

2011

ILLINOIS

REGISTER

RULES
OF GOVERNMENTAL
AGENCIES



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INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State Statute; and activities (meeting agendas; Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State Agencies; is also published in the Register.

The Register is a weekly update of the Illinois Administrative Code (a compilation of the rules adopted by State agencies). The most recent edition of the Code, along with the Register, comprise the most current accounting of State agencies' rulemakings.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1, et seq.].

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2011

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
1	December 20, 2010	January 3, 2011
2	December 27, 2010	January 7, 2011
3	January 3, 2011	January 14, 2011
4	January 10, 2011	January 21, 2011
5	January 18, 2011	January 28, 2011
6	January 24, 2011	February 4, 2011
7	January 31, 2011	February 14, 2011
8	February 7, 2011	February 18, 2011
9	February 15, 2011	February 25, 2011
10	February 22, 2011	March 4, 2011
11	February 28, 2011	March 11, 2011
12	March 7, 2011	March 18, 2011
13	March 14, 2011	March 25, 2011
14	March 21, 2011	April 1, 2011
15	March 28, 2011	April 8, 2011
16	April 4, 2011	April 15, 2011
17	April 11, 2011	April 22, 2011
18	April 18, 2011	April 29, 2011
19	April 25, 2011	May 6, 2011
20	May 2, 2011	May 13, 2011
21	May 9, 2011	May 20, 2011
22	May 16, 2011	May 27, 2011
23	May 23, 2011	June 3, 2011

24	May 31, 2011	June 10, 2011
25	June 6, 2011	June 17, 2011
26	June 13, 2011	June 24, 2011
27	June 20, 2011	July 1, 2011
28	June 27, 2011	July 8, 2011
29	July 5, 2011	July 15, 2011
30	July 11, 2011	July 22, 2011
31	July 18, 2011	July 29, 2011
32	July 25, 2011	August 5, 2011
33	August 1, 2011	August 12, 2011
34	August 8, 2011	August 19, 2011
35	August 15, 2011	August 26, 2011
36	August 22, 2011	September 2, 2011
37	August 29, 2011	September 9, 2011
38	September 6, 2011	September 16, 2011
39	September 12, 2011	September 23, 2011
40	September 19, 2011	September 30, 2011
41	September 26, 2011	October 7, 2011
42	October 3, 2011	October 14, 2011
43	October 11, 2011	October 21, 2011
44	October 17, 2011	October 28, 2011
45	October 24, 2011	November 4, 2011
46	October 31, 2011	November 14, 2011
47	November 7, 2011	November 18, 2011
48	November 14, 2011	November 28, 2011
49	November 21, 2011	December 2, 2011
50	November 28, 2011	December 9, 2011
51	December 5, 2011	December 16, 2011
52	December 12, 2011	December 27, 2011
53	December 19, 2011	December 30, 2011

Editor's Note: The Secretary of State Index Department is providing this opportunity to remind you that the next filing period for your Regulatory Agenda will occur from May 2, to July 1, 2011.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: High Risk Home Loans
- 2) Code Citation: 38 Ill. Adm. Code 345
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
345.10	Amendment
345.30	Amendment
345.110	Amendment
345.120	Amendment
345.130	Amendment
345.140	Amendment
345.150	Amendment
- 4) Statutory Authority: Implementing and authorized by Section 48 of the Illinois Banking Act [205 ILCS 5/48(6)(a)]
- 5) A Complete Description of the Subjects and Issues Involved: These proposed amendments will eliminate a duplicative requirement found in Section 345.130 regarding the reporting of default and foreclosure rates on conventional loans. In addition, these amendments also contain numerous non-substantive revisions which reflect the consolidation of agencies into the Department of Financial and Professional Regulation and the creation of the Division of Banking.
- 6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? Yes, please see Section 345.10 and 345.30 of this Part.
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Interested persons may submit written comments to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, IL 62786

217/785/0813
Fax: 217/557-4451

All written comments received within 45 days after this issue of the *Illinois Register* will be considered.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: The rulemaking applies to institutions regulated by the Department of Financial and Professional Regulation, Division of Banking.
 - B) Reporting, bookkeeping or other procedures required for compliance: No new requirements are being added, but rather the existing provisions are being updated and one duplicative requirement is being eliminated in Section 345.130.
 - C) Types of professional skills necessary for compliance: Administrative and banking
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2011

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 38: FINANCIAL INSTITUTIONS

CHAPTER II: DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION~~OFFICE OF BANKS AND REAL ESTATE~~

PART 345

HIGH RISK HOME LOANS

Section

345.10	Definitions
345.20	Ability to Repay
345.30	Verification of Ability to Pay Loan
345.40	Fraudulent or Deceptive Practices
345.45	Prepayment Penalty
345.50	Pre-paid Insurance Products and Warranties
345.60	Refinancing Prohibited in Certain Cases
345.65	Balloon Payments
345.70	Financing of Certain Points and Fees
345.80	Payments to Contractors
345.90	Negative Amortization
345.100	Negative Equity
345.110	Counseling Prior to Perfecting Foreclosure Proceedings
345.120	Mortgage Awareness Program
345.130	Report of Default and Foreclosure Rates on Conventional Loans
345.140	Secretary's Commissioner's Review and Analysis
345.150	Third Party Review of High Risk Home Loans
345.APPENDIX A	Estimated Monthly Income and Expenses Worksheet
345.APPENDIX B	Mortgage Ratio Worksheet

AUTHORITY: Implementing and authorized by Section 48 of the Illinois Banking Act [205 ILCS/48(6)(a)].

SOURCE: Sections 345.130, 345.140, and 345.150 adopted by emergency rulemaking at 24 Ill. Reg. 19308, effective December 15, 2000, for a maximum of 150 days; emergency rulemaking repealed at 25 Ill. Reg. 3692, effective January 30, 2001 in response to an objection of the Joint Committee on Administrative Rules at 25 Ill. Reg. 1855; adopted at 25 Ill. Reg. 6137, effective May 17, 2001; amended at 35 Ill. Reg. _____, effective _____.

Section 345.10 Definitions

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

"Act" means the Illinois Banking Act [205 ILCS 5].

"Approved Credit Counselor" means a credit counselor as approved by the Secretary of the Department of Financial and Professional Regulation~~Director of the Department of Financial Institutions~~.

"Department" means the Department of Financial and Professional Regulation.

"Director" means the Director of the Division of Professional Regulation with the authority delegated by the Secretary.

"Division" means the Department of Financial and Professional Regulation-
Division of Banking with the authority delegated by the Secretary.

"Good faith" means honesty in fact in the conduct of the transaction.

"High risk home loan on residential real property" means a home equity loan in which:

at the time of origination, the APR exceeds by more than 6 percentage points in the case of a first lien mortgage, or by more than 8 percentage points in the case of a junior mortgage, the yield on U.S. Treasury securities having comparable periods of maturity to the loan maturity as of the fifteenth day of the month immediately preceding the month in which the application for the loan is received by the lender; or

the total points and fees payable by the consumer at or before closing will exceed the greater of 5% of the total loan amount or \$800. The \$800 figure shall be adjusted annually on January 1 by the annual percentage change in the Consumer Price Index.

However, this Part shall not apply to a loan that is made primarily for a business purpose unrelated to the residential real property securing the loan or to an open-end credit plan subject to 12 CFR 226 (~~20102000~~, no subsequent amendments or editions are included).

"Home equity loan" means any loan secured by the borrower's primary residence where the proceeds are not used as purchase money for the residence.

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NOTICE OF PROPOSED AMENDMENTS

"Points and fees" means:

all items required to be disclosed as points and fees under 12 CFR 226.32 (~~20102000~~, no subsequent amendments or editions included);

the premium of any single premium credit life, credit disability, credit unemployment, or any other life or health insurance that is financed directly or indirectly into the loan;

all compensation paid directly or indirectly to a mortgage broker, including a broker that originates a loan in its own name in a table funded transaction, not otherwise included in 12 CFR 226.4.

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

"Servicer" means any entity chartered under the Act who is responsible for the collection or remittance for, or the right or obligation to collect or remit for, any lender, noteowner, noteholder, or for a licensee's own account, of payments, interest, principal, and trust items such as hazard insurance and taxes on a residential mortgage loan in accordance with the terms of the residential mortgage loan; and includes loan payment follow-up, delinquency loan follow-up, loan analysis and any notifications to the borrower that are necessary to enable the borrower to keep the loan current and in good standing.

"Total loan amount" is the same as the term used in 12 CFR 226.32, and shall be calculated in accordance with the Federal Reserve Board's Official Staff Commentary to that regulation.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 345.30 Verification of Ability to Pay Loan

The lender shall verify the borrower's ability to repay the loan in the case of high risk home loans. ~~TheSuch~~ verification shall require, at a minimum, the following:

- a) The borrower prepares and submits to the lender a personal income and expense statement in a form prescribed by the ~~Secretary~~~~Commissioner~~ who may permit

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NOTICE OF PROPOSED AMENDMENTS

the use of other forms, such as the URLA (Fannie Mae Form 1003 (~~06/0910/92~~), available from Fannie Mae, 3900 Wisconsin Avenue, NW, Washington, DC 20016-2892 and Freddie Mac Form 85 (~~06/0910/92~~), available from Freddie Mac at 1101 Pennsylvania Avenue, NW, Suite 950, PO Box 37347, Washington, DC 20077-0001, no subsequent amendments or editions) and Transmittal Summary (Fannie Mae Form 1077 (~~06/093/97~~), available from Fannie Mae, 3900 Wisconsin Avenue, NW, Washington, DC 20016-2892 and Freddie Mac Form 1008 (~~06/093/97~~), available from Freddie Mac at 1101 Pennsylvania Avenue, NW, Suite 950, PO Box 37347, Washington, DC 20077-0001, no subsequent amendments or editions).

- b) Income is verified by means of tax returns, pay stubs, accounting statements or other prudent means.
- c) A credit report is obtained regarding the borrower.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 345.110 Counseling Prior to Perfecting Foreclosure Proceedings

- a) In the event that a high risk home loan becomes delinquent by more than 30 days, the servicer shall send a notice advising the borrower that he or she may wish to seek consumer credit counseling.
- b) The notice required in subsection (a) shall, at a minimum, include the following language:

"YOUR LOAN IS OR WAS MORE THAN 30 DAYS PAST DUE. YOU MAY BE EXPERIENCING FINANCIAL DIFFICULTY. IT MAY BE IN YOUR BEST INTEREST TO SEEK APPROVED CONSUMER CREDIT COUNSELING. A LIST OF APPROVED CREDIT COUNSELORS MAY BE OBTAINED FROM THE ILLINOIS ~~DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION-DIVISION OF BANKING OFFICE OF BANKS AND REAL ESTATE.~~"

- c) If, within 15 days after mailing the notice provided for under subsection (b), a lender or its agent is notified in writing by an approved consumer credit counselor and the approved consumer credit counselor advises the lender or its agent that the borrower is seeking approved consumer credit counseling, then the lender and

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

its agent shall not institute legal action under Part 15 of Article XV of the Code of Civil Procedure for 30 days from the date of that notice. Only one such 30-day period of forbearance is allowed under this Section per subject loan.

- d) If, within the 30-day period provided under subsection (c), the lender or its agent, the approved consumer credit counselor, and the borrower agree to a debt management plan, then the lender and its agent shall not institute legal action under Part 15 of Article XV of the Code of Civil Procedure for so long as the debt management plan is complied with by the borrower.
 - 1) The agreed debt management plan must be in writing and signed by the lender or its agent, the approved consumer credit counselor, and the borrower. No modification of an approved debt management plan can be made without the mutual agreement of the lender or its agent, the approved consumer credit counselor, and the borrower.
 - 2) Upon written notice to the lender or its agent, the borrower may change approved consumer credit counselors.
- e) If the borrower fails to comply with the agreed debt management plan, then nothing in this Subpart shall be construed to impair the legal right of the lender or its agent to enforce contracts or mortgage agreements.
- f) This Section applies only to high risk home loans as defined by Section 345.10.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 345.120 Mortgage Awareness Program

- a) The Mortgage Awareness Program is a counseling and educational component that is provided by the ~~Director of the~~ Department ~~of Financial Institutions~~.
- b) The core curriculum of the Mortgage Awareness Program shall include:
 - 1) Explanation of the amount financed;
 - 2) Explanation of the finance charge;
 - 3) Explanation of the annual percentage rate;

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NOTICE OF PROPOSED AMENDMENTS

- 4) Explanation of the total payments;
 - 5) Explanation of the loan costs, including broker's fees, finance charges, points, origination fees;
 - 6) Explanation of the right of rescission;
 - 7) Explanation of foreclosure procedures;
 - 8) Explanation of the significant debt ratios, including total debt to income, loan debt to income, and loan debt to value of residence;
 - 9) Explanation of adjustable rate mortgage;
 - 10) Explanation of balloon payments;
 - 11) Explanation of credit options;
 - 12) Explanation of each item that appears on a good faith estimate;
 - 13) Explanation of pre-payment penalties.
- c) Counseling session attendees must also complete a personal income and expense statement, as well as a balance sheet, on forms provided by the ~~Secretary~~Commissioner.
 - d) Prior to signing a certificate of completion, counselors shall privately discuss with each attendee that attendee's income and expense statement and balance sheet, as well as the terms of any loan the attendee currently has or may be contemplating and provide a Third Party Review to establish the affordability of the loan.
 - e) Counseling session attendees must also be given a brochure that contains information covered by the Mortgage Awareness Program.
 - f) Any lender, prior to making a high risk home loan, shall inform the borrower in writing of the right to participate in the Mortgage Awareness Program.
 - g) No lender shall offer less favorable loan terms to a borrower due to a borrower's

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participation in a Mortgage Awareness Program.

- h) Except as prohibited elsewhere in this Part, the borrower may waive participation in the program, provided that ~~thesueh~~ waiver occurs no less than 2 business days after the day that the borrower receives the written notice required by subsection (f) and that ~~thesueh~~ waiver is in writing in a form approved by the ~~Secretary~~Commissioner.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 345.130 Report of Default and Foreclosure Rates on Conventional Loans

- a) On or before October 1 and April 1 of each year, each bank that is a servicer of Illinois residential mortgage loans shall report to the Commissioner the default and foreclosure data of conventional loans for the six month periods ending June 30 and December 31, respectively.
- b) Each bank shall report:
- 1) ~~The average quarterly dollar amount of conventional 1-4 family mortgage loans secured by Illinois real estate.~~ 2) The average quarterly dollar amount of conventional 1-4 family mortgage loans secured by Illinois real estate.
 - ~~23~~ 23) The average quarterly dollar amount of conventional 1-4 family mortgage loans secured by Illinois real estate that are in default over 90 days.
 - ~~34~~ 34) The average quarterly number of conventional 1-4 family mortgage loans secured by Illinois real estate that are in default over 90 days.
 - ~~45~~ 45) The dollar amount of foreclosures on 1-4 family conventional loans completed during the reporting period.
 - ~~56~~ 56) The number of foreclosures on 1-4 family conventional loans completed during the reporting period.
 - ~~67~~ 67) Whether any of the loans where a foreclosure was completed were originated less than 18 months before the completed foreclosure.
 - ~~78~~ 78) Whether any of the loans where a foreclosure was completed had a note

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NOTICE OF PROPOSED AMENDMENTS

rate greater than 10% for first lien mortgage loans or greater than 12% in the case of a junior lien.

- c) An officer of the bank shall sign the form.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 345.140 ~~Secretary's~~ Commissioner's Review and Analysis

- a) The Commissioner shall review and analyze the default and foreclosure rate data reports submitted under Section 345.130.
- b) The reports and their analyses may be used:
- 1) In setting the scope of a regularly scheduled examination.
 - 2) In setting the scope of a special examination.
 - 3) In comparing the reported information of a bank to other banks subject to this Act.
 - 4) In comparing the reported information of a bank to the reports submitted by banks and charters under other Acts.
- c) The ~~Secretary~~ Commissioner may correspond with a bank to seek clarification of information contained in its report and to gather additional data concerning loans in default or loans in foreclosure.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 345.150 Third Party Review of High Risk Home Loans

In the case of any high risk home loan, the borrower shall be afforded the opportunity to seek independent review by the ~~Department~~ Office of Banks and Real Estate of the loan terms, in order to determine affordability of the loan, when and if the General Assembly appropriates adequate funding to the ~~Department~~ Office of Banks and Real Estate specifically for this program.

- a) Every borrower who chooses to participate in the independent review provided in

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

this Section shall submit information requested on the worksheets outlined in Appendix A and Appendix B.

- b) The ~~Department Office of Banks and Real Estate~~ shall provide the borrower with a review of the worksheets and shall also inform the borrower of the amount the borrower has available for a monthly mortgage payment based upon the borrower's budget.
- c) In addition, the ~~Department Office of Banks and Real Estate~~ shall review loan information pertaining to balloon payments and adjustable interest rates and other items disclosed by the loan documents affecting amount of payment and shall inform the borrower of such items.
- d) The borrower shall receive a copy of the completed forms and shall sign the forms acknowledging receipt. A copy of the written and signed forms shall be submitted to the lender prior to the closing of the loan and shall become a part of the permanent file for the loan.
- e) If, based upon the review, the borrower determines that the loan is not in his or her best economic interest, the reviewer shall so note this in the completed forms sent to the lender. This determination shall enable the borrower to withdraw from the contemplated loan with no financial penalty.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Illinois Occupational Therapy Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1315
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1315.100	Amendment
1315.110	Amendment
1315.130	Amendment
1315.140	Amendment
1315.145	Amendment
1315.150	Amendment
1315.160	Amendment
1315.162	Amendment
1315.165	Amendment
1315.200	Amendment
- 4) Statutory Authority: Implementing the Illinois Occupational Therapy Practice Act [225 ILCS 75] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking adds the American and the Illinois Medical Association along with the American Society of Hand Therapists to the list of approved continuing education sponsors/programs. Various non-substantive changes are also being made, including changing references throughout the entire Part from "Department" to "Division" to reflect the consolidation of agencies into the Department of Financial and Professional Regulation and the creation of the Division of Professional Regulation. Obsolete language is also being removed and other technical changes are being made and the fee for restoration of a lapsed license is increased from \$20 to \$50.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking has no impact on local governments.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield IL 62786
217/785-0813
Fax #: 217/557-4451

All written comments received within 45 days after this issue of the Illinois Register will be considered.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Those employing licensed occupational therapists and occupational therapist assistants.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: Occupational therapy education and training is required for licensure.
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2011

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF [FINANCIAL AND](#) PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1315

ILLINOIS OCCUPATIONAL THERAPY PRACTICE ACT

Section

1315.90	Application for Licensure Under Section 14 of the Act (Repealed)
1315.100	Approved Programs
1315.110	Application for Licensure
1315.120	Examination
1315.130	Fees for the Administration of the Act
1315.140	Renewal
1315.145	Continuing Education
1315.150	Endorsement
1315.160	Restoration
1315.162	Modalities in Occupational Therapy
1315.163	Supervision of an Occupational Therapy Assistant
1315.164	Supervision of an Aide in Occupational Therapy
1315.165	Professional Conduct Standards
1315.170	Advertising
1315.180	Conduct of Hearings (Repealed)
1315.200	Granting Variances

AUTHORITY: Implementing the Illinois Occupational Therapy Practice Act [225 ILCS 75] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Emergency rules adopted at 8 Ill. Reg. 676, effective January 1, 1984, for a maximum of 150 days; adopted at 8 Ill. Reg. 16455, effective August 28, 1984; recodified from Chapter I, 68 Ill. Adm. Code 315 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1315 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2940; amended at 18 Ill. Reg. 7373, effective May 2, 1994; amended at 18 Ill. Reg. 16615, effective October 27, 1994; amended at 23 Ill. Reg. 2304, effective January 22, 1999; amended at 26 Ill. Reg. 18330, effective December 13, 2002; amended at 27 Ill. Reg. 10264, effective June 26, 2003; amended at 35 Ill. Reg. _____, effective _____.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

Section 1315.100 Approved Programs

- a) The Department of [Financial and Professional Regulation-Division of Professional Regulation](#) (~~Division~~[the Department](#)) shall approve a program of occupational therapy education as reputable and in good standing if it meets the following minimum criteria:
- 1) Is from an institution legally recognized and authorized by the jurisdiction in which it is located to confer either a baccalaureate degree in occupational therapy, or its equivalent, or an associate degree in occupational therapy, or its equivalent.
 - 2) Has a faculty that consists of a sufficient number of full-time instructors to ensure educational obligations to the student are fulfilled. The faculty must have demonstrated competence in their [areaarea\(s\)](#) of teaching as evidenced by appropriate degrees from reputable professional colleges or institutions.
 - 3) Has a curriculum of sufficient content for the achievement of entry level competencies, including liberal and technical education. Documentation shall include instructional objectives, outlines, methods and learning experiences.
 - 4) Accepts only those persons who have graduated from an accredited high school or its equivalent.
 - 5) Maintains permanent student records that summarize the credentials for admission, attendance, grades and other records of performance.
 - 6) Maintains or is formally affiliated with a field work education center that provides a sufficient number and variety of occupational therapy cases for the student's practical instruction.
 - 7) Publishes the requirements for graduation and degrees in a regularly issued catalog.
- b) In determining whether a program should be approved, the ~~Division~~[Department](#) shall take into consideration, but not be bound by, accreditation or approval by the Accreditation Counsel for Occupational Therapy (ACOTE).

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- c) The ~~Division~~Department has determined that all occupational therapy programs accredited or approved by the ACOTE as of July 1, 1996, meet the minimum criteria set forth in this Section and are, therefore, approved.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.110 Application for Licensure

- a) Any person seeking licensure as a registered occupational therapist shall file an application with the ~~Division~~Department, on forms supplied by the ~~Division~~Department, along with the following:
- 1) Certification that the applicant has completed an approved program of occupational therapy as set forth in Section 1315.100;
 - 2) Verification of the successful completion of the Certification Examination for Occupational Therapist, Registered, which shall be received directly from the designated testing service;
 - 3) ~~A complete work history since graduation from an occupational therapy program;~~ 4) Verification of employment and ~~Division~~Department approval to sit for the examination if an applicant wishes to practice prior to passing the examination pursuant to Section 3(6) of the Illinois Occupational Therapy Act [225 ILCS 75] (Act);
 - 4)5) The required fee set forth in Section 1315.130(a) of this Part; and
 - 5)6) Certification, on forms provided by the ~~Division~~Department, from the jurisdiction in which the applicant was originally licensed and is currently licensed, if applicable, stating:
 - A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
 - B) A description of the examination in that jurisdiction; and
 - C) Whether the file on the applicant contains any record of

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disciplinary actions taken or pending.

- b) Any person seeking licensure as a certified occupational therapy assistant shall file an application with the ~~Division~~Department, on forms supplied by the ~~Division~~Department, along with the following:
- 1) Certification that the applicant has completed an approved program of occupational therapy;
 - 2) Verification of the successful completion of the Certification Examination for Occupational Therapy Assistants, which shall be received directly from the designated testing service;
 - 3) ~~A complete work history since completion of education as an occupational therapy assistant;~~ 4) Verification of employment and ~~Division~~Department approval to sit for the examination if an applicant wishes to practice prior to passing the examination pursuant to Section 3(6) of the Act;
 - 4)5) The required fee set forth in Section 1315.130(a) of this Part; and
 - 5)6) Certification, on forms provided by the ~~Division~~Department, from the jurisdiction in which the applicant was originally licensed and is currently licensed, if applicable, stating:
 - A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
 - B) A description of the examination in that jurisdiction; and
 - C) Whether the file on the applicant contains any record of disciplinary actions taken or pending.
- c) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the ~~Division~~Department or the Illinois Occupational Therapy Board (the Board) because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:

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- 1) Provide ~~such~~ information as may be necessary; and/or
 - 2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.
- d) An applicant for licensure whose examination scores are more than 5 years old and who is not actively practicing as an occupational therapist or occupational therapy assistant shall be required to successfully complete the examination before the ~~Division~~[Department](#) may issue a license.
- e) If the applicant has been determined eligible for licensure except for passing of the examination, the applicant shall be issued a letter of authorization which allows him/her to practice under supervision in accordance with Section 3(6) of the Act. Supervision means the presence of the licensed occupational therapist on site at least 75% of the employee's work hours. The applicant shall not begin practice as an occupational therapist or occupational therapist assistant, license pending, until the letter of authorization is received from the ~~Division~~[Department](#) or until the employer verifies that the application is on file with the ~~Division~~[Department](#).

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.130 Fees for the Administration of the Act

The following fees shall be paid to the Department for the functions performed by the ~~Division~~[Department](#) under the ~~Illinois Occupational Therapy Practice Act [225 ILCS 75] (the Act)~~ and shall be non-refundable:

- a) Application Fees
 - 1) The fee for application for a license as an occupational therapist or occupational therapy assistant is \$25. In addition, applicants for an examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and

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acknowledged by the [DivisionDepartment](#) or the designated testing service, shall result in the forfeiture of the examination fee.

- 2) The fee for application as a continuing education sponsor is \$250. State colleges, universities, and State agencies are exempt from payment of this fee.

b) Renewal Fees

- 1) The fee for the renewal of a license as an occupational therapist shall be calculated at the rate of \$20 per year.
- 2) The fee for the renewal of a license as an occupational therapy assistant shall be calculated at the rate of \$10 per year.
- 3) The fee for renewal of continuing education sponsor approval is \$125 for the renewal period.

c) General Fees

- 1) The fee for the restoration of a license other than from inactive status is ~~\$50~~\$20 plus payment of all lapsed renewal fees, but not to exceed \$110.
- 2) The fee for the issuance of a duplicate license, for the issuance of a replacement license for a license that has been lost or destroyed or for the issuance of a license with a change of name or address, other than during the renewal period, is \$20. No fee is required for name and address changes on [DivisionDepartment](#) records when no duplicate license is issued.
- 3) The fee for a certification of a licensee's record for any purpose is \$20.
- 4) The fee to have the scoring of an examination authorized by the [DivisionDepartment](#) reviewed and verified is \$20 plus any fees charged by the applicable testing service.
- 5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.

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- 6) The fee for a roster of persons licensed as occupational therapists or occupational therapy assistants in this State shall be the actual cost of producing the roster.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.140 Renewal

- a) Every license issued under the Act shall expire on December 31 of each odd numbered year. The holder of the license may renew such license during the month preceding the expiration date by paying the required fee. Beginning with the December 31, 2005 renewal and every renewal thereafter, a renewal applicant will be required to complete 24 contact hours of continuing education as set forth in Section 1315.145 of this Part.
- b) It is the responsibility of each licensee to notify the ~~Division~~Department of any change of address. Failure to receive a renewal form from the ~~Division~~Department shall not constitute an excuse for failure to pay the renewal fee or to renew one's license.
- c) Practicing on an expired license shall be considered unlicensed practice.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.145 Continuing Education

- a) Continuing Education (CE) Hour Requirements
 - 1) Every occupational therapist and occupational therapy assistant shall complete 24 contact hours of ~~continuing education (CE)~~ relevant to the practice of occupational therapy during each prerenewal period as a condition of renewal. A prerenewal period is the 24 months preceding December 31 in the year of the renewal. 24 contact hours of ~~continuing education (CE)~~ is equivalent to 12 units of Continued Competency Activities (CCA) (2 contact hours = 1 unit).
 - 2) A CE contact hour equals 50 minutes. After completion of the initial CE hour, credit may be given in one-half hour increments.

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- 3) Courses that are part of the curriculum of an accredited university, college or other educational institution shall be allotted CE credit at the rate of 15 CE hours for each semester hour or 10 CE hours for each quarter hour of school credit awarded.
 - 4) A renewal applicant is not required to comply with CE requirements for the first renewal following the original issuance of the license.
 - 5) Individuals licensed in Illinois but residing and practicing in other states must comply with the CE requirements set forth in this Section.
 - 6) All continuing education hours must be earned by verified attendance at or participation, regardless of the method of delivery, in a program that is offered by an approved ~~CE~~continuing education sponsor who meets the requirements set forth in subsection (c) or by other CE activities set forth in subsection (b).
 - 7) ~~CE~~Continuing education credit hours used to satisfy the CE requirements of another state may be submitted for approval for fulfillment of the CE requirements of the State of Illinois if they meet the requirements for CE in Illinois.
 - 8) Credit shall not be given for courses taken in Illinois from unapproved sponsors.
- b) Additional CE activities
- 1) Independent Study
 - A) Independent Study Activities include reading books or journal articles, reviewing professional videos, etc.
 - B) A licensee may earn contact hours spent in an independent study activity with a maximum of 4 contact hours per renewal period.
 - C) Documentation shall include title, author, publisher, time spent, and date of completion. A licensee shall include a statement that describes how the activity relates to a licensee's current or anticipated roles and responsibilities.

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2) Mentorship

A) Participation as Mentee

- i) Participation in a formalized mentorship agreement with a mentor as defined by a signed contract between the mentor and mentee that outlines specific goals and objectives and designates the plan of activities that are to be met by the mentee.
- ii) A licensee may earn contact hours spent in activities directly related to achievement of goals and objectives with a maximum of 8 contact hours per renewal period. The [Division](#)~~Department~~ may accept formalized mentorship programs for the amount of credit recommended by the mentor, not to exceed 8 hours per renewal period.
- iii) Documentation shall include name of mentor and mentee, copy of signed contract, dates, hours spent in and focus of mentorship activities, and outcomes of mentorship agreement.

B) Participation as Mentor

- i) Participation in a formalized mentorship agreement with a mentee as defined by a signed contract that designates the responsibilities of the mentor and specific goals and objectives that are to be met by the mentee.
- ii) A licensee may earn contact hours spent in mentorship activities as a mentor with a maximum of 8 hours per renewal period.
- iii) Documentation shall include name of mentor and mentee, copy of signed contract, dates, hours spent in and focus of mentorship activities, and outcomes of mentorship agreement.

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- 3) Fieldwork Supervision
Participation as the primary clinical fieldwork educator for Level I/Level II OT or OTA fieldwork students.
 - A) A licensee may earn 2 contact hours for each Level I student supervised. A licensee may earn 6 contact hours for each Level II student supervised. A licensee may earn a maximum of 8 contact hours for student supervision per renewal period.
 - B) Documentation shall include verification provided by the school to the fieldwork educator with the name of student, school, and dates of fieldwork or the signature page of the completed student evaluation form. Evaluation scores and comments should be deleted or blocked out.
- 4) Professional writing
 - A) First time publication of a professional or non-professional book, chapter, or article. A licensee may earn a maximum per renewal period as follows:
 - i) 18 hours as an author of a book;
 - ii) 12 hours as an author of a chapter;
 - iii) 12 hours as an author of an article in a professional publication;
 - iv) 6 hours as an author of an article in a non-professional publication;
 - v) 12 hours as an editor of a book.
 - B) Documentation shall consist of full reference for publication including: title, author, editor, and date of publication, or copy of acceptance letter if not yet published.
- 5) Presentation and Instruction

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- A) First time or significantly revised presentation of an academic course or workshop, seminar, in-service, electronic or Web-based course. Speeches made at luncheons or banquets or any other presentation not within the guidelines of this Part are not eligible for CE credit.
 - B) A licensee who serves as an instructor, speaker or discussion leader of a CE program will be allowed CE course credit for actual presentation time, plus actual preparation time of up to 2 hours for each hour of presentation. Preparation time shall not be allowed for presentations of the same course and will only be allowed for additional study or research. In no case shall credit for actual time of presentation and preparation be given for more than 12 hours during any renewal period.
 - C) Documentation shall include a copy of official program/schedule/syllabus, including presentation title, date, hours of presentation, and type of audience, or verification of the presentations signed by the sponsor.
- 6) Research
- A) Development of or participation in a research project.
 - B) A licensee may earn credit for hours spent working on a research project, for a maximum of 12 hours per renewal period.
 - C) Documentation includes verification from the primary investigator indicating the name of the research project, dates of participation, major hypotheses or objectives of the project, and licensee's role in the project.
- 7) Grants
- A) Development of a grant proposal.
 - B) A licensee may earn credit for hours working on a grant proposal for a maximum of 12 hours per renewal period.

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- C) Documentation includes name of grant proposal, name of grant source, purpose and objectives of the project, and verification from the grant author regarding licensee's role in the development of the grant if not the author.
- 8) Professional meetings and activities
- A) Participation in board or committee work with agencies or organizations in professionally related areas to promote and enhance the practice of occupational therapy.
 - B) A licensee may earn 2 hours per appointment on a committee or board for one year for a maximum of 8 hours per renewal period.
 - C) Documentation includes name of committee or board, name of agency or organization, purpose of service, and description of licensee's role. Participation must be validated by an officer or representative of the organization or committee.
- 9) Advanced competence recognition/specialty certification
- A) Advanced recognition and/or specialty certification from a nationally recognized certifying body or approved provider.
 - B) A licensee may earn 12 contact hours for each advanced competence recognition or specialty certification credential earned.
 - C) Documentation includes certificate of completion or other documentation that identifies satisfactory completion of requirements for obtaining advanced competence or specialty certification.
- c) Continuing Education Sponsors and Programs
- 1) Approved sponsor, as used in this Section, shall mean:
 - A) American Occupational Therapy Association ([AOTA](#)) and its affiliates;

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- B) American Physical Therapy Association ~~and the Illinois Physical Therapy Association~~;
 - C) AOTA Approved Providers;
 - D) American Speech and Hearing Association and the Illinois Speech and Hearing Association;
 - E) American Medical Association and the Illinois State Medical Society and their affiliates;
 - F) Accredited Colleges and Universities;
 - G) American Society of Hand Therapists;
 - H) Any other person, firm, association, corporation, or group that has been approved and authorized by the ~~Division~~ Department pursuant to subsection (c)(2) ~~of this Section~~ upon the recommendation of the Board to coordinate and present ~~CE continuing education~~ courses or programs.
- 2) Entities seeking a license as a CE sponsor pursuant to subsection (c)(1)(F) shall file a sponsor application, along with the required fee set forth in Section 1315.130. (State agencies, State colleges and State universities in Illinois shall be exempt from paying this fee.) The applicant shall certify to the following:
- A) That all courses and programs offered by the sponsor for CE credit will comply with the criteria in subsection (c) ~~of this Section~~ and all other criteria in this Section. The applicant shall be required to submit a sample 3 hour CE program with course materials, presenter qualifications and course outline for review prior to being approved as a CE sponsor;
 - B) That the sponsor will be responsible for verifying attendance at each course or program, and provide a certification of attendance as set forth in subsection (c)(7); and

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- C) That, upon request by the ~~Division~~Department, the sponsor will submit evidence ~~as-is~~ necessary to establish compliance with this Section. This evidence shall be required when the ~~Division~~Department has reason to believe that there is not full compliance with the statute and this Part and that this information is necessary to ensure compliance.
- 3) Each sponsor shall submit by December 31 of each odd numbered year a sponsor application along with the renewal fee set forth in Section 1315.130. With the application, the sponsor shall be required to submit to the ~~Division~~Department a list of all courses and programs offered in the prerenewal period, which includes a course description and location, date and time the course was offered.
- 4) Each CE program shall provide a mechanism for written evaluation of the program and instructor by the participants. The evaluation forms shall be kept for 5 years and shall be made available to the ~~Division~~Department upon written request.
- 5) All courses and programs shall:
- A) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of occupational therapy;
 - B) Provide experiences that contain scientific integrity, relevant subject matter and course materials; and
 - C) Be developed and presented by persons with education and/or experience in the subject matter of the program.
- 6) All programs given by approved sponsors shall be open to all licensees and not be limited to the members of a single organization or group and shall specify the number of CE hours that may be applied toward Illinois CE requirements for licensure renewal.
- 7) Certificate of Attendance

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- A) It shall be the responsibility of the sponsor to provide each participant in a program with a certificate of attendance signed by the sponsor. The sponsor's certificate of attendance shall contain:
- i) The name and address of the sponsor;
 - ii) The name and address of the participant and his/her license number;
 - iii) A detailed statement of the subject matter;
 - iv) The number of hours actually attended in each topic;
 - v) The date of the program; and
 - vi) Signature of the sponsor.
- B) The sponsor shall maintain these records for not less than 5 years.
- 8) The sponsor shall be responsible for assuring verified continued attendance at each program. No renewal applicant shall receive credit for time not actually spent attending the program.
- 9) Upon the failure of a sponsor to comply with any of the foregoing requirements, the [DivisionDepartment](#), after notice to the sponsor and hearing before and recommendation by the Board pursuant to the Administrative Hearing Rules (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept CE credit for attendance at or participation in any of that sponsor's CE programs until ~~such time as the~~ [DivisionDepartment](#) receives reasonably satisfactory assurances of compliance with this Section.
- d) Continuing Education Earned in Other Jurisdictions
- 1) If a licensee has earned CE hours in another jurisdiction from a nonapproved sponsor for which he/she will be claiming credit toward full compliance in Illinois, that applicant shall submit an application along with a \$20 processing fee prior to taking the program or 90 days prior to the expiration date of the license. The Board shall review and recommend

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approval or disapproval of this program using the criteria set forth in this Section.

- 2) If a licensee fails to submit an ~~out-of-state~~ out-of-state CE approval form within the required time, late approval may be obtained by submitting the application with the \$20 processing fee plus a \$10 per hour late fee not to exceed \$150. The Board shall review and recommend approval or disapproval of this program using the criteria set forth in this Section.
- e) Certification of Compliance with CE Requirements
- 1) Each renewal applicant shall certify, on the renewal application, full compliance with CE requirements set forth in subsection (a).
 - 2) The ~~Division~~ Department may require additional evidence demonstrating compliance with the CE requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.
 - 3) When there appears to be a lack of compliance with CE requirements, an applicant will be notified and may request an interview with the Board, at which time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].
- f) Waiver of CE Requirements
- 1) Any renewal applicant seeking renewal of his/her license without having fully complied with these CE requirements shall file with the ~~Division~~ Department a renewal application, the renewal fee set forth in Section 1315.130, a statement setting forth the facts concerning the non-compliance, and a request for waiver of the CE requirements on the basis of these facts. If the ~~Division~~ Department, upon the written recommendation of the Board, finds from the affidavit or any other evidence submitted that good cause has been shown for granting a waiver, the ~~Division~~ Department shall waive enforcement of these requirements for the renewal period for which the applicant has applied.

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- 2) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
 - A) Full-time service in the armed forces of the United States of America during a substantial part of such period; or
 - B) Extreme hardship, which shall be determined on an individual basis by the Board and shall be limited to documentation of:
 - i) An incapacitating illness documented by a currently licensed physician;
 - ii) A physical inability to travel to the sites of approved programs; or
 - iii) Any other similar extenuating circumstances.
- 3) If an interview with the Board is requested at the time the request for the waiver is filed with the [DivisionDepartment](#), the renewal applicant shall be given at least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.
- 4) Any renewal applicant who submits a request for waiver pursuant to subsection (f)(1) ~~of this Section~~ shall be deemed to be in good standing until the [Division'sDepartment's](#) final decision on the application has been made.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.150 Endorsement

- a) An applicant who is licensed under the laws of another jurisdiction shall file an application with the [DivisionDepartment](#), along with the following:
 - 1) Certification that the applicant has completed an approved program of occupational therapy;
 - 2) Verification of the successful completion of the Certification Examination

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for Occupational Therapist, Registered or Certification Examination for Occupational Therapy Assistants, which shall be received directly from the designated testing service;

- 3) ~~A complete work history since completion of occupational therapy training;~~ 4) Certification, on forms provided by the [DivisionDepartment](#), from the state or territory of the United States in which the applicant was originally licensed and the state in which the applicant predominantly practices and is currently licensed, if applicable, stating:
 - A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
 - B) A description of the examination in that jurisdiction; and
 - C) Whether the file on the applicant contains any record of disciplinary actions taken or pending.
- b) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the [DivisionDepartment](#) or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:
 - 1) Provide such information as may be necessary; and/or
 - 2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.160 Restoration

- a) A person seeking restoration of a license that has expired or been placed on inactive status for 5 years or more shall file an application with the [DivisionDepartment](#), on forms supplied by the [DivisionDepartment](#), along with the required fees specified in Section 1315.130 [and proof of 24 hours of](#)

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continuing education (e.g., certificate of attendance or completion) within 24 months prior to the restoration application in accordance with Section 1315.145 of this Part. ~~In addition, the~~The applicant shall also submit one of the following:

- 1) Sworn evidence of active practice in another jurisdiction. ~~The~~~~Such~~ evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or
 - 2) An affidavit attesting to military service as provided in Section 11 of the Act (no fee is required when restoring from a period of military service if application is made within 2 years after termination of the service); or
 - 3) Verification of successful completion of the Certification Examination of the NBCOT for licensure as a registered occupational therapist or certified occupational therapy assistant within the last 5 years prior to applying for restoration; or
 - 4) Evidence of successful completion of 48 hours of continuing education in occupational therapy, including attendance at college level courses, professionally oriented continuing education classes, special seminars, or any other similar program completed within 2 years prior to application for restoration.
- b) A registrant seeking restoration of a license that has been expired for less than 5 years shall have the license restored upon payment of \$20 plus all lapsed renewal fees required by Section 1315.130 ~~of this Part~~. A licensee seeking restoration of a license shall be required to submit proof of the required 24 hours of CE continuing education in accordance with Section 1315.145. These CE hours shall be earned within the 2 years prior to renewal.
- c) A registrant seeking restoration of a license that has been on inactive status for less than 5 years shall have the license restored upon payment of the current renewal fee. A licensee seeking restoration of a license shall be required to submit proof of the required 24 hours of CE continuing education in accordance with Section 1315.145. These CE hours shall be earned within the 2 years prior to renewal.
- d) When the accuracy of any submitted documentation or the relevance or

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sufficiency of the course work or experience is questioned by the ~~Division~~Department or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:

- 1) Provide ~~such~~ information as may be necessary; and/or
- 2) Appear for an interview before the Board to explain ~~thesuch~~ relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.162 Modalities in Occupational Therapy

Occupational therapy services include the use of physical agent modalities for occupational therapists and occupational therapy assistants who have the training, skill and competency to apply these modalities.

- a) Physical agent modalities:
 - 1) refer to those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity;
 - 2) are characterized as adjunctive methods used in conjunction with or in immediate preparation for: patient involvement in purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness; and
 - 3) include but are not limited to the following:
 - A) electrical stimulation;
 - B) iontophoresis;
 - C) superficial heating agents;
 - D) cryotherapy; and

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- E) deep heating agents.
- b) Following is the training required for the use of physical agent modalities used by occupational therapists and occupational therapy assistants.
- 1) Modalities
 - A) Modalities using electricity would cover: pain control, edema reduction, and muscle reeducation. Examples include, but are not limited to: biofeedback, NMES/FES, TENS, HVGS, interferential, iontophoresis. The training shall include:
 - i) a minimum of 12 hours of didactic training in a program defined in this Section that includes demonstration and return demonstration and an examination; and
 - ii) 5 treatments in each modality supervised by a licensed health care professional trained in the use of the modality.
 - B) Thermal modalities would include superficial and deep heat and cryotherapy. Examples include, but are not limited to, hot and cold packs, ice massage, fluidotherapy, warm whirlpool, cool whirlpool, ultrasound, phonophoresis, paraffin, contrast baths.
 - i) a minimum of 3 hours of didactic training in a program defined in this Section that includes demonstration and return demonstration and an examination. The training session should include the mechanics and precautions of using the modality safely as well as case studies and problem solving on when to use. The ethics, economics, liability, and insurance issues related to using modalities should also be addressed in the educational process.
 - ii) 5 treatments in each modality supervised by a licensed health care professional trained in the use of the modality.
 - 2) The didactic training shall be obtained through educational programs, workshops, or seminars offered or approved by a college or university,

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Illinois Occupational Therapy Association, the American Occupational Therapy Association and its affiliates, Illinois Physical Therapy Association, the American Physical Therapy Association or its chapters, National Board of Certification of Occupational Therapy (NBCOT), or the Hand Therapy Certification Commission.

- 3) The training shall be documented and made available to the [Division](#)~~Department~~ or Board upon request. Training shall be completed prior to the use of these modalities. Documentation shall include:
 - A) a transcript or proof of successful completion of the coursework, including the number of educational hours;
 - B) the name and address of the individual or organization sponsoring the activity;
 - C) the name and address of the facility at which the activity was presented;
 - D) a copy of the course, workshop, or seminar description that includes topics covered, learning objectives, credentials of presenters and standards for meeting the objectives;
 - E) documentation of the 5 clinical treatments that includes date of the treatments, the modality and the name and credentials of the supervisor.
- c) Occupational therapists and occupational therapy assistants who, prior to January 1, 2002, have attended training programs and have developed competencies in the use of physical agent modalities may demonstrate competency through proof of one or more of the following:
 - 1) documentation of previous attendance and completion of the required training as stated in subsection (b);
 - 2) documentation of professional experience at the work place through policy and procedures indicating the use of modalities, inservice training, proof of prior use. ~~TheSuch~~ experience shall include at least 20 applications for each modality within the last 3 years;

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- 3) documentation of attendance at educational programs, including post-professional programs, in-service training and specific certifications in the use of modalities; or
- 4) documentation of certification as a hand therapist from the Hand Therapy Certification Commission.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.165 Professional Conduct Standards

All licensed occupational therapists or occupational therapy assistants shall comply with the standards of professional conduct set forth [in this Section below](#). Any violation of these conduct rules may be considered unethical, unauthorized or unprofessional conduct. The [Division/Department](#) may suspend or revoke a license, refuse to issue or renew a license, or take other disciplinary action, based upon the finding of "unethical, unauthorized or unprofessional conduct" within the meaning of Section 19 of the Act.

- a) Individuals licensed under the Act shall be required, when signing official patient records, to designate licensure by including the notation O.T.R./L (Occupational Therapist, Registered/Licensed) or C.O.T.A./L (Certified Occupational Therapy Assistant/Licensed) after the licensee's signature.
- b) Occupational therapy personnel shall respect the rights of the recipients of their services.
 - 1) Occupational therapy personnel should act to prevent and eliminate discrimination against any person or group on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition or status.
 - 2) Occupational therapy personnel shall avoid those relationships or activities that interfere with professional judgment and objectivity. Occupational therapy personnel shall not have relationships that exploit the recipient of services sexually, physically, emotionally, financially, socially or in any other manner.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 3) Occupational therapy personnel shall strive to ensure that fees are fair, reasonable and commensurate with the service performed and are set with due regard for the service recipient's ability to pay.
 - 4) Occupational therapy personnel shall collaborate with service recipients or their ~~surrogate~~ surrogate(s) in determining goals and priorities throughout the intervention process.
 - 5) Occupational therapy personnel shall fully inform the service recipients of the nature, risks and potential outcomes of any interventions.
 - 6) Occupational therapy personnel shall obtain informed consent from subjects involved in research activities indicating they have been fully advised of the potential risks and outcomes.
 - 7) Occupational therapy personnel shall respect the individual's right to refuse professional services or involvement in research or educational activities.
 - 8) Occupational therapy personnel shall protect the confidential nature of information gained from educational, practice and research activities.
- c) Occupational therapy personnel shall achieve and continually maintain high standards of competence.
- 1) Occupational therapy personnel shall take responsibility for maintaining competence by participating in professional development and educational activities.
 - 2) Occupational therapy personnel shall perform their duties on the basis of accurate and current information.
 - 3) Occupational therapy practitioners shall protect service recipients by ensuring that duties assumed by or assigned to other occupational therapy personnel are commensurate with their qualifications and experience.
 - 4) Occupational therapy practitioners shall provide appropriate supervision to consult with other service providers when additional knowledge and expertise are required.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 5) Occupational practitioners shall refer recipients to other service providers or consult with other service providers when additional knowledge and expertise are required.
- d) Occupational therapy personnel shall comply with laws and rules in relation to the profession of occupational therapy.
 - 1) Occupational therapy personnel shall understand and abide by local, State and federal laws and institutional rules.
 - 2) Occupational therapy personnel shall require those they supervise in occupational therapy activities to adhere to the professional conduct rules established in this Part.
 - 3) Occupational therapy personnel shall accurately record and report all information related to professional activities.
 - e) Occupational therapy personnel shall provide accurate information about occupational therapy services.
 - 1) Occupational therapy personnel shall accurately represent their qualifications, education, experience, training and competence.
 - 2) Occupational therapy personnel shall disclose to recipients any affiliations that may pose a conflict of interest.
 - 3) Occupational therapy personnel shall refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims.
 - f) Occupational therapy personnel shall treat colleagues and other professionals with fairness, discretion and integrity.
 - 1) Occupational therapy personnel shall safeguard confidential information about colleagues and staff.
 - 2) Occupational therapy personnel shall accurately represent the qualifications, views, contributions and findings of colleagues.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- g) Pursuant to Section 19(8) of the Act, the ~~Division~~~~Department~~ ~~hereby~~ incorporates by reference the Occupational Therapy Code of Ethics of the American Occupational Therapy Association, 4720 Montgomery Lane, P.O. Box 31220, Bethesda, Maryland 20824, July 1994, with no later amendments or editions.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 1315.200 Granting Variances

- a) The Director may grant variances from this Part in individual cases, ~~when~~~~where~~ he/she finds that:
- 1) The provision from which the variance is granted is not statutorily mandated;
 - 2) No party will be injured by the granting of the variance;
 - 3) The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- b) The Director shall notify the Board of the granting of the variance, and the reasons ~~for granting the variance~~~~therefor~~, at the next meeting of the Board.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Child Care
 - 2) Code Citation: 89 Ill. Adm. Code 50
 - 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
50.230	Amendment
50.310	Amendment
50.320	Amendment
 - 4) Statutory Authority: Implementing Articles I through IXA and authorized by Sections 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IXA and 12-13] and PA 96-1500.
 - 5) A Complete Description of the Subjects and Issues involved: In November 2009 and again in May 2010, family copayments were reduced due to the American Recovery and Reinvestment Act (ARRA). This rulemaking is being implemented because ARRA funding is no longer available. This rulemaking reduces the income eligibility guidelines to 185% of the federal poverty level. As a result, this rulemaking changes the monthly co-pay fees for families. Some families' copayment will remain lower while other families will be required to pay a higher copayment. In addition, clients in the upper income thresholds will no longer be eligible for child care assistance.

Pursuant to PA 95-206, a Copayment Task Force was convened to propose a plan for making quality child care affordable. Members of the Task Force reconvened to insure the new co-pay scale aligns with the recommendations in the report.
 - 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
 - 7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes
 - 8) Does this rulemaking contain an automatic repeal date? No
 - 9) Does this rulemaking contain incorporations by reference? No
 - 10) Are there any other proposed rulemakings pending on this Part? Yes
- | | | |
|-------------------------|-------------------------|------------------------------------|
| <u>Section Numbers:</u> | <u>Proposed Action:</u> | <u>Illinois Register Citation:</u> |
| 50.240 | Repeal | July 16, 2010; 34 Ill. Reg. 9701 |

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

50.400	New Section	July 16, 2010; 34 Ill. Reg. 9701
50.410	Amendment	July 16, 2010; 34 Ill. Reg. 9701
50.420	Amendment	July 16, 2010; 34 Ill. Reg. 9701
50.430	New Section	July 16, 2010; 34 Ill. Reg. 9701
50.440	New Section	July 16, 2010; 34 Ill. Reg. 9701

- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762

217/785-9772

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Child care providers
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because it was not anticipated by the Department with the two most recent regulatory agendas were published.

The full text of the Proposed Amendments is identical to that of the Emergency Amendment, and begins in this issue of the *Illinois Register* on page 6583:

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

- 1) Heading of the Part: Accident and Health Expense Reporting
- 2) Code Citation: 50 Ill. Adm. Code 2043
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
2043.10	New Section
2043.20	New Section
2043.30	New Section
2043.40	New Section
2043.APPENDIX A	New Section
- 4) Statutory Authority: Implementing Section 359c and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/359c and 401]
- 5) A Complete Description of the Subjects and Issues Involved: Section 359c of the Illinois Insurance Code, as added by PA 96-857, requires insurance carriers to provide semi-annual reports to the Department detailing premiums and expenses for the carriers' accident and health insurance business. The proposed rule provides instructions for carriers to report the required information, including a data table with definitions of terms.
- 6) Published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

James Rundblom
Staff Attorney
Department of Insurance
320 West Washington, 4th Floor
Springfield, Illinois 62767-0001

or

Susan Anders
Rules Coordinator
Department of Insurance
320 West Washington, 4th Floor
Springfield, Illinois 62767-0001

217/785-8559
217/524-9033 (fax)

217/785-8220

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: Reporting requirements as set forth in the rule

C) Types of professional skills necessary for compliance: Accounting

14) Regulatory Agenda on which this rulemaking was summarized: January 2011

The full text of the Proposed Rules begins on the next page:

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF INSURANCE

SUBCHAPTER Z: ACCIDENT AND HEALTH INSURANCE

PART 2043

ACCIDENT AND HEALTH EXPENSE REPORTING

Section

- 2043.10 Purpose
2043.20 Definitions
2043.30 Accident and Health Expense Reports
2043.40 Copies of Medical Loss Ratio Reports
2043.APPENDIX A A&H Expense Report – Data Table and Instructions

AUTHORITY: Implementing Section 359c and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/359c and 401].

SOURCE: Adopted at 35 Ill. Reg. _____, effective _____.

Section 2043.10 Purpose

The purpose of this Part is to establish guidance for carriers to report to the Department information regarding administrative expenses for accident and health insurance business, as required by Section 359c of the Illinois Insurance Code [215 ILCS 5/359c].

Section 2043.20 Definitions

The following definitions shall apply to this Part:

"Carrier" means any entity that provides health insurance in this State. For the purposes of this Part, carrier includes a licensed insurance company, a prepaid hospital or medical service plan, a health maintenance organization, or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation.

"Code" means the Illinois Insurance Code [215 ILCS 5].

"Department" means the Illinois Department of Insurance.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

"Director" means the Director of the Illinois Department of Insurance.

"Major medical" means insurance issued pursuant to Section 4, Class 1b or Class 2a of the Illinois Insurance Code, providing coverage for hospital, surgical, medical and associated expenses. The term does not include: hospital indemnity; accidental death and dismemberment; credit accident and health; short-term accident and health; accident-only, long-term care, Medicare Supplement, student blanket, dental-only, vision-only, prescription drug benefits, disability income, specified disease, or similar supplementary benefits; coverage issued as a supplement to liability insurance; worker's compensation or similar insurance; automobile medical payment insurance; short term limited duration insurance; or coverage under the Federal Employees Health Benefits Program.

Section 2043.30 Accident and Health Expense Reports

- a) All carriers providing a group or individual policy of major medical insurance shall prepare and provide to the Department a semi-annual report in accordance with Exhibit A of this Part.
- b) The semi-annual reports shall be filed on or before February 1 for the preceding 6-month period ending December 31, and on or before July 31 for the preceding 6-month period ending June 30.
- c) All reports shall be completed and filed in an electronic format prescribed by the Director.
- d) The Department shall make all reports publicly available on the Department's website or such other media as appropriate in a form useful for consumers.

Section 2043.40 Copies of Medical Loss Ratio Reports

All carriers shall provide to the Department a copy of the reports required under section 2718 of the Public Health Service Act (42 USC 300gg), as added by section 1001 of the federal Patient Protection and Affordable Care Act (P.L. 111-148).

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

Section 2043.APPENDIX A A&H Expense Report – Data Table and Instructions

A&H EXPENSE REPORT

NAIC Company Code _____

For Period from _____ through _____

<u>PART I – PREMIUMS</u>							
EARNED PREMIUM	ALL A&H	MAJOR MEDICAL BUSINESS					
		INDIVIDUALLY UNDERWRITTEN	GROUP 2-25	GROUP 26-50	GROUP 51+		
1) DIRECT							
2) REINSURANCE ASSUMED							
3) REINSURANCE CEDED							
4) NET OF REINSURANCE							

<u>PART II – CLAIMS</u>							
INCURRED CLAIMS							
1) CLAIMS PAID DURING PERIOD							
1.1 DIRECT							
1.2 REINSURANCE ASSUMED							
1.3 REINSURANCE CEDED							
1.4 NET							
2) LIABILITY – END CURRENT PERIOD							
2.1 DIRECT							
2.2 REINSURANCE							

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

ASSUMED							
	ALL A&H	MAJOR MEDICAL BUSINESS					
		INDIVIDUALLY UNDERWRITTEN	GROUP 2-25	GROUP 26-50	GROUP 51+		
2.3 REINSURANCE CEDED							
2.4 NET							
3) AMOUNTS RECOVERABLE – REINSURANCE END OF CURRENT PERIOD							
4) LIABILITY – END OF PRIOR PERIOD							
4.1 DIRECT							
4.2 REINSURANCE ASSUMED							
4.3 REINSURANCE CEDED							
4.4 NET							
5) AMOUNTS RECOVERABLE – REINSURANCE END OF PRIOR PERIOD							
6) INCURRED CLAIMS							
6.1 DIRECT							
6.2 REINSURANCE ASSUMED							
6.3 REINSURANCE CEDED							
6.4 NET							

PART III – COSTS RELATED TO CLAIMS

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

	ALL A&H	MAJOR MEDICAL BUSINESS			
		INDIVIDUALLY UNDERWRITTEN	GROUP 2-25	GROUP 26-50	GROUP 51+
1) CASE MANAGEMENT PROGRAMS					
2) WELLNESS / HEALTH EDUCATION					
3) FRAUD PREVENTION					
4) MAINTAINING PROVIDER NETWORKS					
5) PERSONAL ELECTRONIC HEALTH RECORD TECHNOLOGY					
6) UTILIZATION REVIEW & MANAGEMENT					

PART IV – MARKETING AND GENERAL ADMINISTRATIVE COSTS

1) COMMISSIONS					
2) MARKETING – NON- COMMISSION					
3) ALL OTHER ADMIN. EXPENSES					

PART V – STATE FEES AND FEDERAL AND STATE TAXES

	ALL A&H	MAJOR MEDICAL BUSINESS			
		INDIVIDUALLY UNDERWRITTEN	GROUP 2-25	GROUP 26-50	GROUP 51+
1) CHIP					

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

ASSESSMENT							
2) GUARANTY FUND ASSESSMENT							
3) REGULATORY COMPLIANCE							
A) FORM AND RATE FILINGS							
B) LICENSURE							
C) MARKET CONDUCT EXAMS							
D) FINANCIAL REPORTS							
4) PREMIUM TAX							
5) STATE CORPORATE INCOME TAX							
6) FEDERAL CORPORATE INCOME TAX							

<u>PART VI – INCURRED BUT NOT REPORTED CLAIMS</u>							
1) INCURRED [MM/DD/YYYY] THROUGH [MM/DD/YYYY] BUT NOT REPORTED							

Column Definitions for A&H Expense Report

Accident and Health Insurance (A&H): All contracts issued pursuant to Section 4, Class 1b or Class 2a of the Illinois Insurance Code and reported in the Accident and Health Experience Exhibit.

Major Medical Business: An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, medical and associated expenses.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

Major Medical Business does not include: hospital indemnity; accidental death and dismemberment; credit accident and health; short-term accident and health; accident-only, long-term care, Medicare Supplement, student blanket, dental-only, vision-only, prescription drug benefits, disability income, specified disease, or similar supplementary benefits; coverage issued as a supplement to liability insurance; worker's compensation or similar insurance; automobile medical payment insurance; short-term limited duration insurance; or coverage under the Federal Employees Health Benefits Program.

Individually Underwritten: Coverage that is individually underwritten and individually rated, whether that coverage is provided under a policy, contract, or evidence of coverage.

Group: Coverage issued in this State through single employer groups, excluding: multiple employer associations and trusts, non-employer based association trusts, and discretionary trusts. Specifically excluded are blanket and franchise accident and sickness insurance, and insurance for any group that includes members other than employees, such as an association that has both employees of participating members and also individuals as members.

Group Size: Determined by number of employees, as defined in the Illinois Health Insurance Portability and Accountability Act [215 ILCS 97].

