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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 2013

<b>Issue#</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
1	December 26, 2012	January 4, 2013
2	December 31, 2012	January 11, 2013
3	January 7, 2013	January 18, 2013
4	January 14, 2013	January 25, 2013
5	January 22, 2013	February 1, 2013
6	January 28, 2013	February 8, 2013
7	February 4, 2013	February 15, 2013
8	February 11, 2013	February 22, 2013
9	February 19, 2013	March 1, 2013
10	February 25, 2013	March 8, 2013
11	March 4, 2013	March 15, 2013
12	March 11, 2013	March 22, 2013
13	March 18, 2013	March 29, 2013
14	March 25, 2013	April 5, 2013
15	April 1, 2013	April 12, 2013
16	April 8, 2013	April 19, 2013
17	April 15, 2013	April 26, 2013
18	April 22, 2013	May 3, 2013
19	April 29, 2013	May 10, 2013
20	May 6, 2013	May 17, 2013
21	May 13, 2013	May 24, 2013
22	May 20, 2013	May 31, 2013
23	May 28, 2013	June 7, 2013

24	June 3, 2013	June 14, 2013
25	June 10, 2013	June 21, 2013
26	June 17, 2013	June 28, 2013
27	June 24, 2013	July 5, 2013
28	July 1, 2013	July 12, 2013
29	July 8, 2013	July 19, 2013
30	July 15, 2013	July 26, 2013
31	July 22, 2013	August 2, 2013
32	July 29, 2013	August 9, 2013
33	August 5, 2013	August 16, 2013
34	August 12, 2013	August 23, 2013
35	August 19, 2013	August 30, 2013
36	August 26, 2013	September 6, 2013
37	September 3, 2013	September 13, 2013
38	September 9, 2013	September 20, 2013
39	September 16, 2013	September 27, 2013
40	September 23, 2013	October 4, 2013
41	September 30, 2013	October 11, 2013
42	October 7, 2013	October 18, 2013
43	October 15, 2013	October 25, 2013
44	October 21, 2013	November 1, 2013
45	October 28, 2013	November 8, 2013
46	November 4, 2013	November 15, 2013
47	November 12, 2013	November 22, 2013
48	November 18, 2013	December 2, 2013
49	November 25, 2013	December 6, 2013
50	December 2, 2013	December 13, 2013
51	December 9, 2013	December 20, 2013
52	December 16, 2013	December 27, 2013

**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 October 15, 2012 to January 2, 2013.

Editor's Note 2: As a reminder, the Secretary of State's office will be closed on December 24<sup>th</sup> and 25<sup>th</sup> for the holidays. The filing deadline for that week will be on Wednesday, December 26<sup>th</sup> at noon for the *Illinois Register*. Do not wait until the last minute to file your rulemakings, as a courtesy.

## STATE BOARD OF EDUCATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Voluntary Registration and Recognition of Nonpublic Schools
- 2) Code Citation: 23 Ill. Adm. Code 425
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
425.10	Amendment
425.30	Amendment
425.90	New Section
- 4) Statutory Authority: 105 ILCS 5/2-3.6 and 2-3.51.5
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking addresses the agency's belief that nonpublic schools choosing to apply for or retain Recognition status should be held to the same standards for school emergency and crisis plans that govern public schools. In addition, the amendments respond to PA 97-570 (effective 8/25/11), which repealed the secular textbook loan program and replaced it with the Textbook Block Grant Program [105 ILCS 5/2-3.155].

The proposed amendments to Section 425.30 clarify the need for recognized nonpublic schools to meet the requirements of the School Safety Drill Act ([105 ILCS 128] and the joint rules that implement the Act (29 Ill. Adm. Code 1500), which are established between the Office of the State Fire Marshal and the State Board of Education. In particular, these schools must comply with Section 25 of the School Safety Drill Act, which mandates an annual review for the purposes of updating each school's emergency and crisis response plans.

Sections 425.10 and 425.90 are being amended to put in place rules addressing Section 2-3.155 of the School Code (Textbook Block Grant Program). The law requires the State Board to ensure the "religious neutrality" of any textbook purchased under the textbook block grant program and to monitor the purchases of textbooks by State-recognized nonpublic schools. These amendments set forth a process requiring recognized nonpublic schools to maintain certain information relative to the textbooks purchased under the block grant program and to provide that information to the State Superintendent upon request.

- 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

## STATE BOARD OF EDUCATION

## NOTICE OF PROPOSED AMENDMENTS

- 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 create or enlarge a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days after the publication of this Notice to:

Shelley Helton  
Agency Rules Coordinator  
Illinois State Board of Education  
100 North First Street (S-493)  
Springfield, Illinois 62777

217/782-5270  
email: rules@isbe.net

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Some nonpublic schools choosing to apply for Registration or Recognition status may be organized as small businesses or not-for-profit corporations.
- B) Reporting, bookkeeping or other procedures required for compliance: The chief administrator of each school registering or seeking recognition must submit the relevant application and other information required by this Part.
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2012

STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

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

## STATE BOARD OF EDUCATION

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## SUBTITLE A: EDUCATION

## CHAPTER I: STATE BOARD OF EDUCATION

## SUBCHAPTER I: NONPUBLIC ELEMENTARY AND SECONDARY SCHOOLS

## PART 425

## VOLUNTARY REGISTRATION AND RECOGNITION OF NONPUBLIC SCHOOLS

## Section

425.10	Purpose and Applicability
425.20	Requirements for Registration
425.30	Requirements for Recognition
425.40	Process for Initial Recognition
425.50	Renewal of Recognition
425.60	Changes in Recognition Status
425.70	Appeals
425.80	Block Grant Funds
<u>425.90</u>	<u>Textbook Block Grant Program</u>

AUTHORITY: Implementing Sections 2-3.25o, 2-3.51.5, 2-3.155 and authorized by Sections 2-3.6 and 2-3.51.5 of the School Code [105 ILCS 5/2-3.25o, 2-3.51.5, 2-3.155 and 2-3.6].

SOURCE: Adopted at 33 Ill. Reg. 17123, effective December 7, 2009; amended at 36 Ill. Reg. 2241, effective January 26, 2012; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 425.10 Purpose and Applicability**

Section 2-3.25o of the School Code [105 ILCS 5/2-3.25o] requires the State Board of Education to provide for the voluntary registration and recognition of nonpublic elementary and secondary schools, as defined in that Section. Further, ~~Sections~~ Section 2-3.51.5 and 2-3.155 of the School Code [105 ILCS 5/2-3.51.5 and 2-3.155] ~~make~~ make State-recognized, nonpublic schools eligible to receive funds under certain block grant program ~~the School Safety and Educational Improvement Block Grant Program under certain circumstances~~.

- a) The purpose of this Part is to set forth:
  - 1) the requirements and procedures for nonpublic schools' voluntary registration;

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## NOTICE OF PROPOSED AMENDMENTS

- 2) the requirements and procedures for nonpublic schools' voluntary recognition; ~~and~~
  - 3) the requirements and procedures for nonpublic schools' receipt of funding under Section 2-3.51.5 of the School Code; ~~and-~~
  - 4) the requirements for monitoring nonpublic schools' use of funding under Section 2-3.155 of the School Code.
- b) This Part shall not apply to special education facilities under Section 14-7.02 of the School Code [105 ILCS 5/14-7.02] (see 23 Ill. Adm. Code 401).
  - c) Nothing in this Part shall be construed as relieving a nonpublic school from the duty to comply with any other applicable State or federal law or regulatory requirement.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 425.30 Requirements for Recognition**

No nonpublic school shall apply for recognition unless it was registered for the previous school year, except that a school whose educational program is delivered via correspondence may seek recognition without registration, in acknowledgment of the fact that students participating in a school of this type do not gather in a physical location and thus the school does not provide assurances about their compliance with requirements for health examinations, as required for registration under Section 2-3.25o(b) of the School Code. Recognition shall be granted only to schools that meet the requirements of this Section. A nonpublic school applying for recognition that has not applied for registration renewal by November 15 of the year in which the recognition application is submitted shall not be considered for recognition during the remainder of that school year.

- a) Administrative Requirements
  - 1) Each school's recognition shall be contingent upon evidence of compliance with the administrative requirements that are made applicable to nonpublic schools by relevant statutes.

## STATE BOARD OF EDUCATION

## NOTICE OF PROPOSED AMENDMENTS

- A) The school shall offer an academic term of at least 176 days of pupil attendance annually, with at least five clock hours of instruction daily or at least 880 clock hours of instruction annually.
- B) The school shall require the students who are enrolled to attend daily during the entire regular school term.
- C) The school shall comply with applicable federal and State laws prohibiting discrimination, including, but not limited to, Title IX of the Education Amendments of 1972 (20 USC 1681 et seq.), the Individuals with Disabilities Education Improvement Act (20 USC 1400 et seq.), the Age Discrimination in Employment Act of 1967 (29 USC 621 et seq.), Titles VI and VII of the Civil Rights Act of 1964 (42 USC 2000d et seq., 2000e et seq.), the Americans With Disabilities Act of 1990 (42 USC 12101 et seq.), the Illinois School Code [105 ILCS 5], and relevant case law, including Plyler v. Doe, 457 U.S. 202, 102 S. Ct. 2382 (1982).
- D) The school shall comply with the requirements of Section 4 of the Abused and Neglected Child Reporting Act [325 ILCS 5/4], Section 5 of the Missing Children Records Act [325 ILCS 50/5], Section 5 of the Missing Children Registration Law [325 ILCS 55/5], and the rules of the State Board of Education promulgated pursuant to Section 2-3.13a of the School Code [105 ILCS 5/2-3.13a] (see 23 Ill. Adm. Code 375.75, Public and Nonpublic Schools: Transmission of Records for Transfer Students).
- E) The school shall comply with the requirements of the School Reporting of Drug Violations Act [105 ILCS 127].
- F) The school shall comply with the requirements of Sections 10-27.1A and 10-27.1B of the School Code [105 ILCS 5/27.1A and 27.1B] regarding firearms and drug-related incidents in schools.
- G) The school shall comply with the requirements of Section 10-21.7 of the School Code [105 ILCS 5/10-21.7] regarding the reporting of attacks on school personnel.

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- 2) Recognition shall also be contingent upon evidence of compliance with the additional administrative requirements of this subsection (a)(2).
  - A) The school shall maintain written descriptions of its governance structure and its policy-making procedure, shall maintain its policies in written form, and shall make its policies routinely available to parents of the students enrolled and to school staff, as well as to other individuals upon request.
  - B) The school shall maintain a written description of its methods for complying with the nondiscrimination requirements identified in subsection (a)(1)(C) of this Section.

- b) Educational Program

Each school's recognition shall be contingent upon evidence of compliance with the programmatic requirements that are made applicable to nonpublic schools by relevant statutes.

- 1) *Instruction shall be provided in English, except as otherwise permitted pursuant to Section 27-2 of the School Code [105 ILCS 5/27-2], in the branches of education taught to children of corresponding age and grade in the public schools (Section 26-1 of the School Code), including the language arts, mathematics, the biological, physical and social sciences, the fine arts, and physical development and health (Section 27-1 of the School Code).*
- 2) Each school shall provide instruction *in American patriotism, the principles of representative government, as enunciated in the American Declaration of Independence, the Constitution of the United States of America and the Constitution of the State of Illinois, and the proper use and display of the American flag, and shall require pupils to recite the Pledge of Allegiance daily. (Sections 27-3 and 27-4 of the School Code [105 ILCS 5/27-3 and 27-4]) Not less than one hour per week shall be devoted to the study of this subject matter in the seventh and eighth grades or their equivalent and in all high school grades. No student shall receive a certificate of graduation from the eighth grade or from high school without passing an examination on these subjects. No student shall be graduated from the eighth grade unless he or she has received instruction*

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*in the history of the United States and has given evidence of a comprehensive knowledge of the subject.* (Section 27-21 of the School Code [105 ILCS 5/27-21])

- 3) The school shall provide health education as required by the Critical Health Problems and Comprehensive Health Education Act [105 ILCS 110].
- c) Personnel Requirements
- 1) Each school's recognition shall be contingent upon evidence of compliance with the requirements of subsection (c-5) of Section 2-3.250 of the School Code.
  - 2) Each school shall require of each new employee evidence of freedom from communicable disease, including tuberculosis. This evidence shall consist of a tuberculin skin test and, if appropriate, an x-ray, performed by a physician licensed in Illinois or any other state to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the nurse to perform health examinations, or a physician assistant who has been delegated the authority to perform health examinations by his or her supervising physician, not more than 90 days preceding the date on which the report of the test results is presented to the school's chief administrator.
  - 3) Each school's personnel policies shall require:
    - A) monitoring the performance of each employee who provides or assists with instruction or has other instructional responsibilities (e.g., teachers, teacher aides, administrators, department chairs); and
    - B) formal evaluation at least every two years in terms of proficiency and competency.
  - 4) Students' needs for support services such as counseling and social work shall be evaluated when school staff believe consideration is needed, such as when there are changes in the student body or stresses within the

## STATE BOARD OF EDUCATION

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surrounding community, and the school's staffing configuration shall reflect decision-making about how those needs should be addressed.

- 5) Each individual first assigned to a full-time teaching or administrative position at or after the beginning of the 2011-12 school year shall hold a bachelor's or higher degree.
- 6) Each individual first assigned to a full-time teaching or administrative position prior to the beginning of the 2011-12 school year who does not hold a bachelor's or higher degree shall participate annually in professional development that is demonstrably designed to strengthen his or her knowledge and skills in areas directly related to job duties (e.g., content-area knowledge or pedagogy for teaching staff, and administration, supervision, evaluation, or school management for administrators).
- 7) Each individual employed in a field requiring licensure shall hold and practice within the scope of the relevant license.

d) Health and Safety

Each school's recognition shall be contingent upon evidence of compliance with the health and safety requirements that are made applicable to nonpublic schools by the following relevant statutes.

- 1) The physical facilities occupied by the school shall comply with the applicable local building code and fire safety requirements.
- 2) If the school provides food service, the nutrition program and the facilities used shall comply with the Richard B. Russell National School Lunch Act (42 USC 1751 et seq.), the Child Nutrition Act of 1966 (42 USC 1771 et seq.), and the School Breakfast and Lunch Program Act [105 ILCS 125].
- 3) The school shall have a wellness policy on file that complies with the requirements of the Child Nutrition and WIC Reauthorization Act of 2004 (section 204 of Public Law 108-265; 42 USC 1751 note).
- 4) The school shall require evidence that, and shall furnish to the State Superintendent of Education the required reports regarding the extent to

## STATE BOARD OF EDUCATION

## NOTICE OF PROPOSED AMENDMENTS

which, students have complied with the requirements of Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and the rules of the Illinois Department of Public Health at 77 Ill. Adm. Code 665 with respect to health examinations, immunizations, eye examinations, and dental examinations; and shall cooperate in the implementation of the Child Vision and Hearing Test Act [410 ILCS 205] and the rules of the Illinois Department of Public Health at 77 Ill. Adm. Code 675 and 685 regarding hearing and vision screenings, respectively.

- 5) The school shall comply with the requirements of the School Safety Drill Act [105 ILCS 128] [and its implementing rules at 29 Ill. Adm. Code 1500 \(Joint Rules of the Office of the State Fire Marshal and the Illinois State Board of Education: School Emergency and Crisis Response Plans\)](#).
- 6) The school shall comply with the requirements of the Eye Protection in School Act [105 ILCS 115].
- 7) The school shall comply with the requirements of the Toxic Art Supplies in Schools Act [105 ILCS 135].
- 8) The school shall comply with the applicable requirements of the Asbestos Abatement Act [105 ILCS 105].

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 425.90 Textbook Block Grant Program**

Recognized nonpublic schools serving students in kindergarten through grade 12 are eligible to receive annual funding for the direct purchase of selected secular textbooks that have been preapproved and designated by the State Board of Education (see Section 2-3.155 of the School Code).

- a) Funding received under the Textbook Block Grant Program shall be used only for the direct purchase of secular textbooks, as defined in Section 2-3.155(b) of the School Code, that have been preapproved and designated by the State Superintendent of Education.
- b) For the purposes of monitoring compliance with Section 2-3.155(d) of the School Code, each nonpublic school that receives funding under the Textbook Block

## STATE BOARD OF EDUCATION

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Grant Program shall provide to the State Superintendent, upon request, a copy of the purchase order and receipt confirmation for any textbooks acquired that includes the:

- 1) title of each textbook purchased, including its International Standard Book Number (ISBN), or, if no ISBN is provided, a description of the materials purchased;
  - 2) quantity received; and
  - 3) total cost of the textbooks ordered.
- c) Records associated with the purchase of textbooks under Section 2-3.155 of the School Code shall be maintained for three years following the school year in which the textbooks were purchased.
- d) In the event that the nonpublic school fails to comply with Section 2-3.155 of the School Code and this Section, then it shall return to the State Board of Education any grant funds expended on textbooks not in compliance with Section 2-3.155 of the School Code.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Nurse Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1300
- 3) Section Number: 1300.20      Proposed Action: Amendment
- 4) Statutory Authority: Implementing the Nurse Practice Act [225 ILCS 65] 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: The proposed rulemaking reflects discussions between the Department of Financial and Professional Regulation (IDFPR), Illinois Department of Public Health (IDPH) and other interested parties to address the unanticipated negative impact on dialysis clinics (which are regulated by IDPH) by changes made to the delegation Section (225 ILCS 65/50-75) of the Nurse Practice Act from PA 95-639 (effective 10/5/07). IDPH had been citing dialysis providers per IDFPR's interpretation of that Section of the Act regarding the delegation of nursing activities or "tasks" in selected situations – in this particular case, allowing trained dialysis technicians to initiate dialysis through a central venous catheter. It has since been determined by both IDPH and IDFPR that clarification is needed concerning that Section of the Act.

The proposed rulemaking will allow for delegation of nursing activities to individuals that hold a current certification as a dialysis technician while working under supervision in a Medicare-certified End Stage Renal Dialysis Facility.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemakings 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 FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- 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, 3<sup>rd</sup> Floor  
Springfield, IL 62786

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

All written comments received within 45 days of 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 providing and/or delegating dialysis.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: Dialysis skills/training
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2012

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

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

## TITLE 68: PROFESSIONS AND OCCUPATIONS

## CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

## PART 1300

## NURSE PRACTICE ACT

## SUBPART A: GENERAL PROVISIONS

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1300.110	Mandatory Reporting of Impaired Nurses
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1300.200	Application for Examination or Licensure
1300.210	LPN Licensure Examination
1300.220	LPN Licensure by Endorsement
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1300.240	Standards for Pharmacology/Administration of Medication Course for Practical Nurses
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1300.260	Standards for Professional Conduct for LPNs

## SUBPART C: REGISTERED NURSE

## Section

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- 1300.300 Application for Examination or Licensure
- 1300.310 RN Licensure Examination
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## SUBPART D: ADVANCED PRACTICE NURSE

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- 1300.410 Written Collaborative Agreements
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- 1300.440 APN Scope of Practice
- 1300.450 Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center
- 1300.460 Advanced Practice Nursing in Hospitals or Ambulatory Surgical Treatment Centers
- 1300.470 Advertising
- 1300.480 Reports Relating to APN Professional Conduct and Capacity
  
- 1300.APPENDIX A Additional Certifications Accepted for Licensure as an Advanced Practice Nurse
- 1300.EXHIBIT A Sample Written Collaborative Agreement

AUTHORITY: Implementing the Nurse Practice Act [225 ILCS 65] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 34 Ill. Reg. 14012, effective September 17, 2010; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL PROVISIONS

**Section 1300.20 Nursing Delegation**

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- a) *For the purposes of this Section:*

*"Delegation" means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.*

*"Nursing Activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education, continuing education, and experience as a licensed practical nurse or professional nurse, as defined by this Part.*

- b) *Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An advanced practice nurse may delegate to registered professional nurses, licensed practical nurses, and others persons.*
- c) *A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an unlicensed person, including medication administration. A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.*
- d) *A registered nurse may delegate tasks to other licensed and unlicensed persons. A licensed practical nurse who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation. (Section 50-75 of the Act)*

e) Practice in End Stage Renal Dialysis Facilities

- 1) For the purposes of this Section only, an individual working as a dialysis technician in a Medicare-certified End Stage Renal Dialysis Facility or a facility regulated under the End Stage Renal Dialysis Facilities Act shall be considered a licensed individual for the purposes of delegation only under Section 50-75 of the Act. A person working to acquire the experience necessary to obtain certification under subsection (e)(2) may practice in accordance with this subsection (e) for a period of no more than 18 months so long as his or her practice is in compliance with the experience standards set forth by the entities listed in subsection (e)(2).

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- 2) Delegation under this subsection (e) shall only be allowed if the individual receiving delegation currently holds, or is in the process of acquiring, the necessary experience to apply for and achieve one of the following certifications:
  - A) Certified Clinical Hemodialysis Technician (CCHT) by the Nephrology Nursing Certification Commission (NNCC);
  - B) Certified Hemodialysis Technician (CHT) by the Board of Nephrology Examiners Nursing and Technology (BONENT);
  - C) Certified in Clinical Nephrology Technology (CCNT) by the National Nephrology Certification Organization (NNCO).
- 3) Delegation under this subsection (e) shall not include medication administration except for saline flushes and application of topical anesthetics. All patient care provided by a certified dialysis technician practicing under this subsection (e) shall be under the direct and immediate on-site supervision of a licensed physician, advanced practice nurse, physician assistant or registered nurse.
- 4) Delegation under this subsection (e) shall also comply with any rules adopted under the End Stage Renal Dialysis Facilities Act.
- 5) Nothing in this subsection (e) shall be construed to apply to any other facility or practice setting. This subsection (e) shall not be construed as granting a license under the Act and shall not allow individuals receiving delegation under this subsection (e) to use any title regulated by the Act.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: 140.462                      Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: This rulemaking proposes to change the methodology by which Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are reimbursed for implantable contraceptive devices under the Illinois Medicaid Program. The change is being made in order to maintain access to necessary medical services and allow the State to benefit from 340B pricing on these expensive devices pursuant to the SMART Act [305 ILCS 5/5-5.12(1)].

For dates of service on or after 7/1/12, FQHCs and RHCs may elect to be reimbursed under an alternative payment methodology (APM) for implantable contraceptive devices that the agency prohibits being billed through the Pharmacy System. Reimbursement for the implantable contraceptive devices shall be made at the Center's actual acquisition cost under the 340B Drug Pricing Program or the Department's rate published on the practitioner fee schedule, as applicable. Reimbursement through this APM is separate from any encounter payment the FQHC or RHC may receive for implanting the device.

- 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. (89 Ill. Adm. Code 140, 37 Ill. Reg. 253)
- 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

Section Numbers:              Proposed Action:              Illinois Register Citation:

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENT

140.445	Amendment	36 Ill. Reg. 7757; May 25, 2012
140.523	Amendment	36 Ill. Reg. 7757; May 25, 2012
140.539	Amendment	36 Ill. Reg. 7757; May 25, 2012
140.570	Amendment	36 Ill. Reg. 7757; May 25, 2012
140.400	Amendment	36 Ill. Reg. 8594; June 15, 2012
140.438	Amendment	36 Ill. Reg. 8594; June 15, 2012
140.5	Amendment	36 Ill. Reg. 9650; July 6, 2012
140.642	Amendment	36 Ill. Reg. 9650; July 6, 2012
140.643	Amendment	36 Ill. Reg. 9650; July 6, 2012
140.491	Amendment	36 Ill. Reg. 15425; November 2, 2012
140.TABLE A	Amendment	36 Ill. Reg. 15425; November 2, 2012

- 11) Statement of Statewide Policy Objectives: This rulemaking does affect units of local government. It will have an impact on county government entities that own or operate nursing facilities enrolled in the Medical Assistance Program.
- 12) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Jeanette Badrov  
 General Counsel  
 Illinois Department of Healthcare and Family Services  
 201 South Grand Avenue East, 3<sup>rd</sup> Floor  
 Springfield IL 62763-0002

217/782-1233

The Department requests the submission of written comments within 45 days after the publication of this Notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Medicaid funded clinics

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENT

- B) Reporting, bookkeeping or other procedures required for compliance:  
Preparation, documentation, and submission of facility's cost report.
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized:

The full text of the Proposed Amendment are identical to the text of the Emergency Amendment that appears in this issue of the *Illinois Register* on page 253:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 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>
515.100	Amend
515.180	New
515.315	Amend
515.330	Amend
515.470	Amend
515.530	Amend
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) A Complete Description of the Subjects and Issues Involved: Section 515.100 will clarify that a Registered Nurse, Nurse Practitioner and Physician Assistant must carry an unencumbered license in the State in which he or she practices. Several out of state hospitals have Illinois recognitions, such as Trauma Centers and Emergency Medical Services for Children Facility Recognition (Emergency Department Approved for Pediatrics). To avoid having to grant waivers to these professionals, the Department is clarifying that the professional must have an unencumbered license in the state in which he or she practices.

Section 515.180 is a new Section that will give the Director or his or her designee the right to conduct a hearing and issue a final order specifying his or her findings of fact and conclusions of law.

Section 515.315 changes the hospital bypass reporting to the internet "Illinois Hospital Bypass/State Disaster Reporting System". A hospital reporting bypass status in the past was done by fax. Hospitals will still have to fax hospital bypass information if the internet is not functioning.

Section 515.330 outlines the requirements of a Veterans' Administration (VA) Facility that wants to participate in an EMS system.

Section 515.470 requires VA Facilities to maintain operational two- way radio communication pursuant to Section 515.400 and as required by the EMS System in which

## DEPARTMENT OF PUBLIC HEALTH

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they participate. This Section also requires VA Facilities to commit to accepting patients during a disaster, overload or bypass situations.

Section 515.530 clarifies that an EMT candidate needs to retake a refresher course if he or she has failed the exam two times instead of having to retake the training program.

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? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
515.715	New	36 Ill. Reg. 17778; December 21, 2012
515.830	Amend	36 Ill. Reg. 17778; December 21, 2012

- 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., 5<sup>th</sup> floor

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Springfield, Illinois 62761

217/782-2043

e-mail: [dph.rules@illinois.gov](mailto: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
  - C) Types of Professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2012 and July 2012

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 f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 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
<a href="#">515.180</a>	<a href="#">Administrative Hearings</a>

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

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515.390	Minimum Standards for Continuing Operation
515.400	General Communications
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
515.455	Intra- and Inter-system Dispute Resolution
515.460	Fees
515.470	Participation by Veterans Health Administration Facilities

## 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
515.530	EMT Testing
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
515.630	Evaluation and Recognition of Military Experience and Education
515.640	Reinstatement

## 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

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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

## 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
515.835	Stretcher Van Provider Licensing Requirements
515.840	Stretcher Van Requirements
515.845	Operation of Stretcher Vans
515.850	Reserve Ambulances
515.860	Critical Care Transport

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

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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
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

## SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section	
515.3090	Pediatric Recognition of Hospital Emergency Departments and Inpatient Critical Care Services
515.4000	Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)
515.4010	Facility Recognition Criteria for the Standby Emergency Department Approved

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- for Pediatrics (SEDP)
- 515.4020 Facility Recognition Criteria for the Pediatric Critical Care Center (PCCC)
- 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
- 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 Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline
- 515.APPENDIX N Pediatric Critical Care Center (PCCC)/Emergency Department Approved for Pediatrics (EDAP) Recognition Application
- 515.APPENDIX O Pediatric Critical Care Center Plan
- 515.APPENDIX P Pediatric Critical Care Center (PCCC) Pediatric Equipment/Supplies/Medications Requirements

**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

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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. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011; amended at 35 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6, 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208, effective February 15, 2012; amended at 36 Ill. Reg. 11196, effective July 3, 2012; amended at 36 Ill. Reg. 17490, effective December 3, 2012; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL

**Section 515.100 Definitions**

~~For the purposes of this Part:~~

Act – the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

*Advanced Life Support Services or ALS Services – an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the Advanced Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)*

Aeromedical Crew Member or Watercraft Crew Member or Off-road Specialized Emergency Medical Services Vehicle (SEMSV) Crew Member – an individual, other than an EMS pilot, who has been approved by an SEMSV Medical Director for specific medical duties in a helicopter or fixed-wing aircraft, on a watercraft, or on an off-road SEMSV used in a Department-certified SEMSV Program.

Alternate EMS Medical Director or Alternate EMS MD – the physician who is designated by the Resource Hospital to direct the ALS/ILS/BLS operations in the

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absence of the EMS Medical Director.

*Ambulance – any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped for, and is intended to be used for, and is maintained or operated for, the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such an individual. (Section 3.85 of the Act)*

Ambulance Service Provider or Ambulance Provider – any individual, group of individuals, corporation, partnership, association, trust, joint venture, unit of local government or other public or private ownership entity that owns and operates a business or service using one or more ambulances or EMS vehicles for the transportation of emergency patients.

~~APLS – the American College of Emergency Physicians – American Academy of Pediatrics (ACEP – AAP) Advanced Pediatric Life Support course, unless the context clearly indicates otherwise.~~

Applicant – an individual or entity applying for a Department-issued license or certification.

Associate Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting training programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It shall have a functioning Intensive Care Unit or a Cardiac Care Unit.

Associate Hospital EMS Coordinator – the EMT-~~Paramedic (EMT-P)~~ or Registered Nurse at the Associate Hospital who shall be responsible for duties in relation to the ALS, Intermediate Life Support (ILS) or Basic Life Support (BLS) System, in accordance with the Department-approved EMS System Program Plan.

Associate Hospital EMS Medical Director – the physician at the Associate

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Hospital who shall be responsible for the day-to-day operations of the Associate Hospital in relation to the ALS, ILS, or BLS System, in accordance with the Department-approved EMS System Program Plan.

Basic Emergency Department – a classification of a hospital emergency department where at least one physician is available in the emergency department at all times; physician specialists are available in minutes; and ancillary services, including laboratory, x-ray and pharmacy, are staffed or are "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

*Basic Life Support Services or BLS Services – a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in a Basic Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)*

Board Eligible in Emergency Medicine – completion of a residency in Emergency Medicine in a program approved by the Residency Review Committee for Emergency Medicine or the Council on Postdoctoral Training (COPT) for the American Osteopathic Association (AOA).

Certified Registered Nurse Anesthetist or CRNA – a licensed registered professional nurse who has had additional education beyond the registered professional nurse requirements at a school/program accredited by the National Council on Accreditation; who has passed the certifying exam given by the National Council on Certification; and who, by participating in 40 hours of continuing education every two years, has been recertified by the National Council on Recertification.

Channel, Half-Duplex – a radio channel that transmits and receives signals, but in only one direction at a time.

Child Abuse and Neglect – see the definitions of "abused child" and "neglected child" in Section 3 of the Abused and Neglected Child Reporting Act [325 ILCS 5/3].

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Child Life Specialist – A person whose primary role is to minimize the adverse effects of children's experiences by facilitating coping and the psychosocial adjustment of children and their families through the continuum of care.

~~CME—continuing medical education.~~

Comprehensive Emergency Department – a classification of a hospital emergency department where at least one licensed physician is available in the emergency department at all times; physician specialists shall be available in minutes; ancillary services, including laboratory and x-ray, are staffed at all times; and the pharmacy is staffed or "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

CPR for Healthcare Providers – a course in cardiopulmonary resuscitation that meets or exceeds the American Heart Association course "BLS for Healthcare Providers".

Critical Care Transport – A Specialty Care Transport (SCT) level of inter-facility or 911 service that uses paramedic, pre-hospital registered nurse (PHRN) and, on occasion, specialized nursing staff to perform skills and interventions at levels above the usual and customary scope of paramedic practice within the State of Illinois. Advanced education, continuing education and special certifications are required. All Critical Care Transport Programs shall be under the direction of a Department-approved ALS EMS System.

*Department – the Illinois Department of Public Health. (Section 3.5 of the Act)*

*Director – the Director of the Illinois Department of Public Health or his/her designee. (Section 3.5 of the Act)*

Dysrhythmia – a variation from the normal electrical rate and sequences of cardiac activity, also including abnormalities of impulse formation and conduction.

Effective Radiated Power or ERP – the power gain of a transmitting antenna multiplied by the net power accepted by the antenna from the connected transmitter.

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Electrocardiogram or EKG – a single lead graphic recording of the electrical activity of the heart by a series of deflections that represent certain components of the cardiac cycle.

*Emergency – a medical condition of recent onset and severity that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required. (Section 3.5 of the Act)*

*Emergency Communications Registered Nurse or ECRN – a registered professional nurse, licensed under the Nurse Practice Act [225 ILCS 65], who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols. (Section 3.80 of the Act) ~~These individuals were formerly called MICNs.~~*

Emergency Department Approved for Pediatrics or EDAP – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.4000 of this Part as being capable of providing optimal emergency department care to pediatric patients 24 hours per day.

*Emergency Medical Dispatcher – a person who has successfully completed a training course in emergency medical dispatching meeting or exceeding the National Curriculum of the United States Department of Transportation in accordance with this Part, who accepts calls from the public for emergency medical services and dispatches designated emergency medical services personnel and vehicles. (Section 3.70 of the Act)*

Emergency Medical Dispatch Priority Reference System or EMDPRS – an EMS System's organized approach to the receipt, management and disposition of a request for emergency medical services.

*Emergency Medical Services System or EMS System or System – an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, ILS and/or ALS level pursuant to a System Program Plan*

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*submitted to and approved by the Department and pursuant to the EMS Regional Plan adopted for the EMS Region in which the System is located. (Section 3.20 of the Act)*

Emergency Medical Services System Survey – a questionnaire that provides data to the Department for the purpose of compiling annual reports.

*Emergency Medical Technician-Basic or EMT-B – a person who has successfully completed a course of instruction in basic life support as prescribed by the Department, is currently licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an EMS System. (Section 3.50 of the Act)*

Emergency Medical Technician-Coal Miner – for purposes of the Coal Mine Medical Emergencies Act, an EMT-B, EMT-I or EMT-P who has received training emphasizing extrication from a coal mine.

*Emergency Medical Technician-Intermediate or EMT-I – a person who has successfully completed a course of instruction in intermediate life support as prescribed by the Act and this Part and practices within an Intermediate or Advanced Life Support EMS System. (Section 3.50 of the Act)*

*Emergency Medical Technician-Paramedic or EMT-P – a person who has successfully completed a course of instruction in advanced life support care as prescribed by the Department, is licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an Advanced Life Support EMS System. (Section 3.50 of the Act)*

EMS Administrative Director – the administrator, appointed by the Resource Hospital with the approval of the EMS Medical Director, responsible for the administration of the EMS System.

EMS Medical Director or EMS MD – the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.

*EMS Lead Instructor – a person who has successfully completed a course of education as prescribed by the Department in this Part, and who is currently*

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*approved by the Department to coordinate or teach education, training and continuing education courses, in accordance with this Part. (Section 3.65 of the Act)*

EMS Regional Plan – a plan established by the EMS Medical Director's Committee in accordance with Section 3.30 of the Act.

EMS System Coordinator – the designated individual responsible to the EMS Medical Director and EMS Administrative Director for coordination of the educational and functional aspects of the System program.

EMS System Program Plan – the document prepared by the Resource Hospital and approved by the Department that describes the EMS System program and directs the program's operation.

~~ENPC – the Emergency Nurses Association (ENA) Emergency Nursing Pediatric Course.~~

*First Responder – a person who is at least 18 years of age, who has successfully completed a course of instruction in emergency medical responder~~first response~~ as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency medical responder~~first response~~ course. (Section 3.60 of the Act)*

*First Response Services – a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and control of bleeding, as outlined in the First Responder curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)*

Fixed-Wing Aircraft – an engine-driven aircraft that is heavier than air, and is supported in-flight by the dynamic reaction of the air against its wings.

Full-Time – on duty a minimum of 36 hours, four days a week.

*Health Care Facility – a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed. It does not*

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*include "pre-hospital emergency care settings" which utilize EMTs to render pre-hospital emergency care prior to the arrival of a transport vehicle, as defined in the Act and this Part. (Section 3.5 of the Act)*

Helicopter or Rotorcraft – an aircraft that is capable of vertical take offs and landings, including maintaining a hover.

Hospital – *has the meaning ascribed to that term in Section 3 of the Hospital Licensing Act [210 ILCS 85]. (Section 3.5 of the Act)*

Hospitalist – a physician who primarily provides unit-based/in-hospital services.

Instrument Flight Rules or IFR – the operation of an aircraft in weather minimums below the minimums for flight under visual flight rules (VFR). (See General Operating and Flight Rules, 14 CFR 91.115 through 91.129.)

Instrument Meteorological Conditions or IMC – meteorological conditions expressed in terms of visibility, distance from clouds and ceiling, which require Instrument Flight Rules.

*Intermediate Life Support Services or ILS Services – an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)*

Level I Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2030 of this Part to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

Level II Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2040 of this Part to provide optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.

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Licensee – an individual or entity to which the Department has issued a license.

*Limited Operation Vehicle – a vehicle which is licensed by the Department to provide basic, intermediate or advanced life support emergency or non-emergency medical services that are exclusively limited to specific events or locales. (Section 3.85 of the Act)*

Local System Review Board – a group established by the Resource Hospital to hear appeals from EMTs or other providers who have been suspended or have received notification of suspension from the EMS Medical Director.

Mobile Radio – a two-way radio installed in an EMS vehicle, which may not be readily removed.

Morbidity – a negative outcome that is the result of the original trauma and/or treatment rendered or omitted.

911 – an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone to obtain emergency services, including police, fire, medical ambulance and rescue.

*Non-emergency Medical Care – medical services rendered to patients whose condition does not meet the Act's definition of emergency, during transportation of such patients to health care facilities for the purpose of obtaining medical or health care services which are not emergency in nature, using a vehicle regulated by the Act and this Part. (Section 3.10 of the Act)*

[Nurse Practitioner – a person who is licensed as a nurse practitioner under the Nurse Practice Act \[225 ILCS 65\]. For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.](#)

Off-Road Specialized Emergency Medical Services Vehicle or Off-Road SEMSV or Off-Road SEMS Vehicle – a motorized cart, golf cart, all-terrain vehicle (ATV), or amphibious vehicle that is not intended for use on public roads.

~~[PALS – American Heart Association American Academy of Pediatrics \(AHA-](#)~~

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~~AAP) Pediatric Advanced Life Support course, unless the context clearly indicates otherwise.~~

Participating Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital.

Pediatric Critical Care Center or PCCC – a hospital participating in an approved EMS System and designated by the Department as being capable of providing optimal critical and specialty care services to pediatric patients, and of providing all essential services either in-house or readily available 24 hours per day.

Pediatric Patient –patient from birth through 15 years of age.

Physician – any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60].

Physician Assistant – a person who is licensed under the Physician Assistant Practice Act [225 ILCS 95]. For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Pilot or EMS Pilot – a pilot certified by the Federal Aviation Administration who has been approved by an SEMSV Medical Director to fly a helicopter or fixed-wing aircraft used in a Department-certified SEMSV Program.

Portable Radio – a hand-held radio that accompanies the user during the conduct of emergency medical services.

*Pre-Hospital Care – those emergency medical services rendered to emergency patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such patients to hospitals. (Section 3.10 of the Act)*

Pre-Hospital Care Provider – a System Participant or any EMT-B, I, P, Ambulance, Ambulance Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS System Coordinator, Associate Hospital EMS Coordinator, Associate Hospital EMS Medical Director, ECRN or Physician serving on an

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ambulance or giving voice orders over an EMS System and subject to suspension by the EMS Medical Director of that System in accordance with the policies of the EMS System Program Plan approved by the Department.

*Pre-Hospital Registered Nurse or Pre-Hospital RN or PHRN – a registered professional nurse, licensed under the Nurse Practice Act, who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports. (Section 3.80 of the Act)*  
~~This individual was formerly called a Field RN.~~

*Regional EMS Advisory Committee – a committee formed within an Emergency Medical Services (EMS) Region to advise the Region's EMS Medical Directors Committee and to select the Region's representative to the State Emergency Medical Services Advisory Council, consisting of at least the members of the Region's EMS Medical Directors Committee, the Chair of the Regional Trauma Committee, the EMS System Coordinators from each Resource Hospital within the Region, one administrative representative from an Associate Hospital within the Region, one administrative representative from a Participating Hospital within the Region, one administrative representative from the vehicle service provider which responds to the highest number of calls for emergency service within the Region, one administrative representative of a vehicle service provider from each System within the Region, one Emergency Medical Technician (EMT)/Pre-Hospital RN from each level of EMT/Pre-Hospital RN practicing within the Region, and one registered professional nurse currently practicing in an emergency department within the Region. Of the two administrative representatives of vehicle service providers, at least one shall be an administrative representative of a private vehicle service provider. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's EMS Advisory Committee. (Section 3.25 of the Act)*

Regional EMS Coordinator – the designee of the Chief, Division of Emergency Medical Services and Highway Safety, Illinois Department of Public Health.

