facilities and Services Review Board shall publish each annual report on its website and shall maintain each annual report for at least 5

years.

(7) Notwithstanding any other provision of law, the Health Facilities and Services Review Board shall not inquire about, review, obtain, or in any other way consider the information provided in this Section when reviewing an application for a permit or exemption or in taking any other action under this Act.

(8) The annual report required under this subsection (b) shall be submitted by each hospital for its fiscal years that begin at least 6 months after the effective date of this amendatory Act of the 99th General Assembly.

(Source: P.A. 98-1086, eff. 8-26-14.)

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