Instructions for Lines**Part I:**

Line 4) Net of Reinsurance amounts: $\text{Line 4} = \text{Line 1} + \text{Line 2} - \text{Line 3}$

Part II:

Lines 1.4, 2.4, 4.4, 6.4) Net amounts: $\text{Line X.4} = \text{Line X.1} + \text{Line X.2} - \text{Line X.3}$

Line 3) Current Period: The six month period of time prior to current reporting date

Line 5) Prior Period: The six month period of time prior to previous reporting date

Part III:

Definitions of Lines 1, 2, 3, 4, and 6 are consistent with SSAP 55 and SSAP 85.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

Part VI:

Line 1): IBNR calculation applies only to the 12 months prior to the current reporting date.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Hospital Licensing Requirements
- 2) Code Citation: 77 Ill. Adm. Code 250
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
250.240	Amend
250.245	New
- 4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- 5) A Complete Description of the Subjects and Issues Involved: The Hospital Licensing Requirements establish minimum requirements for the care and treatment of hospital patients, including the requirements for admission and discharge. In 2010, the General Assembly passed PA 96-1372, which consisted mainly of a comprehensive overhaul of the Nursing Home Care Act [210 ILCS 45]. PA 96-1372 also amended the Hospital Licensing Act [210 ILCS 85] to add new requirements for hospital patients who are transferred to a long-term care facility regulated under the NHCA. Specifically, the amendments require hospitals to perform name-based criminal history background checks for patients prior to their transfer to a long-term care facility. The amendments also authorize the Department to fine hospitals for failure to comply with PA 96-1372. This rulemaking implements the provisions of PA 96-1372 that pertain to hospitals.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 11) Statement of Statewide Policy Objectives: This rulemaking may create a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson St., 5th Floor
Springfield, Illinois 62761

217/782-2043
e-mail: dph.rules@illinois.gov
- 13) Initial Regulatory Flexibility Analysis:
 - A) Type of small businesses, small municipalities and not-for-profit corporations affected: Hospitals
 - B) Reporting, bookkeeping or other procedures required for compliance: Yes
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2010

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250

HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

Section

250.110	Application for and Issuance of Permit to Establish a Hospital
250.120	Application for and Issuance of a License to Operate a Hospital
250.130	Administration by the Department
250.140	Hearings
250.150	Definitions
250.160	Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION AND PLANNING

Section

250.210	The Governing Board
250.220	Accounting
250.230	Planning
250.240	Admission and Discharge
<u>250.245</u>	<u>Failure to Initiate Criminal Background Checks</u>
250.250	Visiting Rules
250.260	Patients' Rights
250.265	Language Assistance Services
250.270	Manuals of Procedure
250.280	Agreement with Designated Organ Procurement Agencies
250.285	Smoking Restrictions
250.290	Safety Alert Notifications

SUBPART C: THE MEDICAL STAFF

Section

250.310	Organization
250.315	House Staff Members
250.320	Admission and Supervision of Patients

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 250.330 Orders for Medications and Treatments
- 250.340 Availability for Emergencies

SUBPART D: PERSONNEL SERVICE

- Section
- 250.410 Organization
- 250.420 Personnel Records
- 250.430 Duty Assignments
- 250.435 Health Care Worker Background Check
- 250.440 Education Programs
- 250.450 Personnel Health Requirements
- 250.460 Benefits

SUBPART E: LABORATORY

- Section
- 250.510 Laboratory Services
- 250.520 Blood and Blood Components
- 250.525 Designated Blood Donor Program
- 250.530 Proficiency Survey Program (Repealed)
- 250.540 Laboratory Personnel (Repealed)
- 250.550 Western Blot Assay Testing Procedures (Repealed)

SUBPART F: RADIOLOGICAL SERVICES

- Section
- 250.610 General Diagnostic Procedures and Treatments
- 250.620 Radioactive Isotopes
- 250.630 General Policies and Procedures Manual

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

- Section
- 250.710 Classification of Emergency Services
- 250.720 General Requirements
- 250.725 Notification of Emergency Personnel
- 250.730 Community or Areawide Planning
- 250.740 Disaster and Mass Casualty Program

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

250.750 Emergency Services for Sexual Assault Victims

SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

Section

250.810 Applicability of Other Parts of These Requirements
250.820 General
250.830 Classifications of Restorative and Rehabilitation Services
250.840 General Requirements for all Classifications
250.850 Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860 Medical Direction
250.870 Nursing Care
250.880 Additional Allied Health Services
250.890 Animal-Assisted Therapy

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section

250.910 Nursing Services
250.920 Organizational Plan
250.930 Role in hospital planning
250.940 Job descriptions
250.950 Nursing committees
250.960 Specialized nursing services
250.970 Nursing Care Plans
250.980 Nursing Records and Reports
250.990 Unusual Incidents
250.1000 Meetings
250.1010 Education Programs
250.1020 Licensure
250.1030 Policies and Procedures
250.1035 Domestic Violence Standards
250.1040 Patient Care Units
250.1050 Equipment for Bedside Care
250.1060 Drug Services on Patient Unit
250.1070 Care of Patients
250.1075 Use of Restraints
250.1080 Admission Procedures Affecting Care
250.1090 Sterilization and Processing of Supplies

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 250.1100 Infection Control
- 250.1110 Mandatory Overtime Prohibition
- 250.1120 Staffing Levels
- 250.1130 Nurse Staffing by Patient Acuity

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section

- 250.1210 Surgery
- 250.1220 Surgery Staff
- 250.1230 Policies & Procedures
- 250.1240 Surgical Privileges
- 250.1250 Surgical Emergency Care
- 250.1260 Operating Room Register and Records
- 250.1270 Surgical Patients
- 250.1280 Equipment
- 250.1290 Safety
- 250.1300 Operating Room
- 250.1305 Visitors in Operating Room
- 250.1310 Cleaning of Operating Room
- 250.1320 Postanesthesia Care Units

SUBPART K: ANESTHESIA SERVICES

Section

- 250.1410 Anesthesia Service

SUBPART L: RECORDS AND REPORTS

Section

- 250.1510 Medical Records
- 250.1520 Reports

SUBPART M: FOOD SERVICE

Section

- 250.1610 Dietary Department Administration
- 250.1620 Facilities
- 250.1630 Menus and Nutritional Adequacy

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

250.1640	Diet Orders
250.1650	Frequency of Meals
250.1660	Therapeutic (Modified) Diets
250.1670	Food Preparation and Service
250.1680	Sanitation

SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

Section

250.1710	Housekeeping
250.1720	Garbage, Refuse and Solid Waste Handling and Disposal
250.1730	Insect and Rodent Control
250.1740	Laundry Service
250.1750	Soiled Linen
250.1760	Clean Linen

SUBPART O: MATERNITY AND NEONATAL SERVICE

Section

250.1810	Applicability of other Parts of these regulations
250.1820	Maternity and Neonatal Service (Perinatal Service)
250.1830	General Requirements for All Maternity Departments
250.1840	Discharge of Newborn Infants from Hospital
250.1850	Rooming-In Care of Mother and Infant
250.1860	Special Programs
250.1870	Single Room Maternity Care

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

Section

250.1910	Maintenance
250.1920	Emergency electric service
250.1930	Water Supply
250.1940	Ventilation, Heating, Air Conditioning, and Air Changing Systems
250.1950	Grounds and Buildings Shall be Maintained
250.1960	Sewage, Garbage, Solid Waste Handling and Disposal
250.1970	Plumbing

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

250.1980 Fire and Safety

SUBPART Q: CHRONIC DISEASE HOSPITALS

Section

250.2010 Definition
250.2020 Requirements

SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

Section

250.2110 Service Requirements
250.2120 Personnel Required
250.2130 Facilities for Services
250.2140 Pharmacy and Therapeutics Committee

SUBPART S: PSYCHIATRIC SERVICES

Section

250.2210 Applicability of other Parts of these Regulations
250.2220 Establishment of a Psychiatric Service
250.2230 The Medical Staff
250.2240 Nursing Service
250.2250 Allied Health Personnel
250.2260 Staff and Personnel Development and Training
250.2270 Admission, Transfer and Discharge Procedures
250.2280 Care of Patients
250.2290 Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
250.2300 Diagnostic, Treatment and Physical Facilities and Services

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

Section

250.2410 Applicability of these Standards
250.2420 Submission of Plans for New Construction, Alterations or Additions to Existing Facility
250.2430 Preparation of Drawings and Specifications – Submission Requirements
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SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

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250.2810	Applicability of Other Parts of These Requirements
250.2820	Establishment of an Alcoholism and Intoxication Treatment Service
250.2830	Classification and Definitions of Service and Programs
250.2840	General Requirements for all Hospital Alcoholism Program Classifications
250.2850	The Medical and Professional Staff
250.2860	Medical Records
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250.APPENDIX A	Codes and Standards (Repealed)
250.EXHIBIT A	Codes (Repealed)
250.EXHIBIT B	Standards (Repealed)
250.EXHIBIT C	Addresses of Sources (Repealed)
250.ILLUSTRATION A	Seismic Zone Map
250.TABLE A	Measurements Essential for Level I, II, III Hospitals
250.TABLE B	Sound Transmission Limitations in General Hospitals
250.TABLE C	Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)
250.TABLE D	General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E	Piping Locations for Oxygen, Vacuum and Medical Compressed Air
250.TABLE F	General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G	Insulation/Building Perimeter

AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390,

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effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011; amended at 35 Ill. Reg. _____, effective March 31, 2011; amended at 35 Ill. Reg. _____, effective _____.

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.240 Admission and Discharge

- a) Principle
The hospital shall have written policies for the admission, discharge, and referral of all patients who present themselves for care. Procedures shall assure appropriate utilization of hospital resources, such as preadmission testing, ambulatory care programs, and short-term procedure units.
- b) Access
 - 1) All persons shall be admitted to the hospital, whether as inpatients or outpatients, by a member of the medical staff with admitting privileges, and shall be under the professional care of a member of the medical staff.

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- 2) Insofar as possible, the hospital shall assign patients to accommodations with regard to gender, age, and medical requirement.
 - 3) The hospital shall provide basic and effective care to each patient. No person seeking necessary medical care from the hospital shall be denied such care for reasons not based on sound medical practice or the hospital's charter, and, particularly, no such person shall be denied such care on account of race, creed, color, religion, gender, or sexual preference.
 - 4) When the hospital does not provide the services required by a patient or a person seeking necessary medical care, an appropriate referral shall be made.
- c) Required Testing for All Admissions
- 1) The laboratory examinations required on all admissions shall be determined by the medical staff and shall be consistent with the scope and nature of the hospital. The required list or lists of tests shall be in written form and shall be available to all members of the medical staff. The required examinations shall be consistent with the requirements of this subsection (c) ~~of this Section~~.
 - 2) Uterine Cytologic Examination for Cancer
 - A) *Every hospital shall offer a uterine cytologic examination for cancer to every female inpatient 20 years of age or over, unless one of the following conditions exists:*
 - i) *The examination is considered contra-indicated by the attending physician ~~considers the test to be contraindicated~~; or*
 - ii) *The patient has had a uterine cytologic examination for cancer performed within the previous year prior to the admission to the hospital.*
 - B) *Every woman for whom the test is applicable shall have the right to refuse such test on the counsel of the attending physician or on her own judgment.*

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- C) Patient records for all female inpatients 20 years of age or older shall indicate one of the following:
- i) *The results of the test;*
 - ii) The reasons that the test offer requirement was *not applicable* as provided under subsection (c)(2)(A) ~~of this Section~~; or
 - iii) A statement that *it was refused by the patient* ~~the patient refused the test~~. (Section 2310-540 of the Civil Administrative Code [20 ILCS 2310/2310-540]).
- 3) Testing for Infection with Human Immunodeficiency Virus (HIV)
- A) ~~The~~ *Upon the request of any patient, the* hospital shall offer testing for infection with human immunodeficiency virus *(HIV) to patients upon request* ~~(HIV) to that patient~~.
 - B) The hospital shall ensure that *pre-test and post-test counseling* is provided to the patient in accordance with the provisions of the AIDS Confidentiality Act [210 ILCS 115/20] and the ~~Department's rules titled~~ AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697).
 - C) Testing that is performed under *the Act and this Part* ~~this requirement~~ shall be subject to the provisions of the AIDS Confidentiality Act and the AIDS Confidentiality and Testing Code. (Section 6.10 of the Act)
- d) Discharge Notification
- 1) The hospital shall develop a discharge plan of care for all patients who present themselves to the hospital for care.
 - 2) The discharge plan shall be based on an assessment of the patient's needs by various disciplines responsible for the patient's care.

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- 3) When a patient is discharged to another level of care, the hospital shall ensure that the patient is being transferred to a facility that is capable of meeting the patient's assessed needs.
 - 4) Whenever a patient who qualifies for the federal Medicare program is hospitalized, the patient shall be notified of discharge at least 24 hours prior to discharge from the hospital, each patient who qualifies for the federal Medicare program shall be notified of the discharge. The notification shall be provided by, or at the direction of, a physician with medical staff privileges at the hospital or any appropriate medical staff member a member of the hospital's medical staff. The notification shall include:
 - A) The anticipated date and time of discharge.
 - B) *Written information concerning the patient's right to appeal the discharge pursuant to the federal Medicare program, including the steps to follow to appeal the discharge and the appropriate telephone number to call if the patient intends to appeal the discharge. This written information does not need to be included in the notification, if it has already been provided to the patient. (Section 6.09 of the Act)*
 - 5) Every~~The~~ hospital shall develop~~develop~~ and implement policies and procedures to provide the discharge notice~~notification~~ required in subsection (d)(4)~~of this Section~~. The policies and procedures may also include~~provide for~~ waiver of the notification requirement in either or both of the following cases:
 - A) When~~When~~ a discharge notice is not feasible due to a short length of stay in the hospital by the patient. The hospital policy shall specify the length of stay when discharge notification will not be considered feasible.
 - B) When~~When~~ the patient voluntarily desires to leave the hospital before the expiration of the 24 hour period. (Section 6.09 of the Act)
- e) Background Checks for Patients Transferring to a Long-Term Care Facility

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- 1) *Before transfer of a patient to a long term care facility licensed under the Nursing Home Care Act [210 ILCS 45] where elderly persons reside, a hospital shall as soon as practicable initiate a name-based criminal history background check by electronic submission to the Department of State Police for all persons between the ages of 18 and 70 years; provided, however, that a hospital shall be required to initiate such a background check only with respect to patients who:*
 - A) *are transferring to a long term care facility for the first time;*
 - B) *have been in the hospital more than 5 days;*
 - C) *are reasonably expected to remain at the long term care facility for more than 30 days;*
 - D) *have a known history of serious mental illness or substance abuse; and*
 - E) *are independently ambulatory or mobile for more than a temporary period of time.*
- 2) *A hospital may also request a criminal history background check for a patient who does not meet any of the criteria set forth in subsections (e)(1)(A) through (E).*
- 3) *A hospital shall notify a long term care facility if the hospital has initiated a criminal history background check on a patient being discharged to that facility. In all circumstances in which the hospital is required by this subsection (e) to initiate the criminal history background check, the transfer to the long term care facility may proceed regardless of the availability of criminal history results.*
- 4) *Upon receipt of the results, the hospital shall promptly forward the results to the appropriate long term care facility. If the results of the background check are inconclusive, the hospital shall have no additional duty or obligation to seek additional information from, or about, the patient. (Section 6.09(d) of the Act)*

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(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 250.245 Failure to Initiate Criminal Background Checks

The Department may impose fines on hospitals, not to exceed \$500 per occurrence, for failing to initiate a criminal background check on a patient that meets the criteria for hospital-initiated background checks. In assessing whether to impose such a fine, the Department shall consider various factors including, but not limited to, whether the hospital has engaged in a pattern or practice of failing to initiate criminal background checks. Money from fines will be deposited into the Long Term Care Provider Fund. (Section 7(a) of the Act)

(Source: Added at 35 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Emergency Medical Services and Trauma Center Code
- 2) Code Citation: 77 Ill. Adm. Code 515
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
515.160	Amend
515.460	New
515.530	Amend
515.640	New
515.800	Amend
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) A Complete Description of the Subjects and Issues Involved: The rules in Part 515 set forth requirements for EMS Systems, including emergency medical technician (EMT) and vehicle service provider licensure. The rules are being amended to implement PA 96-1469, which amended several provisions in the Emergency Medical Services (EMS) Systems Act (Act). Other changes clarify existing requirements.

PA 96-1469 amended Section 3.130 of the Act to clarify that plans of correction apply only to violations of the Act regarding facilities, systems, and equipment. Section 515.160 is being amended to reflect this change.

PA 96-1469 authorized the Department to assess fees for licensing and renewal of licensing of emergency medical technicians, in addition to the existing fees for examinations. Section 515.460 is being added and Section 515.530 is being amended to implement this statutory change.

PA 96-1149 allows an Illinois licensed emergency medical technician whose license has expired for less than 36 months to apply to the Department for reinstatement of the license. Section 515.640 is being added to implement this provision.

PA 96-1149 clarified that the Department may set a fee for licensure of each EMS transport vehicle. The fee in the existing rule was \$500 for 20 or more vehicles. Each vehicle will still pay \$25 per vehicle for a new license or renewal of licensure, but the cap has increased to \$2500 for 100 or more vehicles. The amendment to Section 515.800 increases this cap to help pay for the cost of Department staff and postage for licensing these vehicles and so that these costs are not being taken from General Revenue Funds.

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The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

217/782-2043
e-mail: dph.rules@illinois.gov
- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None

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- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2010 and January 2011

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETYPART 515
EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

SUBPART A: GENERAL

Section	
515.100	Definitions
515.125	Incorporated and Referenced Materials
515.150	Waiver Provisions
515.160	Facility, System and Equipment Violations, Hearings and Fines
515.170	Employer Responsibility

SUBPART B: EMS REGIONS

Section	
515.200	Emergency Medical Services Regions
515.210	EMS Regional Plan Development
515.220	EMS Regional Plan Content
515.230	Resolution of Disputes Concerning the EMS Regional Plan
515.240	Bioterrorism Grants

SUBPART C: EMS SYSTEMS

Section	
515.300	Approval of New EMS Systems
515.310	Approval and Renewal of EMS Systems
515.315	Bypass Status Review
515.320	Scope of EMS Service
515.330	EMS System Program Plan
515.340	EMS Medical Director's Course
515.350	Data Collection and Submission
515.360	Approval of Additional Drugs and Equipment
515.370	Automated Defibrillation (Repealed)
515.380	Do Not Resuscitate (DNR) Policy
515.390	Minimum Standards for Continuing Operation
515.400	General Communications

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515.410	EMS System Communications
515.420	System Participation Suspensions
515.430	Suspension, Revocation and Denial of Licensure of EMTs
515.440	State Emergency Medical Services Disciplinary Review Board
515.445	Pediatric Care
515.450	Complaints
<u>515.460</u>	<u>Fees</u>

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section	
515.500	Emergency Medical Technician-Basic Training
515.510	Emergency Medical Technician-Intermediate Training
515.520	Emergency Medical Technician-Paramedic Training
<u>515.530</u>	<u>EMT Testing and Fees</u>
515.540	EMT Licensure
515.550	Scope of Practice – Licensed EMT
515.560	EMT-B Continuing Education
515.570	EMT-I Continuing Education
515.580	EMT-P Continuing Education
515.590	EMT License Renewals
515.600	EMT Inactive Status
515.610	EMT Reciprocity
515.620	Felony Convictions
<u>515.640</u>	<u>Reinstatement</u>

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section	
515.700	EMS Lead Instructor
515.710	Emergency Medical Dispatcher
515.720	First Responder
515.725	First Responder – AED
515.730	Pre-Hospital Registered Nurse
515.740	Emergency Communications Registered Nurse
515.750	Trauma Nurse Specialist
515.760	Trauma Nurse Specialist Program Plan

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SUBPART F: VEHICLE SERVICE PROVIDERS

Section	
515.800	Vehicle Service Provider Licensure
515.810	EMS Vehicle System Participation
515.820	Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
515.825	Alternate Response Vehicle
515.830	Ambulance Licensing Requirements

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY
MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section	
515.900	Licensure of SEMSV Programs – General
515.910	Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
515.920	SEMSV Program Licensure Requirements for All Vehicles
515.930	Helicopter and Fixed-Wing Aircraft Requirements
515.935	EMS Pilot Specifications
515.940	Aeromedical Crew Member Training Requirements
515.945	Aircraft Vehicle Specifications and Operation
515.950	Aircraft Medical Equipment and Drugs
515.955	Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs
515.960	Aircraft Communications and Dispatch Center
515.965	Watercraft Requirements
515.970	Watercraft Vehicle Specifications and Operation
515.975	Watercraft Medical Equipment and Drugs
515.980	Watercraft Communications and Dispatch Center
515.985	Off-Road SEMSV Requirements
515.990	Off-Road Vehicle Specifications and Operation
515.995	Off-Road Medical Equipment and Drugs
515.1000	Off-Road Communications and Dispatch Center

SUBPART H: TRAUMA CENTERS

Section	
515.2000	Trauma Center Designation
515.2010	Denial of Application for Designation or Request for Renewal

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515.2020	Inspection and Revocation of Designation
515.2030	Level I Trauma Center Designation Criteria
515.2035	Level I Pediatric Trauma Center
515.2040	Level II Trauma Center Designation Criteria
515.2045	Level II Pediatric Trauma Center
515.2050	Trauma Center Uniform Reporting Requirements
515.2060	Trauma Patient Evaluation and Transfer
515.2070	Trauma Center Designation Delegation to Local Health Departments
515.2080	Trauma Center Confidentiality and Immunity
515.2090	Trauma Center Fund
515.2100	Pediatric Care (Renumbered)
515.2200	Suspension Policy for Trauma Nurse Specialist Certification

SUBPART I: EMS ASSISTANCE FUND

Section

515.3000	EMS Assistance Fund Administration
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SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section

515.4000	Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)
515.4010	Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)

515.APPENDIX A	A Request for Designation (RFD) Trauma Center
515.APPENDIX B	A Request for Renewal of Trauma Center Designation
515.APPENDIX C	Minimum Trauma Field Triage Criteria
515.APPENDIX D	Standing Medical Orders
515.APPENDIX E	Minimum Prescribed Data Elements
515.APPENDIX F	Template for In-House Triage for Trauma Centers
515.APPENDIX G	Credentials of General/Trauma Surgeons Level I and Level II
515.APPENDIX H	Credentials of Emergency Department Physicians Level I and Level II
515.APPENDIX I	Credentials of General/Trauma Surgeons Level I and Level II Pediatric Trauma Centers
515.APPENDIX J	Credentials of Emergency Department Physicians Level I and Level II Pediatric Trauma Centers

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- 515.APPENDIX K Application for Facility Recognition for Emergency Department with Pediatrics Capabilities
- 515.APPENDIX L Pediatric Equipment Recommendations for Emergency Departments
- 515.APPENDIX M Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL

Section 515.160 Facility, System and Equipment Violations, Hearings and Fines

- a) *Except for emergency suspension orders, or actions initiated pursuant to Section 3.90(b)(10) of the Act, prior to initiating an action for suspension, revocations, denial, nonrenewal, or imposition of a fine, for facility, system and equipment violations, the Department shall:*
- 1) *Issue a Notice of Violation which specifies the Department's allegations of noncompliance and requests a plan of correction to be submitted within 10 days after receipt of the Notice of Violation;*

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- 2) *Review and approve or reject the plan of correction. If the Department rejects the plan of correction, it shall send notice of the rejection and the reason for the rejection. The party shall have 10 days after receipt of the notice of rejection in which to submit a modified plan;*
- 3) *Impose a plan of correction if a modified plan is not submitted in a timely manner or if the modified plan is rejected by the Department;*
- 4) *Issue a Notice of Intent to fine, suspend, revoke, nonrenew or deny if the party has failed to comply with the imposed plan of correction, and provide the party with an opportunity to request an administrative hearing. The Notice of Intent shall be effected by certified mail or by personal service, shall set forth the particular reasons for the proposed action, and shall provide the party with 15 days in which to request a hearing. (Section 3.130 of the Act)*
- b) *Administrative hearings shall be conducted by the Director or his /her designee. On the basis of any such hearing, or upon default of the Respondent, the Director shall issue a Final Order specifying his findings, conclusions and decision. A copy of the Final Order shall be sent to the Respondent by certified mail or served personally upon the Respondent. (Section 3.135 of the Act)*
- c) *The procedure governing hearings authorized by the Act shall be in accordance with the Department's rules governing administrative hearings (77 Ill. Adm. Code 100). (Section 3.135 of the Act)*
- d) *The Department shall have the authority to impose fines on any licensed vehicle service provider, designated trauma center, resource hospital, associate hospital or participating hospital. (Section 3.140(a) of the Act)*
- e) In determining the amount of a fine, the Director shall consider the following factors:
 - 1) The severity of the actual or potential harm to an individual or the public;
 - 2) The numbers and types of protocols, standards, rules or Sections of the Act that were violated in the course of creating the condition or occurrence at issue;

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- 3) The reasonable diligence exercised by the facility, pre-hospital care provider or System participant to avoid the ~~violations~~violation(s) or to reduce the potential harm to individuals~~;~~-
 - 4) Efforts by the facility, pre-hospital care provider or System participant to correct the ~~violations~~violation(s)~~;~~-
 - 5) Any previous ~~violations~~violation(s) of a like or similar nature by the facility, pre-hospital care provider or System participant~~;~~-
 - 6) Any financial benefit to the facility, pre-hospital care provider or System participant of continuing the ~~violations; and~~violation(s)~~;~~-
 - 7) The cooperation or lack of cooperation with the Department's investigation.
- f) *A fine not exceeding \$10,000 shall be issued for a violation which created a condition or occurrence presenting a substantial probability that death or serious harm to an individual will or did result therefrom. (Section 3.140(b)(1) of the Act)*
- g) *A fine not exceeding \$5,000 shall be issued for a violation which creates or created a condition or occurrence which threatens the health, safety or welfare of an individual. (Section 3.140(b)(2) of the Act)*
- h) *A Notice of Intent to Impose Fine may be issued in conjunction with or in lieu of a Notice of Intent to Suspend, Revoke, Nonrenew or Deny, and shall (Section 3.140(c) of the Act) include:*
- 1) A description of the ~~violation or violations~~violation(s) for which the fine is being imposed~~;~~-
 - 2) A citation to the Sections of the Act, rules, protocols or standards alleged to have been violated~~;~~-
 - 3) The amount of the fine; ~~and~~-
 - 4) The opportunity to request an administrative hearing prior to imposition of the fine, provided ~~that the~~such request for a hearing is made within 15

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days after receipt of the notice.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART C: EMS SYSTEMS

Section 515.460 Fees

a) The following fees shall be submitted to the Department at the time of application for examination, initial licensure or certification, licensure or certification renewal, duplicate license, or reciprocity:

1) EMT-B licensure: \$45

2) EMT-B renewal: \$20

3) EMT-B examination: \$20

4) EMT-I licensure: \$45

5) EMT-I renewal: \$30

6) EMT-I examination: \$30

7) EMT-P licensure: \$60

8) EMT-P renewal: \$40

9) EMT-P examination: \$40

10) Trauma Nurse Specialist licensure: \$50

11) Trauma Nurse Specialist renewal: \$25

12) Trauma Nurse Specialist examination: \$25

13) Emergency Communications Registered Nurse licensure: \$55

14) Emergency Communications Registered Nurse renewal: \$20

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- 15) Emergency Medical Dispatcher licensure: \$30
 - 16) Emergency Medical Dispatcher renewal: \$20
 - 17) Pre-Hospital RN licensure: \$30
 - 18) Pre-Hospital RN renewal: \$20
 - 19) Lead Instructor licensure: \$40
 - 20) Lead Instructor renewal: \$20
 - 21) First Responder licensure: \$55
 - 22) First Responder renewal: \$20
 - 23) Duplicate license: \$10
 - 24) Reciprocity: \$50
 - 25) Fees for reinstatement of a license or certification will be equal to the amount of the initial license or certification fee.
- b) *A First Responder or an EMT who exclusively serves as a volunteer for units of local government or, in the case of a First Responder, a not-for-profit organization that serves a service area with a population base of less than 5,000 may submit an application to the Department for a waiver of these fees on a form prescribed by the Department. (Section 3.60(b)(7) of the Act)*
- c) Fees shall be paid by certified check or money order made payable to the Department. Personal checks or cash will not be accepted.
- d) If a candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.
- e) All fees submitted for licensure examinations are not refundable.

(Source: Added at 35 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

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SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section 515.530 EMT Testing ~~and Fees~~

- a) All EMT-B candidates shall hold a high school diploma or high school equivalency certificate and be 18 years of age or older to be tested for licensure.
- b) After completion of an approved training program, candidates shall take a written examination. EMT-B and EMT-P candidates shall have the choice of taking either the National Registry of Emergency Medical Technicians examination or the Department's examination. The Department's examination is based on the United States Department of Transportation National Standard Curriculum and is equivalent to the National Registry Examination.
- c) The Department or its designee shall administer the State written examination for EMT-B and EMT-P licensure and for EMT-I licensure when the State examination is available. Candidates who elect to take the National Registry of Emergency Medical Technicians examination in lieu of the State examination shall be responsible for making their own arrangements with the National Registry.
- d) A failure rate per class of 25 percent or greater on the licensure examination shall require that the particular training program be reevaluated by the Department at least 60 days before the start of the next class.
- e) The candidate shall retake the training program if he/she fails to achieve a passing grade on two successive examinations within 12 months after sitting for the examination for the first time.
- f) When a candidate elects to take the State examination or the National Registry's examination, the candidate ~~shall~~**must** pass that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.
- ~~g) A candidate making application for the Department's written examination for licensure shall include a certified check or money order made payable to the Department (personal checks or cash will not be accepted) for:~~

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- 1) ~~EMT-B examination—\$20;~~
 - 2) ~~EMT-I examination—\$30 (for State examination only); or~~
 - 3) ~~EMT-P examination—\$40.~~
- ~~g)h) Failure to appear for the examination on the scheduled date, at the time and place specified, shall result in the forfeiture of the examination fee.~~
- ~~i) If a candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.~~
- ~~j) All fees submitted for licensure examinations are not refundable.~~
- ~~k) Fees paid to the Department for testing shall be returned to the Resource Hospital serving the System in which the candidate trained.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

Section 515.640 Reinstatement

- a) An Illinois licensed Emergency Medical Technician or Paramedic whose license has been expired for less than 36 consecutive months may apply for reinstatement by the Department. (Section 3.50(d)(5) of the Act)
- b) Reinstatement shall require the following:
 - 1) The applicant shall submit satisfactory proof of completion of continuing medical education and clinical requirements in accordance with the following:
 - A) Continuing education in accordance with Sections 515.560, 515.570 and 515.580.
 - B) EMT training in accordance with Section 515.500, 515.510 or 515.520.
 - 2) The applicant shall submit a positive recommendation in writing from an EMS Medical Director attesting to the applicant's clinical qualifications

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for retesting. The EMS Medical Director shall verify that the applicant has demonstrated competency of all skills at the level of EMT license sought to be reinstated.

- 3) The applicant shall pass a Department-approved test for the level of EMT license sought to be reinstated, in accordance with Section 515.530. (Section 3.50(d)(5) of the Act)

(Source: Added at 35 Ill. Reg. _____, effective _____)

SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.800 Vehicle Service Provider Licensure

- a) An application for a Vehicle Service Provider license shall be submitted on a form prescribed by the Department. The application shall include, but not be limited to, licensee name, address and telephone number; and, for each vehicle to be covered by the license, make, model, year, identification number, State vehicle license number and level of service (BLS, ILS or ALS).
- b) The application shall be accompanied by a fee of \$25 for each vehicle included in the license application up to ~~10020~~ vehicles. A fee of ~~\$2500~~~~\$500~~ shall be submitted for applications with ~~10020~~ or more vehicles.
- c) An application for license renewal shall be submitted to the Department in accordance with subsections (a) and (b) ~~of this Section~~ at least 60 days but no more than 90 days prior to license expiration.
- d) The Department shall issue a license valid for one year if, after inspection, the Department finds that the vehicle service provider is in compliance with the Act and this Part.
- e) The Department shall have the right to make inspections and investigations as necessary to determine compliance with the Act and this Part. Pursuant to any inspection or investigation, a licensee shall allow the Department access to all records, equipment and vehicles relating to activities addressed by the Act and this Part.
- f) Each license is issued to the licensee for the vehicles identified in the application.

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The licensee shall notify the Department, in writing, within ~~10~~^{ten} days after any changes in the information on the application. Additional vehicles shall not be put in service until an application is submitted with the proper fee and an inspection is conducted. To change a vehicle's level of service, notification ~~shall~~^{must} be made in accordance with subsection (g) ~~of this Section.~~

- g) Each vehicle covered by an ambulance service provider license shall be approved by the Department to operate at a specific level of service (BLS, ILS or ALS). To change the level of service for a specific vehicle:
- 1) The licensee shall submit a written request to the EMS Medical Director.
 - 2) The EMS Medical Director shall submit a copy of that request to the Department, along with written verification that the licensee meets the equipment and staffing requirements of this Part and the EMS System Plan for the requested level of ~~services~~^{services}.
 - 3) The Department ~~will~~^{shall} then amend the provider license and vehicle certificate to reflect the new level of service.
- h) *All Vehicle Service Providers shall function within an EMS System. (Section 3.85(b)(1) of the Act)*
- i) *A Vehicle Service Provider utilizing ambulances shall have a primary affiliation with an EMS System within the EMS Region in which its Primary Service Area is located. This does not apply to Vehicle Service Providers which exclusively utilize Limited Operation Vehicles. (Section 3.85(b)(2) of the Act)*
- j) *A Vehicle Service Provider is prohibited from advertising, identifying its vehicles, or disseminating information in a false or misleading manner concerning the Provider's type and level of vehicles, location, primary service area, response times, level of personnel, licensure status or System participation. (Section 3.85(b)(10) of the Act)*

(Source: Amended at 35 Ill. Reg. _____, effective _____)

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Entries, Subscriptions, and Declarations
- 2) Code Citation: 11 Ill. Adm. Code 1413
- 3) Section Number: 1413.140 Proposed Action:
Amendment
- 4) Statutory Authority: Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking allows late owner scratches down to eight entries without a reason and permits scratches below eight entries if the stewards receive either a note from a licensed veterinarian establishing a medical excuse or if a request is received by the stewards from the Racing Secretary to fill a race. The thoroughbred stakeholders and the Board believe that this proposed rulemaking will reduce the number of scratches and increase field size.
- 6) Published studies or reports and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending in this Part? No
- 11) Statement of Statewide Policy Objectives: No local governmental units will be required to increase expenditures.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written comments should be submitted, within 45 days after this notice, to:

Mickey Ezzo
Illinois Racing Board
100 West Randolph
Suite 7-701
Chicago, Illinois 60601

ILLINOIS RACING BOARD

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312/814-5017

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Board did not anticipate the need for this rulemaking at the time the agendas were published.

The full text of the Proposed Amendment is identical to the Emergency Amendment, and can be found in this issue of the Illinois Register on page 6605.

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Rules of Practice
- 2) Code Citation: 83 Ill. Adm. Code 200
- 3) Section Number: 200.520 Adopted Action:
Amendment
- 4) Statutory Authority: Implementing and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/10-101], Section 18c-1202 of the Illinois Commercial Transportation Law [625 ILCS 5/18c-1202], Section 18a-200 of the Illinois Commercial Relocation of Trespassing Vehicles Law [625 ILCS 5/18a-200], Section 10 of the Electric Supplier Act [220 ILCS 30/10], and Section 25-101 of the Electronic Commerce Security Act [5 ILCS 175/25-101]
- 5) Effective Date of Amendment: April 1, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the Commission's Springfield office and is available for public inspection
- 9) Notice of Proposal Published in Illinois Register: April 9, 2010; 34 Ill. Reg. 4947
- 10) Has JCAR issued a Statement of Objection to this amendment? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No agreements were necessary.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendment: The Attorney General of the State of Illinois filed a rulemaking petition requesting that the Illinois Commerce Commission amend 83 Ill. Adm. Code 200.520 to clearly define the scope of the participation of hearing examiners

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NOTICE OF ADOPTED AMENDMENT

in the interlocutory review process. The amendment will limit input from the hearing examiner whose order is the subject of the interlocutory review.

- 16) Information and questions regarding this adopted amendment shall be directed to:

Conrad S. Rubinkowski
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, IL 62701

217/785-3922

The full text of the Adopted Amendment begins on the next page:

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER b: PROVISIONS APPLICABLE TO
MORE THAN ONE KIND OF UTILITY

PART 200
RULES OF PRACTICE

SUBPART A: GENERAL PROVISIONS

Section	
200.10	Procedure Governed
200.20	Construction of This Part
200.25	Standards for Discretion
200.30	Deviation from This Part
200.40	Definitions
200.50	Office
200.60	Open Meetings
200.70	Submission of Paper Documents
200.80	Computation of Time
200.90	Appearances
200.95	Class Actions Prohibited

SUBPART B: FORM, FILING AND SERVICE OF PLEADINGS

Section	
200.100	Contents of Pleadings and Documents
200.110	Forms of Pleadings and Documents
200.120	Copies of Pleadings
200.130	Signature and Verification
200.140	Amendments
200.150	Service
200.160	Informal Complaints
200.170	Formal Complaints
200.180	Answers
200.185	Satisfaction of Complaint
200.190	Motions
200.200	Intervention
200.210	Petition for Rulemaking

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200.220 Declaratory Rulings

SUBPART C: PREHEARING PROCEDURE AND DISCOVERY

Section

200.300 Prehearing Conferences
200.310 Other Prehearing Submissions
200.320 Facts Disclosed Privileged
200.330 Recordation and Order
200.335 Application of Discovery Rules Contained in Sections 200.340 through 200.430
200.340 Policy on Discovery
200.345 Discovery by Staff Witnesses
200.350 Reasonable Attempts to Resolve Differences Required
200.360 Depositions and Other Discovery Procedures
200.370 Supervision of Discovery
200.380 Subpoenas
200.390 Motion to Quash Subpoena
200.400 Service and Fees Payable
200.410 Time Limits on Discovery
200.420 Failure to Comply With a Discovery Order or a Subpoena
200.430 Protective Orders

SUBPART D: HEARING PROCEDURE

Section

200.500 Authority of Hearing Examiner
200.505 Recessing Hearing For Conference or Discussion
200.510 Disqualification of Hearing Examiner
200.520 Interlocutory Review of Hearing Examiner's Ruling
200.525 Paper Hearings
200.530 Notice, Time and Place of Hearings
200.540 Recording Appearances at Hearings
200.550 Failure to Appear or to Exercise Diligence in Proceeding
200.560 Continuances
200.570 Order of Procedure and Receiving Evidence
200.580 Transcripts
200.590 Conduct at Hearings
200.600 Consolidation and Severance
200.605 Procedure for the Identification and Treatment in Hearings of Confidential or

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	Proprietary Information or a Trade Secret
200.610	Evidence
200.615	Waiver of Cross-examination
200.620	Testimony to be Under Oath or Affirmation
200.625	Examination of Adverse Party or Agent
200.630	Stipulation of Facts
200.640	Administrative Notice
200.650	Records of Other Proceedings
200.660	Prepared Testimony
200.670	Exhibits
200.680	Objections
200.690	Offer of Proof
200.700	Record in Commission Proceedings
200.710	Ex Parte Communications

SUBPART E: POST-HEARING PROCEDURE

Section	
200.800	Briefs
200.810	Draft Orders
200.820	Hearing Examiner's Recommended or Proposed Order
200.830	Exceptions; Reply
200.840	Filing of Briefs
200.850	Oral Argument
200.860	Commission Order
200.870	Additional Hearings
200.875	Post-Record Data
200.880	Rehearing
200.890	Appeals
200.900	Reopening on Motion of the Commission

SUBPART F: ELECTRONIC FILING

Section	
200.1000	Overview of Electronic Filing
200.1010	Acceptable Formats
200.1020	e-Docket Accounts
200.1030	Control Processes
200.1040	Submission of Electronic Documents

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- 200.1045 Electronic Documents Accepted by the Commission
200.1050 Service by Electronic Means
200.1060 Electronic Documents and the Hearing Process

AUTHORITY: Implementing and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/10-101], Section 18c-1202 of the Illinois Commercial Transportation Law [625 ILCS 5/18c-1202], Section 18a-200 of the Illinois Commercial Relocation of Trespassing Vehicles Law [625 ILCS 5/18a-200], Section 10 of the Electric Supplier Act [220 ILCS 30/10], and Section 25-101 of the Electronic Commerce Security Act [5 ILCS 175/25-101].

SOURCE: Filed and effective January 15, 1960; codified at 8 Ill. Reg. 18459; old rules repealed and new Part adopted at 9 Ill. Reg. 5627, effective April 15, 1985; emergency amendments at 10 Ill. Reg. 1277, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 10481, effective May 30, 1986; amended at 18 Ill. Reg. 7748, effective May 15, 1994; amended at 20 Ill. Reg. 10607, effective August 15, 1996; emergency amendment at 24 Ill. Reg. 7903, effective May 22, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 16019, effective October 15, 2000; amended at 32 Ill. Reg. 14497, effective September 1, 2008; amended at 35 Ill. Reg. 6327, effective April 1, 2011.

SUBPART D: HEARING PROCEDURE

Section 200.520 Interlocutory Review of Hearing Examiner's Ruling

- a) Any ruling by a Hearing Examiner, including rulings of the Chief Hearing Examiner under Sections 200.510 and 200.870, may be reviewed by the Commission, but failure to seek immediate review shall not operate as a waiver of any objection to such ruling. Unless good cause is shown or unless otherwise ordered by the Hearing Examiner or the Commission, the party or Staff seeking review of the ruling shall file a petition for interlocutory review within 21 days after the date of the action that is the subject of the petition. The petition shall be filed with the Chief Clerk together with any offer of proof and shall be served upon the Hearing Examiner and upon Staff and all parties to the proceeding. Other parties and Staff may file responses within seven days of the filing of the petition. Petitions for interlocutory review of a hearing examiner ruling, and any responses and replies to the petition, shall be forwarded by the hearing examiner directly to the Commission for review without communicating further advice or recommendation from any hearing examiner, including the hearing examiner presiding over the case; provided, however, that a hearing examiner may provide a written explanation for the ruling on or before the due date for responses to the

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~~petition, which shall be served on the parties. In that case, the hearing examiner shall schedule a time for the petitioner to reply. The Hearing Examiner shall have 14 days from the filing of the petition within which to file a report to the Commission with the Chief Clerk, who shall serve copies of such report on the parties and Staff.~~ Only in extraordinary circumstances shall an interlocutory review of a ruling of a Hearing Examiner suspend a hearing.

- b) On review of a Hearing Examiner's ruling, the Commission may affirm or reverse the ruling in whole or in part, and may take any other just and reasonable action with respect to the ruling, such as declining to act on an interlocutory basis. Petitions to rehear or reconsider Commission action taken under this Section shall not be entertained by the Commission and are not allowed under this Part, except as to persons who have been denied leave to intervene by such action.

(Source: Amended at 35 Ill. Reg. 6327, effective April 1, 2011)

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NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Customer Credits
- 2) Code Citation: 83 Ill. Adm. Code 732
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
732.5	New Section
732.10	Amendment
732.30	Amendment
732.35	Amendment
732.40	Amendment
735.60	Amendment
- 4) Statutory Authority: Implementing and authorized by Section 13-712 of the Public Utilities Act [220 ILCS 5/13-712]
- 5) Effective Date of Amendments: April 1, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Commission's Springfield office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: April 9, 2010; 34 Ill. Reg. 4954
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No agreements were necessary.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: The amendments will add new Section 732.5 (Application of Part) to reflect the statutory exemption of Illinois telephone cooperatives

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from requirements concerning customer credits. The amendments also delete three superfluous references or requirements that were effective until June 30 or July 30, 2003 and delete part of Section 732.35; given the current prevalence of comprehensive interconnection agreements, these detailed reimbursement procedures are no longer necessary in Part 732.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Conrad S. Rubinkowski
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, IL 62701

217/785-3922

The full text of the Adopted Amendments begins on the next page:

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENTS

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER f: TELEPHONE UTILITIESPART 732
CUSTOMER CREDITS

Section

732.5	Application of Part
732.10	Definitions
732.20	Local Exchange Service Obligations
732.30	Customer Credits
732.35	ILEC-CLEC Reimbursement Mechanism
732.40	Filing of Tariffs
732.50	Customer Education
732.60	Reporting

AUTHORITY: Implementing and authorized by Section 13-712 of the Public Utilities Act [220 ILCS 5/13-712].

SOURCE: Emergency rule adopted at 25 Ill. Reg. 10219, effective August 1, 2001, for a maximum of 150 days; adopted at 26 Ill. Reg. 334, effective December 28, 2001; amended at 26 Ill. Reg. 10465, effective July 1, 2002; amended at 27 Ill. Reg. 18405, effective December 1, 2003; amended at 35 Ill. Reg. 6334, effective April 1, 2011.

[Section 732.5 Application of Part](#)

[This Part shall apply to all telecommunications carriers providing basic local exchange service as defined in Section 13-712 of the Public Utilities Act, except that this Part is not applicable to telephone cooperatives as defined in Section 13-212 of the Act, pursuant to Section 13-701 of the Act.](#)

(Source: Added at 35 Ill. Reg. 6334, effective April 1, 2011)

Section 732.10 Definitions

When used in this Part, the listed terms will have the definitions given in this Section.

"Act" means the Public Utilities Act [220 ILCS 5].

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"Alternative telephone service" means, except where technically impracticable, a wireless telephone capable of making local calls, and may also include, but is not limited to, call forwarding, voice mail, or paging services. [220 ILCS 5/13-712(b)(1)]

"Appointment" means an arrangement made by a telecommunications carrier to meet a customer within an agreed 4 hour window, ~~or, until June 30, 2003, between 8 A.M. and 4 P.M. on a particular day if the carrier uses the resold services, network or network elements of another carrier to provide service to the customer, at the customer's premises to perform work on the network.~~

"Basic local exchange service" means residential and business lines used for local exchange telecommunications service as defined in Section 13-204 of the Act ~~[220 ILCS 5/13-204]~~, excluding: services that employ advanced telecommunications capability as defined in section 706(c)(1) of the federal Telecommunications Act of 1996; vertical services; company official lines; and records work only. [220 ILCS 5/13-712(b)(2)]

"Basic local exchange service installation" means the installation of basic local exchange service whereby the physical connecting and diagnostic testing of a local loop results in the provisioning of dial tone to the requesting customer's network interface device. It includes move orders and orders for additional lines.

"Commission" means the Illinois Commerce Commission.

"Customer" means any person, building owner, firm, partnership, corporation, municipality, cooperative, organization, governmental agency, etc., provided with local exchange carrier telecommunications services as defined in Section 13-204 of the Act ~~[220 ILCS 5/13-204]~~. "Customer" may also be referred to as "end user".

"Emergency situation" means a single event that causes an interruption of service or installations affecting end users of a local exchange carrier. The emergency situation shall begin with the first end user whose service is interrupted by the single event and shall end with the restoration or installation of the service of all affected end users. The term "single event" shall include:

a declaration made by the applicable State or federal governmental agency

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that the area served by the local exchange carrier is either a State or federal disaster area; or

an act of third parties, including acts of terrorism, vandalism, riot, civil unrest, or war, or acts of parties that are not agents, employees or contractors of the local exchange carrier; or

a severe storm, tornado, earthquake, flood or fire, including any severe storm, tornado, earthquake, flood or fire that prevents the local exchange carrier from restoring service due to impassable roads, downed power lines, or the closing off of affected areas by public safety officials.

The term "emergency situation" shall not include:

a single event caused by high temperature conditions alone; or

a single event caused, or exacerbated in scope and duration, by acts or omissions of the local exchange carrier, its agents, employees or contractors or by the condition of facilities, equipment, or premises owned or operated by the local exchange carrier; or

any service interruption that occurs during a single event listed above, but are not caused by those single events; or

a single event that the local exchange carrier could have reasonably foreseen and taken precaution to prevent; provided, however, that in no event shall a local exchange carrier be required to undertake precautions that are technically infeasible or economically prohibitive.

This Part shall be construed as being content neutral as to whether a strike or other work stoppage is an "emergency situation". In the event of a strike or other work stoppage, the local exchange carrier's obligation to pay customer credits shall, in the absence of a decision by a court of competent jurisdiction, be determined by the Commission on a case-by-case basis based upon the individual factual circumstances of each strike or other work stoppage. In making such a determination, and notwithstanding the definition of "emergency situation" above, the Commission shall not presume that a strike or other work stoppage is an act of an employee or of the local exchange carrier.

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"Link Up" means the Link Up Assistance program defined and established at 47 CFR 54.411 et seq., as amended. [220 ILCS 5/13-712(b)(3)]

"Monthly recurring charge" means monthly access/usage rate, end user common line charge, and tariffed vertical services.

"Out of service" means that, after reporting an out of service condition to the local exchange carrier, the customer still has no dial tone, cannot be called, or cannot call out. This defined term excludes call blocking or any other intentional alteration to an end user's calling or call receiving ability.

"Repair" means the restoration of out of service conditions as well as correction of service-affecting conditions.

"Telecommunications carrier" or "carrier" means a telecommunications carrier as that term is defined in Section 13-202 of the Act [220 ILCS 5/13-202] that is providing local exchange telecommunications service as defined in Section 13-204 of the Act.

(Source: Amended at 35 Ill. Reg. 6334, effective April 1, 2011)

Section 732.30 Customer Credits

A telecommunications carrier shall credit customers for violations of the basic local exchange service quality standards described in Section 732.20 of this Part. The credits shall be applied on the statement issued to the customer for the next monthly billing cycle following the violation or following the discovery of the violation and shall be identified as a "Service Quality Credit" or "S.Q. Credit". The telecommunications carrier may provide additional detail regarding the service quality credit if it wishes.

- a) *If a carrier fails to repair an out-of-service condition for basic local exchange service within 24 hours, the carrier shall provide a credit to the customer. If the service disruption is for 48 hours or less, the credit must be equal to a pro-rata portion of the monthly recurring charges for all local services disrupted. A pro-rata portion shall be based upon a 30-day month. If the service disruption is for more than 48 hours, but not more than 72 hours, the credit must be equal to at least 33% of one month's recurring charges for all local services disrupted. If the service disruption is for more than 72 hours, but not more than 96 hours, the credit must be equal to at least 67% of one month's recurring charges for all local*

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services disrupted. If the service disruption is for more than 96 hours, but not more than 120 hours, the credit must be equal to one month's recurring charges for all local services disrupted. For each day or portion thereof that the service disruption continues beyond the initial 120-hour period, the carrier shall also provide either alternative telephone service or an additional credit of \$20 per day, at the customer's option. The customer shall be notified that he/she may choose alternative telephone service or an additional credit of \$20 per day when the service disruption continues beyond the initial 120 hour period so the customer can exercise his/her option. In the absence of an election by the customer, the customer shall receive \$20 per day.

- b) *If a carrier fails to install basic local exchange service as required under Section 732.20(a), the carrier shall waive 50% of any installation charges, or in the absence of an installation charge or where installation is pursuant to the Link Up program, the carrier shall provide a credit of \$25. If a carrier fails to install service within 10 business days after the service application is placed, or fails to install service within 5 business days after the customer's requested installation date, if the requested date was more than 5 business days after the date of the order, the carrier shall waive 100% of the installation charge or, in the absence of an installation charge or where installation is provided pursuant to the Link Up program, the carrier shall provide a credit of \$50. For each day that the failure to install service continues beyond the initial 10 business days, or beyond 5 business days after the customer's requested installation date, if the requested date was more than 5 business days after the date of the order, the carrier shall also provide either alternative telephone service or an additional credit of \$20 per day, at the customer's option until service is installed. The customer shall be notified that he/she may choose alternative telephone service or an additional credit of \$20 per day when installation is delayed beyond the initial 10 business days, or beyond 5 business days after the customer's requested installation date, if the requested date was more than 5 business days after the date of the order, so the customer can exercise his/her option. In the absence of an election by the customer, the customer shall receive \$20 per day.*
- c) *If a carrier fails to keep a scheduled repair or installation appointment when a customer premises visit requires a customer to be present, the carrier shall credit the customer \$50 per missed appointment. A credit required by this subsection (c) does not apply when the carrier provides the customer with 24-hour notice of its inability to keep the appointment. The 24-hour notice period shall be construed to mean 24 hours notice by the end of each 4 hour window the day before the*

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~~scheduled appointment, or, until June 30, 2003, by 4 P.M. of the business day preceding the day of the scheduled appointment if the appointment has been scheduled, by a carrier that uses the resold services, network or network elements of another carrier to provide service to the customer, for between 8 A.M. and 4 P.M. of a particular day.~~

- d) *When alternative telephone service is appropriate, the customer may select one of the alternative telephone services offered by the carrier. The alternative telephone service shall be provided at no cost to the customer for the provision of local service.*
- e) *Credits required by this Section do not apply if the violation of a service quality standard:*
- 1) *occurs as a result of a negligent or willful act on the part of the customer;*
 - 2) *occurs as a result of a malfunction of customer-owned telephone equipment or inside wiring;*
 - 3) *occurs as a result of, or is extended by, an emergency situation;*
 - 4) *is extended by the carrier's inability to gain access to the customer's premises due to the customer missing an appointment, provided that the violation is not further extended by the carrier;*
 - 5) *occurs as a result of a customer request to change the scheduled appointment, provided that the violation is not further extended by the carrier;*
 - 6) *occurs as a result of a carrier's right to refuse service to a customer as provided in 83 Ill. Adm. Code 735; or*
 - 7) *occurs as a result of a lack of facilities where a customer requests service at a geographically remote location, a customer requests service in a geographic area where the carrier is not currently offering service, or there are insufficient facilities to meet the customer's request for service, subject to a carrier's obligation for reasonable facilities planning.*
- f) *The provisions of this Section are cumulative and shall not in any way diminish or*

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replace other civil or administrative remedies available to a customer or a class of customers. [220 ILCS 5/13-712(e)]

(Source: Amended at 35 Ill. Reg. 6334, effective April 1, 2011)

Section 732.35 ILEC-CLEC Reimbursement Mechanism

If the violation of a basic local exchange service quality standard is caused by a carrier other than the carrier providing retail service to the customer, the carrier providing retail service to the customer (for purposes of this Section 732.35, the "retail carrier") shall credit the customer as provided in this Section. The carrier causing the violation (for purposes of this Section 732.35, the "wholesale carrier") shall reimburse the carrier providing retail service the amount credited the customer. Such reimbursement by wholesale carrier to retail carrier shall be known as a recourse credit. When applicable, an interconnection agreement shall govern compensation between the carrier causing the violation, in whole or in part, and the retail carrier providing the credit to the customer. [220 ILCS 5/13-712] ~~If the wholesale carrier is providing service to the retail carrier pursuant to an interconnection agreement between the wholesale carrier and the retail carrier, and the wholesale carrier has offered an amendment to the interconnection agreement to add provisions consistent with Section 732.35 regarding the process and procedures to request reimbursement, respond to a request for reimbursement, resolve credit and payment disputes, provide reimbursement and update inaccurate information, the parties shall negotiate provisions to be added to the interconnection agreement setting forth, with express reference to this Section 732.35, the procedures by which the retail carrier is to request and receive a recourse credit from the wholesale carrier in accordance with this Section 732.35. In the event that the wholesale carrier provides service to the retail carrier without an interconnection agreement between the wholesale carrier and the retail carrier, or the wholesale carrier and retail carrier have not mutually negotiated an amendment to an existing interconnection agreement to add provisions as described in the immediately preceding sentence, the following procedures shall apply to recourse credits.~~

a) Request for reimbursement

- 1) ~~The retail carrier shall submit a recourse credit claim form to the wholesale carrier by the 10th day of the month separately identifying all customer credits made, paid or provided by the retail carrier to its customers in accordance with Section 732.30 during the preceding calendar month for which reimbursement is requested from the wholesale carrier. A wholesale carrier may devise a standard recourse credit claim form for use by all retail carriers. The recourse credit claim form may also~~

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~~include requests for recourse credits for customer credits paid or provided by the retail carrier to customers in prior months and not requested by the retail carrier in the recourse credit claim form for a prior month, provided, that the retail carrier shall have a maximum of 90 days from the date that the customer credit is made, paid or provided by the retail carrier to its customer to request a recourse credit. Provided further, that the retail carrier shall have March 29, 2002 to request recourse credits for customer credits paid to customers from August 1, 2001 to December 28, 2001. By submitting a recourse credit claim form, the retail carrier represents and warrants to the wholesale carrier.~~

- ~~A) at the time the retail carrier submits such a recourse credit claim form, that the information contained within is a true and correct calculation of the credit claimed due to the retail carrier based on information known to the retail carrier and information received by the retail carrier from its customer and relied upon for substantiation under 83 Ill. Adm. Code 732.30; and~~
- ~~B) that a credit in an amount that is not less than the one sought from the wholesale carrier was actually made to the retail carrier's end user associated with an alleged violation of a local exchange service obligation.~~
- 2) The recourse credit claim form shall include the following information with respect to each request for a recourse credit:
 - ~~A) the customer name and telephone number affected;~~
 - ~~B) the specific local exchange service obligation of this Part that was violated;~~
 - ~~C) a brief statement as to how actions or inactions of the wholesale carrier, or failure or deficiency in any network element or service provided by the wholesale carrier to the retail carrier, caused the violation of the local exchange service obligation by the retail carrier; and~~
 - ~~D) the amount of customer credit made, paid or provided by the retail carrier to its customer (including the cost to the retail carrier of any~~

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~~alternative telephone service provided to the customer) for which recourse credit is requested, and the date or dates on which the customer credit was provided to the customer.~~

- b) ~~Response to requests for reimbursement.~~
- 1) ~~The wholesale carrier shall have 30 calendar days after receipt of the recourse credit claim form to notify the retail carrier in writing if it disputes any of the requests for recourse credit. Such notice shall separately identify each request for recourse credit that is disputed, and the basis on which the wholesale carrier disputes the request. Any request for recourse credit that is not disputed in writing by the wholesale carrier within the 30 calendar day period shall be reimbursed by the wholesale carrier, subject to the wholesale carrier's right to seek recovery of inappropriate credits under Section 732.30(e)(5). For each request for recourse credit that is timely disputed by the wholesale carrier, the parties shall use the dispute resolution process set forth in subsection (c).~~
 - 2) ~~The wholesale carrier shall not be required to make, pay or otherwise provide any recourse credit unless the retail carrier is legally required to pay a customer credit to its customer under this Part and actually makes, pays or otherwise provides such customer credit. In no event shall any recourse credit include any amount attributable to any liquidated damages or consequential damages or any other damages that retail carrier may have paid its customer in excess of those customer credits expressly required by this Part. The wholesale carrier shall not be required to provide the retail carrier with recourse credits if a violation of a local exchange service obligation resulted from one or more of the occurrences described in Section 732.30(e). In the event that the wholesale carrier is not the sole cause of a retail carrier's violation of a local exchange service obligation, the retail carrier and wholesale carrier shall agree to a reduction of the recourse credit based on a proper allocation of fault, or shall resolve the issue by following the dispute resolution process set forth in subsection (c).~~
- e) ~~Dispute resolution process.~~
- 1) ~~Within 10 business days following notice from the wholesale carrier that it disputes a requested recourse credit, the parties shall each designate a~~

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~~representative, who shall be an expert in the service subject to the disputed credit, to engage in settlement negotiation, in any mutually agreed upon manner, to attempt to resolve the dispute.~~

- 2) ~~If a resolution of a disputed request for recourse credit is not reached within 30 calendar days from the date of notice of the dispute, then the retail carrier shall file with the Director of the Telecommunications Division of the Commission a report of the dispute, and the parties may jointly request voluntary mediation by the Commission pursuant to Section 10-101.1 of the Act. The Commission shall cause such voluntary mediation to be conducted expeditiously. At the request of a party or upon direction of the Commission or its appointed mediator, the Commission, acting on its own motion or by the action of its appointed mediator, may, with the agreement of the parties, consolidate any outstanding disputed requests for recourse credit between the parties into one mediation proceeding.~~
- 3) ~~At the conclusion of the voluntary mediation process, or within 35 calendar days from the date of notice of the dispute if the parties have not jointly requested voluntary mediation, either party may pursue any remedies available under the law.~~
- 4) ~~Any disputed request for a recourse credit that the wholesale carrier is ordered to pay by the Commission as the result of a formal complaint proceeding initiated by the retail carrier or by a court, arbitration panel or other tribunal as a result of a proceeding initiated by the retail carrier, shall bear interest from the date the formal complaint proceeding or other proceeding was initiated by the retail carrier to the date of payment. Any disputed request for refund or repayment of a recourse credit previously provided by the wholesale carrier that the retail carrier is ordered to pay by the Commission as the result of a formal complaint proceeding initiated by the wholesale carrier or ordered to pay by a court, arbitration panel or other tribunal as a result of a proceeding initiated by the wholesale carrier, shall bear interest from the date the formal complaint proceeding or other proceeding was initiated by the wholesale carrier to the date of payment.~~

d) ~~Method of reimbursement.~~

- 1) ~~Any request for a recourse credit that is not disputed by the wholesale~~

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~~carrier shall be credited to the retail carrier on the wholesale carrier's invoice to the retail carrier for network elements or other services no later than the first billing date that is not less than 30 business days after the wholesale carrier's receipt of the recourse credit claim form pursuant to subsection (a). Any request for recourse credit that is disputed by the wholesale carrier shall not be required to be paid by the wholesale carrier until after the dispute has been resolved in accordance with subsections (e)(1)-(e)(3). In such instances, if the dispute is resolved in the retail carrier's favor, the wholesale carrier shall provide a credit on the wholesale carrier's invoice to the retail carrier no later than the first billing date that is not less than 30 business days after resolution of the dispute.~~

- 2) ~~Where recourse credit is to be paid by credit on the wholesale carrier's invoice to the retail carrier, the invoice shall show separately the credit and the reason for it.~~
- e) ~~Obligation to update information.~~
- 1) ~~If the retail carrier becomes aware of any inaccuracy or omission in any information that it previously provided to the wholesale carrier to substantiate recourse credit claims under subsection (a), the retail carrier shall notify the wholesale carrier of such inaccuracy or omission within 5 business days after becoming aware of such inaccuracy or omission, including whether such inaccuracy or omission arises from events subsequent to the submission, and do so on a per claim basis. If, in light of such inaccuracy or omission, the wholesale carrier believes that a recourse credit(s) made should not or would not have been made under this Section (even if the retail carrier provided a customer credit to its customer), the wholesale carrier shall notify the retail carrier within 10 business days after receiving notice of the inaccuracy or omission from the retail carrier. The retail carrier shall have 10 business days to notify the wholesale carrier that the retail carrier disputes such notice, or the retail carrier shall be deemed to have agreed with the wholesale carrier's notice, in which case the wholesale carrier may recover such inappropriate credits on the wholesale carrier's invoice to the retail carrier. If the retail carrier disputes the wholesale carrier's notice, the parties shall use the dispute resolution process set forth in subsection (e).~~
 - 2) ~~If the wholesale carrier denies a retail customer's request for recourse~~

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~~credit and becomes aware of any inaccuracy or omission, in whole or in part, in the facts that it relied upon for its decision for that denial, the wholesale carrier shall notify the retail carrier of such inaccuracy or omission within 5 business days after becoming aware of such inaccuracy or omission on a per-claim basis. If such inaccuracy or omission resulted in the wholesale carrier failing to pay recourse credits, in whole or in part, to the retail carrier that it otherwise should have paid, the wholesale carrier shall provide a recourse credit on the wholesale carrier's invoice to the retail carrier no later than the first billing date that is not less than 30 business days after it provides notice to the retail carrier, as required by this subsection (e)(2).~~

(Source: Amended at 35 Ill. Reg. 6334, effective April 1, 2011)

Section 732.40 Filing of Tariffs

Carriers offering basic local exchange service shall be fully subject to the requirements of this Part ~~and on August 1, 2001. Such carriers~~ shall file tariffs to implement the requirements of this Part ~~no later than the close of business on September 10, 2001, to take effect no later than September 15, 2001. These~~Such carriers shall track customer eligibility for credits ~~beginning August 1, 2001~~, and the tariffs filed pursuant to this Section shall provide for the credits required by this Part ~~beginning August 1, 2001~~.