Regional EMS Medical Directors Committee – a group comprised of the Region's EMS Medical Directors, along with the medical advisor to a fire department

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*vehicle service provider. For Regions that include a municipal fire department serving a population of over 2,000,000 people, that fire department's medical advisor shall serve on the Committee. For other Regions, the fire department vehicle service providers shall select which medical advisor to serve on the Committee on an annual basis. (Section 3.25 of the Act)*

*Regional Trauma Advisory Committee – a committee formed within an Emergency Medical Services (EMS) Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center Medical Directors and Trauma Coordinators from each Trauma Center within the Region, one EMS Medical Director from a Resource Hospital within the Region, one EMS System Coordinator from another Resource Hospital within the Region, one representative each from a public and private vehicle service provider which transports trauma patients within the Region, an administrative representative from each Trauma Center within the Region, one EMT representing the highest level of EMT practicing within the Region, one emergency physician and one Trauma Nurse Specialist (TNS) currently practicing in a Trauma Center. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's Trauma Advisory Committee. (Section 3.25 of the Act)*

Registered Nurse or Registered Professional Nurse or RN – a person who is licensed as a professional nurse under the Nurse Practice Act [225 ILCS 65]. [For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.](#)

Resource Hospital – the hospital with the authority and the responsibility for an EMS System as outlined in the Department-approved EMS System Program Plan. The Resource Hospital, through the EMS Medical Director, assumes responsibility for the entire program, including the clinical aspects, operations and educational programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

Screening – a preliminary procedure or assessment, such as a test or examination, to detect the most characteristic sign or signs of a disorder or condition that may require further investigation (for example, assessing for potential abuse or neglect through interview responses and behavioral/physical symptom clues).

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SEMSV Medical Control Point or Medical Control Point – the communication center from which the SEMSV Medical Director or his or her designee issues medical instructions or advice to the aeromedical, watercraft, or off-road SEMSV crew members.

SEMSV Medical Director or Medical Director – the physician appointed by the SEMSV Program who has the responsibility and authority for total management of the SEMSV Program, subject to the requirements of the EMS System of which the SEMSV Program is a part.

SEMSV Program or Specialized Emergency Medical Services Vehicle Program – a program operating within an EMS System, pursuant to a program plan submitted to and certified by the Department, using specialized emergency medical services vehicles to provide emergency transportation to sick or injured persons.

*Specialized Emergency Medical Services Vehicle or SEMSV – a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the Act. The term includes watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads. (Section 3.85 of the Act)* "Primarily intended", for the purposes of this definition, means one or more of the following:

Over 50 percent of the vehicle's operational (i.e., in-flight) hours are devoted to the emergency transportation of the sick or injured;

The vehicle is owned or leased by a hospital or ambulance provider and is used for the emergency transportation of the sick or injured;

The vehicle is advertised as a vehicle for the emergency transportation of the sick or injured;

The vehicle is owned, registered or licensed in another state and is used on a regular basis to pick up and transport the sick or injured within or from within this State; or

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The vehicle's structure or permanent fixtures have been specifically designed to accommodate the emergency transportation of the sick or injured.

Standby Emergency Department – a classification of a hospital emergency department where at least one of the registered nurses on duty in the hospital is available for emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times in accordance with Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

Standby Emergency Department Approved for Pediatrics or SEDP – a hospital participating in an approved EMS System and designated by the Department, pursuant to Section 515.4010 of this Part, as being capable of providing optimal standby emergency department care to pediatric patients and to have transfer agreements and transfer mechanisms in place when more definitive pediatric care is needed.

*Special-Use Vehicle – any public or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely for, the emergency or non-emergency transportation of a specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g., high-risk obstetrical patients, neonatal patients). (Section 3.85 of the Act)*

State EMS Advisory Council – a group that advises the Department on the administration of the Act and this Part whose members are appointed in accordance with Section 3.200 of the Act.

Stretcher Van – a vehicle used by a licensed stretcher van provider to transport non-emergency passengers in accordance with the Act and this Part.

*Stretcher Van Provider – an entity licensed by the Department to provide non-emergency transportation of passengers on a stretcher in compliance with the Act and this Part, utilizing stretcher vans. (Section 3.86 of the Act)*

System Participation Suspension – the suspension from participation within an EMS System of an individual or individual provider, as specifically ordered by

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that System's EMS Medical Director.

Substantial Compliance – meeting requirements except for variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Substantial Failure – the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Sustained Hypotension – two systolic blood pressures of 90 mmHg five minutes apart or, in the case of a pediatric patient, two systolic blood pressures of 80 mmHg five minutes apart.

Telecommunications Equipment – a radio capable of transmitting and/or receiving voice and electrocardiogram (EKG) signals.

Telemetry – the transmission of data by wire, radio, or other means from remote sources to a receiving station for recording and analysis.

*Trauma – any significant injury which involves single or multiple organ systems. (Section 3.5 of the Act)*

Trauma Category I – a classification of trauma patients in accordance with Appendix C and Appendix F of this Part.

Trauma Category II – a classification of trauma patients in accordance with Appendix C and Appendix F of this Part.

*Trauma Center – a hospital which: within designated capabilities provides care to trauma patients; participates in an approved EMS System; and is duly designated pursuant to the provisions of the Act. (Section 3.90 of the Act)*

Trauma Center Medical Director – the trauma surgeon appointed by a Department-designated Trauma Center who has the responsibility and authority for the coordination and management of patient care and trauma services at the Trauma Center. He or she must have 24-hour independent operating privileges and shall be board certified in surgery with at least one year of experience in

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trauma care.

Trauma Center Medical Directors Committee – a group composed *of the Region's Trauma Center Medical Directors*. (Section 3.25 of the Act)

Trauma Coordinator – a registered nurse working in conjunction with the Trauma Medical Director. The Trauma Coordinator is responsible for the organization of service and systems necessary for a multidisciplinary approach throughout the continuum of trauma care.

*Trauma Nurse Specialist or TNS* – a registered professional nurse who has successfully completed education and testing requirements as prescribed by the Department, and is certified in accordance with this Part. (Section 3.75 of the Act)

Trauma Nurse Specialist Course Coordinator or TNSCC – a registered nurse appointed by the Chief Executive Officer of a hospital designated as a TNS Training Site, who meets the requirements of Section 515.750 of this Part.

Trauma Service – an identified hospital surgical service in a Level I or Level II Trauma Center functioning under a designated trauma director in accordance with Sections 515.2030(c) and 515.2040(c) of this Part.

Unit Identifier – a number assigned by the Department for each EMS vehicle in the State to be used in radio communications.

*Vehicle Service Provider* – an entity licensed by the Department to provide emergency or non-emergency medical services in compliance with the Act and this Part and an operational plan approved by its EMS System(s), utilizing at least ambulances or specialized emergency medical service vehicles (SEMSV). (Section 3.85 of the Act)

Watercraft – a nautical vessel, boat, airboat, hovercraft or other vehicle that operates in, on or across water.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- a) Administrative hearings shall be conducted by the Director or by an individual designated by the Director as Administrative Law Judge to conduct the hearing. On the basis of any such hearing, or upon default of the Respondent, the Director shall issue a Final Order specifying his or her findings of fact and conclusions of law and decision. A copy of the Final Order shall be sent to the Respondent or his or her attorney of record by certified mail or served personally upon the Respondent. (Section 3.135(a) of the Act)
- b) The procedure governing hearings authorized by the Act shall be in accordance with Practice and Procedure in Administrative Hearings (Section 3.135(b) of the Act).

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: EMS SYSTEMS

**Section 515.315 Bypass Status Review**

- a) *The Department shall investigate the circumstances that caused a hospital in an EMS System to go on bypass status to determine whether that hospital's decision to go on bypass status was reasonable. (Section 3.20(c) of the Act)*
- b) The hospital shall notify the Illinois Department of Public Health, Division of Emergency Medical Services, of any bypass or resource limitation decision, at both the time of its initiation and the time of its termination, through status change updates entered into the Illinois Hospital Bypass/State Disaster Reporting System. The hospital shall document any inability to access the System by immediately contacting the State of Illinois Customer Service Center. If a hospital is unable to update the Hospital Bypass System due to internet outage, the hospital shall notify the Department via fax to the Division's Central Office during the next business day following any bypass or resource limitation decision. This notification can be faxed.
- c) In determining whether a hospital's decision to go on bypass status was reasonable, the Department shall consider the following:
- 1) The number of critical or monitored beds available in the hospital at the

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time that the decision to go on bypass status was made;

- 2) Whether an internal disaster, including, but not limited to, a power failure, had occurred in the hospital at the time that the decision to go on bypass status was made;
  - 3) The number of staff after attempts have been made to call in additional staff, in accordance with facility policy; and
  - 4) The approved Regional Protocols for bypass and diversion at the time that the decision to go on bypass status was made, provided that the Protocols include subsections (c)(1), (2) and (3) ~~above~~.
- d) For Trauma Centers only, the following situations constitute a reasonable decision to go on bypass status:
- 1) All staffed operating suites are in use or fully implemented with on-call teams, and at least one or more of the procedures is an operative trauma case;
  - 2) The CAT scan is not working; or
  - 3) The general bypass criteria in subsection (c) ~~of this Section~~.
- e) *The Department may impose sanctions, as set forth in Section 3.140 of the Act, upon a Department determination that the hospital unreasonably went on bypass status in violation of the Act. (Section 3.20(c) of the Act)*
- f) Each EMS System shall develop a policy addressing response to a system-wide crisis.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 515.330 EMS System Program Plan**

An Emergency Medical Services (EMS) System Program Plan shall contain the following information:

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- a) The name, address and fax number of the Resource Hospital;
- b) The names and resumes of the following persons:
  - 1) The EMS MD,
  - 2) The Alternate EMS MD,
  - 3) The EMS Administrative Director,
  - 4) The EMS System Coordinator;
- c) The name, address and fax number of each Associate or Participating Hospital (see subsection (i) ~~of this Section~~);
- d) The name and address of each ambulance provider participating within the EMS System;
- e) A map of the EMS System's service area indicating the location of all hospitals and ambulance providers participating in the System;
- f) Current letters of commitment from the following persons at the Resource Hospital, which describe the commitment of the writer and his or her office to the development and ongoing operation of the EMS System, and which state the writer's understanding of and commitment to any necessary changes, such as emergency department staffing and educational requirements:
  - 1) The Chief Executive Officer of the hospital,
  - 2) The Chief of the Medical Staff, and
  - 3) The Director of the Nursing Services;
- g) A letter of commitment from the EMS MD that describes the EMS MD's agreement to:
  - 1) Be responsible for the ongoing education of all System personnel, including coordinating didactic and clinical experience;

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- 2) Develop written standing orders (treatment protocols, standard operating procedures) to be used in the EMS MD's absence and certify that all involved personnel will be knowledgeable in emergency care and capable of providing treatment and using communications equipment once the program is operational;
  - 3) Be responsible for supervising all personnel participating within the System, as described in the System Program Plan;
  - 4) Develop or approve one or more ambulance emergency run reports (run sheets) covering all types of ambulance runs performed by System ambulance providers;
  - 5) Ensure that the Department has access to all records, equipment and vehicles under the authority of the EMS MD during any Department inspection, investigation or site survey;
  - 6) Notify the Department of any changes in personnel providing pre-hospital care in accordance with the EMS System Program Plan approved by the Department;
  - 7) Be responsible for the total management of the System, including the enforcement of compliance with the System Program Plan by all participants within the System;
  - 8) Ensure that a copy of the application for renewal (a form supplied by the Department) is provided to every EMT-B, EMT-I or EMT-P within the System who has not been recommended for re-licensure by the EMS MD; and
  - 9) Be responsible for compliance with the provisions of Sections 515.400 and 515.410 of this Part;
- h) A description of the method of providing EMS services, which includes:
- 1) Single vehicle response and transport;

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- 2) Dual vehicle response;
  - 3) Level of first response vehicle;
  - 4) Level of transport vehicle;
  - 5) Use of mutual aid agreements; and
  - 6) Informing the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller;
- i) A letter of commitment from each Associate [Hospital](#) ~~or~~ Participating Hospital [or Veterans Health Administration facility](#) within the System, which includes the following:
- 1) Signed statements by the hospital's Chief Executive Officer, Chief of the Medical Staff and Director of the Nursing Service describing their commitments to the standards and procedures of the System;
  - 2) A description of how the hospital will relate to the EMS System Resource Hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program;
  - 3) Only at an Associate Hospital, a commitment to meet the System's educational standards for ECRNs;
  - 4) An agreement to provide exchange of all drugs and equipment with all pre-hospital providers participating in the System or other EMS system whose ambulances transport to them;
  - 5) An agreement to use the standard treatment orders as established by the Resource Hospital;
  - 6) An agreement to follow the operational policies and protocols of the System;
  - 7) A description of the level of participation in the training and continuing

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education of pre-hospital personnel;

- 8) An agreement to collect and provide relevant data as determined by the Resource Hospital;
  - 9) A description of the hospital's data collection and reporting methods and the personnel responsible for maintaining all data;
  - 10) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;
  - 11) If the hospital is a participant in another System, a description of how it will interact within both Systems and how it will ensure that communications interference as a result of this dual participation will be minimized; and
  - 12) The names and resumes of the Associate Hospital EMS MD and Associate Hospital EMS Coordinator;
- j) A letter of commitment from each ambulance provider participating within the System, which indicates compliance with Section 515.810 of this Part;
  - k) Descriptions and documentation of each communications requirement provided in Section 515.400 of this Part;
  - l) The Program Plan shall consist of the EMS System Manual, which shall be provided to all System participants and shall include the following Sections:
    - 1) Education and Training
      - A) Content and curricula of training programs for EMT, Emergency Medical Dispatcher, First Responder, Pre-Hospital RN, ECRN and Lead Instructor candidates, including:
        - i) Entrance and completion requirements;
        - ii) Program schedules;

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- iii) Goals and objectives;
  - iv) Subject areas;
  - v) Didactic requirements, including skills laboratories;
  - vi) Clinical requirements; and
  - vii) Testing formats.
- B) Training program for Pre-arrival Medical Instructions, if applicable, including:
- i) Entrance and completion requirements;
  - ii) Description of course materials; and
  - iii) Testing formats.
- C) Continuing education for EMTs, Pre-Hospital RNs, and ECRNs, including:
- i) System requirements (hours, types of programs, etc.);
  - ii) System program for System participants: types of activities covered (e.g., telemetry review, and morbidity and mortality conferences) and protocols for enrollment and completion;
  - iii) Requirements for approval of academic course work;
  - iv) Didactic programs offered by the System;
  - v) Clinical opportunities available within the System; and
  - vi) Record-keeping requirements for participants, which must be maintained at the Resource Hospital.

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- D) Renewal Protocols
  - i) System examination requirements for EMTs, Pre-Hospital RNs, ECRNs;
  - ii) Procedures for renewal of Pre-Hospital RN and ECRN approvals;
  - iii) Requirements for submission of transaction cards for EMTs meeting renewal requirements; and
  - iv) Department renewal application forms for EMTs who have not met renewal requirements according to System records.
- E) System participant education and information, including:
  - i) Distribution of System Manual amendments;
  - ii) In-services for policy and protocol changes;
  - iii) Methods for communicating updates on System and Regional activities, and other matters of medical, legal and/or professional interest; and
  - iv) Locations of library/resource materials, forms, schedules, etc.
- F) A plan that describes how Emergency Medical dispatch agencies and First Responders participate within the EMS System Program Plan (see Sections 515.710 and 515.720 of this Part).
- G) A System may require that up to one-half of the continuing education hours that are required toward re-licensure, as determined by the Department, be earned through attendance at system-taught courses.
- H) A didactic continuing education course that has received a State

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site code shall be accepted by the System, subject only to the requirements of subsection (1)(1)(C) ~~of this Section~~.

- 2) Drugs and Equipment
  - A) A list of all drugs and equipment required for each type of System vehicle; and
  - B) Procedures for obtaining replacements at System hospitals.
- 3) Personnel Requirements for EMTs
  - A) Minimum staffing for each type and level of vehicle; and
  - B) Guidelines for EMT patient interaction.
- 4) In-Field Protocols, including medical-legal policies, but not limited to:
  - A) The Regional Standing Medical Orders;
  - B) System Standing Medical Orders as listed in Section 515. Appendix D, to include Department-approved protocols for medical treatment, including, but not limited to, burns, hypothermia, respiratory distress, shock, trauma, cardiac arrest and toxic exposure (e.g., Department-approved BLS medical treatment protocol, EMSC medical treatment protocol) at a minimum;
  - C) Appropriate interaction with law enforcement on the scene;
  - D) When and how to notify a coroner or medical examiner;
  - E) Appropriate interaction with an independent physician/nurse on the scene;
  - F) The use of restraints;
  - G) Consent for treatment of minors;

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- H) Patient choice and refusal regarding treatment, transport, ~~and/or~~ destination;
  - I) The duty to perform all services without unlawful discrimination;
  - J) Offering immediate and adequate information regarding services available to victims of abuse, for any person suspected to be a victim of domestic abuse;
  - K) Patient abandonment;
  - L) Emotionally disturbed patients;
  - M) Patient confidentiality and release of information;
  - N) Durable power of attorney for health care;
  - O) Do Not Resuscitate (DNR) orders (see Section 515.380 ~~of this Part~~); and
  - P) A policy concerning the use of latex-free supplies.
- 5) Communications standards and protocols, including:
- A) The information contained in the System Program Plan relating to the requirements of Sections 515.410(a)(1), (2), (3) and (4) and 515.390(b) and (g) ~~of this Part~~;
  - B) Protocols ensuring that physician direction and voice orders to EMS vehicle personnel and other hospitals participating in the System are provided from the operational control point of the Resource or Associate Hospital;
  - C) Protocols ensuring that the voice orders via radio and using telemetry shall be given by or under the direction of the EMS MD or the EMS MD's designee, who shall be either an ECRN, or physician; and

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- D) Protocols defining when an ECRN should contact a physician.
- 6) Quality improvement measures for both adult and pediatric patient care shall be performed on a quarterly basis and be available upon Department request; ambulance operation and System training activities, including, but not limited to, monitoring training activities to ensure that the instructions and materials are consistent with United States Department of Transportation training standards for EMTs and Section 3.50 of the Act; unannounced inspections of pre-hospital services; and peer review.
- 7) Data collection and evaluation methods that include:
- A) The process that will facilitate problem identification, evaluation and monitoring in reference to patient care and/or reporting discrepancies from hospital and pre-hospital providers;
- B) A copy of the pre-hospital reporting form; and
- C) A sample of the information and data to be reported to the Department summarizing System activity (see Section 515.350 ~~of this Part~~).
- 8) Operational policies that delineate the respective roles and responsibilities of all providers in the System regarding the provision of emergency service, including:
- A) Resource Hospital overrides (situations in which Associate Hospital orders are overruled by the Resource Hospital);
- B) Infectious disease and disinfection procedures, including the policy on significant exposure;
- C) Reporting and documentation of problems; and
- D) Protocols for ILS/ALS System personnel to assess the condition of a patient being initially treated in the field by BLS personnel, for the purpose of determining whether a higher level of care is warranted and transfer of care of the patient to the ILS or ALS

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personnel is therefore appropriate. The protocols shall include a requirement that neither the assessment nor the transfer of care can be initiated if it would appear to jeopardize the patient's condition, and shall require that the activities of the System personnel be under the immediate direction of the EMS MD or designee.

- 9) Any procedures regarding disciplinary or suspension decisions and the review of those decisions that the System has elected to follow in addition to those required by the Act.
  - 10) Any System policies regarding abuse of controlled substances or conviction of a felony crime by System personnel whether on or off duty.
  - 11) The responsibilities of the EMS Coordinator, as designated by the EMS MD, including data evaluation, supervision of clinical, didactic and field experience training, and physician and nurse education as required.
  - 12) The responsibilities of the EMS MD;
- m) *Written protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center, which provide that a person shall not be transported to a facility other than the nearest hospital, regional trauma center or trauma center unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal.* (Section 3.20(c)(5) of the Act) The bypass status policy shall include criteria to address how the hospital will manage pre-hospital patients with life threatening conditions within the hospital's then-current capabilities while the hospital is on bypass status.~~should include a statement that for any life-threatening condition a patient may be transported to the closest facility, whether or not that facility is on bypass status.~~ In addition, a hospital can declare a resource limitation, which is further outlined in the System Plan, for the following conditions:
- 1) There are no critical or monitored beds available in the hospital; or
  - 2) An internal disaster occurs in the hospital;

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- n) Bypass status may not be honored if three or more hospitals in a geographic area are on bypass status and transport time by an ambulance to the nearest facility exceeds 15 minutes;
- o) Each hospital shall have a policy addressing peak census procedures, such as the model policy developed by the Department.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 515.470 Participation by Veterans Health Administration Facilities**

- a) *Subject to patient preference, Illinois EMS vehicle service providers may transport patients to Veterans Health Administration facilities that voluntarily participate in an EMS System. (Section 3.20(c)(11) of the Act)*
- b) *Any Veterans Health Administration facility seeking limited participation in an EMS System shall agree to comply with the emergency department requirements set forth in the Hospital Licensing Requirements and with the requirements of this Section. (Section 3.20(c)(11) of the Act)*
- c) *The types of Veterans Health Administration facilities that may participate in an EMS System (Section 3.20(c)(11) of the Act): A Veterans Health Administration (VA) facility that meets the minimum standards for a basic or comprehensive emergency department as established by the Hospital Licensing Requirements (77 Ill. Adm. Code 250) that has the ability to promptly evaluate, treat, stabilize, admit or transfer patients to an appropriate hospital capable of providing the appropriate level of care based upon individual patient needs.*
- d) A VA Veterans Health Administration facility seeking to participate in an EMS System shall apply in writing to the EMS MD of the System for approval. The facility shall indicate the level at which it seeks to participate (i.e., participating, associate or resource hospital), in accordance with Section 515.320 ~~of this Part~~ and, in the case of a resource hospital, Section 515.300 ~~of this Part~~. Approval shall be based on the facility's demonstration that it can provide care at the level of participation being sought, in accordance with the requirements of the Act and this Part.

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- e) The EMS MD shall notify the facility and the Department of the approval and the type of patients for which care is approved. If the EMS MD denies the approval, the denial shall be issued in writing and shall include the reasons for denial.
- f) The EMS System shall submit a revised System Program Plan to the Department providing for participation of the facility at the level approved by the EMS MD.
- g) Participating facilities shall agree to comply with the requirements of the EMS System Plan as set forth in Section 515.330 of this Part, System protocols established by the System, and any other applicable requirements of this Part, unless waived by the Department in accordance with Section 3.185 of the Act and Section 515.150 of this Part.
- h) VA facilities participating in an EMS System shall maintain operational two-way radio communication equipment pursuant to Section 515.400 (General Communications) and any additional communications equipment required by the EMS System in which they participate.
- i) VA facilities participating in an EMS System shall accept all patients within the facility's capability in a disaster, overload or bypass situation.
- j) If at any time the Director or his or her designee has determined that an immediate and serious danger to the public health, safety and welfare exists, the Department will issue an emergency order in accordance with Section 3.85(b)(7) of the Act to prevent licensed vehicle providers from transporting patients to the facility's emergency department. (Section 3.85(b)(7) of the Act)

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D: EMERGENCY MEDICAL TECHNICIANS

**Section 515.530 EMT Testing**

- 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

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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 ~~will~~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 ~~take a refresher course in alignment with the National Registry of Emergency Medical Technicians examination retest policy~~take 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 pass that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.
- g) 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.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Child Health Examination Code
- 2) Code Citation: 77 Ill. Adm. Code 665
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
665.105	Amend
665.240	Amend
665.APPENDIX F	New
- 4) Statutory Authority: Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and the Communicable Disease Prevention Act [410 ILCS 315]
- 5) A Complete Description of the Subjects and Issues Involved: Existing rules set forth the required physical examinations, immunizations and acceptable exemptions for children entering school-operated programs below the kindergarten level and kindergarten through 12th grade. Proposed changes to the immunizations rules will modify existing requirements to align with current accepted clinical practices as recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the Academy of Family Physicians (AFP). Current requirements for mumps, rubella and varicella vaccines reflect receipt of only one dose of each. Originally, one dose of the Measles-Mumps-Rubella (MMR) vaccine was recommended. In 1989, the American Academy of Family Physicians, the American Academy of Pediatrics and the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices changed the recommendation to two doses. As a result, Illinois established the routine two-dose measles vaccine requirement in 1990. Single antigen products for mumps and rubella vaccines are no longer available in the U.S., making the MMR vaccine the only recommended product of use. Therefore, a two-dose schedule for mumps and rubella vaccines is consistent with all nationally recognized medical practices. Varicella vaccine has been required for school entry since July 2002. In June 2006, ACIP approved a routine two-dose recommendation for children. The first dose should be administered at age 12 to 15 months and the second dose at age four to six years. The rationale for the second dose of varicella vaccine for children is to further decrease varicella disease and its complications in the United States. Despite the successes of the one-dose vaccination program in children, vaccine effectiveness has not been sufficient to prevent varicella outbreaks, which, although less than in the pre-vaccine era, have continued to occur in highly vaccinated school populations. Breakthrough varicella is contagious. The recommended ages for routine first (at age 12 to 15 months) and second (at age four to six years) doses of varicella vaccine are

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harmonized with the recommendations for MMR vaccine use. In addition, pneumococcal conjugate vaccine is required for children attending pre-school and/or day care facilities operated by school districts. PA 95-159 was signed into law on 8/14/07 and authorizes IDPH to prescribe rules. The Act requires that children under age two attending a day care facility receive the age appropriate series of pneumococcal conjugate vaccine, known as Prevnar, as recommended by the Advisory Committee on Immunization Practices. Definitions are amended and added to eliminate the need for repetitive language in the rules.

The economic effect of this proposed rulemaking remains unknown. For the 2010-11 school year, the 2.3 million students attending public and nonpublic schools in Illinois had a 97% compliance level within existing immunization requirements. In future years, we can expect that at least 3 percent of students (~69,000) may need vaccinations to comply with this proposed rule. According to the Kaiser Family Foundation, almost 280,000 of the 3.35 million Illinois children aged 0-18 years had no public or private health insurance coverage in 2010. All vaccines recommended in this rulemaking are readily available through the federal Vaccines for Children (VFC) program administered by the Department; uninsured children are eligible for vaccines through this program.

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:

[CDC. Measles, mumps, and rubella – vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices \(ACIP\); MMWR 1998; 47 \(No. RR-8\);](#)

[CDC. Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices \(ACIP\). MMWR 2007; 56 \(No. RR-4\);](#)

[CDC. Licensure of a 13-valent pneumococcal conjugate vaccine \[PCV13\] and recommendations for use among children – Advisory Committee on Immunization Practices \[ACIP\], 2010. MMWR 2010; 59:258 - 61\);](#)

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CDC. Recommended immunization schedules for persons aged 0 through 18 years – United States, 2011. MMWR 2011; 60(5).

- 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 any state mandates on units of local government.
- 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., 5<sup>th</sup> floor  
Springfield, Illinois 62761  
  
217/782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)
- 13) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not for profit corporations affected: These immunization rules will not have a direct impact on these stated entities. An indirect impact could occur to employer-provided health care coverage for the requirement for additional vaccination protection for children entering school-operated programs below the kindergarten level and attending kindergarten through 12th grades. However, the Department sponsors a Vaccines For Children (VFC) Plus program, which addresses vaccination needs for under-insured children. This is in addition to the All Kids program, operated by the Department of Healthcare and Family Services.

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- B) Reporting, bookkeeping or other procedures required for compliance: Health care providers administering vaccinations are expected to record the following information as documentation for any vaccination provided: the type of vaccine, date administered, vaccine manufacturer, vaccine lot number and the date of the Vaccine Information Statement provided to the patient at the time of the vaccination.
- C) Types of professional skills necessary for compliance: Only licensed medical professionals can administer vaccinations.
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2012

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 i: MATERNAL AND CHILD HEALTH

PART 665  
CHILD HEALTH EXAMINATION CODE

SUBPART A: GENERAL PROVISIONS

Section	
665.100	Statutory Authority (Repealed)
665.105	Definitions
665.110	General Considerations (Repealed)
665.115	Referenced Materials

SUBPART B: HEALTH EXAMINATION

Section	
665.120	Health Examination Requirements
665.130	Performance of Health Examination and Verification of Certificate of Child Health Examination
665.140	Timetable for Examinations
665.150	Report Forms
665.160	Proof of Examination
665.210	Proof of Immunizations
665.220	Local School Authority (Repealed)
665.230	School Entrance
665.240	Basic Immunization
665.250	Proof of Immunity
665.260	Booster Immunizations
665.270	Compliance with the School Code
665.280	Physician Statement of Immunity
665.290	List of Non-immunized Students

SUBPART C: VISION AND HEARING SCREENING

Section	
665.310	Vision and Hearing Screening

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SUBPART D: DENTAL EXAMINATION

- Section  
665.410 Dental Examination Requirement  
665.420 Dental Examination Timetable  
665.430 Dental Examination  
665.440 Guidelines (Repealed)  
665.450 Waiver of Dental Examination Requirement

SUBPART E: EXCEPTIONS

- Section  
665.510 Objection of Parent or Legal Guardian  
665.520 Medical Objection

SUBPART F: EYE EXAMINATION

- Section  
665.610 Eye Examination Requirement  
665.620 Vision Examination (Repealed)  
665.630 Eye Examination Report  
665.640 Indigent Students (Repealed)  
665.650 Waiver of Eye Examination Requirement

SUBPART G: DIABETES SCREENING

- Section  
665.700 Diabetes Screening Requirement  
665.710 Diabetes Screening  
665.720 Testing Recommendations

- 665.APPENDIX A Illinois Department of Public Health Eye Examination Report  
665.APPENDIX B Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)  
665.APPENDIX C Illinois Department of Public Health Eye Examination Waiver Form  
665.APPENDIX D Illinois Department of Public Health Dental Examination Form  
665.APPENDIX E Illinois Department of Public Health Dental Examination Waiver Form

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665.APPENDIX F Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)

AUTHORITY: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2] and Section 2 of the Communicable Disease Prevention Act [40 ILCS 315/2].

SOURCE: Emergency rule adopted at 4 Ill. Reg. 38, p. 275, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 Ill. Reg. 41, p. 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 Ill. Reg. 1403, effective January 29, 1981; codified at 8 Ill. Reg. 8921; amended at 11 Ill. Reg. 11791, effective June 29, 1987; amended at 13 Ill. Reg. 11565, effective July 1, 1989; amended at 13 Ill. Reg. 17047, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5617, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14543, effective August 27, 1990; amended at 15 Ill. Reg. 7706, effective May 1, 1991; amended at 18 Ill. Reg. 4296, effective March 5, 1994; amended at 20 Ill. Reg. 11950, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11966, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 1, 1998; amended at 26 Ill. Reg. 5921, effective July 1, 2002; amended at 26 Ill. Reg. 10689, effective July 1, 2002; amended at 29 Ill. Reg. 18127, effective October 24, 2005; emergency amendment at 32 Ill. Reg. 8778, effective May 30, 2008, for a maximum of 150 days; emergency expired October 26, 2008; emergency amendment at 32 Ill. Reg. 9055, effective June 6, 2008, for a maximum of 150 days; emergency expired November 2, 2008; amended at 33 Ill. Reg. 7011, effective May 11, 2009; amended at 33 Ill. Reg. 8459, effective June 8, 2009; amended at 35 Ill. Reg. 16723, effective September 27, 2011; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL PROVISIONS

**Section 665.105 Definitions**

The following terms have the meaning ascribed to them here whenever the term is used in this Part:

Advanced practice nurse – a person who is licensed as an advanced practice nurse ~~under a person who is licensed as an advanced practice nurse under~~ the Nurse Practice Act [225 ILCS 65]. ~~(Section 15-5 of the Nurse Practice Act)~~

Attendance center – an individual building or site responsible for taking and maintaining attendance records of students.

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Body mass index ~~or~~ (BMI) – the result of a calculation of weight and height measurement used to determine whether an individual's weight is appropriate for ~~his or her~~ height. Body mass index is calculated by dividing weight in pounds by height in inches squared times 703 (wt (lbs)/ht (in<sup>2</sup>) X 703).

Certified vision screener – a person who has been trained by the Illinois Department of Public Health and who holds a current and valid certification from the Department as a vision screener in accordance with ~~the~~ Illinois Child Vision and Hearing Test Act [410 ILCS 205].

Dental examination – an examination, performed by a dentist, that includes, at a minimum, oral health status and treatment needs.

Dentist – a person who is licensed to practice dentistry under the Illinois Dental Practice Act [225 ILCS 25].

Department or IDPH – the Illinois Department of Public Health.

Eye examination – an examination, performed by an optometrist or a physician who provides eye examinations, that includes, *at a minimum, history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that, in the professional judgment of the physician or optometrist, are necessary.* (Section 27-8.1(2) of the School Code)

Glaucoma evaluation – an examination that includes the measurement by instrumentation of the intraocular pressure of the eye, and other tests focused on the optic nerve, as needed.

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code.

Local school authority – that person having ultimate control and responsibility for any public, private/independent or parochial elementary or secondary school, or any attendance center or nursery school operated by an elementary or secondary school or institution of higher learning.

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Optometrist – a person who is licensed to practice optometry under the Illinois Optometric Practice Act of 1987 [225 ILCS 80].

Physician – a person who is licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987 [225 ILCS 60].

Physician assistant – a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987 [225 ILCS 95].

Proof of immunity – documented evidence of the child's having received a vaccine verified by a health care provider, laboratory evidence or proof of disease as described in Section 665.250(b).

Registered nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act [225 ILCS 65].

School program – nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district.

Subjective refraction – determining the best visual status of the patient using ophthalmic lenses with directed patient response.

~~"Vision screening" – for purposes of this Part, refers to~~ mandated vision screening by Department-certified vision screeners under the Child Vision and Hearing Test Act and the Department's rules titled Vision Screening (77 Ill. Adm. Code 685). Vision screening services include testing, evaluation and follow-up, which may include a recommendation for an eye examination.

~~"Visual acuity testing"~~ – a measurement of the resolving power of the human eye using standardized testing conditions, usually by distinguishing standardized targets such as letters or children's symbols. It is done far at 20 feet and near at 16 inches without correction, with the present refractive correction, and with best correction by examination, and includes monocular and binocular findings.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## SUBPART B: HEALTH EXAMINATION

**Section 665.240 Basic Immunization**

## a) Diphtheria, Pertussis, Tetanus

- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth ~~doses or final dose~~ shall be at least six months.
- 2) Any child entering kindergarten or first grade for the first time shall show proof (~~see Section 665.250(b)~~) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth ~~doses or final dose~~ shall be at least six months. Children ~~six~~6 years of age and older may receive Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.
- 3) Any child entering school at a grade level not included in subsection (a)(1) or (2) ~~of this Section~~ shall show proof (~~see Section 665.250(b)~~) of ~~having received~~receiving three or more doses of DTP, DTaP, pediatric DT or adult Tetanus ~~and~~, Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first two doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the second and third ~~or final~~ doses shall be at least six months.
- 4) Receipt of pediatric Diphtheria Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication shall be verified as specified in Section 665.520.

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- 5) Beginning with school year 2011-~~2012~~<sup>12</sup>, any child entering sixth grade shall show proof (~~see Section 665.250(b)~~) of ~~having received~~<sup>receiving</sup> one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.
  - 6) Students entering grades seven through 12 who have not already received Tdap are required to receive ~~one~~<sup>1</sup> Tdap dose regardless of the interval since the last DTaP, DT or Td dose.
- b) Polio
- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). Doses in the series shall have been received no less than four weeks (28 days) apart.
  - 2) Any child entering school at any grade level (~~kindergarten through K-12~~) shall show proof (~~see Section 665.250(b)~~) of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV shall show proof of having received at least four doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively shall show proof of having received at least three doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart.
- c) Measles
- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head~~

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~~Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~ shall show proof ~~(see Section 665.250(b))~~ of having received one dose of live measles virus vaccine on or after the first birthday, or other proof of immunity described in Section 665.250(c).

- 2) Children entering school at any grade level (kindergarten through K-12) shall show proofevidence of having received two doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first or other proof of immunity described in Section 665.250(c).
- 3) For students attending school programs where grade levels (kindergarten through K-12) are not assigned, including special education programs, proof of two doses of live measles virus vaccine as described in subsection (c)(2)-~~of this Section~~ shall be submitted prior to the school yearsyear in which the child reaches the ages of five, 11+0, and 15.

## d) Rubella

- 1) Any child two years of age or older entering a school program ~~at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~, shall show proof ~~(see Section 665.250(b))~~ of having receivedreceiving at least one dose of live rubella virus vaccine on or after the first birthday. Proof of disease is not acceptable unless laboratory evidence of rubella immunity is presented (see Section 665.250(d)).
- 2) Children entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).
- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection (d)(2) shall be submitted prior to the school years in which the child reaches the

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ages of five, 11 and 15.

## e) Mumps

- 1) Any child two years of age or older entering a school program ~~at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district,~~ shall show proof (see Section 665.250(b)) of ~~having received~~receiving at least one dose of live mumps virus vaccine on or after the first birthday. Proof of disease, if verified by a physician, or laboratory evidence of mumps immunity may be substituted for proof of vaccination (see Section 665.250(e)).
- 2) Children entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).
- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received two doses of live mumps virus vaccine as described in subsection (e)(2) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

## f) Haemophilus influenzae type b (Hib)

- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof of immunization that complies with the Hib vaccination schedule in Appendix B of this Part.
- 2) Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.

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- 3) Any child five years of age or older shall not be required to provide proof of immunization with Hib vaccine.

## g) Hepatitis B

- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third ~~doses~~dose shall be at least two months. ~~The~~For children entering a school program for the first time on or after July 1, 2002, the interval between the first dose and the third dose ~~shall~~must be at least ~~four~~4 months. The third dose ~~shall~~must have been administered on or after ~~six~~6 months of age. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).
- 2) ~~Children entering the fifth grade for the first time between July 1997 and June 30, 2002 must show evidence of having received three doses of hepatitis B vaccine. The first 2 doses must have been received no less than 4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. Proof of prior or current infection, if verified by laboratory evidence, may be submitted for proof of vaccination (see Section 665.250(f)).~~
- ~~2)3)~~ Children entering the ~~sixth~~5th grade ~~for the first time on or after July 1, 2002 shall~~must show ~~proof~~evidence of having received three doses of hepatitis B vaccine, or other proof of immunity described in Section 665.250(f). The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third ~~doses~~dose shall be at least two months. The interval between the first and third ~~doses~~dose shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be ~~substituted~~submitted for proof of vaccination (see Section 665.250(f)).
- ~~3)4)~~ The third dose of hepatitis B vaccine is not required if it can be

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documented that the child received two doses of adult formulation Recombivax-HB vaccine (10 mcg) and was 11 to 15 years of age at the time of vaccine administration, and that the interval between receipt of the two doses was at least four months.