(Source: Amended at 35 Ill. Reg. 6334, effective April 1, 2011)

Section 732.60 Reporting

- a) All reports required to be submitted to either the Staff or to the Commission under this Part 732 shall be certified by an authorized agent of the reporting carrier. All such reports will be public records available for inspection, copying, and posting to the Commission's website.
- b) Each telecommunications carrier shall provide to the Commission, on a quarterly basis and in a form suitable for posting on the Commission's website, a report that includes monthly performance data for basic local exchange service obligations as required to be collected and reported pursuant to this Part. The report shall be provided to the Commission within 30 days after the end of each calendar quarter. The monthly performance data shall be disaggregated for each customer class in each geographic area for which the telecommunications carrier internally

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monitored performance data as of March 2, 2001. ~~The first report shall be submitted on July 30, 2003 for the calendar quarter ending June 30, 2003.~~ The report shall include, at a minimum:

- 1) With regard to credits due in accordance with Section 732.30(a) (Out of Service More than 24 Hours):
 - A) Total dollar amount of any customer credits paid;
 - B) Number of credits issued for repairs between 24-48 hours;
 - C) Number of credits issued for repairs between 48-72 hours;
 - D) Number of credits issued for repairs between 72-96 hours;
 - E) Number of credits used for repairs between 96-120 hours;
 - F) Number of credits issued for repairs greater than 120 hours;
 - G) Number of exemptions claimed for each of the categories identified in Section 732.30(e); and
 - H) Number of customers receiving alternative phone service rather than a credit.
- 2) With regard to credits due in accordance with Section 732.30(b) (Failure to Install Basic Local Exchange Service):
 - A) Total dollar amount of any customer credits paid;
 - B) Number of installations after 5 business days;
 - C) Number of installations after 10 business days;
 - D) Number of installations after 11 business days;
 - E) Number of exemptions claimed for each of the categories identified in Section 732.30(e); and

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- F) Number of customers receiving alternative phone service rather than a credit.
- 3) With regard to credits due in accordance with Section 732.30(c) (Missed Appointments):
- A) Total dollar amount of any customer credits paid;
 - B) Number of any customers receiving credits; and
 - C) Number of exemptions claimed for each of the categories identified in Section 732.30(e).

(Source: Amended at 35 Ill. Reg. 6334, effective April 1, 2011)

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- 1) Heading of the Part: Debt Management Service Act
- 2) Code Citation: 38 Ill. Adm. Code 140
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
140.10	Amendment
140.30	Repealed
140.40	Amendment
140.50	Amendment
140.80	Amendment
140.100	Amendment
140.120	Amendment
140.140	Amendment
140.150	New Section
- 4) Statutory Authority: Implementing and authorized by the Debt Management Service Act [205 ILCS 665]
- 5) Effective Date of Amendments: March 29, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal Published in Illinois Register: August 20, 2010; 34 Ill. Reg. 11955
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: No substantive changes were made during Second Notice other than an example was inserted into Section 140.150 – Disposal of Records – to clarify what device and/or resources must be available to be used for the purpose of destroying records of personal information.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

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- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any Amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: This rulemaking is adopted in conjunction with Public Act 96-1420. PA 96-1420 created the Debt Settlement Consumer Protection Act, which prohibits any person from operating as a debt settlement provider or engaging in debt settlement service except as authorized by the Act and without first having obtained a license under the Act. It provides for a one time \$50 application fee and a fee of 15% of the savings achieved. It also created a Debt Settlement Consumer Protection Fund as a special non-appropriated, income-earning fund in the State treasury for the purpose of providing restitution to specified parties and provides that all moneys received by the Department of Financial and Professional Regulation under the Act, except moneys received for the Debt Settlement Consumer Protection Fund, shall be deposited in the Financial Institutions Fund.

PA 96-1420 also amended the Debt Management Services Act clarifying the distinction between "Debt Management Services" and "Debt Settlement Services". The adopted amendments add a section outlining proper disposal of licensee's client's records that contain their personal information. This same section is also included in the newly adopted rules for debt settlement companies. These rules are for the purpose of protecting consumers when it comes to their personal information.

- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, Illinois 62786

217/785-0813 Fax 217/557-4451

The full text of the Adopted Amendments begins on the next page:

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TITLE 38: FINANCIAL INSTITUTIONS

CHAPTER I: DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION~~INSTITUTIONS~~

PART 140

DEBT MANAGEMENT SERVICE ACT

Section

140.10	Office Records
140.20	Bank Account
140.30	Dual Business (<u>Repealed</u>)
140.40	License
140.50	General Operations
140.60	Fees
140.70	Prohibited Activities
140.80	Advertising
140.90	Availability of Act and Rules and Regulations
140.100	Examination
140.110	Revocation – Suspension – Surrender of License
140.120	Hearing Procedures
140.130	Proof of Payment
140.140	Penalties
<u>140.150</u>	<u>Disposal of Records</u>

AUTHORITY: Implementing and authorized by the Debt Management Service Act [205 ILCS 665].

SOURCE: Filed February 14, 1972; old rules repealed, new rules adopted at 3 Ill. Reg. 27, p. 81, effective July 2, 1979; codified at 7 Ill. Reg. 13264; amended at 9 Ill. Reg. 1368, effective January 17, 1985; emergency amendment at 22 Ill. Reg. 1528, effective January 2, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 12550, effective July 6, 1998; amended at 26 Ill. Reg. 14243, effective October 1, 2002; amended at 35 Ill. Reg. 6350, effective March 29, 2011.

Section 140.10 Office Records

- a) Required Files
 - 1) Every licensee shall keep the following records or their equivalent in accord with generally accepted accounting principles as approved by the

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Department of Financial and Professional Regulation-Division of Financial Institutions (Division):

- A) Client File
 - B) Client Activity Record
 - C) Payment Detail Report
 - D) Index System
- 2) If a computerized system is in use, licensee shall maintain a permanent file of back-up computer media for the end of each month.
 - 3) All books and records shall be kept current and available for examination by the Division~~Department of Financial Institutions~~.
- b) Client File
The client file shall contain the following: the original contract, a listing of total debtor income, a list of creditors including the balance owed to each and monthly payments due and a copy of the agreed-upon debt management plan.
- c) Client Activity Record
The Client Activity Record shall contain the original entry and be a permanent record, and shall show the debtor's account number, name, address, date of contract, total indebtedness, monthly receipts, any fees charged, amounts disbursed to creditors and the estimated term of the contract to satisfy the amount owed.
- 1) If a contract is cancelled by a licensee or debtor and a fee is claimed but not paid, the debtor activity record shall show the reason for cancellation and the amount of any fee claimed to be owed.
 - 2) If legal action is taken to collect an unpaid fee, the client activity record shall include a copy of the judgment or action taken.
 - 3) A separate file of all litigation accounts shall be maintained in the office of the licensee.

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- d) **Payment Detail Report**
An individual Payment Detail Report shall be maintained for each debtor, including the account number, name and address, date of contract, total indebtedness, terms of payment and any fees charged. The report shall also show the monthly total of all receipts, disbursements, undisbursed or reserve funds and the distribution of any prorated fee.
- 1) A file shall be kept containing the paid or canceled Payment Detail Reports for a period of 5 years, showing the receipts and disbursement in full and the total amount of fees collected. In a non-computerized system, adding machine tapes verifying the receipts against all disbursements, including total fees, shall be attached to each client file.
 - 2) The entries on the Payment Detail Report shall correspond with the receipt of periodic statements given to the debtor and shall reflect the disbursement made to creditors showing the net and gross amount.
 - 3) In a non-computerized system, all entries shall be made in ink and no erasures whatsoever may be made on the report. In case of error, a line should be drawn in ink through the improper entry and the correct entry made on the following line. No entries shall be masked, covered or rendered illegible.
- e) **Index System**
An alphabetical index system shall be kept indicating name and address of clients, account number, date of contract and total indebtedness.

(Source: Amended at 35 Ill. Reg. 6350, effective March 29, 2011)

Section 140.30 Dual Business (Repealed)

~~No licensee shall transact any other business than that provided for by the Debt Management Service Act within the office, room or place of business occupied by the licensee, except as may be authorized in writing by the Director upon his finding that the character of such other business is such that the granting of such authority will not facilitate evasions of the Act or the Rules.~~

(Source: Repealed at 35 Ill. Reg. 6350, effective March 29, 2011)

Section 140.40 License

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- a) For purposes of determining an applicant's qualifications for a license, the ~~Division~~Department shall find an applicant financially responsible if it has a positive net worth. Net worth means total assets minus total liabilities.
- b) An applicant shall possess at least 6 months of relevant business experience.
- c) In order to determine the applicant's general fitness and character, the Director of the Division of Financial Institutions with the authority delegated by the Secretary (Director) may require applicants to submit at least 2 letters of recommendation from persons familiar with the applicant or the applicant's business.
- d) Any applicant applying for a license shall submit the required bond, the application for license and all required information at the time of application for a license.

(Source: Amended at 35 Ill. Reg. 6350, effective March 29, 2011)

Section 140.50 General Operations

- a) The licensee shall explain clearly and distinctly to each customer exactly the services to be rendered and the fees to be paid.
- b) If, after analyzing the debtor's total income and expenses, it is determined that a payment plan should be developed, the licensee shall create a Debt Management Plan (DMP) that is considered feasible and practical to allow a payment of funds by the debtor for distribution to debtor's creditors as may be mutually agreed upon.
 - 1) The licensee shall seek to obtain the consent of a majority of the creditors to accept the terms of the payment plan. Creditor acceptance may be determined by acceptance of a payment without written objection.
 - 2) The debtor has the right to cancel the Debt Management Plan at any time by notifying the licensee, in writing, of debtor's desire to discontinue.
 - 3) The cancellation will take effect on the first day of the month following receipt of the cancellation notice from the debtor.

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- c) When a contract is paid-in-full or satisfied, a statement shall be issued promptly to the debtor showing that the obligation has been satisfied. Licensee shall retain a copy of the contract marked "Paid" or "Satisfied" in the client file.
- 1) If the debtor terminates payment to the licensee for a period exceeding 30 days, the licensee shall not consider pro rata fees as having been earned beyond 30 days following the next monthly contract date.
 - 2) The licensee is prohibited from charging a penalty for cancellation by either the debtor or the licensee except as provided in Section 12 of the Act.
- d) Every contract between a licensee and debtor shall:
- 1) List every debt to be prorated, with the creditor's name, and disclose the total of all such debts;
 - 2) Disclose in precise terms the rate and amount of the licensee's charge;
 - 3) Disclose the approximate number and amount of installments required to pay the debts in full;
 - 4) Disclose the name and address of the licensee and of the debtor;
 - 5) Contain such other provisions or disclosures as the Director ~~of Department of Financial Institutions~~ shall determine is necessary for the protection of the debtor and the proper conduct of business by a licensee;
 - 6) Disclose the right of the debtor to cancel at any time;
 - 7) Inform the debtor of any relationship that exists between the licensee and any creditor.
- e) All contracts shall be originated at the office of the licensee or its agent.
- f) When adjustments are needed to change the indebtedness listed in the contract, the licensee may execute a new contract using the revised figures or use a rider form executed in accordance with instructions provided in the rider.

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- g) All legal documents and other forms that a debtor shall be required to sign shall be filed with the Director ~~of the Department of Financial Institutions~~ prior to use.
- h) A licensee shall deliver a copy of any contract, agreement, or Debt Management Plan between the licensee and the debtor to the debtor immediately after the debtor executes it, and the debtor's copy shall be executed by the licensee.
- i) A calendar month is the period from the given date in one month to the same numbered date in the following month and if there is no same numbered date in the following month, to the last date in the following month. Not more than one ~~(1)~~ month's service fee may be considered earned in any calendar month. A calendar month commences on the anniversary date of the contract.
- j) A licensee shall deliver a receipt to the debtor for each cash payment.
- k) The licensee shall make distribution to the debtor's creditors within 30 days after initial receipt of funds, and thereafter distributions shall be made to creditors within 30 days after receipt, less fees and costs, unless the reasonable payment of one or more of the debtor's obligations requires that such funds be held for a longer period to accumulate a certain sum, but in any case not to exceed an additional 30 days, or as authorized by the contract.
- l) At least once each 3 months, the licensee shall render an accounting to the debtors which shall itemize the total amount received from the debtor, the total amount paid to each creditor, the total amount which any creditor has agreed to accept as payment in full on any debt owed him by the debtor, the amount of charges deducted, and any amounts held in reserve. A licensee shall render such an accounting to a debtor within 5 days after receipt of a written demand.

(Source: Amended at 35 Ill. Reg. 6350, effective March 29, 2011)

Section 140.80 Advertising

- a) Advertising shall not be *false, misleading or deceptive* [205 ILCS 665/13]. No statement shall be permitted that states or implies that no financial problem is too great for the licensee to solve. No statement shall be permitted that states or implies that the licensee will use his own cash to pay the debtor's accounts. All advertisements shall contain the phrase, "we do not lend money".

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- b) Upon specific request by the ~~Division~~Department, licensees shall forward to the Director the complete text of all advertising copy.
- c) All advertising shall contain the true name and address of the licensee.

(Source: Amended at 35 Ill. Reg. 6350, effective March 29, 2011)

Section 140.100 Examination

- a) The Director may make an examination of the office and records of each licensee and shall charge \$400 for each examiner day or portion thereof.
- b) All communications shall be addressed to the Director, ~~Division~~Department of Financial Institutions, to any address designated by the Director. All fees shall be paid to the "Secretary of the Department of Financial and Professional Regulation~~Director of Financial Institutions~~".
- c) The ~~Division~~Department may conduct an examination for the purpose of verifying that the licensee has taken necessary actions to correct violations to the Act and/or related rules and shall charge the licensee \$550 for each examiner day or portion thereof, when the Director determines the verification examination must be performed on site at any facility of the licensee.

(Source: Amended at 35 Ill. Reg. 6350, effective March 29, 2011)

Section 140.120 Hearing Procedures

- a) Hearings
After receipt of a written request for a hearing, the Director shall send to the respondent requesting the hearing, by certified mail, at least 10 days prior to the date set for such hearing, a Notice of Hearing. The Notice shall include the date and the time and place of the hearing to review the propriety of any administrative actions made pursuant to the Act.
- b) The Director may designate, in writing, a Hearing Officer who shall have the minimum qualifications of being licensed to practice law in Illinois. A Hearing Officer may be disqualified based on bias or conflicts of interest. The Hearing Officer shall have the authority to:

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- 1) Examine or permit examination of any witness under oath;
 - 2) Determine the order of appearance of all parties;
 - 3) Receive all evidence and testimony and rule on its admissibility as well as require the production of any relevant document or witness;
 - 4) Rule on objections to evidence;
 - 5) Make a written report with recommendations to the Director ~~that~~ which shall include findings of fact and conclusions of law. Findings of fact shall be based exclusively on the evidence and on matters officially noticed; and
 - 6) Require any party or his attorney to provide proposed findings of fact or conclusions of law for consideration in his report.
- c) General Provisions
- 1) Delivery of notice shall be deemed complete when the Notice is deposited in the U.S. mail.
 - 2) Continuances
 - A) A continuance shall be granted for good cause by the Hearing Officer, which shall be:
 - i)A) In writing and signed by the respondent or his attorney and shall state the reasons for the request.
 - ii)B) Delivered to the Hearing Officer at least three days prior to the scheduled hearing.
 - B) For the purposes of this subsection (c)(2), good cause shall require the respondent to demonstrate real and compelling need for additional time. It shall include, but not be limited to, illness, service in the armed forces, etc.
 - 3) The respondent shall bear any and all costs of the hearing.

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- 4) A court reporter will be present and considered as part of the costs of the hearing.
- d) Conduct of Hearings
- 1) The Hearing Officer shall open the hearing by presenting for the record his letter of authorization from the Director.
 - 2) The rules of evidence and privilege as applied in civil cases in the circuit courts of this State shall be followed. The Hearing Officer may admit evidence not admissible under such rules if ~~thesuch~~ evidence may be relevant to the case.
 - 3) The Hearing Officer may, on his ~~or her~~ own motion or the motion of one of the parties, take notice of matters of which the circuit courts of this State may take judicial notice. Notice may be taken of generally recognized technical or scientific facts within the ~~Division's~~~~Department's~~ specialized knowledge if parties are notified, before or during the hearing, and shall be afforded an opportunity to contest the material so noticed. The burden of opposing any material admitted upon notice shall be upon the party so opposing.
 - 4) Failure to attend the hearing shall result in the dismissal of the respondent's petition and an entry of a default against the respondent. Within 30 days from dismissal of the respondent's petition, the respondent may petition the Hearing Officer for reconsideration if the respondent can establish that his failure to attend was caused by events beyond his control and he exercised due diligence to attend or seek a continuance.
 - 5) The record of any hearing shall include:
 - A) All pleadings, and evidence received whether admitted or excluded;
 - B) A statement of all matters officially noticed;
 - C) All offers of proof, objections and rulings thereon;

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- D) All proposed findings and exceptions;
 - E) Any decision, opinion, or report by the Hearing Officer;
 - F) Any evidence excluded by the Hearing Officer, even though ~~thesueh~~ evidence is not used in the determination of the decision;
 - G) A proceeding transcript ~~thatwhieh~~ shall be recorded by such means as to adequately ensure the preservation of the testimony.
- 6) Within 60 days after the hearing or the receipt of all necessary documents, the Hearing Officer shall report to the Director.
- 7) Within 30 days after receiving the report of the Hearing Officer, the Director shall issue his or her decision, which shall be served on the respondent by registered or certified mail, return receipt requested. Copies of the Hearing Officer's report to the Director are available upon written request.
- e) Petition to Reconsider
- 1) Within 30 days after receipt of the Director's decision, the respondent may petition the Director for reconsideration based upon a verified petition. An affidavit shall accompany the petition stating that the decision was against the preponderance of the evidence, was contrary to law, or was arbitrary or capricious, or is affected by newly discovered evidence not in existence at the time of the initial hearing or ~~thatwhieh~~ could not have been discovered using due diligence at that time.
 - 2) The Director shall determine within 15 days whether to reconsider the case. If the Director determines, after reading the affidavit, that one or more of the findings listed in subsection (e)(1) exists, a hearing may be held and shall be limited to only those issues raised in the petition to reconsider. If reconsideration is denied, the Director's initial decision shall be the final administrative decision of the Division subject to judicial review under the Administrative Review Law [735 ILCS 5/Art. III]Department.

(Source: Amended at 35 Ill. Reg. 6350, effective March 29, 2011)

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Section 140.140 Penalties

- a) The Director may penalize a licensee, or other person doing business without the required license, in an amount not exceeding \$10,000 per violation, when in the opinion of the Director:
 - 1) the licensee, or other person, is violating or is about to violate any provision of the Act or any rule or condition imposed in writing by the ~~Division~~Department; or
 - 2) any fact or condition exists that, if it had existed at the time of the original application for the license, would have warranted the Director refusing to issue the license.
- b) The Director may penalize a licensee, or other person, prior to a hearing.
- c) The Director shall serve notice of this penalty, including a statement of the reasons for the penalty, either personally or by certified mail, return receipt requested. Service by mail shall be deemed completed if the notice is deposited in the U.S. mail.
- d) Within 10 days after service of the notice of penalty, the licensee or other person may request, in writing, a hearing.
- e) The hearing shall be conducted in accordance with the hearing procedures in Section 140.120 of this Part.

(Source: Amended at 35 Ill. Reg. 6350, effective March 29, 2011)

Section 140.150 Disposal of Records

- a) When disposing of records that contain personal information, including, but not limited to, social security numbers, driver's license numbers or non-driver identification card numbers, financial account numbers or codes, debit card numbers or codes, automated teller machine card numbers or codes, electronic serial numbers, or personal identification numbers, a debt settlement provider shall take all reasonable measures necessary to protect against unauthorized access to or use of the records.

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- b) Licensees must implement policies and procedures to implement this Section and the measures that may be taken to comply with this Section include the following:
- 1) implementing and monitoring compliance with policies and procedures that require the burning, pulverizing or shredding of paper documents containing personal information so that the personal information cannot practicably be read or reconstructed (for example, licensees must have a paper shredder at the licensed location or other location accessible to the licensee or contract with a third party to provide destruction or disposal of personal information);
 - 2) implementing and monitoring compliance with policies and procedures that require the destruction or erasure of electronic media and other nonpaper media containing personal information so that the personal information cannot practicably be read or reconstructed (for example, licensees must have the technological resources to destroy or erase electronic or other nonpaper media or contract with a third party to provide destruction or erasure of electronic or other nonpaper media);
 - 3) a licensee may enter into a written contract with a third party engaged in the business of record destruction to dispose of records containing personal information.

(Source: Added at 35 Ill. Reg. 6350, effective March 29, 2011)

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- 1) Heading of the Part: Debt Settlement Consumer Protection Act
- 2) Code Citation: 38 Ill. Adm. Code 145
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
145.5	New Section
145.10	New Section
145.20	New Section
145.30	New Section
145.40	New Section
145.45	New Section
145.50	New Section
145.60	New Section
145.70	New Section
145.80	New Section
145.90	New Section
145.100	New Section
145.105	New Section
145.110	New Section
145.120	New Section
145.125	New Section
145.130	New Section
- 4) Statutory Authority: Implementing and authorized by the Debt Settlement Consumer Protection Act [225 ILCS 429]
- 5) Effective Date of Rules: March 29, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal Published in Illinois Register: August 20, 2010; 34 Ill. Reg. 11970
- 10) Has JCAR issued a Statement of Objection to these rules? No

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- 11) Differences between proposal and final version: There were several additions made to the proposed rules during the Second Notice period that were agreed to by the Department and JCAR in order to further clarify and better coordinate with the new Act. These additions/changes included:

The rulemaking adds a "Purpose and Definitions" Section that inserts exact language from the Act for the definitions of "Consumer", "Debt settlement provider", and "Debt settlement services". The definition of "Provider fee" is further elaborated in this same Section.

The term "disbursements" is expanded upon in Section 145.10 for clarification purposes.

The application Section 145.40 is expanded to provide more specifics in the requirements for a license application. Also, a requirement that a debt settlement provider must be "in good standing and in statutory compliance in the state of incorporation" is added to that Section.

Language is added in Section 145.50 to clarify "business experience" that a debt settlement provider must have.

Section 145.45 is added for license renewal.

In Section 145.50, the phrase "lack of trustworthiness" is further defined and expanded upon.

Section 145.90 is expanded to provide more specifics in the report requirements.

Section 145.105 is added to address trust funds received by the providers.

Section 145.125 for hearing procedures is added to the rule. This Section is similar to the same Section in the Debt Management Service Act and, therefore, provides consistency within the rules.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these rules replace any emergency amendments currently in effect? No

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- 14) Are there any Amendments pending on this Part? No
- 15) Summary and Purpose of Rules: This rulemaking is being adopted in conjunction with Public Act 96-1420. PA 96-1420 created the Debt Settlement Consumer Protection Act, which prohibits any person from operating as a debt settlement provider or engaging in debt settlement service except as authorized by the Act and without first having obtained a license under the Act. The Act provides for a one-time \$50 application fee and a fee of 15% of the savings achieved. It also creates a Debt Settlement Consumer Protection Fund as a special non-appropriated, income-earning fund in the State treasury for the purpose of providing restitution to specified parties and provides that all moneys received by the Department of Financial and Professional Regulation under the Act, except moneys received for the Debt Settlement Consumer Protection Fund, shall be deposited in the Financial Institutions Fund. The adopted rules establish a new Part and Sections per the provisions of the new Act.

PA 96-1420 also amended the Debt Management Services Act clarifying the distinction between "Debt Management Services" and "Debt Settlement Services". The rules add a Section outlining proper disposal of a licensee's client's records that contain his or her personal information. This same Section is also included in the newly adopted amendments for debt management service companies. These rules are for the purpose of protecting consumers when it comes to their personal information.

- 16) Information and questions regarding these adopted rules shall be directed to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, Illinois 62786

217/785-0813 Fax 217/557-4451

The full text of the Adopted Rules begins on the next page:

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TITLE 38: FINANCIAL INSTITUTIONS

CHAPTER I: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

PART 145

DEBT SETTLEMENT CONSUMER PROTECTION ACT

Section

145.5	Purpose and Definitions
145.10	Office Records
145.20	Disposal of Records
145.30	Bank Account, If Applicable
145.40	Application for License
145.45	Renewal
145.50	License
145.60	Examination
145.70	Prohibited Activities
145.80	Revocation – Suspension – Surrender of License
145.90	Annual Report
145.100	Proof of Payment
145.105	Trust Funds
145.110	Advertising and Marketing Practices
145.120	Receipts
145.125	Hearing Procedures
145.130	Name Change

AUTHORITY: Implementing and authorized by the Debt Settlement Consumer Protection Act [225 ILCS 429].

SOURCE: Adopted at 35 Ill. Reg. 6364, effective March 29, 2011.

Section 145.5 Purpose and Definitions

- a) Purpose
The purpose of the Act and this Part is to protect consumers who enter into agreements with debt settlement providers and to regulate debt settlement providers. [225 ILCS 429/5]
- b) Definitions

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"Act" means the Debt Settlement Consumer Protection Act [225 ILCS 429].

"Consumer", "customer" or "debtor" means any person who purchases or contracts for the purchase of debt settlement services. [225 ILCS 429/10]

"Debt settlement provider" or "provider" means any person or entity engaging in, or holding itself out as engaging in, the business of providing debt settlement service in exchange for any fee or compensation, or any person who solicits for or acts on behalf of any person or entity engaging in, or holding itself out as engaging in, the business of providing debt settlement service in exchange for any fee or compensation. "Debt settlement provider" does not include:

attorneys licensed, or otherwise authorized, to practice in Illinois who are engaged in the practice of law;

escrow agents, accountants, broker dealers in securities, or investment advisors in securities, when acting in the ordinary practice of their professions and through the entity used in the ordinary practice of their profession;

any bank, agent of a bank, operating subsidiary of a bank, affiliate of a bank, trust company, savings and loan association, savings bank, credit union, crop credit association, development credit corporation, industrial development corporation, title insurance company, title insurance agent, independent escrowee or insurance company operating or organized under the laws of a state or the United States, or any other person authorized to make loans under State law while acting in the ordinary practice of that business;

any person who performs credit services for his or her employer while receiving a regular salary or wage when the employer is not engaged in the business of offering or providing debt settlement service;

a collection agency licensed pursuant to the Collection Agency Act [225 ILCS 425] that is collecting a debt on its own behalf or on behalf of a third party; an organization that is described in 26 USC 501(c)(3) and subject to 26 USC 501(q) and exempt from tax under 26 USC 501(a) and governed by the Debt Management Service Act [205 ILCS 665];

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public officers while acting in their official capacities and persons acting under court order;

any person while performing services incidental to the dissolution, winding up, or liquidating of a partnership, corporation, or other business enterprise; or

persons licensed under the Real Estate License Act of 2000 [225 ILCS 454] when acting in the ordinary practice of their profession and not holding themselves out as debt settlement providers. [225 ILCS 429/10]

"Debt settlement services" means:

offering to provide advice or service, or acting as an intermediary between or on behalf of a consumer and one or more of a consumer's creditors, when the primary purpose of the advice, service, or action is to obtain a settlement, adjustment, or satisfaction of the consumer's unsecured debt to a creditor in an amount less than the full amount of the principal amount of the debt or in an amount less than the current outstanding balance of the debt; or

offering to provide services related to or providing services advising, encouraging, assisting, or counseling a consumer to accumulate funds for the primary purpose of proposing or obtaining or seeking to obtain a settlement, adjustment, or satisfaction of the consumer's unsecured debt to a creditor in an amount less than the full amount of the principal amount of the debt or in an amount less than the current outstanding balance of the debt.

"Debt settlement services" does not include:

the services of attorneys licensed, or otherwise authorized, to practice in Illinois who are engaged in the practice of law; or

debt management service as defined in the Debt Management Service Act. [225 ILCS 429/10]

"Department" means the Department of Financial and Professional Regulation.

"Division" means the Department of Financial and Professional Regulation-

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Division of Financial Institutions.

"Provider fee" means the fee charged by the provider in return for debt settlement services. Provider fees generally consist of:

enrollment or set up fees paid by the consumer in connection with establishing a contract or other agreement related to the provision of debt settlement service; and/or

maintenance fees paid by the consumer on a periodic basis for contractually outlined debt settlement service.

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

Section 145.10 Office Records

- a) Required Files
 - 1) Every debt settlement provider shall keep the following records, if applicable, or their equivalent in accord with generally accepted accounting principles as approved by the Department of Financial and Professional Regulation-Division of Financial Institutions:
 - A) Client File
 - B) Client Activity Record
 - C) Payment Detail Report
 - D) Index System
 - 2) If a computerized system is in use, debt settlement provider shall maintain a permanent file of back-up computer media for the end of each month.
 - 3) All books and records shall be kept current and available for examination by the Division.
- b) Client File

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The client file shall contain the following: the original contract; a list of creditors, including the balance owed to each and any payments due; the total amount of any fees paid by the debtor; the amount held in trust (if applicable); any settlement offers made and received on each of the debtor's accounts; all evidence of any legally enforceable settlements with the debtor's creditors; a written analysis of the debtor's income and expenses to substantiate that the plan of payment is feasible and practical; and copies of all receipts issued for each payment made by the debtor.

c) Client Activity Record

The Client Activity Record shall contain the original entry, be a permanent record, and show the debtor's account number, name, address, date of contract, total indebtedness, monthly receipts, any fees charged, amounts disbursed to creditors, if applicable, and the estimated term of the contract to satisfy the amount owed.

- 1) If a contract is cancelled by a debt settlement provider or debtor and a fee is claimed but not paid, the debtor activity record shall show the reason for cancellation and the amount of any fee claimed to be owed.
- 2) If legal action is taken to collect an unpaid fee, the client activity record shall include a copy of the judgment or action taken.
- 3) A separate file of all litigation accounts shall be maintained in the office of the debt settlement provider.

d) Payment Detail Report

An individual Payment Detail Report shall be maintained for each debtor, corresponding to the monthly accounting provided to the debtor pursuant to Section 65(c) of the Act.

- 1) A file shall be kept containing the paid or canceled Payment Detail Reports for a period of 5 years, showing the receipts and disbursements, if applicable, in full and the total amount of fees collected. In a non-computerized system, adding machine tapes verifying the receipts against all disbursements, including total fees, shall be attached to each client file.
- 2) The entries on the Payment Detail Report shall correspond with the monthly accounting given to the debtor and shall reflect all funds

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submitted by the debtor during the month and all disbursements from those funds, showing all amounts retained by the licensee as provider fees and all amounts paid to creditors.

- 3) In a non-computerized system, all entries shall be made in ink and no erasures whatsoever may be made on the report. In case of error, a line should be drawn in ink through the improper entry and the correct entry made on the following line. No entries shall be masked, covered or rendered illegible.
- e) **Index System**
An alphabetical index system shall be kept indicating name and address of clients, account number, date of contract and total indebtedness.

Section 145.20 Disposal of Records

- a) When disposing of records that contain personal information, including, but not limited to, social security numbers, driver's license numbers or non-driver identification card numbers, financial account numbers or codes, debit card numbers or codes, automated teller machine card numbers or codes, electronic serial numbers, or personal identification numbers, a debt settlement provider shall take all reasonable measures necessary to protect against unauthorized access to or use of the records.
- b) **Compliance Methods**
 - 1) Debt settlement providers must maintain and enforce policies and procedures to implement this Section, and the measures that may be taken to comply with this Section include the following:
 - A) implementing and monitoring compliance with policies and procedures that require the burning, pulverizing or shredding of paper documents containing personal information so that the personal information cannot practicably be read or reconstructed;
 - B) implementing and monitoring compliance with policies and procedures that require the destruction or erasure of electronic media and other nonpaper media containing personal information

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so that the personal information cannot practicably be read or reconstructed.

- 2) A debt settlement provider may enter into a written contract with a third party engaged in the business of record destruction to dispose of records containing personal information.

Section 145.30 Bank Account, If Applicable

- a) Trust account bank statements and cancelled checks shall be retained at the office of the debt settlement provider for a period of 3 years.
- b) Copies of the original trust account bank statement and canceled checks, in hard copy, microfilm or microfiche, or by other electronic means, shall be kept at the office of the debt settlement provider, at debt settlement provider's headquarters, or at an off-site storage facility for a period of 5 years.

Section 145.40 Application for License

- a) At the time of making an application, applicant shall pay to the Secretary the non-refundable sum of \$350 as an application fee and the additional sum of \$1,000 as an annual license fee. The applicant shall also, as required by Section 20 of the Act, submit to the Secretary a surety bond in the sum of \$100,000.
- b) An application for a license must be in writing, under oath, and in the form the Secretary prescribes.
 - 1) The application shall contain the following:
 - A) The name of the applicant and the address of the proposed place of business;
 - B) The form of business organization of the applicant, including:
 - i) a copy of its filed articles of incorporation;
 - ii) a copy of the filed articles of organization, if the applicant is a limited liability company;

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- iii) a certified statement of the ownership of the partnership and any subsequent changes to the ownership, if the applicant is a partnership;
- C) The name, business and home address, credit report (except for a publicly traded company) and a chronological summary of the business experience, material litigation history, and felony convictions over the preceding 10 years of:
- i) the proprietor, if the applicant is an individual;
 - ii) every general partner, if the applicant is a partnership;
 - iii) president, secretary, executive and senior vice presidents, directors and individuals owning more than 25% of the corporate stock, if the applicant is a corporation; and
 - iv) the manager and members, if the applicant is a limited liability company.
- 2) Unless requested to do so by the Secretary, a licensee shall not submit the information required in subsections (b)(1)(B) and (C) if the licensee has submitted the information to the Division in a previous license application within the last 5 years and there have been no material changes.
- 3) The most current year end financial statements, prepared in accordance with generally accepted accounting principles, and a balance sheet and statement of operations as of the most recent quarterly report before the date of the application.
- 4) A list of all states in which the applicant is licensed as a debt settlement provider and whether the license of the applicant has ever been withdrawn, refused, cancelled or suspended in any other state, with full details.
- c) The Secretary may not issue a license unless and until he or she makes the findings set forth in Section 25 of the Act. These findings include that the financial responsibility, experience, character and general fitness of the applicant are such as to command the confidence of the community and to warrant the belief that the business will be operated fairly, honestly and efficiently, and within

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the provisions and purposes of the Act. For purposes of this subsection, community means members of the public. Evidence of fairness, honesty and efficiency includes, but is not limited to, evidence that the applicant will conduct business in accordance with the Act, this Part and all federal and state statutes applicable to its business; that the applicant has no prior felony convictions within the past 10 years; that the applicant has no convictions of any crimes or findings of liability in civil actions involving dishonesty or deceit within the past 10 years; and that the applicant has no previous violations of any provision of the Act or any false statements or representations to the Secretary in applying for a license under this Section. Unless the Secretary makes these findings, he or she shall not issue a license, shall notify the applicant of the denial and shall return to the applicant the sum paid by the applicant as a license fee, but shall retain the \$350 application fee. The Secretary shall approve or deny every application for license within 60 days from the filing of the application with the required fee.

- d) Debt settlement providers have until June 14, 2011 in which to submit to the Division an application for a debt settlement provider license.
- e) Debt settlement providers must be in good standing and in statutory compliance in the state of incorporation or, when the applicant is an entity other than a corporation, must be properly registered under the laws of this State or another state and, if required, the corporation or entity must be authorized to do business in the State of Illinois.
- f) A debt settlement provider that is a corporation must notify the Secretary within 15 days after a person becomes a controlling person. Upon notification, the Secretary may require all information he or she considers necessary to determine if a new application is required. A debt settlement provider that is an entity other than a corporation shall submit a new application to the Secretary seeking prior approval whenever a person proposes to become a controlling person or acquire an ownership interest. Controlling person means a person owning or holding the power to vote 25% or more of the outstanding voting securities of a debt settlement provider or the power to vote the securities of another controlling person of the debt settlement provider. For purposes of determining the percentage of a debt settlement provider controlled by a controlling person, the person's interest shall be combined with the interest of any other person controlled, directly or indirectly, by that person or by a spouse, parent, or child of that person.

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Section 145.45 Renewal

Each licensed debt settlement provider may make application to the Secretary for annual renewal of its license on the form prescribed by the Secretary, accompanied by the annual license fee of \$1,000, together with a surety bond in the amount of \$100,000 or an additional amount as required by the Secretary, considering the amount of disbursements made by the licensee in the previous year. The application must be received by the Department no later than December 1 of the year preceding the year for which the application is made.

Section 145.50 License

- a) For purposes of determining an applicant's qualifications for a license as a debt settlement provider, the Division shall find an applicant financially responsible if it has a positive net worth of at least \$30,000. Net worth means total assets minus total liabilities.
- b) An applicant shall possess at least 6 months of relevant experience as a debt settlement provider attained prior to August 3, 2010, under a prior debt settlement provider license, as an employee of a licensee, or in another state, or other relevant business experience relating to the field of debt settlement, including but not limited to debt management and credit counseling.
- c) Application Reputation
 - 1) In order to determine the applicant's general fitness and character, the Secretary may require applicants to submit letters of recommendation from at least 2 persons familiar with the applicant or the applicant's business and setting forth that the applicant mentioned: is personally known to them to be trustworthy and reputable; has business experience qualifying the applicant to competently conduct, operate, own or become associated with a debt settlement provider; and has a good business reputation and is worthy of a license.
 - 2) Evidence of a lack of trustworthiness, competency and good business reputation includes, but is not limited to, the applicant's record of having defaulted in the payment of money collected for others, discharge of debt through bankruptcy proceedings, any felony conviction or conviction of any crime involving dishonesty or deceit within the past 10 years, previous violations of any provision of the Act or any false statements or

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representations to the Secretary in applying for a license under this Section.

- d) Any applicant applying as a debt settlement provider shall submit the required bond, the application for license and all required information at the time of application for a license.

Section 145.60 Examination

- a) The Division will conduct an examination of a licensee's or license applicant's records and business practices when necessary to make a licensure determination or in investigation of a complaint. The Division will also conduct examinations as it deems necessary to determine compliance with the Act and this Part.
- b) The Division shall charge \$400 for each examiner day or part thereof and actual travel costs for any examination of records conducted pursuant to the Act.
- c) The Division may conduct an examination for the purpose of verifying that the debt settlement provider has taken necessary actions to correct violations of the Act and/or this Part and shall charge the licensee \$550 for each examiner day or portion of a day when the Secretary determines the verification examination must be performed on site at any facility of the debt settlement provider.

Section 145.70 Prohibited Activities

- a) A debt settlement provider shall not take:
 - 1) Any contract, promise to pay, or other instrument that has any blank spaces when signed by a debtor;
 - 2) Any negotiable instrument for the debt settlement provider's charges;
 - 3) Any note, wage assignment, real estate or chattel mortgage, or other security to secure the licensee's charges;
 - 4) Any confession of judgment or power of attorney to confess judgment against the debtor or to appear for the debtor in a judicial proceeding;
 - 5) Any real or personal property as security for payment of a fee;

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- 6) Concurrent with the signing of the contract or as part of the application for the contract, a release of any obligation to be performed on the part of the debt settlement provider.
- b) A debt settlement provider shall not take an appointment as attorney in fact or power of attorney.
- c) A debt settlement provider shall not take any legal instrument from the debtor other than the service contract and authorized rider.
- d) A debt settlement provider shall not accept a fee from any person or other entity in exchange for referring potential customers.
- e) No fees shall be paid to an attorney, lending institution, or any other source for the referral of customers.
- f) A debt settlement provider shall not solicit or require a debtor to purchase, or agree to purchase, any policy of insurance.
- g) A debt settlement provider shall not lend money or extend credit or include in the contract any debts not established prior to the execution of the contract.
- h) No advance of the debt settlement provider's funds on the debtor's behalf shall be made by a debt settlement provider to any creditor or to the debtor.
- i) A debt settlement provider shall not charge any fees for providing account statements or proofs of payment.

Section 145.80 Revocation – Suspension – Surrender of License

- a) If it is determined that the Secretary had the authority to issue the suspension or revocation of a license pursuant to Section 50 of the Act, he or she may issue orders as may be reasonably necessary to correct, eliminate or remedy the situation.
- b) A debt settlement provider may surrender any license by delivering to the Secretary written notice that it surrenders the license, but the surrender shall not affect the debt settlement provider's civil or criminal liability for acts committed

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prior to the surrender, or affect the liability on its bond or bonds, or entitle the debt settlement provider to a return of any part of the annual license fee.

- c) An applicant or licensee affected by a licensure action of the Secretary may request a hearing under Section 145.125 of this Part and Section 50 of the Act. Final decisions of the Secretary are subject to review under the Administrative Review Law [735 ILCS 5/Art. III].

Section 145.90 Annual Report

- a) A debt settlement provider must file an annual report with the Secretary pursuant to Section 33 of the Act on or before March 1 for the previous calendar year. The annual report must contain a declaration executed by an official authorized by the debt settlement provider under penalty of perjury that states that the report complies with Section 33 of the Act. The report shall be in a form prescribed by the Secretary. The Secretary will maintain the annual report form on the Division's website for a period of 2 years after submittal.
- b) The annual report form must include all of the following data:
 - 1) for each Illinois resident:
 - A) the number of accounts enrolled;
 - B) the principal amount of debt at the time each account was enrolled;
 - C) the status of each account (for example, active or terminated);
 - D) whether the account has been settled and, if so, the settlement amount and the corresponding principal amount of debt enrolled for that account;
 - E) the total amount of provider fees paid;
 - F) whether the creditor has filed suit on the account debt;
 - G) the date the resident is expected to complete the debt settlement program; and

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- H) the date the resident cancelled, terminated or became inactive in the program, if applicable;
- 2) for persons completing the program during the reporting period, the median and mean percentage of savings and the median and mean provider fees paid;
- 3) for persons who cancelled, became inactive, or terminated the program during the reporting period, the median and mean percentage of the savings and the median and mean provider fees;
- 4) the percentage of Illinois residents who cancelled, terminated, became inactive, or completed the program without the settlement of all of the enrolled debt; and
- 5) the total amount of fees collected from Illinois residents.

Section 145.100 Proof of Payment

Upon completion of the contract, the debt settlement provider shall mail a statement to the debtor stating that the account has been closed and listing the name and address of each creditor paid in full and names and addresses of any creditors remaining unpaid.

Section 145.105 Trust Funds

- a) All funds received by a debt settlement provider or its agent from a debtor, for the purpose of paying bills, invoices or accounts of that debtor, shall constitute trust funds owned by and belonging to the debtor from whom they were received. All such funds received by the provider shall be separated from the funds of the provider not later than the end of the business day following receipt by the provider. All trust funds shall be kept separate and apart at all times from funds belonging to the provider or any of its officers, employees or agents and may be used for no purpose other than paying bills, invoices or accounts of the debtor and for provider fees. All debtor payments received at the main or branch offices of a provider shall be deposited, on or before the close of the business day following receipt, in a federally insured bank in trust for the benefit of the payor.

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- b) Funds segregated for the debtor are not subject to attachment, lien, levy of execution or sequestration by order of court as assets of the debt settlement provider.
- c) A debt settlement provider shall maintain records of the amounts of all deposits into and payments out of the trust account for each consumer it services. The records shall be maintained for 5 years after the date of transaction.
- d) At least once every month, the debt settlement provider shall render an accounting to the debtor that itemizes the total amount received from the debtor, the total amount paid each creditor, the amount of provider fees deducted, and any amount held in reserve, if applicable, and the status of each of the debtor's enrolled accounts. A debt settlement provider shall, in addition, provide an accounting to a debtor within 7 days after written demand, but not more than 3 times per 6 month period.
- e) Nothing in the Act requires the establishment of a trust account if no consumer funds are held or controlled by the provider that are to be distributed to creditors, i.e., if the only funds received are in payment of provider fees.

Section 145.110 Advertising and Marketing Practices

- a) Upon request of the Division, a debt settlement provider shall forward to the supervisor of the Consumer Credit Section the complete text of all advertising copy, whether printed or broadcast, for which questions have been raised concerning compliance with the Act.
- b) A debt settlement provider may indicate in advertising and otherwise that its business is "regulated" or "examined" or "supervised" or "licensed" by the State of Illinois. A debt settlement provider may not advertise in a false, misleading or deceptive manner.
- c) Should any advertisement by a debt settlement provider state the amount of any fees or charges, the advertisement shall comply with the provisions of the Act and this Part.
- d) A debt settlement provider shall not advertise that business is conducted anywhere other than at the debt settlement providers' principal business location or other location approved by the Secretary.

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- e) A debt settlement provider must include in any advertisement a prominent statement that legal advice cannot be provided and that it is recommended that consumers consult with an attorney.

Section 145.120 Receipts

- a) The receipt that a debt settlement provider issues shall include the following:
 - 1) The name and address or other identifying information of the individual who submits the payment to the provider;
 - 2) The amount of money received and the form of payment (cash, check number, money order, etc.);
 - 3) The date the money was received by the provider;
 - 4) The representative of the provider who accepted the payment; and
 - 5) A transaction or confirmation number that can be matched with the office record of the provider.
- b) A debt settlement provider shall not charge a fee for issuing any receipt.

Section 145.125 Hearing Procedures

- a) Hearings
After receipt of a written request for a hearing, the Secretary shall send a Notice of Hearing to the respondent requesting the hearing, by certified mail, at least 10 days prior to the date set for the hearing. The Notice shall include the date and the time and place of the hearing to review the propriety of any administrative actions made pursuant to the Act.
- b) The Secretary may designate, in writing, a Hearing Officer who shall have the minimum qualification of being licensed to practice law in Illinois. The Hearing Officer may be disqualified for bias or conflict of interest. The Hearing Officer shall have the authority to:
 - 1) Examine or permit examination of any witness under oath;

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- 2) Determine the order of appearance of all parties;
 - 3) Receive all evidence and testimony and rule on its admissibility, as well as require the production of any relevant document or witness;
 - 4) Rule on objections to evidence;
 - 5) Make a written report with recommendations to the Secretary, which shall include findings of fact and conclusions of law. Findings of fact shall be based exclusively on the evidence and on matters officially noticed; and
 - 6) Require any party or his or her attorney to provide proposed findings of fact or conclusions of law for consideration in the report.
- c) General Provisions
- 1) Delivery of notice shall be deemed complete when the notice is deposited in the United States mail.
 - 2) Continuances
 - A) A continuance shall be granted for good cause by the Hearing Officer, which shall be:
 - i) In writing and signed by the respondent or his or her attorney and shall state the reasons for the request.
 - ii) Delivered to the Hearing Officer at least three days prior to the scheduled hearing.
 - B) For the purposes of this subsection (c)(2), good cause shall require the respondent to demonstrate real and compelling need for additional time. Examples of good cause include illness of the respondent or the respondent's representative or service in the armed forces.
 - 3) A court reporter shall be present and considered part of the costs of the hearing.

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- d) Conduct of Hearings
- 1) The Hearing Officer shall open the hearing by presenting for the record his or her letter of authorization from the Secretary.
 - 2) The rules of evidence and privilege as applied in civil cases in the Circuit Courts of this State shall be followed. The Hearing Officer may admit evidence not admissible under those rules if the evidence may be relevant to the case.
 - 3) The Hearing Officer may, on his or her own motion or the motion of one of the parties, take notice of matters of which the Circuit Courts of this State may take judicial notice. *Notice may be taken of generally recognized technical or scientific facts within the Department's specialized knowledge if parties are notified, before or during the hearing, and shall be afforded an opportunity to contest the material so noticed.* [5 ILCS 100/10-40(c)] The burden of opposing any material admitted upon notice shall be upon the opposing party.
 - 4) Failure of the respondent to attend the hearing shall result in dismissal of the respondent's petition and an entry of a default against the respondent. Within 30 days after dismissal of the respondent's petition, the respondent may petition the Hearing Officer for reconsideration if the respondent can establish that his or her failure to attend was caused by events beyond his or her control and he or she exercised due diligence to attend or seek a continuance.
 - 5) The record of any hearing shall include:
 - A) All pleadings and evidence received, whether admitted or excluded;
 - B) A statement of all matters officially noticed;
 - C) All offers of proof, objections and rulings on that proof and those objections;
 - D) All proposed findings and exceptions;

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- E) Any decision, opinion, or report by the Hearing Officer;
 - F) Any evidence excluded by the Hearing Officer, even though the evidence is not used in the determination of the claim;
 - G) A proceeding transcript that shall be recorded to adequately ensure the preservation of the testimony.
- 6) Within 60 days after the hearing or the receipt of all necessary documents, the Hearing Officer shall report to the Secretary as required by subsection (b)(5).
 - 7) Within 30 days after receiving the report of the Hearing Officer, the Secretary shall issue a decision that shall be served on the respondent by registered or certified mail, return receipt requested. Copies of the Hearing Officer's report to the Secretary are available upon written request.

Section 145.130 Name Change

Whenever the licensee desires to amend the name of the licensed business, the licensee shall submit to the Division, within 15 days after amending the name, the following:

- a) \$300 amended name change fee.
- b) Amended Articles of Incorporation, if the licensee is a corporation.
- c) Amended organization papers, if the licensee is an entity other than a corporation.

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- 1) Heading of the Part: Hospital Licensing Requirements
- 2) Code Citation: 77 Ill. Adm. Code 250
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
250.160	Amend
250.1910	Amend
250.1980	Amend
250.2450	Amend
250.2460	Amend
250.2470	Amend
250.2480	Amend
250.2490	Amend
250.2500	Amend
250.2610	Amend
250.2620	Amend
250.2630	Amend
250.2640	Amend
250.2650	Amend
250.2660	Amend
250.2670	Amend
250.2680	Amend
- 4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- 5) Effective Date of Rulemaking: March 31, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: October 8, 2010; 34 Ill. Reg. 15127
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No

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- 11) Differences between proposal and final version: No changes were made in response to comments received during the first notice or public comment period.

The following changes were made in response to comments and suggestions of JCAR:

1. In Section 250.2450(c)(1), "Hospitals shall have policies and procedures for readily gaining access to a locked bathroom in a patient's room. (Section 11.6 of the Act)" was inserted after the period.
2. In Section 250.2450(c)(2)(I), "delayed egress" was inserted after "All".
3. In Section 250.2450(c)(2)(J), "locked doors that state" was changed to "electronic locked doors that state the action required to open the door. Electronic delayed egress type doors shall state".
4. In Section 250.2450(c)(2)(N), "24/7" was inserted before "staff", and "or an ADA compliant release device located within 5 feet of the door" and "The duty station shall be located within the locked unit and staff shall be able to observe the door directly or by remote video." were added after "station" and the period, respectively.
5. In Section 250.2450(c)(2)(O), "two electronic locking devices" was added after "than", and "one such device" was stricken, and "one of which may be delayed egress" was added before the period.
6. In Section 250.2450(c)(2), (P) was changed to "P) Complete smoke detection shall be provided throughout the entire secured unit.".
7. In Section 250.2640(a)(1), "Subparagraph 2," was stricken, and "subsection (a)(2)" was added.

In addition, various typographical, grammatical and form changes were made in response to JCAR comments.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No

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- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of the Rulemaking: This Part titled "Hospital Licensing Requirements" establishes minimum standards for hospitals in Illinois, including design and construction standards for new hospitals and minimum construction standards for existing hospitals.

This rulemaking amends two Sections in Subpart P, the six construction Sections in Subpart T, and all eight Sections in Subpart U. These Sections contain references to National Fire Protection Association building and life-safety codes and other design standards listed in Section 250.160 (Incorporated and Referenced Materials). While that Section was brought up to date with comprehensive amendments in the spring of 2008, the citations in the corresponding construction Sections were not changed. Some of these Sections have not been amended or updated since the 1980s, making for huge discrepancies between them and Section 250.160 and with current construction standards.

In each Section, the dates of the NFPA Standards are stricken, meaning that as new NFPA Standards are published in the future, the Department will have to amend only Section 250.160. Additionally, numerous technical, grammatical, and form changes were made to bring the rules into conformity with current Secretary of State style requirements. Section 250.160 was amended to add the Private Sewage Disposal Code (77 Ill. Adm. Code 905).

Additionally, statutory language from Public Act 96-925, which requires hospitals to have policies for gaining access to locked bathroom doors, was added to Section 250.2450 (Details).

- 16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761

217/782-2043
e-mail: dph.rules@illinois.gov

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250

HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

Section

- 250.110 Application for and Issuance of Permit to Establish a Hospital
- 250.120 Application for and Issuance of a License to Operate a Hospital
- 250.130 Administration by the Department
- 250.140 Hearings
- 250.150 Definitions
- 250.160 Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION AND PLANNING

Section

- 250.210 The Governing Board
- 250.220 Accounting
- 250.230 Planning
- 250.240 Admission and Discharge
- 250.250 Visiting Rules
- 250.260 Patients' Rights
- 250.265 Language Assistance Services
- 250.270 Manuals of Procedure
- 250.280 Agreement with Designated Organ Procurement Agencies
- 250.285 Smoking Restrictions
- 250.290 Safety Alert Notifications

SUBPART C: THE MEDICAL STAFF

Section

- 250.310 Organization
- 250.315 House Staff Members
- 250.320 Admission and Supervision of Patients
- 250.330 Orders for Medications and Treatments

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250.340 Availability for Emergencies

SUBPART D: PERSONNEL SERVICE

Section

250.410 Organization
250.420 Personnel Records
250.430 Duty Assignments
250.435 Health Care Worker Background Check
250.440 Education Programs
250.450 Personnel Health Requirements
250.460 Benefits

SUBPART E: LABORATORY

Section

250.510 Laboratory Services
250.520 Blood and Blood Components
250.525 Designated Blood Donor Program
250.530 Proficiency Survey Program (Repealed)
250.540 Laboratory Personnel (Repealed)
250.550 Western Blot Assay Testing Procedures (Repealed)

SUBPART F: RADIOLOGICAL SERVICES

Section

250.610 General Diagnostic Procedures and Treatments
250.620 Radioactive Isotopes
250.630 General Policies and Procedures Manual

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

Section

250.710 Classification of Emergency Services
250.720 General Requirements
250.725 Notification of Emergency Personnel
250.730 Community or Areawide Planning
250.740 Disaster and Mass Casualty Program
250.750 Emergency Services for Sexual Assault Victims

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SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

Section	
250.810	Applicability of Other Parts of These Requirements
250.820	General
250.830	Classifications of Restorative and Rehabilitation Services
250.840	General Requirements for all Classifications
250.850	Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860	Medical Direction
250.870	Nursing Care
250.880	Additional Allied Health Services
250.890	Animal-Assisted Therapy

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section	
250.910	Nursing Services
250.920	Organizational Plan
250.930	Role in hospital planning
250.940	Job descriptions
250.950	Nursing committees
250.960	Specialized nursing services
250.970	Nursing Care Plans
250.980	Nursing Records and Reports
250.990	Unusual Incidents
250.1000	Meetings
250.1010	Education Programs
250.1020	Licensure
250.1030	Policies and Procedures
250.1035	Domestic Violence Standards
250.1040	Patient Care Units
250.1050	Equipment for Bedside Care
250.1060	Drug Services on Patient Unit
250.1070	Care of Patients
250.1075	Use of Restraints
250.1080	Admission Procedures Affecting Care
250.1090	Sterilization and Processing of Supplies
250.1100	Infection Control

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- 250.1110 Mandatory Overtime Prohibition
- 250.1120 Staffing Levels
- 250.1130 Nurse Staffing by Patient Acuity

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section

- 250.1210 Surgery
- 250.1220 Surgery Staff
- 250.1230 Policies & Procedures
- 250.1240 Surgical Privileges
- 250.1250 Surgical Emergency Care
- 250.1260 Operating Room Register and Records
- 250.1270 Surgical Patients
- 250.1280 Equipment
- 250.1290 Safety
- 250.1300 Operating Room
- 250.1305 Visitors in Operating Room
- 250.1310 Cleaning of Operating Room
- 250.1320 Postoperative Recovery Facilities

SUBPART K: ANESTHESIA SERVICES

Section

- 250.1410 Anesthesia Service

SUBPART L: RECORDS AND REPORTS

Section

- 250.1510 Medical Records
- 250.1520 Reports

SUBPART M: FOOD SERVICE

Section

- 250.1610 Dietary Department Administration
- 250.1620 Facilities
- 250.1630 Menus and Nutritional Adequacy
- 250.1640 Diet Orders

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250.1650	Frequency of Meals
250.1660	Therapeutic (Modified) Diets
250.1670	Food Preparation and Service
250.1680	Sanitation

SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

Section

250.1710	Housekeeping
250.1720	Garbage, Refuse and Solid Waste Handling and Disposal
250.1730	Insect and Rodent Control
250.1740	Laundry Service
250.1750	Soiled Linen
250.1760	Clean Linen

SUBPART O: MATERNITY AND NEONATAL SERVICE

Section

250.1810	Applicability of other Parts of these regulations
250.1820	Maternity and Neonatal Service (Perinatal Service)
250.1830	General Requirements for All Maternity Departments
250.1840	Discharge of Newborn Infants from Hospital
250.1850	Rooming-In Care of Mother and Infant
250.1860	Special Programs
250.1870	Single Room Maternity Care

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

Section

250.1910	Maintenance
250.1920	Emergency electric service
250.1930	Water Supply
250.1940	Ventilation, Heating, Air Conditioning, and Air Changing Systems
250.1950	Grounds and Buildings Shall be Maintained
250.1960	Sewage, Garbage, Solid Waste Handling and Disposal
250.1970	Plumbing
250.1980	Fire and Safety

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SUBPART Q: CHRONIC DISEASE HOSPITALS

Section	
250.2010	Definition
250.2020	Requirements

SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

Section	
250.2110	Service Requirements
250.2120	Personnel Required
250.2130	Facilities for Services
250.2140	Pharmacy and Therapeutics Committee

SUBPART S: PSYCHIATRIC SERVICES

Section	
250.2210	Applicability of other Parts of these Regulations
250.2220	Establishment of a Psychiatric Service
250.2230	The Medical Staff
250.2240	Nursing Service
250.2250	Allied Health Personnel
250.2260	Staff and Personnel Development and Training
250.2270	Admission, Transfer and Discharge Procedures
250.2280	Care of Patients
250.2290	Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
250.2300	Diagnostic, Treatment and Physical Facilities and Services

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

Section	
250.2410	Applicability of these Standards
250.2420	Submission of Plans for New Construction, Alterations or Additions to Existing Facility
250.2430	Preparation of Drawings and Specifications – Submission Requirements
250.2440	General Hospital Standards
250.2442	Fees

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250.2443	Advisory Committee
250.2450	Details
250.2460	Finishes
250.2470	Structural
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SUBPART U: CONSTRUCTION ~~REQUIREMENTS~~~~STANDARDS~~ FOR EXISTING
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250.2610	Applicability of Subpart U these Standards
250.2620	Codes and Standards
250.2630	Existing General Hospital Requirements Standards
250.2640	Details
250.2650	Finishes
250.2660	Mechanical
250.2670	Plumbing and Other Piping Systems
250.2680	Electrical Requirements

SUBPART V: SPECIAL CARE AND/OR SPECIAL SERVICE UNITS

Section

250.2710	Special Care and/or Special Service Units
250.2720	Day Care for Mildly Ill Children

SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

Section

250.2810	Applicability of Other Parts of These Requirements
250.2820	Establishment of an Alcoholism and Intoxication Treatment Service
250.2830	Classification and Definitions of Service and Programs
250.2840	General Requirements for all Hospital Alcoholism Program Classifications
250.2850	The Medical and Professional Staff
250.2860	Medical Records
250.2870	Referral
250.2880	Client Legal and Human Rights

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250.APPENDIX A	Codes and Standards (Repealed)
250.EXHIBIT A	Codes (Repealed)
250.EXHIBIT B	Standards (Repealed)
250.EXHIBIT C	Addresses of Sources (Repealed)
250.ILLUSTRATION A	Seismic Zone Map
250.TABLE A	Measurements Essential for Level I, II, III Hospitals
250.TABLE B	Sound Transmission Limitations in General Hospitals
250.TABLE C	Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)
250.TABLE D	General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E	Piping Locations for Oxygen, Vacuum and Medical Compressed Air
250.TABLE F	General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G	Insulation/Building Perimeter

AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390,

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effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011; amended at 35 Ill. Reg. 6386, effective March 31, 2011.

SUBPART A: GENERAL

Section 250.160 Incorporated and Referenced Materials

- a) The following regulations and standards are incorporated in this Part:
 - 1) Private and professional association standards:
 - A) American Society for Testing and Materials (ASTM), Standard No. E90-99 (2002): Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements, which may be obtained from the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959. (See Section 250.2420.)
 - B) The following standards of the American Society of Heating,

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Refrigerating, and Air Conditioning Engineers (ASHRAE), which may be obtained from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329: (See Section 250.2480.)

- i) ASHRAE Handbook of Fundamentals (2005);
- ii) ASHRAE Handbook for HVAC Systems and Equipment (2004);
- iii) ASHRAE Handbook-HVAC Applications (2003).

C) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169:

- i) NFPA No.101 (2000): Life Safety Code; (See Sections 250.2420, 250.2450, 250.2460, 250.2470, and 250.2490.)
- ii) NFPA No.10 (1998): Standards for Portable Fire Extinguishers; (See Section 250.1980.)
- iii) NFPA No.13 (1999): Standards for the Installation of Sprinkler Systems; (See Sections 250.2490 and 250.2670.)
- iv) NFPA No.14 (2000): Standard for the Installation of Standpipe, Private Hydrants and Hose Systems; (See Sections 250.2490 and 250.2670.)
- v) NFPA No.25 (1998): Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems;
- vi) NFPA No.30 (1996): Flammable and Combustible Liquids Code; (See Section 250.1980.)
- vii) NFPA No.45 (1996): Standard on Fire Protection for Laboratories Using Chemicals;

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- viii) [NFPA No. 54](#) (1999): National Fuel Gas Code;
- ix) [NFPA No. 70](#) (1999): National Electrical Code; (See Sections 250.2440 and 250.2500.)
- x) [NFPA No. 72](#) (1999): National Fire Alarm Code;
- xi) [NFPA No. 80](#) (1999): Standard for Fire Doors and Fire Windows; (See Section 250.2450.)
- xii) [NFPA No. 82](#) (1999): Standard on Incinerators and Waste and Linen Handling Systems and Equipment; (See Section 250.2440.)
- xiii) [NFPA No. 90A](#) (1999): Standard for Installation of Air Conditioning and Ventilating Systems; (See Sections 250.2480 and 250.2660.)
- xiv) [NFPA No. 96](#) (1998): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations; (See Section 250.2660.)
- xv) [NFPA No. 99](#) (1999): Standard for Health Care Facilities; (See Sections 250.1410, 250.1910, 250.1980, 250.2460, 250.2480, 250.2490 and 250.2660.)
- xvi) [NFPA No. 101-A](#) (2001): Guide on Alternative Approaches to Life Safety; (See Section 250.2620.)
- xvii) [NFPA No. 110](#) (1999): Standard for Emergency and Standby Power Systems;
- xviii) [NFPA No. 220](#) (1999): Standard on Types of Building Construction; (See Sections 250.2470 and 250.2620.)
- xix) [NFPA No. 221](#) (1997): Standard for Fire Walls and Fire Barrier Walls;
- xx) [NFPA No. 241](#) (1996): Standard for Safeguarding

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Construction, Alteration and Demolition Operations;

- xxi) ~~NFPA No.~~ 255 and 258 (2000): Standard Method of Test of Surface Burning Characteristics of Building Materials, and Recommended Practice for Determining Smoke Generation of Solid Materials; (See Section 250.2480.)
- xxii) ~~NFPA No.~~ 701 (1999): Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. (See Sections 250.2460 and 250.2650.)
- D) American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, Sixth Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264). (See Section 250.1820.)
- E) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264). (See Section 250.1820.)
- F) National Council on Radiation Protection and Measurements (NCRP), Report ~~No.~~ 49: Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma Rays of Energies up to 10 MeV (1976) and NCRP Report ~~No.~~ 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) (1989), which may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Ave., Suite 800, Bethesda, Maryland 20814-3095. (See Sections 250.2440 and 250.2450.)
- G) DOD Penetration Test Method MIL STD ~~No.~~ 282 (1995): Filter Units, Protective Clothing, Gas-mask Components and Related Products: Performance Test Methods, which may be obtained from Naval Publications and Form Center, 5801 Tabor Avenue,

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Philadelphia, Pennsylvania 19120. (See Section 250.2480.)

- H) National Association of Plumbing-Heating-Cooling Contractors (PHCC), National Standard Plumbing Code (2003), which may be obtained from the National Association of Plumbing-Heating-Cooling Contractors, 180 S. Washington Street, P.O. Box 6808, Falls Church, Virginia 22046 (703-237-8100).
- I) The International Code Council, International Building Code (2000), which may be obtained from the International Code Council, 4051 Flossmoor Road, Country Club Hills, Illinois 60477-5795. (See Section 250.2420.)
- J) American National Standards Institute, Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped (1968), which may be obtained from the American National Standards Institute, 25 West 433rd Street, 4th Floor, New York, New York 10036. (See Section 250.2420.)
- K) Accreditation Council for Graduate Medical Education, Essentials of Accredited Residencies in Graduate Medical Education (1997), which may be obtained from the Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, Illinois 60610. (See Section 250.315.)
- L) Joint Commission on Accreditation of Healthcare Organizations, 2006 Hospital Accreditation Standards (HAS), Standard PC.3.10, which may be obtained from the Joint Commission on Accreditation of Healthcare Organizations, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. (See Section 250.1035.)
- M) National Quality Forum, Safe Practices for Better Health Care (2009), which may be obtained from the National Quality Forum, 601 13th Street, NW, Suite 500 North, Washington DC 20005, or from www.qualityforum.org.

- 2) Federal Government Publications:

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- A) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" and "Guidelines for Infection Control in Health Care Personnel, 1998, which may be obtained from National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161. (See Section 250.1100.)
 - B) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations – Animals in Health Care Facilities", "Morbidity and Mortality Weekly Report", June 6, 2003/Vol. 52/No. RR-10, which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, MS K-95, Atlanta, Georgia 30333.
 - C) Department of Health and Human Services, United States Public Health Services, Centers for Disease Control and Prevention, "Guidelines for Hand Hygiene in Health-Care Settings", October 25, 2002, which may be obtained from the National Technical Information Services (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161.
 - D) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008", which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333.
- b) All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments subsequent to the date specified.
 - c) The following statutes and State regulations are referenced in this Part:

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- 1) State of Illinois statutes:
 - A) Hospital Licensing Act [210 ILCS 85].
 - B) Illinois Health Facilities Planning Act [20 ILCS 3960].
 - C) Medical Practice Act of 1987 [225 ILCS 60].
 - D) Podiatric Medical Practice Act of 1987 [225 ILCS 100].
 - E) Pharmacy Practice Act of 1987 [225 ILCS 85].
 - F) Physicians Assistant Practice Act of 1987 [225 ILCS 95].
 - G) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25].
 - H) X-ray Retention Act [210 ILCS 90].
 - I) Safety Glazing Materials Act [430 ILCS 60].
 - J) Mental Health and Developmental Disabilities Code [405 ILCS 5].
 - K) Nurse Practice Act [225 ILCS 65].
 - L) Health Care Worker Background Check Act [225 ILCS 46].
 - M) MRSA Screening and Reporting Act [210 ILCS 83].
 - N) Hospital Report Card Act [210 ILCS 88].
 - O) Illinois Adverse Health Care Events Reporting Law of 2005 [410 ILCS 522].
 - P) Smoke Free Illinois Act [410 ILCS 82].
- 2) State of Illinois rules:
 - A) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890).

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- B) Department of Public Health, Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545).
- C) Department of Public Health, Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- D) Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750).
- E) Department of Public Health, Public Area Sanitary Practice Code (77 Ill. Adm. Code 895).
- F) Department of Public Health, Maternal Death Review (77 Ill. Adm. Code 657).
- G) Department of Public Health, Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693).
- H) Department of Public Health, Control of Tuberculosis Code (77 Ill. Adm. Code 696).
- I) Department of Public Health, Health Care Worker Background Check Code (77 Ill. Adm. Code 955).
- J) Department of Public Health, Language Assistance Services Code (77 Ill. Adm. Code 940).
- K) [Department of Public Health, Private Sewage Disposal Code \(7 Ill. Adm. Code 905\).](#)
- L)~~K~~) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400).
- M)~~L~~) State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120).
- N)~~M~~) State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100).

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~~O)N)~~ Illinois Emergency Management Agency, Standards for Protection Against Radiation (32 Ill. Adm. Code 340).

~~P)Θ)~~ Illinois Emergency Management Agency, Use of X-rays in the Healing Arts Including Medical, Dental, Podiatry, and Veterinary Medicine (32 Ill. Adm. Code 360).

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

Section 250.1910 Maintenance

The hospital shall have~~There shall be~~ an organized engineering and/or maintenance department under competent supervision. The requirements of NFPA ~~Standard No. 99 (1993)~~, "Health Care Facilities Code," shall apply in addition to the following:

- a) ~~The administrator shall be responsible~~Responsibility for maintenance of the physical plant site, equipment and systems ~~and shall be vested in the administrator who~~ may delegate responsibility to the proper employees. Maintenance services shall be under the supervision of a qualified engineer or persons who have had commensurate experience in the maintenance of public or private plants, preferably hospitals.
- b) Personnel engaged in maintenance activities shall receive orientation and follow-up training, including training in principles of asepsis, cross-infection control, and safe practices.
- c) The hospital shall have~~There shall be~~ an effective, organized, detailed preventive maintenance program. Written instructions for operating and maintaining equipment and the various mechanical, electrical, and other systems contained in the hospital shall be available to maintenance personnel.
- d) Maintenance and repairs shall be carried out in accordance with applicable codes, rules, regulations, standards and requirements of local jurisdictions, the State Fire Marshal, and the Department of Public Health.

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- e) Space and equipment shall be provided for the managerial activities of the supervisor of maintenance for repair work and for storage of maintenance materials. ~~Paints~~~~The storage of paints~~ and oils shall not be stored in patient areas ~~shall not be permitted~~.
- f) The hospital structure and its component parts and facilities shall be kept in good repair and maintained with consideration for the safety and comfort of the occupants of the building. Mechanical and electrical equipment shall be maintained in good repair and operating condition at all times.
- g) Roads, walks, and parking areas shall be properly maintained. (Refer to Subpart T and Subpart U of this Part.)

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.1980 Fire and Safety

- a) Buildings and equipment shall be ~~so~~-maintained so as to prevent fire and other hazards to personal safety.
- b) Exits, stairways, doors, and corridors shall be kept free of obstructions.
- c) Flammable and combustible liquids shall be labeled, stored, handled and used in compliance with the requirements of NFPA the National Fire Protection Association (NFPA) Standard No.30, "Flammable and Combustible Liquids Code."
- d) Flammable and non-flammable gases shall be labeled, handled, and used in compliance with the requirements of NFPA Standard No.99 (1993), "Health Care Facilities Code." Separate storage for flammable and oxidizing gases shall be provided.
- e) A master fire plan, developed to suit the needs of the facility, and acceptable to the Department, shall be maintained.
- f) Fire regulations listing the fire stations, procedures, and staff emergency duties by title or position, shall be posted conspicuously on each floor at appropriate locations, and shall be available in each unit, section, and department.

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- g) Employees shall be trained in procedures to be followed in the master fire plan.
- h) Fire drills shall be conducted at irregular intervals at least 12 times per year. A record shall be kept of the staff performance and results, and indicated corrective measures shall be made.
- i) Portable fire extinguishers, provided in accordance with NFPA ~~Standard No. 10 (1990)~~, "Installation of Portable Fire Extinguishers", shall be inspected at least annually, recharged or repaired as needed, and labeled with the dates of the last inspection.
- j) Sprinkler systems, fire hoses, fire detection and alarm devices, and other equipment for use in the fire safety program shall be connected and maintained in a fully functional condition at all times.
- k) Fire detection and protection systems shall be inspected no less than twice a year by a recognized competent authority. A written report of the inspection shall be kept on file at the hospital for at least three years following the date of inspection.
- l) The hospital shall maintain a procedure for reporting all accidents to patients, employees, or visitors to a designated administrative officer on a standard form adopted for ~~that~~ purpose, ~~all accidents to patients, staff employees, or visitors~~. The report shall include all pertinent information and shall be kept on file for not less than six years after the occurrence reported.
- m) The hospital shall maintain a procedure to investigate fires. A written report of the investigation containing all pertinent information shall be made. The report shall remain on file for not less than six years.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

Section 250.2450 Details

- a) Compartmentation, exits, automatic extinguishing systems, and other details relating to fire prevention and fire protection shall comply with requirements listed in the appropriate sections of ~~the~~ NFPA 101 National Fire Protection

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~~Association Standard 101 (1994)~~, "Life Safety Code."

- b) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.
- c) Doors
 - 1) Doors to patient rooms shall not be lockable from inside the room.
Hospitals shall have policies and procedures for readily gaining access to a locked bathroom in a patient's room. (Section 11.6 of the Act)
 - 2) Special Locking Arrangements: Electronic locking devices may be installed at specific locations to restrict egress or ingress for patient/staff safety or security, provided that each of the following is complied with and after receiving approval from the Department:
 - A) The facility ~~shall~~must submit a narrative to the Department providing a rationale for having a locked door in a required means of egress. The rationale ~~shall~~must relate to security issues.
 - B) The building ~~shall~~must be protected by a sprinkler or fire detection system approved by the Department.
 - C) All locking system components ~~shall~~must be U.L. listed.
 - D) Cross corridor, smoke, or control doors that are located in a required means of egress may ~~only~~ be secured only with electronic locks and automatic release devices. The use of only manual keys or tools ~~only~~ to unlock the door is not permitted.
 - E) Locked doors ~~shall~~must have continuous staff supervision (direct or electronic remote).
 - F) No other type of locking arrangement may be used in a required means of egress.
 - G) All locked doors ~~shall~~must release automatically with actuation of the fire alarm system.

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- H) All doors ~~shall~~**must** release automatically with loss of electrical power to the locking device.
- I) All delayed egress locks ~~shall~~**must** initiate an irreversible process that will release the lock within 15 seconds whenever a force of not more than 15 pounds is continuously applied to the release device (lever type handle or panic bar) for a period of not more than ~~three~~**3** seconds. Relocking of such doors shall be by manual means only. Operation of the release device activates a sign in the vicinity of the door to assure those attempting to exit that the system is functional. Delays of up to 30 seconds may be acceptable based on the program narrative.
- J) Permanent signs ~~shall~~**must** be posted on electronic locked doors that state the action required to open the door. Electronic delayed egress type doors shall state: "Push until alarm sounds. Door will be opened in 15 seconds." Sign letters ~~shall~~**must** be at least ~~one~~**1** inch high with 1/8-inch stroke. Signs may be omitted for security reasons based on the Department's review of the hospital's written rationale.
- K) Emergency lighting ~~shall~~**must** be provided at all locked door locations.
- L) The local fire department ~~shall~~**must** be fully apprised of locked doors or units and all related details of the system.
- M) Any discharge exit door may be locked against entry.
- N) Additional electronic release of locked doors initiated from a 24/7 staff duty station or an ADA compliant release device located within 5 feet of the door shall~~is to~~ be provided. The duty station shall be located within the locked unit and staff shall be able to observe the door directly to by remote video.
- O) No more than two electronic locking devices~~one such device~~ may be installed in any path of travel to exit discharge, one of which may be delayed egress.

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- P) [Complete smoke detection shall be provided throughout the entire secured unit.](#)
- d) The minimum width of all doors to rooms needing access for beds or stretchers shall be [3 feet, 8 inches](#)^{3'8"}. Doors to rooms needing access for wheelchairs shall have a minimum width of [2 feet, 10 inches](#)^{2'10"}.
- e) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type. Openings to showers, baths, patient toilets, and other small wet-type areas not subject to fire hazard are exempt from this requirement. Sliding doors with a break and swing feature are acceptable.
- f) Doors, except those to spaces such as small closets [that](#)~~which~~ are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width. (Large walk-in type closets are considered as occupiable spaces.)
- g) Windows shall be designed so that persons cannot accidentally fall out of them when they are open, or shall be provided with guards.
- h) Glazing
- 1) Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within 18 inches of the floor (thereby creating possibility of accidental breakage by pedestrian traffic) shall be glazed with safety glass or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings or recreation rooms and exercise rooms. Safety glass or plastic glazing materials shall be used for shower doors and bath enclosures. Fire-rated glass shall be used where required for fire safety.
 - 2) Safety glass or plastic glazing materials as noted above shall be used in windows and doors in patient areas of psychiatric facilities, if required by the program. See the Safety Glazing Materials Act for other requirements.
- i) Where labeled fire doors are required, these shall be certified by an independent

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testing laboratory as meeting the construction requirements equal to those for fire doors in NFPA ~~Standard No. 80, Standard for Fire Doors and Fire Windows. (1990), "Fire Doors and Windows."~~ Reference to a labeled door includes labeled frame and hardware.

- j) Elevator shaft openings shall be ~~Class~~ B 1½-hour-labeled fire doors.
- k) Linen and refuse chutes shall meet or exceed the following requirements:
 - 1) Service openings to chutes shall not be located in corridors or passageways but shall be located in a room of construction having a fire-resistance of not less than one hour. Doors to such rooms shall be not less than ~~Class~~ C ¾-hour-labeled doors.
 - 2) Service openings to chutes shall have approved self-closing ~~Class~~ B 1½-hour-labeled fire doors.
 - 3) ~~The minimum~~Minimum cross-sectional dimension of gravity chutes shall be not less than ~~2 feet~~2'0".
 - 4) Chutes shall discharge directly into collection rooms separated from incinerator, laundry, or other services. Separate collection rooms shall be provided for trash and for linen. The enclosure construction for such rooms shall have a fire-resistance rating of not less than two hours, and the doors thereto shall be not less than ~~Class~~ B 1½-hour-labeled fire doors. External discharge containers need not be enclosed.
 - 5) Gravity chutes shall extend through the roof with provisions for continuous ventilation as well as for fire and smoke ventilation. Openings for fire and smoke ventilation shall have an effective area of not less than that of the chute cross-section and shall be not less than ~~4 feet~~4'0" above the roof and not less than ~~6 feet~~6'0" clear of other vertical surfaces. Fire and smoke ventilating openings may be covered with single strength sheet glass or stronger.
 - 6) See NFPA ~~Standard No. 82, Standard on Incinerators and Waste and Linen Handling System and Equipment (1990), "Incinerators and Rubbish Handling."~~ for other requirements.

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- l) Dumbwaiters, conveyors, and material-handling systems shall not open directly into a corridor or exitway but shall open into a room enclosed by construction having a fire-resistance rating of not less than one hour and provided with ~~Class~~ C $\frac{3}{4}$ -hour-labeled fire doors. Service entrance doors to vertical shafts containing dumbwaiters, conveyors, and material-handling systems shall be not less than ~~Class~~ B $1\frac{1}{2}$ -hour-labeled fire doors. Where horizontal conveyors and material-handling systems penetrate fire-rated walls or smoke partitions, such openings ~~shall~~ must be provided with ~~Class~~ B $1\frac{1}{2}$ -hour-labeled fire doors for two-hour walls and ~~Class~~ C $\frac{3}{4}$ -hour-labeled fire doors for one-hour walls or partitions.
- m) Thresholds and expansion joint covers shall be ~~made~~ flush with the floor surface to facilitate use of wheelchairs and carts.
- n) Grab bars shall be provided at all patients' toilets, showers, tubs, and sitz baths. The bars shall have $1\frac{1}{2}$ -inch clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 pounds.
- o) Recessed soap dishes shall be provided at showers and bathtubs.
- p) Location and arrangement of ~~hand-washing~~ ~~handwashing~~ facilities shall permit their proper use and operation. Particular care ~~shall~~ should be given to the clearances required for blade-type operating handles.
- q) Mirrors shall not be installed at ~~hand-washing~~ ~~handwashing~~ fixtures in food preparation areas or in sensitive areas such as ~~nurseries, clean and sterile supplies~~ ~~Nurseries, Clean and Sterile Supplies~~, and scrub sinks.
- r) Paper towel dispensers and waste receptacles (or electric hand dryers) shall be provided at all ~~hand-washing~~ ~~handwashing~~ facilities except scrub sinks.
- s) Lavatories and ~~hand-washing~~ ~~handwashing~~ facilities shall be securely anchored to withstand an applied vertical load of not less than 250 pounds on the front of the fixture.
- t) Radiation protection requirements of X-ray and gamma ray installations shall conform with ~~the~~ National Council on Radiation Protection and Measurements (NCRP), Report ~~No. 4934~~: Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma Rays of Energies up to 10 MeV ~~(1976)~~ and

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NCRP Report ~~No. 102~~; Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) ~~(1989)~~. Provision shall be made for testing the completed installation. All ~~and all~~ defects shall~~must~~ be corrected before use.

- u) Ceiling heights shall be as follows:
- 1) Boiler rooms shall have ceiling clearances not less than 2 feet, 6 inches~~2'6"~~ above the main boiler header and connecting piping.
 - 2) Radiographic, operating, and delivery rooms~~Operating and Delivery Rooms~~, and other rooms containing ceiling-mounted equipment or ceiling-mounted surgical light fixtures, shall have height required to accommodate the equipment or fixtures.
 - 3) All other rooms shall have not less than 8-foot~~8'0"~~ ceilings, except that ceilings in corridors, storage rooms, toilet rooms, and other minor rooms shall be not less than 7 feet, 8 inches~~7'8"~~. Suspended tracks, rails, and pipes located in the path of normal traffic shall be not less than 6 feet, 8 inches~~6'8"~~ above the floor.
- v) Recreation rooms, exercise rooms~~Rooms, Exercise Rooms~~, and similar spaces where impact noises may be generated shall not be located directly over patient bed areas, or delivery or operating suites, unless special provisions are made to minimize such noise.
- w) Rooms containing heat-producing equipment (such as boiler or heater rooms and laundries~~Boiler or Heater Rooms and Laundries~~) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10°F (6°C) above the ambient room temperature.
- x) Noise reduction criteria shown in Table B~~the following table~~ shall apply to partition, floor, and ceiling construction in patient areas. (See ~~Section 250~~. Table B for sound transmission limitations in general hospitals.) (Table B is not~~Not~~ applicable to existing hospitals.)
- y) Elevators. All hospitals having patients' facilities (such as bedrooms, dining rooms, or recreation areas~~Bedrooms, Dining Rooms, or Recreation Areas~~) or critical services (such as operating, delivery, diagnostic, or therapy~~Operating,~~

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~~Delivery, Diagnostic, or Therapy~~) located on other than the main entrance floor shall have electric or electrohydraulic elevators.

- 1) Number of Elevators
 - A) At least one hospital-type elevator shall be installed where 1 to 59 patient beds are located on any floor other than the main entrance floor.
 - B) At least two hospital-type elevators shall be installed where 60 to 200 patient beds are located on floors other than the main entrance floor, or where the ~~major~~ inpatient services are located on a floor other than those containing patient beds. (Elevator service may be reduced for ~~other those~~ floors ~~which provide only partial inpatient services~~.)
 - C) At least three hospital-type elevators shall be installed where 201 to 350 patient beds are located on floors other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds. (Elevator service may be reduced for those floors which provide only partial inpatient services.)
 - D) For hospitals with more than 350 beds, the number of elevators shall be determined from a study of the hospital plan and the estimated vertical transportation requirements.
- 2) Cars and Platforms. Cars of hospital-type elevators shall have dimensions that will accommodate a patient bed and attendants and shall be at least 5 feet, 8 inches by 7 feet, 6 inches~~5'8" x 7'6"~~. The car door shall have a clear opening of not less than 3 feet, 8 inches~~3'8"~~.
- 3) Leveling. Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of + $\frac{1}{2}$ inch.
- 4) Operation. Elevators, except freight elevators, shall be equipped with a two-way special service key-operated switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

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- 5) Elevator controls, alarm buttons, and telephones shall be accessible to physically handicapped.
 - 6) Elevator call buttons, controls, and door safety stops shall be of a type that will not be activated by heat or smoke.
 - 7) Inspections and tests shall be made and written certification shall be furnished that the installation meets the requirements set forth in this Section and all applicable ~~NFPA and local safety regulations and~~ codes.
- z) Provisions for Natural Disasters
- 1) General Requirements. An emergency radio communication system is desirable in each facility. If installed, this system shall be self-sufficient in ~~a~~ time of emergency and shall also be linked with the available community system and state emergency medical network system, including connections with police, fire, and civil defense ~~system~~ system.
 - 2) Earthquakes. In regions where local experience shows that earthquakes have caused loss of life or extensive property damage, buildings and structures shall be designed to withstand the force assumptions specified in the ~~International Building Code~~ ~~BOCA National Building Code~~. Seismic zones are identified on the map ~~on~~ shown in ~~Section 250~~. Illustration A.
 - 3) Tornadoes and Floods. Special provisions shall be made in the design of buildings in regions where local experience shows loss of life or damage to buildings resulting from tornadoes or floods.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2460 Finishes

- a) Cubicle and window curtains and draperies shall be noncombustible or rendered flame retardant and shall pass both the large and small scale tests of ~~NFPA National Fire Protection Association Standard No. 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.~~ "Fire Tests for Flame-Resistant Textiles and Films."

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- b) Flame spread and smoke developed ratings of finishes shall be in accordance with NFPA ~~Standard No.~~101, "Life Safety Code."
- c) Floors in areas and rooms in which flammable anesthetic agents are stored or administered to patients shall comply with NFPA ~~Standard No.~~99, Standard for Health Care Facilities.~~"Health Care Facilities Code."~~ Conductive flooring may be omitted from emergency treatment, operating, and delivery rooms provided that a written resolution is signed by the hospital governing board stating that no flammable anesthetic agents will be used in these areas, and provided that appropriate notices are permanently and conspicuously affixed to the wall in each such area and room.
- d) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water resistant~~waterresistant~~ and greaseproof. Joints in tile and similar material in such areas shall be resistant to food acids. Floors in toilets, baths, janitor's closets, and similar areas shall be water resistant. In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.
- e) Wall bases in kitchens, operating and delivery rooms, soiled work rooms, and other areas that are frequently subject to wet cleaning methods shall be made integral and coved with the floor, tightly sealed to the wall, and constructed without surface voids that can harbor vermin.
- f) All wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Walls in surgery, delivery, kitchens and in other spaces subject to frequent cleaning shall have finishes that are smooth, sanitary, washable, and capable of withstanding treatment with harsh chemicals. The finishes shall be capable of being thoroughly cleaned, including concealed spaces~~be of suitable materials.~~
- g) Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of vermin, smoke, and fire. Joints of structural elements shall be similarly sealed.
- h) Ceilings shall be cleanable and shall meet the following criteria:
- 1) Unrestricted general access~~Those finishes in unrestricted~~ areas such as

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patient rooms, corridors, ~~offices~~office, and waiting areas ~~are general access areas and~~ may have non-restricted acoustical ceilings installed.

- 2) ~~Ceilings~~Those finishes in wet areas subject to frequent cleaning such as shower rooms, ~~and~~ toilet rooms, and dietary units shall have finishes that are smooth, sanitary, washable, and capable of withstanding treatment with harsh chemicals. The finishes ~~shall~~must be capable of being thoroughly cleaned, including any concealed spaces that may be present.
 - 3) Food preparation areas subject to frequent cleaning shall have ceiling finishes that are smooth, sanitary, washable, and capable of withstanding treatment with harsh chemicals.
 - 4) ~~Ceiling~~Ceilings finishes in areas such as clean corridors, central sterile supply spaces, specialized radiographic rooms, and minor surgical procedure rooms ~~shall~~must be smooth, scrubbable, non-absorptive, non-perforated, capable of withstanding cleaning with harsh chemicals, and without crevices that can harbor mold and bacterial growth. If a lay-in ceiling is provided, it shall be designed to prevent the passage of particles from the cavity above the ceiling plane into the semi-restricted environment. Perforated, tegular, serrated, cut, or highly textured tiles are not acceptable.
 - 5) Ceiling finishes in areas such as operating rooms and other rooms where open wounds are present shall be monolithic, scrubbable, and capable of withstanding harsh chemicals. Cracks or perforations in these ceilings are not allowed.
- i) The following areas shall have acoustical ceilings:
- 1) Corridors in patient areas;
 - 2) Nurses' stations;
 - 3) Labor rooms;
 - 4) Day rooms;
 - 5) Recreation rooms;

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- 6) Dining areas; and
- 7) Waiting areas.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2470 Structural

- a) In addition to compliance with ~~the standards set forth in~~ this Subpart, all applicable local or State building codes and regulations ~~shall~~**must** be observed.
- b) The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practice.
- c) Special provision shall be made for machines or apparatus loads that would cause a greater load than the specified minimum live load.
- d) Consideration shall be given to structural members and connections of structures that may be subject to earthquakes or tornadoes. (See Section 250.2450(z).) Floor areas where partition locations are subject to change shall be designed to support, for the partition, a uniformly distributed load of 25 p.s.f.
- e) Construction. Construction shall be in accordance with the requirements of ~~NFPA National Fire Protection Association Standard No. 101, (2000): "Life Safety Code,"~~ and the minimum requirements contained in this subsection (e).
 - 1) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than ~~1~~**one** foot below the estimated frost line or shall rest on leveled rock or load-bearing piles or caissons when solid ground is not encountered. Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of ground water. Test borings shall be taken to establish proper soil-bearing values for the soil at the building site.
 - 2) Assumed live loads shall be in accordance with the ~~BOCA~~ International Building Code.

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- 3) All hospitals of any height shall be of Type I or Type II construction as established by NFPA 101, [Life Safety Code, \(2000\)](#) and NFPA 220, [Standard on Types of Building Construction\(1999\)](#).

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2480 Mechanical

- a) General
 - 1) Mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of the plans and specifications.
 - 2) Upon completion of the contract, the owner shall obtain a complete set of [manufacturer'smanufacturers](#) installation, operating, maintenance, and preventive maintenance instructions, and [a](#) parts list with numbers and [a](#) description for each piece of equipment. The owner shall also obtain instruction in the operational use of the systems and equipment as required.
- b) Thermal and Acoustical Insulation
 - 1) Insulation shall be provided for the following [thatwhieh](#) are located within the building:
 - A) Boilers, smoke breeching, and stacks.
 - B) Steam supply and condensate return piping.
 - C) Hot water piping above 120° F and all hot water heaters, generators, and converters. Exposed hot water supplies to fixtures need not be insulated except where exposed to contact by the physically handicapped.
 - D) Chilled water, refrigerant, other process piping, and equipment operating with fluid temperatures below ambient dew point.

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- E) Water supply, storm, and drainage piping on which condensation may occur.
 - F) Air ducts and casings with outside surface temperature below ambient dew point.
 - G) Other piping, ducts, and equipment as necessary to maintain the efficiency of the system.
- 2) Insulation on cold surfaces shall include an exterior vapor barrier.
 - 3) Insulation, including finishes and adhesives on exterior surfaces of ducts and equipment, shall have a flame spread rating of 25 or less and a smoke developed rating of 50 or less as determined by an independent testing laboratory in accordance with NFPA ~~Standard No. 255 (1990)~~, "Standard Method of Test of Surface Burning Characteristics of Building [Materials](#).
[Material](#)."
 - A) Pipe insulation shall have a flame spread rating of 25 or less and a smoke developed rating of 150 or less.
 - B) All construction exposed to air flow in air distribution plenums shall have a flame spread rating of 25 or less and a smoke developed rating of 50 or less.
 - 4) No duct linings shall be permitted downstream of the 90% filters serving areas requiring 90% filtration.
- c) Steam and Hot Water Systems
 - 1) Boilers shall have the capacity to supply the normal requirements of all systems and equipment. The number and arrangement of boilers shall be such that when one boiler breaks down or is temporarily taken out of service, the capacity of the remaining ~~boilers~~boiler(s) shall be sufficient to provide hot water service for clinical, dietary, and patient use; steam for sterilization and dietary purposes; heating for surgery, delivery, labor, recovery, intensive care, nursery, and general patient rooms.
 - 2) Boiler feed pumps, heating circulating pumps, condensate return pumps

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and fuel oil pumps shall be connected and installed to provide normal and standby service.

- 3) Supply and return mains and risers of cooling, heating, and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at supply and return ends.
 - 4) Humidifiers used in conjunction with air handling systems shall be of the direct steam injection type.
- d) Air Conditioning, Heating and Ventilating Systems
- 1) ~~This Part is intended~~~~It is the intent of these regulations~~ to provide a comfortable, clean, controlled environment for the hospital by employing the most economical and energy efficient systems consistent with these minimum requirements.
 - A) The minimum requirements as set forth in ~~this Part~~~~these regulations~~ in no way relieve the designer from providing system capacities and components as required to maintain control of air quality, odor, ventilation rates, space temperatures, and space humidity as set forth in ~~this Part~~~~these regulations~~.
 - B) The design of air conditioning, heating and ventilation systems shall be based on no less than the recommended outdoor design conditions listed in the ASHRAE Handbook of Fundamentals (~~1981~~) for 99% occurrence (~~winter~~~~Winter~~) and 1% occurrence (~~summer~~~~Summer~~).
 - 2) Ventilation Systems
 - A) Air handling systems shall conform to NFPA ~~Standard No. 90A,~~ Standard for (1989), "Installation of Air Conditioning and Ventilating Systems."
 - B) Fire dampers, smoke dampers, and smoke control systems shall be constructed, located, and installed in accordance with the requirements of NFPA ~~Standard No. 90A,~~ Standard for (1989), "Installation of Air Conditioning and Ventilating Systems."

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- C) Ducts ~~that~~which penetrate construction intended for x-ray or other ray protection shall ~~be protected to~~ preserve the effectiveness of the protection.
- D) Outdoor air intakes shall be located at least 15 feet from exhaust outlets of ventilation systems, combustion equipment stacks, medical/surgical vacuum systems, ~~or~~ plumbing vents, or from areas ~~that~~which may collect vehicular exhaust or other noxious fumes unless other provisions are made to minimize recirculation of exhaust into outdoor air intakes. Plumbing and vacuum vents that terminate above the level of the top of the air intake ~~shall~~may be located ~~no closer than 10~~as close as ten feet. The bottom of outdoor air intakes serving central systems shall be located as high as practical but at least ~~6~~six feet above ground level, or if installed above the roof, ~~3~~three feet above the roof level.
- E) Exhaust outlets from areas that may be contaminated by dangerous or noxious dust, fumes, mists, gases, odors, infectious material, or other contaminants harmful to people shall be above the roof level. The discharge to the atmosphere shall be located as far as possible but not less than 25 feet from any operable window, door, and/or outdoor intake for a fan ~~that~~which discharges air to an occupied space.
- F) The ventilation systems shall be designed and balanced to provide the ventilation and pressure relationships ~~hereinafter~~-specified in this Section.
- G) If the ventilation rates required (as ~~hereinafter~~-specified in this Section) do not provide sufficient make-up air for use by hoods, safety cabinets, and exhaust fans, the additional make-up air shall be provided to maintain required pressure balance.
- H) An ~~all~~-outdoor air system may be used where required by local codes, provided that some form of air-~~to~~-air or air-~~to~~-water heat recovery system will be included to reclaim the energy otherwise discharged with the air exhausted to the outside.

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- I) To provide maximum energy conservation, air supplied to patient care areas not required as make-up air for 100% exhaust systems shall be recirculated. Any air within the hospital ~~that~~^{which} is circulated between patient rooms, or patient rooms and other areas of the hospital, shall pass through filters having an efficiency of 90% (see subsection (d)(3) on filters ~~below~~).
- J) To provide maximum energy conservation, air supplied to housekeeping, administration and other nonsensitive areas not required as make-up air for 100% exhaust systems shall be recirculated. These areas require filters having a minimum efficiency of 30% on the inlet side of the ~~air handling unit~~^{Air Handling Unit}.
- K) When a central system serves areas with different filtration requirements, the most stringent filtration requirement ~~shall~~^{will} be provided for the complete system.
- L) All outside air supplied to patient care areas shall pass through 90% filters (see subsection (d)(3) on filters ~~below~~).
- M) Minimum air circulation requirements indicated ~~in this Section~~^{hereinafter} are applicable to occupied spaces. During unoccupied periods, minimum air circulation may be provided as required to maintain space design temperature conditions.
- N) Where fan coil or terminal room unit systems are provided in areas to be occupied by patients, ~~through the~~^{through} wall outside air ventilation is not acceptable. A separate central ventilation system, with final filters having a minimum efficiency of 90%, shall supply the required outdoor air ventilation.
- 3) Filters
- A) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than those specified in the area requirements.
- B) Where two filter beds are required, filter bed No. 1 shall be located

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upstream of the conditioning equipment and filter bed No. 2 shall be located downstream of the supply fan and conditioning equipment.

- C) Where only one filter bed is required, it shall be located upstream of the air conditioning equipment.
- D) All filter efficiencies shall be average atmospheric dust spot efficiencies tested in accordance with ASHRAE Handbook of Fundamentals ~~(1981)~~.
- E) Filter frames shall be durable and shall provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage.
- F) A local indicating device shall be installed across each filter bed serving central air systems to measure the static pressure drop across the bed.

e) Area Requirements: ~~These requirements are listed in outline format.~~

1) Administration, Public Area, Medical Records, and Housekeeping Offices.

A) Filters:

- i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30%
- ii) Units ~~that~~which recirculate air within a room shall be provided with filters having a minimum efficiency of 10%

B) Space Design Conditions:

- i) Temperature, dry bulb 75°
- ii) Relative Humidity, winter, minimum 30%

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iii) Relative Humidity, summer, maximum..... 60%

C) Air Circulation:

i) Total air supplied to each space shall be as required to maintain space design conditions.

ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is neutral

E) Recirculation of air within room permitted yes

2) Laboratories

A) Filters:

i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30% and final filters having a minimum efficiency of..... 90%

ii) Units ~~that~~which recirculate air within a room shall be provided with filters having a minimum efficiency of 30%

B) Space Design Conditions:

i) Temperature, dry bulb..... 75°

ii) Relative Humidity, winter, minimum 30%

iii) Relative Humidity, summer, maximum..... 60%

C) Air Circulation:

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- i) Total air supplied to each space shall be as required to maintain space design conditions.
- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Space Pressurization:
 Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is negative

E) Recirculation of air within room permitted except in areas, as listed below, where all air must be exhausted directly to the outdoors yes

F) Air from the following areas shall be exhausted directly to the outdoors:

- i) All fume hoods
- ii) Histology
- iii) Bacteriology
- iv) Glass-washing areas-Washing Areas

G) All air exhausted from fume hoods shall be made up with outside air.

H) Laboratory hoods shall meet the following general requirements:

- i) ~~Have~~ have an average face velocity of not less than 75 feet per minute:-
- ii) ~~Be~~ be connected to an exhaust system ~~that~~ which is separate from the building exhaust system:-
- iii) ~~Have~~ have an exhaust duct system of noncombustible, corrosion-resistant material consistent with the usage of the

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hood; ~~and-~~

iv) ~~Have~~have the exhaust fan located at the discharge end of the duct system unless provided with welded stainless steel duct from fan outlet to termination.

I) Laboratory hoods shall meet the following special requirements:

i) Each hood ~~that~~which processes infectious or radioactive materials shall have a minimum face velocity of 100 feet per minute, shall be connected to an independent exhaust system, shall be provided with filters with 99.97 percent efficiency (based on the ~~DODDOP~~, dioctylphthalate; test method as described in ~~DODDOP~~ Penetration Test Method MIL STD ~~No.~~ 282-~~(1976)~~: Filtered Units, Protective Clothing, Gas-Mask Components and Related Products: Performance Test Methods) in the exhaust system, and shall be designed and equipped to permit the safe removal, disposal and replacement of contaminated filters.

ii) Duct systems serving hoods in which radioactive and/or strong oxidizing agents such as prechloric or nitric acid are used shall be constructed of stainless steel and shall be equipped with wash-down facilities.

3) Morgue and Autopsy Suite

A) Filters:

~~h)~~Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30%
~~h)~~and final filters having a minimum efficiency of..... 90%

B) Space Design Conditions:

i) Temperature, dry bulb 75°

ii) Relative Humidity, winter, minimum 30%

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iii) Relative Humidity, summer, maximum..... 60%

C) Air Circulation:

i) Total air supplied to each space shall be as required to maintain space design conditions.

ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is negative

E) Recirculation of air within room permitted no

F) Air from the following areas shall be exhausted directly to the outdoors:

i) Autopsy

ii) Non-refrigerated body holding rooms

4) Radiology Suite; X-Ray Diagnostic, Fluoroscopy, and Special Procedures

A) Filters:

i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30% and final filters having a minimum efficiency of..... 90%

ii) Units ~~that~~which recirculate air within a room shall be provided with filters having a minimum efficiency of 30%

iii) The exhaust from isotope storage shall be provided with filters with 99.97% efficiency (based on the ~~DODDOP~~, dioctylphthalate, test

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method as described in ~~DODDOP~~ Penetration Test Method MIL STD ~~No.~~ 282-(1976): Filter Units, Protective Clothing, Gas-Mask Components and Related Products: Performance Test Methods).

B) Space Design Conditions:

- i) Temperature, dry bulb 75°
- ii) Relative Humidity, winter, minimum 30%
- iii) Relative Humidity, summer, maximum 60%

C) Air Circulation:

- i) Total air supplied to each space shall be as required to maintain space design conditions.
- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is neutral

E) Recirculation of air within room permitted yes

F) Air from the following areas shall be exhausted directly to the outdoors:

Nuclear medicine and isotope storage.

5) Pharmacy Suite

A) Filters:

- i) Central ventilation systems shall be provided with 30%

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prefilters having a minimum efficiency of.....
and final filters having a minimum efficiency of..... 90%

ii) Units which recirculate air within a room shall be
provided with filters having a minimum efficiency
of 30%

B) Space Design Conditions:

i) Temperature, dry bulb 75°

ii) Relative Humidity, winter, minimum 30%

iii) Relative Humidity, summer, maximum 60%

C) Air Circulation:

i) Total air supplied to each space shall be as required to
maintain space design conditions.

ii) Outdoor air supplied shall be no less than 20% of the total
air supplied.

D) Space Pressurization:

Ventilation system shall be designed and balanced so that
space pressure, in relation to surrounding areas of the
building, is neutral

E) Recirculation of air within room permitted yes

6) Physical Therapy Suite and Hydrotherapy

A) Filters:

i) Central ventilation systems shall be provided with
prefilters having a minimum efficiency of..... 30%

ii) and final filters having a minimum efficiency of..... 90%

ii)iii) Units ~~that~~which recirculate air within a room shall 30%

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be provided with filters having a minimum efficiency of

B) Space Design Conditions:

- i) Temperature, dry bulb 75°
- ii) Relative Humidity, winter, minimum 30%
- iii) Relative Humidity, summer, maximum 60%

C) Air Circulation:

- i) Total air supplied to each space shall be as required to maintain space design conditions.
- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is..... negative

E) Recirculation of air within room permitted yes

7) Occupational Therapy Suite

A) Filters:

- i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30%
~~ii)~~ and final filters having a minimum efficiency of..... 90%

~~ii)iii)~~ Units ~~that~~which recirculate air within a room shall be provided with filters having a minimum efficiency of 30%

B) Space Design Conditions:

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- i) Temperature, dry bulb 75°
- ii) Relative Humidity, winter, minimum 30%
- iii) Relative Humidity, summer, maximum 60%

C) Air Circulation:

- i) Total air supplied to each space shall be as required to maintain space design conditions.
- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is neutral

E) Recirculation of air within room permitted yes

8) Nursing Units (including units such as medical, surgical, intensive care, pediatric, psychiatric, obstetric)

A) Filters:

- i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of 30%
- ~~ii)~~ and final filters having a minimum efficiency of 90%

- ~~ii)iii)~~ Units ~~that~~^{which} recirculate air within a room shall be provided with filters having a minimum efficiency of 10%

B) Space Design Conditions:

- i) Temperature, dry bulb 75°

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ii) Relative Humidity, winter, minimum 30%

iii) Relative Humidity, summer, maximum 60%

C) Air Circulation (Patient Rooms):

i) Total air supplied, cfm per bed 15

ii) Outdoor air supplied, cfm per bed 10

D) Air Circulation:

i) Total air supplied to each space shall be as required to maintain space design conditions.

ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

E) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is neutral

F) Recirculation of air within room permitted yes

G) Isolation Rooms: These rooms may be used two ways: to protect the patient from the hospital environment or to protect the hospital environment from the patient. Isolation rooms shall have the same conditions as other patient rooms, except ~~that~~ the air flow shall be capable of being either into the room or out of the room. When the hospital is being protected (communicable disease), all air shall be exhausted directly to the outdoors.

9) Newborn Care Unit

A) Filters:

i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of 30%

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ii) and final filters having a minimum efficiency of..... 90%

ii)iii) Units ~~that~~which recirculate air within a room shall be provided with filters having a minimum efficiency of 30%

B) Space Design Conditions:

i) Temperature, dry bulb..... 75°

ii) Relative Humidity, winter, minimum 30%

iii) Relative Humidity, summer, maximum..... 60%

C) Air Circulation (Patient Rooms):

i) Total air supplied, cfm per bed 15

ii) Outdoor air supplied, cfm per bed..... 10

D) Air Circulation:

i) Total air supplied to each space shall be as required to maintain space design conditions.

ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

E) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is neutral

F) Recirculation of air within room permitted yes

10) Surgical Suite-Operating Rooms

A) Filters:

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- i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30% and final filters having a minimum efficiency of..... 90%
- ~~ii)~~ Units ~~that~~which recirculate air within a room shall be provided with filters having a minimum efficiency of 30%

B) Space Design Conditions:

- i) Temperature, dry bulb (~~adjusted~~adj- range)..... 70°F-76°F
- ii) Relative Humidity, winter, minimum 40%
- iii) Relative Humidity, summer, maximum 60%

C) Air Circulation:

- i) Total air supplied, air changes per hour 15
- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is positive

E) Recirculation of air within room permitted yes

F) Minimum requirements for all other spaces within the surgical suite shall be the same as required for Nursing Units.

G) The minimum circulation rate for operating rooms shall be based on the lowest 9 feet of room height. Air quantity shall be increased as required to meet greater loads and still maintain the desired space conditions.

H) All operating rooms shall have scavenger systems for removing

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spent anesthetic gases as per NFPA ~~Standard No. 99, Standard for Health Care Facilities. (1993), "Health Care Facilities Code."~~

- D) Operating rooms' air supply shall be from ceiling outlets near the center of the work area to effectively control air movement. Return air shall be not less than 3 inches nor more than 12 inches from the floor. Each operating room shall have at least two return air inlets located as remotely from each other as practical.

11) Obstetrics Suite

A) Filters:

- i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30%
- ~~ii)~~ and final filters having a minimum efficiency of..... 90%
- ~~ii)iii)~~ Units ~~that which~~ recirculate air within a room shall be provided with filters having a minimum efficiency of 30%

B) Space Design Conditions:

- i) Temperature, dry bulb (~~adjustedadj.~~ range)..... 70°F-76°F
- ii) Relative Humidity, winter, minimum 30%
- iii) Relative Humidity, summer, maximum..... 60%

C) Air Circulation:

- i) Total air supplied to each space shall be as required to maintain space design conditions.
- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.
- iii) Space Pressurization:

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iv) Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is neutral

D) Recirculation of air within room permitted yes

E) Delivery rooms' air supply shall be from ceiling outlets near the center of the work area to effectively control air movement. Return air shall be not less than 3 inches nor more than 12 inches from the floor. Each delivery room shall have at least two return air inlets located as remotely from each other as practical.

F) Where anesthetic gases are used, scavenger ~~system~~ system for removing spent anesthetic gases as per NFPA ~~Standard No. 99, "Standard for Health Care Facilities, (1993), "Health Care Facilities Code,"~~ shall be provided.

G) ~~Delivery rooms where~~ Where caesarean section is performed ~~shall meet the heating, ventilation, and air conditioning, the delivery room (HVAC) requirements~~ shall be as per operating rooms.

12) Emergency Suite

A) Filters:

i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of 30%
~~ii)~~ and final filters having a minimum efficiency of 90%

~~ii)iii)~~ Units ~~that~~ which recirculate air within a room shall be provided with filters having a minimum efficiency of 10%

B) Space Design Conditions:

i) Temperature, dry bulb 75°F

ii) Relative Humidity, winter, minimum 30%

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iii) Relative Humidity, summer, maximum..... 60%

C) Air Circulation:

i) Total air supplied to each space shall be as required to maintain space design conditions.

ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Space Pressurization:

Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is neutral

E) Recirculation of air within room permitted yes

13) Outpatient Suite

A) Filters:

i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30%

ii) and final filters having a minimum efficiency of..... 90%

ii)iii) Units ~~that~~which recirculate air within a room shall be provided with filters having a minimum efficiency of 10%

B) Space Design Conditions:

i) Temperature, dry bulb..... 75°F

ii) Relative Humidity, winter, minimum 30%

iii) Relative Humidity, summer, maximum..... 60%

C) Air Circulation:

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- i) Total air supplied to each space shall be as required to maintain space design conditions.
- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

- D) Space Pressurization:
Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is neutral
- E) Recirculation of air within room permitted yes

14) Food Preparation Area

A) Filters:

- +) Central ventilation systems shall be provided with prefilters having a minimum efficiency of 30%
- +) and final filters having a minimum efficiency of 90%

- B) Space Design Conditions:
Temperature, dry bulb 75°F

C) Air Circulation:

- i) Total air supplied to each space shall be as required to maintain space design conditions.
- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

- D) Space Pressurization:
Ventilation system shall be designed and balanced so that space pressure, in relation to surrounding areas of the building, is negative

- E) Recirculation of air within room permitted no

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- F) ~~Dining areas adjacent to the food preparation area~~ ~~Minimum requirements for adjacent dining areas~~ shall ~~meet~~ be the ~~requirements same as required~~ for Public Areas.
- G) If direct make-up hoods (short cycle) are used, all outside air to ~~the~~ hood shall be filtered by 30% minimum efficiency filters and ~~shall~~ not cause cold cooking surfaces, condensation problems, or grease build-up due to cold temperature.
- H) Kitchen air exhausted from the space through hoods ~~shall~~ ~~must~~ be made up with outside air. Air shall flow into the kitchen to prevent cooking odors from migrating throughout the hospital. Recirculation of air is permissible; if a central system is used ~~that,~~ ~~and~~ serves only the kitchen, cafeteria, and ware-washing area.
- I) ~~A~~ ~~When there is a~~ dishwasher ~~being used, it~~ shall have a separate exhaust that is interlocked with the dishwasher to operate only when the dishwasher operates.
- J) Air supply quantity must equal or exceed air exhaust quantity or meet the loads encountered, whichever is greater.
- K) During the unoccupied cycle, kitchen temperature shall be maintained at 75°F plus or minus 10°F.
- L) The hood and duct system for cooking equipment used in processes producing smoke or grease-laden vapors shall ~~comply~~ ~~be~~ ~~in conformance~~ with NFPA ~~Standard No. 96,~~ Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (1991), "Vapor Removal Cooking Equipment." That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by U.L. listed grease extractors.
- i) Other exhaust hoods in food preparation centers shall have an exhaust rate of not less than 50 cubic feet per minute ~~CFM~~ per square foot of face area. The face area is the open area from exposed perimeter of hood to the open perimeter of the cooking surface.

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- ii) Clean-out openings shall be provided at each change in direction and in horizontal sections no more than 20 feet apart in the duct system serving kitchen and food preparation areas.

15) Central Sterile Supply

A) Filters:

- i) Central ventilation systems shall be provided with prefilters having a minimum efficiency of..... 30%

- ii) and final filters having a minimum efficiency of..... 90%

B) Space Design Conditions:

- i) Temperature, dry bulb (~~adjusted~~ range)..... 75°F

- ii) Relative Humidity, winter, minimum 30%

- iii) Relative Humidity, summer, maximum 60%

C) Air Circulation:

- i) Total air supplied to each space shall be as required to maintain space design conditions.

- ii) Outdoor air supplied shall be no less than 20% of the total air supplied.

D) Air flow shall be from the clean area toward the soiled or decontamination area.

E) Sterilization Room:

- i) Where only steam autoclaves are installed, the air exhausted from the sterilizer area for heat control may be recirculated through a central system ~~that~~which is provided

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with filters having a minimum efficiency of 90%.

- ii) Where ~~ethylene~~ethylene oxide sterilizers are used, all air contaminated with ethylene oxide above 1 ~~part per million PPM shall~~must be exhausted directly outdoors. No air shall be recirculated that has more than 1 ~~part per million PPM~~ of ethylene oxide present.

16) Linen Services; Laundry

A) Filters:

- ~~h)~~ Central ventilation systems shall be provided with prefilters having a minimum efficiency of 30%
- ~~ii)~~ and final filters having a minimum efficiency of 80%

B) Space Design Conditions:

Temperature, dry bulb (winter) 75°F

C) All air from the soiled storage and sorting area shall be exhausted directly to outdoors.

D) Air flow shall be from the clean area to the soiled area. Air from the clean area may be used to make up air exhausted from the soiled area.

E) Air from the clean area may be recirculated within the laundry complex, but shall pass through a lint screen or trap before returning to the air handling unit.

F) The entire laundry ventilation system shall be controlled so that air flow is into the laundry from the ~~hospital~~hospitals.

G) Circulation and ventilation rates may be variable, but sufficient outside air ~~shall~~must be supplied to make up for exhaust. Minimum circulation of unconditioned air at summer design conditions shall be 2 ~~cubic feet per minute~~cfm per ~~square foot~~ft² or 12 air changes per hour, whichever is larger.

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- 17) Miscellaneous Supporting Areas
- A) Space temperatures shall be maintained for occupant comfort.
 - B) Ventilation ~~systemssystem~~ shall be designed and balanced so that air flows into these spaces from adjacent areas.
 - C) Anesthesia Storage Rooms:
 - i) All air shall be exhausted directly to the outdoors.
 - ii) Minimum exhaust ventilation rates shall be six air changes per hour.
 - iii) The ventilation system shall conform to the requirements of NFPA ~~Standard No. 99, "Standard for Health Care Facilities (1993), "Health Care Facilities Code,"~~ including the option to provide a gravity (non-mechanical) ventilation system.
 - iv) Supply air ~~makeupmake-up~~ for exhaust requirements may be provided from a mechanical ventilation system or by transfer from adjacent areas.
 - D) Soiled Holding and Work Rooms:
 - i) All air shall be exhausted directly to the outdoors.
 - ii) Minimum exhaust ventilation rates shall be 10 air changes per hour.
 - iii) Supply air ~~makeupmake-up~~ for exhaust requirements may be provided from a mechanical ventilation system or by transfer from adjacent areas.
 - E) Toilet Rooms and Bathrooms:
 - i) Exhaust air may be recirculated through a central ventilation system that is provided with final filters having a minimum efficiency of 90%. Otherwise, all air shall be

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exhausted directly to the outdoors.

- ii) Minimum exhaust ventilation rate shall be 1.5 cubic feet per minute~~cfm~~ per square foot of floor area, but no less than 50 cubic feet per minute~~cfm~~.
 - iii) Supply air ~~makeup~~make-up for exhaust requirements may be provided from a mechanical ventilation system or by transfer from adjacent areas.
- F) Janitor Closets, Linen₂, and Trash Chute Rooms:
- i) All air shall be exhausted directly to the outdoors.
 - ii) Minimum exhaust ventilation rate shall be 1.5 cubic feet per minute~~cfm~~ per square foot of floor area, but no less than 50 cubic feet per minute~~cfm~~.
 - iii) Supply air ~~makeup~~make-up for exhaust requirements may be provided from a mechanical ventilation system or by transfer from adjacent areas.
- G) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperatures in working stations to 97°F effective temperature (97°F and 50% relative humidity or its equivalent) as defined by ASHRAE Handbook of Fundamentals ~~(1981)~~.
- H) Rooms containing heat-producing equipment, such as boiler rooms, heater rooms, food preparation centers, laundries, sterilizer rooms, or mechanical equipment rooms, shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 100°F.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2490 Plumbing and Other Piping Systems

- a) General

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All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois ~~State~~ Plumbing Code, except that the number of waterclosets, urinals, lavatories, bathtubs, showers, drinking fountains, and other fixtures shall be as required by this Part and the hospital programs.

b) Plumbing Fixtures

- 1) Plumbing fixtures shall be of nonabsorptive acid-resistant materials.
- 2) The water supply spout for lavatories and sinks required for filling pitchers ~~and,~~ for medical and nursing staff and food handlers' ~~hand-washing~~ ~~handwashing~~, shall be mounted so that its discharge point ~~has~~ a minimum perpendicular distance of 5 inches above the rim of the fixture.
- 3) ~~Hand-washing~~ ~~Handwashing~~ lavatories used by medical and nursing staff and food handlers shall be trimmed with valves ~~that~~ ~~which~~ can be operated without the use of hands where specifically required in ~~this Part~~ ~~previous sections~~.
 - A) When blade handles are used, ~~for this purpose~~ the blade handles shall not exceed 4½ inches in length, except ~~that~~ the handles on clinical sinks shall not be less than 6 inches in length.
 - B) The ~~hand-washing~~ ~~handwashing~~ and/or scrub sinks, for ~~operating, emergency treatment, nursery, and delivery~~ ~~Operating, Emergency Treatment, Nursery, and Delivery~~ rooms shall be trimmed with valves ~~that~~ ~~which~~ are ~~aseptically~~ ~~aseptically~~ operated (i.e., knee or foot controls) without the use of hands. Wrist blades are not acceptable.
- 4) Clinical rim flush sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.
- 5) Shower bases and tubs shall be provided with nonslip surfaces.

c) Water Supply Systems

- 1) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

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- 2) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.
- 3) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.
- 4) Bedpan-flushing devices shall be provided on each patient toilet unless a clinical service sink is centrally located in each nursing unit. This requirement does not apply to psychiatric units.
- 5) Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing, and ~~hand-washing~~handwashing facilities shall not exceed 110° F (43° C). If the program requires, in psychiatric units, plumbing fixtures ~~that which~~ require hot water and are accessible to patients shall be supplied with hot water not to exceed 100° F (38° C).

d) Hot Water Heaters and Tanks

- 1) The hot water heating equipment shall have sufficient capacity to supply water at the temperatures and quantities in the following areas:

	Clinical	Dietary	Laundry
gallons/hour/bed	6½	4	4½
liters/second/bed	.007	.004	.005
temperature °F	100	180	180
temperature °C	43	82	82

Water temperatures are to be taken at the hot water point of use or at the inlet to the processing equipment.

- 2) Storage tanks shall be fabricated of corrosion-resistant metal or lined with non-corrosive material.

e) Drainage Systems

- 1) Drain lines from sinks in which acid wastes may be poured shall be ~~constructed of~~fabricated from acid-resistant material.

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- 2) Insofar as possible, drain piping shall not be installed over operating and delivery rooms; nurseries; food preparation, serving, and storage areas; and similar critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from ~~such~~ overhead piping systems.
 - 3) Floor drains shall not be installed in operating rooms. Flushing rim type drains may be installed in ~~cytoscopic operating rooms~~ Cystoscopic Operating Rooms.
 - 4) Building sewers shall discharge into a public ~~sewer~~ sewerage system.
 - 5) ~~When~~ Where a public ~~sewer~~ sewerage system is not available, plans for any private sewage disposal system shall be submitted to the Environmental Protection Agency ~~of Illinois~~ for review for approval before hospital construction is started.
- f) Nonflammable medical gas systems shall be installed in accordance with NFPA ~~Standard No. 99, Standard for Health Care Facilities. (1993), "Health Care Facilities Code."~~
 - g) Clinical vacuum (suction) systems shall be installed in accordance with ~~NFPA 99, Standard for Health Care Facilities, Compressed Gas Association Pamphlet P-2.1 (1970), "Standard for Medical Surgical Vacuum Systems in Hospitals."~~
 - h) Medical compressed air systems shall be installed in accordance with ~~NFPA 99, Standard for Health Care Facilities, Compressed Gas Association Pamphlet P-2.1.~~
 - i) Oxygen, vacuum, and medical compressed air shall be piped to the locations indicated in ~~Section 250.~~ Table E with the required station outlets.
 - j) Service outlets for central housekeeping vacuum systems, if used, shall not be located within operating rooms.
 - k) Fire Extinguishing Systems
 - 1) All fire extinguishing systems shall be designed, installed, and maintained in accordance with NFPA ~~Standard No. 101, (1994), "Life Safety Code,"~~

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NFPA ~~Standard No. 13, Standards for the Installation of Sprinkler Systems, (1994), "Sprinkler Systems,"~~ and NFPA ~~Standard No. 2513A, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, (1987), "Sprinkler System Maintenance."~~

- 2) Class III, Type 1 inside standpipe ~~systemssystem~~ shall be provided in all buildings more than four stories or 55 feet in height. Such standpipe systems shall ~~comply with~~~~conform to the requirements of~~ NFPA ~~Standard No. 14, Standard for the Installation of Standpipe, Private Hydrants and Hose Systems, (1980), "Standpipe and Hose Systems."~~

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2500 Electrical Requirements

a) General

- 1) All materials, including equipment, conductors, controls, and signaling devices, shall be installed in compliance with applicable sections of the NFPA ~~Standard No. 70, (1993), "National Electric Code,"~~ including Article 517, and as necessary to provide a complete electrical system.
- 2) All electrical installations, including alarm, nurses' call, and communication systems, shall be tested to demonstrate that the equipment installation and operation ~~conformeonforms~~ to these requirements.

b) Switchboards and Power Panels

These items shall comply with NFPA ~~Standard No. 70, (1993), "National Electrical Code."~~ The main switchboard shall be located in an area separate from plumbing and mechanical equipment and be accessible only to authorized persons.