## h) Varicella

- 1) Any child two years of age or older entering a school program below the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) for the first time on or after July 1, 2002,~~ shall show proof ~~(see Section 665.250(b))~~ of having received one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
- 2) Children ~~who entered~~entering kindergarten for the first time on or after July 1, 2002, shall show proof of having received at least one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
- 3) Beginning with school year 2014-2015, any child entering kindergarten, sixth grade, or ninth grade for the first time shall show proof of having received two doses of varicella vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
- 4) Only those children who have been immunized with varicella vaccine in accordance with subsections (h)(1), (2) and (3), have had physician diagnosed varicella disease, have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or have laboratory evidence of immunity shall be considered to be immune.
- 5)3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, proof of having received at least two

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~~doseseone dose~~ of varicella vaccine ~~on or after the first birthday~~ or other proof of immunity as described in ~~subsections~~subsection (h)(2), (3) and (4) of this Section shall be submitted prior to the school year in which the child reaches the ~~ages~~age of five, 11 and 15.

i) Invasive Pneumococcal Disease

- 1) Any child under two years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the pneumococcal vaccination schedule in Appendix F.
- 2) Children 24 to 59 months of age who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall show proof of receiving one dose of pneumococcal vaccine.
- 3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with pneumococcal conjugate vaccine.

j) The requirements of this Section also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 665.APPENDIX F Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)**

<b><u>Age of Child (Months)</u></b>	<b><u>Vaccination History</u></b>	<b><u>Primary Series and Booster Intervals</u></b>	<b><u>Total Doses Required</u></b>
<b><u>2-6</u></b> <b><u>minimum</u></b> <b><u>age of six</u></b> <b><u>weeks</u></b>	<u>0 doses</u>	<u>3 doses, 2 months apart;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
	<u>1 dose</u>	<u>2 doses, 2 months apart;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
	<u>2 doses</u>	<u>1 dose, 2 months after most recent dose;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
<b><u>7-11</u></b>	<u>0 doses</u>	<u>2 doses, 2 months apart;</u> <u>3<sup>rd</sup> dose at age 12-15 months</u>	<u>3</u>
	<u>1 or 2 doses before</u> <u>age 7 months</u>	<u>1 dose, 2 months after most recent dose;</u> <u>3<sup>rd</sup> dose at 12-15 months and &gt; 2 months</u> <u>after prior dose</u>	<u>3-4</u>
<b><u>12-23</u></b>	<u>0 doses</u>	<u>2 doses, ≥ 2 months apart</u>	<u>2</u>
	<u>1 dose administered</u> <u>before age 12 months</u>	<u>2 doses, ≥ 2 months apart</u>	<u>2</u>
	<u>1 dose administered</u> <u>on or after 12 months</u> <u>of age</u>	<u>1 dose ≥ 2 months after most recent dose</u>	<u>2</u>
	<u>2 or 3 doses</u> <u>administered before</u> <u>age 12 months</u>	<u>1 dose, ≥ 2 months after most recent dose</u>	<u>3-4</u>
<b><u>24-59</u></b> <b><u>Healthy</u></b> <b><u>Children</u></b>	<u>Any incomplete</u> <u>schedule</u>	<u>1 dose, ≥2 months after most recent dose</u>	<u>1</u>
<b><u>Children at</u></b> <b><u>High Risk</u></b> <sup>¶</sup>	<u>Any incomplete</u> <u>schedule</u>	<u>2 doses separated by 2 months</u>	<u>2</u>

<sup>¶</sup> Children with certain chronic conditions or immuno-suppression conditions are recommended to receive a dose of pneumococcal polysaccharide vaccine (PPV23) in addition to PCV7 two months after the last PCV7.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Immunization Code
- 2) Code Citation: 77 Ill. Adm. Code 695
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
695.5	New
695.7	New
695.10	Amend
695.20	Amend
695.30	Amend
695.40	Amend
695.50	Amend
695.APPENDIX B	New
- 4) Statutory Authority: Implementing and authorized by the Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7]
- 5) A Complete Description of the Subjects and Issues Involved: Existing rules specify required immunizations, physical examinations and acceptable exemptions for children attending child care facilities, children entering school-operated programs below the kindergarten level and kindergarten through 12<sup>th</sup> grade. This rulemaking will modify existing requirements to align with current accepted clinical practices as recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the Academy of Family Physicians (AFP). Currently requirements for Mumps, Rubella and Varicella vaccines reflect receipt of only one dose of each. Originally, one dose of the Measles-Mumps-Rubella (MMR) vaccine was recommended. In 1989, the American Academy of Family Physicians, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices changed the recommendation to two doses. As a result, Illinois established the routine two-dose measles vaccine requirement in 1990. Single antigen products for mumps and rubella vaccines are no longer available in the U.S., making the MMR vaccine the only recommended product of use. Therefore, a two-dose schedule for mumps and rubella vaccines is consistent with all nationally recognized medical practices. Varicella vaccine has been required for school entry since July 2002. In June 2006, ACIP approved a routine two-dose recommendation for children. The first dose should be administered at age 12 to 15 months and the second dose at age four to six years. The rationale for the second dose of varicella vaccine for children is to further decrease varicella disease and its complications in the United States. Despite the

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successes of the one-dose vaccination program in children, vaccine effectiveness has not been sufficient to prevent varicella outbreaks, which, although less than in the pre-vaccine era, have continued to occur in highly vaccinated school populations. Breakthrough varicella is contagious. The recommended ages for the routine first (at age 12 to 15 months) and second (at age 4 to 6 years) doses of varicella vaccine are harmonized with the recommendations for MMR vaccine use. In addition, pneumococcal conjugate vaccine is required for children attending pre-school and/or day care facilities operated by school districts. PA 95-159 took effect 8/19/07 and authorizes IDPH to prescribe rules. The Act requires that children under age two attending a day care facility shall receive the age appropriate series of pneumococcal conjugate vaccine, known as Prevnar, as recommended by the ACIP. This rulemaking will also align the Immunization Code with recent adopted changes to the Child Health Examination Code related to Tetanus/Diphtheria/Acellular Pertussis vaccine recommendations for students entering sixth grade and a prescribed catch-up program for older students as recommended by ACIP. This rulemaking also includes a new Definitions Section and a new Referenced Materials Section.

The economic effect of this proposed rulemaking remains unknown. For the 2010-2011 school year, the 2.3 million students attending public and nonpublic schools in Illinois had a 97 percent compliance level within existing immunization requirements. In future years, we can expect that at least 3 percent of students (~69,000) may need vaccinations to comply with this proposed rule. According to the Kaiser Family Foundation, almost 280,000 of the 3.35 million Illinois children aged 0-18 years had no public or private health insurance coverage in 2010. All vaccines recommended with this rulemaking are readily available through the federal Vaccines for Children (VFC) program administered by the Department; uninsured children are eligible for vaccines through this program.

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: [CDC. Measles, mumps, and rubella – vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices; MMWR 1998; 47 \(No. RR-8\);](#)

[CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. MMWR 2007; 56 \(No. RR-4\);](#)

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[CDC. Licensure of a 13-valent pneumococcal conjugate vaccine \(PCV13\) and recommendations for use among children - Advisory Committee on Immunization Practices, 2010. MMWR 2010; 59: 258--61\);](#)

CDC. Recommended immunization schedules for persons aged 0 through 18 years - United States, 2011. MMWR 2011; 60(5);

[CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines; Recommendations of the Advisory Committee on Immunization Practices; MMWR 2006; 55 \(No. RR-3\);](#)

CDC. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010 MMWR 2011; 60:13-15.

- 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 any State mandates on units of local government.
- 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., 5<sup>th</sup> floor  
Springfield, Illinois 62761

217/782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

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13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: These immunization rules will not have a direct impact on these stated entities. An indirect impact could occur to employer-provided health care coverage for the requirement for additional vaccination protection for children entering school-operated programs below the kindergarten level and attending kindergarten through 12th grade. However, the Department sponsors a Vaccines For Children (VFC) Plus program, which addresses vaccination needs for under-insured children. This is in addition to the All Kids program, operated by the Department of Healthcare and Family Services.
- B) Reporting, bookkeeping or other procedures required for compliance: Health care providers administering vaccinations are expected to record the following information as documentation for any vaccination provided: the type of vaccine, date administered, vaccine manufacturer, vaccine lot number and the date of the Vaccine Information Statement provided to the patient at the time of the vaccination.
- C) Types of professional skills necessary for compliance: Only licensed medical professionals can administer vaccinations.

14) Regulatory Agenda on which this rulemaking was summarized: January 2012

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

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TITLE 77: PUBLIC HEALTH  
 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
 SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 695  
 IMMUNIZATION CODE

## Section

<a href="#">695.5</a>	<a href="#">Definitions</a>
<a href="#">695.7</a>	<a href="#">Referenced Materials</a>
695.10	Basic Immunization
695.20	Booster Immunizations
695.30	Exceptions
695.40	List of Non-Immunized Child Care Facility Attendees or Students
695.50	Proof of Immunity
<a href="#">695.APPENDIX A</a>	<a href="#">Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)</a>
<a href="#">695.APPENDIX B</a>	<a href="#">Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)</a>

AUTHORITY: Implementing and authorized by the Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7].

SOURCE: Emergency amendment effective June 23, 1977; emergency amendment at 3 Ill. Reg. 14, p. 88, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 134, effective December 17, 1979; codified at 8 Ill. Reg. 4512; amended at 11 Ill. Reg. 11799, effective June 29, 1987; emergency amendment at 14 Ill. Reg. 5890, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14562, effective August 27, 1990; amended at 15 Ill. Reg. 7712, effective May 1, 1991; amended at 17 Ill. Reg. 2975, effective February 11, 1993; amended at 20 Ill. Reg. 11962, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11973, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 11, 1998; amended at 26 Ill. Reg. 5930, effective July 1, 2002; amended at 26 Ill. Reg. 10792, effective July 1, 2002; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 695.5 Definitions**

[Act – Section 7 of the Child Care Act of 1969 \[225 ILCS 10/7\].](#)

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Advanced practice nurse – a person who is licensed as an advanced practice nurse under the Nurse Practice Act.

Attendance center – an individual building or site responsible for taking and maintaining attendance records of students.

Child care facility – any person, group of persons, center, organization or institution who or that is established and maintained for the care of children outside of their home.

Department or IDPH – the Illinois Department of Public Health.

Health care official – a person with signature or administrative authority within a health care, child care or school setting.

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code.

Local school authority – that person having ultimate control and responsibility for any public, private/independent or parochial elementary or secondary school, or any attendance center or nursery school operated by an elementary or secondary school or institution of higher learning.

Physician – a person who is licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987.

Physician assistant – a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987.

Proof of immunity – documented evidence of the child's having received a vaccine verified by a health care provider, laboratory evidence, or proof of disease as described in Section 695.50(c), (e) and (g).

Registered nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act.

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School program – nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 695.7 Referenced Materials**

The following materials are referenced in this Part:

- a) School Code [105 ILCS 5]
- b) Medical Practice Act of 1987 [225 ILCS 60]
- c) Nurse Practice Act [225 ILCS 65]
- d) Physician Assistant Practice Act of 1987 [225 ILCS 95]
- e) Child Care Act of 1969 [225 ILCS 10]

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 695.10 Basic Immunization**

- a) The optimum starting ages for the specified immunizing procedures are as follows:
  - 1) Diphtheria – two to four-2-4 months
  - 2) Pertussis – two to four-2-4 months, combined with tetanus toxoid
  - 3) Tetanus – two to four-2-4 months
  - 4) Poliomyelitis – two to four-2-4 months
  - 5) Measles – 12 to - 15 months
  - 6) Rubella – 12 to - 15 months

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- 7) Mumps ~~\_ 12 to \_~~ 15 months
  - 8) Haemophilus ~~\_ two to four~~ 2-4 months influenzae type b
  - 9) Hepatitis B ~~\_ Birth to two~~ 2 months
  - 10) Varicella ~~\_ 12 to \_~~ 18 months
  - 11) Invasive Pneumococcal disease (except as noted in subsection (l) of this Section) – two to four months
- b) Upon first entering a child care facility, all ~~All~~ children two 2 months of age and ~~older~~ over upon first entering a child care facility shall show proof ~~present evidence~~ that the child ~~such person~~ has been immunized, or is in the process of being immunized, according to the recommended schedule, against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, Haemophilus influenzae type b, ~~and~~ hepatitis B, ~~and~~ varicella, and invasive pneumococcal disease.
- c) All children entering school programs ~~(includes nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district)~~ in Illinois for the first time shall show proof ~~present evidence~~ of immunity against:
- 1) Diphtheria
  - 2) Pertussis (except as noted in subsection (d) ~~of this Section~~)
  - 3) Tetanus
  - 4) Poliomyelitis
  - 5) Measles (except as noted in subsection (f) ~~of this Section~~)
  - 6) Rubella
  - 7) Mumps
  - 8) Haemophilus influenzae type b (except as noted in subsection (i) ~~of this Section~~)

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- 9) Hepatitis B (except as noted in subsection (j)-~~of this Section~~)
  - 10) Varicella (except as noted in subsection (k)-~~of this Section~~)
  - 11) Invasive pneumococcal disease (except as noted in subsection (l))
- d) Diphtheria, Tetanus, Pertussis
- 1) Any child entering a child care facility or school program ~~below~~under the kindergarten level (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) ~~shall~~must show proof (~~see Section 695.50~~) of having received ~~three~~3 doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine by one year of age and one additional dose by the second birthday. The first ~~three~~3 doses in the series ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart. The interval between the third and fourth ~~doses shall or final dose~~must be at least ~~six~~6 months. Any child 24 months of age or older shall ~~show~~present proof of ~~four~~4 doses of DTP or DTaP vaccine, appropriately spaced.
  - 2) Any child entering school (~~,-kindergarten or first grade~~), for the first time ~~shall~~must show proof (~~see Section 695.50~~) of having received ~~four~~4 or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first ~~three~~3 doses in the series ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart. The interval between the third and fourth ~~doses shall, or final dose, must~~ be at least ~~six~~6 months. Children ~~six~~6 years of age or older may receive adult Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine. ~~Pertussis vaccine is not medically recommended for children 7 years of age or older.~~
  - 3) Any child entering school at a grade level not included in subsection (d)(1) or (2) of this Section ~~shall~~must show proof (~~see Section 695.50~~) of having received ~~three~~3 or more doses of DTP, DTaP, pediatric DT or adult Tetanus, Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first ~~two~~2 doses in the series ~~shall~~must have been received no less than ~~four~~4 weeks (28 days)

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- apart. The interval between the second and third ~~doses shall, or final dose, must~~ be at least 6 months.
- 4) Receipt of pediatric Diphtheria, Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication ~~shall~~~~must~~ be verified as specified in Section 695.30.
- 5) ~~Beginning with school year 2011-2012, any child entering sixth grade shall show proof of receiving one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose. If 10 years have elapsed since the last booster, an additional Td booster is required. Receipt of Tetanus Toxoid (T.T.) vaccine is not acceptable in fulfilling this requirement.~~
- 6) ~~Students entering grades seven through 12 who have not already received Tdap are required to receive only one Tdap dose regardless of the interval since the last DTaP, DT or Td dose.~~
- ~~7)6)~~ School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (d)(2), (3), (4) and (5).
- e) Polio
- 1) Any child entering a child care facility or school program ~~below~~~~under~~ the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district shall~~~~must~~ show proof ~~(see Section 695.50)~~ of having received ~~two~~~~2~~ doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)) by one year of age and a third dose by the second birthday. Doses in the series ~~shall~~~~must~~ have been received no less than ~~four~~~~4~~ weeks (28 days) apart. Any child 24 months of age or older shall ~~show~~~~present~~ proof of at least ~~three~~~~3~~ doses of polio vaccine, appropriately spaced.
- 2) Any child entering school at any grade level, ~~kindergarten through K-12,~~ ~~shall~~~~must~~ show proof ~~(see Section 695.50)~~ of having received ~~three~~~~3~~ or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or

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inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV ~~shall~~must show proof of having received at least ~~four~~4 doses, with the last dose having been received on or after the fourth birthday. Doses in the series ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively ~~shall~~must show proof of having received at least ~~three~~3 doses, with the last dose having been received on or after the fourth birthday, ~~but prior to school entrance~~. Doses in the series ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart.

- 3) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsection (e)(2).

f) Measles

- 1) Any child entering a child care facility or school program ~~below~~under the kindergarten level (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall ~~show proof~~present evidence of having received one dose of live measles virus vaccine by the second birthday. The measles vaccine ~~shall~~must have been received on or after the first birthday.
- 2) The child shall ~~present evidence that he or she has~~:
- A) Show proof that he or she has been age-appropriately immunized against measles prior to entering a child care facility or school, including school programs ~~below~~under the kindergarten level, for the first time;; or
- B) Present a statement from the physician that he or she has had measles as noted in Section 695.50(c); or
- C) Present laboratory evidence of measles immunity.
- 3) Children entering school at any grade level, ~~kindergarten through~~K-12, ~~shall~~must show ~~proof~~evidence of having received ~~two~~2 doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than ~~four~~4 weeks (28 days) after the first ~~dose~~, or

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other proof of immunity as described in this Part.

- 4) For students attending school programs where grade levels (~~kindergarten through K-12~~) are not assigned, including special education programs, proof of ~~two~~ doses of live measles virus vaccine as described in subsection (f)(3) of this Section shall be submitted prior to the school ~~years~~ in which the child reaches the ages of ~~five~~, ~~11~~, and 15.
- 5) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (f)(2), (3), and (4).

## g) Mumps

- 1) Any child entering a child care facility or school program ~~below~~ the kindergarten level (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall ~~show proof~~ of having received one dose of live mumps virus vaccine by the second birthday. The mumps vaccine ~~shall~~ have been received on or after the first birthday.
- 2) The child shall ~~present evidence that he or she has~~:
  - A) Show proof that he or she has been age-appropriately immunized against mumps prior to entering a child care facility or school, including school programs ~~below~~ the kindergarten level, for the first time; or
  - B) Present a statement from the physician that he or she has had mumps; or
  - C) Present laboratory evidence of mumps immunity (see Section 695.50(e)).
- 3) Children entering school at any grade level, kindergarten through K-12, ~~shall~~ show ~~proof~~ of having received ~~two doses at least one dose~~ of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the

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first dose, or other proof of immunity as described in this Part on or after the first birthday.

- 4) Only those children who have been immunized with live mumps virus vaccine on or after the first birthday, have had physician diagnosed mumps disease, or show laboratory evidence of immunity shall be considered to be immune.
- 5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live mumps virus vaccine as described in subsection (f)(3) of this Section shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
- 6) School-age children entering a child care facility shall comply with the immunization requirements in accordance with subsections (g)(2), (3) and (4).

## h) Rubella

- 1) Any child entering a child care facility or school program below the kindergarten level (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) shall show proof of having received one dose of live rubella virus vaccine by the second birthday. The rubella vaccine shall have been received on or after the first birthday.
- 2) The child shall present evidence that he or she has:
  - A) Show proof that he or she has been age-appropriately immunized against rubella prior to entering a child care facility or school, including school programs below the kindergarten level, for the first time; or
  - B) present laboratory evidence of immunity to rubella.
- 3) Children entering school at any grade level, kindergarten through K-12, shall show proof of having received two doses at least one

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~~dose of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part on or after the first birthday.~~

4) Only those children who have been immunized with rubella vaccine on or after the first birthday, or have a laboratory (serologic) evidence of immunity to rubella, shall be considered to be immune.

5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection (f)(3) of this Section shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

6)5) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (h)(2), (3) and (4).

i) Haemophilus influenzae type b (Hib)

1) Any child under ~~five~~5 years of age entering a child care facility or school program ~~below~~under the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district)~~ shall ~~show proof~~present evidence of immunization that complies with the Hib vaccination schedule in Appendix A of this Part.

2) Children 24 ~~to~~ -59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, ~~shall~~must show proof of receiving one dose of Hib vaccine at 15 months of age or older.

3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with Hib vaccine.

j) Hepatitis B

1) Any child ~~two~~2 years of age or older enrolling in a child care facility or school program ~~below~~under the kindergarten level ~~(defined as nursery~~

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~~schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district)~~ shall ~~show proof~~present evidence of having received ~~three~~3 doses of hepatitis B vaccine. The first ~~two~~2 doses ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart. The interval between the second and third ~~doses shall~~dose must be at least ~~two~~2 months. ~~The~~For children entering a child care facility or school program for the first time on or after July 1, 2002, the interval between the first and the third ~~doses shall~~dose must be at least ~~four~~4 months. The third dose ~~shall~~must have been administered on or after ~~six~~6 months of age. The child shall ~~present evidence that he or she has:~~

- A) Show proof that he or she has been age-appropriately immunized against hepatitis B prior to enrolling in a child care facility or school program ~~below~~under the kindergarten level for the first time;; or
- B) Present laboratory evidence of prior or current hepatitis B infection.

~~2) Children entering the fifth grade for the first time between July 1997 and June 30, 2002 must show evidence of having received 3 doses of hepatitis B vaccine. The first 2 doses must have been received no less than 4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. Proof of prior or current infection, if verified by laboratory evidence, may be submitted for proof of vaccination (see Section 695.50(f)).~~

2)3) Children entering the ~~sixth~~fifth grade ~~for the first time on or after July 1, 2002 shall~~must show ~~proof~~evidence of having received ~~three~~3 doses of hepatitis B vaccine. The first ~~two~~2 doses ~~shall~~must have been received no less than ~~four~~4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. The interval between the first dose and the third ~~shall~~dose must be at least ~~four~~4 months. Proof of prior or current infection, if verified by laboratory evidence, may be ~~substituted~~submitted for proof of vaccination (see Section 695.50(f)).

3)4) The third dose of hepatitis B vaccine is not required if it can be documented that the child received ~~two~~2 doses of adult formulation

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Recombivax-HB vaccine (10 mcg), ~~the child and~~ was 11 ~~to~~-15 years of age at the time of vaccine administration, and the interval between receipt of the ~~two~~2 doses was at least ~~four~~4 months.

~~4)5)~~ Only those children who have been immunized with hepatitis B vaccine in accordance with subsections (j)(1), (2) ~~and~~, (3), ~~and (4) of this Section~~ or have laboratory evidence of prior or current hepatitis B infection shall be considered immune.

~~5)6)~~ School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ this subsection (j).

## k) Varicella

1) Any child ~~two~~2 years of age or older entering a child care facility or school program ~~below~~under the kindergarten level ~~(defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) for the first time on or after July 1, 2002,~~ shall ~~show proof~~~~present evidence~~ of having received one dose of varicella vaccine or other proof of immunity as specified in Section 695.50(g). The varicella vaccine ~~shall~~must have been received on or after the first birthday.

2) The child shall ~~present~~:

A) ~~Show proof~~evidence that he or she has been age-appropriately immunized against varicella prior to entering a child care facility or school program ~~below~~ under the kindergarten level for the first time, or

B) ~~Present~~ a statement from a physician verifying that the child has had varicella, or

C) ~~Present~~ a statement from a health care provider (as defined in Section 695.50(a)) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or

D) ~~Present~~ laboratory evidence of immunity to varicella.

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- 3) Children ~~who entered~~entering kindergarten for the first time on or after July 1, 2002 ~~shall~~, ~~must~~ show ~~proof~~evidence of having received one dose of varicella vaccine on or after the first birthday or other proof of immunity as specified in Section 695.50(g).
  - 4) Beginning with school year 2014-2015, any child entering kindergarten, sixth grade or ninth grade for the first time shall show proof of having received two doses of varicella vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first, or other proof of immunity as specified in Section 695.50(g).
  - 5)4) Only those children who have been immunized with varicella vaccine in accordance with subsections (k)(1), (2)(A), ~~and (3) and (4) of this Section~~, have had physician diagnosed varicella disease, have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or have laboratory evidence of immunity shall be considered to be immune.
  - 6) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of varicella vaccine as described in subsections (k)(3) and (4) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
  - 7)5) School-age children entering a ~~child care~~childcare facility shall comply with the immunization requirements in ~~accordance with~~ subsections (k)(2), (3), and (4).
- 1) Invasive Pneumococcal Disease
- 1) Any child under two years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the pneumococcal vaccination schedule in Appendix B.
  - 2) Children 24 to 59 months of age who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall show proof of receiving one dose of pneumococcal vaccine.

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- 3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with pneumococcal conjugate vaccine.
- m) The requirements of this Section also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 695.20 Booster Immunizations**

Only those booster immunizations recommended in Section 695.10~~above~~ are required.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 695.30 Exceptions**

- a) The provisions of this ~~Part A~~et shall not apply if:
- 1) The parent or legal guardian of the child objects to the requirements of this Part~~thereto~~ on the grounds that the administration of immunizing agents conflicts with his or her religious tenets or practices, or
  - 2) A physician licensed to practice medicine in all its branches, an advanced practice nurse or a physician assistant states in writing that the physical condition of the child is such that the administration of one or more of the required immunizing agents is medically contraindicated.
- b) If a religious objection is made, a written and signed statement from the parent or legal guardian detailing the objection shall~~such objections must~~ be presented to the child care facility or local school authority. The religious objection statement shall be considered valid if:
- 1) The parent or legal guardian of a child entering a child care facility objects to the immunization or immunizations~~immunization(s)~~ on the grounds that they conflict with the tenets and practices of a recognized church or religious organization of which the parent is an adherent or member; or

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- 2) The objection by the parent or legal guardian of a child entering school (including programs below~~under~~ the kindergarten level) sets forth the specific religious belief ~~that~~which conflicts with the ~~immunizations~~immunization(s). The religious objection may be personal and need not be directed by the tenets of an established religious organization.
- c) It is not the intent of this Part that any child whose parents comply with the intent of ~~the~~this Act should be excluded from a child care facility or school. A child or student shall be considered to be in compliance with the law if there is evidence of the intent to comply. ~~Evidence~~Such evidence may be a signed statement from ~~a health care provider~~the physician that he or she has begun, or will begin, the necessary immunization procedures, or the parent's or legal guardian's written consent for the child's participation in a school or other community immunization program.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 695.40 List of Non-Immunized Child Care Facility Attendees or Students**

Every child care facility or attendance center shall maintain an~~An~~ accurate list ~~shall be maintained at every child care facility or attendance center~~ of all children who have not shown proof~~presented evidence~~ of immunity against diphtheria, pertussis (to age six~~6~~), tetanus, poliomyelitis, measles, rubella, mumps, Haemophilus influenzae type b (as noted in Section 695.10(i)), varicella (as noted in Section 695.10(k)), ~~and~~ hepatitis B (as noted in Section 695.10(j)) and invasive pneumococcal disease (as noted in Section 695.10(l)).

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 695.50 Proof of Immunity**

- a) Proof of immunity shall consist of documented evidence of the child~~se~~child having received a vaccine (verified by a health care provider, defined as a physician, child care or school health professional, or health official) or proof of disease (as described in subsections (c) through (g)). ~~As used in this Section, "physician" means a physician licensed to practice medicine in all of its branches (M.D. or D.O.).~~
- b) The day and month of the vaccination~~vaccine~~ are~~is~~ required if it cannot otherwise

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be determined that the vaccine was given after the minimum interval or age.

- c) Proof of prior measles disease ~~shall~~ **must** be verified with the date of illness signed by a physician **and confirmed by laboratory evidence**, or laboratory evidence of measles immunity. ~~A diagnosis of measles disease made by a physician on or after July 1, 2002 must be confirmed by laboratory evidence.~~
- d) The only acceptable proof of immunity for rubella is evidence of vaccine (see subsection (b)) or laboratory evidence of rubella immunity.
- e) Proof of prior mumps disease ~~shall~~ **must** be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.
- f) Proof of prior or current hepatitis B infection ~~shall~~ **must** be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is **only** acceptable **only** if one of the following serologic tests indicates positivity: HBsAg, anti-HBc ~~and~~/or anti-HBs.
- g) Proof of prior varicella disease ~~shall~~ **must** be verified with date of illness signed by a physician, a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or laboratory evidence of varicella immunity.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 695.APPENDIX B Vaccination Schedule for Pneumococcal Conjugate Vaccines (PVC13)**

<u>Age of Child (Months)</u>	<u>Vaccination History</u>	<u>Primary Series and Booster Intervals</u>	<u>Total Doses Required</u>
<u>2-6</u> <u>minimum</u> <u>age of six</u> <u>weeks</u>	<u>0 doses</u>	<u>3 doses, 2 months apart;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
	<u>1 dose</u>	<u>2 doses, 2 months apart;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
	<u>2 doses</u>	<u>1 dose, 2 months after most recent dose;</u> <u>4<sup>th</sup> dose at age 12-15 months</u>	<u>4</u>
<u>7-11</u>	<u>0 doses</u>	<u>2 doses, 2 months apart;</u> <u>3<sup>rd</sup> dose at age 12-15 months</u>	<u>3</u>
	<u>1 or 2 doses before age</u> <u>7 months</u>	<u>1 dose, 2 months after most recent dose;</u> <u>3<sup>rd</sup> dose at 12-15 months and &gt; 2 months</u> <u>after prior dose</u>	<u>3-4</u>
<u>12-23</u>	<u>0 doses</u>	<u>2 doses, ≥ 2 months apart</u>	<u>2</u>
	<u>1 dose administered</u> <u>before age 12 months</u>	<u>2 doses, ≥ 2 months apart</u>	<u>2</u>
	<u>1 dose administered on</u> <u>or after 12 months of</u> <u>age</u>	<u>1 dose ≥ 2 months after most recent dose</u>	<u>2</u>
	<u>2 or 3 doses</u> <u>administered before</u> <u>age 12 months</u>	<u>1 dose, ≥ 2 months after most recent</u> <u>dose</u>	<u>3-4</u>
<u>24-59</u> <u>Healthy</u> <u>Children</u>	<u>Any incomplete</u> <u>schedule</u>	<u>1 dose, ≥ 2 months after most recent dose</u>	<u>1</u>
<u>Children at</u> <u>High Risk</u> <sup>¶</sup>	<u>Any incomplete</u> <u>schedule</u>	<u>2 doses separated by 2 months</u>	<u>2</u>

<sup>¶</sup> Children with certain chronic conditions or immuno-suppression conditions are recommended to receive a dose of pneumococcal polysaccharide vaccine (PPV23) in addition to PCV7 two months after the last PCV7.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Grade A Pasteurized Milk and Milk Products
- 2) Code Citation: 77 Ill. Adm. Code 775
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
775.10	Amend
775.20	Amend
775.30	Amend
775.50	Amend
775.60	Amend
775.70	Amend
775.80	Amend
775.90	Amend
775.110	Amend
775.130	Amend
775.140	Repeal
- 4) Statutory Authority: Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking updates references to several documents that are incorporated by reference in the Grade A Pasteurized Milk and Milk Products rules. Documents that are being updated include the Grade A Pasteurized Milk Ordinance (PMO), the Methods of Making Sanitation Ratings of Milk Shippers (MMSR), the Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration (FDA) Program of the National Conference on Interstate Milk Shipments and the incorporated sections of the Code of Federal Regulations and the Evaluation of Milk Laboratories, all published by the FDA.

Key changes to the 2011 revision of the PMO include updating tests required for nonfat dry milk and dry dairy products. The PMO also requires the reading of the airspace thermometer to be recorded on the batch pasteurizer only at the start of the holding time; clarifies requirements for use of magnetic flow meter based timing; eliminates the sampling and testing requirement for bulk shipped heat treated milk products; makes corrections to the chemical and bacteriological tests; and accepts flunixin for Appendix N screening.

Section 775.140 is being repealed because pesticide, herbicide and mycotoxin residue control is addressed in the PMO. The rulemaking also includes technical and grammatical changes.

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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: This rulemaking references several documents that are incorporated by reference in the Grade A Pasteurized Milk and Milk Products rules. Documents that are being used include the Grade A Pasteurized Milk Ordinance (PMO), the Methods of Making Sanitation Ratings of Milk Shippers (MMSR), the Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration (FDA) Program of the National Conference on Interstate Milk Shipments and the incorporated sections of the Code of Federal Regulations and the Evaluation of Milk Laboratories, all published by the FDA.
- 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
- 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 any State mandates on units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written or e-mail comments may be submitted within 45 days after this issue of the *Illinois Register* to:

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

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e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Bulk milk hauler/samplers, milk tank truck owners, dairy producers and processors.
  - B) Reporting, bookkeeping or other procedures required for compliance: There will be no change in the reporting, bookkeeping or other procedures required for compliance.
  - C) Types of Professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2012

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

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TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER m: FOOD, DRUGS AND COSMETICSPART 775  
GRADE A PASTEURIZED MILK AND MILK PRODUCTS

## Section

775.1	Minimum Regulations (Renumbered)
775.10	Definitions
775.20	Incorporated and Referenced Materials
775.30	Minimum Requirements
775.40	Local Government Implementation
775.50	Permits
775.60	Suspension of Permits
775.70	Inspections and Investigations
775.80	Approval of Construction Plans
775.90	Administrative Hearings
775.100	Milk Hauler-Samplers Examination
775.110	Milk Tank Trucks
775.120	Cleaning and Sanitizing Procedures
775.130	Action Levels for Added Water in Milk
775.140	Pesticide, Herbicide and Mycotoxin Residue Control Program ( <a href="#">Repealed</a> )
775.150	Drug Residue Control Program

**AUTHORITY:** Authorized by and implementing the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635].

**SOURCE:** Adopted and codified at 8 Ill. Reg. 4190, effective March 16, 1984; amended at 11 Ill. Reg. 1464, effective February 1, 1987; amended at 12 Ill. Reg. 17925, effective December 1, 1988; amended at 17 Ill. Reg. 14015, effective August 15, 1993; amended at 19 Ill. Reg. 12271, effective August 10, 1995; amended at 22 Ill. Reg. 20633, effective November 10, 1998; amended at 25 Ill. Reg. 11904, effective September 1, 2001; amended at 25 Ill. Reg. 12629, effective September 25, 2001; amended at 27 Ill. Reg. 15979, effective October 1, 2003; amended at 32 Ill. Reg. 8432, effective May 21, 2008; amended at 35 Ill. Reg. 14193, effective August 2, 2011; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 775.10 Definitions**

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In addition to the definitions contained in Section 1 of the Grade A Pasteurized Milk Ordinance ([PMO](#)), the following definitions shall apply:

"Act" means the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635].

*"Bulk milk pickup tank" means the tank, and those appurtenances necessary for its use, used by a milk hauler-sampler to transport bulk raw milk for pasteurization from a dairy farm to a milk plant, receiving station, or transfer station. (Section 3(b)(16) of the Act)*

"Clarification" means an operational procedure that removes sediment from milk.

*"Cleaning and sanitizing facility" means any place, premise or establishment where milk tank trucks are cleaned and sanitized. (Section 3(b)(15) of the Act)*

"Cultured dairy products" means milk and milk products that have been soured after pasteurization using harmless lactic-acid-producing bacteria, food grade phosphoric acid, lactic acid, citric acid or hydrochloric acid, with or without rennet and/or other safe, suitable milk-clotting enzymes.

*"Dairy farm" means any place or premise where one or more cows ~~or~~ goats ~~or sheep~~ are kept, and from which a part or all of the milk or milk products are provided, sold or offered for sale to a milk plant, transfer station, or receiving station. (Section 3(b)(1) of the Act)*

*"Department" means the Illinois Department of Public Health. (Section 3(b)(7) of the Act)*

*"Director" means the Director of the Illinois Department of Public Health. (Section 3(b)(8) of the Act)*

"Downstream " means [located](#) after the automatic milk flow safety device [in a high temperature short time \(HTST\) flow-diversion device](#).

*"Embargo or hold for investigation" means a detention or seizure designed to deny the use of milk or milk products which may be unwholesome or to prohibit*

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*the use of equipment which may result in contaminated or unwholesome milk or dairy products.* (Section 3(b)(9) of the Act)

*"Enforcing agency" means the Illinois Department of Public Health or a unit of local government electing to administer and enforce the Act as provided for in the Act.* (Section 3(b)(12) of the Act)

"Field representative" means a person qualified and trained in the sanitary methods of production and handling of milk as set forth in this Part, and generally employed by a processing or manufacturing plant for the purpose of doing quality control work.

*"Grade A" means that milk and milk products are produced and processed in accordance with the current Grade A Pasteurized Milk Ordinance as adopted by the National Conference on Interstate Milk Shipments and the latest United States Public Health Service – Food and Drug Administration ~~Grade A Pasturized Milk Ordinance as may be amended~~. The term Grade A is applicable to "dairy farm", "milk hauler-sampler", "milk plant", "milk product", "receiving station", "transfer station", "bulk milk pickup tank", and "certified pasteurizer sealer" whenever used in the Act.* (Section 3(a) of the Act)

"High temperature short time flow-diversion device" or "[HTST flow-diversion device](#)" ~~H.T.S.T.~~ means an automatic milk-flow safety device that controls the flow of milk in relation to the temperature of the milk or heating medium and/or pressure, vacuum, or other auxiliary equipment.

*"Imminent hazard to the public health" means any hazard to the public health when the evidence is sufficient to show that a product or practice, posing or contributing to a significant threat of danger to health, creates or may create a public health situation that should be corrected immediately to prevent injury and that should not be permitted to continue while a hearing or other formal proceeding is being held.* (Section 3(b)(10) of the Act)

*"Milk" means the milk of cows; ~~or goats or sheep~~ and includes skim milk and cream.* (Section 3(b)(2) of the Act)

"Milkfat and Nonfat Solid Content Standards" means the standards set forth in 21 CFR 131.110 ~~(2009)~~. (See Section 775.20.)

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*"Milk hauler-sampler" means a person who is qualified and trained for the grading and sampling of raw milk in accordance with federal and State quality standards and procedures (Section 3(b)(14) of the Act) and transports bulk raw milk for pasteurization from a dairy farm to a receiving station, transfer station, or milk plant. (Section 3(b)(16)(A) of the Act)*

*"Milk product" means any product including cream, light cream, light whipping cream, heavy cream, heavy whipping cream, whipped cream, whipped light cream, sour cream, acidified sour cream, cultured sour cream, half-and-half, sour half-and-half, acidified sour half-and-half, cultured half-and-half, reconstituted or recombined milk and milk products, concentrated milk, concentrated milk products, nonfat (skim) milk, reduced fat or lowfat milk, frozen milk concentrate, eggnog, buttermilk, cultured milk, cultured reduced fat or lowfat milk or nonfat (skim) milk, cottage cheese (including dry curd, reduced fat, lowfat, and nonfat), yogurt, lowfat yogurt, nonfat yogurt, acidified milk, acidified reduced fat or lowfat milk, or nonfat (skim) milk, low-sodium milk, low-sodium reduced fat lowfat milk, low-sodium nonfat (skim) milk, lactose-reduced milk, lactose-reduced reduced fat or lowfat milk, lactose-reduced nonfat (skim) milk, aseptically processed and packaged milk and milk products, and milk, reduced fat, lowfat milk or nonfat (skim) milk with added safe and suitable microbial organisms and any other milk product made by the addition or subtraction of milkfat or addition of safe and suitable optional ingredients for protein, vitamin or mineral fortification of milk products defined in this Section. (Section 3(b)(4) of the Act)*

"Milk tank truck" is the term used to describe both a bulk or milk pickup tanker and a milk transport tank.

"Milk transport tank" means a vehicle, including the truck and tank used to transport bulk shipments of milk from a transfer station, receiving station or milk plant to another transfer station, receiving station or milk plant.

~~"PMO" means the Grade A Pasteurized Milk Ordinance incorporated by reference. (See Section 775.20.)~~

*"Permit" means a document awarded to a person for compliance with the provisions of and under conditions set forth in the Act and this Part. (Section 3(b)(13) of the Act)*

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*"Person" means any individual, group of individuals, association, trust, partnership, corporation, person doing business under an assumed name, the State of Illinois, or any political subdivision or Department thereof, or any other entity. (Section 3(b)(11) of the Act)*

"Quality assurance program" means the Milk and Dairy Beef Quality Assurance Program, Boeckman, Steve and Carlson, Keith R., Agri-Education Inc., Stratford, Iowa 50249 or equivalent program as determined by the Department.

*"Receiving station" means any place, premise, or establishment where raw milk is received, collected, handled, stored or cooled and prepared for further transporting. (Section 3(b)(5) of the Act)*

"Separation" means an operational procedure that removes butterfat from milk.

*"Transfer station" means any place, premise, or establishment where milk or milk products are transferred directly from one milk tank truck to another. (Section 3(b)(6) of the Act)*

"Violative drug residue" means a drug residue at or above the tolerance and/or safe levels as set forth in 21 CFR 556 (2009) and Appendix N of the PMO.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.20 Incorporated and Referenced Materials**

a) The following regulations, guidelines and standards, ~~rules, and statutes~~ are incorporated ~~or referenced~~ in this Part:

1) Federal government guidelines:

A) The Grade A Pasteurized Milk Ordinance (PMO), and Appendices A through R (except Sections 16 and 17) Recommendations of the United States Public Health Service/Food and Drug Administration, ~~2011~~2009 Revision (Publication 229). U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, Milk Safety Branch (HFS-316),

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5100 Paint Branch Parkway, College Park MD 20740-3835. In addition, the jurisdiction name, left blank in Sections 1, 2, 3, 5, and 11 of the PMO, for the purposes of this Part, shall mean the State of Illinois; and the regulatory agency referred to in Section 1 shall mean the Illinois Department of Public Health. (See Section 775.30(a).)

- B) Evaluation of Milk Laboratories (~~20112005~~ Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration, Milk Safety Branch (HFS-316), 5100 Paint Branch Parkway, College Park MD 20740-3835.
  - C) Methods of Making Sanitation Ratings of Milk Supplies (~~20112009~~ Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration, Milk Safety Branch (HFS-316), 5100 Paint Branch Parkway, College Park MD 20740-3835.
  - D) Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments (~~20112009~~ Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration, Milk Safety Branch (HFS-316), 5100 Paint Branch Parkway, College Park MD 20740-3835.
- 2) Private and professional standards:
- A) ~~The~~ Standard Methods for the Examination of Dairy Products (17<sup>th</sup> Edition, 2004, American Public Health Association, 1015 – 18<sup>th</sup> Street, N.W., Washington, D.C. 20036). (See Section 775.70(b).)
  - B) Official Methods of Analysis of the Association of Official Analytical Chemists (18<sup>th</sup> Edition, 2010, Association of Official Analytical Chemists, P.O. Box 540, Ben Franklin Station, Washington, D.C. 20044). (See Section 775.70(b).)
- 3) Federal regulations:

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- A) 21 CFR 131.110, Milk (~~20112009~~). (See Section 775.10, the definition of "milkfat and nonfat solid content standards".)
- B) 21 CFR 556, Tolerances for Residues or New Animal Drugs in Food (~~20112009~~). (See Section 775.10, the definition of "violative drug residue".)
- C) 40 CFR 180, Tolerances and Exemptions from Tolerances for Pesticide Chemicals in Food (~~20112009~~). (See Section 775.140(a)(1).)
- b) The following rules and statutes are referenced in this Part:
- ~~4)~~ ~~State of Illinois rules and statutes:~~
- 1)A) Illinois Plumbing Code ~~—(77 Ill. Adm. Code 890)~~, Illinois Department of Public Health. (See Section 775.30(c)(4).)
- 2)B) ~~Rules of Practice and Procedure in Administrative Hearings —(77 Ill. Adm. Code 100)~~, Illinois Department of Public Health. (See Section 775.90.)
- 3)C) The Veterinary Medicine and Surgery Practice Act of 2004 [225 ILCS 115].
- 4) Illinois Administrative Procedure Act [5 ILCS 100].
- c)B) All incorporations by reference of federal guidelines and regulations and the standards of professional organizations refer to the materials on the date specified and do not include any amendments or editions subsequent to the date specified.
- d)E) All citations to federal regulations in this Part concern the specified regulation in the ~~20112009~~ Code of Federal Regulations, unless another date is specified.
- e)D) Copies of all incorporated materials are available for inspection and copying by the public at the Department's Central Office, Division of Food, Drugs, and Dairies, 525 West Jefferson Street, Springfield, Illinois 62761.

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(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.30 Minimum Requirements**

- a) The production, transportation, processing, handling, sampling, examination, grading, labeling and sale of all milk and milk products; the inspection of dairy herds, dairy farms and milk plants, receiving and transferring stations, and cleaning and sanitizing facilities; the suspension of permits to milk producers and haulers, shall be regulated in accordance with the provisions of the ~~Grade A Pasteurized Milk Ordinance~~ (PMO) and Appendices A through R (with the exception of Sections 16 and 17) of the PMO. (See Section 775.20.)
- b) The production, manufacture, packaging, labeling and sale of all Grade A condensed milk, Grade A dry milk products, Grade A condensed whey and Grade A dry whey, for use in the commercial preparation of Grade A pasteurized milk products; the inspection of condensing plants and/or drying plants; and the suspension of permits to condensing plants and/or drying plants, shall be regulated in accordance with the provisions of the ~~Grade A Pasteurized Milk Ordinance~~ (PMO) and Appendices A through R (with the exception of Sections 16 and 17 of the PMO). (See Section 775.20.)
- c) In addition to ~~subsections Section 775.30~~(a) and (b), the following provisions shall apply:
  - 1) In addition to Section 7, item 15p of the PMO:
    - A) All raw milk piping and equipment ~~shall~~**must** be completely separated from pasteurized milk and milk product piping and equipment during processing. No raw milk piping or fittings shall be interchanged with pasteurized milk piping and fittings unless they have been ~~cleaned~~**washed** and sanitized before use.
    - B) Heat-treated and pasteurized milk or milk products that are not produced at the packaging plant, but that are to be used within a plant for processing pasteurized milk or milk products, shall be ~~re-pasteurized~~**repasteurized**.
    - C) ~~No separation or clarification may occur downstream from any~~

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~~high temperature short time (H.T.S.T.) flow diversion device.~~

- ~~C)D)~~ Blending of pasteurized milk or milk products may occur downstream from the ~~HTST~~~~high temperature short time (H.T.S.T.)~~ flow-diversion device only when approved by the Department in accordance with the following specific requirements:
- i) All pasteurized milk product lines, raw product lines and cleaning lines within the milk plant shall be labeled so that the lines can be differentiated by visual inspection. The specific configuration of the lines must be verified by a Department on-site inspection prior to the issuance or renewal of a permit. In addition, any segments of lines that are or can be removed for cleaning ~~shall~~~~must~~ be individually labeled.
  - ~~ii) All products subject to blending downstream of the high temperature short time flow diversion device shall be required to undergo daily testing for standard plate count, coliform, phosphatase and salmonella. These analyses shall be conducted by a state certified laboratory, and the results shall be maintained for one year.~~
  - ~~ii)iii)~~ Cultured dairy products are exempt from this requirement.
- 2) In addition to complying with Section 6 of the PMO, each approved milk plant shall retain from each processing day at least one time and date stamped sample from each continuous processing of a specific pasteurized fluid milk product as defined in the ~~PMO~~~~Grade A Pasteurized Milk Ordinance~~ (see Section 1 of the PMO). These samples shall be of the pasteurized milk product itself and not of each type of container in which the milk product is packaged. In addition, the samples shall be retained until two days after the guaranteed sale date in accordance with the ~~cooling~~~~refrigeration~~ requirements of the PMO (see Section 7, Table 1 of the PMO).
- 3) In addition to ~~the provisions of~~ Section 7, items 8r and 7p, of the PMO, the Illinois Plumbing Code (~~77 Ill. Adm. Code 890~~) shall apply.

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(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.50 Permits**

*It shall be unlawful for any ~~no~~ person ~~to may~~ establish, maintain, conduct, or ~~operate~~operated a dairy farm, milk plant, receiving station, or transfer station processing milk or milk products, to establish and operate a, ~~or~~ cleaning and sanitizing facility or milk tank truck, to haul or sample milk, or to act as a certified pasteurizer sealer within this State, to process or haul milk or milk products or to bring in and distribute from out-of-state pasteurized milk and ~~or~~ milk products from another state without first obtaining a permit from the Department. (Section 5 of the Act)*

- a) The Department will grant and renew a ~~A~~ permit ~~shall be granted to and renewed~~ for persons, who maintain, conduct, or ~~operate~~operated a milk plant, receiving station, transfer station, and ~~and~~ cleaning and sanitizing facilities, within the State of Illinois ~~by the Department~~ upon completion of an inspection ~~that which~~ establishes compliance with the Act and this Part and upon payment of the fee required by Section 5.1 of the Act. Milk plants ~~that which~~ maintain cleaning and sanitizing facilities on the same site as the plant do not have to obtain a separate permit for ~~those such~~ facilities.
- b) The Department will grant and renew a ~~A~~ permit ~~shall be granted to and renewed~~ for persons who bring into and distribute pasteurized milk or milk products from another state ~~that which~~ has administrative rules, ~~regulations~~ or requirements that provide for clean, sanitary and safe handling and processing of pasteurized milk and milk products to ensure protection equivalent to that provided by this Part upon receipt of an inspection report ~~that which~~ establishes compliance with that state's administrative rules or requirements~~the State's Rules, Regulations or Requirements~~ and upon payment of the fee required by Section 5.1 of the Act.
- c) A~~An original~~ permit will~~shall~~ be granted to a milk hauler-sampler when the following conditions are met:
- 1) An inspection establishes that the milk hauler-sampler's equipment is in compliance with the provisions of the Act and this Part;~~;~~
  - 2) The milk hauler-sampler has successfully completed an examination administered by the Department;~~;~~ and

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- 3) The milk hauler-sampler has paid the fee required by Section 5.1 of the Act.
- d) A renewal permit ~~will~~shall be granted to a milk hauler-sampler when an inspection establishes that the milk hauler-sampler's equipment and sampling procedures are in compliance with the provisions of the Act and this Part and upon payment of the fee required by Section 5.1 of the Act.
- e) Dairy Farm Permits
- 1) ~~A~~An original dairy farm permit is necessary when a farm does not presently hold a permit, ~~when~~ a change of ownership occurs and only the farm owner's name was on the permit, ~~and~~ when a change of tenant occurs and only the former tenant's name was on the permit.
- 2) ~~A~~An original dairy farm permit ~~will~~shall be granted to a dairy farm upon the completion of an inspection ~~that establishes which established~~ compliance with the Act and this Part. The inspection includes procedures for the establishment of a quality record. The quality record is established by the results of four samples taken at a rate of not more than two per week and on separate days within a three-week period.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.60 Suspension of Permits**

The Department ~~will~~shall suspend permits in accordance with the provisions of Sections 3, 5 and 6 of the PMO and the following:

- a) All suspensions, except summary suspensions, ~~will~~shall be ~~preceded~~proceeded by the notice and opportunity for a hearing in accordance with Section 775.90 ~~of this Part~~.
- b) All summary suspensions ~~will~~shall be based upon violations of the Act, the PMO or this Part ~~that which~~ constitute a finding that the public interest, safety or welfare imperatively requires ~~the such~~ action in accordance with Section 10-65(d) of the Illinois Administrative Procedure Act ~~[5 ILCS 100/10-65]. In addition, all~~ All

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summary suspensions ~~will~~shall be followed by notice and an opportunity for a hearing in accordance with 775.90 of this Part.

- ~~c)b)~~ If a dairy farm, milk hauler-sampler, receiving and transferring station, cleaning and sanitizing facility or milk plant receives two suspensions in ~~12~~six months, an informal conference will be held to discuss corrective measures. If the violations resulting in the most recent suspension are not corrected after this conference, administrative hearing ~~proceedings~~proceeding will be initiated pursuant to Section 775.90 of this Part.
- ~~d)e)~~ When successive inspections pursuant to Section 5 of the PMO disclose violations of the same requirement that directly reflect on the health of the public, such as unclean equipment and improper temperature requirements, the suspension policy in Section 5 shall be enforced.
- ~~e)d)~~ The suspension policies in the PMO may be waived as determined by the inspector's professional ~~judgment~~judgement dependent upon the amount of time required for the permit holder to make the necessary corrections, the reasonableness of requiring corrections prior to the next inspection, and the potential for a health hazard created by the violation.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.70 Inspections and Investigations**

- a) The Department ~~will~~shall inspect and investigate complaints concerning *dairy farms, milk plants, cleaning and sanitizing facilities, receiving stations, transfer stations, milk hauler-samplers, or milk tank trucks used to transport milk and milk products under its jurisdiction, for the purpose of determining compliance with the Act and this Part.* (Section 10 of the Act)
- b) When conducting inspections pursuant to Section 5 of the PMO, the Department will ~~use~~utilize the Standard Methods for the Examination of Dairy Products and Official Methods of Analysis of the Association of Official Analytical Chemists. (See Section 775.20.)
- c) *Written notice of all violations shall be given to the dairy farm, milk plant, cleaning and sanitizing facility, receiving or transfer station, milk hauler-sampler*

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or milk tank truck owner/operator after any inspection or investigation. (Section 10 of the Act)

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.80 Approval of Construction Plans**

All plans for ~~the~~ construction ~~or~~; reconstruction, or ~~for~~ alterations other than those to repair or perform maintenance on existing facilities of a dairy farm's milking facilities, transfer stations, receiving stations, cleaning and sanitizing facilities, and milk plants, ~~shall~~~~must~~ be submitted to the Department for approval before work is begun. The Department ~~will~~~~shall~~ approve plans ~~that~~~~which~~ meet the requirements of the Act and this Part within 30 days ~~after~~~~of~~ submission.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.90 Administrative Hearings**

All administrative hearings held pursuant to the Act or ~~rules of~~ this Part shall be conducted in accordance with the Department's ~~Rules of~~ Practice and Procedure in Administrative Hearings. ~~(77 Ill. Adm. Code 100). (See 775.20).~~

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.110 Milk Tank Trucks**

a) A milk tank truck may ~~only~~ be used ~~only~~ to transport the following products ~~that~~~~which~~ are intended for and suitable for human consumption:

- 1) Milk
- 2) Raw Milk
- 3) Milk Products
- 4) Whey and Whey Products
- 5) Potable Water

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- 6) Liquid Sweeteners
  - 7) Fruit Juices and Drinks
  - 8) Liquified Chocolate and ~~Cocoa~~Cocoa Products
  - 9) Liquid Pasteurized Eggs and Egg Products
  - 10) Vinegar
  - 11) Food Colorings
  - 12) Vegetable Oils
- b) A milk tank truck ~~shall~~must be *cleaned and sanitized prior to the introduction of the milk* or milk products, according to Section 7, items 1p, 2p (climatic and operating conditions), 3p (climatic and operating conditions) 4p, 6p, 7p, 8p, 9p, 10p, 11p, 12p, 14p, 15p, 20p, 22p and Appendix F of the PMO. (Section 14.1(b) of the Act.)
- c) ~~The owner of each~~The owner of each milk tank truck used to haul milk and other substances shall maintain a log~~must have a log maintained by the owner of~~ the truck. This log ~~shall~~must consist of the following:
- 1) *The date or dates of each trip taken by the milk tank truck;*
  - 2) *The name of the substance hauled by the milk tank truck;*
  - 3) *The date the milk tank truck was cleaned and sanitized;*
  - 4) *The location where the milk tank truck was cleaned and sanitized;*
  - 5) *Such other information deemed necessary by the Department to enforce ~~the~~this Act.*
- ~~d)6)~~ d)6) The log for a milk tank ~~milk~~-truck shall be available upon request. (Section 14.1(e) of ~~the~~this Act.)

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(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.130 Action Levels for Added Water in Milk**

The presence of added water in raw or pasteurized milk constitutes adulteration. The violative level for added water in either raw or pasteurized milk is equal to or higher than 3% when converted from a milk cryoscope reading on the Hortvet or Centigrade scale when tested in accordance with the ~~17<sup>th</sup> edition of the~~ Standard Methods for the Examination of Dairy Products. After two occurrences of adulterated milk within a six-month period, the plant or producer shall show cause and reason for the addition of water. After a third occurrence, the Department will institute administrative proceedings to revoke the plant or producer's permit.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 775.140 Pesticide, Herbicide and Mycotoxin Residue Control Program (Repealed)**

- a) ~~The following describes the Department's Pesticide, Herbicide and Mycotoxin residue control program for Grade A raw milk under Section 6, of the PMO.~~
- ~~1) If the analysis of a sample from a milk tank truck shows a level of any of the pesticides, herbicide or mycotoxin above the action levels contained in subsection (b) of this Section or of action levels published in federal regulations at 40 CFR 180 for other pesticides, herbicides, or mycotoxins, then an individual sample is collected from each producer's milk that was in the milk tank truck to determine which producer or producers have created or contributed to the problem.~~
  - ~~2) When the individual resampling is complete and the test indicates high pesticide, herbicide or mycotoxin residue levels equal to or above action level another sample will be taken within 15 days to determine whether this adulteration is continual or has been a one time situation.~~
  - ~~3) If the second sample under subsection (a)(2) of this Section shows an action level equal to or greater than those contained in subsection (b) of this Section, then all of the producer's milk will be removed from the market and not offered for sale for human consumption until an official sample test shows the residue falls below the action level.~~

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- 4) ~~The milk supply will then be provisionally reinstated for human use and samples will be taken on a monthly basis. Should the next sample be above action level, the milk will again be removed from the market and not offered for sale for human consumption.~~
- 5) ~~When two consecutive monthly samples are below the action level, the producer's supply shall be fully reinstated.~~
- b) ~~The following Action levels have been established for the Pesticide, Herbicide or Mycotoxin Residue Control Program (PPM=parts per million; PPB=parts per billion):~~
  - 1) ~~Aldrin—0.3 PPM~~
  - 2) ~~Dieldrin—0.3 PPM~~
  - 3) ~~Endrin—0.3 PPM~~
  - 4) ~~Lindane—0.3 PPM~~
  - 5) ~~Heptachlor or Heptachlor Epoxide—the action level for either Heptachlor Epoxide or both combined is 0.1 PPM~~
  - 6) ~~PCB—1.5 PPM~~
  - 7) ~~Aflatoxin—0.5 PPB~~
  - 8) ~~D.D.T.—1.25 PPM~~

(Source: Repealed at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Minimum Safety Standards for Construction of Multifunction School Activity Buses
- 2) Code Citation: 92 Ill. Adm. Code 435
- 3)
 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
435.10	Amend
435.APPENDIX B	Amend
435.APPENDIX F	Amend
435.APPENDIX G	Amend
435.APPENDIX H	Amend
- 4) Statutory Authority: Implementing Article VIII of Chapter 12 of the Illinois Vehicle Code [625 ILCS 5/Ch.12, Art. VIII] and the Illinois Vehicle Inspection Law [625 ILCS 5/Ch. 13] and Section 14-3(m) of the Criminal Code of 1961 [720 ILCS 5/14-3(m)] and authorized by Section 12-812 of the Illinois Vehicle Code [625 ILCS 5/12-812]
- 5) A complete description of the subjects and issues involved: The Department is revising Section 435.10, Purpose, Scope and Implementation Date, by adding Multifunction School Activity Buses (MFSABs) owned and operated by private schools to the applicability of this Part since those vehicles are also regulated by the Department. The Department is authorized under 625 ILCS 5/1-182 and 11-1414.1 to regulate MFSABs owned and operated by private schools.

Throughout this proposed rulemaking, the Department is adding the metric conversion in centimeters after the English measurement to correspond to the federal motor vehicle safety standards (FMVSS). The FMVSS provide both English and metric measurements.

At Section 435.Appendix B(d) the Department is clarifying that a child check system is not an optional item for MFSAB owners. At the owner's discretion, the system can either be a manual or an electronic/mechanical system. The Illinois Vehicle Equipment Law requires the Department establish standards if the owner chooses to utilize an electronic/mechanical system but a completely manual system is also a viable option.

At Section 435.Appendix B(f)(1) and (7), provisions prescribing that the crossing control arm be wired to, and operate in conjunction with, the stop signal arm panel are being replaced with provisions prescribing, instead, that the wiring and operation of the crossing control arm be in conjunction with the opening and closing of the service

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entrance door. MFSABs are prohibited from being equipped with a stop signal arm panel so the crossing control arm on an MFSAB must be wired to and operated in conjunction with the service entrance door.

At Section 435.Appendix B (g) the Department is adding a standard that requires the MFSAB dash to be free of all obstruction. This includes, but is not limited to two-way radios, GPS systems, etc. The driver's view of the roadway must not be obstructed by anything installed on the dash.

At Section 435.Appendix F(a)(1)(B)(C) and (D), the Department is adding language for emergency exit lettering for consistency with 92 Ill. Adm. Code 436 (Inspection Procedures for MFSAB) and the FMVSS.

At Section 435.Appendix F(b)(17), the Department is clarifying that, on larger MFSABs, front turn signal lamps may be located on the fender or cowl.

At Section 435.Appendix G(b)(2), the Department is deleting the prohibition concerning book or luggage racks in MFSABs. The Federal Motor Vehicle Safety Standards (FMVSS) allow overhead storage racks to be installed in MFSABs and use of overhead storage racks in MFSABs is common practice in the industry. The Department will allow overhead storage racks provided they are padded when located within 59 inches (149.86 cm) from the floor.

At Section 435.Appendix G(c), the Department is clarifying that two-way radio speakers can be located within four feet of the driver's seat.

At Section 435.Appendix H(a), the Department is deleting the provision that requires a minimum height for passenger seats. Since October 21, 2009, the FMVSS require school bus passenger seats to measure 28 inches (71.12 cm) when measured from the seat cushion to the top of the seat back. The deleted language is no appropriate.

Throughout this rulemaking, the Department is also making non-substantive corrections and amendments.

- 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

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- 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 affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning these proposed amendments. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212

217/785-3031

JCAR requests, comments and concerns regarding this rulemaking shall be addressed to:

Ms. Christine Caronna-Beard  
Illinois Department of Transportation  
Office of Chief Counsel  
2300 South Dirksen Parkway, Room 317  
Springfield, Illinois 62764

217/524-3838

Comments received within 45 days after the date of publication of this *Illinois Register* will be considered. Comments received after that time will be considered, time permitting.

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- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses affected: This rulemaking will affect small businesses that manufacture MFSABs.
  - B) Reporting, bookkeeping or other procedures required for compliance: No procedures are necessary for compliance.
  - C) Types of professional skills necessary for compliance: No professional skills are necessary for compliance.
- 14) Regulatory Agenda on which this rulemaking was summarized: These proposed amendments were not included on either of the two most recent agendas because the Department could not anticipate the timing of the need for the amendments.

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

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TITLE 92: TRANSPORTATION  
CHAPTER I: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER e: TRAFFIC SAFETY (EXCEPT HAZARDOUS MATERIALS)

PART 435  
MINIMUM SAFETY STANDARDS FOR CONSTRUCTION  
OF MULTIFUNCTION SCHOOL ACTIVITY BUSES

## Section

435.10	Purpose, Scope and Implementation Date
435.20	Incorporation by Reference of Federal Regulations
435.30	Definitions
435.APPENDIX A	Air Cleaner through Battery and Battery Compartment
435.APPENDIX B	Brakes through Drive Shaft
435.APPENDIX C	Electrical System Wiring through Filter, Oil
435.APPENDIX D	Fire Extinguisher through Fuel System
435.APPENDIX E	Grab Handles through Insulation
435.APPENDIX F	Lettering through Paint Requirements
435.APPENDIX G	Pedals through Seat, Driver's
435.APPENDIX H	Seats, Passenger through Storage Compartment (optional)
435.APPENDIX I	Sun Visor through Undercoating
435.APPENDIX J	Ventilation through Windshield Wipers

AUTHORITY: Implementing Article VIII of Chapter 12 of the Illinois Vehicle Code [625 ILCS 5/Ch.12, Art. VIII] and the Illinois Vehicle Inspection Law [625 ILCS 5/Ch. 13] and Section 14-3(m) of the Criminal Code of 1961 [720 ILCS 5/14-3(m)] and authorized by Section 12-812 of the Illinois Vehicle Code [625 ILCS 5/12-812].

SOURCE: Adopted at 36 Ill. Reg. 2924, effective February 10, 2012; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 435.10 Purpose, Scope and Implementation Date**

This Part prescribes the requirements of the Illinois Department of Transportation (Department) governing the construction of multifunction school activity buses (MFSAB) that are manufactured on or after July 1, 2012. These standards are applicable to MFSAB that are owned or operated by, or for, public school districts, private schools or school transportation bus contractors.

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(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 435.APPENDIX B Brakes through Drive Shaft**

## a) BRAKES

Every motor vehicle shall be equipped with two separate means of applying the brakes and they shall be so constructed that failure of any one part of the operating mechanism shall not leave the motor vehicle without brakes. (See Section 12-301(a) of the Illinois Vehicle Equipment Law.)

Emergency/parking brake system must apply brakes to at least two wheels. (See Section 12-301(a) of the Illinois Vehicle Equipment Law.)

AGENCY NOTE: Micro brakes are not considered a separate means of braking and are not acceptable.

Must be equipped with service brakes on all wheels. (See Section 12-301(a)(5) of the Illinois Vehicle Equipment Law.)

## b) BUMPER, FRONT

Manufacturer's standards are acceptable. Black color is not required.

The entire front bumper must be of metal construction unless an energy absorbing bumper is used.

## c) BUMPER, REAR

The rear bumper shall be channel-type cross section with the top edge at least ~~8.86 inches (22.5 cm)~~~~225 mm (8.9")~~ above the bottom edge. The bumper shall be formed from rolled steel at least ~~.18 inch (.455 cm)~~~~4.55 mm (.18")~~ thick, and shall wrap around the rear corners of the body to a point at least ~~11.8 inches (30 cm)~~~~300 mm (11.8")~~ forward of the rearmost point of the body at floor line. The rear bumper shall be attached to the chassis frame with provisions for removal by means of commonly available hand tools and the prevention of hitching to or riding on. The rear bumper shall be of sufficient strength to permit the ~~MFSAB~~~~bus~~ being pushed by another vehicle without permanent distortion.

d) CHILD CHECK SYSTEM ~~(optional)~~

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If a mechanical or electronic child check system is installed, the system shall require that, when the driver turns off the vehicle's ignition system, the vehicle's interior lights must illuminate to assist the driver. (See Section 12-816 of the Illinois Vehicle Equipment Law.)

AGENCY NOTE: A manual child check system may be utilized by the MFSAB owner.

## e) COMMUNICATION DEVICE

AGENCY NOTE: A communication device is required on each MFSAB while the driver is in possession of the MFSAB. The manufacturer may elect to install a two way radio at the time the MFSAB is manufactured; however, a communication device (i.e., two way radio or cellular radio telecommunication device) can also be installed by the owner after the MFSAB is purchased.

An MFSAB must contain either a cellular radio telecommunication device (i.e., cell phone) or an operating two-way radio while the MFSAB driver is in possession of the vehicle.

## f) CROSSING CONTROL ARM

The crossing arm must meet the following:

- 1) Must be wired to the opening and closing of the service entrance door~~meet or exceed the wiring requirements of SAE J1133.~~
- 2) Must be capable of full operation between, and including, the temperatures -40° F and 160° F.
- 3) The arm, when activated, must extend a minimum of five feet from the front face of the bumper.
- 4) The arm must be mounted on the far right side (entry side) of the front bumper.

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- 5) Appropriate brackets shall be used to attach the arm to the front bumper for proper operation and storage. The arm must stay at the same level as the front bumper and must not "dip" below the front bumper.
- 6) All component parts must meet or exceed any applicable federal motor vehicle safety standards in effect at the time of manufacture.
- 7) The arm must extend at the same time the service door opens~~stop arm panel extends~~. An independent "on/off" switch is prohibited.
- 8) If the driver can stop the arm from extending with the use of an optional override switch, the arm sequence must automatically reset once the service door is closed.
- 9) Red lights and/or red reflectors are prohibited.

g) DASH

The dash area below the windshield must be free of all obstructions. This includes, but is not limited to, two-way radios, GPS systems, pencil holders, decorations, or any other obstacle that may obstruct a school bus driver's field of view.

hg) DRIVE SHAFT GUARD

A suitable guard shall be provided for each segment of the drive shaft to prevent accident or injury if the shaft breaks or becomes disconnected.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 435.APPENDIX F Lettering through Paint Requirements**

## a) LETTERING

## 1) Exterior

The body and chassis manufacturer's name, emblem, or other identification may be displayed (colorless or any color) on any unglazed surface of the MFSABbus.

A vehicle identification number may be displayed on the exterior surface of the MFSABschool-bus roof.

## A) Front

Vehicle number assigned for identification shall be a minimum of four inches (9.91 cm~~(100 mm)~~) high and located as high as practicable. Decals are permissible. (See Section 12-802 of the Illinois Vehicle Equipment Law.)

## B) Left

The name of the owner or the entity for which the MFSAB is operated or both shall be painted in a contrasting color on both sides, centered as high as practicable below the window line, in letters at least four inches (10.16 cm)~~4 inches~~ high. (See Section 12-802**(b)** of the Illinois Vehicle Equipment Law.)

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door.

For any emergency window exit, "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of, the emergency window exit in letters at least 1.95 inches (5 cm) high.

An arrow, at least 5.9 inches (14.99 cm) in length and  $\frac{3}{4}$  inch (1.91 cm) in width indicating the direction each release

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mechanism should be turned to open the door or window must be located within 5.9 inches (14.99 cm) of the release handle.

Decals are permissible. All required lettering and labeling must be a color that contrasts with its background. (See 49 CFR 571.217.)

Optional: Vehicle number assigned for identification may be displayed at a minimum height of four inches (10.16 cm(100 mm)).

Decals are permissible.

## C) Rear

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door.

For any emergency window exit, "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of, the emergency window exit in letters at least 1.95 inches (5 cm) high.

An arrow, at least 5.9 inches (14.99 cm) in length and  $\frac{3}{4}$  inch (1.91 cm) in width indicating the direction each release mechanism should be turned to open the door or window must be located within 5.9 inches (14.99 cm) of the release handle.

Vehicle number assigned for identification shall be a minimum four inches (10.16 cm) high. Decals are permissible.

All required lettering and labeling must be a color that contrasts with its background. (See 49 CFR 571.217.)

~~"EMERGENCY DOOR" or "EMERGENCY EXIT" in lettering at least two inches high at top of emergency door, or directly above, or on door glazing.~~

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~~"EMERGENCY EXIT" (for buses without rear emergency door) in letters at least two inches high directly below rear emergency window or on exit glazing. An arrow, at least 5.9 inches in length and  $\frac{3}{4}$  inch in width indicating direction each release mechanism should be turned to open door or window located within 5.9 inches of release handle, in black. Vehicle number assigned for identification shall be a minimum 4 inches (100 mm) high. Decals are permissible. All required lettering must be a color that contrasts with its background.~~

If MFSABbus uses alternate fuel (e.g., propane, CNG), vehicle must be marked with identifying decal. The decal shall be diamond shaped with white or silver scotchlite letters one inch in height and a stroke of the brush at least  $\frac{1}{4}$  inch (.64 cm) wide on a black background with a white or silver scotchlite border bearing either the words or letters:

"PROPANE" = If propelled by liquefied petroleum gas other than liquefied natural gas; or

"CNG" = If propelled by compressed natural gas. The sign or decal shall be maintained in good legible condition.

The alternate fuel decal shall be displayed near the rear bumper and visible from the rear of vehicle. (See Section 12-704.3 of the Illinois Vehicle Equipment Law.)

A white decal with black lettering and numerals that measure one inch (2.54 cm) high must be displayed on the rear of the MFSABbus. The decal must display either the words TO REPORT ERRATIC DRIVING or TO COMMENT ON MY DRIVING CALL followed by the area code and telephone number of the MFSABbus owner. The decal shall be located on the rear window glazing below the rear seat back, on the MFSABbus body below the window line, or on the rear bumper. The decal must be visible to the motoring public from the rear of the MFSABbus and cannot obstruct any required lettering or numerals. The decal cannot be located on any emergency door glazing or any

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emergency window glazing. Magnetic signs are prohibited. (See Section 12-821 of the Illinois Vehicle Equipment Law.)

Exception: The TO REPORT ERRATIC DRIVING or TO COMMENT ON MY DRIVING CALL decal may be applied by the MFSABschool bus owner after the MFSABschool bus is purchased.

## D) Right

The name of the owner or the entity or both for which the MFSAB is operated shall be painted in a contrasting color on both sides, centered as high as practicable below the window line, in letters at least four inches (10.16 cm)~~4 inches~~ high. (See Section 12-802 of the Illinois Vehicle Equipment Law.)

The following lettering must be at least two inches (5.08 cm)~~(50 mm)~~ high:

- i) The word "CAPACITY", or abbreviation "CAP." plus numerals showing~~and the~~ rated passenger capacity followed by the word "PASSENGERS", or the abbreviation "PASS.", shall be displayed on the outside of the body near the rear edge of the service entrance.
- ii) Empty weight in pounds must be shown. Empty weight is indicated by "EW". (See Section 12-802 of the Illinois Vehicle Equipment Law.)

Manufacturer's identification name or emblem may be displayed, but not on service door glazing. Manufacturer's name or emblem must not interfere with required lettering. Decals are permissible.

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door.

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For any emergency window exit "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of, the emergency window exit in letters at least 1.95 inches (5 cm) high.

An arrow, at least 5.9 inches (14.99 cm) in length and  $\frac{3}{4}$  inch (1.91 cm) in width indicating the direction each release mechanism should be turned to open the door or window must be located within 5.9 inches (14.99 cm) of the release handle.

Decals are permissible. All required lettering and labeling must be a color that contrasts with its background. (See 49 CFR 571.217.)

Optional: If audio and/or visual recording devices are present on the MFSABbus, one white decal with black lettering measuring one inch (2.54 cm) high shall be displayed on the exterior of the service (i.e., entrance) door, or on the MFSABbus body adjacent to the service door if the door is not adequate to accommodate the decal. The decal shall serve as a notice of audio and/or visual recordings. The decal must not be located on any service door glazing. Magnetic signs are prohibited. (See Section 14-3(m) of the Illinois Criminal Code.)

## 2) Interior

## A) Front

Each letter or numeral must be at least two inches (5.08 cm)(~~50 mm~~) high and contrasting sharply with its background. A colorless background strip (such as white, aluminum or silver) may be used. Decals are permitted.

On right side: Either "CAPACITY" or "CAP." plus numerals showing rated passenger capacity, followed by either "PASSENGER" or "PASS."

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As nearly as practicable opposite the center of aisle, but to right of inside mirror, either "NO STANDEES" or "NO STANDEES PERMITTED".

The vehicle's length (rounded up to next whole foot) shall be displayed on the bulkhead clearly within the driver's view. (For example: vehicle length of 39.1 feet will be displayed as 40 feet.)

A red cross formed of five equal squares with words "FIRST-AID KIT" shall be displayed on the compartment door, or cover, if the first-aid kit is to be carried in the locked compartment.

The words "FIRE EXTINGUISHER" shall be displayed on the compartment door, or cover, if the fire extinguisher is to be carried in the locked compartment.

Optional: If audio and/or visual recording devices are present on the ~~MFSAB~~bus, one white decal with black lettering measuring one inch (2.54 cm) high shall be displayed on the front interior bulkhead. The decal shall serve as a notice of audio and/or visual recordings. The decal must not obstruct any other required lettering on the bulkhead. Magnetic signs are prohibited. (See Section 14-3(m) of the Illinois Criminal Code.)

Optional: A "No Smoking" sign may be posted on the interior surface of an ~~MFSAB~~bus.

## B) Left

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door.

For any emergency window exit, "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of the emergency window exit in letters at least 1.95 inches (5 cm) high.

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The labeling must be of a color that contrasts with its background.

Concise operating instructions describing the motions necessary to unlatch and open the exit must be located within 5.85 inches (15 cm) of the release mechanism on the inside surface of the MFSABbus. These operating instructions shall be in letters at least .39 inches (1 cm) high and of a color that contrasts with its background. (See 49 CFR 571.217.)

## C) Rear

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door.

For any emergency window exit, "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of the emergency window exit in letters at least 1.95 inches (5 cm) high.

The labeling must be of a color that contrasts with its background.

Concise operating instructions describing the motions necessary to unlatch and open the door must be located within 5.85 inches (15 cm) of the release mechanism on the inside surface of the MFSABbus. These operating instructions shall be in letters at least .39 inches (1 cm) high and of a color that contrasts with its background. (See 49 CFR 571.217.)

## D) Right

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any side emergency door.

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For any emergency window exit "EMERGENCY EXIT" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, or at the bottom of the emergency window exit.

The labeling must be of a color that contrasts with its background.

Concise operating instructions describing the motions necessary to unlatch and open the exit must be located within 5.85 inches (15 cm) of the release mechanism on the inside surface of the MFSABbus. These instructions shall be in letters at least .39 inches (1 cm) high and of a color that contrasts with its background. (See 49 CFR 571.217.)

## E) Ceiling

Roof exit must be labeled "EMERGENCY EXIT" in letters at least 1.95 inches (5 cm) high, of a color that contrasts with its background. The labeling must be located on an inside surface of the exit, or within 11.7 inches (30 cm) of the roof exit opening.

Concise operating instructions describing the motions necessary to unlatch and open the emergency exit shall be located within 5.85 inches (15 cm) of the release mechanism. These instructions shall be in letters at least .39 inches (1 cm) high and of a color that contrasts with its background. (See 49 CFR 571.217.)

## b) LIGHTS

Light Emitting Diode (LED) lamps that meet applicable FMVSS or SAE Standards/Recommended Practices are acceptable.

## 1) Back Up

Two white lights shall be provided. Must meet federal standards (49 CFR 571.108).

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## 2) Clearance, Front

Two clearance lights (amber) visible from the front at highest and widest portions of the body. Must conform to federal standards (49 CFR 571.108). May be combined with sidemarker lamp provided the requirements for both lights are met.

Exception: MFSAB Buses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## 3) Clearance, Rear

Two clearance lights (red) mounted at highest and widest parts of body. Must conform to federal standards (49 CFR 571.108).

Exception: MFSAB Buses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## 4) Identification, Front

Three amber lights mounted at center front near top of body. Must conform to federal standards (49 CFR 571.108).

Exception: MFSAB Buses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## 5) Identification, Rear

Three red lights mounted at center rear near top of body. Must conform to federal standards (49 CFR 571.108).

Exception: MFSAB Buses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## 6) Flashing Signal System (not applicable)

MFSAB cannot be equipped with a flashing signal system.

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## 7) Headlights

Shall have at least two headlamps with at least one mounted on each side of the front of the MFSABbus. Lamp body must be securely attached. Lenses, reflectors, bulbs, etc., must be in good condition, properly aimed and fill required intensity. Shall conform to federal standards (49 CFR 571.108).

## 8) Interior

Adequate light to illuminate aisles, step well, and emergency passageways.

## 9) License Plate

Adequate white light to illuminate license plate. (See 49 CFR 571.108.) May be combined with one of the tail lights.

## 10) Parking Lights

Shall be one lamp on each side; white or amber color. (See 49 CFR 571.108.)

All MFSABbuses 80 or more inches (203.2 cm) in overall width that are equipped with side marker lamps, clearance lamps, and intermediate side marker lamps are exempt from having parking lights. However, if the vehicle is equipped with parking lights, they must be operational. (See 49 CFR 571.108.)

## 11) Sidemarker, Left

Two lamps: one amber at front and one red at rear, mounted as high as practicable and located on the side of the MFSABbus. Shall conform to federal standards (49 CFR 571.108).

## 12) Sidemarker, Right

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Two lamps: one amber at front and one red at rear, mounted as high as practicable and located on the side of the MFSABbus. Shall conform to federal standards (49 CFR 571.108).

## 13) Step Well

At least the nosings of the service entrance steps and the floor around the step well shall be automatically illuminated with white light when the ignition is on and the service entrance door is open.

No lamp shall be installed so as to shine directly into the eyes of a pupil moving through the service entrance and looking at the service steps.

## 14) Stop

Two red lights mounted at same height and as high as practicable below window line. Seven inch (17.78 cm) minimum diameter or 19 square inches. Not less than 36 inches (91.44 cm)~~three feet~~ apart laterally. Must conform to federal standards (49 CFR 571.108).

## 15) Strobe

Lamp must comply with following requirements:

- A) One per MFSABbus;
- B) Shall emit white or bluish/white light;
- C) Shall be visible from any direction;
- D) Shall flash 60 to 120 times per minute;
- E) Shall be visible in normal sunlight;
- F) Mounted at or behind center of rooftop and equal distance from each side.

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Distance from rear will be calculated by measuring height of filament (in inches) and multiplying same by 30 inches. (Filament height x 30 = distance from rear of MFSABbus where lamp is to be located.)

If a roof exit, air conditioner or the size of the MFSABbus interferes with the placement of a strobe as required in this subsection (b)(15)(F), the strobe can be placed to the rear of the roof exit or air conditioner as near as practicable above the rear axle, horizontally centered between the rear tires.

## 16) Tail

Two red lights mounted with centers not less than 40 inches (101.6 cm) nor more than 50 inches (127 cm) from surface on which vehicle stands. Must conform to federal standards (49 CFR 571.108).

## 17) Turn Signal, Front

One amber lamp located on each side at or near the front, ~~including the fender or cowl~~. They shall be located at the same height and as far apart as practicable. Lamps must conform to federal standards (49 CFR 571.108). The lamps may be located on the fender or the cowl, if practicable.

## 18) Turn Signal, Rear

One red or amber lens on each side at the same height and as far apart as practicable below window. Must meet federal standard 49 CFR 571.108.

## c) LOCKED COMPARTMENT (optional)

The fire extinguisher, first-aid kit, and/or warning devices may be stored either in a closed, unlocked compartment or under lock and key, provided the locking device is connected with an automatic warning signal that will alert driver when the compartment is locked. The automatic alarm shall be both audible and visible to the seated driver. The alarm shall alert the driver when the engine is running

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and the compartment is locked and cannot be readily opened without using a tool, key, or combination. An alarm cut-off or "squelch" control is prohibited.

Each safety item inside the compartment shall be named on the outside of the compartment cover or door. In addition, a RED CROSS formed of five equal squares shall be displayed on the cover when the first aid kit is inside the compartment.

## d) MIRRORS

Every required mirror shall be of reflecting material protected from abrasion, scratching, and corrosion. Mirror shall be firmly installed on stable supports so as to give a clear, stable, reflected view. Mirrors must meet all requirements of 49 CFR 571.111 to provide the required field of view.

Convex crossover mirrors can be combined with either the right or left side safety mirrors provided the convex mirror meets the field of view and size requirements of 49 CFR 571.111.

## 1) Exterior

## A) Rear View Driving

Shall be mounted outside on the left and right sides of the MFSABbus. Must give seated driver a view to the rear along each side of the MFSABbus. Must be at least 50 square inches of usable flat rectangular reflecting surface on each side. (See 49 CFR 571.111.)

If the rear view driving mirror does not provide the required field of view, a convex driving mirror must be installed to expand the driving view to the rear. However, the usable flat reflecting surface must be rectangular and must maintain at least 50 square inches.

## B) Right Side Safety

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An outside convex mirror, either alone or in combination with the crossover mirror system, shall give the seated driver a view of the roadway along the right side of the MFSABbus between the most forward surface of the right front tire and the rear of the rear bumper. The projected reflecting surface of this convex mirror shall be at least 40 square inches ( $7\frac{1}{8}$  inches (18.10 cm) diameter if a circle).

Extra-wide-angle convex mirror heads are permissible on right front corner only.

## C) Left Side Safety (Optional)

A convex mirror is required if the left rear view driving mirror system does not give the seated driver a reflected view of the roadway along the left side of the MFSABbus between the front edge of the driver's seat (in most forward position) and the rear of the rear bumper. The convex mirror shall be installed so that either alone or in combination with the rear view driving mirror gives the seated driver the proper view.

## D) Crossover

An outside convex mirror shall give the seated driver a view of the front bumper and the area of roadway in front of the MFSABbus. The projected reflecting surface of this mirror shall be at least 40 square inches ( $7\frac{1}{8}$  inch (18.10 cm) diameter if a circle). (See 49 CFR 571.111.)

Exception: If the seated driver of a forward control MFSABbus has a direct view of the front bumper and the area of roadway in front of the MFSABbus, a crossover mirror is optional.

## 2) Interior

Must have a clear view safety glass mirror, metal backed and framed with rounded corners and edges that shall be padded. Shall afford a good view of the interior and roadway to the rear.

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## e) PAINT REQUIREMENTS

The exterior of any MFSAB can be any color except national school bus glossy yellow.

Each opening for a required emergency exit must be outlined around its outside perimeter with a minimum ~~one~~ inch (2.54 cm) wide retroreflective tape, including roof exits. The retroreflective tape must be on the exterior surface of the ~~MFSAB~~ bus. Required retroreflective tape can be located on the rear bumper or the rub rail, provided the space under the emergency exit door or emergency exit window is not adequate to accommodate the tape or provided rivets are present that prohibit the tape from being applied properly. (See 49 CFR 571.217.)