- c) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to the life safety system.

d) Lighting

- 1) All spaces occupied by people, machinery, and equipment within

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buildings, approaches to and through exits from buildings, and parking lots shall have lighting.

- 2) Patients' rooms shall be equipped with general lighting and night lighting. A reading light shall be provided for each patient. At least one light fixture for night lighting shall be switched at the entrance to each patient room. All switches for control of lighting in patient areas shall be of the quiet operating type.
- 3) Operating and delivery rooms shall have general lighting in addition to local lighting provided by special lighting units at the surgical and obstetrical tables. The general lighting shall provide a minimum of 100 footcandles at the procedure tables. Each fixed special lighting unit at the tables shall be connected to an independent circuit.

e) Receptacles (Convenience Outlets)

- 1) Each ~~operating and delivery room~~Operating and Delivery Room shall have at least two receptacles installed on each wall or eight receptacles in diversified locations per room.
- 2) Each patient room shall have duplex grounding type receptacles as specified in Article 517-83 and Article 517-84 of the National Electrical Code. The mounting height of these receptacles shall be 22 to 42 inches above the finished floor.
- 3) Duplex receptacles for general use shall be installed approximately 50 feet~~50'0"~~ apart in all corridors and within 25 feet~~25'0"~~ of the ends of corridors. These receptacles shall be circuited to the emergency system. Single polarized receptacles marked for use of X-ray only shall be located in corridors of patient areas so that mobile equipment may be used in any location within a patient room without exceeding a cord length of 50 feet~~50'0"~~ attached to the equipment. If the same mobile X-ray unit is used in operating rooms and in nursing areas, all receptacles for X-ray use shall be of a configuration that one plug will fit the receptacles in all locations. Where capacitive discharge or battery-powered X-ray units are used, these polarized receptacles are not required.

f) At least two ~~X-ray~~x-ray film illuminators shall be installed in each operating.

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~~delivery, and recovery room, emergency treatment areas~~~~Operating, Delivery and Recovery Room, Emergency Treatment Area(s)~~, and in the X-ray Viewing Room of the ~~radiology department~~~~Radiology Department~~. More than two units shall be installed as needed.

g) Nurses' Calling System

- 1) Each patient room shall be served by at least one calling station and each bed shall be provided with a call button. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with nursing staff and shall actuate a visible signal in the corridor at the patients' door. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' ~~calling systems that~~~~Calling Systems which~~ provide two-way voice communications shall be equipped with an indicating light at each calling station, which will remain lighted as long as the voice circuit is operating.
- 2) Nurse call duty stations shall be installed in the clean work room, soiled work room, medicine preparation room, nourishment station, and nurses' lounge of the unit.
- 3) A ~~nurses' call emergency station~~~~Nurses' Call Emergency Station~~ shall be provided for patients' use at each patient's toilet, bath, sitz bath, and shower. These stations are to be the pull-cord type with the cord reaching within 6 inches of the floor. The cords ~~shall~~~~are to~~ be located within reach of a patient.
- 4) In areas such as intensive care, cardiac care, recovery and similar patient care areas where patients are under constant surveillance, the ~~nurses' calling system~~~~Nurses' Calling System~~ may be limited to a bedside station that will actuate a signal that can be readily seen by the other nurses.
- 5) A communications system ~~that~~~~which~~ may be used by nurses to summon assistance shall be provided in each ~~operating, delivery, special procedure, birthing, recovery, emergency treatment, and critical care room; in nurseries; and in nursing units for psychiatric patients~~~~Operating, Delivery, Special Procedure, Birthing, Recovery, Emergency Treatment, Critical Care Rooms, in Nurseries, and in Nursing Units for Psychiatric Patients~~.

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h) Communication System

- 1) A ~~loudspeaker-loud speaker~~ type sound system shall be provided throughout the facility to allow for announcements, such as the paging of personnel and other necessary audio functions.
- 2) Speakers shall be located in all departments to allow hospital personnel to adequately hear all audio outputs from the system.
- 3) The system shall be used as the communication link for emergency announcements, i.e., code blue, impending disasters and others. The audio line at the last speaker in the audio circuits shall be electrically supervised against opens and grounds. The supervision shall be indicated at a building location ~~that~~which is staffed 24 hours a day.

i) Emergency Electric Service

- 1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to the life safety branch, the critical branch, and the equipment branch for lighting and power as established in NFPA 70, National Electrical Code.
- 2) The source of this emergency electric service shall be as follows:
 - A) An emergency generating set when the normal service is supplied by one or more central station transmission lines.
 - B) An emergency generating set or a central station transmission line when the normal electric supply is generated on the premises.
- 3) Emergency Generating Set
 - A) The required emergency generating set, including the prime mover and generator, shall be located on the premises. Where stored fuel is required for the emergency generator operations, the storage capacity shall be sufficient for not less than 24-hours of continuous operation.

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- B) The emergency generator set may be used during periods of high energy demands on local utilities. In the event of an outage of the normal power source, the normal loads shall immediately be removed from the emergency generating set, and the life safety branch, the critical branch, and the equipment branch shall be connected to the generator.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

SUBPART U: CONSTRUCTION ~~REQUIREMENTS~~ ~~STANDARDS~~ FOR EXISTING HOSPITALS

Section 250.2610 Applicability of ~~Subpart U~~ ~~these Standards~~

- a) ~~Subpart U~~ ~~These Standards~~ shall apply to all existing hospitals and ~~to~~ minor alterations to existing hospitals. Plans need not be submitted for alterations or remodeling changes ~~that which~~ do not affect the structural integrity of the building, ~~that which~~ do not change functional operation, ~~that which~~ do not affect fire safety, and ~~that which~~ do not add beds or facilities ~~more than~~ ~~over~~ those for which the hospital is licensed. See Subpart T for new construction and major additions and alteration requirements.
- b) In the cases of types of hospitals not specifically treated ~~in this Subpart~~ ~~herein~~, the standards for general hospitals shall apply, with due allowance ~~being~~ made for the specialized or unusual requirements of the particular hospital involved.
- c) ~~Priorities~~ ~~The establishment of priorities~~, phasing schedules, and dates of completion based upon the urgency of correction, the required completion time, and financial capabilities, shall be ~~established~~ as agreed by the Department and each facility.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2620 Codes and Standards

- a) ~~The National Fire Protection Association (NFPA) Standard No. 101, (2000):~~ Life Safety Code, for existing structures and all appropriate references under Appendix B applies to and is part of ~~this Subpart~~ ~~these standards~~.

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- b) ~~The National Fire Protection Association (NFPA) Standard No. 101 A₂ (2001):~~ Guide on Alternative Approaches to Life Safety, applies to and is part of this Subpart~~these standards~~.
- c) All existing hospitals of any height shall be Type I or Type II construction as established by NFPA 101, Life Safety Code, (2000) and NFPA 220, Standard on Types of Building Construction (1999).

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2630 Existing General Hospital RequirementsStandards

Minimum requirements in the existing General Hospital are:

- a) Administration and Public Areas
- 1) Lobby:
~~It shall include:~~ a reception and information counter or desk, waiting ~~spaces~~space(s), and access to public toilet facilities, public telephones, and drinking ~~fountains~~fountains(s).
 - 2) Interview ~~Spaces~~Space(s):
Spaces for private interviews relating to social service, credit, or admissions.
 - 3) General or ~~Individual Offices~~individual office(s):
~~Offices~~Office(s) for business transactions, medical and financial records, and administrative and professional staffs.
 - 4) Multipurpose ~~Rooms~~room(s):
For conferences, meetings, and education purposes.
 - 5) Medical Library ~~Facilities~~facilities.
 - 6) Storage Areas.
- b) Medical Records Unit
Space~~Provide adequate space~~ for reviewing, dictating, sorting, recording, and storing of medical records.

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c) Adjunct Diagnostic and Treatment

1) Laboratory Suite-

Laboratory facilities ~~shall~~~~ould~~ be provided to meet the workload. These may be provided within the ~~hospital~~~~Hospital~~ or through an effective contract arrangement with a nearby laboratory service. If laboratory services are provided by contractual arrangement, then at least the following minimum services shall be available within the ~~hospital~~~~Hospital~~. (For additional requirements, see Subpart E of this Part.)~~:-~~

A) Laboratory work ~~counter~~~~counter(s)~~ with appropriate services.

B) ~~Lavatories~~~~Lavatory(ies)~~ or counter ~~sink~~~~sink(s)~~ equipped for ~~hand~~~~washing~~~~handwashing~~.

C) Storage ~~cabinet~~~~cabinet(s)~~ or ~~closet~~~~closet(s)~~.

D) Blood storage facilities.

E) Specimen and sample collection facilities. Urine collection rooms with nearby water closet and lavatory. Blood collection facilities with space for a chair and work counter.

2) Morgue and Autopsy Suite-

A) These facilities shall be accessible to an outside entrance and shall be located to avoid movement of bodies through public areas wherever possible.

B) The following shall be provided when autopsies are performed within the ~~hospital~~~~Hospital~~:

i) Refrigerated facilities for body holding.

ii) Autopsy room:

This room shall contain a work counter with sink equipped

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for ~~hand washing~~handwashing; storage space for supplies, equipment, and specimens; and an autopsy table.

C) If no autopsies are performed in the ~~hospital~~Hospital, a well-ventilated body-holding room shall be provided.

3) Radiology Suite-

A) Facilities shall be provided for radiology purposes. (For additional requirements see Subpart F of this Part.)-

B) The suite shall contain the following elements:

i) Radiographic ~~rooms~~room(s).

ii) Film-processing facilities.

iii) Viewing and administration ~~areas~~area(s).

iv) Film storage facilities.

v) Toilet and ~~hand-washing~~handwashing facilities accessible from each fluoroscopy room.

vi) Dressing ~~areas~~area(s) with access to toilets, and facilities for ~~patients'~~patient's belongings.

vii) Waiting room or alcove.

viii) X-ray installations for fixed and mobile ~~X-ray~~x-ray equipment and radiation protection, which will be checked by the ~~Illinois Emergency Management Agency~~Department of Nuclear Safety.

4) Pharmacy Suite-

A) The size and type of services to be provided in the pharmacy will depend upon the type of drug distribution system used in the Hospital and whether the hospital provides, purchases, or shares

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pharmacy services with other hospitals or other medical facilities.
(For additional requirements see Subpart R of this Part.)

- B) ~~The Provisions shall be made for the~~ following shall be provided:
- i) ~~Area for administrative functions, including Administrative Functions. These include~~ requisitioning, recording and reporting, receiving, storage (including refrigeration), and accounting.
 - ii) Quality ~~control area~~ Control Area. (If bulk compounding and/or packaging functions are performed.)
 - iii) Locked ~~storage~~ Storage for ~~drugs~~ Drugs and ~~biologicals~~ Biologicals.
 - iv) Dispensing ~~area~~ Area.
 - v) ~~Hand-washing facilities~~ Handwashing Facilities.
 - vi) A ~~drug information~~ Drug Information area for reference materials and personnel.
 - vii) If I.V. admixtures and other sterile dosage forms are compounded, a ~~sterile products area shall~~ Sterile Products Area must be provided with a separate sink for ~~hand washing~~ handwashing.
- 5) Physical Therapy Suite-
- A) Appropriate services may be arranged for shared use by occupational therapy patients and staff.
 - B) If a physical therapy suite exists, the following shall be provided:
 - i) Office ~~space~~ Space(s).
 - ii) Waiting ~~space~~ Space.

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- iii) Treatment ~~areas~~area(s) for such modalities as thermotherapy, diathermy, ultrasonics, hydrotherapy and exercise. ~~Provide visual privacy for each individual treatment area. Provide handwashing facility(ies). Provide one lavatory or sink in the suite.~~
 - iv) Visual privacy for each individual treatment center.
 - v) Hand-washing facilities.
 - vi) One lavatory or sink in the suite
 - ~~vii)iv)~~ Facilities for collection of wet and soiled linen and other material ~~shall be provided.~~
 - ~~viii)v)~~ Storage for clean linen, supplies, and equipment.
 - ~~ix)vi)~~ Patients' dressing areas and toilet facilities.
 - ~~x)vii)~~ Access to and storage for wheelchairs and stretchers.
 - ~~xiviii)~~ Showers, lockers, and service sinks ~~shall be provided~~ as required by the service rendered.
- 6) Occupational Therapy Suite-
- A) Appropriate elements may be arranged for shared use by physical therapy patients and staff.
 - B) If an occupational therapy suite exists, the following elements shall be provided:
 - i) Office ~~spaces~~space(s).
 - ii) Activities ~~areas~~area(s) equipped with a sink or lavatory.
 - iii) Storage for supplies and equipment.
 - iv) Access to patients' toilet facilities.

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d) Nursing Unit

The requirements in this subsection (d) do not apply to special care areas such as recovery rooms and intensive care areas, and newborn care areas.

1) Patient Rooms.

- A) Each patient room shall be an outside room. Each patient room shall ~~connect~~communicate directly with an exiting corridor.
- B) Minimum room areas shall be: 80 square feet per bed in multi-bed rooms, and 100 square feet in one-bed rooms (square footage to exclude closets, storage cabinets, bathrooms, and door swings). In addition, a minimum of 3 feet 3'-0" must be maintained between the sides and foot of any bed and any wall or other fixed device.
- ~~C)~~ ~~Existing room(s) with a capacity of more than four beds on the date of the promulgation of these regulations may be continued in use.~~
- ~~C)D)~~ Each patient room shall have access to a bathroom that includes a toilet and a sink~~toilet room~~. ~~Toilets~~Water closets shall be provided at the rate of one per each eight beds.
- ~~D)E)~~ The ~~bathroom~~toilet room shall contain a ~~toilet~~water closet and a lavatory. The lavatory may be omitted from a ~~bathroom~~toilet room that which serves not more than two adjacent bedrooms if each adjacent bedroom contains a lavatory.
- ~~E)F)~~ Each patient shall have a wardrobe, locker, or closet that is suitable for hanging and storing personal effects.
- ~~F)G)~~ Visual privacy shall be provided to each patient bed in multi-bed rooms.
- ~~G)H)~~ At least one tub or shower shall be provided for each 30 beds ~~that which~~ do not have bathing facilities within the patients' rooms. Each tub or shower shall be in an enclosure ~~that which~~ provides space for the private use of the bathing fixture and for drying and

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dressing.

- 2) ~~Nurses' station~~~~Nurses Station~~ and related facilities. ~~A nurses' station~~~~Provide a nurses station~~ with a work counter, storage areas, and communications equipment shall be provided. The following shall also be provided~~Also provide~~:
 - A) A drug distribution station.
 - B) ~~Hand-washing~~~~Handwashing~~ facilities convenient to both the ~~nurses'~~~~nurses~~ station and the drug distribution station.
 - C) Charting facilities for nurses and doctors.
 - D) Accessibility to a treatment room for multi-bed room units. This room shall contain a lavatory, work counter, storage facilities, and a writing space.
- 3) Service Areas:
 - A) A clean work area or a clean holding area shall be provided in each nursing unit. The clean workroom shall contain a work surface, ~~hand-washing facilities~~~~handwashing facility(ies)~~, and storage facilities. The clean holding area shall be part of a system for the storage and distribution of clean and sterile supplies and materials.
 - B) ~~A~~~~Provide a~~ separate designated area for clean linen storage shall be provided. If a cart system is used, the ~~storage of the~~ cart may be stored in an alcove. This function may be in a clean work area.
 - C) ~~Parking~~~~Provide parking~~ for stretchers and wheelchairs shall be provided out of the path of normal traffic.
 - D) A soiled workroom or soiled holding room shall be provided. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, a ~~hand-washing~~~~handwashing~~ sink, a waste receptacle, and a linen receptacle. The soiled holding room shall be part of a system for the collection and disposal of soiled materials. If bedpan flushing attachments are used on every patient room toilet,

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a clinical sink is not required in the soiled workroom.

- E) ~~Space shall be provided~~~~Provide room~~ for the storage of equipment such as I.V. stands, inhalators, and walkers.
- F) Space shall be provided for the storage of required emergency equipment such as a crash cart. This equipment shall be under the direct control of the nursing staff.
- G) ~~A station with a sink equipped for hand washing, equipment for serving nourishment between scheduled meals, a refrigerator, storage cabinets, and units to provide ice for patients shall be provided. Provisions for serving nourishment between scheduled meals.~~
- 4) Isolation ~~Rooms~~~~Room(s)~~.
~~At~~~~There shall be at~~ least one room ~~shall be provided~~ for the isolation of patients with known or suspected communicable ~~diseases~~~~disease(s)~~. Each such room shall have an individual toilet and a lavatory. All isolation rooms shall ~~meet requirements~~~~be otherwise planned as required~~ for a standard patient room.
- 5) ~~Rooms~~~~Room(s)~~ for ~~Psychiatric~~~~Disturbed~~ Patients:
 Every hospital ~~that~~~~which~~ does not have a psychiatric nursing unit shall provide facilities for the care of ~~psychiatric~~~~disturbed~~ patients, usually for less than ~~72~~~~seventy-two~~ hours ~~duration~~. The design shall provide for close observation, and shall minimize the dangers of patient escape, suicide, or injury. ~~Care~~~~This~~ may be provided in a special care room used for multiple purposes. This room may be located either in the ~~emergency~~~~unit~~~~Emergency Unit~~ or in a ~~medical nursing unit~~~~Medical Nursing Unit~~, or in another similar location.
- e) Intensive Care Units
 Intensive care units shall provide the following:
- 1) Patient Rooms:
 Cardiac intensive care, medical intensive care, and surgical intensive care patients may be housed in either single-bed rooms or multi-bed rooms. Patient rooms shall meet the following requirements:

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- A) Clearance between beds shall be not less than ~~6 feet~~^{6'-0"}. A minimum of ~~3 feet~~^{3'-0"} between the sides of bed and wall shall be provided. Single-bed rooms shall have a minimum of 100 square feet in area and a minimum dimension of ~~10 feet~~^{10'-0"}.
- B) A lavatory equipped for ~~hand washing~~^{handwashing} shall be provided in each intensive care unit.
- C) A nurses' calling system (see Section 250.2500(g)) shall be provided.
- D) Cardiac intensive care patients shall be provided with a toilet facility ~~that~~^{which} is directly accessible from the bed area.
- E) Each patient shall be visible from outside the room.
- 2) Service Areas
The following service areas shall be located in or readily available to each intensive care unit. One area may serve two or more adjacent intensive care units. The size and location of each service area ~~shall~~^{will} depend upon the number of beds to be served.
- A) Nurses' station.
- B) ~~Hand-washing~~^{Handwashing} facilities. These shall be convenient to ~~the~~ nurses' station and ~~the~~ drug distribution station.
- C) Charting facilities with work ~~counter~~^{counter(s)}.
- D) Staff toilet room. A room containing a ~~toilet~~^{water closet} and a lavatory equipped for ~~hand-washing~~^{handwashing} shall be accessible to the staff.
- E) Clean workroom (or a system for storage and distribution of clean and sterile supply materials). The clean workroom shall contain a work surface, ~~hand-washing~~^{handwashing} facility, and storage facilities.

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- F) A readily accessible soiled workroom or soiled holding room. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, sink equipped for ~~hand washing~~handwashing, work surface, waste receptacle, and linen receptacle. A soiled holding room shall be part of a system for collection and disposal of soiled materials and shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.
- G) ~~A drug~~Drug distribution station ~~shall be provided. Provision shall be made~~ for convenient and prompt 24-hour distribution of medicine to patients.
- H) ~~A Clean linen storage. Provide a~~ storage closet or a designated area within the clean workroom ~~shall be provided for clean linen storage~~. If a closed cart system is used, ~~the cart~~storage may be ~~stored~~ in an alcove.
- I) ~~A station with sink equipped for hand washing, equipment for serving nourishment between scheduled meals, a refrigerator, storage cabinets, and units to provide ice for patients shall be provided. Provisions for nourishment.~~
- J) Emergency equipment storage. Designated space shall be provided for a "crash cart" and similar emergency equipment.
- K) ~~Space shall be provided for equipment~~Equipment storage. ~~Provide space for necessary equipment.~~
- 3) ~~Waiting Area:~~
A waiting area shall be provided for family members and others who may be permitted to visit the intensive care patients. A toilet room and public telephone shall be available.
- f) Pediatric Nursing Unit
If a separate unit is provided it shall meet the following requirements:
- 1) General ~~unit requirements~~Unit Requirements including ~~patient rooms~~Patient Rooms.
The requirements noted in Section 250.2630(d) shall be applied to a

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pediatric and adolescent nursing unit containing hospital beds. Adequate spaces shall be provided for youth beds and cribs.

- 2) Nursery
Each nursery serving pediatric patients shall contain no more than 12 bassinets. The minimum clear floor area per bassinet shall be 40 square feet. Each room shall contain a lavatory equipped for ~~hand washing~~handwashing, nurses' emergency calling system and glazed viewing windows for observing infants from public areas and ~~the~~ workroom.
- 3) Nursery Workrooms-
Each nursery shall be served by a connecting workroom. One workroom may serve more than one nursery.
- 4) Examination and Treatment Room-
~~The examination and treatment room~~It shall contain a work surface, storage facilities, and ~~a~~ lavatory equipped for ~~hand washing~~handwashing.
- 5) Service Areas-
The service areas in the pediatric and adolescent nursing unit shall ~~comply with~~conform to the conditions listed in Section 250.2630(d)(3) and shall meet the following additional conditions:
 - A) Multipurpose or individual areas shall be provided for dining, educational, and play or other patient care purposes.
 - B) Space for storage of infant formula shall be provided in the unit or in a convenient location nearby.
 - C) Patients' toilet ~~rooms~~room(s) shall be provided.
 - D) Storage closets or cabinets for toys and for educational and recreational equipment shall be provided.
 - E) Storage space shall be provided for replacement of youth and adult beds to provide flexibility for interchange of patient accommodations. ~~This storage space need~~(Need not be located in the Pediatric Nursing Unit.)

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- 6) Fixtures and Accessories:
- A) Attention shall be given to other details affecting small children as required by the program.
 - B) Switches and electrical outlets for critical equipment shall be protected to preclude shock and ~~or~~ located for inaccessibility by small children.
- g) Psychiatric Nursing Unit
- 1) Nursing units~~Units~~ intended for psychiatric or other types of patients needing close supervision~~disturbed patient nursing care~~ shall provide a safe and secure facility ~~for patients needing close supervision~~ to minimize patients'~~their~~ hiding, escape, injury, or suicide. The unit shall allow care of ambulatory inpatients, to permit flexibility in arranging various types of therapy, and ~~shall~~should present as noninstitutional an atmosphere as possible.
 - 2) Each psychiatric nursing unit shall provide the following:
 - A) Patient Rooms:
The requirements noted in Section 250.2630(d) shall be applied to patient rooms in psychiatric nursing units except as follows:
 - i) A nurses' calling system is not required. Other types of communications systems may be utilized.
 - ii) ~~Provisions~~Provision for visual privacy ~~are~~is not required.
 - iii) Three feet of clearance~~3'-0" clear~~ at the foot and sides of each bed is not required.
 - B) Service Areas:
The service areas noted in Section 250.2630(d)(3) shall be provided or made available to each psychiatric nursing unit, except that space for stretchers and wheelchairs is not required, and clinical sinks or equivalent may be installed but are not required.

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The following ~~elements~~ shall be provided within and for the exclusive use of the unit:

- i) Consultation ~~rooms~~room(s).
 - ii) Space for dining, recreation, and occupational therapy.
 - iii) Storage closets or cabinets for recreational and occupational therapy equipment.
- h) Newborn Care Unit
Newborn infants shall be housed in nurseries ~~that~~which are conveniently located to the postpartum nursing unit and obstetrical facilities. The nurseries shall be located and arranged to preclude unrelated traffic. Subpart O of [this Part, in its entirety](#), ~~these Requirements~~ shall apply to [the newborn care unit](#)~~this section in its entirety~~. The units shall meet the following requirements:
- 1) ~~General.~~ Each nursery shall contain:
 - A) At least one lavatory trimmed with valves ~~that~~which are aseptically operated (i.e., knee or foot controls).
 - B) A nurses' emergency calling system.
 - C) Bassinets ~~shall be provided~~ in a number at least equal to the number of postpartum beds.
 - D) ~~Glazed~~Provide glazed observation windows to permit viewing infants from public areas and from workrooms.
 - 2) ~~Full-Term Nursery.~~
[The full-term nursery](#)~~H~~ shall contain no more than 12 bassinets; however, this number may be increased to 16 if the extra bassinets are of the isolation type. The minimum floor area shall be 30 square feet for each regular bassinet and 40 square feet for each isolation type bassinet. When a "rooming-in" program is used, the total number of bassinets provided in these units may be appropriately reduced, but the ~~full-term~~ nursery may not be omitted.

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- 3) Special Care and Observation Nursery-
If a separate special care and observation nursery is provided, it shall have its own work area, and at least 40 square feet per bassinet shall be provided in the nursery.
- 4) ~~Workroom~~~~Work Room~~.
Each nursery shall be served by a connecting workroom. ~~The workroom~~ shall contain gowning facilities at the entrance for staff and housekeeping personnel, work space with a counter, a refrigerator, a lavatory or sink equipped for ~~hand washing~~~~handwashing~~, and storage. One workroom may serve more than one nursery. The workroom ~~that~~~~which~~ serves the special care nursery may be omitted if equivalent work area and facilities are provided within the nursery in which case the gowning facilities shall be located near the entrance to the nursery and shall be separated from the work area.
- 5) Examination and Treatment Room or Space for Infants-
~~The examination or treatment room or space~~ shall contain a work counter, storage, and a lavatory equipped for ~~hand washing~~~~handwashing~~ trimmed with valves ~~that~~~~which~~ are aseptically operated (i.e., knee or foot controls). ~~The room or space~~ may serve more than one nursery and may be located in the workroom. If the examination and treatment of infants will take place in the individual bassinets, space for physicians' and nurses' gowning shall be provided as well as a conveniently accessible ~~hand-~~~~washing~~~~handwashing~~ sink trimmed with valves ~~that~~~~which~~ are aseptically operated (i.e., knee or foot controls).
- 6) Infant Formula Facilities-
The hospital shall provide one of the following:
 - A) On-site formula preparation-
 - i) Clean-up facilities for washing and sterilizing supplies. These shall consist of a lavatory or sink equipped for ~~hand~~~~washing~~~~handwashing~~, a bottle washer, work counter space, and an equipment sterilizer.
 - ii) A separate room for preparing infant formula, ~~which~~~~-It~~ shall contain a lavatory or sink equipped for ~~hand~~

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~~washinghandwashing~~, a refrigerator, a work counter, a formula sterilizer, and storage facilities. ~~The room#~~ may be located near the nurseries or at another appropriate place within the hospital. No direct access from the formula room to a nursery or to a nursery workroom ~~shallwill~~ be permitted.

B) Commercially prepared formula-

If a commercial infant formula is used, the storage and handling may be ~~done~~ in the nursery workroom or in another appropriate room ~~thatwhich~~ has a work counter, a sink equipped for ~~hand washinghandwashing~~, and storage facilities.

7) Janitors' Closet

A closet ~~shall be provided~~ for ~~the~~ exclusive use of the housekeeping staff in maintaining the nursery unit ~~shall be provided~~. ~~The closet#~~ shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

8) Storage ~~spacespace(s)~~ for replacement bassinets, phototherapy units, and other large items ~~shall be provided~~. These storage ~~areasarea(s)~~ may be located either within the unit or in the central supplies storage.

i) Surgical Suite

The number of operating rooms and recovery beds and the sizes of the service areas shall be based on the expected surgical workload. The surgical suite shall be located and arranged to preclude unrelated traffic through the suite. The requirements of Section 250.1820(h) shall be used for the surgical suite wherever applicable. The suite shall provide the following ~~elements~~:

1) General Operating ~~RoomsRoom(s)~~.

Each room shall have a minimum clear area of 300 square feet exclusive of fixed cabinets and shelves. The minimum dimension shall be ~~15 feet15'-0"~~. ~~Provide a~~ communications system connecting with the surgical suite control station ~~shall be provided~~. ~~AtProvide at~~ least two ~~X-rayx-ray~~ film illuminators ~~shall be provided~~ in each room.

2) Fracture Rooms-

Fracture rooms ~~shallshould~~ be provided with accessible splint facilities.

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The fracture room may be located in the emergency department, the surgical suite, or in another similar location.

- 3) Recovery Room-
- The recovery room may be part of an approved combined surgical-obstetrical program (see Section 250.1820(h)).
- A) ~~The~~~~ocate the~~ postoperative recovery room shall be located within or adjacent to the surgical suite. If possible, ~~provide~~ separate entrance and exit doors remote from each other shall be provided to facilitate a one-way traffic flow within the recovery room.
- B) ~~A~~~~There shall be a~~ minimum of one recovery room bed shall be provided for each operating room.
- C) ~~A~~~~There shall be a~~ minimum of 70 square feet per bed shall be provided in open units. This area shall exclude the ~~nurses'~~~~nursing~~ station, work space, and storage area. In addition, a minimum of 4 feet ~~shall~~~~4'-0" must~~ be maintained between the sides of the beds, at least 3 feet~~3'-0"~~ between the side of any bed and any wall or other fixed device, and at least 6 feet~~6'-0"~~ between the foot end of any bed and any other fixed equipment or device.
- D) The recovery room shall have adequate lighting of the type to allow accurate observation of the patients.
- E) ~~A~~~~There shall be a~~ lavatory shall be provided, trimmed with valves that are operated without the use of hands. A clinical sink shall be provided~~accessible~~.
- F) A soiled holding area shall be provided.
- G) ~~A nurses'~~~~There shall be a~~~~nursing~~ station shall be provided within the postoperative recovery room. Facilities for medical storage and preparation shall be provided.
- H) Adequate storage and work space within or adjacent to the recovery room shall be available for necessary supplies and equipment.

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- I) Each bed site shall be adequately equipped with oxygen, suction, and at least one duplex electrical outlet.
- J) Where ambulatory surgery is performed using local anesthetics in the surgery suite, a room separate from the general recovery room shall be set aside for the ~~patients'~~patient's recovery.

4) Service Areas-

Individual ~~rooms~~room shall be provided when so noted; otherwise alcoves or other open spaces ~~that~~which will not interfere with traffic may be used. Services may be shared with and organized as part of the obstetrical facilities if the approved narrative program reflects this sharing concept. There shall be no crosscirculation between the surgical and delivery suites when using shared service areas. The following services shall be provided:

- A) Control station to permit surveillance of all traffic ~~that~~which enters the operating suite.
- B) ~~Supervisor's~~Supervisors office or station, which (may be part of the control station).
- C) Sterilizing ~~facilities~~facility(ies) with high speed autoclaves conveniently located to serve all operating rooms. If adequate provisions have been made for the replacement of sterile instruments during surgery, sterilizing facilities in the surgical suite will not be required.
- D) Drug distribution station. ~~Provision shall be made for~~ the preparation of medication to be administered to patients.
- E) Scrub facilities ~~shall be~~ conveniently located near each operating room, and ~~shall be~~ arranged to minimize any incidental splatter on nearby personnel or supply carts. Scrub sinks, Provide scrub sink(s) which ~~shall~~may be aseptically operated without the use of hands, shall be provided. (Wrist blades are not acceptable.)
- F) Soiled workroom or a soiled holding room that is part of a system

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for the collection and disposal of soiled materials. The soiled workroom shall contain a clinical sink or equivalent flushing type fixture, a work surface, sink equipped for hand washing~~handwashing~~, a waste receptacle, and a linen receptacle. A soiled holding room shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.

- G) Fluid waste disposal facilities. ~~These shall be~~ conveniently located with respect to the general operating rooms. A clinical sink or equivalent equipment in a soiled workroom or in a soiled holding room would meet this requirement.
- H) Clean workroom or a clean supply room. A clean workroom is required when clean materials are assembled within the surgical suite prior to use. A clean workroom shall contain a work surface, sink equipped for hand washing~~handwashing~~, and space for clean and sterile supplies. A clean supply room shall be provided when the system ~~is~~ used for the storage and distribution of clean and sterile supplies ~~which~~ does not require the use of a clean workroom.
- I) Anesthesia storage facilities. Unless official hospital governing board action prohibits in writing the use of flammable anesthetics, a separate room shall be provided for storage of flammable gases in accordance with the requirements of NFPA 99, Standard for Health Care Facilities, detailed in The National Fire Protection Association Standards 56A (Inhalation Anesthetics) and 56F (Nonflammable Medical Gases).
- J) Anesthesia work area for cleaning, testing, and storing anesthesia equipment, which. ~~It~~ shall contain a work counter and sink.
- K) Medical gas storage. Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided.
- L) Storage area for splints and traction equipment ~~shall be provided~~ for operating rooms equipped for orthopedic surgery.
- M) Equipment storage areas~~area(s)~~ for equipment and supplies used in

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[the](#) surgical suite.

- N) Staff clothing change areas. Appropriate areas shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors) working within the surgical suite. The areas shall contain lockers, showers, toilets, lavatories, and space for donning scrub suits and boots.
- O) Outpatient surgery change areas. If the program requires outpatient surgery, a separate area shall be provided where outpatients change from street clothing into hospital gowns and are prepared for surgery. This [area](#) shall include a waiting room, lockers, toilets, and clothing change or gowning area.
- P) Patients' holding area. In facilities with two or more operating rooms, space shall be provided to accommodate stretcher patients waiting for surgery.
- Q) Stretcher storage area.
- R) Janitors' closet. A closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the surgical suite.
- 5) Central Sterilizing and Supply Room-
- [A\)](#) The central sterile supplies [area](#) shall be located either within the surgical suite or provided as a separate department within the hospital. The following shall be provided:
- [i\)A\)](#) A receiving and clean-up room containing work space and equipment for cleaning medical and surgical equipment, and for disposal or processing of unclean material. [Hand washing](#) facilities operated without the use of hands shall be provided.
- [ii\)B\)](#) A clean workroom containing work space and equipment for sterilizing medical and surgical equipment and supplies.

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- ~~iii)C)~~ Storage areas for clean supplies and for sterile supplies (these may be in the clean workroom).
- ~~iv)D)~~ Unsterile supplies storage room (this may be located in another department).
- ~~E)~~ ~~Soiled or contaminated supply and equipment must be separated from the clean or sterilized supply and equipment.~~
- ~~v)F)~~ Cart storage areas.
- ~~B)G)~~ Facilities for cleaning and sanitizing carts may be centralized or departmentalized.
- ~~C)~~ Soiled or contaminated supplies and equipment shall be separated from the clean or sterilized supplies and equipment.
- j) Obstetrics Suite-
The number of delivery rooms, labor rooms, recovery beds, and the sizes of the service areas shall depend upon the estimated obstetrical workload. The obstetrical suite shall be located and arranged to preclude unrelated traffic through the suite. ~~The requirements of Part XV of the Act shall apply to this Section.~~
- 1) Delivery ~~Rooms~~~~Room(s)~~.
Each delivery room shall have a minimum clear area of 300 square feet exclusive of fixed and movable cabinets and shelves. The minimum dimension shall be ~~15 feet~~~~15'-0"~~ clear. The communications system shall be connected with the obstetrical suite control station. Separate resuscitation facilities (electrical outlets, oxygen, suction, and compressed air) shall be provided for newborn infants.
- 2) Labor ~~Rooms~~~~Room(s)~~.
These rooms shall be single or two-bed rooms with a minimum clear area of 80 square feet per bed. Labor beds shall be provided at the rate of two for each delivery room. In facilities having only one delivery room, two labor rooms shall be provided, one of which shall be large enough to function as an emergency delivery room. Labor rooms shall be arranged so that they are accessible to a ~~nurses'~~~~nurses~~ work station, to facilities for medication, ~~hand washing~~~~handwashing~~, and charting, and storage for

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supplies and equipment.

- 3) **Recovery Room-**
Recovery may take place in private or semiprivate patient rooms (if separate recovery rooms are not provided). If a separate recovery room is provided, it may be part of an approved combined surgical-obstetrical program (see Section 250.1820(h)). Recovery rooms, if provided, shall ~~must~~ meet the following requirements:
- A) The postpartum recovery room ~~shall~~should be within or adjacent to the obstetrics suite.
 - B) The recovery room shall have adequate lighting of the type to allow accurate observation of the patients.
 - C) ~~A~~There shall be a lavatory trimmed with valves operated without the use of hands shall be provided. A clinical sink shall be made accessible.
 - D) A soiled holding area shall be available.
 - E) Facilities for medical storage and preparation shall be provided.
 - F) Adequate storage and work space within or adjacent to the recovery room shall be available for necessary supplies and equipment.
 - G) Each bed site shall be adequately equipped with oxygen, suction and at least one duplex electrical outlet.
- 4) **Service Areas-**
Individual rooms shall be provided when required in this subsection (j)(4) so noted; otherwise alcoves or other open spaces ~~that~~which will not interfere with traffic may be used. (Services may be shared with and organized as part of the surgical facilities if the approved narrative program reflects this sharing concept.) Service areas shall be arranged to avoid direct traffic between the operating and the delivery rooms. The following services shall be provided:

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- A) Control station to permit surveillance of all traffic ~~that~~which enters the obstetrics suite.
- B) ~~Supervisor's~~Supervisors office or station (may be part of control station).
- C) Sterilizing ~~facilities~~facility(ies) with high speed ~~autoclaves~~autoclave(s) conveniently located to serve all delivery rooms. If adequate provisions have been made for the replacement of sterile instruments during delivery, sterilizing facilities in the delivery suite will not be required.
- D) Drug distribution station. ~~Provision shall be made~~ for preparation of medication to be administered to patients.
- E) Scrub facilities, which shall be conveniently located near each delivery room, and shall be arranged to minimize any incidental splatter on nearby personnel or supply carts. ~~Scrub sinks~~Provide scrub sink(s) ~~that~~which may be ~~aseptically~~aseptically operated without the use of hands shall be provided. (Wrist blades are not acceptable.)
- F) Soiled workroom or a soiled room that is part of a system for the collection and disposal of soiled materials. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, a work surface, a sink equipped for ~~hand washing~~handwashing, a waste receptacle, and a linen receptacle. A soiled holding room shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.
- G) Clean workroom or a clean supply room. A clean workroom is required when clean materials are assembled within the obstetrical suite prior to use. A clean workroom shall contain a work surface, a sink equipped for ~~hand washing~~handwashing, and a space for clean and sterile supplies. A clean supply room shall be provided when a system issued for the storage and distribution of clean and sterile supplies does not require the use of a clean workroom.
- H) Anesthesia storage facilities. Unless the official hospital

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governing board action prohibits in writing the use of flammable anesthetics, a separate room shall be provided for storage of flammable gases in accordance with NFPA 99, Standard for Health Care Facilities~~the requirements detailed in the National Fire Protection Association Standards 56A (Inhalation Anesthetics) and 56F (Nonflammable Medical Gases).~~

- I) Anesthesia work area for cleaning, testing, and storing anesthesia equipment, which~~It~~ shall contain a work counter and sink.
 - J) Medical gas storage. Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided.
 - K) Equipment storage ~~areas~~area(s) for equipment and supplies used in the obstetrics suite.
 - L) Staff clothing change areas. Appropriate areas shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors). These areas shall contain lockers, toilets, lavatories equipped for hand washing, ~~handwashing~~ and space for donning scrub suits and boots.
 - M) Stretcher storage area. This area shall be out of the direct line of traffic.
 - N) Janitors' closet. A closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the obstetrical suite.
- k) ~~Emergency Suite:~~
 Facilities for emergency care shall be provided in each hospital. The extent of the emergency services to be provided in the hospital will depend upon community needs and availability of other organized programs for emergency services within the community. Hospitals having a minimum level of emergency services shall provide at least the facilities indicated in subsections~~Items~~ (k)(1); and (k)(4)-below, with back-up facilities within the hospital capable of furnishing the necessary support for services~~facilities~~ not provided in the emergency suite. Other hospitals shall provide as much of the following asthat is consistent with the services offered~~:~~

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- 1) An entrance sheltered from the weather with ~~provision for~~ ambulance and pedestrian access.
 - 2) A reception and control area conveniently located near the entrance, waiting ~~areas~~~~area(s)~~ and treatment ~~rooms~~~~room(s)~~.
 - 3) Public waiting space with access to toilet facilities, public telephone, and drinking fountain.
 - 4) ~~A treatment~~~~Treatment area.~~~~The Treatment~~ area, ~~which~~ shall contain ~~hand washing~~~~handwashing~~ facilities trimmed with valves ~~that~~~~which~~ are aseptically operated (i.e., knee or foot controls), general storage, medication storage, ~~a~~ work surface, medical ~~X-ray~~~~x-ray~~ film illuminators, and space for storage of emergency equipment such as defibrillators, cardiac monitors, and resuscitators (oxygen and suction may be portable).
 - 5) A holding area adjacent to the treatment rooms.
 - 6) A storage area out of the line of traffic for stretchers and wheelchairs.
 - 7) Staff work and charting areas, ~~which~~~~This~~ may be combined with ~~the~~ reception and control ~~areas~~~~area~~ or located within the treatment area.
 - 8) Clean supply storage, ~~which~~ may be separate or located within the treatment area.
 - 9) Soiled workroom or area containing a clinical sink, work surface, and sink equipped for ~~hand washing~~~~handwashing~~, waste receptacle, and linen receptacle.
 - 10) ~~Toilet~~~~Provide toilet~~ facilities convenient to the treatment area.
- l) Outpatient Department
- 1) ~~An outpatient~~~~Outpatient~~ department, if provided, should be located on an easily accessible floor convenient to ~~the~~ radiology, pharmacy, and laboratory departments.

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2) Facilities shall include, at a minimum~~Recommended facilities include:~~

- A) Waiting room.
- B) Space for information, scheduling appointments~~appointment~~ and records.
- C) Medical social services.
- D) Examination rooms.
- E) Dressing booths.
- F) Utility ~~rooms~~room(s).
- G) Storage room.
- H) Janitors' closet.
- I) Public toilets (accessible to the waiting room).

m) Service Departments

1) Dietary Facilities

- A) ~~General:~~
Construction, equipment, and installation shall comply with ~~the~~the ~~standards specified in: The State of Illinois Rules (77 Ill. Adm. Code 750) for~~ Food Service Sanitation Code. Food service facilities shall be designed and equipped to meet the requirements of the hospital. These may consist of an on-site conventional food preparing system, a convenience food service system, or an appropriate combination of the two.
- B) ~~Functional Elements:~~
The following facilities shall be provided as required to implement the type of food service selected:
 - i) Control station ~~for~~For receiving food supplies.

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- ii) Storage space ~~adequate.~~~~Adequate~~ to provide normal and emergency supply needs, including food requiring cold storage and day storage.
- iii) Food preparation facilities. Conventional food preparation systems require space and equipment for preparing, cooking, and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, and individual packaged portions, or systems using contractual commissary service, require space and equipment for thawing, portioning, heating, cooking, and ~~or~~ baking.
- iv) ~~Hand-washing facilities~~~~Handwashing facility(ies) located.~~~~Located~~ in the food preparation area.
- v) Patients' meal service facilities, ~~e.g., facilities.~~~~Examples are those~~ required for tray assembly and distribution.
- vi) Dining space ~~for.~~~~For~~ ambulatory patients, staff and visitors.
- vii) ~~Ware-washing~~~~Warewashing~~ space ~~located.~~~~Located~~ in a room or an alcove separate from food preparation and serving areas. Commercial ~~type~~ dishwashing equipment shall be provided. Space shall also be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the use areas. A ~~hand-washing~~~~handwashing~~ lavatory shall be conveniently available.
- viii) ~~Pot-washing~~~~Potwashing~~ facilities.
- ix) Storage areas ~~for.~~~~For~~ cans, carts, and mobile tray conveyors.
- x) Waste storage facilities ~~located.~~~~Located~~ in a separate room easily accessible to the outside for direct pickup or disposal.

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- x) Toilets accessible to dietary staff. ~~Hand-~~
~~washing~~Handwashing facilities shall be immediately available.
 - xii) Janitors' closet ~~located.~~ ~~Located~~ within the dietary department, ~~containing.~~ ~~It shall contain~~ a floor receptor or service sink and storage space for housekeeping equipment and supplies.
 - xiii) ~~Ice-making~~Icemaking facilities.
 - xiv) ~~Adequate~~Provide adequate can, cart and mobile tray washing facilities as required.
- 2) Central Stores:
The following, including storage spaces adequate to meet the needs of the hospital, shall be provided:
- A) Unloading facilities.
 - B) A receiving area.
 - C) General storage rooms.

~~These facilities shall have storage spaces adequate to meet the needs of the hospital.~~
 - D) Office space.
- 3) Linen Services:
- A) ~~On-site Processing:~~
If linen is processed at the hospital site, the following shall be provided:
 - i) Soiled linen receiving, holding, and sorting room.
 - ii) Laundry processing room.

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- iii) Access to ~~hand-washing~~handwashing facilities.
 - iv) Separate clean linen storage and issuing room or area.
 - v) Clean linen inspection and mending room or area.
 - vi) Storage for laundry supplies.
 - vii) Janitors' closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies.
 - viii) Cart storage.
 - ix) Office space.
- B) ~~Off-site Processing-~~
If linen is processed off the hospital site, the following shall be provided:
- i) A soiled linen holding room.
 - ii) Access to ~~hand-washing~~handwashing facilities.
 - iii) A clean linen, receiving, inspection, and storage ~~room~~rooms.
 - iv) Cart storage.
 - v) Office space.
- 4) ~~Facilities for Cleaning and Sanitizing Carts-~~
Facilities shall be provided to clean and sanitize carts serving the central medical and surgical supply department, dietary facilities, and linen services. These may be centralized or departmentalized.
- 5) ~~Employees'~~Employees ~~Facilities-~~
In addition to the employees' facilities such as locker rooms, lounges,

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toilets, or shower facilities ~~required~~ ~~for~~ in certain departments, a sufficient number of such facilities as required to accommodate the needs of all personnel and volunteers shall be provided.

- 6) ~~Janitors' Closets-~~
In addition to the ~~janitors'~~ ~~Janitors'~~ closets ~~required~~ ~~for~~ in certain departments, sufficient janitors' closets shall be provided throughout the ~~hospital facility~~ as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. ~~Spaces~~ ~~Space(s)~~ for large housekeeping equipment and for back-up supplies may be located in other areas.
- 7) ~~Engineering Service and Equipment Areas-~~
The following shall be provided:
- A) ~~Rooms~~ ~~Room(s)~~ or ~~separate buildings~~ ~~Separate Building(s)~~ for ~~boilers, mechanical equipment, and electrical equipment~~ ~~Boilers, Mechanical Equipment, and Electrical Equipment~~.
 - B) Engineer's ~~space~~ ~~Space~~.
 - C) Maintenance ~~shops~~ ~~Shop(s)~~.
 - D) Storage ~~room for building maintenance supplies~~ ~~Room for Building Maintenance Supplies~~.
 - E) Yard ~~equipment storage~~ ~~Equipment Storage~~.
- 8) ~~Waste Processing Services-~~
- A) ~~Storage and Disposal-~~
Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques. Facilities for proper handling and disposal of infectious or radioactive waste substances shall be provided.
 - B) ~~Incineration-~~

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If the hospital provides its own incineration:

- i) The incinerator shall be in a separate room or placed outdoors.
 - ii) Design and construction of incinerators and trash chutes shall be in accordance with NFPA ~~Standard~~ 82, [Standard on Incinerators and Waste and Linen Handling Systems and Equipment](#).
 - iii) Incinerators shall be equipped to conform to requirements prescribed by [local](#) air pollution ~~requirements~~[regulations in the area](#).
- 9) ~~Storage-~~
In addition to the storage areas called for in certain departments of the hospital, suitable additional storage shall be provided.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2640 Details

All details and finishes shall comply with the following:

- a) Details
 - 1) Compartmentation, exits, automatic extinguishing systems and other details relating to fire prevention and fire protection shall comply with requirements listed in the appropriate sections of ~~the~~ NFPA ~~Standard~~ 101, Life Safety Code, ~~1976 Edition~~, for existing hospitals (for exception, see [subsection \(a\)\(2\)Subparagraph 2](#), of this Section).
 - 2) Aisles, corridors, and interior ramps required for exit access from patient sleeping areas shall have a minimum clear width of [7 feet7'-0"](#); any such aisles, corridors, and interior ramps located in other patient use areas shall have a minimum clear width of [6 feet6'-0"](#).
 - 3) Doors to patient rooms shall not be lockable from inside the room.

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- 4) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type. Openings to showers, baths, patient toilets, and other small wet-type areas not subject to fire hazard are exempt from this requirement. Sliding doors with a break-and-swing feature are acceptable.
- 5) ~~Glazing~~ For glazing of existing doors, sidelights, borrowed lights, and interior windows ~~shall comply with these the State of Illinois "~~ Safety Glazing Materials Act."
- 6) Elevator shaft openings shall be class B 1½-hour-labeled fire doors or ~~shall meet the requirements of NFPA 101, Life Safety Code, for vertical shaft enclosures approved by the Department.~~
- 7) Linen and refuse chutes shall meet or exceed the following requirements:
 - A) Service openings to chutes shall be kept locked if located in corridors or passageways. They may be located in a room of construction having a fire-resistance of not less than one hour.
 - B) Service openings to chutes shall have approved self-closing class B 1½-hour-labeled fire doors.
 - C) Chutes shall discharge directly into collection rooms separated from incinerator, laundry, or other services. Separate collection rooms shall be provided for trash and for linen. The enclosure construction for such rooms shall have a fire resistance of not less than two hours, and the doors ~~thereto~~ shall be not less than class B 1½-hour-labeled fire doors. External discharge containers need not be enclosed.
 - D) Gravity chutes shall be vented through the roof with provisions for continuous ventilation as well as for fire and smoke ventilation. Fire and smoke ventilating openings may be covered with single strength sheet glass.
 - E) See NFPA ~~Standard-82~~, Standard on Incinerators and Waste and Linen Handling Systems and Equipment (Incinerators and Rubbish Handling) for other requirements.

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- 8) Grab bars shall be provided at all patients' toilets, showers, tubs, and sitz baths. The bars shall have 1½-inch clearance to walls and shall be securely anchored.
 - 9) Location and arrangement of ~~hand-washing~~~~handwashing~~ facilities shall permit their proper use and operation. ~~Clearance~~~~Provide clearance~~ for blade-type operating handles shall be provided where required.
 - 10) Mirrors shall not be installed at ~~hand-washing~~~~handwashing~~ fixtures in food preparation areas or in sensitive areas such as nurseries, clean and sterile supplies, and scrub sinks.
 - 11) Paper towel dispensers and waste receptacles or electric hand dryers shall be provided at all ~~hand-washing~~~~handwashing~~ facilities except scrub sinks.
- b) Elevators
- All hospitals having patients' facilities (such as bedrooms, dining rooms, or recreation areas) or critical services (such as operating, delivery, diagnostic, or therapy) located on other than the main entrance floor shall have electric or electrohydraulic elevators.
- 1) Number of elevators.
 - A) At least one hospital-type elevator shall be installed where one to 59 patient beds are located on any floor other than the main entrance floor.
 - B) At least two hospital-type elevators shall be installed where 60 to 200 patient beds are located on floors other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds. (Elevator service may be reduced for those floors ~~that~~~~which~~ provide only partial inpatient services.)
 - C) At least three hospital-type elevators shall be installed where 201 to 350 patient beds are located on floors other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds. (Elevator service

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may be reduced for those floors ~~that~~^{which} provide only partial inpatient services.)

- D) For hospitals with more than 350 beds, the number of elevators provided ~~shall be based on the hospital's program narrative~~^{will be acceptable if adequate}.
- 2) Cars and platforms. Cars of hospital-type elevators shall have dimensions that will accommodate a patient bed and attendants and shall be at least ~~5 feet~~^{5'-0"} by ~~7 feet~~^{7'-6"}. The car door shall have a clear opening of not less than ~~3 feet, 8 inches~~^{3'-8"}.
- 3) Leveling. Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of +½ inch.
- 4) Written certification of ~~the latest~~ inspection shall be posted in the cab if available.
- c) Provisions for Natural Disasters
General requirements. An emergency radio communication system is desirable in each ~~hospital~~^{facility}. If installed, this system ~~shall~~^{should} be self-sufficient in time of emergency and ~~shall~~^{should} also be linked with the available community system and state emergency medical network system, including connections with police, fire, and civil defense system.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2650 Finishes

- a) Cubicle and window curtains and draperies shall be noncombustible or rendered flame retardant and shall pass both the large and small scale tests of NFPA ~~Standard 701~~^{Standard Methods of Fire Tests for Flame Propagation of Textiles and Films}, ~~"Fire Tests for Flame-resistant Textiles and Films."~~
- b) Floors in areas and rooms in which flammable anesthetic agents are stored or administered to patients shall comply with NFPA ~~99~~^{Standard for Health Care Facilities} ~~Standard 56A~~, "Inhalation Anesthetics." Conductive flooring is not required in emergency treatment, operating, and delivery rooms provided that a written resolution is signed by the hospital ~~governing~~ board stating that no

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flammable anesthetic agents will be used in these areas, and provided that appropriate notices are permanently and conspicuously affixed to the wall in each such area and room.

- c) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water-resistant and grease-proof. Joints in tile and similar material in such areas shall be resistant to food acids. Floors in toilets, baths, janitor's closets and similar areas shall be water resistant. In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.
- d) Wall bases in kitchens, operating and delivery rooms, soiled workrooms, and other areas ~~that~~which are frequently subject to wet cleaning methods shall be tightly sealed to the wall and floor and constructed without surface voids that can harbor vermin.
- e) All wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Walls in surgery, delivery, kitchens, and in other spaces, subject to frequent cleaning shall be of suitable materials.
- f) Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of vermin, smoke, and fire. Joints of structural elements shall be similarly sealed.
- g) Ceilings shall be cleanable, and those in sensitive areas such as surgical, delivery, and nursery rooms shall be readily washable and without crevices that can retain dirt particles. These sensitive areas, along with the dietary and food preparation areas, shall have a finished ceiling covering all overhead ductwork. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire-resistive purposes.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2660 Mechanical

- a) Any retrofit of existing heating, ventilating, or air conditioning systems for energy conservation purposes may meet any or all of the requirements of Section

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250.2480 (Mechanical) in lieu of the parallel requirements of this Section.

- b) Boiler feed pumps, return pumps, and circulating pumps shall be furnished in duplicate, each of which has a capacity to carry the full load. Blow off valves, relief valves, nonreturn valves, injectors and fittings shall be provided to meet the requirements of the city and state codes and recommendations of the [American Society of Mechanical Engineers A.S.M.E.](#)
- c) Air Conditioning, Heating and Ventilating Systems

- 1) The systems should be capable of providing the following temperatures and humidities in the following areas:

Area Designation	Temperature		Relative Humidity %	
	°F	°C	Min.	Max.
Operating Room	70-76*	21-24*	50	60
Delivery Room	70-76*	21-24*	50	60
Recovery Room	75	24	50	60
Intensive Care Units	75-80*	24-27*	30	60
Nursing Units	75	24	30	60
Special Care Nursery Units	75-80*	24-27*	30	60
Other patient areas	75	24		

*Variable range required

- 2) Ventilation Systems

- A) Air handling systems shall conform to NFPA [Standard No. 90A, Standard for Installation of Air Conditioning and Ventilating Systems \(1989\), "Installation of Air Conditioning and Ventilating Systems"](#).
- B) Outdoor intakes ~~shall~~ be located as far as practical but not less than 15 feet from exhaust outlets of ventilation systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas ~~that~~ which may collect vehicular exhaust and other noxious fumes.

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- C) All ventilation air supplied to operating rooms, delivery rooms and nurseries ~~shall~~ should be delivered at or near the ceiling of the area served, and all exhaust air from the area ~~shall~~ should be removed near the floor level. At least two exhaust outlets ~~shall~~ should be used in all operating and delivery rooms.
- D) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than those specified in the following:

FILTER EFFICIENCIES FOR CENTRAL
VENTILATION AND AIR CONDITIONING
SYSTEMS IN GENERAL HOSPITALS

Area Designation	Filter Efficiencies (percent)
Sensitive Areas*	50
Patient Care, Treatment, Diagnostic and Related Areas	50
Food Preparation Areas and Laundries	50
Administrative, Bulk Storage and Soiled Holding Areas	20

*Includes operating rooms, delivery rooms, nurseries, recovery rooms, and intensive care units.

- E) The filter shall be located upstream of the air conditioning equipment. If a prefilter is installed, it shall be located upstream of the ~~air~~ conditioning equipment. The main filter may be located before or after the equipment.
- F) Access to filters for changing shall be provided outside of clean areas unless approved otherwise by the Department.
- G) All filter efficiencies shall be average atmospheric dust spot efficiencies tested in accordance with ~~the~~ ASHRAE Handbook of Fundamentals ~~(1981)~~.

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- H) Filter frames shall be durable and shall provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage.
- I) A manometer shall be installed across each filter bed serving central air systems.
- J) Ducts ~~that~~which penetrate construction intended for ~~X-ray~~x-ray or other ray protection shall maintain the effectiveness of the protection.
- K) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA ~~Standard No. 90A,~~ Standard for "Installation of Air Conditioning and Ventilating Systems". Exception: all systems, regardless of size, ~~that~~which serve more than one smoke or fire zone, shall be equipped with smoke detectors to shut down fans automatically as specified in Paragraph 4-3.1 of NFPA 90A~~that Standard~~.
- L) Laboratory hoods shall meet the following general requirements:
- i) ~~The~~the exhaust system shall be separate from the building exhaust system; and
 - ii) ~~The~~the exhaust duct system shall be of noncombustible corrosion-resistant material consistent with the usage of the hood.
- M) Laboratory hoods shall meet the following special requirements:
- i) Each hood for the processing of infectious or radioactive materials shall have an adequate face velocity, shall be connected to an independent exhaust system, shall be provided with filters with 99.97 percent efficiency (based on the ~~DODDOP,~~ diocetylphthalatedioetylphthalate, test method as described in DODDOP Penetration Test Method MIL STD ~~No. 282 (1976)~~: Filter Units, Protective

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Clothing, Gas-Mask Components and Related Products: Performance Test Methods) in the exhaust system, and shall be designed and equipped to permit the safe removal, disposal and replacement of contaminated filters.

- ii) Duct systems in which radioactive and strong oxidizing agents are present shall be constructed of corrosion-resistant material consistent with usage for a minimum distance 10 feet from the hood and shall be equipped with ~~wash-down~~washdown facilities.
- N) The hood and duct system for cooking equipment used in processes producing smoke or grease-laden vapors shall ~~comply~~be ~~in conformance~~ with NFPA ~~Standard No. 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, (1991), "Vapor Removal Cooking Equipment."~~ That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by listed grease extractors.
- O) Other exhaust hoods in food preparation centers shall have an adequate exhaust rate.
- P) ~~Clean-out~~Cleanout openings shall be provided to allow proper cleaning of the duct system serving kitchen and food preparation areas.
- Q) The ventilation system for anesthesia storage rooms shall conform to the requirements of NFPA ~~Standard No. 99, Standard for Health Care Facilities, (1993), "Health Care Facilities Code,"~~ including the gravity option system.
- R) Boiler rooms shall be provided with sufficient outdoor air to maintain proper combustion rates for equipment.
- S) Rooms containing heat-producing equipment, such as boiler rooms, heater rooms, food preparation centers, laundries, ~~and~~ sterilizer rooms, shall be ventilated.