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 435.APPENDIX G Pedals through Seat, Driver's**

## a) PEDALS (ACCELERATOR AND BRAKE)

Minimum 1½ ~~inches (3.81 cm)~~inch clearance with pedal fully depressed. All pedals must be covered with rigid nonslip material.

Pedal extensions are allowed. They must be securely attached and covered with rigid nonslip material.

## b) PROJECTIONS

## 1) Exterior

Entire rear and bumper area of MFSABbus must be nonhitchable.

AGENCY NOTE: "Nonhitchable" is defined as the rear of the MFSABbus being designed and maintained to prevent or discourage riding or grasping rear of MFSABbus so as to "hitch" rides.

## 2) Interior

Interior shall be free of all dangerous projections.

Optional equipment (e.g., video camera) that is located in the bulkhead area of the MFSABbus and not flush with the interior walls must meet the following requirements:

- A) Must not interfere with occupants entering or exiting the MFSABbus.
- B) Must not be located in driver's head impact zone.
- C) Must not obstruct required lettering.

Additional projections (e.g., external speakers, air conditioners, overhead storage racks) located within 59 inches (149.86 cm) from the floor shall be padded to prevent injury. This includes inner lining of ceiling and walls.

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~~Installation of book or luggage racks is not permissible.~~

Flush mounted speakers are exempt from padding requirements.

## c) RADIO SPEAKERS

Radio/stereo speakers cannot be located within four feet of the rearmost position of the driver's seat.

Exception: Two way radio speakers are exempt.

## d) REFLECTORS

## 1) Front

Two yellow or amber rigid or sheet type (tape) reflex reflectors shall be securely attached on the front of the body near the lower left and right hand corners. (See Section 12-202 of the Illinois Vehicle Equipment Law.)

These front reflectors shall be located between 15 and 60 inches (38.1 and 152.4 cm) above the roadway at either fender, cowl, or body and installed so as to mark the outer edge of the maximum width of the MFSABbus. No part of the required reflecting material may be obscured by a lamp, mirror, bracket or any other portion of the MFSABbus.

No part of the required reflecting material may be more than 11.8 inches (29.97 cm) ~~(300 mm)~~ inboard of the outer edge of the nearest rub rail.

The reflector may be any shape (e.g., square, rectangle, circle, oval, etc.). A rigid type reflex reflector may be any size if permanently marked either DOT, SAE A, or SAE J 594; otherwise, it shall display at least seven square inches of reflecting material (about 3 inch diameter (7.62 cm) if a solid circle).

A sheet type (tape) reflex reflector may conform to the surface on which it is installed but its forward projected reflecting area shall be at least eight square inches.

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Exception: MFSAB Buses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## 2) Left Side

One amber no more than 12 inches (30.48 cm) from the front and one red no more than 12 inches (30.48 cm) from the rear. Mounted at a height not less than 15 inches (38.1 cm) and not more than 60 inches (152.4 cm) above the surface of the road. (See Section 12-202 of the Illinois Vehicle Equipment Law.)

On MFSAB buses more than 30 feet long (914.4 cm), one amber reflector must also be provided at or near midpoint between front and rear side reflector. (See 49 CFR 571.108.)

All reflectors must measure at least three inches (7.62 cm) in diameter.

## 3) Right Side

One amber no more than 12 inches (30.48 cm) from the front and one red no more than 12 inches (30.48 cm) from the rear. Mounted at a height not less than 15 inches (38.1 cm) and not more than 60 inches (152.4 cm) above the surface of the road. (See Section 12-202 of the Illinois Vehicle Equipment Law.)

On MFSAB buses more than 30 feet long (914.4 cm), one amber reflector must also be provided at or near midpoint between front and rear side reflector. (See 49 CFR 571.108.)

All reflectors must measure at least three inches (7.62 cm) in diameter.

## 4) Rear

Two red reflectors on rear body within 12 inches (30.48 cm) of lower right and lower left corners. (See Section 12-202 of the Illinois Vehicle Equipment Law.) Minimum three inches (7.62 cm) in diameter.

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Exception: MFSABbuses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## e) RUB RAILS

There shall be one rub rail, located approximately at seat level, that shall extend from the rear of the service entrance completely around the MFSABbus body without interruption, except at functioning doors or a rear engine compartment, to a point of curvature near the front of the body on the left side.

There shall be one rub rail on each side, located approximately at the floor line, that shall extend over the same longitudinal distance as the rub rail located at the seat level.

More than two rub rails may be installed on sides and rear of the MFSABbus.

Rub rails of longitudinally corrugated or ribbed steel at least 3.9 inches (9.91 cm)(~~100 mm~~) wide shall be fixed on the outside of the MFSABbus.

Exceptions:

- 1) Rub rail need not extend across wheel housing.
- 2) Rub rail may terminate at the point of curvature at the right and left rear corners of the body.

## f) SEAT BELTS

Each MFSAB shall be equipped with a retractable lap belt assembly for the driver's seat. (See Section 12-807 of the Illinois Vehicle Equipment Law.) A shoulder harness is optional. Belt material, buckle, tongue, etc., of each driver's belt shall remain above floor when not in use.

Passenger safety belts that meet 49 CFR 571.222 are required on any MFSAB that has a GVWR of 10,000 pounds or less. Passenger safety belts are optional on any MFSAB that has a GVWR of more than 10,000 pounds. However, optional safety belts installed on any MFSAB are required to meet 49 CFR 571.222. At all

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times, each seat belt shall be readily available for quick and easy use. Retractors must be the emergency locking type. Each belt assembly shall be clean.

## g) SEAT, DRIVER'S

The driver's seat shall be rigidly positioned and have a forward and backward adjustment without the use of tools or other nonattached devices. Seat cushions shall be securely fastened to the seat frame.

Optional: ~~MFSAB~~~~Bus~~ may be equipped with a durable safety belt webbing cutter with a full-width handgrip and a protected, replaceable, or non-corrodible blade. The webbing cutter must be mounted in a location accessible to the seated driver in an easily detachable manner.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 435.APPENDIX H Seats, Passenger through Storage Compartment (optional)**

## a) SEATS, PASSENGER

Each seat and each barrier are required to conform to FMVSS 222 (49 CFR 571.222).

~~Each seat shall be constructed so that the shortest straight line distance from the top of the seat back to the empty seat cushion is 28" when measured near the transverse center of the seat at the front of the seat back and along the angle of rearward inclination of the seat back. Since the height of a seat back is difficult to measure precisely on a repeated basis, a measurement of 27.5" or more is deemed acceptable.~~

All seats shall be forward facing and securely fastened to part or parts of ~~MFSAB~~bus that support them. No ~~MFSAB~~bus shall be equipped with jump seats or portable seats (does not include child restraint systems). Padding and covering shall be of fire resistant material. Backs of all seats of similar size shall be of the same width at top and the same height from floor and shall slant at the same angle with the floor. The top and side rails and seat backs shall be padded to cushion level. Seat padding and covering shall be in good condition (i.e., free from holes and tears). Seat cushions shall be securely fastened to the seat frame. (See 49 CFR 571.222.)

## b) SHOCK ABSORBERS

Two front and two rear double-acting shock absorbers of adequate capacity shall be installed.

## c) STEERING SYSTEM

The rim grip of the steering wheel shall have at least ~~two inches (5.08 cm)~~50 mm (2") clearance in all directions, except at the spokes.

The steering gear shall provide safe and accurate performance at maximum load and speed and shall be easily adjusted. Only changes approved by the chassis manufacturer shall be permitted.

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## d) STEPS, ENTRANCE

The bottom step in the entranceway shall not extend beyond the exterior of the body. With all seats empty, the bottom step shall be not less than 11.8 inches (29.97 cm)~~300 mm (11.8")~~ and not more than 15.7 inches (39.88 cm)~~400 mm (15.7")~~ from the roadway. At least two steps shall be provided. The steps shall be enclosed. Risers shall be approximately equal. Each step, including the floor at the top riser, shall be surfaced with a nonskid material with a 1.6 inches (4.06 cm)~~40 mm (1.6")~~ to 3.1 inches (7.87 cm)~~80 mm (3.1")~~ white nosing as an integral piece.

## e) STOP SIGNAL ARM PANEL (not applicable)

MFSAB cannot be equipped with stop signal arm panels.

## f) STORAGE COMPARTMENT (optional)

Covered, fire-resistant container securely fastened of adequate strength and capacity for tire chains and tools for minor emergency repairs.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Inspection Procedures for Multifunction School Activity Buses
- 2) Code Citation: 92 Ill. Adm. Code 436
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
436.10	Amend
436.APPENDIX C	Amend
436.APPENDIX G	Amend
436.APPENDIX H	Amend
436.APPENDIX I	Amend
- 4) Statutory Authority: Implementing Article VIII of Chapter 12 of the Illinois Vehicle Code [625 ILCS 5/Ch.12, Art. VIII] and the Illinois Vehicle Inspection Law [625 ILCS 5/Ch. 13] and Section 14-3(m) of the Criminal Code of 1961 [720 ILCS 5/14-3(m)] and authorized by Section 12-812 of the Illinois Vehicle Code [625 ILCS 5/12-812]
- 5) A Complete Description of the Subjects and Issues Involved: The Department is revising Section 436.10 by adding Multifunction School Activity Buses (MFSABs) owned and operated by private schools to the applicability of this Part since those vehicles are also regulated by the Department. The Department is authorized under 625 ILCS 5/1-182 and 11-1414.1 to regulate MFSABs owned and operated by private schools.

Throughout this proposed rulemaking, the Department is adding the metric conversion in centimeters after the English measurement to correspond to the federal motor vehicle safety standards (FMVSS). The FMVSS provide both English and metric measurements.

At Section 436.Appendix C(c) the Department is clarifying that a child check system is not an optional item for MFSAB owners. At the owner's discretion, the system can either be a manual or an electronic/mechanical system. The Illinois Vehicle Equipment Law requires the Department establish standards if the owner chooses to utilize an electronic/mechanical system but a completely manual system is also a viable option.

At Section 436.Appendix C(e)(1) and (7), provisions prescribing that the crossing control arm be wired to, and operate in conjunction with, the stop signal arm panel are being replaced with provisions prescribing, instead, that the wiring and operation of the crossing control arm be in conjunction with the opening and closing of the service entrance door. MFSABs are prohibited from being equipped with a stop signal arm panel

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so the crossing control arm on an MFSAB must be wired to and operated in conjunction with the service entrance door.

At Section 436.Appendix C(f) the Department is adding a standard that requires the MFSAB dash to be free of all obstruction. This includes, but is not limited to, two-way radios, GPS systems, etc. The driver's view of the roadway must not be obstructed by anything on the dash.

At Section 436.Appendix G(c)(1) and (2), the Department is adding "required lettering is not distinct" to the rejection criteria for lettering.

At Section 436.Appendix G(c)(B) and (D), the Department is adding language that requires the directions to operate the emergency exit release handle be present and in a color that contrasts with its background for consistency with 92 Ill. Adm. Code 435 (Minimum Safety Standards for Construction of Multifunction School Activity Buses) and the FMVSS.

At Section 436.Appendix G(c)(1)(C), the Department is amending language for emergency exit lettering for consistency with 92 Ill. Adm. Code 435 and the FMVSS.

At Section 436.Appendix G(d)(10)(12) and (13), the Department is adding "does not function properly" to the rejection criteria for lighting.

At Section 436.Appendix G(d)(17), the Department is clarifying that, on larger MFSABs, front turn signal lamps may be located on the fender or cowl.

At Section 436.Appendix H(a)(1)(B) and (C), the Department is adding "not adjustable" to the rejection criteria for two mirrors (inadvertently omitted in a previous rulemaking).

At Section 436.Appendix H(d)(2), the Department is deleting the prohibition concerning book or luggage racks in MFSABs. The FMVSS allow overhead storage racks to be installed in MFSABs and use of overhead storage racks in MFSABs is common practice in the industry. The Department will allow overhead storage racks provided they are padded when located within 59 inches from the floor.

At Section 436.Appendix H(e), the Department is clarifying that two-way radio speakers can be located within four feet of the driver's seat.

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At Section 436. Appendix I(c), the Department is deleting the provision that requires a minimum height for passenger seats. Since October 21, 2009, the FMVSS require school bus passenger seats to measure 28" when measured from the seat cushion to the top of the seat back. The deleted language is no longer appropriate.

Throughout this rulemaking, the Department is also making non-substantive corrections and amendments.

- 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 will not affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning these proposed amendments. Written submissions shall be filed with:

By U.S. Mail:

Ms. Catherine Allen  
Illinois Department of Transportation  
Division of Traffic Safety  
P.O. Box 19212  
Springfield, Illinois 62794-9212

217/785-3031

JCAR requests, comments and concerns regarding this rulemaking shall be addressed to:

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Ms. Christine Caronna-Beard  
Illinois Department of Transportation  
Office of Chief Counsel  
2300 South Dirksen Parkway, Room 317  
Springfield, Illinois 62764

217/524-3838

Comments received within 45 days after the date of publication of this *Illinois Register* will be considered. Comments received after that time will be considered, time permitting.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses affected: This rulemaking will affect small businesses that inspect MFSABs.
  - B) Reporting, bookkeeping or other procedures required for compliance: No procedures are necessary for compliance.
  - C) Types of professional skills necessary for compliance: No professional skills are necessary for compliance.
- 14) Regulatory Agenda on which this rulemaking was summarized: These proposed amendments were not included on either of the two most recent agendas because the Department could not anticipate the timing of the need for the amendments.

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

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## TITLE 92: TRANSPORTATION

## CHAPTER I: DEPARTMENT OF TRANSPORTATION

## SUBCHAPTER e: TRAFFIC SAFETY (EXCEPT HAZARDOUS MATERIALS)

## PART 436

## INSPECTION PROCEDURES FOR MULTIFUNCTION SCHOOL ACTIVITY BUSES

## Section

436.10	Purpose, Scope and Implementation Date
436.20	Incorporation by Reference of Federal Regulations
436.30	Definitions
436.APPENDIX A	Air Cleaner through Barrier, Guard
436.APPENDIX B	Battery or Batteries through Bumper, Front
436.APPENDIX C	Bumper, Rear through Drive Shaft Guard
436.APPENDIX D	Electrical System Wiring through Fenders
436.APPENDIX E	Filter, Oil through Frame and Body
436.APPENDIX F	Fuel Storage and Delivery System through Horn
436.APPENDIX G	Instruments and Instrument Panel through Locked Compartment (optional)
436.APPENDIX H	Mirrors through Rub Rails
436.APPENDIX I	Seat Belts through Steering System
436.APPENDIX J	Steps, Entrance through Suspension
436.APPENDIX K	Tow Hooks (optional) through Warning Devices
436.APPENDIX L	Wheels through Windshield Wipers

AUTHORITY: Implementing Article VIII of Chapter 12 of the Illinois Vehicle Code [625 ILCS 5/Ch.12, Art. VIII] and the Illinois Vehicle Inspection Law [625 ILCS 5/Ch. 13] and Section 14-3(m) of the Criminal Code of 1961 [720 ILCS 5/14-3(m)] and authorized by Section 12-812 of the Illinois Vehicle Code [625 ILCS 5/12-812].

SOURCE: Adopted at 36 Ill. Reg. 2973, effective February 10, 2012; amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 436.10 Purpose, Scope and Implementation Date**

This Part prescribes the requirements of the Illinois Department of Transportation (Department) governing the inspection of multifunction school activity buses | MFSAB(MFSABs) that are manufactured on or after July 1, 2012. These standards are

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applicable to ~~MFSAB~~MFSABs that are owned or operated by, or for, public school districts, private schools, or school transportation~~bus~~ contractors.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 436.APPENDIX C Bumper, Rear through Drive Shaft Guard**

## a) BUMPER, REAR

## PROCEDURES/SPECIFICATIONS:

The rear bumper shall be channel-type cross section with the top edge at least 8.86 inches (22.5 cm)~~225 mm (8.9")~~ above the bottom edge. The bumper shall be formed from rolled steel at least .18 inch (.455 cm)~~4.55 mm (.18")~~ thick, and shall wrap around the rear corners of the body to a point at least 11.8 inches (29.97 cm)~~300 mm (11.8")~~ forward of the rearmost point of the body at floor line. The rear bumper shall be attached to the chassis frame with provisions for removal by means of commonly available hand tools and the prevention of hitching to or riding on. The rear bumper shall be of sufficient strength to permit the MFSABbus being pushed by another vehicle without permanent distortion.

## REJECT VEHICLE IF:

Rear bumper does not meet requirements. Bumper is not solidly attached. Sharp edges are present. Rear bumper is hitchable.

## b) CERTIFICATION LABEL (FEDERAL)

## PROCEDURES/SPECIFICATIONS:

The manufacturer's label must contain the following information:

- 1) Name of vehicle (MFSABbus) manufacturer and the month and year in which manufacture of the vehicle was completed;
- 2) Name of incomplete vehicle (chassis) manufacturer and the month and year in which it performed the last manufacturing operation on the incomplete vehicle;
- 3) Gross vehicle weight rating or ratings (GVWR);
- 4) Gross axle weight ratings (GAWR);

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- 5) The statement, "This vehicle conforms to all applicable federal motor vehicle safety standards in effect in (month/year)";
- 6) The vehicle identification number (VIN);
- 7) The vehicle's classification (MFSAB). (See 49 CFR 567.5.)

The certification label may be supplemented by an alterer's certification. A certified vehicle might have been altered before its purchase for use as a school [MFSABbus](#). The alterations may have included, but are not limited to, classification changes, gross weight rating changes, or changes to the application/effective date of an FMVSS. If any such alteration occurred, the [MFSABbus](#) must carry an additional federal label that identifies the alterer, shows when alteration was completed, "as altered" GVWR, GAWR and classification (if changed). It must also state that the altered vehicle conforms to all applicable FMVSS in effect in (month/year). (See 49 CFR 567.7.)

## REJECT VEHICLE IF:

A required label is absent, defaced, destroyed, not riveted, or not permanently affixed. "Permanently affixed" means the label cannot be removed without destroying or defacing it.

A certification label does not contain the required statement and all other information required for that label.

c) CHILD CHECK SYSTEM (~~optional~~)

If a mechanical or electronic child check system is installed, the system shall require that, when the driver turns off the vehicle's ignition system, the vehicle's interior lights must illuminate to assist the driver. (See Section 12-~~816~~~~186~~ of the Illinois Vehicle Equipment Law.)

[AGENCY NOTE: A manual child check system may be utilized by the MFSAB owner.](#)

## REJECT VEHICLE IF:

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A mechanical or electronic child check system is installed but the interior lights are not illuminated when the ignition is turned off or to the "accessories" position.

## d) COMMUNICATION DEVICE

## PROCEDURES/SPECIFICATIONS:

An MFSAB must contain either a cellular radio telecommunication device (i.e., cell phone) or an operating two-way radio while the ~~MFSABschool bus~~ driver is in possession of ~~the MFSABa school bus~~.

Verify either a cell phone or a two-way radio is operating and can be turned on.

Exception: If neither a cell phone nor a two-way radio is present on the ~~MFSABbus~~ at the time of inspection, documentation on district or company letterhead must be present indicating the communication device requirement is being met by the use of a cell phone that is not present at the time of inspection.

## REJECT VEHICLE IF:

The two-way radio or cell phone does not operate; or

Two-way radio or cell phone is not present and no documentation is provided indicating the communication device requirement is being met by the use of a cell phone.

## e) CROSSING CONTROL ARM

## PROCEDURES/SPECIFICATIONS:

The crossing arm must meet the following:

- 1) Must ~~be wired to the opening and closing of the service entrance door~~ ~~meet or exceed the wiring requirements of SAE J1133~~.
- 2) Must be capable of full operation between, and including, the temperatures -40° F and 160° F.

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- 3) The arm, when activated, must extend a minimum of five feet from the front face of the bumper.
- 4) The arm must be mounted on the far right side (entry side) of the front bumper.
- 5) Appropriate brackets shall be used to attach the arm to the front bumper for proper operation and storage. The arm must stay at the same level as the front bumper and must not "dip" below the front bumper.
- 6) All component parts must meet or exceed any applicable federal motor vehicle safety standards in effect at the time of manufacture.
- 7) The arm must extend at the same time the service door opens~~stop arm panel extends~~. An independent "on/off" switch is prohibited.
- 8) If the driver can stop the arm from extending with the use of an optional override switch, the arm sequence must automatically reset once the service door is closed.
- 9) Red lights and/or red reflectors are prohibited.

## REJECT VEHICLE IF:

Crossing control arm does not meet requirements.

f) DASHPROCEDURES/SPECIFICATIONS:

The dash area below the windshield must be free of all obstructions. This includes, but is not limited to, two-way radios, GPS systems, pencil holders, decorations, or any other obstacle that may obstruct a driver's field of view.

REJECT VEHICLE IF:

Any obstruction is on the dash below the MFSAB windshield.

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| gf) DEFROSTERS

## PROCEDURES/SPECIFICATIONS:

Using heat from heaters and circulation from fans, defrosting equipment shall keep the windshield, the windows to the left of the operator, and the glass in the service door clear of fog, frost, and snow. Must conform to federal standard 49 CFR 571.103.

(Auxiliary fans are not considered to be a defrosting and defogging system.)

## REJECT VEHICLE IF:

Defrosting system does not function properly.

Auxiliary fans are not securely mounted or blades are not protected.

| hg) DRIVE SHAFT GUARD

## PROCEDURES/SPECIFICATIONS:

Shall be of sufficient strength to protect each segment of the drive shaft and prevent it from going through the floor or dropping to the ground if broken.

## REJECT VEHICLE IF:

Drive shaft guard is missing, not firmly attached, or does not properly protect each segment of the drive shaft.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 436.APPENDIX G Instruments and Instrument Panel through Locked Compartment (optional)**

## a) INSTRUMENTS AND INSTRUMENT PANEL

## PROCEDURES/SPECIFICATIONS:

Shall be equipped with the following nonglare illuminated instruments and gauges mounted for easy maintenance and repair and in such a manner that each is clearly visible to the seated driver. An indicator light instead of a pressure or temperature gauge is permissible. (See 49 CFR 571.101.)

- 1) Speedometer;
- 2) Odometer;
- 3) Fuel gauge;
- 4) Oil pressure gauge;
- 5) Water temperature gauge;
- 6) Ampere meter or volt meter with graduated charge and discharge indications;
- 7) High beam headlight indicator;
- 8) Directional signal indicator;
- 9) Air pressure or vacuum gauge (when air or vacuum brakes are used);
- 10) Emergency/service brake indicator (includes anti-lock brake system (ABS)).

## REJECT VEHICLE IF:

Instruments or instrument panel do not operate properly; instruments are missing; inaccurate readings.

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## b) INSULATION

## PROCEDURES/SPECIFICATIONS:

The ceiling and sidewalls shall be thermally insulated with a fire-resistant material that shall reduce the noise level and vibrations.

## REJECT VEHICLE IF:

Insulation does not meet requirements.

## c) LETTERING

## 1) Exterior

## PROCEDURES/SPECIFICATIONS:

The body and chassis manufacturer's name, emblem, or other identification may be displayed (colorless or any color) on any unglazed surface of the MFSABbus.

A vehicle identification number may be displayed on the exterior surface of the MFSABschoolbus roof.

## A) Front

## PROCEDURES/SPECIFICATIONS:

Vehicle number assigned for identification shall be a minimum of four inches (9.91cm)~~(100 mm)~~ high and located as high as practicable. Decals are permissible. (See Section 12-802 of the Illinois Vehicle Equipment Law.)

## REJECT VEHICLE IF:

Lettering does not meet requirements. Required lettering~~Lettering~~ is obstructed or not distinct.

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## B) Left

## PROCEDURES/SPECIFICATIONS:

The name of the owner or the entity for which the MFSAB is operated or both shall be painted in a contrasting color on both sides, centered as high as practicable below the window line, in letters at least four inches (10.16 cm)~~4 inches~~ high. (See Section 12-802(b) of the Illinois Vehicle Equipment Law.)

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door. For any emergency window exit, "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of, the emergency window exit in letters at least 1.95 inches (5 cm) high. ~~The labeling must be of a color that contrasts with its background. (See 49 CFR 571.217.)~~

An arrow, at least 5.9 inches (14.99 cm) in length and  $\frac{3}{4}$  inch (1.91 cm) in width indicating the direction each release mechanism should be turned to open the door or window must be located within 5.9 inches (14.99 cm) of the release handle.

Decals are permissible. All required lettering and labeling must be a color that contrasts with its background. (See 49 CFR 571.217.)

Optional: Vehicle number assigned for identification may be displayed at a minimum height of four inches (10.16 cm)~~(100 mm)~~.

Decals are permissible.

## REJECT VEHICLE IF:

Lettering does not meet requirements. Required lettering is obstructed or not distinct.

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## C) Rear

## PROCEDURES/SPECIFICATIONS:

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door.

For any emergency window exit, "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of, the emergency window exit in letters at least 1.95 inches (5 cm) high.

~~"EMERGENCY DOOR" or "EMERGENCY EXIT" in lettering at least two inches high at top of emergency door, or directly above, or on door glazing.~~

~~"EMERGENCY EXIT" (for buses without rear emergency door) in letters at least two inches high directly below rear emergency window or on exit glazing.~~

An arrow, at least 5.9 inches (14.99 cm) in length and  $\frac{3}{4}$  inch (1.91 cm) in width indicating direction each release mechanism should be turned to open door or window must be located within 5.9 inches (14.99 cm) of the release handle, ~~in black.~~

Vehicle number assigned for identification shall be a minimum four inches (10.16 cm) ~~(100 mm)~~ high. Decals are permissible.

All required lettering and labeling must be a color that contrasts with its background. (See 49 CFR 571.217.)

If MFSAB bus uses alternate fuel (e.g., propane, CNG), vehicle must be marked with identifying decal. The decal shall be diamond shaped with white or silver scotchlite letters one inch in height and a stroke of the brush at least  $\frac{1}{4}$  inch (.64 cm) wide on a black background with a white or silver scotchlite border bearing either the words or letters:

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"PROPANE" = If propelled by liquefied petroleum gas other than liquefied natural gas; or

"CNG" = If propelled by compressed natural gas. The sign or decal shall be maintained in good legible condition.

The alternate fuel decal shall be displayed near the rear bumper and visible from the rear of vehicle. (See Section 12-704.3 of the Illinois Vehicle Equipment Law.)

A white decal with black lettering and numerals that measure one inch (2.54 cm) high must be displayed on the rear of the MFSABbus. The decal must display either the words TO REPORT ERRATIC DRIVING or TO COMMENT ON MY DRIVING CALL followed by the area code and telephone number of the MFSABbus owner. The decal shall be located on the rear window glazing below the rear seat back, on the MFSABbus body below the window line, or on the rear bumper. The decal must be visible to the motoring public from the rear of the MFSABbus and cannot obstruct any required lettering or numerals. The decal cannot be located on any emergency door glazing or any emergency window glazing. Magnetic signs are prohibited. (See Section 12-821 of the Illinois Vehicle Equipment Law.)

Exception: If the MFSABbus is being presented for inspection by a dealer or a manufacturer prior to delivery to the owner, the TO REPORT ERRATIC DRIVING or TO COMMENT ON MY DRIVING CALL decal is optional. The decal may be applied by the MFSABschoolbus owner after the MFSABschoolbus is purchased.

REJECT VEHICLE IF:

Lettering does not meet requirements. Required lettering is obstructed or not distinct.

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~~MFSAB~~Buses using alternate fuels are not properly marked with decal. Decal is in wrong location.

## D) Right

## PROCEDURES/SPECIFICATIONS:

The name of the owner or the entity or both for which the MFSAB is operated shall be painted in a contrasting color on both sides, centered as high as practicable below the window line, in letters at least ~~four inches (10.16 cm)~~4 inches high. (See Section 12-802 of the Illinois Vehicle Equipment Law.)

The following lettering must be at least two inches ~~(5.08 cm)~~(50 mm) high:

- i) The word "CAPACITY", or abbreviation "CAP.", ~~plus numerals showing~~and the rated passenger capacity followed by the word "PASSENGERS", or the abbreviation "PASS.", shall be displayed on the outside of the body near the rear edge of the service entrance.
- ii) Empty weight in pounds must be shown. Empty weight is indicated by "EW". (See Section 12-802 of the Illinois Vehicle Equipment Law.)

Manufacturer's identification name or emblem may be displayed, but not on service door glazing. Manufacturer's name or emblem must not interfere with required lettering. Decals are permissible.

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door.

For any emergency window exit "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of the emergency window exit in letters at least 1.95 inches (5 cm) high.

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~~The labeling must be of a color that contrasts with its background. (See 49 CFR 571.217.)~~

An arrow, at least 5.9 inches (14.99 cm) in length and 3/4 inch (1.91 cm) in width indicating the direction each release mechanism should be turned to open the door or window must be located within 5.9 inches (14.99 cm) of the release handle.

Decals are permissible. All required lettering and labeling must be a color that contrasts with its background. (See 49 CFR 571.217.)

Optional: If audio and/or visual recording devices are present on the MFSABbus, one white decal with black lettering measuring one inch (2.54 cm) high shall be displayed on the exterior of the service (i.e., entrance) door, or on the MFSABbus body adjacent to the service door if the door is not adequate to accommodate the decal. The decal shall serve as a notice of audio and/or visual recordings. The decal must not be located on any service door glazing. Magnetic signs are prohibited. (See Section 14-3(m) of the Illinois Criminal Code.)

## REJECT VEHICLE IF:

Lettering does not meet requirements. Required letteringLettering is obstructed or not distinct.

## 2) Interior

## A) Front

## PROCEDURES/SPECIFICATIONS:

Each letter or numeral must be at least two inches (5.08 cm)(~~50 mm~~) high and contrasting sharply with its background. A colorless background strip (such as white, aluminum or silver) may be used. Decals are permitted.

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On right side: Either "CAPACITY" or "CAP." plus numerals showing rated passenger capacity, followed by either "PASSENGER" or "PASS."

As nearly as practicable opposite the center of aisle, but to right of inside mirror, either "NO STANDEES" or "NO STANDEES PERMITTED."

The vehicle's length (rounded up to next whole foot) shall be displayed on the bulkhead clearly within the driver's view. (For example: vehicle length of 39.1 feet will be displayed as 40 feet.)

A red cross formed of five equal squares with words "FIRST-AID KIT" shall be displayed on the compartment door, or cover, if the first-aid kit is to be carried in the locked compartment.

The words "FIRE EXTINGUISHER" shall be displayed on the compartment door, or cover, if the fire extinguisher is to be carried in the locked compartment.

Optional: If audio and/or visual recording devices are present on the MFSABbus, one white decal with black lettering measuring one inch (2.54 cm) high shall be displayed on the front interior bulkhead. The decal shall serve as a notice of audio and/or visual recordings. The decal must not obstruct any other required lettering on the bulkhead. Magnetic signs are prohibited. (See Section 14-3(m) of the Illinois Criminal Code.)

Optional: A "No Smoking" sign may be posted on the interior surface of an MFSABbus.

## REJECT VEHICLE IF:

Lettering does not meet requirements. Required letteringLettering is obstructed or not distinct. Vehicle length is not displayed properly or is absent.

B) Left

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## PROCEDURES/SPECIFICATIONS:

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door. For any emergency window exit, "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of the emergency window exit in letters at least 1.95 inches (5 cm) high. The labeling must be of a color that contrasts with its background. Concise operating instructions describing the motions necessary to unlatch and open the exit must be located within 5.85 inches (15 cm) of the release mechanism on the inside surface of the MFSABbus. These operating instructions shall be in letters at least .39 inches (1 cm) high and of a color that contrasts with its background. (See 49 CFR 571.217.)

REJECT VEHICLE~~VEHICLE~~ IF:

Lettering does not meet requirements. Required lettering~~Lettering~~ is obstructed or not distinct.

## C) Rear

## PROCEDURES/SPECIFICATIONS:

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any emergency exit door.

For any emergency window exit, "EMERGENCY EXIT" must be located at the top of, or directly above, or at the bottom of the emergency window exit in letters at least 1.95 inches (5 cm) high. The labeling must be of a color that contrasts with its background. Concise operating instructions describing the motions necessary to unlatch and open the door must be located within 5.85 inches (15 cm) of the release mechanism on the inside surface of the MFSABbus. These operating instructions shall be in letters at least .39 inches (1 cm) high and of a color that contrasts with its background. (See 49 CFR 571.217.)

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## REJECT VEHICLE IF:

Lettering does not meet requirements. Required letteringLettering is obstructed or not distinct.

## D) Right

## PROCEDURES/SPECIFICATIONS:

"EMERGENCY DOOR" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, any side emergency door. For any emergency window exit, "EMERGENCY EXIT" in letters at least 1.95 inches (5 cm) high must be located at the top of, or directly above, or at the bottom of the emergency window exit. The labeling must be of a color that contrasts with its background. Concise operating instructions describing the motions necessary to unlatch and open the exit must be located within 5.85 inches (15 cm) of the release mechanism on the inside surface of the MFSABbus. These instructions shall be in letters at least .39 inches (1 cm) high and of a color that contrasts with its background. (See 49 CFR 571.217.)

## REJECT VEHICLE IF:

Right interior lettering does not meet requirements. Required letteringLettering is obstructed or not distinct.

## E) Ceiling

## PROCEDURES/SPECIFICATIONS

Roof exit must be labeled "EMERGENCY EXIT" in letters at least 1.95 inches (5 cm) high, of a color that contrasts with its background. The labeling must be located on an inside surface of the exit, or within 11.7 inches (30 cm) of the roof exit opening. Concise operating instructions describing the motions necessary to unlatch and open the emergency exit shall be located within 5.85

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inches (15 cm) of the release mechanism. These instructions shall be in letters at least .39 inches (1 cm) high and of a color that contrasts with its background. (See 49 CFR 571.217.)

## REJECT VEHICLE IF:

Lettering does not meet requirements. Required lettering is obstructed or not distinct.

## d) LIGHTS

Light Emitting Diode (LED) lamps that meet applicable FMVSS or SAE Standards/Recommended Practices are acceptable.

## 1) Back Up

## PROCEDURES/SPECIFICATIONS:

Two white lights shall be provided. Must meet federal standards (49 CFR 571.108).

## REJECT VEHICLE IF:

Back-up lights do not function; illegal color; broken lens.

## 2) Clearance, Front

## PROCEDURES/SPECIFICATIONS:

Two clearance lights (amber) visible from the front at highest and widest portions of the body. Must conform to federal standards (49 CFR 571.108). May be combined with sidemarker lamp provided the requirements for both lights are met.

Exception: MFSABuses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## REJECT VEHICLE IF:

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Front clearance lights do not function; improper color; broken lens.

## 3) Clearance, Rear

## PROCEDURES/SPECIFICATIONS:

Two clearance lights (red) mounted at highest and widest parts of body. Must conform to federal standards (49 CFR 571.108).

Exception: MFSAB Buses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## REJECT VEHICLE IF:

Rear clearance lights do not function; improper color; broken lens.

## 4) Identification, Front

## PROCEDURES/SPECIFICATIONS:

Three amber lights mounted at center front near top of body. Must conform to federal standards (49 CFR 571.108).

Exception: MFSAB Buses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## REJECT VEHICLE IF:

Front cluster lights do not function properly; improper color; broken lens.

## 5) Identification, Rear

## PROCEDURES/SPECIFICATIONS:

Three red lights mounted at center rear near top of body. Must conform to federal standards (49 CFR 571.108).

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Exception: MFSABBuses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## REJECT VEHICLE IF:

Rear cluster lights do not function properly; improper color; broken lens.

- 6) Flashing Signal System (not applicable)

## PROCEDURES/SPECIFICATIONS:

MFSAB cannot be equipped with a flashing signal system.

## REJECT VEHICLE IF:

MFSAB is equipped with a flashing signal system.

- 7) Headlights

## PROCEDURES/SPECIFICATIONS:

Shall have at least two headlamps with at least one mounted on each side of the front of the MFSABbus. Lamp body must be securely attached. Lenses, reflectors, bulbs, etc., must be in good condition, properly aimed and fill required intensity. Check for bulb burn out. Verify high and low beams are functioning. Shall conform to federal standards (49 CFR 571.108).

## REJECT VEHICLE IF:

Headlights do not meet requirements. High/low beams do not function.

- 8) Interior

## PROCEDURES/SPECIFICATIONS:

Adequate to illuminate aisles, step well, and emergency passageways.

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## REJECT VEHICLE IF:

Interior lights do not provide adequate lighting; have cracked or broken lenses; are improper color.

## 9) License Plate

## PROCEDURES/SPECIFICATIONS:

Adequate white light to illuminate license plate. (See 49 CFR 571.108.)  
May be combined with one of the tail lights.

## REJECT VEHICLE IF:

License plate light does not provide adequate lighting; has cracked or broken lenses; is improper color.

## 10) Parking Lights

## PROCEDURES/SPECIFICATIONS:

Shall be one lamp on each side; white or amber color. (See 49 CFR 571.108.)

All MFSABbuses 80 or more inches (203.2 cm) in overall width that are equipped with side marker lamps, clearance lamps, and intermediate side marker lamps are exempt from having parking lights. However, if the vehicle is equipped with parking lights, they must be operational. (See 49 CFR 571.108.)

## REJECT VEHICLE IF:

Parking lights do not meet requirements; do not function properly; are improper color; have cracked or broken lenses.

## 11) Sidemarker, Left

## PROCEDURES/SPECIFICATIONS:

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Two lamps: one amber at front and one red at rear, mounted as high as practicable and located on the side of the MFSABbus. Shall conform to federal standards (49 CFR 571.108).

## REJECT VEHICLE IF:

Left marker lights do not meet requirements; do not function properly; are improper color; have cracked or broken lenses.

## 12) Sidemarker, Right

## PROCEDURES/SPECIFICATIONS:

Two lamps: one amber at front and one red at rear, mounted as high as practicable and located on the side of the MFSABbus. Shall conform to federal standards (49 CFR 571.108).

## REJECT VEHICLE IF:

Right marker lights do not meet requirements; do not function properly; are improper color; have cracked or broken lenses.

## 13) Step Well

## PROCEDURES/SPECIFICATIONS:

At least the nosings of the service entrance steps and the floor around the step well shall be automatically illuminated with white light when the ignition is on and the service entrance door is open.

No lamp shall be installed so as to shine directly into the eyes of a pupil moving through the service entrance and looking at the service steps.

## REJECT VEHICLE IF:

Step well light does not meet requirements; does not function properly; is improper color; has cracked or broken lenses.

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## 14) Stop

## PROCEDURES/SPECIFICATIONS:

Two red lights mounted at same height and as high as practicable below window line. Seven inch (17.78 cm) minimum diameter or 19 square inches. Not less than 36 inches (91.44 cm) ~~three feet~~ apart laterally. Must conform to federal standards (49 CFR 571.108).

For MFSABbuses with an overall width of less than 80 inches (203.2 cm), a high mounted stop lamp is required (may be two lamps).

## REJECT VEHICLE IF:

Stop lights do not meet requirements; are improper color; have cracked or broken lenses; do not function properly.

## 15) Strobe

## PROCEDURES/SPECIFICATIONS:

Lamp must comply with following requirements:

- A) One per MFSABbus;
- B) Shall emit white or bluish/white light;
- C) Shall be visible from any direction;
- D) Shall flash 60 to 120 times per minute;
- E) Shall be visible in normal sunlight;
- F) Mounted at or behind center of rooftop and equal distance from each side.

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Distance from rear will be calculated by measuring height of filament (in inches) and multiplying same by 30 inches. (Filament height x 30 = distance from rear of MFSABbus where lamp is to be located.)

If a roof exit, air conditioner or the size of the MFSABbus interferes with the placement of a strobe as required in this subsection (d)(15)(F), the strobe can be placed to the rear of the roof exit or air conditioner as near as practicable above the rear axle, horizontally centered between the rear tires.

## REJECT VEHICLE IF:

Strobe light does not meet installation requirements; does not function properly; is improper color; has cracked or broken lenses.

Shielding is present.

## 16) Tail

## PROCEDURES/SPECIFICATIONS:

Two red lights mounted with centers not less than 40 inches (101.6 cm) nor more than 50 inches (127 cm) from surface on which vehicle stands. Must conform to federal standards (49 CFR 571.108).

## REJECT VEHICLE IF:

Tail lights do not meet requirements; do not function properly; are improper color; have cracked or broken lenses.

## 17) Turn Signal, Front

## PROCEDURES/SPECIFICATIONS:

One amber lamp located on each side at or near the front, ~~including the fender or cowl~~. They shall be located at the same height and as far apart as practicable. Lamps must conform to federal standards (49 CFR

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571.108). The lamps may be located on the fender or the cowl, if practicable.

Operate turn signals and four-way warning hazards to check performance of front and rear lights.

## REJECT VEHICLE IF:

Front turn signal lights do not meet requirements; do not function properly; are improper color; have cracked or broken lenses.

Four-way warning hazards do not operate properly.

## 18) Turn Signal, Rear

## PROCEDURES/SPECIFICATIONS:

One red or amber lens on each side at the same height and as far apart as practicable below window. Must meet federal standard 49 CFR 571.108.

## REJECT VEHICLE IF:

Rear turn signal does not meet requirements; is improper color; does not function properly; has cracked or broken lenses.