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- T) For general pressure relationships and ventilation of certain hospital areas, see ~~Section 250.~~Table F.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2670 Plumbing and Other Piping Systems

- a) General
All plumbing systems shall be installed in accordance with the requirements of the Illinois ~~State-Plumbing Code, code (77 Ill. Adm. Code 890)~~ except that the number of waterclosets, urinals, lavatories, bathtubs, showers, drinking fountains, and other fixtures shall be as required by the hospital programs.
- b) Plumbing Fixtures
- 1) Plumbing fixtures shall be of nonabsorptive acid-resistant materials.
 - 2) ~~Hand-washing~~Handwashing lavatories used by medical and nursing staff shall be trimmed with valves ~~that~~which can be operated without the use of hands where specifically required in ~~Section 250.2630~~previous sections.
 - A) When blade handles are used for this purpose the blade handles shall not exceed 4½ inches in length, except that the handles on clinical sinks shall not be less than 6 inches in length.
 - B) The ~~hand-washing~~handwashing and scrub sinks, in surgery and emergency treatment, nursery, and delivery units~~Surgery and Emergency Treatment, Nurseries, and Delivery~~ shall be trimmed with valves ~~that~~which are ~~aseptically~~aseptically operated (i.e., knee or foot controls) without the use of hands. Wrist blades are not acceptable.
 - 3) Shower bases and tubs shall be provided with nonslip surfaces for standing patients.
- c) Water Supply Systems
- 1) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

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- 2) Bedpan-flushing devices shall be provided on each patient toilet unless a clinical service sink is centrally located in each nursing unit. This requirement does not apply to psychiatric units.
- 3) Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water [temperature](#) at shower, bathing, and ~~hand-washing~~[handwashing](#) facilities shall not exceed 110° F (43° C).
- d) ~~Hot~~ Water Heaters and Tanks:
Storage tanks shall be fabricated of corrosion-resistant metal or lined with non-corrosive material.
- e) Drainage Systems
 - 1) Drain lines from sinks in which acid wastes may be poured shall be fabricated from acid-resistant material.
 - 2) Floor drains shall not be installed in operating rooms. Flushing rim-type drains may be installed in ~~cystoscopic operating rooms~~[Cystoscopy Operating Rooms](#).
 - 3) Building sewers shall discharge into a public ~~sewer~~[sewerage](#) system. When a public sewer system is not available, sewage and liquid waste shall be collected, treated, and disposed of in a private sewage disposal system. The design, construction, maintenance, and operation of the system shall comply with the Department's Private Sewage Disposal Code (77 Ill. Adm. Code 905).~~or into other approved disposal system.~~
- f) [Medical Gas Service](#)
[Medical gas inlets and outlets shall be provided as identified in Table E.](#)
~~Oxygen and Vacuum~~
~~Oxygen and vacuum shall be provided where required.~~
- g) Service Outlets
Service outlets for central housekeeping vacuum systems, if used, shall not be located within operating rooms.
- h) Fire Extinguishing Systems:

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- 1) All existing fire extinguishing systems shall be designed, installed and maintained in accordance with NFPA 101, ~~(Life Safety Code)~~, NFPA 13, [Standards for the Installation of \(Sprinkler Systems\)](#) and NFPA [25, Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems-13A, \(Sprinkler Systems Maintenance\)](#).
- 2) All buildings more than two stories in height shall be provided with a Class III, Type 1 inside standpipe system. Such standpipe systems shall conform to the requirements of NFPA 14, [Standards for the Installation of Standpipe, Private Hydrants, and Hose Systems](#), ~~(Standpipe and Hose Systems)~~.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

Section 250.2680 Electrical Requirements

- a) General
All electrical materials shall comply with [the available](#) standards of Underwriters' Laboratories, Inc., or equivalent.
- b) Switchboards and Power Panels:
Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be accessible only to authorized persons. The switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry, ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.
- c) Panelboards:
Panelboards serving lighting and appliance circuits shall be conveniently located.
- d) Lighting:
 - 1) All spaces occupied by people, machinery, and equipment within buildings [and at](#) approaches to and exits from buildings shall have lighting.

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- 2) Patients' rooms shall be equipped with general lighting and night lighting.
 - 3) Operating and delivery rooms shall have general lighting in addition to local lighting provided by special lighting units at the surgical and obstetrical tables.
- e) Receptacles (Convenience Outlets)-
- 1) Anesthetizing locations. Each operating and delivery room shall have receptacles of the types described in NFPA [99, Standard for Health Care Facilities, Standard 56A, "Inhalation Anesthetics."](#)
 - 2) Patients' rooms. Each patient room shall have duplex grounding type receptacles. Nurseries shall have similar receptacles.
 - 3) Corridors. Duplex receptacles for general use shall be installed approximately ~~50 feet~~^{50'-0"} apart in all corridors and within ~~25 feet~~^{25'-0"} of the ends of corridors.
- f) Equipment Installation in Special Areas-
- 1) Installation in anesthetizing locations. All electrical equipment and devices, receptacles, wiring and conductive flooring shall comply with NFPA [99, Standard for Health Care Facilities, Standard 56A, "Inhalation Anesthetics,"](#) except that a static-type line isolation monitor will be permitted.
 - 2) Special grounding system. In areas such as intensive care units and special care nurseries, where a patient may be treated with an internal probe or catheter, the patient ~~rooms'~~^{rooms} ground ~~systemssystem~~ shall comply with the following:
 - A) A patient ground point shall be provided within ~~10 feet~~^{10'-0"} of each bed. The patient ground is intended to assure that under normal conditions all electrically conductive surfaces of equipment and furnishings within reach of the patient will be at the same electrical potential plus or minus 10 millivolts differential. This requirement is not intended to apply to devices and utensils such as

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bedpans and other small portable nonelectrical devices.

- B) One patient ground point may serve more than one patient, but one patient shall not be served by more than one patient ground point.
- C) The grounding conductor connecting any receptacle serving a patient and the patient ground point shall not exceed the equivalent resistance of 15 feet~~15'-0"~~ of No. 12 American wire gauge (AWG) copper conductor.
- D) Exposed metal building surfaces or utility piping within reach of the patient or others who may touch the patient~~him~~ shall be grounded to the patient groundpoint or to a separately established room groundpoint.
- E) A reference groundpoint shall be established in the electrical supply panel.
- F) The patient groundpoint and the room groundpoint, where separated, shall be interconnected by a continuous, insulated, copper conductor not smaller than No. 12 AWG, and similarly connected to the reference ground. The groundpoints~~or~~ may be individually connected to the reference groundpoint provided that the ground conductor resistance does not exceed that of 15 feet~~15'-0"~~ of No. 12 AWG copper conductor.
- G) Receptacle ground terminals shall be connected to the patient groundpoint or to the reference groundpoint provided that grounding conductor resistance to the reference groundpoint does not exceed that of 15 feet~~15'-0"~~ of No. 12 AWG, copper conductor.
- H) Grounding of all metallic raceways shall be assured by means of grounding bushings on all conduit terminations at the panelboard and by means of an insulated, continuous, stranded, copper grounding conductor, not smaller than No. 12 AWG, extended from the grounding bus in the panelboard to the conduit grounding bushings.
- I) Grounding of metallic switch and receptacle plates shall be

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provided by means of the mounting-screw connections to the device mounting yokes.

g) Nurses' Calling System-

- 1) General. In general patient areas, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call devices serving adjacent beds may be served by one calling station. Calls shall register with floor staff and shall actuate a visible signal in the corridor at the patients' door, and in all other appropriate areas. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections.
- 2) Patients' emergency. A nurses' call emergency station shall be provided for patients' use at each patient's toilet, bath, sitz bath, and shower room.
- 3) Intensive care. In areas such as intensive care where patients are under constant surveillance, the nurses' calling system may be limited to a bedside station that will actuate a signal that can be readily seen or heard by the nurse.
- 4) Nurses' emergency. A communications system ~~that which~~ may be used by nurses to summon assistance shall be provided in each operating, delivery, recovery, emergency treatment, and intensive care room, in nurseries, and in supervised nursing units for ~~psychiatric~~ ~~mental~~ patients.

h) Emergency Electric Service-

- 1) General. To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.
- 2) Sources. The source of this emergency electric service shall be as follows:
 - A) An emergency generating set when the normal service is supplied by one or more central station transmission lines.
 - B) An emergency generating set or a central station transmission line when the normal electric supply is generated on the premises.

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- 3) Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. EXCEPTION: A system of prime movers ~~that~~~~which~~ are ordinarily used to operate other equipment and alternately used to operate the emergency ~~generators~~~~generator(s)~~ will be permitted provided that the number and arrangement of the prime movers are such that when one of them is out of service (due to breakdown or for routine maintenance) the prime ~~movers~~~~mover(s)~~ can operate the required emergency ~~generators~~~~generator(s)~~, and provided that the connection time requirements described in [subsection \(h\)\(4\)\(D\)\(i\)](#) of this Section [are met](#).
- 4) Emergency electrical connections. Emergency electrical service shall be provided to the distribution systems as follows:
- A) Circuits for the safety of patients and personnel-
- i) Illumination of means of egress as required in NFPA [Standard 101](#), ~~(Life Safety Code)~~.
 - ii) Illumination for exit signs and exit directional signs as required in NFPA [Standard 101](#), ~~(Life Safety Code)~~.
 - iii) Alarm systems, including fire alarms activated at manual stations, water flow alarm devices of sprinkler ~~systems~~~~system~~ if electrically operated, fire and smoke detecting systems, and alarms required for nonflammable medical gas systems.
 - iv) Paging or speaker systems if intended for communication during emergency. Radio transceivers where installed for emergency use shall be capable of operating for at least one hour upon total failure of both normal and emergency power.
 - v) General illumination and at least one duplex receptacle in the vicinity of the generator set.

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- B) Circuits essential to care, treatment, and protection of patients.
- i) Task illumination and necessary life support receptacles in infant nurseries; medicine dispensing areas; cardiac catheterization laboratories; angiographic laboratories; labor, operating delivery, and recovery rooms; dialysis units; intensive care areas; emergency treatment rooms; and nurses' stations.
 - ii) Corridor duplex receptacles in patient areas.
 - iii) Nurses' calling system.
 - iv) Blood bank refrigeration.
 - v) Equipment necessary for maintaining telephone service.
 - vi) Fire pump if installed.
- C) Circuits ~~that~~^{which} serve necessary equipment. The connection to the following emergency electric services shall be delayed automatic except for heating, ventilation, and elevators which may be either delayed automatic or manual:
- i) Equipment for heating, operating, delivery, labor, recovery, intensive care, nursery, and general patient rooms except that service for heating of general patient rooms will not be required under either of the following conditions: if the design temperature is higher than 20°F (-7°C) based on the Median of Extremes as shown in the ASHRAE Handbook of Fundamentals, or if the hospital is served by two or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the hospital and the generating sources will not likely cause an interruption of the hospital service feeders.
 - ii) Elevator service that will reach every patient floor.

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Throwover facilities shall be provided to allow temporary operation of any elevator for the release of persons who may be trapped between floors.

- iii) Ventilation of unfenestrated operating and delivery rooms.
- iv) Central suction systems serving medical and surgical functions.
- v) Equipment ~~that~~^{which} must be kept in operation to prevent damage to the building or its contents.

D) Details.

- i) The emergency electrical system shall be so controlled that after interruption of the normal electric power supply the generator is brought to full voltage and frequency. It must be connected within 10 seconds through one or more primary automatic transfer switches to emergency lighting systems; alarm systems; blood banks; nurses' calling systems; equipment necessary for maintaining telephone service; and task illumination and receptacles in operating, delivery, emergency, recovery, and cardiac catheterization rooms, intensive care nursing areas, nurseries, and other critical patient areas. All other lighting and equipment required to be connected to the emergency system shall either be connected through the ~~above described~~ primary automatic transfer switches or through other automatic or manual transfer switches.
- ii) Receptacles connected to the emergency system shall be distinctively marked. Storage battery-powered lights, provided to augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following an interruption of the normal service supply, shall not be used as a substitute for ~~the requirement of~~ a generator. Where stored fuel is required for emergency generator operation, the storage capacity shall be sufficient for not less than 24-hour

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continuous operation.

(Source: Amended at 35 Ill. Reg. 6386, effective March 31, 2011)

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- 1) Heading of the Part: Birth Center Demonstration Program Code
- 2) Code Citation: 77 Ill. Adm. Code 265
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
265.1000	New
265.1050	New
265.1100	New
265.1150	New
265.1200	New
265.1250	New
265.1300	New
265.1400	New
265.1450	New
265.1500	New
265.1550	New
265.1600	New
265.1650	New
265.1700	New
265.1750	New
265.1800	New
265.1850	New
265.1900	New
265.1950	New
265.2000	New
265.2050	New
265.2100	New
265.2150	New
265.2200	New
265.2250	New
265.2300	New
265.2350	New
265.2400	New
265.2450	New
265.2500	New
265.2550	New
265.2600	New
265.2650	New
265.2700	New

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265.2750	New
265.2800	New
265.2850	New
265.2900	New
265.2950	New
265.3000	New

- 4) Statutory Authority: Alternative Health Care Delivery Act [210 ILCS 53]
- 5) Effective Date of Rulemaking: March 31, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 9) A copy of the adopted rules, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: August 20, 2010; 34 Ill. Reg. 12012
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Differences between proposal and final version:

The following changes were made in response to comments received during the first notice or public comment period:

1. In Section 265.1050, the following text was deleted from the definition for birth center: "A birth center is not a hospital, *part of a hospital, or a freestanding facility that is physically distinct from a hospital but is operated under a license issued to a hospital under the Hospital Licensing Act.*"
2. In Section 265.1250(k), the sentence "Performance of surgical procedures, such as tubal ligation or termination of pregnancy, requires licensure as an Ambulatory Surgical Treatment Center under the Ambulatory Surgical Treatment Center Act." was replaced with, "Surgical procedures such as tubal ligation or termination of pregnancy are prohibited at birth centers."

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3. In Section 265.1300(e), "\$1,500" was changed to "\$500 plus \$100 for each licensed birthing bed".
4. In Section 265.1550(g), "No induction of labor is allowed either to start" was changed to "No pharmacologic agents are permitted to induce".
5. In Section 265.1550(m), the following sentence was added at the end: "The woman shall otherwise meet the criteria for the risk assessment that are set forth in this Section, the birth center shall have documentation of prenatal care, and the birth center shall comply with the letter of agreement between the birth center and the hospital in the Perinatal System, pursuant to the requirement of subsection (i)."
6. In Section 265.1550(n), the following sentence was added at the end: "The criteria for acceptance and transfer to a hospital at any stage shall also comply with the letter of agreement between the birth center and the hospital in the Perinatal System, pursuant to the requirements of subsection (i)."
7. In Section 265.1550(o)(2), "Active" was inserted before the first word in subsections (o)(2)(L) through (o)(2)(O) and (o)(2)(R).
8. In Section 265.1750, subsection (a)(2) was deleted and the subsequent subsection renumbered.
9. In Section 265.1800(d)(2), the following was added after "care": "If the mother is at 32 weeks gestation when she makes her initial request for admission, the birth center shall evaluate the woman as soon as possible, pursuant to Section 265.1550." Also, "in" was changed to "In" and "which" was changed to "the evaluation".
10. In Section 265.1800, subsection (d)(3) was deleted.
11. In Section 265.2600(c), the language in subsection (l) was changed to "Each birth center shall meet the requirements of the local fire authority or the Illinois State Fire Marshal".
12. In Section 265.2750(b), subsection (4) was deleted.

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13. Section 265.2750(e)(1), the sentence "Toilet rooms for the exclusive use of staff shall be conveniently located in the birth unit." was removed and replaced with "Toilet rooms for staff and visitors shall be conveniently located in the birth unit. Client toilet rooms cannot satisfy this requirement."
14. In Section 265.2750(j), the sentence "The birth center shall be located at the same level as the entrance at grade level" was deleted.
15. In Section 265.2850, subsections (b)(1)(A) through (b)(1)(C) were deleted.
16. In Section 265.2900(f), the sentence "Each birthing room shall be equipped with a system of communicating to other parts of the birth center and to an outside telephone line" was inserted and subsections (f)(1) and (f)(2) were deleted.

The following changes were made in response to comments and suggestions of JCAR:

1. In the definition for "Health-related field" in Section 265.1050, ", physician, physician assistant, or other classifications that are licensed, registered or certified by the Illinois Department of Financial and Professional Regulation" was inserted after "licensed practical nurse".
2. In Section 265.1750, "when not" was deleted and "or within the proximity specified in Section 265.1250(n)" was added before the period.
3. In Section 265.2850, the following text was added:
 - "(A) Birth room ventilation systems shall operate at all times, except during maintenance and conditions requiring shutdown by the building's fire alarm system.
 - (B) During occupied hours, birth room air change may be reduced, provided that the positive room pressure is maintained as required in Table 2.1-2 of the AIA Guidelines."

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

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- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of the Rulemaking: This rulemaking implements Public Act 95-445, which amended the Alternative Health Care Delivery Act to create a demonstration program for freestanding birth centers.

The Birth Center Demonstration Program Code establishes general provisions, licensing procedures, building requirements, enforcement provisions, and operational and clinical standards for the provision and coordination of treatment and services in birth centers.

Subpart A outlines the program elements of birth centers; the requirements for licensure and the procedure for applying for an initial license; inspections and enforcement procedures; admission protocols, patient rights; the administration and personnel requirements of birth centers, including continued education, licensed and certified employees, and background check requirements; medical care, including birth procedures, infant care, and discharge policies; infection control and disposal of medical waste; quality improvement; food service; and all facets of patient care.

Subpart B establishes the minimum construction standards for birth centers, including the submission and approval of construction plans, general construction requirements; nursing unit requirements, plumbing, HVAC, electrical systems, and security.

- 16) Information and questions regarding these adopted rulemakings shall be directed to:

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761

217/782-2043
e-mail: dph.rules@illinois.gov

The full text of the Adopted Rules begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIESPART 265
BIRTH CENTER DEMONSTRATION PROGRAM CODE

SUBPART A: GENERAL REQUIREMENTS

Section	
265.1000	Scope and Purpose
265.1050	Definitions
265.1100	Incorporated and Referenced Materials
265.1150	Demonstration Program Elements
265.1200	Information Available for Public Inspection
265.1250	General Requirements for Licensure
265.1300	Application for Initial License
265.1400	Inspections and Investigations
265.1450	Notice of Violation and Plan of Correction
265.1500	Adverse Licensure Action and Administrative Hearings
265.1550	Admission Protocols for Acceptance for Birth Center Clients
265.1600	Governing Body
265.1650	Length of Stay
265.1700	Client Rights
265.1750	Personnel
265.1800	Clinical Services
265.1850	Labor and Birth Procedures
265.1900	Newborn Infant Care
265.1950	Discharge Policies and Procedures
265.2000	Infection Control
265.2050	Disposal of Medical Waste
265.2100	Emergency Services
265.2150	Laboratory and Pharmacy Services
265.2200	Clinical Records
265.2250	Transfer Agreement
265.2300	Equipment
265.2350	Environmental Management
265.2400	Food Services
265.2450	Quality Assurance and Improvement

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265.2500 Reports

SUBPART B: CONSTRUCTION STANDARDS

- 265.2550 Applicability of This Subpart
265.2600 Submission of Plans for New Construction, Alterations or Additions to Birth Centers
265.2650 Preparation of Drawings and Specifications – Submission Requirements
265.2700 General Construction Requirements
265.2750 Birth Unit Requirements
265.2800 Plumbing
265.2850 Heating, Ventilating and Air-Conditioning Systems (HVAC)
265.2900 Electrical Systems
265.2950 Emergency Electric Service
265.3000 Security Systems

AUTHORITY: Alternative Health Care Delivery Act [210 ILCS 3].

SOURCE: Adopted at 35 Ill. Reg. 6501, effective March 31, 2011.

SUBPART A: GENERAL REQUIREMENTS

Section 265.1000 Scope and Purpose

- a) The purpose of this Part is to implement the Birth Center Demonstration Program under the Alternative Health Care Delivery Act, which allows up to 10 birth centers to be licensed by the Illinois Department of Public Health as birth center alternative health care delivery models.
- b) This Part establishes general provisions, licensing procedures, building requirements, enforcement provisions, and operational and clinical standards for the provision and coordination of treatment and services in birth centers.

Section 265.1050 Definitions

Act – the Alternative Health Care Delivery Act.

Administrator – the person who is directly responsible for the operation and administration of the birth center, irrespective of the person's assigned title.

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Applicant – any person, acting individually or with any other person, who proposes to build, own, establish or operate a birth center.

Adequate – enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the clients of a facility under the particular set of circumstances in existence at the time of review.

Advanced practice nurse or APN – a person who has met the qualifications for a certified nurse midwife (CNM); certified nurse practitioner (CNP); certified registered nurse anesthetist (CRNA); or clinical nurse specialist (CNS) and has been licensed by the Department of Financial and Professional Regulation. (Section 50-10 of the Nurse Practice Act)

Antepartum – the period of time before labor or childbirth.

Birth assistant – a person *licensed or certified in Illinois* by the Department of Financial and Professional Regulation *in a health-related field and under the supervision of the physician or certified nurse midwife in attendance, who has specialized training in labor and delivery techniques and care of newborns, and receives planned and ongoing training as needed to perform assigned duties effectively.* (Section 35(6) of the Act)

Birth attendant – *an obstetrician, family practitioner physician, or certified nurse midwife who attends each woman in labor from the time of admission and throughout the immediate postpartum period.* (Section 35(6) of the Act)

Birth center or center – an alternative health care delivery model that is *exclusively dedicated to serving the childbirth-related needs of women and their newborns and has no more than 10 beds. A birth center is a designated site that is away from the mother's usual place of residence in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy.*

Birth room – a room specifically designed and equipped for a single occupancy client to give birth under the care of professionals in that health care specialty.

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Birth unit – a number of birth rooms grouped or clustered around a central area/station that maintains direct supervision (electronic supervision is not permitted) of the birth rooms.

Certified nurse midwife or CNM – a registered nurse who meets the requirements for licensure as an advanced practice nurse under the category of certified nurse midwife under Section 15 of the Nurse Practice Act.

Charitable care – the intentioned provision of free or discounted birth center services to persons who cannot afford to pay for the services.

Client – a woman who gives birth at a center and the infant of that birth.

Community education services – information and education provided to the pregnant woman and her family, during both early and late pregnancy, that promote healthy outcomes for the woman and her infant.

Demonstration Program or Program – a program to license and study alternative health care models authorized under the Act. (Section 10 of the Act)

Department – the Illinois Department of Public Health. (Section 10 of the Act)

Federally qualified health center – a community health center funded under Section 330 of the federal Public Health Service Act (42 USC 254b).

Governing body – a board of trustees, governing board, board of directors or other body or individual responsible for governing a birth center.

Health-related field – either a registered nurse or licensed practical nurse, physician, physician assistant, or other classifications that are licensed, registered or certified by the Illinois Department of Financial and Professional Regulation.

Hospital – any institution, place, building or agency licensed pursuant to the Hospital Licensing Act. (Section 3 of the Hospital Licensing Act)

Immediate postpartum period – a minimum of two hours following the delivery of the placenta and until the client is clinically stable.

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Inspection – any survey, evaluation, or investigation of the birth center's compliance with the Act and this Part by the Department or designee.

Intrapartum – the time from the onset of true labor until the delivery of the infant and placenta.

Licensee – the person or entity licensed to operate the birth center.

Low-risk pregnancy – a pregnancy that, based on history, application of risk criteria, and adequate prenatal care, is broadly predicted to have a normal, uncomplicated outcome.

Medical director – a physician, licensed to practice medicine in all of its branches, who is certified or eligible for certification by the American College of Obstetricians and Gynecologists, who provides guidance, leadership, oversight and quality assurance to the birth center.

Newborn infant or newborn – an infant who is less than 72 hours old.

Nurse – a registered nurse or licensed practical nurse as defined in the Nurse Practice Act.

Operator – the person responsible for the control, maintenance and governance of the birth center, its personnel and physical plant.

Owner – the individual, partnership, corporation, or other person who owns the birth center.

Perinatal center – a referral facility designated under the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640) and intended to care for the high risk patient before, during, or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation and other support services.

Person – any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity.

Physician – any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987.

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Prenatal care – medical care for a pregnant woman and her fetus throughout her pregnancy.

Program narrative – a description of the center's proposed operation, which clarifies or explains choices related to such items as space, equipment, finishes or other specifications in the architectural plans. The program narrative shall include, but is not limited to, the:

number of beds;

medical needs of proposed clients;

proposed food service operation;

proposed laundry operation; and

interrelation of the functions of the birth center.

Quality assurance – an ongoing, objective and systematic process of monitoring, evaluating and improving the quality, appropriateness and effectiveness of care.

Quality improvement or performance improvement – an organized, structured process that selectively identifies projects to achieve improvement in products or services.

Registered nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act.

Risk assessment – a process by which historical, physical, and laboratory data are applied for the prediction of pregnancy outcome.

Sanitize – to destroy microorganisms by cleaning or disinfecting.

Sterilization – the use of a physical or chemical procedure to destroy all microbial life, including bacterial endospores.

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Substantial compliance or substantially comply – meeting requirements, except for variance from the strict and literal performance that results in unimportant omissions or defects, given the particular circumstances involved.

Supervision – authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his/her sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

Support person – an individual who provides emotional support and help with relaxation techniques and comfort measures.

Survey – a detailed, complete inspection of the birth center.

Universal/standard precautions – as defined by the Centers for Disease Control and Prevention (CDC), recommendations designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and other blood borne pathogens when providing health care.

Vaginal delivery – spontaneous labor and delivery.

Section 265.1100 Incorporated and Referenced Materials

- a) The following private and professional association standards are incorporated in this Part:
 - 1) AIA Guidelines for Design and Construction of Health Care Facilities, 2006, which may be obtained from the American Institute of Architects (AIA) Academy of Architecture for Health, Facilities Guidelines Institute, 1919 McKinney Ave., Dallas, Texas 75201.
 - 2) The standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals (2005), which may be obtained from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329.

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- 3) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269:
 - A) No. 99 (1999): Standard for Healthcare Facilities
 - B) No. 101 (2000): Life Safety Code
 - C) NFPA 30 (1996): Flammable and Combustible Liquids Code
 - D) NFPA 70 (1999): National Electric Code
 - E) NFPA 110 (1999): Standard for Emergency and Standby Power System
 - 4) International Building Code (2003), which may be obtained from the International Code Council, 4051 Flossmoor Road, Country Club Hills, Illinois 60477-5795.
 - 5) The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, sixth edition (2007), which may be obtained from the American Academy of Pediatrics, 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, Illinois 60009-0927.
 - 6) The American Association of Birth Centers, Standards for Birth Centers (2001), which may be obtained from the American Association of Birth Centers, 3123 Gottschall Road, Perkiomenville, Pennsylvania 18074
- b) The following federal guidelines are incorporated in this Part:
- 1) Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services. The guidelines may be obtained from the National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161.
 - A) Guideline for Hand Hygiene in Health-Care Settings (October 2002)

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- B) Guidelines for Infection Control in Health Care Personnel (1998)
- c) All incorporations by reference of federal guidelines and regulations and the standards of nationally recognized organizations refer to the regulations, guidelines, and standards on the date specified and do not include any later amendments or editions.
- d) The following federal laws are referenced in this Part:
 - 1) Title XVIII and Title XIX of the Social Security Act (42 USC 301 et seq., 1395 et seq., and 1396 et seq.)
 - 2) Clinical Laboratory Improvement Amendments (42 USC 1861 and 1902)
 - 3) Public Health Service Act (42 USC 254b)
- e) The following State laws and administrative rules are referenced in this Part:
 - 1) State of Illinois laws:
 - A) Nurse Practice Act [225 ILCS 65]
 - B) Medical Practice Act of 1987 [225 ILCS 60]
 - C) Hospital Licensing Act [210 ILCS 85]
 - D) Illinois Health Facilities Planning Act [20 ILCS 3960]
 - E) Pharmacy Practice Act [225 ILCS 85]
 - F) Illinois Administrative Procedure Act [5 ILCS 100]
 - G) Health Care Worker Background Check Act [225 ILCS 46]
 - H) Alternative Health Care Delivery Act [210 ILCS 3]
 - I) Ambulatory Surgical Treatment Center Act [210 ILCS 5]

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- J) Vital Records Act [410 ILCS 535]
 - K) Infant Eye Disease Act [410 ILCS 215]
 - L) Illinois Insurance Code [215 ILCS 5]
- 2) State of Illinois rules:
- A) Control of Communicable Diseases Code, Illinois Department of Public Health (77 Ill. Adm. Code 690)
 - B) Control of Tuberculosis Code, Illinois Department of Public Health (77 Ill. Adm. Code 696)
 - C) Rules of Practice and Procedure in Administrative Hearings, Illinois Department of Public Health (77 Ill. Adm. Code 100)
 - D) Illinois Plumbing Code, Illinois Department of Public Health (77 Ill. Adm. Code 890)
 - E) Illinois Accessibility Code, Illinois Capital Development Board (71 Ill. Adm. Code 400)
 - F) Food Service Sanitation Code, Illinois Department of Public Health (77 Ill. Adm. Code 750)
 - G) Health Care Worker Background Check Code, Illinois Department of Public Health (77 Ill. Adm. Code 955)
 - H) Regionalized Perinatal Health Care Code, Illinois Department of Public Health (77 Ill. Adm. Code 640)
 - I) Illinois Vital Records Code, Illinois Department of Public Health (77 Ill. Adm. Code 500)
 - J) Perinatal HIV Prevention Code, Illinois Department of Public Health (77 Ill. Adm. Code 699)

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- K) Nonhazardous Special Waste Handling and the Uniform Program,
Illinois Pollution Control Board (35 Ill. Adm. Code 809)

Section 265.1150 Demonstration Program Elements

- a) *A birth center shall be exclusively dedicated to serving the childbirth-related needs of women and their newborns and shall have no more than 10 beds.* (Section 35 of the Act)
- b) A birth center shall be licensed pursuant to this Part to be considered a participant in the Program.
- c) Applications for participation in the Program shall be considered only when a vacancy exists in one of the allocated Program slots for the relevant geographic area, as set forth in Section 30(a-25) of the Act.
- d) *The Department shall deposit all application fees, renewal fees and fines collected under the Act and this Part into the Regulatory Evaluation and Basic Enforcement Fund in the State Treasury.* (Section 25(d) of the Act)
- e) Birth centers *shall*, within 30 days after licensure, *seek certification under Titles XVIII and XIX of the Federal Social Security Act.* (Section 30(d) of the Act)
- f) Birth centers *shall provide charitable care consistent with that provided by comparable health care providers in the geographic area.* (Section 30(d) of the Act)
- g) *A licensed birth center that continues to be in substantial compliance after the conclusion of the demonstration program shall be eligible for annual license renewals unless and until a different licensure program for that type of health care model is established by legislation.* (Section 30(c) of the Act)
- h) No place or person shall hold itself out to the public as a "birth center" unless it is licensed as a birth center under the Act and this Part.

Section 265.1200 Information Available for Public Inspection

- a) A birth center shall post the following information in plain view of the public:

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- 1) Its current license or a photocopy of the current license;
 - 2) A description of the birth center complaint procedures;
 - 3) The name, address and telephone number of a person authorized by the Department to receive complaints;
 - 4) Client rights; and
 - 5) Emergency exit routes.
- b) A birth center shall make the following information or documents available upon request for public inspection:
- 1) A copy of any order pertaining to the birth center issued by the Department or a court during the past five years;
 - 2) A complete copy of every inspection report that the birth center received from the Department during the past five years. This information shall not disclose the name of any health care professionals, employees, or clients at the center;
 - 3) A description of the services provided by the birth center and the rates charged for those services;
 - 4) A copy of the statement of ownership required by Section 35(6) of the Act; and
 - 5) A complete copy of the report of the Department's most recent inspection of the birth center. This information shall not disclose the name of any health care professionals, employees, or clients at the center.

Section 265.1250 General Requirements for Licensure

- a) Birth centers shall obtain a permit from the Illinois Health Facilities and Services Review Board and shall obtain a license from the Illinois Department of Public Health. No person may engage in the business of providing birth center services, or represent to the public that the person is a provider of such services for pay or other consideration, without a license.

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- b) *A birth center shall be exclusively dedicated to serving the childbirth-related needs of women and their newborns and shall have no more than 10 beds. (Section 35(6) of the Act)*
- c) *A birth center is a designated site that is away from the mother's usual place of residence and in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy. (Section 35(6) of the Act)*
- d) *A birth center shall offer prenatal care and community education services and shall coordinate these services with other health care services available in the community. (Section 35(6) of the Act)*
- e) *A birth center license shall be required if the birth center is operated as:*
 - 1) *A part of the operation of a federally qualified health center as designated by the United States Department of Health and Human Services; or*
 - 2) *A facility other than one described in Section 35(6)(A)(1) or (A)(2) of the Act or subsection (e)(1) of this Section whose costs are reimbursable under Title XIX of the federal Social Security Act. (Section 35(6)(B)(2) of the Act)*
- f) *Each birth center must become accredited by either the Commission for the Accreditation of Freestanding Birth Centers or the Joint Commission on Accreditation of Health Care Organizations within two years after becoming licensed. (Section 35(6) of the Act)*
- g) *A birth center shall be certified to participate in the Medicare and Medicaid Programs under Titles 18 and 19, respectively, of the federal Social Security Act if allowable. (Section 35(6) of the Act)*
- h) *A birth center shall be located within a ground travel time distance from the general acute care hospital with which the birth center maintains a contractual relationship, including a transfer agreement that allows for an emergency caesarian delivery to be started within 30 minutes after the decision a caesarian delivery is necessary. (Section 35(6) of the Act)*

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- i) No person or place shall represent itself as a "birth center" or use the term "birth center" in its title, advertising, publications or other form of communication unless licensed as a birth center in accordance with this Part.
- j) Each license shall specify the licensed bed capacity of the birth center.
- k) Procedures performed at birth centers shall be limited to those normally accomplished in uncomplicated childbirth, including simple episiotomies and repairs of lacerations. Surgical procedures such as tubal ligation or termination of pregnancy are prohibited at birth centers.
- l) Proposed changes in birth center licensed bed capacity shall be submitted in writing to the Department and shall be subject to the approval of the Department based upon need and compliance with Subpart B of this Part.
- m) *A birth center may not discriminate against any client requiring treatment because of the source of payment for services, including Medicare and Medicaid recipients. (Section 35(6) of the Act)*
- n) *The medical director or his or her physician designee shall be available on the premises or within a close proximity. Close proximity means being able to be physically present in the facility within 30 minutes after being called. (Section 35(6) of the Act)*
- o) The birth center license shall be prominently displayed in the area accessible to the public.

Section 265.1300 Application for Initial License

- a) An application for a license to establish or operate a birth center shall be made in writing on forms provided by the Department.
- b) A change of ownership will require a new application.
- c) The application shall include proof of a Certificate of Need to establish and operate a Birth Center Model issued by the Health Facilities and Services Review Board under the Illinois Health Facilities Planning Act.

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- d) Application forms and other required information shall be submitted and approved pursuant to Subpart B of this Part, prior to surveys of the physical plant or review of building plans and specifications.
- e) Each application shall be accompanied by a non-refundable license application fee of \$500 plus \$100 for each licensed birthing bed.
- f) The application shall contain, at a minimum, the following information:
 - 1) The name, address and telephone number of the applicant, if the applicant is an individual; in the case of a firm, partnership, or association, of every member thereof; in the case of a corporation, the name, address and phone number thereof and of its officers and its registered agent; and in the case of a unit of local government, the name, address and telephone number of its chief executive officer.
 - 2) The name of the person or persons who will manage or operate the birth center.
 - 3) The location of the birth center, including the name, address, and number of beds, not to exceed 10.
 - 4) Information regarding any conviction of the applicant; or, if the applicant is a firm, partnership or association, of any of its members; or, if the applicant is a corporation, of any of its officers or directors; or of the person designated to manage or operate the birth center, of a felony, or of two or more misdemeanors involving moral turpitude in the last five years.
 - 5) The name, address, telephone number, experience, credentials and any professional licensure or certification of the following persons:
 - A) Administrator;
 - B) Medical director; and
 - C) Director of Nursing and Midwifery Services.
 - 6) A list of the medical staff, including name and license number.

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- 7) A list of the number and type of proposed staff.
 - 8) A detailed description of the services to be provided by the birth center, including the admission criteria (see Section 265.1550).
 - 9) Schematic architectural plans.
 - 10) A copy of the contract between the birth center and hospital, including a transfer agreement pursuant to Section 265.1250(h).
 - 11) The letter of agreement with a perinatal center for referral of high risk infants based upon the Regionalized Perinatal Health Care Code.
 - 12) A written narrative on the prenatal care and community education services offered by the birth center, and how these services are being coordinated with other health services in the community.
- g) Each application shall contain documentation that *the services of a medical director physician, licensed to practice medicine in all its branches, who is certified or eligible for certification by the American College of Obstetricians and Gynecologists or the American Board of Osteopathic Obstetricians and Gynecologists or has hospital obstetrical privileges are available to be provided in the birth center.* (Section 35(6) of the Act)
- h) Upon receipt and review of a complete application for licensure, the Department shall conduct an inspection to determine compliance with the Act and this Part.
- i) If the birth center is found to be in substantial compliance with the Act and this Part, the Department shall issue a license *for a period of one year.* (Section 30 of the Act)
- 1) The license shall not be transferable; it is issued to the licensee and for the specific location and number of beds identified in the license.
 - 2) The license shall become automatically void and shall be returned to the Department if the birth center's license is revoked, nonrenewed or relinquished, denied, forfeited, or suspended.

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- j) An application for an annual license renewal shall be filed with the Department 90 to 120 days prior to the expiration of the license, on forms provided by the Department.
- 1) The renewal application shall comply with the requirements of subsections (a), (b), (c), (d), (e) and (f) of this Section; and
 - 2) Upon receipt and review of a complete application for license renewal, the Department may conduct a survey, dependent upon workload priorities, time from last survey, and other factors such as complaints or reports. The Department will renew the license in accordance with subsection (i) of this Section.
- k) *The Department may issue a provisional license to any birth center model that does not substantially comply with the provisions of the Act and this Part:*
- 1) A provisional license will be issued only *if the Department finds that:*
 - A) *The birth center has undertaken changes and corrections which upon completion will render the birth center in substantial compliance with the Act and this Part;*
 - B) *The health and safety of the clients of the birth center will be protected during the period for which the provisional license is issued (Section 30(c) of the Act); and*
 - C) The health and safety of the employees of the birth center will be protected during the period for which the provisional license is issued.
 - 2) *The Department shall advise the applicant or licensee of the conditions under which the provisional license is issued, including:*
 - A) *The manner in which the birth center fails to comply with the provisions of the Act and this Part;*
 - B) The changes and corrections that shall be completed;

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- C) *The time within which the changes and corrections necessary for the birth center to substantially comply with the Act and this Part shall be completed* (Section 30(c) of the Act); and
- D) The interim actions that are necessary to protect the health and safety of the clients.

Section 265.1400 Inspections and Investigations

- a) *The Department shall perform licensure inspections of birth centers, as deemed necessary, to ensure compliance with the Act and this Part.* (Section 25(c) of the Act)
- b) Birth centers shall be subject to and shall be deemed to have given consent to all inspections by properly identified personnel of the Department, or by other such properly identified persons as the Department might designate. In addition, representatives of the Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the birth center or the licensee to the extent necessary to carry out the Act and this Part.
- c) *The Department may investigate an applicant or licensee on its own motion or based upon complaints received by mail, electronic means, telephone, or in person.* (Section 50 of the Act)
 - 1) Complaints in regard to birth centers licensed under the Act and this Part may be submitted either in writing, by telephone or by other electronic means to the Department's Central Complaint Registry.
 - 2) The Department will conduct an investigation of all complaints received. An appropriate investigation may include, but is not limited to, record reviews and/or telephone interview, on-site surveys or a combination of methods.
- d) *The Department shall investigate an applicant or licensee whenever it receives a verified complaint in writing of any person setting forth facts which if proven would constitute grounds for the denial of an application for a license, refusal to renew a license, suspension of a license or revocation of a license.* (Section 50 of the Act)

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Section 265.1450 Notice of Violation and Plan of Correction

- a) Upon determination that the licensee or applicant is in violation of the Act or this Part, the Department shall issue a written Notice of Violation and request a plan of correction. The notice shall specify the violations and shall instruct the licensee or applicant to submit a plan of correction to the Department within 10 days after receipt of the Notice.
- b) Within the 10-day period, a licensee or applicant may request additional time for submission of the plan of correction. The Department may extend the period for submission of the plan of correction for an additional 30 days if the Department finds that corrective action by the birth center to abate or eliminate the violations will require substantial capital improvement. The Department will consider the extent and complexity of necessary physical plant repairs and improvements and any impact on the health, safety, or welfare of the clients of the birth center in determining whether to grant a requested extension.
- c) Each plan of correction shall be based on the birth center's assessment of the conditions or occurrences that are the basis of the violations and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. The birth center shall maintain documentation of such assessment and evaluation. Each acceptable plan of correction shall include:
 - 1) The procedure for implementing the plan of correction for each deficiency cited, typed in the right-hand column of the original Statement of Deficiencies;
 - 2) The title of the individual responsible for implementing and monitoring the plan of correction;
 - 3) Documentation that the facility has incorporated systemic improvement efforts into its quality assessment and performance improvement program in order to prevent the recurrence of the deficient practice;
 - 4) Supporting documentation of correction;
 - 5) Procedures for monitoring and tracking to ensure that the plan of correction is effective;

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- 6) A completion date for correction of each deficiency cited, along with interim dates for any phases or intermediate steps; and
 - 7) Date and signature of the authorized representative, on the bottom of page one of the original Statement of Deficiencies and Plan of Correction.
- d) Submission of a plan of correction shall not be considered an admission by the birth center that the violation has occurred.
 - e) The applicant or licensee may submit additional information in response to the Notice of Violation that it believes will clarify the condition or alleged violation. The Department will consider the information in reviewing the applicant's or licensee's response and the plan of correction.
 - f) The Department will review each plan of correction to ensure that it provides for the abatement, elimination, or correction of the violation. The Department will reject a submitted plan only if it finds any of the following deficiencies:
 - 1) The plan does not address the conditions or occurrences that are the basis of the violation and does not evaluate the practices, policies, and procedures that have caused or contributed to the conditions or occurrences.
 - 2) The plan does not indicate the specific actions that the birth center will be taking to abate, eliminate, or correct the violation.
 - 3) The plan does not provide for measures that will abate, eliminate, or correct the violation.
 - 4) The plan does not provide steps that will avoid future occurrence of the same and similar violations.
 - 5) The plan does not provide for timely completion of the corrective action, considering the seriousness of the violation, any possible harm to the clients, and the extent and complexity of the corrective action.
 - g) The Department will notify the licensee or applicant if the plan of correction is rejected, including specific reasons for the rejection of the plan. The birth center

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shall submit a modified plan that addresses the requirements of subsection (c) of this Section within five days after receipt of the notice of rejection.

- h) If a licensee or applicant fails to submit a modified plan of correction as required in subsection (g), or if the modified plan is not acceptable to the Department, the Department will specify and impose a plan of correction.
- i) The Department will verify the completion of the corrective action required by the plan of correction within the specified time period during subsequent investigations, surveys, and evaluations of the birth center.

Section 265.1500 Adverse Licensure Action and Administrative Hearings

- a) *Before denying a license application, refusing to renew a license, suspending a license, revoking a license, or assessing an administrative fine, the Department shall notify the applicant or the licensee in writing. The notice shall specify the charges or reasons for the Department's contemplated action, and shall provide the applicant or licensee an opportunity to file a request for a hearing within 10 days after receiving the notice. (Section 50 of the Act)*
 - 1) *A failure to request a hearing within 10 days shall constitute a waiver of the applicant's or licensee's right to a hearing. (Section 50 of the Act)*
 - 2) *The hearing shall be conducted by the Director or an individual designated in writing by the Director as an Administrative Law Judge, and shall be conducted in accordance with the Department's Rules of Practice and Procedure in Administrative Hearings and Section 55 of the Act. (Section 55 of the Act)*
- b) *A license may be denied, suspended, or revoked, and the renewal of a license may be denied, or an administrative fine may be assessed for any of the following reasons:*
 - 1) *Violation of any provision of the Act or this Part.*
 - 2) *Conviction of the owner or operator of the birth center of a felony or of any other crime under the laws of any state or of the United States arising out of or in connection with the operation of a health care facility. The*

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record of conviction or a certified copy of it shall be conclusive evidence of conviction.

- 3) *An encumbrance on a health care license issued in Illinois or any other state to the owner or operator of the birth center.*
- 4) *Revocation of any facility license issued by the Department during the previous five years or surrender or expiration of the license during the pendency of action by the Department to revoke or suspend the license during the previous five years, if:*
 - A) *the prior license was issued to the individual applicant or a controlling owner or controlling combination of owners of the applicant; or*
 - B) *any affiliate of the individual applicant or controlling owner of the applicant or affiliate of the applicant was a controlling owner of the prior license. (Section 45 of the Act)*
- c) An action to assess an administrative fine may be initiated in conjunction with or in lieu of other adverse licensure action.
- d) The amount of an administrative fine shall be determined based on consideration of the following:
 - 1) The nature and severity of the violation;
 - 2) The birth center's diligence in correcting the violation;
 - 3) Whether the birth center had previously been cited for a similar violation;
 - 4) The number of violations;
 - 5) The duration of an uncorrected violation; and
 - 6) The impact or potential impact of the violation on client health and safety.

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- e) The administrative fine shall be calculated in relation to the number of days the violation existed, or continues to exist if it has not been corrected. The total amount of the fine assessed shall fall within the following parameters:
 - 1) For a violation that occurred as a single event or incident – between \$100 and \$5,000 per violation.
 - 2) For a violation that was continued or is continuing beyond a single event or incident – between \$100 and \$500 per day per violation.

Section 265.1550 Admission Protocols for Acceptance for Birth Center Clients

- a) An admission protocol specifying the criteria for admitting a client to the birth center shall be included in the application as provided in Section 265.1300.
- b) Only clients *whose births are planned to occur following a normal, uncomplicated, and low-risk pregnancy* shall be allowed to receive services at the birth center. *The medical director and the Director of Nursing and Midwifery Services shall jointly develop and approve policies defining the criteria to determine which pregnancies are accepted as normal, uncomplicated and low-risk, and the anesthesia services and other services available at the birth center.* (Section 35(6) of the Act)
- c) *No general anesthesia, which includes spinal/epidural, or regional, may be administered at the birth center.* (Section 35(6) of the Act)
- d) Any pregnant walk-in person who is beyond 32 weeks of gestation or is ready to deliver her baby, and who has not previously been approved for admission, shall be immediately transferred to a hospital.
- e) *An obstetrician, family practitioner/physician, or certified nurse midwife shall attend each woman in labor from the time of admission through birth and throughout the immediate postpartum period.* (Section 35(6) of the Act)
- f) Criteria for acceptance for admission shall be in writing.
- g) No pharmacologic agents are permitted to induce or enhance labor.

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- h) The birth center shall have a contractual relationship/transfer agreement with a hospital capable of performing obstetric deliveries.
- i) The birth center shall have *a letter of agreement with a hospital designated under the Perinatal System*. (Section 35(6) of the Act)
- j) The birth center's governing body shall approve the acceptance for admission protocol and any subsequent revisions.
- k) Each birth center shall establish written policies and procedures stating the medical and social risk factors that exclude women from the low-risk intrapartum group.
- l) Each birth center shall establish a written risk assessment that shall be completed for each client and included in the client's clinical record. The assessment shall include a detailed medical history, a physical examination, family circumstances and other social and psychological factors.
- m) Women who fail to register for acceptance with the birth center before 32 weeks gestation and who have not received prenatal care shall be excluded from admission unless a written, signed exception is made by the medical director on an individual basis. The woman shall otherwise meet the criteria for the risk assessment that are set forth in this Section, the birth center shall have documentation of prenatal care, and the birth center shall comply with the letter of agreement between the birth center and the hospital in the Perinatal System, pursuant to the requirement of subsection (i).
- n) Criteria for antepartum acceptance and transfer to a hospital, and intrapartum and postpartum transfer to a hospital, and the certified nurse midwife-physician collaborative agreement shall be described in the birth center's established written protocols in accordance with the American Association of Birth Centers, Standards for Birth Centers. The criteria for acceptance and transfer to a hospital at any stage shall also comply with the letter of agreement between the birth center and the hospital in the Perinatal System, pursuant to the requirements of subsection (i).
- o) A physician or a certified nurse midwife shall determine the general health and complete a risk assessment of the client, using the following criteria for exclusion as a birth center client. These criteria shall be applied to all clients prior to

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acceptance for birth center services and throughout the pregnancy for continuation of services. The medical director and Director of Nursing and Midwifery Services shall make the final determination of each client's risk.

- 1) Body mass index of less than 18 or greater than 40 (client will not be accepted).
- 2) Medical problems, including, but not limited to:
 - A) Heart disease, pulmonary embolus, or chronic hypertension not controlled by medication;
 - B) Congenital heart defects assessed as pathological by a cardiologist, placing mother and/or fetus at risk;
 - C) Severe renal disease;
 - D) Current drug or alcohol addiction;
 - E) Diabetes mellitus or gestational diabetes not controlled by diet;
 - F) Thyroid disease that is not maintained in a euthyroid state;
 - G) Bleeding disorder or hemolytic disease;
 - H) Adrenal disease;
 - I) Systemic collagen, connective tissue and autoimmune diseases (e.g., systemic lupus erythematosus, anti-phospholipid syndrome, progressive system sclerosis, and periarteritis nodosa);
 - J) Acute or chronic liver disease;
 - K) Neurological disorder or seizure disorder requiring use of anticonvulsant drugs;
 - L) Active HIV positive or confirmed active genital herpes at term;
 - M) Active subarachnoid hemorrhage, aneurysm;

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- N) Active hernia of the nucleus pulposus;
 - O) Active lung function disorder/COPD;
 - P) Active moderate to severe asthma;
 - Q) Tuberculosis, active; or
 - R) Active inflammatory bowel disease, including ulcerative colitis and Crohn's disease.
- 3) Previous history of obstetrical complications, including, but not limited to:
- A) Previous gynecologic uterine wall surgery where uterine cavity was entered;
 - B) Two previous caesarean sections;
 - C) Previous caesarean section with documented conditions: vertical scar, placenta anterior and low lying;
 - D) Cervical insufficiency (and/or Shirodkar-procedure);
 - E) Placental abruption;
 - F) Postpartum hemorrhage as a result of cervical tear;
 - G) Postpartum hemorrhage, other causes;
 - H) Manual removal of a placenta.
- 4) Risk factors in prenatal course of current pregnancy, including, but not limited to:
- A) Anemia (less than 9 gm hemoglobin concentration and not responding to therapy);
 - B) Complete placenta previa in third trimester;

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- C) Nonvertex presentation in labor;
- D) Pre-eclampsia;
- E) Known multiple gestation;
- F) Hypertension – resting blood pressure 140/90 or an increase of 30 systolic or 15 diastolic over the client's baseline pressure;
- G) Premature labor at less than 37 weeks; the client may return to the birth center if undelivered at 37 weeks;
- H) Premature rupture of membrane at less than 37 weeks;
- I) Prolonged rupture of membranes requiring Pitocin induction/augmentation:
- J) Prolonged pregnancy (at 42 completed weeks or more);
- K) Significant isoimmunization against Rh or other antigen that may affect the fetus with rising titres;
- L) Pyelonephritis;
- M) Toxoplasmosis;
- N) Rubella;
- O) Cytomegalovirus;
- P) Parvovirus infection;
- Q) Tuberculosis, active;
- R) Syphilis;
- S) Ectopic pregnancy;

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- T) Deep venous thrombosis;
 - U) Placental abruption; or
 - V) Dead fetus.
- p) The acceptance and admission policies of the birth center shall not discriminate against clients based on disability, race, religion, source of payment, sexual preference/orientation or any other basis recognized by applicable State and federal laws.
- q) Before acceptance and admission to services, a client shall be informed of:
- 1) The qualifications of the birth center clinical staff;
 - 2) The risks related to out-of-hospital childbirth;
 - 3) The benefits of out-of-hospital childbirth; and
 - 4) The possibility of referral or transfer if complications arise during pregnancy or labor, with additional costs for services rendered.
- r) The birth center shall obtain the client's written consent for birth center services, and a copy of the signed consent shall be included in the client's individual clinical record.
- s) The number of women in active labor who have been admitted to the birth center at any given point in time shall be no greater than the number of birth rooms in the birth center.

Section 265.1600 Governing Body

- a) Each birth center shall have an organized governing body that is responsible for:
- 1) The management and control of the birth center;
 - 2) The assurance of quality care and services;
 - 3) Compliance with all federal, State and local laws; and

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- 4) Protection of personal and property rights of clients, newborn infants and support persons.
- b) The governing body shall be responsible for providing a sufficient number of appropriately qualified personnel, physical resources and equipment, supplies and services for safe, effective and efficient delivery of care services for normal, uncomplicated and low risk pregnancies as defined in this Part.
- c) The governing body shall appoint an administrator who has the authority and responsibility for the operation and administration of the birth center at all times. Qualifications, authority, responsibilities and duties of the administrator shall be defined in a written statement adopted by the governing body.
- d) The governing body shall appoint *a medical director physician who is licensed to practice medicine in all its branches, who is certified or eligible for certification by the American College of Obstetricians and Gynecologists or the American Board of Osteopathic Obstetricians and Gynecologists or has hospital obstetrical privileges.* (Section 35(6) of the Act)
- e) The governing body shall appoint a Director of Nursing and Midwifery Services.
- f) The governing body shall adopt effective policies and bylaws governing operation of the birth center. The policies and bylaws shall be in writing, dated and available for public review. These shall include, but not be limited to:
 - 1) Obstetric, pediatric, and midwifery services available on a 24-hour basis, seven days a week, which shall include obstetric and pediatric consultative services, transportation in case of emergency, admission and discharge policies and provision for referral to outside resources; and
 - 2) Written birth center policies developed by the medical director and Director of Nursing and Midwifery Services and readily available to all staff. All staff members shall be oriented to existing policies and procedures and shall be promptly notified of changes in policies or procedures.
- g) The governing body shall annually review, revise and approve client rights policies and procedures (see Section 265.1700).

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Section 265.1650 Length of Stay

The maximum length of stay in a birth center shall be consistent with existing state laws (Illinois Insurance Code Section 356s) allowing a 48-hour stay or appropriate post-delivery care, if the client is discharged earlier than 48 hours. (Section 35(6) of the Act)

Section 265.1700 Client Rights

- a) A client shall not be deprived of any rights, benefits, or privileges guaranteed by law based solely on the client's status as a client of the birth center.
- b) Every client shall be permitted to refuse medical treatment and to know the consequences of such action.
- c) The medical director and Director of Nursing and Midwifery Services shall develop written policies and procedures to assure the individual mother the right to dignity, privacy, and safety, which shall include, but not be limited to, the requirements in subsection (d). The governing body shall review, revise, and approve the policies annually. The birth center shall follow the policies and procedures.
- d) It is the right of every mother, and/or support person, to expect and receive:
 - 1) Good quality care and high professional standards that are continually maintained and reviewed.
 - 2) Answers to questions regarding services and treatment, and the names and functions of the staff person providing services.
 - 3) Confidentiality of client records. Information from or copies of records may be released only to authorized individuals, and the birth center shall ensure that unauthorized individuals cannot gain access to or alter client records. The birth center shall release original medical records only in accordance with federal or State laws, court orders, or subpoenas.
 - 4) Unimpeded, private, and uncensored communication by mail and telephone. The birth center shall ensure that correspondence is promptly received and mailed, and that telephones are reasonably accessible.

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- 5) Respectful and dignified treatment at all times.
- 6) Information regarding cost and counseling on the availability of known financial resources to the service being rendered.
- 7) Disclosure and discussion of the nature, purposes, expected effects, and results of the medical treatment under consideration, prior to signing an informed consent.
- 8) *Availability of an obstetrician, family practitioner/physician or certified nurse midwife on a 24-hour per day, 7 day per week basis from the time of admission through birth and throughout the immediate postpartum period. Additionally, a second staff person shall also be present at each birth who is licensed or certified in Illinois in a health-related field and under the supervision of the physician or certified nurse midwife in attendance, has specialized training in labor and delivery techniques and care of newborns, and receives planned and ongoing training as needed to perform assigned duties effectively.* (Section 35(6) of the Act)
- 9) A copy of the birth center's rules that apply to conduct as a mother, spouse, support person, and other family member or visitor.
- 10) A written copy of the rights guaranteed by this Section and by the birth center.
- 11) Treatment without discrimination based upon race, color, religion, sexual preference, national origin, or source of payment.
- 12) The right to expect emergency procedures to be implemented without unnecessary delay.

Section 265.1750 Personnel

- a) *Medical Director. The services of a medical director physician, licensed to practice medicine in all its branches, who is certified or eligible for certification by the American College of Obstetricians and Gynecologists or the American Board of Osteopathic Obstetricians and Gynecologists or has hospital obstetrical privileges are required in birth centers.* (Section 35(6) of the Act)

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- 1) The medical director shall be appointed by and responsible to the governing body and shall have full obstetrical privileges in a licensed hospital near the birth center. The medical director may also be designated as the individual responsible for the administrative operation of the birth center. The medical director shall be responsible for:
 - A) Advising and consulting with the staff of the birth center on all matters related to medical management of pregnancy; birth; postpartum, newborn and gynecologic health care; and infection control;
 - B) Establishing a Written Collaborative Agreement for midwifery care management as required by Section 65-35 of the Nurse Practice Act;
 - C) Coordinating all professional medical consultants to the birth center (e.g., consulting obstetrical physicians, pediatricians, family physicians); and
 - D) Such other functions as may be deemed appropriate.
 - 2) The medical director or a physician designee shall be available on the premises or within the proximity specified in Section 265.1250(n).
- b) Administrator. The administrator is an individual designated by the governing body to be responsible for the administrative operation of the birth center. One person may function in more than one capacity, provided that the person meets all of the minimum qualifications and is capable of performing all of the prescribed duties.
- 1) The duties of the administrator include, but are not limited to:
 - A) Administratively supervising the provision of services at the birth center;
 - B) Organizing and directing the birth center's ongoing functions;
 - C) Employing qualified staff;

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- D) Ensuring education and evaluations of staff; and
 - E) Supervising non-professional staff.
- 2) The administrator shall implement a budgeting and accounting system, which shall include an auditing system for monitoring State or federal funds. The administrator shall ensure that all billings or insurance claims (e.g., Medicaid) submitted are accurate.
 - 3) The administrator shall ensure that issues and complaints relating to the conduct or actions of licensed health care professionals are addressed and, if warranted, referred and reported to the appropriate licensing board, and that such review and action taken are documented.
 - 4) The administrator shall administratively conduct or supervise the resolution of complaints received from clients concerning the delivery of their care or services at the birth center.
- c) Director of Nursing and Midwifery Services
- 1) *If a birth center employs certified nurse midwives, a certified nurse midwife shall be the Director of Nursing and Midwifery Services who is responsible for the development of policies and procedures for services as provided by this Part. (Section 35(6) of the Act)*
 - 2) The nursing or midwifery services shall be under the direction of a registered nurse or a certified nurse midwife who has qualifications in nursing administration and/or nursing management and who has the ability to organize, coordinate, and evaluate the service.
 - 3) The Director of Nursing and Midwifery Services shall hold a degree in nursing and have documented experience and relevant continuing education.
 - 4) The Director of Nursing and Midwifery Services shall be accountable to the governing body for developing and implementing policies and procedures of the birth center and for the nursing/midwifery practice.

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- 5) The Director of Nursing and Midwifery Services shall have authority over the selection, promotion and retention of nursing/midwifery personnel based on established job descriptions.
 - 6) A registered nurse or certified nurse midwife qualified by training shall be designated and authorized to act in the absence of the Director of Nursing and Midwifery Services on a 24-hour basis.
- d) Birth Attendants and Birth Assistants
- 1) A birth attendant is *an obstetrician, family practitioner/physician, or certified nurse midwife* who attends a woman in labor from the time of admission through birth and throughout the immediate postpartum period, in accordance with Section 265.1850. (Section 35(6) of the Act)
 - 2) A birth assistant shall be *licensed or certified in Illinois in a health-related field and under the supervision of the physician or certified nurse midwife in attendance, have specialized training in labor and delivery techniques and care of newborns, and receive planned and ongoing training as needed to perform assigned duties effectively.* (Section 35(6) of the Act)
The birth assistant acts as the second staff person who is required by Section 35(6) of the Act to be present at each birth.
- e) Professional and support staff (nurses, clerical, housekeeping, food service, maintenance, etc.) shall be on duty and on call to meet the demands for services provided to assure client safety and satisfaction.
- f) At each birth there shall be two staff currently certified in:
- 1) Adult CPR equivalent to American Heart Associate Class C life support; and
 - 2) Neonatal CPR equivalent to American Academy of Pediatrics/American Heart Association requirements.
- g) Each birth center shall establish an employee health program that includes, at a minimum, the following:

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- 1) An assessment of the employee's health and immunization status at the time of employment;
 - 2) Policies regarding required immunizations;
 - 3) Policies and procedures for the periodic health assessment of all personnel. These policies shall specify the content of the health assessment and the interval between assessments and shall comply with the Control of Tuberculosis Code;
 - 4) All birth center employees who are exposed to blood shall have full immunization against hepatitis B or documented refusal; and
 - 5) Annual training on infection control for birth center personnel. The training shall follow the standards set forth in the Guidelines for Infection Control in Health Care Personnel; and
 - 6) Procedures related to identifying potential dangers to the health and safety of personnel providing services in the birth center and procedures for protecting agency personnel from identified dangers.
- h) Each birth center shall develop a system for training and continued education for all personnel according to their assigned duties and for evaluation of skills consistent with the individual's scope of practice.
 - i) Prior to employing any individual in a position that requires a State license, the birth center shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active and in good standing. A copy of the verification shall be placed in the individual's personnel file.
 - j) A birth center shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.
 - k) The birth center shall check the status of all applicants with the Health Care Worker Registry prior to hiring.

Section 265.1800 Clinical Services

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- a) Clients shall meet all the requirements of Section 265.1550 before being admitted and receiving services at the birth center.
- b) Each birth center shall assure that each woman and her family registering for admission for care at the birth center shall be given an orientation to the birth center, which includes, but is not limited to:
 - 1) The philosophy and goals of the birth center;
 - 2) Services directly available at the birth center;
 - 3) Services provided through consultation and referrals;
 - 4) Policies and procedures;
 - 5) The requirement for signed consent for care and services, attesting to full awareness of care and services to be provided;
 - 6) The involvement of the mother (and support person whenever possible) in the development and assessment of a protocol of care in accordance with this Section;
 - 7) Charges for required care and potential additional charges; and
 - 8) The risk assessment process and risk factors that might preclude admission for care at the birth center.
- c) Each birth center shall provide a childbirth education program or shall arrange with another health care provider to make a program available to the center's clients.
 - 1) The program shall consist of a course of instruction to expectant mothers and support persons pertaining to prenatal care and its outcome; care of the newborn; and an understanding of labor and delivery, self-care, and preparation for participation in the childbirth process.
 - 2) The education program shall be coordinated with other health care services available in the community.

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- 3) The birth center shall require all women who have not previously attended a childbirth education program to attend such a program, preferably with a support person.
 - 4) Childbirth education can be provided at any location in the community. The location should meet the needs of the participant by encouraging and supporting attendance.
- d) The birth center shall ensure that mothers have adequate prenatal care in accordance with the birth center's written policies and procedures and acceptable standards of practice. The policies shall require the following:
- 1) Every mother shall be involved in the development and assessment of a protocol of care.
 - 2) Every mother shall be evaluated within four weeks after the initial request for admission for care. If the mother is at 32 weeks gestation when she makes her initial request for admission, the birth center shall evaluate the woman as soon as possible, pursuant to Section 265.1550. In order to establish a database of risk assessment, identify problems and needs, and develop a protocol of care, the evaluation shall include:
 - A) Data from history and physical examination, including documented HIV status;
 - B) Laboratory findings;
 - C) Social, nutritional and health assessments; and
 - D) Frequency of prenatal visits.
- e) Any risk factor pertaining to labor, delivery or postpartum periods as outlined in Section 265.1550 shall be cause to discontinue care of the mother and/or newborn at the birth center.
- 1) If a clinical complication occurs in the course of labor or delivery or postpartum, the obstetrician, family physician or certified nurse midwife shall have the mother and/or newborn transferred promptly to a licensed hospital obstetrical service and shall notify the medical director.

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- 2) Records necessary to explain the situation fully shall accompany a mother and/or newborn upon transfer to the hospital.
- f) *The maximum length of stay in a birth center shall be consistent with existing State laws allowing a 48-hour stay or appropriate post-delivery care, if the mother and infant are discharged earlier than 48 hours.* (Section 35(6) of the Act) If a mother or newborn is not in satisfactory condition for discharge within 48 hours following birth, the mother and/or newborn shall be transferred to a hospital that has obstetrical and nursery services.
- g) The written policies and procedures established by the medical director and Director of Nursing and Midwifery Services for a follow-up program of care and postpartum evaluation after discharge from the birth center shall include, but not be limited to, the following:
 - 1) The birth center's medical director, obstetrician, family physician, or certified nurse midwife shall be accessible by telephone, 24 hours per day, to assist mothers in case of need during the postpartum period.
 - 2) The birth center's postpartum program shall include the assessment of mother and infant, including physician examination, laboratory screening tests at appropriate times, and maternal postpartum status; and instructions in child care, including immunization, referral to sources of pediatric care, provisions for family planning services, the importance of newborn hearing screening, and assessment of mother-child relationship, including breastfeeding.
- h) *No general, which includes spinal/epidural, or regional anesthesia may be administered at the birth center.* (Section 35(6) of the Act) Local anesthesia for episiotomies and/or repair of lacerations may be administered in accordance with written policies and procedures established by the medical director.
- i) No surgical procedures shall be performed except episiotomy, repair of episiotomy or laceration, or circumcision.

Section 265.1850 Labor and Birth Procedures

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- a) *An obstetrician, family practitioner/physician or certified nurse midwife (birth attendant) shall attend each woman in labor from the time of admission through birth and throughout the immediate postpartum period. Attendance may be delegated only to another physician or certified nurse midwife. (Section 35(6) of the Act)*
- b) *Additionally, a second staff person (birth assistant) shall also be present at each birth who is licensed or certified in Illinois in a health-related field and under the supervision of the physician or certified nurse midwife in attendance, has specialized training in labor and delivery techniques and care of newborns, and receives planned and ongoing training as needed to perform assigned duties effectively. (Section 35(6) of the Act)*
- c) The birth attendant shall be trained in the common duties associated with birth and postpartum, and use of emergency policies, procedures and equipment.
- d) During the labor process, the birth attendant shall perform the following minimum duties:
 - 1) Monitor the fetal heartbeat;
 - 2) Monitor the mother's blood pressure, pulse and temperature;
 - 3) Perform adult and infant cardiopulmonary resuscitation, if needed;
 - 4) Monitor the infant's heartbeat, respiratory rate and body temperature; and
 - 5) Assess the client's fundus and blood loss.
- e) Interventions shall be limited to those required to accomplish a vaginal delivery.

Section 265.1900 Newborn Infant Care

- a) Each birth center shall adopt, implement and enforce written policies and procedures for the care of the infant. The medical director and Director of Nursing and Midwifery Services shall review and revise the policies as necessary to reflect current practices. The policies shall comply with the Guidelines for Perinatal Care, published by the American Academy of Pediatrics and the

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American College of Obstetricians and Gynecologists, and include, at a minimum:

- 1) Resuscitation of the newborn;
 - 2) Within two hours after delivery, ophthalmic ointment, or drops containing tetracycline or erythromycin, instilled into the eyes of the newborn infant as a preventive against ophthalmia neonatorum in accordance with the Infant Eye Disease Act;
 - 3) A single parenteral dose of vitamin K-1, water soluble 0.5 mgm, given to the infant soon after birth as a prophylaxis against hemorrhagic disorder in the first days of life;
 - 4) Documentation of a physical examination of the newborn performed before discharge;
 - 5) Referral for any abnormalities or problems;
 - 6) The collection of blood for newborn screening;
 - 7) Procedures for the detection of Rh and ABO isoimmunization;
 - 8) HIV testing pursuant to the Perinatal HIV Prevention Code; and
 - 9) Preparation and submission of birth certificates.
- b) Identification of Newborns
- 1) While the newborn is still in the birth room, the nurse or certified nurse midwife in the birth room shall prepare identical identification bands for both the mother and the newborn. Wrist bands alone may be used; however, it is recommended that both wrist and ankle bands be used on the newborn. The birth center shall not use footprinting and fingerprinting alone as methods of client identification. The bands shall indicate the mother's admission number, the newborn's gender, the date and time of birth, and any other information required by birth center policy. Birth room personnel shall review the bands prior to securing them on the mother and the newborn to ensure that the information on the bands is

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identical. The nurse or certified nurse midwife in the birth room shall securely fasten the bands on the newborn and the mother without delay as soon as he/she has verified the information on the identification bands. The birth records and identification bands shall be checked again before the newborn leaves the birth room.

- 2) If the condition of the newborn does not allow the placement of identification bands, the identification bands shall accompany the newborn and shall be attached as soon as possible.
 - 3) When the newborn is taken to the mother, the nurse or other birth center staff shall examine the mother's and the neonate's identification bands to verify the gender of the neonate and to verify that the information on the bands is identical.
 - 4) The umbilical cord shall be identified according to birth center policy (e.g., by the use of a different number of clamps) so that umbilical cord blood specimens are correctly labeled. All umbilical cord blood samples shall be labeled correctly with an indication that these are a sample of the newborn's umbilical cord blood and not the blood of the mother.
 - 5) The birth center shall develop a newborn infant security system. This system shall include instructions to the mother regarding safety precautions designed to avoid abduction of her newborn infant. Electronic sensor devices may be included as well.
- c) Discharge of newborn infants shall be in accordance with the birth center policies (see Section 265.1950).
 - d) The birth center shall communicate with the pediatric care provider and shall transfer birth and newborn records to the pediatric care provider.
 - e) In breastfeeding and in the storage and handling of infant formula, the birth center shall comply with the provisions of the Guidelines for Perinatal Care.

Section 265.1950 Discharge Policies and Procedures

- a) *The maximum length of stay in a birth center shall be consistent with existing State laws (see 215 ILCS 5/356s) allowing a 48-hour stay or appropriate post-*

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delivery care, if the mother and infant are discharged earlier than 48 hours.
(Section 35(6) of the Act)

- b) The birth center shall develop a discharge plan of care for all mothers and infants.
- c) The discharge plan shall be based on the assessment of the mother's and infant's needs by the various disciplines responsible for their care.
- d) The mother and infant shall be discharged from the birth center when both are clinically stable and have met the discharge criteria/policy established by the birth center.
- e) The mother and infant shall not be discharged prior to four hours after the time of birth.
- f) The birth center shall provide the mother with written discharge instructions. The discharge instructions shall include written guidelines detailing how the mother may obtain emergency assistance for herself and her infant.
- g) The birth center shall develop, implement and enforce written policies to provide follow-up postnatal and postpartum care to the infant and the mother, either directly or by referral. Follow-up care may be provided in the birth center, at the mother's residence, by telephone, or by a combination of these methods.

Section 265.2000 Infection Control

- a) Each birth center shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. The birth center shall have an active program for the prevention, control and investigation of infectious and communicable diseases that includes, but is not limited to:
 - 1) Hand-washing techniques for adequate protection of the mother and newborn infant from infection and other contamination;
 - 2) Contagious disease control measures for birth center personnel, carrier or suspected carrier, spouse or support persons;
 - 3) Sterilization methods and procedures; and

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- 4) Infection control measures, including birth room cleaning policies and birth room waste disposal policies and procedures.
- b) The birth center shall implement universal/standard precautions, including:
- 1) Ensuring that all staff comply with universal/standard precautions;
 - 2) Establishing procedures for monitoring compliance with universal/standard precautions; and
 - 3) Requiring birth center employees to complete educational course work or training in infection control and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control, and engineering and work practice controls.
- c) A person or persons shall be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable disease. Policies and procedures shall be developed to address the following:
- 1) Medical, nursing and non-professional staff behaviors to prevent and control the transmission of infections or communicable diseases;
 - 2) Measures to handle infectious cases that develop in the birth center;
 - 3) Reporting and care of cases of communicable diseases in accordance with the Control of Communicable Diseases Code; and
 - 4) A systematic plan of checking and recording cases of infection, known or suspected, that develop in the birth center.
- d) The birth center shall maintain a sanitary environment with all equipment in good working order. Written procedures shall include:
- 1) Garbage, refuse and medical waste removal in such a manner that will not permit the transmission of a contagious disease, create a nuisance or fire hazard or provide a breeding place for vermin or rodents;
 - 2) Insect and rodent control;

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- 3) Maintenance of water, heat, ventilation and air conditioning, and electrical service;
 - 4) The use, cleaning, sterilization, and care of equipment and supplies; and
 - 5) Housekeeping and cleaning measures and schedule.
- e) Laundry shall be processed in accordance with Section 265.2350(i).
 - f) The birth center shall comply with the CDC Guideline for Hand Hygiene in Health-Care Settings and the CDC Guidelines for Infection Control in Health Care Personnel.

Section 265.2050 Disposal of Medical Waste

- a) All pathological and bacteriological waste, including blood, body fluids, placentas, sharps and biological indicators, shall be disposed of by a waste hauler with a permit from the Illinois Environmental Protection Agency under rules of the Pollution Control Board (35 Ill. Adm. Code 809).
- b) These materials shall be sealed, transported, and stored in biohazard containers. These containers shall be marked "Biohazard", bear the universal biohazard symbol, and be orange, orange and black, or red. The containers shall be rigid and puncture resistant, such as a secondary metal or plastic can with a lid that can be opened by a step-on pedal. These containers shall be lined with one or two high-density polyethylene or polypropylene plastic bags with a total thickness of at least 2.5 mil or equivalent material.
- c) Containers that are marked "Biohazard" shall be sealed before being removed from the birth center.

Section 265.2100 Emergency Services

- a) The birth center shall have a written agreement with an emergency medical transport provider/EMS ambulance provider for emergency transportation of the mother and/or newborn infant to a hospital.

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- b) The birth center shall provide emergency equipment and emergency medications as follows:
 - 1) Oxygen;
 - 2) Airway and manual infant breathing bags;
 - 3) Suction equipment;
 - 4) A neutral thermal environment for resuscitation; and
 - 5) Other medications and equipment as approved by the medical director.

Section 265.2150 Laboratory and Pharmacy Services

- a) Each birth center shall meet the following requirements:
 - 1) Possess a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for those tests performed by the birth center; and
 - 2) Have a written agreement with a laboratory that possesses a valid CLIA certificate to perform any required laboratory procedures that are not performed in the birth center.
- b) Pharmacy services shall be provided directly by the birth center or by an off-site pharmacy licensed pursuant to the Pharmacy Practice Act.
- c) Pharmacy services provided directly by the birth center shall be under the direction of a registered pharmacist.
- d) All drugs and medicines shall be stored and dispensed in accordance with applicable State and federal laws.

Section 265.2200 Clinical Records

- a) Each birth center shall adopt, implement, enforce and maintain a clinical record system to assure that the care and services provided to each client are completely and accurately documented and systematically organized to facilitate the compilation and retrieval of information.

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- b) Each birth center shall maintain accurate and complete clinical records for each client, and all entries in the clinical record shall be made at the time when care, treatment, medications, consultations or other medical services are given. The record shall include, but not be limited to, the following:
- 1) Client-identifying information;
 - 2) Name of the client's birth attendants, and the name of all other birth assistants;
 - 3) Initial risk assessment in accordance with Section 265.1550;
 - 4) A disclosure statement and informed consent that is signed by the client that explains the benefits, limitations, and risks of the services available at the center, and that describes the collaborative arrangements that the center has with physicians and with referral hospitals;
 - 5) Record of antepartum (prenatal) care;
 - 6) History and physical examination of the client;
 - 7) Laboratory tests, procedures and results;
 - 8) Written progress notes, signed and dated by the person rendering the service on the day service is rendered, and incorporated into the client record on a timely basis;
 - 9) Medication list and medication administration record, if applicable;
 - 10) Intrapartum care;
 - 11) Newborn assessment and care, including:
 - A) Apgar scores;
 - B) Maternal-newborn interaction;
 - C) Prophylactic procedures;

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- D) Accommodation to extra-uterine life;
 - E) Blood glucose when clinically indicated;
 - 12) Postpartum care;
 - 13) Allergies and medication reactions;
 - 14) Documentation of consultation;
 - 15) Refusal of the client to comply with advice or treatment;
 - 16) Discharge summary, to include mother and infant;
 - 17) Discharge plan and instructions to the client;
 - 18) Authentication of entries by the physician or physicians, birth attendants and birth assistants who treated or cared for the client and newborn;
 - 19) A copy of the transfer form if the client or newborn was transferred to a hospital; and
 - 20) Documentation that a birth certificate was filed or, if applicable, a death certificate was filed.
- c) The birth center shall maintain all original medical records for a period of at least 10 years, or 12 years for records involved in pending litigation. The birth center shall not destroy client records that relate to any matter that is involved in litigation if the birth center knows that the litigation has not been finally resolved.
 - d) Records shall be stored in a manner that will assure safety from water, fire or other sources of damage and will safeguard the records from unauthorized access.
 - e) The birth center shall develop a policy for maintenance and confidentiality of all original records or copies of those records, in accordance with State and federal laws.

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- f) If a birth center closes, inactive records shall be preserved to ensure compliance with this Section. The birth center shall send the Department written notification of the reason for closure, the location of the client records, and the name and address of the client record custodian. If a birth center closes with an active client roster, a copy of the active client record shall be transferred with the client to the receiving birth center or other health care facility to assure continuity of care and services to the client.

Section 265.2250 Transfer Agreement

A birth center shall be located within a ground travel time distance from the general acute care hospital with which the birth center maintains a contractual relationship, including a transfer agreement that allows for an emergency caesarian delivery to be started within 30 minutes after the decision a caesarian delivery is necessary. (Section 35(6) of the Act)

Section 265.2300 Equipment

The birth center shall have sufficient client care equipment and space to assure the safe, effective and timely provision of the available services to clients, which include, but are not limited to, the following:

- a) A heat source for infant examination or resuscitation;
- b) Transfer incubator or isolette;
- c) Blood pressure equipment;
- d) Thermometers;
- e) Fetoscope/doptone;
- f) Intravenous equipment;
- g) Sterilizer;
- h) Resuscitation equipment;
- i) Oxygen equipment for maternal and neonate uses;

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- j) Instruments for delivery, episiotomy and repair; and
- k) Other supplies and equipment specified by the medical director and Director of Nursing and Midwifery Services.

Section 265.2350 Environmental Management

- a) The birth center shall maintain at least one birth room that provides the equipment, staff, supplies and capability for emergency procedures, pursuant to Section 265.2100, required for the physical and emotional care of a maternal client, her support person and the newborn during labor, birth and the recovery period.
- b) The birth center shall be designed to provide for the following:
 - 1) Birth rooms shall be located to provide unimpeded, rapid access to an exit of the building that will accommodate emergency transportation vehicles;
 - 2) The birth center shall be located on the same level as ambulance delivery and pickup;
 - 2) Fixed and portable work surface areas shall be maintained for use in the birth room;
 - 3) A separate space for a clean area and a contaminated area shall be provided. Sanitary waste containers, soiled linen containers, storage cabinets, and sterilizing equipment shall be available;
 - 4) Space shall be provided for prenatal and postpartum examinations, which will include privacy for the client, hand-washing facilities and the appropriate equipment for staff;
 - 5) Space shall be provided for medical record storage; and
 - 6) Client interview, instruction and waiting rooms shall be provided.
- c) Toilet and Bathing Facilities
 - 1) A toilet and lavatory shall be maintained in or adjacent to the birth room.

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- 2) Hand-washing facilities shall be in or immediately adjacent to the birth room entry door.
 - 3) A bathtub or shower shall be available for client use and may include a large tub used for hydrotherapy for labor.
 - 4) All floor surfaces, wall surfaces, water closets, lavatories, tubs, and showers shall be kept clean, and all appurtenances of the structures shall be of sound construction, properly maintained, in good repair and free from safety hazards.
- d) The birth center shall provide facilities for secure storage of personal belongings and valuables of clients.
 - e) Visual privacy shall be provided for each maternal client and her support person.
 - f) Hallways and doors providing access and entry into the birth center and birth room shall be able to accommodate maneuvering of ambulance stretchers and wheelchairs.
 - g) All areas of the facility shall be well lighted and shall have light fixtures capable of providing at least 20 foot candles of illumination at 30 inches from the floor to permit observation, cleaning and maintenance. Light fixtures shall be maintained and kept clean.
 - h) Heating and cooling systems shall be provided to maintain a minimum temperature of 68 degrees Fahrenheit and a maximum temperature of 78 degrees Fahrenheit.
 - i) Laundry
 - 1) Clean clothing, bed linens, and towels shall be available to the clients. Where laundry facilities are provided, space shall be provided and areas shall be designated for separating clean and soiled clothing, linen and towels.
 - 2) Laundry rooms (if provided) shall be well lighted and properly ventilated. Clothes dryers shall be vented to the exterior. Carts used for transporting

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dirty clothes, linen and towels shall not be used for transporting clean articles.

- 3) If laundry facilities are not provided, soiled laundry items shall be cleaned per contractual agreement with a commercial laundry.
- j) Beds and bedding shall be kept in repair, and shall be cleaned and sanitized whenever soiled. Mattresses and pillows shall have cleanable covers, which shall be cleaned and sanitized between use by different clients. Clean sheets shall be used for each client. Blankets shall be washed or dry cleaned whenever soiled. Sheets, blankets and clean clothing shall be stored in a clean, dry place between laundering and use.
- k) The grounds and building shall be maintained in a safe and sanitary condition.
- l) The birth center shall be kept free of all insects and rodents. All outside openings shall be effectively sealed or screened to prevent entry of insects or rodents.
- m) Poisonous or toxic compounds shall be labeled, locked and stored apart from food and other areas where storage would constitute a hazard to the clients.
- n) Drinking water shall be available to all clients.
- o) Hot and cold running water under pressure and at a safe temperature, not to exceed 110 degrees Fahrenheit to prevent scalding, shall be provided to all restrooms, lavatories and bathing areas.
- p) Refuse, biohazards, infectious waste and garbage shall be collected, transported, sorted, and disposed of by methods that will minimize nuisances or hazards in compliance with federal, State and local laws.

Section 265.2400 Food Services

- a) Each birth center shall have the capacity to provide mothers and families with appropriate nourishment and light snacks. The minimum equipment shall include a refrigerator (capable of maintaining a temperature of 45 degrees Fahrenheit or lower), microwave, sink, cupboard and counter space or equivalent.

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- b) If food service is provided by the birth center or by contract with a food service provider, the following requirements shall be met:
 - 1) Food services shall comply with the Food Service Sanitation Code and any applicable local requirements.
 - 2) Meals shall be nutritionally balanced. The birth center shall work with clients to accommodate clients' preferences.
 - 3) Menus shall be planned and made available in advance of being served.
 - 4) A sufficient number of personnel shall be on duty to meet the dietary needs of the clients.
- c) Therapeutic or modified diets shall be followed as ordered by the physician.

Section 265.2450 Quality Assurance and Improvement

- a) The birth center shall adopt, implement and enforce a written quality assurance and improvement program that includes all health and safety aspects of client care for both mother and infant.
- b) The ongoing monitoring and evaluation of the quality and accessibility of care and services provided by the birth center or under contract shall include, but not be limited to:
 - 1) Admission of clients appropriate to the capabilities of the center;
 - 2) Client satisfaction;
 - 3) Review of the clinical records;
 - 4) Incidences of morbidity and mortality of mother and infant;
 - 5) Postpartum infections;
 - 6) All cases transferred to a hospital for delivery, care of infant, or postpartum care of mother;

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- 7) Incidents, problems and potential problems identified by staff of the center, including infection control;
- 8) Any issues of unprofessional conduct by any member of the center's staff (including contractual staff);
- 9) The integrity of surgical instruments, medical equipment and client supplies;
- 10) Client referrals and consultations;
- 11) Appropriateness of medications prescribed, dispensed or administered in the birth center;
- 12) Problems with compliance with any federal or State laws;
- 13) At least an annual review of protocols, policies and procedures relating to maternal and newborn care;
- 14) Appropriateness of the risk criteria for determining eligibility for admission to and continuation in the birth center program of care;
- 15) Appropriateness of diagnostic and screening procedures;
- 16) Quarterly meetings of clinical practitioners to review the management of care of individual clients and to make recommendations for improving the plan of care;
- 17) Regular review and evaluation of all problems or complications of pregnancy, labor and postpartum and the appropriateness of the clinical judgment of the clinical practitioner in obtaining consultation and attending to the problem;
- 18) Evaluation of staff on ability to manage emergency situations by unannounced periodic drills for fire, maternal/newborn emergencies, power failure, etc.

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- c) The birth center shall identify and address quality assurance issues and implement corrective action plans as necessary. The outcome of any corrective action plans shall be documented. The outcome of the remedial action shall be documented.
- d) The quality improvement program for maintaining a safe environment shall include, but not be limited to:
 - 1) Routine testing of the efficiency and effectiveness of all equipment (e.g., sphygmomanometer, doptones, sterilizers, resuscitation equipment, transport equipment, oxygen equipment, communication equipment, heat source for newborn, smoke alarms, and fire extinguishers);
 - 2) Routine review of housekeeping procedures and infection control;
 - 3) Evaluation of maintenance policies and procedures for heat, ventilation, emergency lighting, waste disposal, water supply and laundry and kitchen equipment.
- e) The quality improvement program shall monitor and promote quality of care to clients and the community through an effective system for collection and analysis of data, which includes, but is not limited to:
 - 1) Outcomes of care provided:
 - A) Spontaneous abortions;
 - B) Neonatal morbidity;
 - C) Maternal morbidity;
 - D) Women registered for admission for care;
 - E) Antepartum transfers;
 - F) Women admitted to birth center for intrapartum care;
 - G) Intrapartum transfers;
 - H) Number of births in the birth center;

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- I) Percentage of breastfeeding mothers;
 - J) Births occurring en route to the birth center;
 - K) Postpartum transfers;
 - L) Newborns transferred;
 - M) Type of delivery; normal spontaneous vaginal delivery or other;
 - N) Episiotomies;
 - O) Fourth degree lacerations;
 - P) Infants with birth weight less than 2500 grams or greater than 4500 grams;
 - Q) Apgar scores 6 and below at five minutes;
 - R) Neonatal mortality; and
 - S) Maternal mortality.
- 2) Reasons for transfer:
- A) Antepartum;
 - B) Intrapartum;
 - C) Postpartum; and
 - D) Newborn.

Section 265.2500 Reports

- a) Each birth center shall submit reports pursuant to Section 35(6) of the Act and any other reports containing pertinent data required by the Department to effectively evaluate the program.

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- b) The birth center shall comply with the requirements of the Control of Communicable Diseases Code for reporting communicable diseases.
- c) The following incidents shall be reported to the Department in writing, by mail or fax, within five calendar days after the occurrence, to the Division of Health Care Facilities and Programs, 525 West Jefferson St., Springfield, Illinois 62761, or fax 217-782-0382.
 - 1) A death of a mother, infant, or fetus during the course of labor occurring in the birth center; and
 - 2) A death of a mother or infant within 24 hours after discharge from the center or transfer to a hospital.
- d) The birth center shall comply with the laws of the State, the Vital Records Act, and the Vital Records Code in preparing and filing birth, stillbirth, and death certificates.
- e) The birth center shall notify the Department of any incident that had a significant effect on the health, safety or welfare of a client or clients.
- f) Incidents or accidents that affect the health, safety or welfare of a group of clients or all clients in the birth center and that require a response by the fire department, police department or local emergency services agency shall be reported to the Department. These include, but are not limited to, fire, power outage, loss of water supply or building damage resulting from severe weather.
- g) Notification shall be made by a phone call to the Division of Health Care Facilities and Programs within 24 hours after each reportable incident or accident. If the facility is unable to contact the Division of Health Care Facilities and Programs, notification shall be made by a phone call to the Department's toll-free complaint registry number. The birth center shall send a narrative summary of each accident or incident occurrence that has a significant effect on the health, safety or welfare of a resident or group of clients or all clients to the Department within seven days after the occurrence.
- h) A descriptive summary of each reportable incident or accident shall be recorded in the progress notes or nurse's notes for each client affected.

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- i) The facility shall maintain a file of all written reports of reportable incidents or accidents affecting clients. A facility is not required to report an incident or accident that causes no harm to a client.

SUBPART B: CONSTRUCTION STANDARDS

Section 265.2550 Applicability of This Subpart

The standards in this Subpart shall apply to all birth centers and major alterations and additions to birth centers. (Major alterations are those that are not defined as minor alterations in Section 250.2600(b).)

Section 265.2600 Submission of Plans for New Construction, Alterations or Additions to Birth Centers

- a) New Construction, Addition, or Major Alteration to Existing Construction
 - 1) Design Drawing

When construction is contemplated, design development drawings and outline specifications shall be submitted to the Department for review. Approval of design development drawings and specifications shall be obtained from the Department prior to starting final working drawings and specifications. The Department will provide comments or approval within 30 days after receipt.
 - 2) Final Drawings
 - A) The final working drawings and specifications shall be submitted to the Department for review and approval prior to the beginning of construction. Alternative methods of design development and construction may be acceptable, subject to the approval of the Department. Department approval is null and void if construction contracts are not executed and construction is not started within one year after the plan approval date. The Department will provide approval or comments within 60 days after the day on which the submission is deemed complete.

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- B) The Department shall be notified, in writing, of the award of construction contracts.
- 3) Any contract modifications that affect or change the function, design, fire/life safety, or purpose of a birth center shall be submitted to the Department for approval prior to authorizing the modifications. The Department will provide comments or approval within 30 days after receipt.
- 4) The Department shall be notified when construction has been completed and before any area is occupied.
- 5) The birth center shall maintain as-built drawings on site.
- b) **Minor Alterations and Remodeling.** Minor alterations or remodeling changes that do not affect the structural integrity of the building, that do not change functional operation, that do not affect fire/life safety, and that do not add beds more than the number for which the center is licensed need not be submitted for approval.
- c) **Codes and Standards**
 - 1) Each birth center shall meet the requirements of the local fire authority or the Illinois State Fire Marshal.
 - 2) Nothing stated in this Part shall relieve the birth center from compliance with building codes, ordinances, and regulations that are enforced by city, county jurisdictions or other authorities having jurisdiction.
 - 3) The recommendations of the International Building Code shall apply insofar as such recommendations are not in conflict with the standards set forth in this Part or with the National Fire Protection Association (NFPA) Standard No.101, Life Safety Code. The International Building Code is intended as a model code for municipalities with no building code of their own. In any case, the most stringent rule would be applicable.
 - 4) The codes and standards referenced in this Part can be ordered from the various agencies at the addresses listed in Section 265.1100 and are effective on the dates cited in that Section.

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Section 265.2650 Preparation of Drawings and Specifications – Submission Requirements

Drawings and specifications shall be executed by or be under the immediate supervision of an architect licensed in the State of Illinois. Structural drawings and specifications for these systems may be executed by or be under the immediate supervision of a Structural Engineer licensed in the State of Illinois. Mechanical and electrical drawings and specifications for these systems may be executed by or be under the immediate supervision of a Professional Engineer licensed in the State of Illinois. Drawings and specifications shall be submitted for review and approval to determine compliance with Subpart B by the Department. The drawings and specifications shall be adequate to convey a clear understanding of the facility and mechanical life safety systems serving the facility.

Section 265.2700 General Construction Requirements

- a) Program Narrative

The program narrative shall describe the various components planned for the birth center and how they will interface with each other.

 - 1) Size and Layout

Birth center departments' sizes and clear floor areas depend on program requirements and organization of services within the birth center. As required by community needs, combination or sharing of some functions shall be permitted, provided the layout does not compromise safety standards and medical nursing practices and receives approval from the Department.
 - 2) Transfer and Service Agreements

Transfer and service agreements with secondary or tertiary care hospitals with full maternity services shall be in place prior to initiating the planning and construction of these facilities. These agreements shall be submitted to the Department for approval at the time of project submission.
 - 3) Birth Center Proximity to Secondary or Tertiary Care Hospitals

A birth center shall be located within a ground travel time distance from the secondary or tertiary hospitals with which the birth center maintains a contractual relationship, including a transfer agreement that allows for an emergency caesarian delivery to be started within 30 minutes after the decision that a caesarian delivery is necessary.

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- b) Site

The facility shall be sited to avoid placement in a flood plain, seismic fault line, or other natural impediment to maintaining a stable operational environment.

 - 1) Transfer Support Features
 - A) Part of the facility's transfer agreements with secondary and tertiary care hospitals with maternity services providers shall include ambulance services to ensure the timely transfer of clients presenting to the birth center and requiring surgical or other hospital-based interventions.
 - B) Ambulance ports shall be located close to the emergency entrance and the designated client rooms holding clients requiring transfer to a secondary or tertiary care facility with maternity services.
 - C) Where appropriate, features such as garages, approaches, lighting, and fencing to meet State, federal and/or local regulations that govern the placement, safety features, and elements required to accommodate ambulance service shall be provided.
 - 2) Accessibility to Public Transportation

The birth center shall be sited to provide easy and convenient access to public transportation, if locally available.
 - 3) Parking
 - A) Each new birth center, major addition, or major change in function shall be provided with parking spaces to satisfy the needs of the client population, personnel, and public.
 - B) Additional parking may be required to accommodate other services.
 - C) The birth center shall provide accommodation for loading and off-loading clients from vehicles in an area sheltered from the weather.

Section 265.2750 Birth Unit Requirements

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- a) **Size**

A minimum of one centrally located nurse station shall be provided for the birth unit. The number of birth rooms shall be provided as determined by the program narrative, but shall not exceed 10 beds.
- b) **Client Rooms**
 - 1) **Antepartum testing rooms for prospective mothers presenting with false or suspected false labor and requiring monitoring shall be provided based on the program narrative and located as close to the nurse station as possible.**
 - A) **Antepartum testing rooms shall be a single client room and shall have a minimum area of 120 square feet (11.15 square meters).**
 - B) **Each antepartum testing room shall be equipped with a hand-washing station.**
 - 2) **Birth rooms. Delivery procedures in accordance with birth concepts not requiring surgical incisions may be performed in the birth rooms. The maximum number of beds per room is one, exclusive of bassinet. Rooming-in care of newborn infants is permissible under this Part.**
 - A) **Location**

The birth rooms shall be clustered in groups, shall be located out of the path of unrelated traffic, and shall be under direct supervision of the nurse station. The birth room will serve as labor, delivery and recovery room. The birth rooms should also be located in an area adjacent to the respite nursery (if provided).
 - B) **Space Requirements**

Birth rooms shall be adequate and appropriate to provide for equipment, staff, supplies and emergency procedures required for the physical and emotional care of a maternal client, her support person and the newborn during labor, birth and the recovery period.
 - C) **Windows**

Birth rooms shall have an outside window. The window is not required to be operable.

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- D) **Hand-washing Sinks**
Each birth room shall be equipped with a hand-washing sink with hands-free operation acceptable for scrubbing. Hand-washing sinks shall be large enough and with an integral drain board and deep sink for infant bathing when not in use for hand washing.
- E) **Bathrooms**
- i) Each bathroom shall have direct access or be adjacent to a toilet room containing a toilet and lavatory.
 - ii) A bathtub or shower shall be available for client use and may include a large tub used for hydrotherapy for labor.
- F) **Floor, Wall, and Ceiling Finishes**
All finishes shall be kept clean and shall be of the type that is appropriate for the cleaning methods and solutions required to maintain a clean and safe environment.
- G) **Lighting**
Lighting shall be provided to accommodate the needs of the client and delivery team, during labor, during a delivery, and postpartum, and to permit the examination and treatment of the infant in the infant resuscitation area.
- 3) **Respite Nurseries (if provided)**
A respite nursery may be provided to allow for the rest of the mother when requested. The nursery shall be located and accessible from the nurse station and shall meet the criteria established for newborn nurseries contained in Section 2.1.3.6.6 of the AIA Guidelines for Design and Construction of Health Care Facilities.
- c) **Support Areas – General**
The size and location of each support area shall depend on the numbers and types of modalities served. The following support areas shall be readily available in each birth center when required by the program narrative. Identifiable spaces are required for each of the indicated functions.

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- d) Support Areas for Birth Rooms
- 1) Nurse Station
 - A) The area shall have direct visual access to the entrance to the birth unit, the antepartum testing rooms, and the nursery (if provided).
 - B) Nurse Station Requirements. Nurse stations:
 - i) Shall have space for counters and storage;
 - ii) Shall have convenient access to the hand-washing station; and
 - iii) May be combined with or include centers for reception and communications.
 - 2) Documentation Area
Charting facilities shall have a linear surface space to ensure that staff and physicians can chart and have simultaneous access to information and communication systems.
 - 3) Hand-washing Stations
 - A) Hand-washing stations shall be conveniently accessible to the nurse station, medication station, and nourishment area.
 - B) One hand-washing station shall be permitted to serve several areas.
 - 4) Medication Station
Appropriate provisions shall be made for the distribution of medications.
 - 5) Nourishment Area
 - A) A nourishment area shall have a sink, work counter, refrigerator, microwave, storage cabinets, and equipment for hot and cold nourishment. This area shall include space for trays and dishes used for nonscheduled meal service.

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- B) Hand-washing stations shall be in or immediately accessible to the nourishment area.
- 6) Ice Machines
Each nurse station shall have equipment to provide ice for treatments and nourishment.
- A) Ice-making equipment may be in the clean workroom or the nourishment room.
 - B) Ice intended for human consumption shall be provided in the nourishment station and shall be served from self-dispensing ice makers.
- 7) Clean Workroom or Clean Supply Room
Such rooms shall be separate from and have no direct connection with soiled workrooms or soiled holding rooms. If the clean workroom is used for preparing client care items, it shall contain a work counter, a hand-washing station, and storage facilities for clean and sterile supplies.
- 8) Soiled Workroom or Soiled Holding Room
Such rooms shall be separate from and have no direct connection with clean work rooms or clean supply rooms and shall contain the following:
- A) A clinical sink (or equivalent flushing rim fixture) and a hand-washing sink. Both fixtures shall have a hot and cold mixing faucet; and
 - B) A work counter and space for separate covered containers for soiled linen and a variety of waste types.
- 9) Housekeeping Rooms
A housekeeping room shall be provided at the ratio of one housekeeping closet per 10 birth rooms. The room shall:
- A) Contain a service sink or floor receptor;
 - B) Have space for storage of supplies, housekeeping equipment, and housekeeping carts; and

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- C) Be well ventilated and have negative air pressure relationship to adjacent areas.
- e) Support Areas for Staff
 - 1) Staff Toilet Rooms
Toilet rooms for staff and visitors shall be conveniently located in the birth unit. Client toilet rooms cannot satisfy this requirement.
 - 2) Staff Storage Locations
Securable lockers, closets, and cabinet compartments for the personal articles of staff shall be located in or near the nurse station.
- f) Support Areas for Clients
 - 1) Client and Family Research Library and Consultation Room (if provided)
 - A) This room shall be located in the general public access areas, but shall be capable of providing access to the client areas.
 - B) The room shall be equipped with tables, computer terminal and access ports, and library stacks for family and client research, and study carrels. Spaces for group seating for family and staff consultation shall also be provided. This room may be equipped with a private consultation room for client and family privacy.
 - 2) Training/Conference Room (if provided)
 - A) This room is to be used for meetings, conferences, and Lamaze training classes.
 - B) The room shall be equipped with storage closets for chairs, tables, mats, exercise equipment and supplies as required by the program narrative.
- g) Linen Services

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Each birth center shall provide for storing and processing of clean and soiled linen for appropriate client care. Processing may be done within the center, in a separate building on or off site, or in a commercial or shared laundry.

- h) Waste Management
 - 1) Space and facilities shall be provided for the sanitary storage and collection of waste.
 - 2) Waste disposal shall be separated from the clean supplies and receiving.
- i) Engineering Services and Maintenance

Sufficient space shall be included in all mechanical and electrical equipment rooms for proper maintenance of equipment. Provisions shall also be made for removal and replacement of equipment. The following shall be provided:

 - 1) Equipment Locations

Rooms shall be provided for boilers, mechanical, and electrical equipment.
 - 2) Outdoor Equipment and Supply Storage (if necessary)
 - A) Supply Storage

Storage for solvents and flammable liquids shall comply with NFPA 30.
 - B) Outdoor Equipment Storage (if required)

Yard equipment and supply storage areas shall be provided. These shall be located so that equipment may be moved directly to the exterior without interference with other work.
- j) Administrative and Public Areas

An entrance at grade level, sheltered from inclement weather, and accessible to handicapped persons (in accordance with the Illinois Accessibility Code) shall be provided.
- k) Construction Standards
 - 1) Building Codes. Administrative and public areas in this Section shall be permitted to comply with the business occupancy provisions of the Life

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Safety Code (NFPA 101) if they are separated from the client care portion of the birth center by a one-hour fire rated barrier.

- 2) Medical Gas. All medical and/or compressed gases shall be stored in accordance with NFPA 99.

Section 265.2800 Plumbing

All plumbing systems shall be designed and installed in accordance with the Illinois Plumbing Code.

Section 265.2850 Heating, Ventilating and Air-Conditioning Systems (HVAC)

- a) General
 - 1) Mechanical System Design
 - A) Efficiency. The mechanical system shall be designed for overall efficiency and appropriate life-cycle cost.
 - i) Recognized engineering procedures shall be followed for the most economical and effective results.
 - ii) Client care or safety shall not be sacrificed for conservation.
 - iii) Insofar as practical, the birth center shall include provisions for recovery of waste cooling and heating energy (ventilation, exhaust, water and steam discharge, cooling towers, incinerators, etc.).
 - iv) Use of recognized energy-saving mechanisms such as variable-air-volume (VAV) systems, and use of natural ventilation shall be considered, site and climatic conditions permitting.
 - v) Birth center design considerations shall include site, building mass, orientation, configuration, fenestration, and other features relative to passive and active energy systems.

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- B) Air-handling Systems
- i) These shall be designed with an economizer cycle, where appropriate to use outside air. (Use of mechanically circulated outside air does not reduce the need for filtration.)
 - ii) VAV Systems. The energy-saving potential of variable-air-volume systems is recognized, and the standards in this Section are intended to maximize appropriate use of those systems. Any system used for occupied areas shall include provisions to avoid air stagnation in interior spaces where thermostat demands are met by temperatures of surrounding areas.
 - iii) Noncentral air-handling systems (i.e., individual room units used for heating and cooling purposes, such as fan-coil units, heat pump units, etc.). These units may be used as recirculating units only. All outdoor air requirements shall be met by a separate central air-handling system with proper filtration, as noted in Table 2.1-3 of the AIA Guidelines.
- C) System Valves. Supply and return mains and risers for cooling, heating, and steam systems shall be equipped with valves to isolate the various sections of each system. Each piece of equipment shall have valves at the supply and return ends.
- D) Renovation. If system modifications affect greater than 10 percent of the system capacity, designers shall use pre-renovation water/air flow rate measurements to verify that sufficient capacity is available and that renovations have not adversely affected flow rates in non-renovated areas.
- 2) Ventilation and Space Conditioning Requirements. All rooms and areas used for client care shall have provisions for ventilation.

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- A) Ventilation Rates. The ventilation systems shall be designed and balanced, as a minimum, according to the requirements shown in Table 2.1-2 and the applicable notes of the AIA Guidelines. The ventilation rates shown in Table 2.1-2 do not preclude the use of higher, more appropriate rates.
 - B) Air Change Rates. Air supply and exhaust in rooms for which no minimum total air change rate is noted may vary down to zero in response to room load. For rooms listed in Table 2.1-2 of the AIA Guidelines, where VAV systems are used, minimum total air change shall be within limits noted.
 - C) Temperature and Humidity. Space temperature and relative humidity shall be as indicated in Table 2.1-2 of the AIA Guidelines.
 - D) Air Movement Direction. To maintain asepsis control, airflow supply and exhaust shall generally be controlled to ensure movement of air from "clean" to "less clean" areas, especially in critical areas.
 - E) Mechanical Ventilation. Although natural ventilation for nonsensitive areas and client rooms (via operable windows) shall be permitted, mechanical ventilation shall be considered for all rooms and areas in the birth center.
- 3) Testing and Documentation
- A) Upon completion of the equipment installation contract, the owner shall be furnished with a complete set of manufacturers' operating, maintenance, and preventive maintenance instructions, parts lists, and complete procurement information, including equipment numbers and descriptions. Required information shall include energy ratings as needed for future conservation calculations. This information shall be kept by and at the birth center at all times.
 - B) Operating staff persons shall also be provided with written instructions for proper operation of systems and equipment.

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- b) Requirements for Specific Locations
 - 1) Birth Rooms
 - A) Birth room ventilation systems shall operate at all times, except during maintenance and conditions requiring shutdown by the building's fire alarm system.
 - B) During unoccupied hours, birth room air change rates may be reduced, provided that the positive room pressure is maintained as required in Table 2.1-2 of the AIA Guidelines.
 - 2) Fuel-fired Equipment Rooms. Rooms with fuel-fired equipment shall be provided with sufficient outdoor air to maintain equipment combustion rates and to limit workstation temperatures.
 - 3) Clean workrooms or clean holding rooms and soiled workrooms or soiled holding rooms shall comply with ventilation requirements per Table 2.1-2 of the AIA Guidelines.
- c) Thermal Insulation and Acoustical Provisions. See Section 1.6-2.2.1 of the AIA Guidelines.
- d) HVAC Air Distribution
 - 1) Return Air Systems. For client care areas, return air shall be by means of ducted systems.
 - 2) HVAC Ductwork. See Section 1.6-2.2.2.1 of the AIA Guidelines.
Exception: The use of lined ductwork is not permitted to serve any client area in the birth center.
 - 3) Exhaust Systems – General
 - A) To enhance the efficiency of recovery devices required for energy conservation, combined exhaust systems shall be permitted.

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- B) Local exhaust systems shall be used whenever possible in place of dilution ventilation to reduce exposure to hazardous gases, vapors, fumes, or mists.
 - C) Fans serving exhaust systems shall be located at the discharge end and shall be readily serviceable.
- 4) Air Outlets and Inlets
- A) Fresh Air Intakes
 - i) Fresh air intakes shall be located at least 25 feet (7.62 meters) from exhaust outlets of ventilating systems, combustion vents (including those serving rooftop air handling equipment), medical-surgical vacuum systems, plumbing vents, or areas that may collect vehicular exhaust or other noxious fumes. (Prevailing winds and/or proximity to other structures may require greater clearances.)
 - ii) Plumbing vents that terminate at a level above the top of the air intake may be located as close as 10 feet (3.05 meters).
 - iii) The bottom of outdoor air intakes serving central systems shall be as high as practical, but at least 6 feet (1.83 meters) above ground level, or, if installed above the roof, 3 feet (91.44 centimeters) above roof level.
 - B) Relief Air. Relief air is exempt from the 25-foot (7.62-meter) separation requirement. Relief air is defined as air that otherwise could be returned (recirculated) to an air handling unit from the occupied space, but is being discharged to the outdoors to maintain building pressure, such as during outside air economizer operation.
 - C) Gravity Exhaust. Where conditions permit, gravity exhaust shall be permitted for nonclient areas such as boiler rooms, central storage, etc.

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- D) Construction Requirements. The bottoms of air distribution devices (supply/return/exhaust) shall be at least 3 inches (7.62 centimeters) above the floor.
- e) HVAC Filters
- 1) Filter Efficiencies
- A) All central ventilation or air conditioning systems shall be equipped with filters with efficiencies equal to, or greater than, those specified in Table 2.1-3 of the AIA Guidelines.
- B) Noncentral air-handling systems shall be equipped with permanent (cleanable) or replaceable filters with a minimum efficiency of Minimum Efficiency Reporting Value (MERV) 3.
- C) Filter efficiencies, tested in accordance with ASHRAE 52.2 (ASHRAE Handbook of Fundamentals), shall be average.
- 2) Filter Bed Location. Where two filter beds are required, filter bed no. 1 shall be located upstream of the air conditioning equipment and filter bed no. 2 shall be downstream of any fan or blowers.
- 3) Filter Frames. Filter frames shall be durable and proportioned to provide an airtight fit with the enclosing ductwork. All joints between filter segments and enclosing ductwork shall have gaskets or seals to provide a positive seal against air leakage.
- 4) Filter Housing Blank-off Panels. Filter housing blank-off panels shall be permanently attached to the frame and constructed of rigid materials, and shall have sealing surfaces equal to or greater than the filter media installed in the filter frame.
- 5) Filter Manometers. A manometer shall be installed across each filter bed having a required efficiency of 75 percent or more, including hoods requiring HEPA filters. Provisions shall be made to allow access to the manometer for field testing.
- f) Steam and Hot Water Systems. See Section 1.6-2.2.3 of the AIA Guidelines.

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Section 265.2900 Electrical Systems

- a) General
 - 1) Applicable Standards
 - A) All electrical material and equipment, including conductors, controls, and signaling devices, shall be installed in compliance with applicable sections of NFPA 70 and NFPA 99.
 - B) All electrical material and equipment shall be listed as complying with available standards of listing agencies or other similar established standards, when such standards are required.
 - C) Field labeling of equipment and materials shall be permitted only when provided by a nationally recognized testing laboratory that has been certified by the Occupational Safety and Health Administration (OSHA) for that referenced standard.
 - 2) Testing and Documentation. The electrical installations, including alarm, nurse call, and communication systems, shall be tested to demonstrate that equipment installation and operation is appropriate and functional. A written record of performance tests on special electrical systems and equipment shall show compliance with applicable codes and standards.
- b) Electrical Distribution and Transmission
 - 1) Switchboards
 - A) Location
 - i) Main switchboards shall be located in an area separate from plumbing and mechanical equipment and shall be accessible to authorized persons only.
 - ii) Switchboards shall be convenient for use, readily accessible for maintenance, and away from traffic lanes.

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- iii) Switchboards shall be located in a dry, ventilated space free of corrosive or explosive fumes, gases, or any flammable material.
- B) Overload Protective Devices. These shall operate properly in ambient room temperatures.
- 2) Panelboards
 - A) Panelboards serving critical branch, equipment system, or normal system loads shall be located on the same floor as the loads to be served.
 - B) Location of panelboards serving life safety branch loads on the floor above or the floor below the loads to be served shall be permitted.
 - C) New panelboards shall not be located in public access corridors.
- 3) Ground-fault Circuit Interrupters
 - A) Ground-fault circuit interrupters (GFCIs) shall comply with NFPA 70.
 - B) When ground-fault circuit interrupters are used in critical areas, provisions shall be made to ensure that other essential equipment is not affected by activation of one interrupter.
- c) Power Generating and Storing Equipment
Emergency Electrical Service. Emergency power shall be provided for in accordance with NFPA 99, NFPA 101, and NFPA 110.
- d) Lighting
 - 1) General. See Section 1.6-2.3.1.1 of the AIA Guidelines.
 - 2) Lighting for Specific Locations in the Birth Center

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- A) Birth Rooms. Birth rooms shall have general lighting and night lighting.
 - i) A reading light shall be provided for each client. Reading light controls shall be accessible to the client without the client having to get out of bed. Incandescent and halogen light sources that produce heat shall be avoided to prevent burns to the client and/or bed linen. Unless specifically designed to protect the space below, the light source shall be covered by a diffuser or lens. Flexible light arms, if used, shall be mechanically controlled to prevent the lamp from contacting the bed linen.
 - ii) At least one night light fixture in each birth room shall be controlled at the room entrance.
- B) Corridors shall have general illumination with provisions for reducing light levels at night.
- 3) Emergency Lighting. See Section 1.6-2.3.1.2 of the AIA Guidelines.
- 4) Exit Signs. See Section 1.6-2.3.1.3 of the AIA Guidelines.
- e) Receptacles
 - 1) Receptacles in Corridors. Duplex-grounded receptacles for general use shall be installed approximately 50 feet (15.24 meters) apart in all corridors and within 25 feet (7.62 meters) of corridor ends.
 - 2) Receptacles in Client Care Areas
 - A) Birth Rooms. Each birth room shall have duplex-grounded receptacles.
 - i) One receptacle shall be at each side of the head of each bed; one for television, if used; one on every other wall; and one for each motorized bed.

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- ii) Receptacles may be omitted from exterior walls where construction or room configuration makes installation impractical.
- B) Birth rooms shall have receptacles as required (Section 2.1-10.3.7.2(1) of the AIA Guidelines).
- 3) Emergency System Receptacles. Electrical receptacle cover plates or electrical receptacles supplied from the emergency systems shall be distinctively colored or marked for identification. If color is used for identification purposes, the same color shall be used throughout the birth center.
- f) Call Systems
Each birthing room shall be equipped with a system of communicating to other parts of the birth center and to an outside telephone line

Section 265.2950 Emergency Electric Service

- a) An emergency source of electricity shall be provided.
- b) Birth centers shall be permitted to use a battery system for emergency power. The following is required:
 - 1) Illumination of means of egress as required in the Life Safety Code (NFPA 101);
 - 2) Illumination of birth and recovery rooms;
 - 3) Illumination of exit and exit directional signs;
 - 4) Fire alarm and alarms required for nonflammable medical gas systems, if nonflammable medical gas systems are installed; and
 - 5) Type 3 emergency electrical service that meets all NFPA 99 requirements of this type of system.

Section 265.3000 Security Systems

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Birth centers shall be designed for active and passive security systems that shall be placed carefully and shall not interfere with the life and safety features necessary to operate and maintain a healthy and functional environment.

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NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Child Care
- 2) Code Citation: 89 Ill. Adm. Code 50
- 3)

<u>Section Numbers:</u>	<u>Emergency Action:</u>
50.230	Amendment
50.310	Amendment
50.320	Amendment
- 4) Statutory Authority: Implementing Articles I through IXA and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I and IXA and 12-13] and PA 96-1500
- 5) Effective date of amendments: April 1, 2011
- 6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they are to expire: These emergency amendments will expire at the end of the 150-day period, or upon adoption of permanent rules, whichever comes first.
- 7) Date filed with the Index Department: April 1, 2011
- 8) A copy of the emergency amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: Pursuant to provisions of PA 96-1500, this emergency rulemaking is necessary in order to provide for the expeditious and timely implementation of the provisions of the 2011 fiscal year budget. The adoption of emergency rules authorized by subsection 45(o) of PA 96-1500 is deemed to be necessary for the public interest, safety, and welfare. This emergency rulemaking revises the income eligibility guidelines for child care assistance so that the thresholds are no less than 185% of the federal poverty level for each family size. Recent budget cuts have necessitated the revision in the parent co-payment fees effective April 1, 2011.
- 10) A complete description of the subject and issues: In November 2009 and again in May 2010, family copayments were reduced due to the American Recovery and Reinvestment Act (ARRA). This rulemaking is being implemented because ARRA funding is no longer available. This rulemaking reduces the income eligibility guidelines to 185% of the federal poverty level. As a result, this rulemaking changes the monthly co-pay fees

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for families. Some families' copayment will remain lower while other families will be required to pay a higher copayment. In addition, clients in the upper income thresholds will no longer be eligible for child care assistance.

Pursuant to PA 95-206, a Copayment Task Force was convened to propose a plan for making quality child care affordable. Members of the Task Force reconvened to insure the new co-pay scale aligns with the recommendations in the report.

- 11) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
50.240	Repeal	July 16, 2010; 34 Ill. Reg. 9701
50.400	New Section	July 16, 2010; 34 Ill. Reg. 9701
50.410	Amendment	July 16, 2010; 34 Ill. Reg. 9701
50.420	Amendment	July 16, 2010; 34 Ill. Reg. 9701
50.430	New Section	July 16, 2010; 34 Ill. Reg. 9701
50.440	New Section	July 16, 2010; 34 Ill. Reg. 9701

- 12) Statement of statewide policy objectives: This rulemaking does not create or expand a State mandate.

- 13) Information and questions regarding these emergency amendments shall be directed to:

Tracie Drew, Bureau Chief
 Bureau of Administrative Rules and Procedures
 Department of Human Services
 100 South Grand Avenue East
 Harris Bldg., 3rd Floor
 Springfield, Illinois 62762

217/785-9772

The full text of the Emergency Amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 50
CHILD CARE

SUBPART A: GENERAL PROVISIONS

- Section
- 50.101 Incorporation by Reference
- 50.105 Definitions
- 50.110 Participant Rights and Responsibilities
- 50.120 Notification of Available Services
- 50.130 Child Care Overpayments and Recoveries

SUBPART B: APPLICABILITY

- Section
- 50.210 Child Care
- 50.220 Method of Providing Child Care
- 50.230 Child Care Eligibility
- EMERGENCY
- 50.235 Income Eligibility Criteria
- 50.240 Qualified Provider
- 50.250 Additional Service to Secure or Maintain Child Care
- 50.260 Job Search

SUBPART C: PAYMENT FEES

- Section
- 50.310 Fees for Child Care Services
- EMERGENCY
- 50.320 Maximum Monthly Income and Parent Fee by Family Size, Income Level and Number of Children Receiving Full-time Care
- EMERGENCY

SUBPART D: CHILD CARE ABUSE AND NEGLECT

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Section

- 50.410 Provider Eligibility
- 50.420 Payment for Child Care Services

SUBPART E: GREAT START PROGRAM

Section

- 50.510 Great START Program
- 50.520 Method of Providing the Wage Supplement
- 50.530 Eligibility
- 50.540 Employer Responsibility
- 50.550 Notification of Eligibility
- 50.560 Phase-in of Wage Supplement Scale
- 50.570 Wage Supplement Scale
- 50.580 Evaluation

SUBPART F: CHILD CARE COLLABORATION PROGRAM

Section

- 50.610 Child Care Collaboration Program
- 50.620 Approvable Models of Collaboration
- 50.630 Requirements for Approval in the Child Care Collaboration Program
- 50.640 Notification of Eligibility
- 50.650 Rules and Reporting for the Child Care Collaboration Program

AUTHORITY: Implementing Articles I through IXA and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IXA and 12-13].

SOURCE: Emergency rules adopted at 21 Ill. Reg. 9502, effective July 1, 1997, for a maximum of 150 days; adopted at 21 Ill. Reg. 14961, effective November 10, 1997; emergency amendment at 22 Ill. Reg. 12816, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 21037, effective November 27, 1998; emergency amendment at 23 Ill. Reg. 10875, effective August 20, 1999, for maximum of 150 days; amended at 24 Ill. Reg. 1058, effective January 10, 2000; emergency amendment at 24 Ill. Reg. 6604, effective April 5, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 13987, effective September 1, 2000; amended at 24 Ill. Reg. 15423, effective October 10, 2000; emergency amendment at 25 Ill. Reg. 2735, effective February 5, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 8176, effective June 23, 2001; emergency amendment at 25 Ill. Reg. 8443, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14854, effective October 31, 2001; emergency amendment at 25

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Ill. Reg. 16116, effective December 1, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 7113, effective April 25, 2002; amended at 27 Ill. Reg. 12090, effective July 14, 2003; amended at 27 Ill. Reg. 18411, effective November 24, 2003; amended at 28 Ill. Reg. 6895, effective April 23, 2004; emergency amendment at 28 Ill. Reg. 10121, effective July 1, 2004, for a maximum of 150 days; emergency expired November 27, 2004; amended at 29 Ill. Reg. 2687, effective February 4, 2005; emergency amendment at 29 Ill. Reg. 13253, effective August 11, 2005, for a maximum of 150 days; emergency expired January 7, 2006; amended at 30 Ill. Reg. 11190, effective June 6, 2006; amended at 31 Ill. Reg. 12584, effective August 20, 2007; emergency amendment at 31 Ill. Reg. 13350, effective September 10, 2007, for a maximum of 150 days; emergency expired February 6, 2008; amended at 32 Ill. Reg. 6048, effective March 31, 2008; emergency amendment at 32 Ill. Reg. 6652, effective April 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 9604, effective June 20, 2008; amended at 32 Ill. Reg. 14742, effective August 28, 2008; amended at 33 Ill. Reg. 8195, effective June 8, 2009; emergency amendment at 33 Ill. Reg. 15889, effective November 1, 2009, for a maximum of 150 days; emergency amendment at 33 Ill. Reg. 16517, effective November 1, 2009, for a maximum of 150 days; emergency expired March 30, 2010; amended at 34 Ill. Reg. 5275, effective March 29, 2010; emergency amendment at 34 Ill. Reg. 8619, effective June 16, 2010, for a maximum of 150 days; emergency expired on November 12, 2010; amended at 34 Ill. Reg. 10512, effective July 8, 2010; amended at 34 Ill. Reg. 19539, effective December 6, 2010; amendment at 35 Ill. Reg. 1397, effective January 6, 2011; amended at 35 Ill. Reg. 3993, effective February 25, 2011; emergency amendment at 35 Ill. Reg. 6583, effective April 1, 2011, for a maximum of 150 days.

SUBPART B: APPLICABILITY

Section 50.230 Child Care Eligibility**EMERGENCY**

- a) Child care services are restricted to children under age 13 and to children under age 19 who are under court supervision or have physical or mental incapacities as documented by a statement from a local health provider or other health professional.
- b) Parents and other relatives eligible to receive child care services include:
 - 1) Recipients of Temporary Assistance for Needy Families (TANF) under Article IV of the Public Aid Code participating in work and training activities as specified in their personal plans for employment and self-sufficiency who have been approved for child care benefits by the Department and who meet the monthly income ceilings in subsection

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(b)(2) of this Section.

- 2) Working families, including teen parents while they attend school to obtain a high school degree or its equivalent, whose monthly incomes do not exceed the following amounts by family size:

Family Size	Gross Monthly Income
2	\$2,2472,429
3	\$2,8233,052
4	\$3,4003,675
5	\$3,9764,299
6	\$4,5534,922
7	\$5,1305,545
8	\$5,7066,169
<u>9</u>	<u>\$6,283</u>
<u>10</u>	<u>\$6,859</u>
<u>11</u>	<u>\$7,436</u>

~~The above income eligibility guidelines are set at 200% of the most current federal poverty level for each family size.~~ The above income guidelines will be indexed annually so that the thresholds are no less than 185% of the most current federal poverty level for each family size.

- 3) Families who do not receive TANF and need child care services in order to attend school or training (up to and including the acquisition of the first Associate's Degree and/or the first Bachelor's Degree) whose monthly income does not exceed the monthly income ceilings in subsection (b)(2) of this Section. Child care services approved under this Part must be reasonably related to the education or training activity, including class hours and research, study, laboratory, library and transportation time, and unpaid educationally required work activities such as student teaching, an internship, a clinical, a practicum or an apprenticeship. If a parent is claimed as a dependent by another person for federal income tax purposes, that parent is only eligible if his or her income, when added to the income of the other person, does not exceed the monthly income ceiling in subsection (b)(2) of this Section for that family size. All education programs under this Part must be administered by an educational

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institution accredited under requirements of State law, including, but not limited to, the Barber, Cosmetology, Esthetics, and Nail Technology Act of 1985 [225 ILCS 410], the Real Estate Act of 2000 [225 ILCS 454], the Public Community College Act [110 ILCS 805], the University of Illinois Act [110 ILCS 305], the Chicago State University Law [110 ILCS 660], the Eastern Illinois University Law [110 ILCS 665], the Governors State University Law [110 ILCS 670], the Illinois State University Law [110 ILCS 675], the Northeastern Illinois University Law [110 ILCS 680], the Northern Illinois University Law [110 ILCS 685], the Western Illinois University Law [110 ILCS 690], or the Department of Financial and Professional Regulation.

A) Below Post-Secondary Education Eligibility and Participation Requirements

This category of education includes literacy and other adult basic education, English as a Second Language, and GED preparation programs. There is no work requirement for the first 24 non-consecutive months the client participates. From the 25th month on, the client must work at least 20 hours per week. Child care provided to a teen parent to obtain a high school diploma or its equivalent does not count against this 24-month limit. Individuals enrolled in below post-secondary education must maintain a "C" average if this measurement is used by the institution to determine satisfactory progress. The individual will be allowed one semester below a "C" average to bring the grades up to a "C" average. When grades are not used, progress will be determined by the written policy of the institution to establish a comparable grade level upon completion of the academic term. The determination of satisfactory progress must be reported upon completion of the academic term or twice a year if the program is continuous for 12 months.