## e) LOCKED COMPARTMENT (optional)

## PROCEDURES/SPECIFICATIONS:

Fire extinguisher, first-aid kit, and warning devices may be stored either in a closed, unlocked compartment or under lock and key, provided the locking device is connected with an automatic warning signal that will alert driver when compartment is locked. The automatic alarm shall be both audible and visible to the seated driver. The alarm shall alert the driver when the engine is running and the compartment is locked and cannot be readily opened without using a tool, key, or combination. An alarm cut-off or "squelch" control is prohibited.

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Each safety item inside the compartment shall be named on the outside of the compartment cover or door. In addition, a RED CROSS formed of five equal squares shall be displayed on the cover when the first aid kit is inside the compartment.

## REJECT VEHICLE IF:

If present, locked compartment is not readily accessible to driver; lettering or identification missing; alarm does not function properly when compartment is locked and vehicle is running.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 436.APPENDIX H Mirrors through Rub Rails**

## a) MIRRORS

## PROCEDURES/SPECIFICATIONS:

Every required mirror shall be of reflecting material protected from abrasion, scratching, and corrosion. Mirror shall be firmly installed on stable supports so as to give a clear, stable, reflected view. Mirrors must meet all requirements of 49 CFR 571.111 to provide the required field of view.

Convex crossover mirrors can be combined with either the right or left side safety mirrors provided the convex mirror meets the field of view and size requirements of 49 CFR 571.111.

## REJECT VEHICLE IF:

Mirrors do not meet requirements; are defective; are excessively clouded; are not securely attached; have cracked or broken glass.

## 1) Exterior

## A) Rear View Driving

## PROCEDURES/SPECIFICATIONS:

Shall be mounted outside on the left and right sides of the MFSABbus. Must give seated driver a view to the rear along each side of the MFSABbus. Must be at least 50 square inches of usable flat rectangular reflecting surface on each side. (See 49 CFR 571.111.)

If the rear view driving mirror does not provide the required field of view, a convex driving mirror must be installed to expand the driving view to the rear. However, the usable flat reflecting surface must be rectangular and must maintain at least 50 square inches.

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## REJECT VEHICLE IF:

Rear view driving mirror does not meet requirements; is defective; is excessively clouded; is not adjustable; is not securely attached; has cracked or broken glass.

## B) Right Side Safety

## PROCEDURES/SPECIFICATIONS:

An outside convex mirror, either alone or in combination with the crossover mirror system, shall give the seated driver a view of the roadway along the right side of the MFSABbus between the most forward surface of the right front tire and the rear of the rear bumper. The projected reflecting surface of this convex mirror shall be at least 40 square inches ( $7\frac{1}{8}$  inches (18.10 cm) diameter if a circle).

Extra-wide-angle convex mirror heads are permissible on right front corner only.

## REJECT VEHICLE IF:

Right side safety mirror does not meet requirements; is defective; is excessively clouded; is not adjustable; is not securely attached; has cracked or broken glass.

## C) Left Side Safety (Optional)

## PROCEDURES/SPECIFICATIONS:

A convex mirror is required if the left rear view driving mirror system does not give the seated driver a reflected view of the roadway along the left side of the MFSABbus between the front edge of the driver's seat (in most forward position) and the rear of the rear bumper. The convex mirror shall be installed so that either alone or in combination with the rear view driving mirror gives the seated driver the proper view.

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## REJECT VEHICLE IF:

Left side safety mirror does not meet requirements; is defective; is excessively clouded; is not adjustable; is not securely attached; has cracked or broken glass.

## D) Crossover

An outside convex mirror shall give the seated driver a view of the front bumper and the area of roadway in front of the MFSABbus. The projected reflecting surface of this mirror shall be at least 40 square inches (7 $\frac{1}{8}$  inch (18.10 cm) diameter if a circle). (See 49 CFR 571.111.)

Exception: If the seated driver of a forward control MFSABbus has a direct view of the front bumper and the area of roadway in front of the MFSABbus, a crossover mirror is optional.

## REJECT VEHICLE IF:

Crossover mirror does not meet requirements; is defective; is excessively clouded; is not adjustable; is not securely attached; has cracked or broken glass.

## 2) Interior

## PROCEDURES/SPECIFICATIONS:

Must have a clear view safety glass mirror, metal backed and framed with rounded corners and edges that shall be padded. Shall afford a good view of the interior and roadway to the rear.

## REJECT VEHICLE IF:

Interior mirror does not meet requirements; is defective; is excessively clouded; is not adjustable; not securely attached; has cracked or broken glass.

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## b) PAINT REQUIREMENTS

## PROCEDURES/SPECIFICATIONS:

The exterior of any MFSAB can be any color except national school bus glossy yellow.

Each opening for a required emergency exit must be outlined around its outside perimeter with a minimum ~~one~~ one and one-half inch (2.54 cm) wide retroreflective tape, including roof exits. The retroreflective tape must be on the exterior surface of the MFSAB bus. Required retroreflective tape can be located on the rear bumper or the rub rail, provided the space under the emergency exit door or emergency exit window is not adequate to accommodate the tape or provided rivets are present that prohibit the tape from being applied properly. (49 CFR 571.217)

## REJECT VEHICLE IF:

Paint does not meet color requirements or is in poor condition (i.e., faded, peeling or rusted). MFSAB is painted national school bus glossy yellow.

## c) PEDALS (ACCELERATOR AND BRAKE)

## PROCEDURES/SPECIFICATIONS:

Minimum 1 1/2 inches (3.81 cm) ~~inch~~ clearance with pedal fully depressed. All pedals must be covered with rigid nonslip material.

Pedal extensions are allowed. They must be securely attached and covered with rigid nonslip material.

## REJECT VEHICLE IF:

Pedals do not meet clearance requirements or are not covered with rigid nonslip material. Pedal extensions are not securely attached.

## d) PROJECTIONS

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## 1) Exterior

## PROCEDURES/SPECIFICATIONS:

Entire rear and bumper area of MFSABbus must be nonhitchable.

AGENCY NOTE: "Nonhitchable" is defined as the rear of the MFSABbus being designed and maintained to prevent or discourage riding or grasping rear of MFSABbus so as to "hitch" rides.

## REJECT VEHICLE IF:

Exterior projections do not comply with nonhitchable requirements.

## 2) Interior

## PROCEDURES/SPECIFICATIONS:

Interior shall be free of all dangerous projections.

Optional equipment (e.g., video camera) that is located in the bulkhead area of the MFSABbus and not flush with the interior walls must meet the following requirements:

- A) Must not interfere with occupants entering or exiting the MFSABbus.
- B) Must not be located in driver's head impact zone.
- C) Must not obstruct required lettering.

Additional projections (e.g., external speakers, air conditioners, overhead storage racks) located within 59 inches (149.86 cm) from the floor shall be padded to prevent injury. This includes inner lining of ceiling and walls.

~~Installation of book or luggage racks is not permissible.~~

Flush mounted speakers are exempt from padding requirements.

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## REJECT VEHICLE IF:

Optional equipment in bulkhead area does not meet requirements.

Remaining projections are not padded (e.g., external speakers).

~~Book or luggage racks are present.~~

## e) RADIO SPEAKERS

Radio/stereo speakers cannot be located within four feet of the rearmost position of the driver's seat.

## REJECT VEHICLE IF:

Speakers are located in the prohibited area or are not deactivated.

Exception: Two way radio speakers are exempt.

## f) REFLECTORS

## 1) Front

## PROCEDURES/SPECIFICATIONS:

Two yellow or amber rigid or sheet type (tape) reflex reflectors shall be securely attached on the front of the body near the lower left and right hand corners. (See Section 12-202 of the Illinois Vehicle Equipment Law.)

These front reflectors shall be located between 15 and 60 inches (38.1 cm and 152.4 cm) above the roadway at either fender, cowl, or body and installed so as to mark the outer edge of the maximum width of the MFSABbus. No part of the required reflecting material may be obscured by a lamp, mirror, bracket or any other portion of the MFSABbus.

No part of the required reflecting material may be more than 11.8 inches (29.97 cm)(~~300 mm~~) inboard of the outer edge of the nearest rub rail.

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The reflector may be any shape (e.g., square, rectangle, circle, oval, etc.). A rigid type reflex reflector may be any size if permanently marked either DOT, SAE A, or SAE J 594; otherwise, it shall display at least seven square inches of reflecting material (about 3 inch (7.62 cm) diameter if a solid circle).

A sheet type (tape) reflex reflector may conform to the surface on which it is installed but its forward projected reflecting area shall be at least eight square inches.

Exception: MFSABbuses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## REJECT VEHICLE IF:

Missing or damaged reflective material; not located or positioned as required.

## 2) Left Side

## PROCEDURES/SPECIFICATIONS:

One amber no more than 12 inches (30.48 cm) from the front and one red no more than 12 inches (30.48 cm) from the rear. Mounted at a height not less than 15 inches (38.10 cm) and not more than 60 inches (152.4 cm) above the surface of the road. (See Section 12-202 of the Illinois Vehicle Equipment Law.)

On MFSABbuses more than 30 feet long (914.4 cm), one amber reflector must also be provided at or near midpoint between front and rear side reflector. (See 49 CFR 571.108.)

All reflectors must measure at least three inches (7.62 cm) in diameter.

## REJECT VEHICLE IF:

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Missing or damaged reflective material; not located or positioned as required.

## 3) Right Side

## PROCEDURES/SPECIFICATIONS:

One amber no more than 12 inches (30.48 cm) from the front and one red no more than 12 inches (30.48 cm) from the rear. Mounted at a height not less than 15 inches (38.1 cm) and not more than 60 inches (152.4 cm) above the surface of the road. (See Section 12-202 of the Illinois Vehicle Equipment Law.)

On MFSABuses more than 30 feet long (914.4 cm), one amber reflector must also be provided at or near midpoint between front and rear side reflector. (See 49 CFR 571.108.)

All reflectors must measure at least three inches (7.62 cm) in diameter.

## REJECT VEHICLE IF:

Missing or damaged reflective material; not located or positioned as required.

## 4) Rear

## PROCEDURES/SPECIFICATIONS:

Two red reflectors on rear body within 12 inches (30.48 cm) of lower right and lower left corners. (See Section 12-202 of the Illinois Vehicle Equipment Law.) Minimum three inches (7.62 cm) in diameter.

Exception: MFSABuses that measure less than 80 inches (203.2 cm) wide are exempt. (See 49 CFR 571.108.)

## REJECT VEHICLE IF:

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Missing or damaged reflective material; not located or positioned as required.

## g) RUB RAILS

There shall be one rub rail, located approximately at seat level, that shall extend from the rear of the service entrance completely around the MFSABbus body without interruption, except at functioning doors or a rear engine compartment, to a point of curvature near the front of the body on the left side.

There shall be one rub rail on each side, located approximately at the floor line, that shall extend over the same longitudinal distance as the rub rail located at the seat level.

More than two rub rails may be installed on sides and rear of the MFSABbus.

Rub rails of longitudinally corrugated or ribbed steel at least 3.9 inches (9.91 cm)(100 mm) wide shall be fixed on the outside of the MFSABbus.

Exceptions:

- 1) Rub rail need not extend across wheel housing.
- 2) Rub rail may terminate at the point of curvature at the right and left rear corners of the body.

REJECT VEHICLE IF:

Rub rails are missing; are not firmly attached; ~~incorrect color~~; or there is an incorrect number of rails.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 436.APPENDIX I Seat Belts through Steering System**

## a) SEAT BELTS

## PROCEDURES/SPECIFICATIONS:

Each MFSAB shall be equipped with a retractable lap belt assembly for the driver's seat. (See Section 12-807 of the Illinois Vehicle Equipment Law.) A shoulder harness is optional. Belt material, buckle, tongue, etc., of each driver's belt shall remain above floor when not in use.

Passenger safety belts that meet 49 CFR 571.222 are required on any MFSAB that has a GVWR of 10,000 pounds or less. Passenger safety belts are optional on any MFSAB that has a GVWR of more than 10,000 pounds. However, optional safety belts installed on any MFSAB are required to meet 49 CFR 571.222. At all times, each seat belt shall be readily available for quick and easy use. Retractors must be the emergency locking type. Each belt assembly shall be clean.

## REJECT VEHICLE IF:

Seat belts are not secured, not adjustable, cracked, broken, frayed, torn or dirty. Retractor or buckle does not operate properly.

## b) SEAT, DRIVER'S

## PROCEDURES/SPECIFICATIONS:

The driver's seat shall be rigidly positioned and have a forward and backward adjustment without the use of tools or other nonattached devices.

Seat padding and covering shall be in good condition (i.e., free from holes and tears). Seat cushions shall be securely fastened to the seat frame.

Optional: MFSABBus may be equipped with a durable safety belt webbing cutter with a full-width handgrip and a protected, replaceable, or non-corrodible blade. The webbing cutter must be mounted in a location accessible to the seated driver in an easily detachable manner.

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## REJECT VEHICLE IF:

Driver's seat is not securely anchored to floor; in poor condition; adjustment mechanism does not function properly. Optional webbing cutter does not meet requirements.

## c) SEATS, PASSENGER

## PROCEDURES/SPECIFICATIONS:

Each seat and each barrier is required to conform to FMVSS 222 (49 CFR 571.222).

~~Each seat shall be constructed so that the shortest straight line distance from the top of the seat back to the empty seat cushion is 28" when measured near the transverse center of the seat at the front of the seat back and along the angle of rearward inclination of the seat back. Since the height of a seat back is difficult to measure precisely on a repeated basis, a measurement of 27.5" or more is deemed acceptable.~~

All seats shall be forward facing and securely fastened to part or parts of MFSABbus that support them. No MFSABbus shall be equipped with jump seats or portable seats (does not include child restraint systems). The center-to-center seat spacing shall be no more than 24 inches (60.96 cm), measured from the seating reference point to the seat back or guard barrier in front of the seat. Padding and covering shall be of fire resistant material. Minimum 36 inch (91.44 cm) headroom for sitting position above top of undepressed cushion line on all seats (measured vertically not more than seven inches from side wall at cushion height and at front and rear center of cushion). Backs of all seats of similar size shall be of the same width at top and the same height from floor and shall slant at the same angle with the floor. The top and side rails and seat backs shall be padded to cushion level. Seat padding and covering shall be in good condition (i.e., free from holes and tears). Seat cushions shall be securely fastened to the seat frame. (49 CFR 571.222)

Seat bottom cushions must also be equipped with a self-latching mechanism that is designed to flip up or be removable without tools.

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## REJECT VEHICLE IF:

Passenger seats do not meet requirements; are not firmly attached to body; seat frames are broken; cushions not firmly attached; padding and covering are not fire resistant. Padding or covering is loose, in poor condition, or missing; seats are torn or have holes; minimum seat dimensions or seat spacing is not in compliance.

## d) STEERING SYSTEM

## 1) Exterior

A) King Pins~~Kingpins~~

## PROCEDURES/SPECIFICATIONS:

Raise vehicle so as to unload king pins~~kingpins~~ (brakes should be applied to eliminate wheel bearing looseness). Either grasp wheel at top and bottom or use a bar for leverage. Attempt to rock wheel in and out. Check movement at extreme top or bottom of tire. If movement exists, place a dial indicator, tape measure, or a fixed device at the wheel and measure amount of movement.

Place leverage bar under tire. Raise bar to check for vertical movement between spindle and support axle.

## REJECT VEHICLE IF:

Wheel bearing movement exceeds  $\frac{1}{4}$  inch or king pin~~kingpin~~ movement exceeds:

Wheel Size (in inches)	Max. Allowed (in inches)
16 or less	$\frac{1}{4}$
16.1 to 18	$\frac{3}{8}$
over 18	$\frac{1}{2}$

## B) Linkage

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## PROCEDURES/SPECIFICATIONS:

For MFSABbuses with single "I" beam or tube type front axle, hoist MFSABbus under axle. For MFSABbuses with twin "I" beam type front axles or with "A frame" control arms, each axle or arm must be hoisted independently so as to load the ball joints. Grasp front and rear of tire and attempt to shake assembly right and left to determine linkage looseness. Measure movement of wheel.

Inspect for damage to or looseness in the following linkage components:

- i) Ball Joints
- ii) Cotter Pins
- iii) Drag Link
- iv) Idler Arm
- v) Pitman Arm
- vi) Steering Box
- vii) Tie Rod
- viii) Tie Rod Ends

## REJECT VEHICLE IF:

Measurement is found to be in excess of:

Rim Diameter (in inches)	Max. Allowable Movement (in inches)
16 or less	$\frac{1}{4}$
17 and 18	$\frac{3}{8}$
over 18	$\frac{1}{2}$

## DEPARTMENT OF TRANSPORTATION

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Any linkage component is bent, welded, loose, insecurely mounted or missing.

## C) Power Steering

## PROCEDURES/SPECIFICATIONS:

Manually and visually inspect:

- i) Belts
- ii) Cylinders
- iii) Fluid Level
- iv) Hoses
- v) Mounting Brackets
- vi) Power Assist
- vii) Pump

## REJECT VEHICLE IF:

Steering components are:

- i) Loose, frayed, cracked, missing; incorrect belts
- ii) Loose and/or leaking
- iii) Low fluid level
- iv) Cracked, leaking, rubbed by moving parts
- v) Cracked, loose or broken

## DEPARTMENT OF TRANSPORTATION

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- vi) No assist is evident
  - vii) Loose, leaking
- D) Toe-In/Toe-Out

## PROCEDURES/SPECIFICATIONS:

With wheels held in a straight ahead position, drive vehicle slowly over the approved drive-on side slip indicator.

Excessive toe-in or toe-out is a general indication that a complete check should be made of all front wheel alignment factors (caster, camber, steering axis inclination).

## REJECT VEHICLE IF:

More than 30 feet (914.4 cm) per mile on the approved side slip indicator.

- E) Wheel Bearings

## PROCEDURES/SPECIFICATIONS:

With the front end of the vehicle lifted so as to load any ball joints, grasp the front tire top and bottom, rock it in and out. Record movement. To verify that any looseness detected is in the wheel bearing, notice the relative movement between the brake drum or disc and the backing plate or splash shield.

AGENCY NOTE: Wheel bearing play can be eliminated by applying service brakes.

## REJECT VEHICLE IF:

Relative movement between drum and backing plate, measured at tire, is  $\frac{1}{4}$  inch (.635 cm) or more.

## DEPARTMENT OF TRANSPORTATION

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## 2) Interior

## A) Column

## PROCEDURES/SPECIFICATIONS:

Inspect to determine that column support bracket is properly tightened and all bolts are present.

## REJECT VEHICLE IF:

Column support bracket is not properly tightened or bolts are missing.

## B) Lash

## PROCEDURES/SPECIFICATIONS:

With road wheels in straight ahead position, turn steering wheel until a turning movement can be observed at the left road wheel. Slowly reverse steering wheel motion and measure lash.

## REJECT VEHICLE IF:

Lash exceeds following acceptable limits:

Steering Wheel Max. Diameter (inches)	Acceptable Lash (inches) Measured at Max. Circumference
16 or less	2
18	2 <sup>1</sup> / <sub>4</sub>
20	2 <sup>1</sup> / <sub>2</sub>
22	2 <sup>3</sup> / <sub>4</sub>

## C) Shaft

## PROCEDURES/SPECIFICATIONS:

## DEPARTMENT OF TRANSPORTATION

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Grasp steering wheel with both hands and attempt to move shaft up and down.

## REJECT VEHICLE IF:

Steering shaft moves up and down.

AGENCY NOTE: Steering shafts on International-Navistar vehicles will move up and down but must be within manufacturer's tolerances.

## D) Steering Wheel

## PROCEDURES/SPECIFICATIONS:

Inspect steering wheel condition.

## REJECT VEHICLE IF:

Steering wheel is damaged. Any spokes are missing or reinforcement ring is exposed.

## E) Travel

## PROCEDURES/SPECIFICATIONS:

Turn steering wheel through a full right and left turn checking for binding, jamming and complete travel left and right.

## REJECT VEHICLE IF:

Binding or jamming is present. Does not complete full turn from left to right. Tire rubs on fender or frame during turn.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Reports of Accidents or Incidents by Persons Engaging in the Transportation of Gas, or Who Own or Operate Gas Pipeline Facilities
- 2) Code Citation: 83 Ill. Adm. Code 595
- 3) Section Number: 595.110                      Adopted Action: Amendment
- 4) Statutory Authority: Implementing and authorized by Section 6 of the Illinois Gas Pipeline Safety Act [220 ILCS 20/6]
- 5) Effective Date of Amendment: January 1, 2013
- 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 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: June 1, 2012; 36 Ill. Reg. 8059.
- 10) Has JCAR issued a Statement of Objection to this amendment? No
- 11) Differences between Proposal and Final Version: No JCAR pre-publication changes were made in the adopted rulemaking.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No JCAR pre-publication changes were made in the adopted rulemaking.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Amendment: This amendment conforms the definition of "accident" in the Commission's rules with the definition in the federal rules.
- 16) Information and questions regarding this adopted amendment shall be directed to:

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

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 d: GAS UTILITIES

## PART 595

REPORTS OF ACCIDENTS OR INCIDENTS BY PERSONS ENGAGED IN THE  
TRANSPORTATION OF GAS, OR WHO OWN OR OPERATE GAS PIPELINE FACILITIES

## SUBPART A: GENERAL PROVISIONS

## Section

595.10 Exemption from 83 Ill. Adm. Code 220

## SUBPART B: REPORTS OF ACCIDENTS OR INCIDENTS

## Section

595.110 Definitions  
595.120 Reporting of Accidents or Incidents  
595.130 Immediate Reports

AUTHORITY: Implementing and authorized by Section 6 of the Illinois Gas Pipeline Safety Act [220 ILCS 20/6].

SOURCE: Filed July 16, 1970; codified at 8 Ill. Reg. 7616; amended at 10 Ill. Reg. 8970, effective June 1, 1986; recodified from 92 Ill. Adm. Code 1810 at 12 Ill. Reg. 12998; amended at 13 Ill. Reg. 2036, effective February 1, 1989; amended at 22 Ill. Reg. 20083, effective November 7, 1998; amended at 32 Ill. Reg. 8128, effective May 15, 2008; amended at 37 Ill. Reg. 195, effective January 1, 2013.

## SUBPART B: REPORTS OF ACCIDENTS OR INCIDENTS

**Section 595.110 Definitions**

"Accident or incident", for the purposes of this Part, shall mean any or all of the events listed in 49 CFR 191.3 as of January 1, 2011 following, the cause of which is gas escaping from pipeline facilities or liquefied natural gas facilities. ∴ No later amendment or editions are incorporated by this definition.

personal injury requiring hospitalization;

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF ADOPTED AMENDMENT

~~fatality; and~~

~~property damage exceeding \$50,000.~~

"Commission" shall mean the Illinois Commerce Commission.

"Gas" shall mean natural gas, flammable gas or gas which is toxic or corrosive.

"Liquefied natural gas facility" means a pipeline facility that is used for liquefying natural gas or synthetic gas or transferring, storing, or vaporizing liquefied natural gas.

"Person" shall mean any individual, firm, joint venture, partnership, corporation, association, municipalities, cooperative association, and includes any trustee, receiver, assignee or personal representative thereof.

"Pipeline facilities" shall include new and existing pipe, rights-of-way and any equipment, facility or building used in the transportation of gas or the treatment of gas during the course of such transportation.

"Transportation of gas" shall mean the gathering, transmission or distribution of gas by pipeline or its storage within this state and not subject to the jurisdiction of the Federal Energy Regulatory Commission under the Natural Gas Pipeline Safety Act.

(Source: Amended at 37 Ill. Reg. 195, effective January 1, 2013)

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Certification
- 2) Code Citation: 23 Ill. Adm. Code 25
- 3) Section Number: 25.720                      Adopted Action:  
Amendment
- 4) Statutory Authority: 105 ILCS 5/2-3.6
- 5) Effective Date of Amendment: December 19, 2012
- 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 agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: August 30, 2012; 36 Ill. Reg. 13480
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: The introduction to Section 25.720(b) was modified to align to the requirement of Section 21B-30 of the School Code [105 ILCS 5/21B-30] relative to passage of the basic skills test before a candidate is "fully admitted" to an educator preparation program.

In Section 25.720(b)(5)(A), changes have been made to require the State Superintendent to "announce" the minimum scores for the ACT<sup>®</sup> or SAT<sup>®</sup> (rather than "determine") and to set forth the process for determining the score, as well as to require the agency to send information relative to changes in the minimum scores to the licensure officer of recognized institutions of higher education (rather than to "education preparation programs"). The process for determining the minimum scores also has been set forth.

In Section 25.720(b)(5), subsection (5)(D) has been removed and new subsection (b)(7) has been added to address the validity period for scores achieved on the Illinois test of basic skills, or in lieu of a passing score on that test, on the ACT<sup>®</sup> or SAT<sup>®</sup>.

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## NOTICE OF ADOPTED AMENDMENT

Section 25.720(c)(1) was modified to clarify that candidates must pass the content-area test prior to beginning the last semester or term of their internships.

Other minor technical changes also have been made to more clearly state the intent of the rule.

- 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? Yes
- 14) Are there any other proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Amendment: Section 21B-30 of the School Code requires that each candidate for entry into an educator preparation program or applicant for an educator license provide evidence of passing a test of basic skills. The Illinois State Board of Education identifies the test to be used to assess basic skills, as well as establishes the minimum scores a candidate or applicant must achieve in order to pass the test. In April, following a standard score-setting process, an outside panel recommended the cut scores to be used for the basic skills test and presented those scores to the State Educator Preparation and Licensure Board and the State Board of Education for their adoption.

This rulemaking responds to concerns expressed by representatives of institutions of higher education that a portion of candidates for educator preparation programs are unable to garner a passing score on all components (i.e., reading, language arts, mathematics and writing) of Illinois' test of basic skills, based on the new cut scores adopted by the State Board of Education. As a result, the Board supported an alternative method of showing competency in basic skills by accepting a score on either the ACT<sup>®</sup> or SAT<sup>®</sup> that is considered to be "college ready". The candidate or applicant may use only a composite score from an ACT<sup>®</sup> or SAT<sup>®</sup> test that includes a writing component. In response to public comment, the agency has stated that no score on the ACT<sup>®</sup> or SAT<sup>®</sup> or basic skills test may be more than 10 years old at the time it is used for program admission or when applying for an educator license.

The minimum score for either the ACT<sup>®</sup> or SAT<sup>®</sup> that will be accepted as "college ready" has been posted on the State Board's website, and any modifications to those scores will be posted no later than January 1 of the year in which the minimum composite scores take effect. The scores are determined by averaging the "college-ready" scores for each

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENT

subtest of the ACT<sup>®</sup>, as determined by ACT, and rounding up to the next whole number. These college-ready subtest scores are posted on ACT's website. ACT also posts on its website scores for the SAT<sup>®</sup> that it considers "comparable" to scores on the ACT<sup>®</sup>. As per an agreement JCAR issued on this rulemaking's companion emergency rulemaking, the process for determining the acceptable scores has been added to Section 25.720 of the rules.

Providing a second option for admission into educator preparation programs has the potential to benefit a large number of candidates, especially those who have been unable to pass a particular component, or subtest (i.e., reading, language arts, mathematics and writing), of Illinois' test of basic skills. Additionally, high school students entering postsecondary programs could use their ACT<sup>®</sup> score, if it is at or above the minimum, for admission into an educator preparation program rather than having to take the basic skills test at a cost of \$125. Students from Illinois public high schools have taken the ACT<sup>®</sup> test as part of the State assessment (through spring 2011), so it is likely that no further testing would be needed for those students whose State assessment included the ACT<sup>®</sup> writing component.

Finally, the amendments allow an institution to provisionally admit a candidate who has taken the basic skills test but has not passed all four subtests, when the institution provides the candidate with the supports and remediation needed to pass the applicable subtest and the candidate is fully admitted at least one full semester before he or she begins student teaching.

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

Kellee Sullivan  
Division Administrator  
Division of Educator Licensure  
Illinois State Board of Education  
100 North First Street, S-306  
Springfield, Illinois 62777

217/557-6763

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

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENT

## TITLE 23: EDUCATION AND CULTURAL RESOURCES

## SUBTITLE A: EDUCATION

## CHAPTER I: STATE BOARD OF EDUCATION

## SUBCHAPTER b: PERSONNEL

## PART 25

## CERTIFICATION

## SUBPART A: DEFINITIONS

## Section

25.10 Accredited Institution

## SUBPART B: CERTIFICATES

## Section

25.11 New Certificates (February 15, 2000)  
25.15 Standards for Certain Certificates (Repealed)  
25.20 Requirements for the Elementary Certificate (Repealed)  
25.22 Requirements for the Elementary Certificate (2004) (Repealed)  
25.25 Requirements for "Full" Certification  
25.30 Endorsement in Teacher Leadership (Through December 31, 2012)  
25.32 Teacher Leader Endorsement (Beginning September 1, 2012)  
25.35 Acquisition of Subsequent Certificates; Removal of Deficiencies (Repealed)  
25.37 Acquisition of Subsequent Teaching Certificates (2004)  
25.40 Requirements for the Special Certificate (Repealed)  
25.42 Requirements for the Special Certificate (2004) (Repealed)  
25.43 Standards for Certification of Special Education Teachers  
25.45 Standards for the Initial Special Preschool-Age 12 Certificate – Speech and Language Impaired  
25.46 Special Provisions for the Learning Behavior Specialist I Endorsement  
25.47 Special Provisions for the Learning Behavior Specialist I Approval  
25.48 Short-Term Emergency Certification in Special Education  
25.50 General Certificate (Repealed)  
25.60 State Special Certificate, Grades 11-12, For Teaching Elective Subjects (Repealed)  
25.65 Alternative Certification  
25.67 Alternative Route to Teacher Certification  
25.70 Provisional Vocational Certificate

## STATE BOARD OF EDUCATION

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- 25.72 Temporary Provisional Vocational Certificate
- 25.75 Part-time Provisional Certificates
- 25.80 Requirements for the Early Childhood Certificate (Repealed)
- 25.82 Requirements for the Early Childhood Certificate (2004) (Repealed)
- 25.85 Special Provisions for Endorsement in Foreign Language for Individuals Currently Certified
- 25.86 Special Provisions for Endorsement in Foreign Language for Individuals Prepared as Teachers But Not Currently Certified
- 25.90 Transitional Bilingual Certificate and Examination
- 25.92 Visiting International Teacher Certificate
- 25.95 Majors, Minors, and Separate Fields for the Illinois High School Certificate (Repealed)
- 25.99 Endorsing Teaching Certificates (Repealed)
- 25.100 Endorsing Teaching Certificates (2004)
- 25.105 Temporary Substitute Teaching Permit

## SUBPART C: APPROVING PROGRAMS THAT PREPARE PROFESSIONAL EDUCATORS IN THE STATE OF ILLINOIS

- Section
- 25.110 System of Approval: Levels of Approval (Repealed)
- 25.115 Recognition of Institutions and Educational Units, and Approval of Programs
- 25.120 Standards and Criteria for Institutional Recognition and Program Approval (Repealed)
- 25.125 Accreditation Review of the Educational Unit (Repealed)
- 25.127 Review of Individual Programs (Repealed)
- 25.130 Interventions by the State Board of Education and State Educator Preparation and Licensure Board
- 25.135 Interim Provisions for Continuing Accreditation and Approval – July 1, 2000, through Fall Visits of 2001 (Repealed)
- 25.136 Interim Provisions for Continuing Accreditation – Institutions Visited from Spring of 2002 through Spring of 2003 (Repealed)
- 25.137 Interim Provisions for Continuing Accreditation and Approval – July 1, 1999, through June 30, 2000 (Repealed)
- 25.140 Requirements for the Institution's Educational Unit Assessment Systems
- 25.142 Assessment Requirements for Individual Programs
- 25.145 Approval of New Programs Within Recognized Institutions
- 25.147 Approval of Programs for Foreign Language Beginning July 1, 2003
- 25.150 The Periodic Review Process (Repealed)

## STATE BOARD OF EDUCATION

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- 25.155 Procedures for the Initial Recognition of an Institution as an Educator Preparation Institution and Its Educational Unit
- 25.160 Notification of Recommendations; Decisions by State Board of Education
- 25.165 Discontinuation of Programs

## SUBPART D: SCHOOL SERVICE PERSONNEL

## Section

- 25.200 Relationship Among Credentials in Subpart D
- 25.210 Requirements for the Certification of School Social Workers (Repealed)
- 25.215 Certification of School Social Workers (2004)
- 25.220 Requirements for the Certification of Guidance Personnel (Repealed)
- 25.225 Certification of School Counselors (2004)
- 25.227 Interim Certification of School Counselor Interns (2004)
- 25.230 Requirements for the Certification of School Psychologists (Repealed)
- 25.235 Certification of School Psychologists (2004)
- 25.240 Standard for School Nurse Endorsement (Repealed)
- 25.245 Certification of School Nurses (2004)
- 25.250 Standards for Non-Teaching Speech-Language Pathologists
- 25.252 Certification of Non-Teaching Speech-Language Pathologists
- 25.255 Interim Certification of Speech-Language Pathologist Interns
- 25.275 Renewal of the School Service Personnel Certificate

SUBPART E: REQUIREMENTS FOR THE CERTIFICATION OF  
ADMINISTRATIVE AND SUPERVISORY STAFF

## Section

- 25.300 Relationship Among Credentials in Subpart E
- 25.310 Definitions (Repealed)
- 25.311 Administrative Certificate (Repealed)
- 25.313 Alternative Route to Administrative Certification (Through August 31, 2013)
- 25.314 Alternative Route to Administrative Certification for Teacher Leaders
- 25.315 Renewal of Administrative Certificate
- 25.320 Application for Approval of Program (Repealed)
- 25.322 General Supervisory Endorsement (Repealed)
- 25.330 Standards and Guide for Approved Programs (Repealed)
- 25.333 General Administrative Endorsement (Repealed)
- 25.335 General Administrative Endorsement (Through June 30, 2014)
- 25.337 Principal Endorsement (2012)

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENT

25.338	Designation as Master Principal (Repealed)
25.344	Chief School Business Official Endorsement (Repealed)
25.345	Chief School Business Official (2004)
25.355	Superintendent Endorsement (Repealed)
25.360	Superintendent (2004)
25.365	Director of Special Education

## SUBPART F: GENERAL PROVISIONS

Section	
25.400	Registration of Certificates; Fees
25.405	Military Service
25.410	Revoked Certificates
25.415	Credit in Junior College (Repealed)
25.420	Psychology Accepted as Professional Education (Repealed)
25.425	Individuals Prepared in Out-of-State Institutions
25.427	One-Year Limitation
25.430	Institutional Approval (Repealed)
25.435	School Service Personnel Certificate – Waiver of Evaluations (Repealed)
25.437	Equivalency of General Education Requirements (Repealed)
25.440	Master of Arts NCATE (Repealed)
25.442	Illinois Teacher Corps Programs (Through August 31, 2013)
25.444	Illinois Teaching Excellence Program
25.445	College Credit for High School Mathematics and Language Courses (Repealed)
25.450	Lapsed Certificates
25.455	Substitute Certificates (Repealed)
25.460	Provisional Special and Provisional High School Certificates (Repealed)
25.464	Short-Term Authorization for Positions Otherwise Unfilled
25.465	Credit (Repealed)
25.470	Meaning of Experience on Administrative Certificates (Repealed)
25.475	Renewal Requirements for Holders of Multiple Types of Certificates
25.480	Credit for Certification Purposes (Repealed)
25.485	Certification of Persons with Certificates Previously Denied, Suspended, or Revoked
25.486	Certification of Persons Who Are Delinquent in the Payment of Child Support
25.487	Certification of Persons with Illinois Tax Noncompliance
25.488	Certification of Persons Named in Reports of Child Abuse or Neglect
25.489	Certification of Persons Who Are in Default on Student Loans
25.490	Certification of Persons Who Have Been Convicted of a Crime

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENT

- 25.493 Part-Time Teaching Interns (Repealed)
- 25.495 Approval of Out-of-State Institutions and Programs (Repealed)
- 25.497 Supervisory Endorsements

SUBPART G: PARAPROFESSIONALS AND  
OTHER NONCERTIFICATED PERSONNEL

## Section

- 25.510 Paraprofessionals; Teacher Aides
- 25.520 Other Noncertificated Personnel (Repealed)
- 25.530 Specialized Instruction by Noncertificated Personnel (Repealed)
- 25.540 Approved Teacher Aide Programs (Repealed)
- 25.550 Approval of Educational Interpreters

## SUBPART H: CLINICAL EXPERIENCES

## Section

- 25.610 Definitions
- 25.620 Student Teaching
- 25.630 Pay for Student Teaching (Repealed)

## SUBPART I: ILLINOIS CERTIFICATION TESTING SYSTEM

## Section

- 25.705 Purpose – Severability
- 25.710 Definitions
- 25.715 Test Validation
- 25.717 Test Equivalence
- 25.720 Applicability of Testing Requirement and Scores
- 25.725 Applicability of Scores (Repealed)
- 25.728 Use of Test Results by Institutions of Higher Education
- 25.730 Registration – Paper-and-Pencil Testing
- 25.731 Registration – Computer-Based Testing
- 25.732 Late Registration
- 25.733 Emergency Registration
- 25.735 Frequency and Location of Examination
- 25.740 Accommodation of Persons with Special Needs
- 25.745 Special Test Dates
- 25.750 Conditions of Testing

## STATE BOARD OF EDUCATION

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25.755	Cancellation of Scores; Voiding of Scores
25.760	Passing Score
25.765	Individual Test Score Reports
25.770	Re-scoring
25.775	Institution Test Score Reports
25.780	Fees

## SUBPART J: RENEWAL OF STANDARD AND MASTER TEACHING CERTIFICATES

Section	
25.800	Professional Development Required
25.805	Continuing Professional Development Options
25.807	Additional Specifications Related to Professional Development Activities of Special Education Teachers
25.810	State Priorities
25.815	Submission and Review of the Plan (Repealed)
25.820	Review of Approved Plan (Repealed)
25.825	Progress Toward Completion (Repealed)
25.830	Application for Renewal of Certificate(s)
25.832	Validity and Renewal of Master Certificates
25.835	Review of and Recommendation Regarding Application for Renewal
25.840	Action by State Educator Preparation and Licensure Board; Appeals
25.845	Responsibilities of School Districts
25.848	General Responsibilities of LPDCs
25.850	General Responsibilities of Regional Superintendents
25.855	Approval of Illinois Providers
25.860	Out-of-State Providers
25.865	Awarding of Credit for Activities with Providers
25.870	Continuing Education Units (CEUs) (Repealed)
25.872	Special Provisions for Interactive, Electronically Delivered Continuing Professional Development
25.875	Continuing Professional Development Units (CPDUs)
25.880	"Valid and Exempt" Certificates; Proportionate Reduction; Part-Time Teaching
25.885	Funding; Expenses (Repealed)

SUBPART K: REQUIREMENTS FOR RECEIPT OF  
THE STANDARD TEACHING CERTIFICATE

Section

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENT

- 25.900 Applicability of Requirements in this Subpart
- 25.905 Choices Available to Holders of Initial Certificates
- 25.910 Requirements for Induction and Mentoring
- 25.915 Requirements for Coursework on the Assessment of One's Own Performance
- 25.920 Requirements for Coursework Related to the National Board for Professional Teaching Standards (NBPTS)
- 25.925 Requirements Related to Advanced Degrees and Related Coursework
- 25.930 Requirements for Continuing Professional Development Units (CPDUs)
- 25.935 Additional Activities for Which CPDUs May Be Earned
- 25.940 Examination
- 25.942 Requirements for Additional Options
- 25.945 Procedural Requirements
  
- 25.APPENDIX A Statistical Test Equating – Certification Testing System
- 25.APPENDIX B Certificates Available Effective February 15, 2000
- 25.APPENDIX C Exchange of Certificates
- 25.APPENDIX D Criteria for Identification of Teachers as "Highly Qualified" in Various Circumstances
- 25.APPENDIX E Endorsement Structure Beginning July 1, 2004

AUTHORITY: Implementing Articles 21 and 21B and Section 14C-8 and authorized by Section 2-3.6 of the School Code [105 ILCS 5/Art. 21, Art. 21B, 14C-8, and 2-3.6].

SOURCE: Rules and Regulations to Govern the Certification of Teachers adopted September 15, 1977; amended at 4 Ill. Reg. 28, p. 336, effective July 16, 1982; amended at 7 Ill. Reg. 5429, effective April 11, 1983; codified at 8 Ill. Reg. 1441; amended at 9 Ill. Reg. 1046, effective January 16, 1985; amended at 10 Ill. Reg. 12578, effective July 8, 1986; amended at 10 Ill. Reg. 15044, effective August 28, 1986; amended at 11 Ill. Reg. 12670, effective July 15, 1987; amended at 12 Ill. Reg. 3709, effective February 1, 1988; amended at 12 Ill. Reg. 16022, effective September 23, 1988; amended at 14 Ill. Reg. 1243, effective January 8, 1990; amended at 14 Ill. Reg. 17936, effective October 18, 1990; amended at 15 Ill. Reg. 17048, effective November 13, 1991; amended at 16 Ill. Reg. 18789, effective November 23, 1992; amended at 19 Ill. Reg. 16826, effective December 11, 1995; amended at 21 Ill. Reg. 11536, effective August 1, 1997; emergency amendment at 22 Ill. Reg. 5097, effective February 27, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 11767, effective June 25, 1998; amended at 22 Ill. Reg. 19745, effective October 30, 1998; amended at 23 Ill. Reg. 2843, effective February 26, 1999; amended at 23 Ill. Reg. 7231, effective June 14, 1999; amended at 24 Ill. Reg. 7206, effective May 1, 2000; emergency amendments at 24 Ill. Reg. 9915, effective June 21, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 12930, effective August 14, 2000; preemptory

## STATE BOARD OF EDUCATION

## NOTICE OF ADOPTED AMENDMENT

amendment at 24 Ill. Reg. 16109, effective October 12, 2000; preemptory amendment suspended at 25 Ill. Reg. 3718, effective February 21, 2001; preemptory amendment repealed by joint resolution of the General Assembly, effective May 31, 2001; emergency amendments at 25 Ill. Reg. 9360, effective July 1, 2001, for a maximum of 150 days; emergency expired November 27, 2001; emergency amendments at 25 Ill. Reg. 11935, effective August 31, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 16031, effective November 28, 2001; amended at 26 Ill. Reg. 348, effective January 1, 2002; amended at 26 Ill. Reg. 11867, effective July 19, 2002; amended at 26 Ill. Reg. 16167, effective October 21, 2002; amended at 27 Ill. Reg. 5744, effective March 21, 2003; amended at 27 Ill. Reg. 8071, effective April 28, 2003; emergency amendments at 27 Ill. Reg. 10482, effective June 26, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 12523, effective July 21, 2003; amended at 27 Ill. Reg. 16412, effective October 20, 2003; emergency amendment at 28 Ill. Reg. 2451, effective January 23, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 8556, effective June 1, 2004; emergency amendments at 28 Ill. Reg. 12438, effective August 20, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 1212, effective January 4, 2005; amended at 29 Ill. Reg. 10068, effective June 30, 2005; amended at 29 Ill. Reg. 12374, effective July 28, 2005; emergency amendment at 29 Ill. Reg. 14547, effective September 16, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 15831, effective October 3, 2005; amended at 30 Ill. Reg. 1835, effective January 26, 2006; amended at 30 Ill. Reg. 2766, effective February 21, 2006; amended at 30 Ill. Reg. 8494, effective April 21, 2006; amended at 31 Ill. Reg. 10645, effective July 16, 2007; amended at 32 Ill. Reg. 3413, effective February 22, 2008; amended at 32 Ill. Reg. 13263, effective July 25, 2008; emergency amendment at 32 Ill. Reg. 18876, effective November 21, 2008, for a maximum of 150 days; amended at 33 Ill. Reg. 5462, effective March 24, 2009; amended at 34 Ill. Reg. 1582, effective January 12, 2010; amended at 34 Ill. Reg. 15357, effective September 21, 2010; amended at 35 Ill. Reg. 4315, effective February 23, 2011; preemptory amendment at 35 Ill. Reg. 14663, effective August 22, 2011; amended at 35 Ill. Reg. 16755, effective September 29, 2011; amended at 36 Ill. Reg. 2191, effective January 24, 2012; amended at 36 Ill. Reg. 12455, effective July 23, 2012; emergency amendment at 36 Ill. Reg. 12903, effective July 24, 2012, for a maximum of 150 days; amended at 37 Ill. Reg. 199, effective December 19, 2012.

## SUBPART I: ILLINOIS CERTIFICATION TESTING SYSTEM

**Section 25.720 Applicability of Testing Requirement and Scores**

- a) It is the individual's responsibility to take the appropriate tests. Upon request, the State Board of Education shall assist individuals in identifying appropriate tests.
- b) Basic Skills Test (~~Test of Academic Proficiency~~)

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Except as provided in subsections (b)(1) and (2) of this Section, each candidate seeking an Illinois ~~certificate (teaching, administrative, or school service personnel) or~~ license (professional educator license or educator license with stipulations), whether it is his or her first ~~certificate or~~ license or a subsequent ~~certificate or~~ license, shall be required to pass ~~at the~~ test of basic skills authorized under Section 21B-30 of the School Code [105 ILCS 5/21B-30]. Further, Section 21B-30(c) of the School Code requires passage of this test as a prerequisite to a candidate's being fully admitted to an enrollment in an Illinois educator preparation program~~teacher preparation program~~.

- 1) A person who has passed the Illinois test of basic skills as a condition of admittance to an Illinois preparation program approved pursuant to Subpart C of this Part shall not be required to retake that test.
- 2) A person who has passed the Illinois test of basic skills ~~test~~ and has been issued an Illinois ~~certificate or~~ license on the basis of the test shall not be required to retake the basic skills test when seeking any subsequent endorsements or other educator licenses.
- 3) A person who has passed another state's test of basic skills as a condition of ~~licensure~~certification or admission to a teacher preparation program shall be required to take the Illinois basic skills test before receiving a ~~certificate or~~ license. (See Section 21B-35 of the School Code.)
- 4) The Illinois test of basic skills ~~test~~ will be administered as four separate subtests: reading comprehension, language arts, mathematics, and writing.
  - A) Individuals may take all four subtests or any combination of the individual subtests during a single test administration.
  - B) Scores on basic skills subtests can be "banked", and an individual will not be required to take a subtest again once he or she has achieved a passing score on that subtest.
  - C) Each test administration of the Illinois test of basic skills ~~test~~ in which an examinee participates shall count toward the testing limit established under subsection (i) of this Section, regardless of the number of subtests the examinee includes as part of that particular test administration.

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- 5) In lieu of passing the Illinois test of basic skills, a candidate seeking admission to an Illinois educator preparation program or applicant for an educator license may submit for consideration his or her composite score from either the ACT<sup>®</sup> or the SAT<sup>®</sup>.
- A) The State Superintendent shall announce and post on the State Board's website no later than August 1, 2012 the minimum composite score on each test that will be accepted under this subsection (b)(5). Should either of the minimum scores be modified, the State Superintendent shall inform licensure officers no later than January 1 of the score to be used and shall modify the State Board's website accordingly.
- i) The minimum composite score to be used for the ACT<sup>®</sup> shall be the average of the college-readiness benchmarks established by ACT<sup>®</sup> and posted at <http://www.act.org/education/benchmarks.html>, rounded up to the next whole number.
- ii) The minimum composite score for the SAT<sup>®</sup> shall be the single score identified by ACT<sup>®</sup> as comparable to the ACT<sup>®</sup> score identified pursuant to subsection (b)(5)(A)(i) of this Section and posted at <http://www.act.org/aap/concordance/>.
- B) The candidate or applicant may apply to the State Board of Education for consideration of his or her ACT<sup>®</sup> or SAT<sup>®</sup> results, using a form provided by the State Superintendent of Education for this purpose. The candidate or applicant shall direct ACT<sup>®</sup> or the College Board to send an official score report of his or her composite score to the address provided on the application form.
- C) A composite score meeting the minimum shall be accepted only if the ACT<sup>®</sup> or the SAT<sup>®</sup> that the candidate or applicant completed included a writing component or subtest for which a score is provided.

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D) ACT<sup>®</sup> or SAT<sup>®</sup> results are subject to the requirements of subsection (i) of this Section only to the extent that an individual who has failed the Illinois test of basic skills five times shall not rely upon achievement of the minimum composite score on the ACT<sup>®</sup> or SAT<sup>®</sup> to be admitted to the educator preparation program or to receive an educator license.

6) An educator preparation program may provisionally admit a candidate who is unable to pass each of the four subtests of Illinois' test of basic skills, provided the following conditions are met:

1) the candidate has taken Illinois' test of basic skills and has passed at least one of the four subtests of reading comprehension, language arts, mathematics, and writing; and

2) the educator preparation program provides supports and remediation designed to assist the candidate in passing the remaining subtests; and

3) the candidate is fully admitted into the educator preparation program at least one semester before he or she is scheduled to begin student teaching.

7) Except as provided in subsections (b)(1) and (b)(2) of this Section, no score on the Illinois test of basic skills, including any scores from the ACT<sup>®</sup> or SAT<sup>®</sup> permitted to be used under subsection (b)(5) of this Section, shall be more than 10 years old at the time a candidate makes application for full admission into an educator preparation program or applies for any license issued, as may be required under Section 21B-20 of the School Code. For purposes of this subsection (b)(7), "application" shall mean the point in time when the candidate has completed any initial coursework and, as applicable, the institution's process that is required for full admission into the educator preparation program.

c) Content-Area Tests

1) Each candidate seeking an Illinois ~~certificate or~~ professional educator license or endorsement on that license, whether his or her first ~~certificate or~~ license or endorsement or a subsequent ~~certificate or~~ license or

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endorsement, shall be required to pass a content-area test for each endorsement area for which there is an applicable test (see Section 21B-30(d) of the School Code; also see Section 25.710 of this Part). Further, Section 21B-30(d) of the School Code requires passage of this test before a candidate begins student teaching or an internship or residency required for licensure, or begins serving as a teacher of record. For purposes of internships required for licensure under this Part or 23 Ill. Adm. Code 30 (Programs for the Preparation of Principals in Illinois), a candidate shall pass the content-area test prior to beginning the last semester or term of his or her internship. No waivers or exemptions are available.

- 2) A person who has passed a test of language proficiency, authorized under Section 21B-30 of the School Code, in order to qualify for ~~a transitional bilingual certificate or~~ an educator license with stipulations endorsed for transitional bilingual educator education, and received that ~~certificate or~~ license shall not be required to retake that test in order to qualify for a bilingual education credential on another ~~certificate or~~ professional educator license received later. A person who has passed a test of language proficiency as a condition of admission to an Illinois preparation program shall also not be required to retake that test.

- d) Assessment of Professional Teaching (APT)  
In order to complete an educator preparation program, each candidate seeking his or her first Illinois ~~professional educator early childhood, elementary, secondary, or special certificate or a~~ license endorsed in a teaching field shall be required to pass the APT relevant to the ~~certificate or~~ endorsement sought (see Section 25.710 of this Part). A candidate seeking a subsequent ~~teaching certificate or~~ endorsement on a professional educator license ~~of one of these types~~ must also pass the APT relevant to the ~~certificate or~~ endorsement sought, unless he or she either:

- 1) has already passed an APT that encompasses the grade levels of the subsequent ~~certificate or~~ endorsement sought; or
- 2) already holds another Illinois professional educator ~~teaching certificate or a~~ license endorsed in a teaching field that encompasses the grade levels of the ~~certificate or~~ endorsement sought.

- e) Teacher Performance Assessment (TPA)

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Beginning September 1, 2015, each candidate completing ~~an educator~~~~teacher~~ preparation program in a teaching field shall be required to pass the TPA (see Section 21B-30(f) of the School Code).

- 1) Each recognized institution offering approved teacher preparation programs shall administer the TPA during a candidate's student teaching experience.
  - 2) No later than July 1, 2013, each recognized institution offering an approved teacher preparation program shall begin using the TPA with at least some of its students; however, before September 1, 2015, an institution shall not require passage of the TPA as a condition for program completion for students participating in any limited implementation required under this subsection (e)(2) unless the institution requires that all candidates pass the assessment.
- f) Except as provided in subsections ~~(b)(1), (b)(2)~~, (c)(2), and (d)(1) of this Section, for each person seeking an Illinois ~~certificate or~~ license, no passing score on a content area test or the APT may be more than five years old at the time application is made. (See Section 21B-30 of the School Code.) The five-year period shall be calculated from the date the test was taken to the date of receipt of the application by the State Board of Education. Scores more than five years old will not be accepted as part of an application.
- 1) The five-year period discussed in this subsection (f) shall apply to each score that forms part of an application received on or after July 1, 2012.
  - 2) The five-year period discussed in this subsection (f) shall also apply to each score that forms part of an application that is pending as of June 30, 2012, and to each score that forms part of an application for which an evaluation is still valid as of that date pursuant to Section 25.427 of this Part.
- g) Subject to registration in accordance with the provisions of this Subpart I, the provisions of Section 25.755(g)(1) of this Part, and the limitations of subsection (i) of this Section, an individual who has taken a paper-and-pencil test may retake that test during any subsequent, regularly scheduled administration of that test in paper-and-pencil format and may retake that test by computer during any subsequent computer-based test administration.

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- h) Subject to registration in accordance with the provisions of this Subpart I, the provisions of Section 25.755(g)(1) of this Part, and the limitations of subsection (i) of this Section, an individual who has taken a computer-based test or subtest of the Illinois test of basic skills may retake that test or specific subtest by computer after no fewer than 60 days but also may retake that test or specific subtest during any subsequent, regularly scheduled administration of the test or subtest in paper-and-pencil format.
- i) Subsequent to January 12, 2010, no individual may attempt to pass the same test more than five times in any combination of the two formats (i.e., computer-based test or paper-and-pencil format). A score that is voided or cancelled under Section 25.755 of this Part shall be counted toward this five-time limit.

(Source: Amended at 37 Ill. Reg. 199, effective December 19, 2012)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- 1) Heading of the Part: Payday Loan Reform Act
- 2) Code Citation: 38 Ill. Adm. Code 210
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
210.1	Amendment
210.270	New Section
- 4) Statutory Authority: Implementing and authorized by the Payday Loan Reform Act [815 ILCS 122]
- 5) Effective Date of Amendments: February 19, 2013
- 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 principal office of the Division of Insurance and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 36 Ill. Reg. 3605; March 9, 2012
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between Proposal and Final Version:
  - a) The source notes references to the Illinois Register were change from "36" to "37".
  - b) Section 210.1, in the proposed definition of "Covered Member," we added "Covered Military Member" or " before "Covered Member".
  - c) Section 210.1, in the proposed definition of "Dependent", we added "Covered" before "Dependent" and moved this definition up alphabetically.
  - d) Section 210.1, we added the following "John Warner Act" or "Warner Act" means Title VI, Subtitle F, Section 670 of the John Warner National Defense Authorization Act for Fiscal Year 2007 , Oct. 17, 2006 (109th Congress), cited as Pub. L. 109-364, Sec. 670(a), pp. 2266-9, (2006); or 10 USC 987."
  - e) Section 210.1, in the definition of "Licensee", we added "Lender and" ahead of "Licensee".

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- f) Section 210.270, we deleted all of the proposed text and substituted the following:

"Payday Loans to Covered Military Members and Covered Dependents"

The following requirements are substantially taken from Section 670 of the Warner Act, with the Warner Act's references to "covered member" substituted with "covered military members" and the Warner Act's references to "dependent" substituted with "covered dependent". The substitutions of the above-referenced terms are meant to more clearly identify the targeted group (military personnel and their dependents) of potential payday loan borrowers to whom the Warner Act provisions apply:

- a) Annual Percentage Rate

A lender may not impose an annual percentage rate of interest greater than 36% with respect to any loan extended to a covered military member or a covered dependent of a covered member. (See 10 USC 987(b).)

- b) Mandatory Loan Disclosures - Information Required

With respect to any payday loan made to a covered military member or a covered dependent, a lender shall provide to the covered military member or a covered dependent the following information, orally and in writing, before the issuance of the loan:

A statement of the annual percentage rate of interest applicable to the loan (see 10 USC 987(c)(1)(A));

2) Any disclosures required under the Truth in Lending Act (15 USC 1601 et seq.) (see 10 USC 987(c)(1)(B));

3) A clear description of the payment obligations of the covered military member or a covered dependent, as applicable (see 10 USC 987(c)(1)(C)).

- c) A lender shall not:

1) Roll over, renew, repay, refinance or consolidate any loan made to a covered member or dependent by the same lender with the proceeds of any other loan made to the same covered member or dependent (see 10 USC 987 (e)(1));

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- 2) Require the covered member's or dependent to waive the covered member or dependent's right to legal recourse under any otherwise applicable provision of State or federal law, including any provision of the Service members Civil Relief Act (50 USC App. 501 et seq.) (see 10 USC 987 (e)(2));
- 3) Require the covered member or dependent to submit to arbitration or impose onerous legal notice provisions in the case of a dispute (see 10 USC 987 (e)(3));
- 4) Demand unreasonable notice from a covered member or dependent (10 USC 987 (e)(4));
- 5) Use a check or other method of access to a deposit, savings or other financial account maintained by the covered member or dependent or the title of a vehicle as security for the obligation (see 10 USC 987 (e)(5));
- 6) Require as a condition for the loan that the covered member or dependent establish an allotment to repay an obligation (see 10 USC 987 (e)(6));
- 7) Prohibit a covered member or dependent from prepaying the loan or charge a penalty or fee for prepaying all or part of the loan (see 10 USC 987 (e)(7)).

## d) Forms Provided by Licensee

All loans made pursuant to the Act must include a signed form by the debtor stating that the debtor is either a covered military member or covered dependent, or that the debtor is not considered a covered military member or covered dependent as defined in Section 201.1. Licensees need not seek form approval from the Department when using language identical to the covered borrower identification statement contained in the Warner Act Regulations (32 CFR 232.5(a)(1) 2012). Department approval is required if a licensee seeks to use any other form language."

- 12) Have all 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 proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: A new Section was added to this Part regarding lending to service/military members to note that those entities who lend to military personnel and their dependents need to comply with the requirements of the John Warner National Defense Authorization Act.

At the request of JCAR, DFPR-DFI agreed to assign a 60 day delayed effective date, from filing, for these amendments in order to allow a transitional period for industry to comply with the requirements of this Part. These amendments will become effective on February 19, 2013.

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

Department of Financial and Professional Regulation  
Attention: Craig Cellini  
320 West Washington, 3<sup>rd</sup> Floor  
Springfield, IL 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

## PART 210

## PAYDAY LOAN REFORM ACT

## Section

210.1	Definitions
210.10	Minimum Requirements for Office Records
210.15	Application for Payday Lender License; Controlling Person
210.16	Dual Licensure Limitation
210.20	Loan Register
210.30	Individual Account Records
210.40	File of Original Papers
210.50	Cash Book
210.60	Alphabetical Record of Co-Makers, Consumers or Guarantors
210.65	Permanent File
210.70	Payments and Refunds
210.72	Loan Terms
210.75	Installment Payday Loans
210.80	Cancellation and Return of Documents
210.90	Hypothecation at the Time of the Sale of Consumer's Loan Agreement
210.100	Legal Forms
210.110	Judgments
210.120	Trouble File
210.130	Office and Office Hours
210.140	Advertising
210.150	Other Business
210.160	Examination Remittances
210.170	General
210.180	Relocation
210.190	Name Change
210.200	Hearing Procedures
210.210	Off-Site Records
210.220	Servicing of Accounts by Contract
210.230	Revocation or Suspension of License
210.240	Consumer Written Verification of Compliance with Act
210.250	Gross Monthly Income Verification
210.260	Certified Database/Commercially Reasonable Method of Verification

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF ADOPTED AMENDMENTS

210.270      Violation of Federal Law – Section 670 of the John Warner National Defense Authorization Act

AUTHORITY: Implementing and authorized by the Payday Loan Reform Act [815 ILCS 122].

SOURCE: Adopted at 29 Ill. Reg. 21008, effective December 16, 2005; amended at 35 Ill. Reg. 7343, effective April 21, 2011; amended at 37 Ill. Reg. 216, effective February 19, 2013.

**Section 210.1 Definitions**

"Act" means the Payday Loan Reform Act [815 ILCS 122].

"Affiliate" means any person or entity that directly or indirectly controls, is controlled by, or shares control with another person or entity. A person or entity has control over another if the person or entity has an ownership interest of 25% or more in the other.

"Allotment" means a portion of military pay that is regularly deducted or set-aside.

"Controlling person" means a person owning or holding the power to vote 50% or more of the outstanding voting securities of a licensee or the power to vote the securities of another controlling person of the licensee. For the purpose of determining the percentage of a licensee 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 minor child of that person.

"Covered Dependent" with respect to a covered member, means the covered member's spouse; the covered member's child (as defined in 38 USC 101(4)); or an individual for whom the covered member provided more than one-half of the individual's support for 180 days immediately preceding an extension of consumer credit covered.

"Covered Military Member" or "Covered Member" means a member of the armed forces who is on active duty under a call or order that does not specify a period of 30 days or less or is on active Guard and Reserve Duty.

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

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"Director" means the Director of the Division of Financial Institutions with the authority delegated by the Secretary.

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

"Generally accepted accounting principles" or "GAAP" means those adopted by the American Institute of Certified Public Accountants and Federal Accounting Standards Board and incorporated by reference in Section 210.15.

"Gross monthly income" means monthly income as demonstrated by official documentation of the income, including, but not limited to, a consumer's pay stub or receipt reflecting payment of government benefits, for the period 30 days prior to the date on which the loan was made.

"Hypothecate" means to pledge a security instrument without transfer of title.

"Installment payday loan" means a payday loan with a term agreed to by the parties of not less than 112 days and not exceeding 180 days and that is repayable in substantially equal and consecutive installments pursuant to Section 2-5(c) of the Act.

["John Warner Act" or "Warner Act" means Title VI, Subtitle F, Section 670 of the John Warner National Defense Authorization Act for Fiscal Year 2007, Oct. 17, 2006 \(109<sup>th</sup> Congress\), cited as Pub. L. 109-364, Sec. 670\(a\) pp. 2266-9 \(2006\); or 10 USC 987.](#)

["Lender and Licensee"](#) means a lender and licensee as defined in Section 1-10 of the Act.

"Loan Receivables" means the outstanding balances due on the loans of the licensee.

"Other business authorization" means the authorization in writing required by Section 3-5(g) of the Act to conduct another business in a location licensed under the Act that would not be contrary to the best interest of consumers.

"Payday Lender License" means a license issued pursuant to the Act.

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"Person" means an individual, partnership, association, joint stock association, corporation, or any other form of business organization.

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

(Source: Amended at 37 Ill. Reg. 216, effective February 19, 2013)

**Section 210.270 Violation of Federal Law – Section 670 of the John Warner National Defense Authorization Act**

Payday Loans to Covered Military Members and Covered Dependents

The following requirements are substantially taken from Section 670 of the Warner Act, with the Warner Act's references to "covered member" substituted with "covered military members" and the Warner Act's references to "dependent" substituted with "covered dependent". The substitutions of the above-referenced terms are meant to more clearly identify the targeted group (military personnel and their dependents) of potential payday loan borrowers to whom the Warner Act provisions apply:

- a) Annual Percentage Rate  
A lender may not impose an annual percentage rate of interest greater than 36% with respect to any loan extended to a covered military member or a covered dependent of a covered member. (See 10 USC 987(b).)
- b) Mandatory Loan Disclosures – Information Required  
With respect to any payday loan made to a covered military member or a covered dependent, a lender shall provide to the covered military member or a covered dependent the following information, orally and in writing, before the issuance of the loan:
  - 1) A statement of the annual percentage rate of interest applicable to the loan (see 10 USC 987(c)(1)(A));
  - 2) Any disclosures required under the Truth in Lending Act (15 USC 1601 et seq.) (see 10 USC 987(c)(1)(B));
  - 3) A clear description of the payment obligations of the covered military member or a covered dependent, as applicable (see 10 USC 987(c)(1)(C)).

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c) A lender shall not:

- 1) Roll over, renew, repay, refinance or consolidate any loan made to a covered member or dependent by the same lender with the proceeds of any other loan made to the same covered member or dependent (see 10 USC 987(e)(1));
- 2) Require the covered member's or dependent to waive the covered member's or dependent's right to legal recourse under any otherwise applicable provision of State or federal law, including any provision of the Servicemembers Civil Relief Act (50 USC App. 501 et seq.) (see 10 USC 987(e)(2));
- 3) Require the covered member or dependent to submit to arbitration or impose onerous legal notice provisions in the case of a dispute (see 10 USC 987(e)(3));
- 4) Demand unreasonable notice from a covered member or dependent (see 10 USC 987(e)(4));
- 5) Use a check or other method of access to a deposit, savings or other financial account maintained by the covered member or dependent or the title of a vehicle as security for the obligation (see 10 USC 987(e)(5));
- 6) Require as a condition for the loan that the covered member or dependent establish an allotment to repay an obligation (see 10 USC 987(e)(6));
- 7) Prohibit a covered member or dependent from prepaying the loan or charge a penalty or fee for prepaying all or part of the loan (see 10 USC 987(e)(7)).

d) Forms Provided by Licensee

All loans made pursuant to the Act must include a signed form by the debtor stating that the debtor is either a covered military member or a covered dependent, or that the debtor is not considered a covered military member or covered dependent as defined in Section 210.1. Licensees need not seek form approval from the Department when using language identical to the covered borrower identification statement contained in the Warner Act Regulations (32 CFR

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232.5(a)(1) (2012)). Department approval is required if a licensee seeks to use any other form language.

(Source: Added at 37 Ill. Reg. 216, effective February 19, 2013)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Perinatal HIV Prevention Code
- 2) Code Citation: 77 Ill. Adm. Code 699
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
699.10	Repealed
699.20	Amended
699.30	Amended
699.100	Amended
699.200	Amended
699.300	Amended
699.400	Amended
699.410	Amended
699.420	Amended
699.500	New
699.510	New
699.520	New
699.APPENDIX A	Repealed
699.ILLUSTRATION A	Repealed
699.ILLUSTRATION B	Repealed
- 4) Statutory Authority: Implementing and authorized by the Perinatal HIV Prevention Act [410 ILCS 335] and Sections 2310-10 and 2310-580 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-10 and 2310-580]
- 5) Effective Date of Rulemaking: December 18, 2012
- 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) Notice of Proposed Amendments Published in Illinois Register: 36 Ill. Reg. 2060; February 10, 2012
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No

## DEPARTMENT OF PUBLIC HEALTH

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11) Differences between Proposed and Final Version:

The following changes were made in response to comments received during the First Notice or public comment period:

In Section 699.200, "health care professionals" was stricken and "every health care professional or facility" was inserted.

In Section 699.300(b), "The health care professional" was stricken and "Every health care professional or facility" was inserted.

In Section 699.300(c), "or facility" was added after "the health care professional".

In Section 699.520(a)(2), "in labor and delivery" was added after "pregnant women rapidly tested for HIV".

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

Section 699.500(b) was removed.

Section 699.500(c) was changed to Section 699.500(b).

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? Yes13) Will this rulemaking replace any emergency rulemaking currently in effect? No14) Are there any amendments pending on this Part? No15) Summary and Purpose of Rulemaking: The Perinatal HIV Prevention Code has been updated and revised to correspond with new laboratory testing methodologies approved by the U.S. Food and Drug Administration, provide requirements for follow-up services during the perinatal period, and address the protection of confidential information. The sample written informed consent forms were repealed because the Act no longer requires that informed consent be provided in a written format.16) Information and questions regarding these adopted amendments shall be directed to:

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Susan Meister  
Division of Legal Services

Department of Public Health  
535 West Jefferson, 5<sup>th</sup> Floor  
Springfield, Illinois 62761

217/782-2043  
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The full text of the Adopted Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 699

PERINATAL HIV PREVENTION CODE

SUBPART A: GENERAL PROVISIONS

Section

- 699.10 General Applicability (Repealed)
- 699.20 Definitions
- 699.30 Referenced Materials

SUBPART B: HIV PERINATAL COUNSELING AND TESTING

Section

- 699.100 Perinatal Counseling and Testing

SUBPART C: HIV COUNSELING AND TESTING IN LABOR AND DELIVERY

Section

- 699.200 HIV Counseling and Testing in Labor and Delivery

SUBPART D: COUNSELING AND TESTING POST-DELIVERY

Section

- 699.300 HIV Testing of a Newborn Infant Post-Delivery

SUBPART E: HIV TESTING AND TEST RESULT DISCLOSURE

Section

- 699.400 Approved HIV Tests
- 699.410 ~~Written~~-Informed Consent for HIV Testing
- 699.420 Test Result Disclosure

SUBPART F: HIV REPORTING

Section

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<u>699.500</u>	<u>Telephone Reporting of Positive HIV Tests</u>
<u>699.510</u>	<u>Reporting of Perinatal HIV Exposure</u>
<u>699.520</u>	<u>Monthly Reporting of Data</u>

- 699.APPENDIX A Sample HIV Testing Forms (Repealed)
- 699.ILLUSTRATION A Sample Written Refusal Form for Testing Newborn Infants (Repealed)
- 699.ILLUSTRATION B Sample Written Informed Consent to Perform a Rapid HIV Test in the Labor and Delivery Setting (Repealed)

AUTHORITY: Implementing and authorized by the Perinatal HIV Prevention Act [410 ILCS 335] and Sections 2310-10 and 2310-580 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-10 and 2310-580].

SOURCE: Adopted at 30 Ill. Reg. 9345, effective May 4, 2006; amended at 37 Ill. Reg. 226, effective December 18, 2012.

## SUBPART A: GENERAL PROVISIONS

**Section 699.10 General Applicability (Repealed)**

- a) ~~This Part implements the Perinatal HIV Prevention Act, which concerns the prevention of vertical transmission of HIV infection from mother to newborn infant during pregnancy or labor and delivery. Subpart A includes general provisions that apply to all Sections of the Part, such as definitions and administrative hearing rules.~~
- b) ~~Subpart B concerns counseling and testing of pregnant women for the presence of antibodies to the human immunodeficiency virus (HIV). These provisions set forth the information that must be included in counseling by a health care professional; the written informed consent that a health care professional must obtain prior to performing an HIV test; and requirements for documentation of testing or test results in accordance with the Perinatal HIV Prevention Act and the AIDS Confidentiality Act.~~
- e) ~~Subpart C provides for counseling and rapid HIV antibody testing in labor and delivery; the requirement for written informed consent for testing the pregnant woman; and post-delivery follow-up services for women who test positive for HIV.~~

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- d) ~~Subpart D provides for testing of a newborn infant when the mother does not have a documented HIV test result during the current pregnancy. Testing of the newborn infant is required upon delivery or within 48 hours after the newborn infant's birth, unless the parent or legally authorized representative provides written refusal for HIV testing of the newborn infant. Referral to post-delivery follow-up services for newborn infants who test positive for HIV is also required.~~

(Source: Repealed at 37 Ill. Reg. 226, effective December 18, 2012)

**Section 699.20 Definitions**

~~The following are definitions of terms used in this Part:~~

"Act" means the Perinatal HIV Prevention Act [410 ILCS 335].

"AIDS" means *acquired immunodeficiency syndrome*. (Section 3(b) of the AIDS Confidentiality Act)

"Antiretroviral Preventive Treatment" means a well-established method of preventing vertical HIV transmission.

~~"Department" means the *Illinois* Department of Public Health. (Section 5 of the Act)(Section 3(a) of the AIDS Confidentiality Act)~~

"Health Care Facility" or "Facility" means any hospital or other institution that is licensed or otherwise authorized to deliver health care services. (Section 5 of the Act)

"Health Care Professional" means a physician licensed to practice medicine in all its branches, a physician assistant who has been delegated the provision of health services by his or her supervising physician, or an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician that authorizes the provision of health services. (Section 5 of the Act)

"Health Care Services" means any prenatal medical care or labor or delivery services to a pregnant woman and her newborn infant, including hospitalization. (Section 5 of the Act)

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"HIV" means the human immunodeficiency virus or any other identified causative agent of AIDS. (Section 3(c) of the AIDS Confidentiality Act)

"HIV Test" means an HIV test method approved by the federal Food and Drug Administration (FDA) or validated under a laboratory's Clinical Laboratory Improvement Amendments (CLIA) certification.

"Informed Consent" means a written or verbal agreement by the subject of a test or the subject's legally authorized representative obtained without undue inducement or any element of force, fraud, deceit, duress or other form of constraint or coercion.

"Legally Authorized Representative" means an individual who is authorized to consent to HIV testing and/or disclosure of HIV test results for an individual who is:

Under the age of 12,

Deceased,

Declared incompetent by a court of law, or

Otherwise not competent to consent (for reasons other than age, such as ~~lacking decisional capacity~~~~the apparent inability to understand or communicate with the health care provider~~) as determined by the health care ~~professional~~~~provider~~ seeking ~~such~~ consent.

The following individuals shall be authorized to consent, in the stated order of priority:

For a living or deceased child under the age of 18:

Parent, ~~legally authorized representative or other court-appointed personal representative, except as limited by Section 9(k) of the AIDS Confidentiality Act providing limitations on the ability of a parent or legal guardian to receive the child's test results, and Sections 4 and 5 of the Consent by Minors to Medical Procedures Act [410 ILCS 210] regarding release of test results involving a sexually transmitted infection,~~

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Legal guardian or other court-appointed personal representative,

Adult next-of-kin.

For a living or deceased adult age 18 or over:

Agent authorized by durable power of attorney for health care,

Legal~~Legally authorized representative~~ or other court-appointed personal representative,

Spouse or person in a civil union,

Adult children,

Parent,

Adult next-of-kin.

"Perinatal" means ~~of,~~ relating to, or during~~being~~ the period around childbirth, especially the five months before and one month after birth.

"Physician" means a physician licensed to practice medicine under the Medical Practice Act of 1987 [225 ILCS 60].

"Rapid HIV ~~Antibody~~-Test" means any test approved by the FDA or validated under a laboratory's CLIA certification for the detection of HIV~~a federal Food and Drug Administration (FDA) approved screening test to detect antibodies to HIV that can be collected and processed within 60 minutes, a short interval of time (under 60 minutes).~~

"Supplemental Test" means any HIV test approved by the FDA or validated under a laboratory's CLIA certification used to confirm the positive result of a screening test.

~~"Test" or "HIV Test" means a test to determine the presence of the antibody or antigen to HIV, or of HIV infection. (Section 3(g) of the AIDS Confidentiality Act)~~

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"Vertical Transmission" means transmission of a pathogen such as HIV from mother to fetus or baby during pregnancy or birth.

(Source: Amended at 37 Ill. Reg. 226, effective December 18, 2012)

**Section 699.30 Referenced Materials**

The following materials are referenced in this Part:

- a) Illinois Statutes
  - 1) AIDS Confidentiality Act [410 ILCS 305]
  - 2) Perinatal HIV Prevention Act [410 ILCS 355]
  - 3) Medical Practice Act of 1987 [225 ILCS 60]-
  - 4) ~~The~~ Civil Administrative Code of Illinois [20 ILCS 2310]
  - 5) Consent by Minors to Medical Procedures Act [410 ILCS 210]
- b) Illinois Administrative Rules
  - HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)

(Source: Amended at 37 Ill. Reg. 226, effective December 18, 2012)

## SUBPART B: HIV PERINATAL COUNSELING AND TESTING

**Section 699.100 Perinatal Counseling and Testing**

- a) *Every health care professional who provides health care services to a pregnant woman shall, unless she has already been tested during the current pregnancy, provide the woman with HIV counseling, as described in this Section, and shall test her for offer HIV testing as early in the pregnancy as possible, unless she refuses unless she has already received an HIV test during the current pregnancy.*  
(Section 10(a) of the Act)

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- b) *For women at continued risk of exposure to HIV infection in the judgment of the health care professional, a repeat test should be recommended~~offered~~ late in pregnancy or at the time of labor and delivery. (Section 10(a) of the Act)*
- c) *HIV counseling and testing or refusal~~offer~~ of testing shall be documented in the woman's medical record. (Section 10(b) of the Act) ~~Any testing or test results shall be conducted and documented in accordance with the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code.~~*
- d) *Any testing or test results shall be conducted in accordance with the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code and shall be documented in accordance with the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code in the woman's medical record. (Section 10(b) of the Act)*
- e) *All HIV counseling must be provided in accordance with the AIDS Confidentiality Act and must include~~shall include~~, at minimum, the following information:*
- 1) *For the health of the pregnant woman, the voluntary nature of the testing, the benefits of HIV testing for the pregnant woman, including the prevention of transmission, and the requirement that the HIV testing be performed unless she refuses and the methods by which she can refuse;*
  - 2) *The benefit of HIV testing for herself and the newborn infant, including interventions to prevent HIV transmission;*
  - 3) *The side effects of interventions to prevent HIV transmission;*
  - 4) *The statutory confidentiality provisions that relate to HIV and ~~AIDS~~AIDS testing;*
  - 5) *The requirement for mandatory testing of the newborn if the mother's HIV status is unknown at the time of delivery;~~The voluntary nature of the testing, including the opportunity to refuse testing of a newborn infant in writing;~~ (Section 10 of the Act)*
  - 6) *An explanation of the test, including its purpose, limitations, and the meaning of its results;*

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- 7) *An explanation of the procedures to be followed;*
- 8) *The availability of additional or confirmatory testing, if appropriate. Counseling may be provided in writing, verbally, or by video, electronic, or other means. The woman must be offered an opportunity to ask questions about testing and to decline testing for herself. (Section 10(d) of the Act)*
- f) Information shall also be provided concerning the following:
- 16) ~~Information about~~ HIV infection and HIV transmission;
- 7) ~~Information about the meaning of the test and test results, such as: the purpose, potential uses, and limitations of the test, rapid HIV test, rapid HIV test results and the need for confirmatory testing;~~
- 28) Methods of preventing HIV transmission; and
- 39) ~~The~~ Information about the availability of referrals for further information or counseling (Section 5 of the AIDS Confidentiality Act).
- e) ~~HIV testing shall be provided with the woman's written informed consent. "Written informed consent" means an agreement in writing executed by the subject of a test or the subject's legally authorized representative without undue inducement or any element of force, fraud, deceit, duress or other form of constraint or coercion, which entails at least the following:~~
- 1) ~~A fair explanation of the test, including its purpose, potential uses and limitations and the meaning of its results;~~
- 2) ~~A fair explanation of the procedures to be followed, including the voluntary nature of the test; the right to withdraw consent at any time; the right to anonymity to the extent provided by the AIDS Confidentiality Act with respect to participation in the test and disclosure of test results and the right to confidential treatment of information identifying the subject of the test and the results of the test, to the extent provided by law. (Section 3(d) of the AIDS Confidentiality Act)~~

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(Source: Amended at 37 Ill. Reg. 226, effective December 18, 2012)

## SUBPART C: HIV COUNSELING AND TESTING IN LABOR AND DELIVERY

**Section 699.200 HIV Counseling and Testing in Labor and Delivery**

- a) A health care facility providing medical care for labor or delivery services to a pregnant woman and her newborn infant shall develop and follow written policies and procedures concerning the delegation of the responsibilities for carrying out the counseling and testing requirements of Subparts C and D of this Part. These policies and procedures shall be provided to the Department upon request. Delegation of responsibilities shall be in accordance with other personnel policies of the facility and the Act.
- b) *Every health care professional or facility that cares for a pregnant woman during labor or delivery shall, unless she has already been tested during the current pregnancy and HIV test results are already documented in the woman's medical record, provide the woman with HIV counseling and ~~offer~~ rapid HIV testing unless she refuses, in accordance with Section 699.100(c) and (d) ~~of this Part~~. HIV testing shall be provided with the woman's, if HIV test results are not already documented in the woman's medical record. HIV testing shall be provided with the woman's written informed consent in accordance with Section 699.100(e) ~~of this Part~~. (Section 10**(b)** of the Act)*
- e) *~~No counseling or offer of testing is required if the woman's HIV status during the current pregnancy is already provided in her medical record. (Section 10 of the Act)~~*
- cd)** *The counseling and testing or refusal ~~offer~~ of testing shall be documented in the woman's labor and delivery medical record. ~~Any testing or test results shall be conducted in accordance with the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code and shall be documented in accordance with the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code in the woman's medical record.~~ (Section 10**(b)** of the Act)*
- d) *The health care facility shall adopt a policy that provides that as soon, as possible within medical standards after the infant's birth, the mother's HIV test result, if available, shall be noted in the newborn infant's medical record. It shall also be noted in the newborn infant's medical record if the mother's HIV test result is not*

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available because she has not been tested or has declined testing. (Section 10(b) of the Act)

- e) Any testing or test results shall be conducted in accordance with the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code and shall be documented in accordance with the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code in the woman's medical record. (Section 10(b) of the Act)
- f) In addition to the counseling information required in Section 699.100(d) ~~of this Part~~, when disclosing a positive result of a rapid HIV test to a pregnant woman, every health care professional or facility ~~health care professionals~~ shall provide the woman with post-delivery follow-up referrals to physicians or facilities with experience in providing services to women with HIV.