B) Vocational Education Eligibility and Participation Requirements

This category of education prepares the individual for a specific job, and includes all programs that prepare the client for a specific type of work. The program may be offered by a public community college, public or private university, or private business/technical school. The program usually results in the receipt of a Certificate of Achievement or Completion and/or prepares the client for a

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specific job or to obtain a license required by some occupations. There is no work requirement for the first 24 non-consecutive months the client participates. From the 25th month on, the client must work at least 20 hours per week. Individuals enrolled in vocational education must maintain a "C" average if this measurement is used by the institution to determine satisfactory progress. The individual will be allowed one semester below a "C" average to bring the grades up to a "C" average. When grades are not used, progress will be determined by the written policy of the institution to establish a comparable grade level upon completion of the academic term. The determination of satisfactory progress must be reported upon completion of the academic term or twice a year if the program is continuous for 12 months.

C) Post-Secondary Education

This category of education includes all undergraduate college level courses that result in an Associate's or Bachelor's Degree. Families eligible to receive child care services while they attend an education or training program under this Section must:

- i) be enrolled in a program accredited under requirements of State law as stated in subsection (b)(3) of this Section.
- ii) not already have an Associate's or Bachelor's Degree, if requesting child care to earn an Associate's Degree. Child care will not be approved for attainment of a second Associate's Degree.
- iii) not already have a Bachelor's Degree, if requesting child care to earn a Bachelor's Degree. Child care will not be approved for attainment of a second Bachelor's Degree.
- iv) not be in an advanced degree program (beyond a Bachelor's Degree). Child care will not be approved for education beyond the attainment of a Bachelor's Degree.

There is no work requirement for the first 48 non-consecutive months the client participates. From the 49th month on, the client

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must work at least 20 hours per week. Clients who do not work and who need child care to attend college must maintain a cumulative 2.5 grade point average (on a 4.0 scale) if this measurement is used by the institution to determine satisfactory progress. Clients who work 20 hours or more per week in paid employment while they attend college must maintain a cumulative 2.0 GPA (on a 4.0 scale). In the absence of a GPA, satisfactory progress will be determined by the written policy of the institution. The determination of satisfactory progress, including test/retest results or GPA, must be reported upon completion of the academic term or twice a year if the program is continuous for 12 months. If the client's cumulative GPA falls below 2.5 or 2.0 for those students who work or at any time the client does not maintain satisfactory progress, the client may continue to go to school for another semester. If the cumulative GPA is below 2.5 or 2.0 two semesters in a row, the client will be ineligible for child care until his or her GPA is at or above 2.5 or 2.0.

- D) For child care services received under education/training, a parent enrolled in web-based courses or correspondence learning from an accredited university or college is only eligible for child care assistance if both of the following are met:
- i) The class is offered only at a regularly scheduled time (i.e., 11:00 a.m. every Monday and Wednesday) or the parent must leave the home to have access to a computer. Web-based classes that the parent may take at any time do not fit this criteria.
 - ii) The child or children for whom care is requested must be under the age of six, except during the summer or school breaks. Care shall not be authorized during the hours the child is in school or is home schooled, or if the child is in a two-parent family when the other parent is available to care for the child.
- E) Study Time
Child care services may be granted for up to one hour of study time per week for each hour of course credit. When possible,

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study periods should be arranged around regularly scheduled classes in order to provide a consistent and uninterrupted routine for children in care. Study time shall not be granted to add additional days of care.

- 4) Relatives (other than parents) who receive child-only TANF or General Assistance (GA) benefits as Representative Payee for children in need of care while they work outside the home.
- c) All families must be residents of Illinois.
- d) Payment for child care services to eligible parents may begin:
 - 1) if care was provided at the time and all eligibility factors are met, on either:
 - A) the date of the parent's signature; or
 - B) one week (seven calendar days) prior to the stamped date of receipt by the Department or its agents, whichever is later; or
 - 2) on the date the child care provider actually begins providing child care services, if the application is received in advance of services being provided and all eligibility factors are met.
- e) Eligibility ceases 10 calendar days from the date of the termination notice sent to the parent by the Department or its agents following a determination of ineligibility.

(Source: Amended by emergency rulemaking at 35 Ill. Reg. 6583, effective April 1, 2011, for a maximum of 150 days)

SUBPART C: PAYMENT FEES

Section 50.310 Fees for Child Care Services**EMERGENCY**

All parents must share in the cost of child care as illustrated in Section 50.320, except relatives (other than parents) who receive a child-only TANF or GA benefit for children needing care due

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to the relatives' employment. If all of the children in care are of school age and are approved for part-time (less than 5 hours per day) day care for any month September through May, the parent share is 50% of the amount shown in Section 50.320. A school age child is a child whose age is 5 years to 13 years and is enrolled in school.

(Source: Amended by emergency rulemaking at 35 Ill. Reg. 6583, effective April 1, 2011, for a maximum of 150 days)

Section 50.320 Maximum Monthly Income and Parent Fee by Family Size, Income Level and Number of Children Receiving Full-time Care

EMERGENCY

~~The monthly co-pays in Table A are subject to the availability of funds under the American Recovery and Reinvestment Act (ARRA) and will be effective May 1, 2010 through September 30, 2011, or as long as ARRA funds are available. Once ARRA funds are exhausted, the monthly co-pays in Table B are effective.~~

<u>Family Size 2</u>	
<u>Monthly Income</u>	<u>1 CHILD</u>
	<u>Monthly Co-Pay</u>
<u>\$ 0 - 608</u>	<u>1.00</u>
<u>609 - 729</u>	<u>7.00</u>
<u>730 - 850</u>	<u>13.00</u>
<u>851 - 972</u>	<u>19.00</u>
<u>973 - 1,093</u>	<u>27.00</u>
<u>1,094 - 1,215</u>	<u>36.00</u>
<u>1,216 - 1,336</u>	<u>47.00</u>
<u>1,337 - 1,457</u>	<u>58.00</u>
<u>1,458 - 1,579</u>	<u>71.00</u>
<u>1,580 - 1,700</u>	<u>85.00</u>
<u>1,701 - 1,822</u>	<u>100.00</u>
<u>1,823 - 1,943</u>	<u>117.00</u>
<u>1,944 - 2,065</u>	<u>134.00</u>
<u>2,066 - 2,186</u>	<u>153.00</u>
<u>2,187 - 2,247</u>	<u>173.00</u>

<u>Family Size 3</u>		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>
<u>\$ 0 - 763</u>	<u>1.00</u>	<u>2.00</u>
<u>764 - 916</u>	<u>9.00</u>	<u>10.00</u>
<u>917 - 1,069</u>	<u>16.00</u>	<u>17.00</u>
<u>1,070 - 1,221</u>	<u>24.00</u>	<u>25.00</u>
<u>1,222 - 1,374</u>	<u>34.00</u>	<u>35.00</u>
<u>1,375 - 1,526</u>	<u>46.00</u>	<u>47.00</u>
<u>1,527 - 1,679</u>	<u>59.00</u>	<u>60.00</u>
<u>1,680 - 1,831</u>	<u>73.00</u>	<u>74.00</u>
<u>1,832 - 1,984</u>	<u>89.00</u>	<u>90.00</u>
<u>1,985 - 2,137</u>	<u>107.00</u>	<u>108.00</u>
<u>2,138 - 2,289</u>	<u>126.00</u>	<u>127.00</u>
<u>2,290 - 2,442</u>	<u>147.00</u>	<u>148.00</u>
<u>2,443 - 2,594</u>	<u>169.00</u>	<u>170.00</u>
<u>2,595 - 2,747</u>	<u>192.00</u>	<u>193.00</u>
<u>2,748 - 2,823</u>	<u>218.00</u>	<u>219.00</u>

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Family Size 4		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 OR MORE CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>
<u>\$ 0 - 919</u>	<u>1.00</u>	<u>2.00</u>
<u>920 - 1,103</u>	<u>11.00</u>	<u>12.00</u>
<u>1,104 - 1,287</u>	<u>19.00</u>	<u>20.00</u>
<u>1,288 - 1,470</u>	<u>29.00</u>	<u>30.00</u>
<u>1,471 - 1,654</u>	<u>41.00</u>	<u>42.00</u>
<u>1,655 - 1,838</u>	<u>55.00</u>	<u>56.00</u>
<u>1,839 - 2,022</u>	<u>71.00</u>	<u>72.00</u>
<u>2,023 - 2,205</u>	<u>88.00</u>	<u>89.00</u>
<u>2,206 - 2,389</u>	<u>108.00</u>	<u>109.00</u>
<u>2,390 - 2,573</u>	<u>129.00</u>	<u>130.00</u>
<u>2,574 - 2,757</u>	<u>152.00</u>	<u>153.00</u>
<u>2,758 - 2,940</u>	<u>176.00</u>	<u>177.00</u>
<u>2,941 - 3,124</u>	<u>203.00</u>	<u>204.00</u>
<u>3,125 - 3,308</u>	<u>232.00</u>	<u>233.00</u>
<u>3,309 - 3,400</u>	<u>262.00</u>	<u>263.00</u>

Family Size 5		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 OR MORE CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>
<u>\$ 0 - 1,075</u>	<u>1.00</u>	<u>2.00</u>
<u>1,076 - 1,290</u>	<u>13.00</u>	<u>14.00</u>
<u>1,291 - 1,505</u>	<u>23.00</u>	<u>24.00</u>
<u>1,506 - 1,720</u>	<u>34.00</u>	<u>35.00</u>
<u>1,721 - 1,935</u>	<u>48.00</u>	<u>49.00</u>
<u>1,936 - 2,150</u>	<u>65.00</u>	<u>66.00</u>
<u>2,151 - 2,365</u>	<u>83.00</u>	<u>84.00</u>
<u>2,366 - 2,579</u>	<u>103.00</u>	<u>104.00</u>
<u>2,580 - 2,794</u>	<u>126.00</u>	<u>127.00</u>
<u>2,795 - 3,009</u>	<u>150.00</u>	<u>151.00</u>
<u>3,010 - 3,224</u>	<u>177.00</u>	<u>178.00</u>
<u>3,225 - 3,439</u>	<u>206.00</u>	<u>207.00</u>
<u>3,440 - 3,654</u>	<u>238.00</u>	<u>239.00</u>
<u>3,655 - 3,869</u>	<u>271.00</u>	<u>272.00</u>
<u>3,870 - 3,976</u>	<u>306.00</u>	<u>307.00</u>

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Family Size 6		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 OR MORE CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>
<u>\$ 0 - 1,231</u>	<u>1.00</u>	<u>2.00</u>
<u>1,232 - 1,477</u>	<u>15.00</u>	<u>16.00</u>
<u>1,478 - 1,723</u>	<u>26.00</u>	<u>27.00</u>
<u>1,724 - 1,969</u>	<u>39.00</u>	<u>40.00</u>
<u>1,970 - 2,215</u>	<u>55.00</u>	<u>56.00</u>
<u>2,216 - 2,461</u>	<u>74.00</u>	<u>75.00</u>
<u>2,462 - 2,707</u>	<u>95.00</u>	<u>96.00</u>
<u>2,708 - 2,953</u>	<u>118.00</u>	<u>119.00</u>
<u>2,954 - 3,200</u>	<u>144.00</u>	<u>145.00</u>
<u>3,201 - 3,446</u>	<u>172.00</u>	<u>173.00</u>
<u>3,447 - 3,692</u>	<u>203.00</u>	<u>204.00</u>
<u>3,693 - 3,938</u>	<u>236.00</u>	<u>237.00</u>
<u>3,939 - 4,184</u>	<u>272.00</u>	<u>273.00</u>
<u>4,185 - 4,430</u>	<u>310.00</u>	<u>311.00</u>
<u>4,431 - 4,553</u>	<u>351.00</u>	<u>352.00</u>

Family Size 7		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 OR MORE CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>
<u>\$ 0 - 1,387</u>	<u>1.00</u>	<u>2.00</u>
<u>1,388 - 1,664</u>	<u>17.00</u>	<u>18.00</u>
<u>1,665 - 1,941</u>	<u>29.00</u>	<u>30.00</u>
<u>1,942 - 2,218</u>	<u>44.00</u>	<u>45.00</u>
<u>2,219 - 2,496</u>	<u>62.00</u>	<u>63.00</u>
<u>2,497 - 2,773</u>	<u>83.00</u>	<u>84.00</u>
<u>2,774 - 3,050</u>	<u>107.00</u>	<u>108.00</u>
<u>3,051 - 3,327</u>	<u>133.00</u>	<u>134.00</u>
<u>3,328 - 3,605</u>	<u>162.00</u>	<u>163.00</u>
<u>3,606 - 3,882</u>	<u>194.00</u>	<u>195.00</u>
<u>3,883 - 4,159</u>	<u>229.00</u>	<u>230.00</u>
<u>4,160 - 4,436</u>	<u>266.00</u>	<u>267.00</u>
<u>4,437 - 4,714</u>	<u>306.00</u>	<u>307.00</u>
<u>4,715 - 4,991</u>	<u>349.00</u>	<u>350.00</u>
<u>4,992 - 5,130</u>	<u>395.00</u>	<u>396.00</u>

Family Size 8		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 OR MORE CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>

Family Size 9		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 OR MORE CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

<u>\$ 0 - 1,543</u>	<u>1.00</u>	<u>2.00</u>	<u>\$ 0 - 1,698</u>	<u>1.00</u>	<u>2.00</u>
<u>1,544 - 1,851</u>	<u>19.00</u>	<u>20.00</u>	<u>1,699 - 2,038</u>	<u>20.00</u>	<u>21.00</u>
<u>1,852 - 2,159</u>	<u>32.00</u>	<u>33.00</u>	<u>2,039 - 2,378</u>	<u>36.00</u>	<u>37.00</u>
<u>2,160 - 2,468</u>	<u>49.00</u>	<u>50.00</u>	<u>2,379 - 2,717</u>	<u>54.00</u>	<u>55.00</u>
<u>2,469 - 2,776</u>	<u>69.00</u>	<u>70.00</u>	<u>2,718 - 3,057</u>	<u>76.00</u>	<u>77.00</u>
<u>2,777 - 3,085</u>	<u>93.00</u>	<u>94.00</u>	<u>3,058 - 3,396</u>	<u>102.00</u>	<u>103.00</u>
<u>3,086 - 3,393</u>	<u>119.00</u>	<u>120.00</u>	<u>3,397 - 3,736</u>	<u>131.00</u>	<u>132.00</u>
<u>3,394 - 3,701</u>	<u>148.00</u>	<u>149.00</u>	<u>3,737 - 4,075</u>	<u>163.00</u>	<u>164.00</u>
<u>3,702 - 4,010</u>	<u>180.00</u>	<u>181.00</u>	<u>4,076 - 4,415</u>	<u>199.00</u>	<u>200.00</u>
<u>4,011 - 4,318</u>	<u>216.00</u>	<u>217.00</u>	<u>4,416 - 4,755</u>	<u>238.00</u>	<u>239.00</u>
<u>4,319 - 4,627</u>	<u>254.00</u>	<u>255.00</u>	<u>4,756 - 5,094</u>	<u>280.00</u>	<u>281.00</u>
<u>4,628 - 4,935</u>	<u>296.00</u>	<u>297.00</u>	<u>5,095 - 5,434</u>	<u>326.00</u>	<u>327.00</u>
<u>4,936 - 5,244</u>	<u>341.00</u>	<u>342.00</u>	<u>5,435 - 5,773</u>	<u>375.00</u>	<u>376.00</u>
<u>5,245 - 5,552</u>	<u>389.00</u>	<u>390.00</u>	<u>5,774 - 6,113</u>	<u>428.00</u>	<u>429.00</u>
<u>5,553 - 5,706</u>	<u>440.00</u>	<u>441.00</u>	<u>6,114 - 6,283</u>	<u>484.00</u>	<u>485.00</u>

<u>Family Size 10</u>		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 OR MORE CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>
<u>\$ 0 - 1,854</u>	<u>1.00</u>	<u>2.00</u>
<u>1,855 - 2,225</u>	<u>22.00</u>	<u>23.00</u>
<u>2,226 - 2,596</u>	<u>39.00</u>	<u>40.00</u>
<u>2,597 - 2,966</u>	<u>59.00</u>	<u>60.00</u>
<u>2,967 - 3,337</u>	<u>83.00</u>	<u>84.00</u>
<u>3,338 - 3,708</u>	<u>111.00</u>	<u>112.00</u>
<u>3,709 - 4,079</u>	<u>143.00</u>	<u>144.00</u>
<u>4,080 - 4,449</u>	<u>178.00</u>	<u>179.00</u>
<u>4,450 - 4,820</u>	<u>217.00</u>	<u>218.00</u>
<u>4,821 - 5,191</u>	<u>260.00</u>	<u>261.00</u>
<u>5,192 - 5,562</u>	<u>306.00</u>	<u>307.00</u>
<u>5,563 - 5,932</u>	<u>356.00</u>	<u>357.00</u>
<u>5,933 - 6,303</u>	<u>410.00</u>	<u>411.00</u>
<u>6,304 - 6,674</u>	<u>467.00</u>	<u>468.00</u>
<u>6,675 - 6,859</u>	<u>528.00</u>	<u>529.00</u>

<u>Family Size 11</u>		
<u>Monthly Income</u>	<u>1 CHILD</u>	<u>2 OR MORE CHILDREN</u>
	<u>Monthly Co-Pay</u>	<u>Monthly Co-Pay</u>
<u>\$ 0 - 2,010</u>	<u>1.00</u>	<u>2.00</u>
<u>2,011 - 2,412</u>	<u>24.00</u>	<u>25.00</u>
<u>2,413 - 2,814</u>	<u>42.00</u>	<u>43.00</u>
<u>2,815 - 3,216</u>	<u>64.00</u>	<u>65.00</u>
<u>3,217 - 3,618</u>	<u>90.00</u>	<u>91.00</u>
<u>3,619 - 4,020</u>	<u>121.00</u>	<u>122.00</u>
<u>4,021 - 4,422</u>	<u>155.00</u>	<u>156.00</u>
<u>4,423 - 4,823</u>	<u>193.00</u>	<u>194.00</u>
<u>4,824 - 5,225</u>	<u>235.00</u>	<u>236.00</u>
<u>5,226 - 5,627</u>	<u>281.00</u>	<u>282.00</u>
<u>5,628 - 6,029</u>	<u>332.00</u>	<u>333.00</u>
<u>6,030 - 6,431</u>	<u>386.00</u>	<u>387.00</u>
<u>6,432 - 6,833</u>	<u>444.00</u>	<u>445.00</u>
<u>6,834 - 7,235</u>	<u>506.00</u>	<u>507.00</u>
<u>7,236 - 7,436</u>	<u>573.00</u>	<u>574.00</u>

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Family Size 3

Monthly Income	1-Child Monthly Co-Pay	2-Children Monthly Co-Pay
\$ 0 — 153	\$ 1.00	\$ 2.00
154 — 306	1.00	2.00
307 — 458	1.00	2.00
459 — 611	1.00	2.00
612 — 763	1.00	2.00
764 — 916	9.00	10.00
917 — 1,069	11.00	12.00
1,070 — 1,221	12.00	13.00
1,222 — 1,374	14.00	15.00
1,375 — 1,526	15.00	16.00
1,527 — 1,679	34.00	35.00
1,680 — 1,831	46.00	47.00
1,832 — 1,984	55.00	56.00
1,985 — 2,137	64.00	65.00
2,138 — 2,289	74.00	75.00
2,290 — 2,442	85.00	86.00
2,443 — 2,594	97.00	98.00
2,595 — 2,747	110.00	111.00
2,748 — 2,900	123.00	124.00
2,901 — 3,052	137.00	138.00

Family Size 4

Monthly Income	1-Child Monthly Co-Pay	2-or-more Children Monthly Co-Pay
\$ 0 — 184	\$ 1.00	\$ 2.00
185 — 368	1.00	2.00
369 — 552	1.00	2.00
553 — 735	1.00	2.00
736 — 919	1.00	2.00
920 — 1,103	11.00	12.00
1,104 — 1,287	13.00	14.00
1,288 — 1,470	15.00	16.00
1,471 — 1,654	17.00	18.00

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1,655—1,838	18.00	19.00
1,839—2,022	40.00	41.00
2,023—2,205	55.00	56.00
2,206—2,389	66.00	67.00
2,390—2,573	77.00	78.00
2,574—2,757	90.00	91.00
2,758—2,940	103.00	104.00
2,941—3,124	117.00	118.00
3,125—3,308	132.00	133.00
3,309—3,492	148.00	149.00
3,493—3,675	165.00	166.00

Family Size 5

Monthly Income	1-Child Monthly Co-Pay	2-or-more Children Monthly Co-Pay
\$—0—215	\$—1.00	\$—2.00
216—430	1.00	2.00
431—645	1.00	2.00
646—860	1.00	2.00
861—1,075	1.00	2.00
1,076—1,290	13.00	14.00
1,291—1,505	15.00	16.00
1,506—1,720	17.00	18.00
1,721—1,935	19.00	20.00
1,936—2,150	22.00	23.00
2,151—2,365	47.00	48.00
2,366—2,579	64.00	65.00
2,580—2,794	77.00	78.00
2,795—3,009	90.00	91.00
3,010—3,224	105.00	106.00
3,225—3,439	120.00	121.00
3,440—3,654	137.00	138.00
3,655—3,869	155.00	156.00
3,870—4,084	174.00	175.00
4,085—4,299	193.00	194.00

Family Size 6

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Monthly Income	1-Child Monthly Co-Pay	2-or-more Children Monthly Co-Pay
\$ 0—247	\$ 1.00	\$ 2.00
248—493	1.00	2.00
494—739	1.00	2.00
740—985	1.00	2.00
986—1,231	1.00	2.00
1,232—1,477	15.00	16.00
1,478—1,723	17.00	18.00
1,724—1,969	20.00	21.00
1,970—2,215	22.00	23.00
2,216—2,461	25.00	26.00
2,462—2,707	54.00	55.00
2,708—2,953	74.00	75.00
2,954—3,200	88.00	89.00
3,201—3,446	103.00	104.00
3,447—3,692	120.00	121.00
3,693—3,938	138.00	139.00
3,939—4,184	157.00	158.00
4,185—4,430	177.00	178.00
4,431—4,676	199.00	200.00
4,677—4,922	221.00	222.00

Family Size 7

Monthly Income	1-Child Monthly Co-Pay	2-or-more Children Monthly Co-Pay
\$ 0—278	\$ 1.00	\$ 2.00
279—555	1.00	2.00
556—832	1.00	2.00
833—1,109	1.00	2.00
1,110—1,387	1.00	2.00
1,388—1,664	17.00	18.00
1,665—1,941	19.00	20.00
1,942—2,218	22.00	23.00
2,219—2,496	25.00	26.00
2,497—2,773	28.00	29.00
2,774—3,050	61.00	62.00
3,051—3,327	83.00	84.00

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

3,328—3,605	99.00	100.00
3,606—3,882	116.00	117.00
3,883—4,159	135.00	136.00
4,160—4,436	155.00	156.00
4,437—4,714	177.00	178.00
4,715—4,991	200.00	201.00
4,992—5,268	224.00	225.00
5,269—5,545	250.00	251.00

Family Size 8

Monthly Income	1 Child Monthly Co-Pay	2 or more Children Monthly Co-Pay
\$ 0—309	\$ 1.00	\$ 2.00
310—617	1.00	2.00
618—926	1.00	2.00
927—1,234	1.00	2.00
1,235—1,543	1.00	2.00
1,544—1,851	19.00	20.00
1,852—2,159	22.00	23.00
2,160—2,468	25.00	26.00
2,469—2,776	28.00	29.00
2,777—3,085	31.00	32.00
3,086—3,393	68.00	69.00
3,394—3,701	93.00	94.00
3,702—4,010	110.00	111.00
4,011—4,318	130.00	131.00
4,319—4,627	150.00	151.00
4,628—4,935	173.00	174.00
4,936—5,244	197.00	198.00
5,245—5,552	222.00	223.00
5,553—5,860	249.00	250.00
5,861—6,169	278.00	279.00

TABLE B

Family Size 2

1 Child

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Monthly Income	Monthly Co-Pay
\$ 0—327	\$ 4.33
328—491	13.00
492—654	21.67
655—818	34.66
819—981	47.66
982—1,145	65.00
1,146—1,308	86.66
1,309—1,472	108.33
1,473—1,636	134.32
1,637—1,799	160.32
1,800—1,962	186.32
1,963—2,125	212.32
2,126—2,288	238.32
2,289—2,429	264.31

Family Size 3

Monthly Income	1	2
	Child Monthly Co-Pay	Children Monthly Co- Pay
\$ 0—423	\$ 4.33	\$ 8.67
424—606	13.00	17.33
607—808	21.67	30.33
809—1,010	34.66	52.00
1,011—1,212	47.66	69.33
1,213—1,414	65.00	95.33
1,415—1,616	86.66	147.32
1,617—1,818	108.33	190.65
1,819—2,020	134.32	233.98
2,021—2,222	160.32	277.31
2,223—2,424	186.32	320.64
2,425—2,626	212.32	363.97
2,627—2,828	238.32	407.30
2,829—3,030	264.31	450.63
3,031—3,052	290.31	493.96

Family Size 4

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Monthly Income	1-Child Monthly Co-Pay	2-or-more Children Monthly Co-Pay
\$ 0 — 481	\$ 4.33	\$ 8.67
482 — 722	13.00	17.33
723 — 962	21.67	30.33
963 — 1,203	34.66	52.00
1,204 — 1,443	47.66	69.33
1,444 — 1,684	65.00	95.33
1,685 — 1,924	86.66	147.32
1,925 — 2,165	108.33	190.65
2,166 — 2,405	134.32	233.98
2,406 — 2,646	160.32	277.31
2,647 — 2,887	186.32	320.64
2,888 — 3,128	212.32	363.97
3,129 — 3,369	238.32	407.30
3,370 — 3,610	264.31	450.63
3,611 — 3,675	290.31	493.96

Family Size 5

Monthly Income	1-Child Monthly Co-Pay	2-or-more Children Monthly Co-Pay
\$ 0 — 558	\$ 4.33	\$ 8.67
559 — 837	13.00	17.33
838 — 1,116	21.67	30.33
1,117 — 1,395	34.66	52.00
1,396 — 1,674	47.66	69.33
1,675 — 1,953	65.00	95.33
1,954 — 2,232	86.66	147.32
2,233 — 2,511	108.33	190.65
2,512 — 2,790	134.32	233.98
2,791 — 3,069	160.32	277.31
3,070 — 3,348	186.32	320.64
3,349 — 3,627	212.32	363.97

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

3,628—3,906	238.32	407.30
3,907—4,185	264.31	450.63
4,186—4,299	290.31	493.96

Family Size 6

Monthly Income	2-or more	
	1-Child Monthly Co-Pay	Children Monthly Co-Pay
\$ 0—635	\$ 4.33	\$ 8.67
636—952	13.00	17.33
953—1,270	21.67	30.33
1,271—1,587	34.66	52.00
1,588—1,905	47.66	69.33
1,906—2,222	65.00	95.33
2,223—2,540	86.66	147.32
2,541—2,857	108.33	190.65
2,858—3,175	134.32	233.98
3,176—3,492	160.32	277.31
3,493—3,809	186.32	320.64
3,810—4,126	212.32	363.97
4,127—4,443	238.32	407.30
4,444—4,760	264.31	450.63
4,761—4,922	290.31	493.96

Family Size 7

Monthly Income	2-or more	
	1-Child Monthly Co-Pay	Children Monthly Co-Pay
\$ 0—649	\$ 4.33	\$ 8.67
650—974	13.00	17.33
975—1,299	21.67	30.33
1,300—1,623	34.66	52.00
1,624—1,948	47.66	69.33
1,949—2,273	65.00	95.33
2,274—2,598	86.66	147.32

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

2,599—2,922	108.33	190.65
2,923—3,247	134.32	233.98
3,248—3,572	160.32	277.31
3,573—3,897	186.32	320.64
3,898—4,222	212.32	363.97
4,223—4,547	238.32	407.30
4,548—4,872	264.31	450.63
4,873—5,197	290.31	493.96
5,198—5,522	316.31	537.29
5,523—5,545	342.31	580.62

Family Size 8

Monthly Income	1 Child Monthly Co-Pay	2 or more Children Monthly Co-Pay
\$—0—664	\$—4.33	\$—8.67
665—996	13.00	17.33
997—1,328	21.67	30.33
1,329—1,660	34.66	52.00
1,661—1,992	47.66	69.33
1,993—2,323	65.00	95.33
2,324—2,655	86.66	147.32
2,656—2,987	108.33	190.65
2,988—3,319	134.32	233.98
3,320—3,651	160.32	277.31
3,652—3,983	186.32	320.64
3,984—4,315	212.32	363.97
4,316—4,647	238.32	407.30
4,648—4,979	264.31	450.63
4,980—5,311	290.31	493.96
5,312—5,643	316.31	537.29
5,644—5,975	342.31	580.62
5,976—6,169	368.31	623.95

(Source: Amended by emergency rulemaking at 35 Ill. Reg. 6583, effective April 1, 2011)

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of the Part: Entries, Subscriptions, and Declarations
- 2) Code Citation: 11 Ill. Adm. Code 1413
- 3) Section Number: 1413.140 Emergency Action: Amendment
- 4) Statutory Authority: 230 ILCS 5/9(b)
- 5) Effective Date of Emergency Amendment: April 4, 2011
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which they are to expire: The emergency rulemaking will expire at the end of the 150-day period, or upon adoption of permanent rules, whichever comes first.
- 7) Date filed with the Index Department: April 1, 2011
- 8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the Illinois Racing Board's central office and is available for public inspection.
- 9) Reason for Emergency: This Section was amended in 2008 as an experiment. The thoroughbred stakeholders (Arlington Park, Hawthorne Race Course and the Illinois Thoroughbred Horsemen's Association) requested this emergency amendment because the experiment has not proven to reduce late scratches and increase field size as originally intended. The current rule has negatively impacted a horse's eligibility to re-enter a race and run. Horses that are placed on the veterinarian's list are not eligible to run for seven days. This has reduced field size which reduces handle, purses, track commissions and State revenue. Emergency rulemaking is necessary because Hawthorne Race Course and Fairmount Park are currently running their thoroughbred meets and Arlington Park will start its 2011 race meet on May 6th.
- 10) A Complete Description of the Subjects and Issues Involved: This rulemaking allows late owner scratches down to eight entries without a reason and permits scratches below eight entries if the stewards receive either a note from a licensed veterinarian establishing a medical excuse or if a request is received by the stewards from the Racing Secretary to fill a race. The thoroughbred stakeholders and the Board believe that this proposed rulemaking will reduce the number of scratches and increase field size.

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

- 11) Are there any proposed amendments pending on this Part: No
- 12) Statement of Statewide Policy Objectives: No local governmental units will be required to increase expenditures.
- 13) Information and questions regarding this rulemaking shall be directed to:

Mickey Ezzo
Illinois Racing Board
100 West Randolph
Suite 7-701
Chicago, Illinois 60601

312/814-5017

The full text of the Emergency Amendment begins on the next page:

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY
SUBTITLE B: HORSE RACING
CHAPTER I: ILLINOIS RACING BOARD
SUBCHAPTER g: RULES AND REGULATIONS OF HORSE RACING
(THOROUGHBRED)

PART 1413

ENTRIES, SUBSCRIPTIONS, AND DECLARATIONS

Section

1413.10	Registration with Jockey Club
1413.20	Registration Rules
1413.30	Eligibility
1413.40	How Entries are Made
1413.42	Number of Entries
1413.44	48- or 72-Hour Entries
1413.46	Also Eligibles Under 48- or 72-Hour Rule
1413.48	Uncoupled Entries
1413.50	Racing Secretary Receives Entries
1413.60	Supervision of Entries
1413.70	When Entries Close
1413.75	Limitation on Purse Reductions
1413.80	Closing in Absence of Conditions
1413.90	Entry by Telegraph
1413.100	List of Entries
1413.110	Limitations on Entries
1413.114	Coupled As Entry
1413.118	Further Definition of Coupling (Repealed)
1413.120	Riders Designated
1413.130	Carding Purse and Handicap Races
1413.134	Race Fails to Fill
1413.138	Substitute and Extra Races
1413.140	Right to Declare Out
	<u>EMERGENCY</u>
1413.150	Number of Entries
1413.160	Fee to Enter
1413.170	Refunds
1413.180	Error in Entry
1413.190	Irrevocable Declaration

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

1413.200	Notice of Declaration
1413.210	Entry of Unfit Horse
1413.220	Refusal for Inconsistency
1413.230	Horse Ineligible
1413.240	Who May Enter
1413.250	Medical Reasons for Ineligibility
1413.260	Sweepstakes Entries
1413.265	Receipt for Nomination
1413.270	Previous Engagements
1413.280	Transfer of Engagements
1413.290	Transfer of Sweepstakes Engagements
1413.300	Jockey Club Certificates
1413.305	Transfer of Jockey Club Certificate
1413.310	Number of Races in a Day

AUTHORITY: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)].

SOURCE: Published in Rules and Regulations of Horse Racing (original date not cited in publication); passed July 11, 1972; amended April 11, 1974, filed and effective April 30, 1974; passed June 11, 1974; amended July 12, 1974, filed July 22, 1974; amended August 13, 1974, filed August 19, 1974; amended August 15, 1975, filed August 20, 1975; amended September 19, 1975, filed October 2, 1975; amended June 19, 1976; amended July 16, 1976, filed July 23, 1976; amended August 21, 1976, filed August 30, 1976; amended April 26, 1977, filed May 6, 1977; amended at 4 Ill. Reg. 9, p. 251, effective February 20, 1980; amended at 5 Ill. Reg. 8911, effective August 25, 1981; codified at 5 Ill. Reg. 10981; amended at 15 Ill. Reg. 2730, effective February 5, 1991; amended at 17 Ill. Reg. 1628, effective January 26, 1993; amended at 17 Ill. Reg. 21848, effective December 3, 1993; amended at 18 Ill. Reg. 11612, effective July 7, 1994; amended at 18 Ill. Reg. 17749, effective November 28, 1994; amended at 24 Ill. Reg. 7394, effective May 1, 2000; amended at 24 Ill. Reg. 12725, effective August 1, 2000; amended at 25 Ill. Reg. 178, effective January 1, 2001; amended at 25 Ill. Reg. 15608, effective December 1, 2001; amended at 26 Ill. Reg. 12367, effective August 1, 2002; amended at 31 Ill. Reg. 8530, effective June 1, 2007; amended at 32 Ill. Reg. 10165, effective July 1, 2008; emergency amendment at 35 Ill. Reg. 6605, effective April 4, 2011, for a maximum of 150 days.

Section 1413.140 Right to Declare Out**EMERGENCY**

ILLINOIS RACING BOARD

NOTICE OF EMERGENCY AMENDMENT

- a) In purse races and overnight handicaps with more than eight interests, owners shall have the right to declare out to that number; before the time stipulated by the regulations of the operator on the day of the race; When more than one owner expresses the desire to declare out, the right to declare out shall be determined by lot.~~owner~~ Declarations below eight interests ~~declarations~~ may only be made by permission of the Stewards ~~for reasonable cause or~~ when a note from a licensed ~~the~~ veterinarian ~~licensed by the Board~~ establishes a medical reason to excuse the horse from the race or when there is a request from the Racing Secretary to fill a race. The also eligibles shall have the preference to scratch over regularly carded horses.
- b) In purse races and overnight handicaps moved off the turf with more than eight interests, owners shall have the right to declare out to that number before the time stipulated by the regulations of the operator on the day of the race. When more than one owner expresses the desire to declare out, the right to declare out shall be determined by lot. Declarations below eight interests may only be made by permission of the Stewards.
- c) Horses may be scratched out of stake races not later than 45 minutes before post time of the race.

(Source: Amended by emergency rulemaking at 35 Ill. Reg. 6605, effective April 4, 2011, for a maximum of 150 days)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of March 29, 2011 through April 4, 2011 and have been scheduled for review by the Committee at its May 10, 2011 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
5/11/11	<u>Illinois Commerce Commission</u> , Guidelines for Right-of-Way Acquisitions (83 Ill. Adm. Code 300)	5/28/10 34 Ill. Reg. 7349	5/10/11
5/13/11	<u>Department of Human Services</u> , Award and Monitoring of Funds (77 Ill. Adm. Code 2030)	1/21/11 35 Ill. Reg. 1327	5/10/11
5/13/11	<u>Department of Human Services</u> , Subacute Alcoholism and Substance Abuse Treatment Services (77 Ill. Adm. Code 2090)	1/21/11 35 Ill. Reg. 1329	5/10/11
5/15/11	<u>Department of Commerce and Economic Opportunity</u> , Metropolitan Pier and Exposition Authority or Rosemont Incentive Fund Grant Program (14 Ill. Adm. Code 511)	1/3/11 35 Ill. Reg. 1	5/10/11
5/15/11	<u>Illinois Educational Labor Relations Board</u> , Public Information, Rulemaking, Organization and Personnel (2 Ill. Adm. Code 2675)	10/15/10 34 Ill. Reg. 15595	5/10/11
5/15/11	<u>Illinois Educational Labor Relations Board</u> , Freedom of Information (2 Ill. Adm. Code 2676)	10/15/10 34 Ill. Reg. 15603	5/10/11
5/15/11	<u>Illinois Educational Labor Relations Board</u> , General Procedures (80 Ill. Adm. Code 1100)	10/15/10 34 Ill. Reg. 15615	5/10/11

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

5/15/11	<u>Illinois Educational Labor Relations Board,</u> Hearing Procedures (80 Ill. Adm. Code 1105)	10/15/10 34 Ill. Reg. 15620	5/10/11
5/15/11	<u>Illinois Educational Labor Relations Board,</u> Representation Procedures (80 Ill. Adm. Code 1110)	10/15/10 34 Ill. Reg. 15625	5/10/11
5/15/11	<u>Illinois Educational Labor Relations Board,</u> Unfair Labor Practice Proceedings (80 Ill. Adm. Code 1120)	10/15/10 34 Ill. Reg. 15651	5/10/11
5/15/11	<u>Illinois Educational Labor Relations Board, Fair</u> Share Fee Objections (80 Ill. Adm. Code 1125)	10/15/10 34 Ill. Reg. 15657	5/10/11

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF RESPONSE TO A RECOMMENDATION OF THE
JOINT COMMITTEE ON ADMINISTRATIVE RULES

- 1) Heading of the Part: Birth Center Demonstration Program Code
- 2) Code Citation: 77 Ill. Adm. Code 265
- 3) Section Numbers: 265.1000, 265.1050, 265.1100, 265.1150, 265.1200, 265.1250, 265.1300, 265.1400, 265.1450, 265.1500, 265.1550, 265.1600, 265.1650, 265.1700, 265.1750, 265.1800, 265.1850, 265.1900, 265.1950, 265.2000, 265.2050, 265.2100, 265.2150, 265.2200, 265.2250, 265.2300, 265.2350, 265.2400, 265.2450, 265.2500, 265.2550, 265.2600, 265.2650, 265.2700, 265.2750, 265.2800, 265.2850, 265.2900, 265.2950, 265.3000
- 4) Date Notice of Proposed Rules Published in the Register: August 20, 2010; 34 Ill. Reg. 12012
- 5) Date JCAR Statement of Recommendation Published in the Register: March 25, 2011; 35 Ill. Reg. 4821
- 6) Summary of Action Taken by the Agency: The Joint Committee on Administrative Rules, at its meeting on March 8, 2011, recommended that the Department be more timely in adopting rules implementing statute. The authorizing Public Act became effective on January 8, 2008, and required the Department to adopt rules within nine months. The Department waited two years to propose this rulemaking.

The Department acknowledges the delay in promulgation of rules and will make every possible effort to avoid delays in meeting statutory rulemaking time frames in the future.

EXECUTIVE ORDER

2011-01**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF CERTAIN PROGRAMS OF THE DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES TO THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES, THE DEPARTMENT OF CORRECTIONS, THE DEPARTMENT OF JUVENILE JUSTICE, THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF VETERANS' AFFAIRS**

WHEREAS, Article V, Section 11 of the Illinois Constitution authorizes the Governor to reassign functions or reorganize executive agencies that are directly responsible to him by means of executive order; and

WHEREAS, Section 3.2 of the Executive Reorganization Implementation Act, 15 ILCS 15/3.2, provides that "Reorganization" includes, in pertinent part (a) the transfer of the whole or any part of any agency, or of the whole or any part of the functions thereof, to the jurisdiction and control of any other agency, and (b) the consolidation or coordination of the whole or any part of any other agency, or of the whole or any part of the functions thereof, with the whole or any part of any other agency or the functions thereof; and

WHEREAS, the Department of Central Management Services (CMS), the Department of Corrections (DoC), the Department of Juvenile Justice (DJJ), the Department of Human Services (DHS), the Department of Veterans' Affairs (DVA), collectively the "Receiving Agencies," and the Department of Healthcare and Family Services (HFS), the "Transferring Agency," are executive agencies directly responsible to the Governor and exercise the rights, powers, duties and responsibilities derived from 20 ILCS 405 et seq., 730 ILCS 5/III et seq., [730 ILCS 5/3-2.5-1 et seq.](#), 20 ILCS 1305 et seq., 20 ILCS 2805 et seq., and 20 ILCS 2205 et seq., respectively; and

WHEREAS, on April 1, 2005, the Governor issued Executive Order Number 3 (Executive Order Number 3 (2005)); and

WHEREAS, changes in the provision of healthcare at a state and federal level have diluted the similarities in purchasing which were set forth in Executive Order Number 3 (2005); and

WHEREAS, certain functions and persons purported to be transferred under Executive Order Number 3 (2005) still remain at DOC, DJJ, DHS and DVA; and

WHEREAS, the return of the healthcare purchasing functions to the Receiving Agencies offers the opportunity to simplify the organizational structure of the Executive Branch, improve accessibility and accountability with respect to the functions, provide more efficient use of

EXECUTIVE ORDER

specialized expertise and facilities, and promote more effective sharing of best practices and state of the art technology, among others things; and

WHEREAS, in light of these concerns, it would be appropriate to rescind Executive Order Number 3 (2005) in part;

THEREFORE, pursuant to the powers vested in me by Article V, Section 11 of the Illinois Constitution, I hereby order:

I. REVOCATION

Effective as of the date of this issuance, Executive Order Number 3 (2005) is revoked and rescinded with the exception of Section I (renaming the Department of Public Aid as the Department of Healthcare and Family Services) which remains in effect.

II. TRANSFER

- a. Effective July 1, 2011, or as soon thereafter as practicable, the respective powers, duties, rights and responsibilities related to State Healthcare Purchasing which were transferred pursuant to Executive Order Number 3 (2005) shall be returned to the agencies from which they were transferred. The statutory powers, duties, rights and responsibilities of CMS, DOC, DJJ, DHS, and DVA that are associated with State Healthcare Purchasing derive primarily from 5 ILCS 375 et seq., 20 ILCS 405 et seq., 320 ILCS 55/1 et seq., 105 ILCS 55/5, 730 ILCS 5/111 et seq., [730 ILCS 5/3-2.5-1 et seq.](#), 20 ILCS 1305 et seq., and 20 ILCS 2805 et seq., respectively. The functions associated with State Healthcare Purchasing (Programs) intended to be transferred hereby include, without limitation, rate development and negotiation with hospitals, physicians and managed care providers; health care procurement development; contract implementation and fiscal monitoring; contract amendments; payment processing; and purchasing aspects of health care plans administered by the state on behalf of (i) state employees, including the quality care health plan, managed care health plan, vision plan, pharmacy benefits plan, dental plan, behavioral health plan, employee assistance plan, utilization management plan, SHIPs and various subrogation arrangements, as well as purchasing and administration of flu shots, hepatitis B vaccinations and tuberculosis tests, (ii) non-state employees, including the retired teachers' health insurance plan, the local government health insurance plan, the community colleges health insurance plan, and the active teacher prescription program, and (iii) residents of state-operated facilities, including DoC and DJJ correctional and youth facilities, DHS mental health centers and developmental centers and DVA veterans homes.

EXECUTIVE ORDER

- b. Whenever any provision of this Executive Order or any statute or section thereof transferred by this Executive Order provides for membership of the Director of the Transferring Agency on any council, commission, board or other entity relating to the Programs, the Director of the Receiving Agencies or his designee(s) shall serve in the place of the Transferring Agency only as related to the Programs of the Receiving Agencies. If more than one such person is required by law to serve on any council, commission, board or other entity, an equivalent number of representatives of the Receiving Agencies shall so serve. In addition, any statutory mandate which provides for action on the part of the Director of the Transferring Agency relating to the Programs shall become the responsibility of the Directors of the Receiving Agencies responsible for the Programs.

III. EFFECT OF TRANSFER

- a. The powers, duties, rights and responsibilities vested in the Programs shall not be affected by this Executive Order, except that all management and staff support or other resources necessary to the operations of the Programs shall be provided by the Receiving Agencies.
- b. The status and rights of employees in the Transferring Agency engaged in the performance of the functions of CMS Programs shall not be affected by the transfer. The rights of the employees, the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement or annuity plan shall not be affected by this Executive Order. Personnel and positions of CMS Programs under the Transferring Agency affected by this Executive Order shall be transferred to and continue their service within CMS. Personnel and positions of DOC, DJJ, DHS, and DVA were not transferred under Executive Order 3 (2005) and, thus, are not affected by this Executive Order.
- c. All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the powers, duties, rights and responsibilities related to the Programs and transferred by this Executive Order from the Transferring Agency to the Receiving Agencies, including but not limited to material in electronic or magnetic format and necessary computer hardware and software, shall be delivered to the Receiving Agencies responsible for the Programs; provided, however, that the delivery of such information shall not violate any applicable confidentiality constraints. The access by personnel of the Receiving Agencies to databases and electronic health information which are currently maintained by the Transferring Agency and which contain data and information necessary to the performance of the functions of the Programs shall continue in the same manner and level of access as prior to this Executive Order. Staff of the Receiving Agencies are authorized to work

EXECUTIVE ORDER

with staff at the Transferring Agency to add new information relevant to the Programs.

- d. All unexpended appropriations and balances and other funds available for use in connection with any of the CMS Programs shall be transferred for use by CMS pursuant to the direction of the Governor. Unexpended balances so transferred shall be expended only for the purpose for which the appropriation was originally made. Appropriations of DOC, DJJ, DHS, and DVA were not transferred under Executive Order 3 (2005) and, thus, are not affected by this Executive Order.

IV. SAVINGS CLAUSE

- a. The powers, duties, rights and responsibilities related to the Programs transferred from the Transferring Agency by this Executive Order shall be vested in and shall be exercised by the Receiving Agencies responsible for the Programs. Each act done in exercise of such powers, duties, rights and responsibilities shall have the same legal effect as if done by the Transferring Agency or its divisions, officers or employees.
- b. Every person or entity shall be subject to the same obligations and duties and any penalties, civil or criminal, arising therefrom, and shall have the same rights arising from the exercise of such powers, duties, rights and responsibilities as had been exercised by the Transferring Agency or its divisions, officers or employees.
- c. Every officer of the Receiving Agencies shall, for every offense, be subject to the same penalty or penalties, civil or criminal, as are prescribed by existing law for the same offense by any officer whose powers or duties were transferred under this Executive Order.
- d. Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon the Transferring Agency in connection with any of the functions of the Programs transferred by this Executive Order, the same shall be made, given, furnished or served in the same manner to or upon the Receiving Agencies responsible for the Programs.
- e. This Executive Order shall not affect any act done, ratified or canceled or any right occurring or established or any action or proceeding had or commenced in an administrative, civil or criminal cause regarding the Programs before this Executive Order takes effect; such actions or proceedings may be defended, prosecuted and continued by the Receiving Agencies responsible for the Programs.

V. SEVERABILITY

EXECUTIVE ORDER

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

VI. EFFECTIVE DATE

This Executive Order shall be effective upon the date of July 1, 2011.

Issued by the Governor: April 1, 2011

Filed with the Secretary of State: April 1, 2011

EXECUTIVE ORDER

2011-02

EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE OSHA PROGRAM OF THE DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY TO THE DEPARTMENT OF LABOR

WHEREAS, Article V, Section 11 of the Illinois Constitution authorizes the Governor to reassign functions or reorganize executive agencies that are directly responsible to him by means of executive order; and

WHEREAS, Section 3.2 of the Executive Reorganization Implementation Act, 15 ILCS 15/3.2, provides that "Reorganization" includes, in pertinent part (a) the transfer of the whole or any part of any agency, or of the whole or any part of the functions thereof, to the jurisdiction and control of any other agency, and (b) the consolidation or coordination of whole or any part of any other agency, or of the whole or any part of the functions thereof, with the whole or any part of any other agency or the functions thereof; and

WHEREAS, the Department of Commerce and Economic Opportunity and the Department of Labor are executive agencies directly responsible to the Governor which exercise the rights, powers, duties and responsibilities derived from 20 ILCS 605 et seq., and 20 ILCS 1505 et seq., respectively; and

WHEREAS, The Department of Commerce and Economic Opportunity administers the Illinois Onsite Safety and Health Consultation Program which helps small businesses meet federal health and safety regulations by assisting small businesses to identify and correct occupational health and safety hazards at their facilities; and

WHEREAS, the Illinois Onsite Safety and Health Consultation Program is necessarily, integrally related to policies of the State of Illinois managed by the Department of Labor to improve working conditions; and

WHEREAS, the transfer and consolidation of the Illinois Onsite Safety and Health Consultation Program offers the opportunity to eliminate redundancy, simplify the organizational structure of the Executive Branch, improve accessibility and accountability, provide more efficient use of specialized expertise and facilities, realize savings in administrative costs, promote more effective sharing of best practices and state of the art technology and realize other cost savings, among other things; and

WHEREAS, the aforementioned benefits of consolidation can be achieved by transferring the Illinois Onsite Safety and Health Consultation Program from the Department of Commerce and Economic Opportunity to the Department of Labor; and

EXECUTIVE ORDER

WHEREAS, for purposes of this Executive Order, the Illinois Onsite Safety and Health Consultation Program is sometimes referred to as the "OSHA Program," the Department of Labor is sometimes referred to as the "Receiving Agency," and the Department of Commerce and Economic Opportunity is sometimes referred to as the "Transferring Agency"; and

THEREFORE, pursuant to the powers vested in me by Article V, Section 11 of the Illinois Constitution, I hereby order:

I. TRANSFER

- a. Effective July 1, 2011, or as soon thereafter as practicable, the powers, duties, rights and responsibilities related to the OSHA Program shall be transferred from the Department of Commerce and Economic Opportunity to the Department of Labor. The statutory powers, duties, rights and responsibilities of the Transferring Agency associated with this Program derive from 20 ILCS 605/605-1 et seq. and 20 ILCS 608/15.
- b. Whenever any provision of an Executive Order or any Act or section thereof transferred by this Executive Order provides for membership of the Director of the Transferring Agency on any council, commission, board or other entity relating to the Program, the Director of the Receiving Agency or her designee(s) shall serve in that place. If more than one such person is required by law to serve on any council, commission, board or other entity, an equivalent number of representatives of the Receiving Agency shall so serve.

II. EFFECT OF TRANSFER

- a. The powers, duties, rights and responsibilities vested in the OSHA Program shall not be affected by this Executive Order, except that all management and staff support or other resources necessary to the operations of the OSHA Program shall be provided by the Receiving Agency.
- b. The status and rights of employees in the Transferring Agency engaged in the performance of the functions of the OSHA Program shall not be affected by the transfer. The rights of the employees, the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement or annuity plan shall not be affected by this Executive Order. Personnel under the Transferring Agency affected by this Executive Order shall continue their service within the Receiving Agency.

EXECUTIVE ORDER

- c. All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the powers, duties, rights and responsibilities related to the OSHA Program and transferred by this Executive Order from the Transferring Agency to the Receiving Agency, including but not limited to material in electronic or magnetic format and necessary computer hardware and software, shall be delivered to the Receiving Agency; provided, however, that the delivery of such information shall not violate any applicable confidentiality constraints.
- d. All unexpended appropriations and balances and other funds available for use in connection with any of the Programs shall be transferred for use by the Receiving Agency for the Programs pursuant to the direction of the Governor. Unexpended balances so transferred shall be expended only for the purpose for which the appropriation was originally made.

III. SAVINGS CLAUSE

- a. The powers, duties, rights and responsibilities related to the OSHA Program and transferred from the Transferring Agency by this Executive Order shall be vested in and shall be exercised by the Receiving Agency. Each act done in exercise of such powers, duties, rights and responsibilities shall have the same legal effect as if done by the Transferring Agency or its divisions, officers or employees.
- b. Every person or entity shall be subject to the same obligations and duties and any penalties, civil or criminal, arising therefrom, and shall have the same rights arising from the exercise of such powers, duties, rights and responsibilities as had been exercised by the Transferring Agency or its divisions, officers or employees.
- c. Every officer of the Receiving Agency shall, for every offense, be subject to the same penalty or penalties, civil or criminal, as are prescribed by existing law for the same offense by any officer whose powers or duties were transferred under this Executive Order.
- d. Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon the Transferring Agency in connection with any of the functions of the OSHA Program transferred by this Executive Order, the same shall be made, given, furnished or served in the same manner to or upon the Receiving Agency.
- e. This Executive Order shall not affect any act done, ratified or canceled or any right occurring or established or any action or proceeding had or commenced in an administrative, civil or criminal cause regarding the Programs before this Executive

EXECUTIVE ORDER

Order takes effect; such actions or proceedings may be defended, prosecuted and continued by the Receiving Agency.

- f. Any rules of the Transferring Agency that relate to the OSHA Program which are in full force on the effective date of this Executive Order and have been duly adopted by the Transferring Agency shall become the rules of the Receiving Agency for the OSHA Program. This Executive Order shall not affect the legality of any such rules in the Illinois Administrative Code. Any proposed rulings filed with the Secretary of State by the Transferring Agency that are pending in the rulemaking process on the effective date of this Executive Order and pertain to the functions transferred, shall be deemed to have been filed by the Receiving Agency. As soon as practicable hereafter, the Receiving Agency shall revise and clarify the rules transferred to them under this Executive Order to reflect the reorganization of rights, power and duties effected by this Executive Order, using the procedures for recodification of rules available under the Illinois Administrative Procedures Act, except that existing title, part, and section numbering for the affected rules may be retained. The Receiving Agency may propose and adopt under the Illinois Administrative Act such other rules of the reorganized agencies that will now be administered by the Receiving Agency.

IV. SEVERABILITY

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

V. EFFECTIVE DATE

This Executive Order shall be effective upon the date of July 1, 2011.

Issued by the Governor: April 1, 2011

Filed with the Secretary of State: April 1, 2011

EXECUTIVE ORDER

2011-3

EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE CARNIVAL AND AMUSEMENT RIDE INSPECTION DIVISION OF THE DEPARTMENT OF LABOR TO THE DEPARTMENT OF AGRICULTURE

WHEREAS, Article V, Section 11 of the Illinois Constitution authorizes the Governor to reassign functions or reorganize executive agencies that are directly responsible to him by means of executive order; and

WHEREAS, Section 3.2 of the Executive Reorganization Implementation Act, 15 ILCS 15/3.2, provides that "Reorganization" includes, in pertinent part (a) the transfer of the whole or any part of any agency, or of the whole or any part of the functions thereof, to the jurisdiction and control of any other agency, and (b) the consolidation or coordination of whole or any part of any other agency, or of the whole or any part of the functions thereof, with the whole or any part of any other agency or the functions thereof; and

WHEREAS, the Department of Labor and the Department of Agriculture are executive agencies directly responsible to the Governor which exercise the rights, powers, duties and responsibilities derived from 20 ILCS 1505 et seq. and 20 ILCS 205 et seq., respectively; and

WHEREAS, The Department of Labor administers the Carnival and Amusement Rides Safety Act, 430 ILCS 85/2-1 et seq., through its Carnival and Amusement Ride Inspection Division, which helps carnival and amusement ride owners and operators meet safety standards for their facilities and/or rides; and

WHEREAS, the Carnival and Amusement Ride Inspection Division is necessarily, integrally related to policies of the State of Illinois currently managed by the Department of Agriculture; and

WHEREAS, the transfer of the Carnival and Amusement Ride Inspection Division to the Department of Agriculture offers the opportunity to eliminate redundancy, simplify the organizational structure of the Executive Branch, improve accessibility and accountability, provide more efficient use of specialized expertise and facilities, realize savings in administrative costs, promote more effective sharing of best practices and state of the art technology and realize other cost savings, among other things; and

WHEREAS, the aforementioned benefits of consolidation can be achieved by transferring the Carnival and Amusement Ride Inspection Division from the Department of Labor to the Department of Agriculture; and

EXECUTIVE ORDER

WHEREAS, for purposes of this Executive Order, the Carnival and Amusement Rides Safety Act is sometimes referred to as "CARSA," the Carnival and Amusement Ride Inspection Division is sometimes referred to as "the Carnival Division," the Department of Agriculture is sometimes referred to as the "Receiving Agency," and the Department of Labor is sometimes referred to as the "Transferring Agency"; and

THEREFORE, pursuant to the powers vested in me by Article V, Section 11 of the Illinois Constitution, I hereby order:

I. TRANSFER

- a. Effective July 1, 2011, or as soon thereafter as practicable, the powers, duties, rights and responsibilities related to the Carnival Division shall be transferred from the Department of Labor to the Department of Agriculture. The statutory powers, duties, rights and responsibilities of the Transferring Agency associated with the Carnival Division derive from 430 ILCS 85/2-1 et seq.
- b. Whenever any provision of an Executive Order or any Act or section thereof transferred by this Executive Order provides for membership of the Director of the Transferring Agency on any council, commission, board or other entity relating to the Program, the Director of the Receiving Agency or her designee(s) shall serve in that place. If more than one such person is required by law to serve on any council, commission, board or other entity, an equivalent number of representatives of the Receiving Agency shall so serve.

II. EFFECT OF TRANSFER

- a. The powers, duties, rights and responsibilities vested in the Carnival Division shall not be affected by this Executive Order, except that all management and staff support or other resources necessary to the operations of the Carnival Division shall be provided by the Receiving Agency.
- b. The status and rights of employees in the Transferring Agency engaged in the performance of the functions of the Carnival Division shall not be affected by the transfer. The rights of the employees, the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement or annuity plan shall not be affected by this Executive Order. Personnel under the Transferring Agency affected by this Executive Order shall continue their service within the Receiving Agency.

EXECUTIVE ORDER

- c. All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the powers, duties, rights and responsibilities related to the Carnival Division and transferred by this Executive Order from the Transferring Agency to the Receiving Agency, including but not limited to material in electronic or magnetic format and necessary computer hardware and software, shall be delivered to the Receiving Agency; provided, however, that the delivery of such information shall not violate any applicable confidentiality constraints.
- d. All unexpended appropriations and balances and other funds available for use in connection with any of the Programs shall be transferred for use by the Receiving Agency for the Programs pursuant to the direction of the Governor. Unexpended balances so transferred shall be expended only for the purpose for which the appropriation was originally made.

III. SAVINGS CLAUSE

- a. The powers, duties, rights and responsibilities related to the Carnival Division and transferred from the Transferring Agency by this Executive Order shall be vested in and shall be exercised by the Receiving Agency. Each act done in exercise of such powers, duties, rights and responsibilities shall have the same legal effect as if done by the Transferring Agency or its divisions, officers or employees.
- b. Every person or entity shall be subject to the same obligations and duties and any penalties, civil or criminal, arising therefrom, and shall have the same rights arising from the exercise of such powers, duties, rights and responsibilities as had been exercised by the Transferring Agency or its divisions, officers or employees.
- c. Every officer of the Receiving Agency shall, for every offense, be subject to the same penalty or penalties, civil or criminal, as are prescribed by existing law for the same offense by any officer whose powers or duties were transferred under this Executive Order.
- d. Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon the Transferring Agency in connection with any of the functions of the Carnival Division transferred by this Executive Order, the same shall be made, given, furnished or served in the same manner to or upon the Receiving Agency.
- e. This Executive Order shall not affect any act done, ratified or canceled or any right occurring or established or any action or proceeding had or commenced in an administrative, civil or criminal cause regarding the Programs before this Executive

EXECUTIVE ORDER

Order takes effect; such actions or proceedings may be defended, prosecuted and continued by the Receiving Agency.

- f. Any rules of the Transferring Agency that relate to the Carnival Division which are in full force on the effective date of this Executive Order and have been duly adopted by the Transferring Agency shall become the rules of the Receiving Agency for the Carnival Division. This Executive Order shall not affect the legality of any such rules in the Illinois Administrative Code. Any proposed rulings filed with the Secretary of State by the Transferring Agency that are pending in the rulemaking process on the effective date of this Executive Order and pertain to the functions transferred, shall be deemed to have been filed by the Receiving Agency. As soon as practicable hereafter, the Receiving Agency shall revise and clarify the rules transferred to them under this Executive Order to reflect the reorganization of rights, power and duties effected by this Executive Order, using the procedures for recodification of rules available under the Illinois Administrative Procedures Act, except that existing title, part, and section numbering for the affected rules may be retained. The Receiving Agency may propose and adopt under the Illinois Administrative Act such other rules of the reorganized agencies that will now be administered by the Receiving Agency.

IV. SEVERABILITY

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

V. EFFECTIVE DATE

This Executive Order shall be effective upon the date of July 1, 2011.

Issued by the Governor: April 1, 2011

Filed with the Secretary of State: April 1, 2011

ILLINOIS ADMINISTRATIVE CODE
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