(Source: Amended at 37 Ill. Reg. 226, effective December 18, 2012)

## SUBPART D: COUNSELING AND TESTING POST-DELIVERY

**Section 699.300 HIV Testing of a Newborn Infant Post-Delivery**

- a) Every health care professional or facility caring for a newborn infant shall, upon delivery or as soon as possible within medical standards after the infant's birth, provide counseling as described in Section 10(d) of the Act to the parent or guardian of the infant and perform rapid HIV testing on the infant, when the HIV status of the infant's mother is unknown. Immediately after birth and within 48 hours after birth, every health care professional or facility shall provide to the parent or legally authorized representative an explanation that the newborn infant will be HIV tested when the mother's HIV status is not documented, unless there is a written refusal for HIV testing by the parent or legally authorized representative of the newborn infant. (Section 10(c) of the Act)
- b) The health care professional or facility shall document in the woman's medical record that counseling and the offer of HIV testing for the newborn infant were given in accordance with Section 699.100(c) and (d) of this Part, and whether the parent or legally authorized representative provided written refusal for HIV testing for the newborn infant. (Section 10(e) of the Act)

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- b1) ~~Every health care professional or facility~~The health care professional providing the positive result of an HIV test on a newborn infant shall provide ~~to~~ the parent or legally authorized representative with an explanation of antiretroviral preventive treatment for HIV-exposed newborn infants.
- 2) ~~When the newborn infant has tested positive, the health care professional providing information on antiretroviral preventive treatment for the newborn infant shall explain to the mother how the test detects HIV antibodies, offer HIV risk counseling, encourage HIV testing for the mother, and provide referrals to physicians or facilities that have experience treating women and children with HIV.~~
- c) When the newborn infant has tested positive, the health care professional or facility providing information on antiretroviral preventive treatment for the HIV-exposed newborn infant shall explain to the mother how the test detects maternal HIV infection, offer HIV risk counseling, encourage HIV testing for the mother, and provide referrals to physicians or facilities that have experience treating women and children with HIV.
- de) *Consent for testing of a newborn infant shall be presumed when a health care professional or health care facility seeks to perform a test on a newborn infant whose mother's HIV status is not known, provided that the counseling required under Section 10(d) of the Act, Section 699.100(d) of this Part and the AIDS Confidentiality Act and subsection (d) of this Section ~~has taken place and the newborn infant's parent or legally authorized representative has not indicated in writing that he or she refuses to allow the newborn infant to receive HIV testing.~~ (Section 10(e) of the Act)*
- ed) Counseling required in this Subpart shall include the elements required in Section 699.100(d).Counseling Requirements
- 1) *Counseling required under this Subpart ~~must be provided in accordance with the AIDS Confidentiality Act and must include the following:~~*
- A) *The benefits of HIV testing for the pregnant woman, including the prevention of transmission.*
- B) *The benefit of HIV testing for the newborn infant, including interventions to prevent HIV transmission.*

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- ~~C) *The side effects of interventions to prevent HIV transmission.*~~
- ~~D) *The statutory confidentiality provisions that relate to HIV and AIDS testing.*~~
- ~~E) *The voluntary nature of the testing, including the opportunity to refuse testing in writing. (Section 10(d) of the Act)*~~
- ~~2) *The requirements for counseling and testing must be provided in accordance with the AIDS Confidentiality Act, with the exception of the requirement of consent for testing of newborn infants. (Section 10(e) of the Act)*~~
- ~~3) *Information about HIV infection and HIV transmission.*~~
- ~~4) *Information about the meaning of the test and test results, such as: the purpose, potential uses, and limitations of the test, rapid HIV test, rapid HIV test results and the need for confirmatory testing.*~~
- ~~5) *Methods of preventing HIV transmission.*~~
- ~~6) *Information about the availability of referrals for further information or counseling. (Section 5 of the AIDS Confidentiality Act)*~~

(Source: Amended at 37 Ill. Reg. 226, effective December 18, 2012)

## SUBPART E: HIV TESTING AND TEST RESULT DISCLOSURE

**Section 699.400 Approved HIV Tests**

HIV ~~antibody~~ testing shall be completed in accordance with Section 697.100 of the 77 Ill. Adm. Code 697.100 (HIV/AIDS Confidentiality and Testing Code).

(Source: Amended at 37 Ill. Reg. 226, effective December 18, 2012)

**Section 699.410 ~~Written~~ Informed Consent for HIV Testing**

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*No person may order an HIV test for a pregnant woman without first receiving the ~~documented~~~~written~~ informed consent of the subject of the test or subject's legally authorized representative.* (Section 4 of the AIDS Confidentiality Act)

(Source: Amended at 37 Ill. Reg. 226, effective December 18, 2012)

**Section 699.420 Test Result Disclosure**

Release of HIV test results shall be as described in ~~77 Ill. Adm. Code 697.140~~ ~~77 Ill. Adm. Code 697.140~~ (HIV/AIDS Confidentiality and Testing Code). Positive results from rapid HIV ~~antibody~~ tests may be released in accordance with Section 697.100 of that Code~~77 Ill. Adm. Code 697.100~~.

(Source: Amended at 37 Ill. Reg. 226, effective December 18, 2012)

SUBPART F: HIV REPORTING**Section 699.500 Telephone Reporting of Positive HIV Tests**

- a) Health care facilities shall report a preliminary positive rapid HIV test in a delivering mother or her infant within 24 hours after birth by calling the 24/7 Perinatal HIV Hotline and by submitting a Preliminary Positive Data Collection Report.
- b) Health care facilities reporting a preliminary positive HIV test result shall conduct supplemental testing and communicate the results by telephone to the 24/7 Perinatal HIV Hotline.

(Source: Added at 37 Ill. Reg. 226, effective December 18, 2012)

**Section 699.510 Reporting of Perinatal HIV Exposure**

- a) Health care facilities shall report a case of perinatal HIV exposure using the Department's Pediatric HIV/AIDS Confidential Case Report for a person under age 13 when caring for a newborn:
  - 1) Whose mother is confirmed to be HIV positive prior to labor and delivery;

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- 2) Whose mother has a rapid HIV test result that is preliminary positive at labor and delivery, and the supplemental test results are positive; or
  - 3) Who has a rapid HIV test result that is preliminary positive at delivery, and the supplemental test results are positive.
- b) If, after 18 months from the date that the report was submitted, a newborn infant is determined to not have HIV or AIDS, the Department shall remove the newborn infant's name from all reports, records and files collected or created.

(Source: Added at 37 Ill. Reg. 226, effective December 18, 2012)

**Section 699.520 Monthly Reporting of Data**

- a) Health care facilities shall report monthly aggregate statistics to the Department, including, but not be limited to, the number of:
- 1) known positive pregnant women presenting for delivery;
  - 2) pregnant women rapidly tested for HIV in labor and delivery;
  - 3) newborn infants rapidly tested for HIV;
  - 4) preliminary HIV-positive women;
  - 5) preliminary HIV-exposed newborn infants; and
  - 6) mothers and infants successfully linked to ongoing medical care and case management services.
- b) Aggregate monthly data shall be reported on the Perinatal Rapid HIV Testing Monthly Report form provided by the Department, and the report shall be submitted by the tenth day of the following month.
- c) Health care facilities shall complete a preliminary positive data report for every case of a preliminary positive HIV result in a mother or newborn infant. Data are reported on the Preliminary Positive Rapid Data Collection form provided by the Department. The report shall be submitted immediately following the

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identification of the preliminarily positive test result and resent after supplemental test results are available.

(Source: Added at 37 Ill. Reg. 226, effective December 18, 2012)

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**Section 699.APPENDIX A Sample Rapid HIV Testing Forms (Repealed)**

**Section 699.ILLUSTRATION A Sample Written Refusal Form for Testing Newborn Infants (Repealed)**

**~~WRITTEN REFUSAL OF RAPID HIV ANTIBODY TESTING FOR A NEWBORN INFANT~~**

Test Subject or Number: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

~~As a parent or legal guardian of a newborn infant, I am not giving my permission for a Food and Drug Administration (FDA) approved test to detect whether my newborn infant has antibodies to HIV (human immunodeficiency virus).~~

**~~I understand that:~~**

~~The human immunodeficiency virus (HIV) is the virus that causes AIDS.~~

- ~~•One way in which HIV is spread is by sexual intercourse, so all sexually active women are potentially at risk for HIV infection.~~
- ~~•HIV can be passed from a mother to her baby during pregnancy, at delivery, and through breastfeeding.~~
- ~~•If I have HIV, it is a serious illness that can affect my health and the health of my baby.~~
- ~~•HIV antibody test results are confidential.~~

**~~I have been counseled about HIV, including:~~**

- ~~•The potential benefit of HIV testing for my newborn infant, including interventions to prevent transmission of infection from mother to baby;~~
- ~~•Information about HIV infection and HIV transmission;~~
- ~~•Information about the meaning of the HIV test and the test results;~~

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- ~~The side effects of interventions to prevent HIV transmission;~~
- ~~Information about the availability of referrals and further counseling;~~
- ~~The voluntary nature of the HIV testing, including the opportunity to refuse, in writing, testing of the newborn infant; and~~
- ~~The confidentiality provisions that relate to HIV/AIDS testing.~~

~~**I understand** that I can refuse HIV testing of my newborn infant. I understand that testing should occur immediately after birth, but no later than 48 hours after birth. I understand that if my newborn infant receives medication no later than 48 hours after birth, the risk of transmission of HIV would be lowered. I understand that delaying testing to a later time will reduce or eliminate the chance that medication can be used to prevent my baby from becoming HIV infected.~~

~~**I understand** that I have received a fair explanation of:~~

- ~~The HIV test procedures to be followed;~~
- ~~My right to withdraw my consent to an HIV test at any time;~~
- ~~The right to anonymity to the extent provided by law with respect to participation in the HIV test and disclosure of test results, and the right to keep confidential information that identifies the subject of the HIV test and the test results.~~

~~**I understand** that if my newborn infant is tested for HIV, the results of the tests are placed in my newborn infant's record and reported to his/her health care provider, and positive results are reported to the Illinois Department of Public Health. Under Illinois law, confidential HIV information can be given only to people to whom I allow it to be given by my written approval, or to people who need to know my newborn infant's HIV status in order to provide medical care and services, including an authorized agent or employee of a health facility or health care provider, if the health facility or provider is authorized to obtain test results; those who are exposed to my newborn infant's blood/body fluids in the course of their employment; and organizations that review the health care services I receive. The law also allows my newborn infant's HIV information to be released under certain limited circumstances to persons whom I may designate through an authorization, to my legal representative, to my spouse, to the parent of the child, to public health officials as required by law, for payment for care and treatment, and~~

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~~as required for a temporary caretaker of a child taken into protective custody by the Department of Children and Family Services. The results also will be provided to the State and local health department to use this information to track the disease and to better plan prevention, health care, and other services.~~

~~**I understand** and agree that my REFUSAL of testing will be placed in my medical record. In addition, I understand that I may withdraw my REFUSAL of HIV testing for my newborn infant at any point in time.~~

~~**I understand that HIV may be transmitted from me to my newborn infant during labor and delivery. I understand that if I refuse HIV testing for my newborn infant, he/she will not be able to promptly receive medication that lowers the risk of his/her becoming HIV infected. I understand that if HIV has already been transmitted to my child, not performing the test means he/she will not receive proper treatment. Delaying testing to a later time will reduce or eliminate the chance that medication can be used to prevent my child from becoming HIV infected. I understand that HIV infection causes serious illnesses and these illnesses could result in my newborn's death.**~~

~~**With the information presented above having been completely and clearly explained to me, and all of my questions having been answered, I refuse to authorize testing of my newborn infant for HIV.**~~

~~\_\_\_\_\_  
Patient/Client Signature or Signature of Legally Authorized Representative~~

~~\_\_\_\_\_  
Date~~

~~\_\_\_\_\_  
Health Care Professional/Facility Witness~~

~~\_\_\_\_\_  
Date~~

(Source: Repealed at 37 Ill. Reg. 226, effective December 18, 2012)

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Section 699.APPENDIX A Sample HIV Testing Forms **(Repealed)**

Section 699.ILLUSTRATION B Sample Written Informed Consent to Perform a Rapid HIV Test in the Labor and Delivery Setting **(Repealed)**

~~WRITTEN INFORMED CONSENT TO PERFORM A RAPID  
HIV TEST IN THE LABOR AND DELIVERY SETTING~~

Test Subject or  
Number: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

~~I hereby grant my permission for a test to detect whether I have antibodies to HIV (human immunodeficiency virus) in my body.~~

~~HIV testing is voluntary and requires your consent in writing. The purpose of rapid HIV testing is to show whether you are infected with HIV, the virus that causes AIDS.~~

~~If you are HIV infected, rapid HIV testing will allow you to receive immediate medication during labor and delivery to reduce the risk of transmitting HIV to your newborn, and will allow your baby to receive the same medication immediately after birth.~~

~~Before you consent to be tested for HIV, speak to your health care provider about:~~

- ~~•How HIV can be passed from person to person and mother to baby;~~
- ~~•Medication that may prevent the transmission of HIV from mother to baby;~~
- ~~•Illinois law that requires all newborn infants to be tested for HIV after birth if the mother's HIV status is unknown, unless the parent provides a written refusal; and~~
- ~~•The meaning of preliminary HIV test results and how a positive HIV test is~~

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~~confirmed.~~

~~If you agree with the following statements and want to consent to rapid HIV testing, please sign this form.~~

~~I have been counseled about the benefits of having a rapid HIV test and understand that:~~

- ~~• Human immunodeficiency virus (HIV) is the virus that causes AIDS.~~
- ~~• One of the ways in which HIV is spread is by sexual intercourse, so all sexually active women are potentially at risk for HIV infection.~~
- ~~• HIV can be passed from a mother to her baby during pregnancy, at delivery, and through breastfeeding;~~
- ~~• If I have HIV, it is a serious illness that can affect my health and the health of my baby.~~
- ~~• HIV antibody test results are confidential, and the law protects me from discrimination.~~

~~If I am found to be HIV infected, treatment is available to reduce the risk that HIV will be transmitted to my baby:~~

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- ~~If I have not yet delivered my baby, I may receive medication as soon as possible to reduce the chance of passing the virus to my baby.~~
- ~~My baby may receive medication that reduces the risk of his/her becoming HIV infected.~~
- ~~In many cases, medications prevent the risk of transmission of HIV. If these medications are given to me during labor and delivery, or to my newborn infant immediately after birth, the chance that my baby will be HIV infected is significantly reduced.~~
- ~~If treatment is started, my health care provider will discuss with me any consequences of taking the medication.~~

~~**I understand** that a preliminary positive result does not mean that I have AIDS, but that my blood may have been exposed to the human immunodeficiency virus, and antibodies to that virus may be present in my body. I understand that if my test results are positive, I will be offered HIV counseling.~~

~~**I understand** that HIV test results may indicate that a person has HIV antibodies when the person does not have the antibodies (a false positive result) or the test may fail to detect that a person has antibodies to the virus when the person does in fact have these antibodies (a false negative result).~~

~~**The test that I am consenting to take will provide me and my health care provider with results within 12 hours:**~~

- ~~If I have the rapid HIV test, I will be given the results no later than 12 hours after my blood is drawn.~~
- ~~If the rapid HIV test result is negative, no further testing will be done at this time.~~
- ~~If my rapid HIV test result is negative, it most likely means that I am not infected with HIV, but it may not detect recent infection.~~
- ~~A preliminary positive HIV test result means there is a possibility that I am HIV infected and that my baby may have been exposed to HIV. A second test, to confirm a preliminary positive HIV test result, will be done.~~
- ~~I understand that if my preliminary test result is positive, I still may not have HIV infection (false positive test results can occur), but it may be best to start treatment to help prevent the transmission of infection to my baby while I wait for the~~

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~~confirmatory test result.~~

**~~All preliminary positive test results will be confirmed:~~**

- ~~•If the confirmatory HIV test result is negative, I will immediately be taken off of medication that was started to help prevent transmission of HIV from me to my baby.~~
- ~~•If the confirmatory test is positive, any medication that was given to help to prevent transmission of HIV from me to my baby will be continued.~~
- ~~•If the confirmatory test is positive, I will be referred to a physician for my own ongoing medical care.~~

**~~Confidentiality of HIV Information:~~**

~~If you take the rapid HIV test, your test results are confidential. Under Illinois law, confidential HIV information can be given only to people to whom you allow it to be given by your written approval, to people who need to know your HIV status in order to provide medical care and services, including: an authorized agent or employee of a health facility or a healthcare provider if the health facility or provider is authorized to obtain test results; those who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive.~~

~~The law also allows your confirmed HIV test results to be released: to public health officials as required by law; for payment for care and treatment; to a temporary caretaker of children taken into protective custody by the Illinois Department of Children and Family Services; and to any other entity permitted by the AIDS Confidentiality Act.~~

~~I understand that my test results will be kept confidential to the extent provided by law. In addition, I understand that I may withdraw from the testing at any point in time prior to the completion of laboratory tests. I understand that my testing is voluntary.~~

~~I agree to be tested using a rapid HIV antibody test and I agree that I may be told of my test results.~~

~~I have been counseled that if the result of the rapid HIV antibody test is preliminary positive, then I must undergo additional testing to confirm whether I am HIV positive. I consent to that additional testing.~~

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~~I understand that a preliminary positive result from my rapid HIV antibody test will be released to designated health care professionals to provide necessary treatment to prevent HIV transmission from mother to child.~~

~~I agree that if the result of my HIV test is preliminary positive or if the result of my rapid HIV antibody test is confirmed positive, I may be referred to another health care provider for follow-up testing and care. I consent to the release of my medical information, including my HIV test results and contact information, to that provider for the purpose of follow-up testing and care.~~

~~If I choose not to have a rapid HIV test, I understand that:~~

- ~~• I may be positive for HIV, which is a serious illness that can affect my health and the health of my baby.~~
- ~~• I may be positive for HIV and may not receive appropriate treatment for this serious illness.~~
- ~~• I may be HIV positive and my child is at risk of my transmitting HIV to him/her through labor and delivery. As a result, my child could also be HIV positive. I understand that HIV in my child is a serious illness (see above) and this illness (see above) could result in my newborn infant's death, unless my newborn infant is tested and treated.~~

~~I have been advised about the purpose, potential uses, limitations, and meaning of the test results; the voluntary nature of the test; the right to withdraw consent at any time prior to the completion of laboratory tests; the medical risks if I refuse; and the confidentiality protections under the law. The information presented above has been completely and clearly explained to me, and all of my questions have been answered. I hereby authorize my physician or facility to collect an oral or blood specimen and perform an HIV antibody test on that specimen.~~

\_\_\_\_\_  
~~Patient/Client Signature or Signature of Legally Authorized Representative~~

\_\_\_\_\_  
Date

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Facility/Provider Witness

**Placement of My Medical Information in My Newborn Infant's Medical Record**

~~I understand that, in order to effectively treat my newborn infant, the results of the tests and my HIV status should be placed in my newborn infant's medical record. If this information is placed in my newborn infant's medical record, I understand that my test results and my HIV status in the newborn infant's medical record may be disclosed to those providing care and treatment to my newborn infant. I also understand that my information in my newborn infant's medical record may be disclosed to my spouse; to a legally authorized representative; to a person whom I have designated through an authorization (my written authorization permitting him or her to release my information); to my newborn infant at a later time; or to a court or other entity that has the legal authority to have access to my newborn infant's medical record.~~

~~YES. I consent to have my HIV test results and my HIV status placed in my newborn infant's medical record.~~

~~\_\_\_\_\_  
Patient/Client Signature or Signature of Legally Authorized Representative~~

~~\_\_\_\_\_  
Date~~

~~NO. I do not want my HIV test results and my HIV status placed in my newborn infant's medical record. I understand that this may adversely affect medical treatment for my newborn infant.~~

~~\_\_\_\_\_  
Patient/Client Signature or Signature of Legally Authorized Representative~~

~~\_\_\_\_\_  
Date~~

(Source: Repealed at 37 Ill. Reg. 226, effective December 18, 2012)

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: 140.462                      Emergency Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date: January 1, 2013
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rulemaking expires, as authorized by the SMART Act, on June 30, 2013.
- 7) Date Filed with the Index Department: December 21, 2012
- 8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: PA 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in the SMART Act, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of SMART. The change is being made in order to maintain access to necessary medical services and allow the State to benefit from 340B pricing on these expensive devices pursuant to the SMART Act [305 ILCS 5/5-5.12(1)]. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety and welfare.
- 10) Complete Description of the Subjects and Issues Involved: This emergency rulemaking proposes to change the methodology by which Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are reimbursed for implantable contraceptive devices under the Illinois Medicaid Program. The change is being made in order to maintain access to necessary medical services and allow the State to benefit from 340B pricing on these expensive devices pursuant to SMART Act.

For dates of service on or after 7/1/12, FQHCs and RHCs may elect to be reimbursed under an alternative payment methodology (APM) for implantable

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contraceptive devices that the agency prohibits being billed through the Pharmacy System. Reimbursement for the implantable contraceptive devices shall be made at the Center's actual acquisition cost under the 340B Drug Pricing Program or the Department's rate published on the practitioner fee schedule, as applicable.

Reimbursement through this APM is separate from any encounter payment the FQHC or RHC may receive for implanting the device.

- 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>
140.445	Amendment	36 Ill. Reg. 7757; May 25, 2012
140.523	Amendment	36 Ill. Reg. 7757; May 25, 2012
140.539	Amendment	36 Ill. Reg. 7757; May 25, 2012
140.570	Amendment	36 Ill. Reg. 7757; May 25, 2012
140.400	Amendment	36 Ill. Reg. 8594; June 15, 2012
140.438	Amendment	36 Ill. Reg. 8594; June 15, 2012
140.5	Amendment	36 Ill. Reg. 9650; July 6, 2012
140.642	Amendment	36 Ill. Reg. 9650; July 6, 2012
140.643	Amendment	36 Ill. Reg. 9650; July 6, 2012
140.491	Amendment	36 Ill. Reg. 15425; November 2, 2012
140.TABLE A	Amendment	36 Ill. Reg. 15425; November 2, 2012

- 12) Statement of Statewide Policy Objectives: This rulemaking does affect units of local government. It will have an impact on county government entities that own or operate nursing facilities enrolled in the Medical Assistance Program.
- 13) Information and questions regarding this emergency amendment shall be directed to:

Jeanette Badrov  
 General Counsel  
 Illinois Department of Healthcare and Family Services  
 201 South Grand Avenue East, 3<sup>rd</sup> Floor  
 Springfield IL 62763-0002

217/782-1233

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

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF EMERGENCY AMENDMENT

## TITLE 89: SOCIAL SERVICES

## CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## SUBCHAPTER d: MEDICAL PROGRAMS

## PART 140

## MEDICAL PAYMENT

## SUBPART A: GENERAL PROVISIONS

## Section

- 140.1 Incorporation By Reference
- 140.2 Medical Assistance Programs
- 140.3 Covered Services Under Medical Assistance Programs
- 140.4 Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
- 140.5 Covered Medical Services Under General Assistance
- 140.6 Medical Services Not Covered
- 140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
- 140.8 Medical Assistance For Qualified Severely Impaired Individuals
- 140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
- 140.10 Medical Assistance Provided to Persons Confined or Detained by the Criminal Justice System

## SUBPART B: MEDICAL PROVIDER PARTICIPATION

## Section

- 140.11 Enrollment Conditions for Medical Providers
- 140.12 Participation Requirements for Medical Providers
- 140.13 Definitions
- 140.14 Denial of Application to Participate in the Medical Assistance Program
- 140.15 Recovery of Money
- 140.16 Termination or Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.18 Effect of Termination or Revocation on Persons Associated with Vendor

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- 140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring
- 140.20 Submittal of Claims
- 140.21 Reimbursement for QMB Eligible Medical Assistance Recipients and QMB Eligible Only Recipients and Individuals Who Are Entitled to Medicare Part A or Part B and Are Eligible for Some Form of Medicaid Benefits
- 140.22 Magnetic Tape Billings (Repealed)
- 140.23 Payment of Claims
- 140.24 Payment Procedures
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- 140.26 Payment to Factors Prohibited
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- 140.30 Audits
- 140.31 Emergency Services Audits
- 140.32 Prohibition on Participation, and Special Permission for Participation
- 140.33 Publication of List of Sanctioned Entities
- 140.35 False Reporting and Other Fraudulent Activities
- 140.40 Prior Approval for Medical Services or Items
- 140.41 Prior Approval in Cases of Emergency
- 140.42 Limitation on Prior Approval
- 140.43 Post Approval for Items or Services When Prior Approval Cannot Be Obtained
- 140.44 Withholding of Payments Due to Fraud or Misrepresentation
- 140.55 Recipient Eligibility Verification (REV) System
- 140.71 Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
- 140.72 Drug Manual (Recodified)
- 140.73 Drug Manual Updates (Recodified)

## SUBPART C: PROVIDER ASSESSMENTS

- Section
- 140.80 Hospital Provider Fund
- 140.82 Developmentally Disabled Care Provider Fund
- 140.84 Long Term Care Provider Fund
- 140.94 Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
- 140.95 Hospital Services Trust Fund
- 140.96 General Requirements (Recodified)

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140.97	Special Requirements (Recodified)
140.98	Covered Hospital Services (Recodified)
140.99	Hospital Services Not Covered (Recodified)
140.100	Limitation On Hospital Services (Recodified)
140.101	Transplants (Recodified)
140.102	Heart Transplants (Recodified)
140.103	Liver Transplants (Recodified)
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140.110	Disproportionate Share Hospital Adjustments (Recodified)
140.116	Payment for Inpatient Services for GA (Recodified)
140.117	Hospital Outpatient and Clinic Services (Recodified)
140.200	Payment for Hospital Services During Fiscal Year 1982 (Recodified)
140.201	Payment for Hospital Services After June 30, 1982 (Repealed)
140.202	Payment for Hospital Services During Fiscal Year 1983 (Recodified)
140.203	Limits on Length of Stay by Diagnosis (Recodified)
140.300	Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
140.350	Copayments (Recodified)
140.360	Payment Methodology (Recodified)
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140.368	Volume Adjustment (Repealed)
140.369	Groupings (Recodified)
140.370	Rate Calculation (Recodified)
140.371	Payment (Recodified)
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140.373	Utilization (Repealed)
140.374	Alternatives (Recodified)
140.375	Exemptions (Recodified)
140.376	Utilization, Case-Mix and Discretionary Funds (Repealed)
140.390	Subacute Alcoholism and Substance Abuse Services (Recodified)
140.391	Definitions (Recodified)
140.392	Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
140.394	Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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- 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services  
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## SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

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- 140.400 Payment to Practitioners
- 140.402 Copayments for Noninstitutional Medical Services
- 140.403 Telehealth Services
- 140.405 SeniorCare Pharmaceutical Benefit (Repealed)
- 140.410 Physicians' Services
- 140.411 Covered Services By Physicians
- 140.412 Services Not Covered By Physicians
- 140.413 Limitation on Physician Services
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- 140.422 Requirements for Prescriptions and Dispensing Items of Pharmacy Items –  
Dentists (Repealed)
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- 140.427 Requirement for Prescriptions and Dispensing of Pharmacy Items – Podiatry  
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- 140.431 Services Not Covered by Independent Clinical Laboratories
- 140.432 Limitations on Independent Clinical Laboratory Services
- 140.433 Payment for Clinical Laboratory Services
- 140.434 Record Requirements for Independent Clinical Laboratories
- 140.435 Advanced Practice Nurse Services
- 140.436 Limitations on Advanced Practice Nurse Services
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- 140.442 Prior Approval of Prescriptions
  - 140.443 Filling of Prescriptions
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SUBPART F: FEDERAL CLAIMING FOR STATE AND  
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## Section

- 140.850 Reimbursement of Administrative Expenditures  
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140.896 Reimbursement For Program Costs (Active Treatment) For Clients in Long Term  
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- 140.920 General Description  
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140.928	Client Enrollment and Program Components (Repealed)
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140.940	Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified)
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140.960	Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
140.962	Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
140.964	Contract Monitoring (Recodified)
140.966	Transfer of Recipients (Recodified)
140.968	Validity of Contracts (Recodified)
140.970	Termination of ICARE Contracts (Recodified)
140.972	Hospital Services Procurement Advisory Board (Recodified)
140.980	Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired)
140.982	Elimination Of Hospital Services For Persons Age Eighteen (18) And Older And Persons Married And Living With Spouse, Regardless Of Age (Emergency Expired)

## SUBPART I: PRIMARY CARE CASE MANAGEMENT PROGRAM

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## SUBPART J: ALTERNATE PAYEE PARTICIPATION

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AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; preemptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; preemptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; preemptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; preemptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985;

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amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3,

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1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended

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at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg.

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18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days;

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emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April

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19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the maximum 150 days; emergency amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days; emergency expired April 10, 2009; peremptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency

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amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill. Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011; amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg. 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended at 36 Ill. Reg. 13736 and emergency amendment to Section 140.491 suspended at 36 Ill. Reg. 13738, effective August 14, 2012; suspension withdrawn from Section 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to JCARE action on Sections 140.442(e)(4) and 140.443(h), and emergency amendment to Section 140.445 at 36 Ill. Reg. 14820, effective September 21, 2012 through June 30, 2013; amended at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253, effective January 1, 2013, for a maximum of 150 days.

## SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

**Section 140.462 Covered Services in Clinics****EMERGENCY**

Payment shall be made to clinics for the following types of services when provided by, or under the direction of, a physician:

- a) Hospital-Based Organized Clinics
  - 1) With respect to those hospital-based organized clinics that qualify as Maternal and Child Health clinics, as described in Section 140.461(f)(1), covered services are those described in subsection (e), as appropriate.

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- 2) With respect to all other hospital-based organized clinics, covered services are those described in 89 Ill. Adm. Code 148.
  - 3) Group psychotherapy services must meet the guidelines set forth in Section 140.413(a)(4)(C).
- b) Encounter Rate Clinics
- 1) With respect to those encounter rate clinics that qualify as Maternal and Child Health providers, as described in Section 140.924(a)(2)(B), covered services are those described in Section 140.922.
  - 2) With respect to all other encounter rate clinics, covered services are medical services that provide for the continuous health care needs of persons who elect to use this type of service, including dental services that will be billed as separate encounters for dates of service on or after January 1, 2011.
  - 3) Group psychotherapy services must meet the guidelines set forth in Section 140.413(a)(4)(C).
- c) Rural Health Clinics
- Those core services for which the clinic or center may bill an encounter as described in 42 CFR 440.90 (2000) are as follows:
- 1) Physician's Services, including covered services of nurse practitioners, nurse midwives and physician-supervised physician assistants. Group psychotherapy services must meet the guidelines set forth in Section 140.413(a)(4)(C).
  - 2) Other services for which a separate encounter may be billed include dentist and behavioral health services as defined in Section 140.463(a).
  - 3) Medically-necessary services and supplies furnished by or under the direction of a physician or dentist within the scope of licensed practice that have been included in the cost report but neither fee-for-service nor encounter billings may be billed. Some examples of these services include:

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- A) medical case management;
  - B) laboratory services;
  - C) occupational therapy;
  - D) patient transportation;
  - E) pharmacy services;
  - F) physical therapy;
  - G) podiatric services;
  - H) speech and hearing services;
  - I) x-ray services;
  - J) health education;
  - K) nutrition services;
  - L) optometric services.
- 4) A rural health clinic (RHC) that adds behavioral health services or dental services on or after October 1, 2001, must notify the Department in writing. These services are to be billed as an encounter with a procedure code that appropriately identifies the service provided.
- 5) Any service that is no longer provided on or after October 1, 2001, or any new service added on or after October 1, 2001, must be communicated to the Department in writing prior to billing for the services.
- 6) Effective January 1, 2001, the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) precludes fee-for-service billings for any RHC services with the exception of services identified in subsection (c)(7) and (c)(8) in this Section.

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- 7) Effective July 1, 2012 through June 30, 2013, a physician or APN may submit fee-for-service billings for implantable contraceptive devices administered in an RHC. Reimbursement for the implantable contraceptive devices shall be made in accordance with the following:
- A) To the extent that the implantable device was purchased under the 340B Drug Pricing Program, the device must be billed at the RHC's actual acquisition cost;
  - B) The RHC must be listed as the payee on the claim;
  - C) Reimbursement shall be made at the RHC's actual acquisition cost or the rate on the Department's practitioner fee schedule, whichever is applicable;
  - D) This reimbursement shall be separate from any encounter payment the RHC may receive for implanting the device.
- 8) Effective July 1, 2013, an RHC may submit fee-for-service billings for implantable contraceptive devices. Reimbursement for the implantable contraceptive device shall be made in accordance with the following:
- A) To the extent that the implantable device was purchased under the 340B Drug Pricing Program, the device must be billed at the RHC's actual acquisition cost;
  - B) Reimbursement shall be made at the RHC's actual acquisition cost or the rate on the Department's practitioner fee schedule, whichever is applicable;
  - C) This reimbursement shall be separate from any encounter payment the RHC may receive for implanting the device.
- d) Federally Qualified Health Centers  
Those core services for which the clinic or center may bill an encounter as described in 42 CFR 440.90 (2000) are as follows:
- 1) Physician's services, including covered services of nurse midwives, nurse practitioners and physician-supervised physician assistants. Group

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psychotherapy services must meet the guidelines set forth in Section 140.413(a)(4)(C).

- 2) Other services for which separate encounters may be billed include dentists and behavioral health services as defined in Section 140.463(a).
- 3) Medically-necessary services and supplies furnished by or under the direction of a physician or dentist within the scope of licensed practice have been included in the cost report but neither fee-for-service nor encounter billings may be billed. Some examples of these services include:
  - A) medical case management;
  - B) laboratory services;
  - C) occupational therapy;
  - D) patient transportation;
  - E) pharmacy services;
  - F) physical therapy;
  - G) podiatric services;
  - H) optometric services;
  - I) speech and hearing services;
  - J) x-ray services;
  - K) health education;
  - L) nutrition services.
- 4) A federally qualified health center (FQHC) that adds behavioral health services or dental services on or after October 1, 2001, must notify the Department in writing. These services are to be billed as an encounter

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with a procedure code that appropriately identifies the service.

- 5) Any service that is no longer provided on or after October 1, 2001, or any new service added on or after October 1, 2001, must be communicated to the Department in writing.
- 6) Effective January 1, 2001, the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) precludes fee-for-service billings for any FQHC services provided with the exception of services identified in subsection (c)(7) and (c)(8) in this Section.
- 7) Effective July 1, 2012 through June 30, 2013, a physician or APN may submit fee-for-service billings for implantable contraceptive devices administered in an RHC. Reimbursement for the implantable contraceptive devices shall be made in accordance with the following:
  - A) To the extent that the implantable device was purchased under the 340B Drug Pricing Program, the device must be billed at the RHC's actual acquisition cost;
  - B) The RHC must be listed as the payee on the claim;
  - C) Reimbursement shall be made at the RHC's actual acquisition cost or the rate on the Department's practitioner fee schedule, whichever is applicable;
  - D) This reimbursement shall be separate from any encounter payment the RHC may receive for implanting the device.
- 8) Effective July 1, 2013, an RHC may submit fee-for-service billings for implantable contraceptive devices. Reimbursement for the implantable contraceptive device shall be made in accordance with the following:
  - A) To the extent that the implantable device was purchased under the 340B Drug Pricing Program, the device must be billed at the RHC's actual acquisition cost;

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B) Reimbursement shall be made at the RHC's actual acquisition cost or the rate on the Department's practitioner fee schedule, whichever is applicable;

C) This reimbursement shall be separate from any encounter payment the RHC may receive for implanting the device.

e) Maternal and Child Health Clinics

Payment shall be made to the Maternal and Child Health clinics identified in Section 140.461(f)(1) for the following services when provided by, or under the direction of, a physician:

- 1) In the case of clinics described in Section 140.461(f)(1)(A) and (f)(1)(B), primary care services delivered by the clinic, which must include, but are not necessarily limited to:
  - A) Early, periodic, screening, diagnostic, and treatment (EPSDT) services as defined in Section 140.485;
  - B) Childhood risk assessments to determine potential need for mental health and substance abuse assessment and/or treatment;
  - C) Regular immunizations for the prevention of childhood diseases;
  - D) Follow-up ambulatory medical care deemed necessary, recommended, or prescribed by a physician as a result of an EPSDT screening;
  - E) Routine prenatal care, including risk assessment, for pregnant women; and
  - F) Specialty care as medically needed.
- 2) In the case of clinics described in Section 140.461(f)(1)(C), primary care and specialty services delivered by the clinic, which must include, but are not necessarily limited to:
  - A) Prenatal care, including risk assessment (one risk assessment per pregnancy);

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- B) All ambulatory treatment services deemed medically necessary, recommended, or prescribed by a physician as the result of the assessment; and
  - C) Services to pregnant women with diagnosed substance abuse or addiction problems.
- 3) In the case of clinics described in Section 140.461(f)(1)(D):
- A) Comprehensive medical and referral services.
  - B) Primary care services, which must include, but are not necessarily limited to:
    - i) early, periodic, screening, diagnostic, and treatment (EPSDT) services as defined in Section 140.485;
    - ii) regular immunizations for the prevention of childhood diseases; and
    - iii) follow-up ambulatory medical care deemed necessary, recommended, or prescribed by a physician as the result of an EPSDT screening.
  - C) Pediatric specialty services, which must include, at a minimum, necessary treatment for:
    - i) asthma,
    - ii) congenital heart disease,
    - iii) diabetes, and
    - iv) sickle cell anemia.
  - D) Ambulatory treatment for other medical conditions as specified in the center's certificate application and as approved by the Department.

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- f) School Based/Linked Health Clinics (Centers)  
Covered services are the following services, when delivered in a school based/linked health center setting as described in Section 140.461(g):
- 1) Basic medical services: well child or adolescent exams, consisting of a comprehensive health history, complete physical assessment, screening procedures and age appropriate anticipatory guidance; immunizations; EPSDT services; diagnosis and treatment of acute illness and injury; basic laboratory tests; prescriptions and dispensing of commonly used medications for identified health conditions, in accordance with Medical Practice and Pharmacy Practice Acts; and acute management and on-going monitoring of chronic conditions, such as asthma, diabetes and seizure disorders.
  - 2) Reproductive health services: gynecological exams; diagnosis and treatment of sexually transmitted diseases; family planning; prescribing and dispensing of birth control or referral for birth control services; pregnancy testing; treatment or referral for prenatal and postpartum care; and cancer screening.

(Source: Amended by emergency rulemaking at 37 Ill. Reg. 253, effective January 1, 2013, for a maximum of 150 days)

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- 1) Heading of the Part: Hospital Reimbursement Changes
- 2) Code Citation: 89 Ill. Adm. Code 152
- 3) Section Number:        Emergency Action:  
152.300                      New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date: January 1, 2013
- 6) If this emergency rulemaking is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule expires, as authorized by the SMART Act, on June 30, 2013.
- 7) Date filed with the Index Department: December 21, 2012
- 8) A copy of the emergency rulemaking, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: PA 97-689, Save Medicaid Access and Resources Together (SMART) Act, gives any agency in charge with implementing a provision or initiative in the Act, the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of the Act. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety and welfare. Pursuant to PA 97-689, the 150-day limitation of the effective period of emergency rules does not apply and the effective period of rules necessary to implement SMART may continue through June 30, 2013. These emergency rules are necessary to implement the provisions and initiatives of the SMART Act.
- 10) Complete Description of the Subjects and Issues Involved: The Department is implementing the potentially preventable readmission (PPR) policy beginning January 1, 2013 as required by the SMART Act. This policy is designed to reduce potentially preventable hospital readmissions, inpatient complications and unnecessary emergency room visits.
- 11) Are there any other rulemakings pending on this Part? Yes

Section Numbers:Proposed Action:Illinois Register Citation:

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152.150	Amendment	36 Ill. Reg. 7959; May 25, 2012
152.200	Amendment	36 Ill. Reg. 7959; May 25, 2012

- 12) Statement of Statewide Policy Objectives: This emergency amendment neither creates nor expands any State mandate affecting units of local government.
- 13) Information and questions regarding this rulemaking shall be directed to:

Jeanette Badrov  
General Counsel  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield IL 62763-0002

217/782-1233

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

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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## TITLE 89: SOCIAL SERVICES

## CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

## PART 152

## HOSPITAL REIMBURSEMENT CHANGES

## Section

152.100	Reimbursement Add-on Adjustments (Repealed)
152.150	Diagnosis Related Grouping (DRG) Prospective Payment System (PPS)
152.200	Non-DRG Reimbursement Methodologies
152.250	Appeals (Repealed)
<u>152.300</u>	<u>Adjustment for Potentially Preventable Readmissions</u>
<u>EMERGENCY</u>	

AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Sections 12-13 and 14-8 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and Sections 12-13 and 14-8].

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2150, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10141, effective June 17, 1994; emergency amendment at 19 Ill. Reg. 6706, effective May 12, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10236, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16272, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9272, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15712, effective November 27, 1996; emergency amendment at 21 Ill. Reg. 9544, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16153, effective November 26, 1997; emergency amendment at 25 Ill. Reg. 218, effective January 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6966, effective May 28, 2001; emergency amendment at 25 Ill. Reg. 16122, effective December 3, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 7309, effective April 29, 2002; emergency amendment at 29 Ill. Reg. 10299, effective July 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 19997, effective November 23, 2005; emergency amendment at 30 Ill. Reg. 11847, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18703, effective November 27, 2006; emergency amendment at 32 Ill. Reg. 529, effective January 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 8730, effective May 29, 2008; amended at 35 Ill. Reg. 10114, effective June 15, 2011; emergency amendment at 36 Ill. Reg. 10410, effective July 1, 2012 through June 30, 2013; emergency amendment at 37 Ill. Reg. 282, effective January 1, 2013 through June 30, 2013.

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**Section 152.300 Adjustment for Potentially Preventable Readmissions**  
**EMERGENCY**

- a) Notwithstanding any provision set forth in 89 Ill. Adm. Code 148 or 89 Ill. Adm. Code 149, the changes described in this Section will be effective January 1, 2013.
- b) For clean claims received on or after January 1, 2013, rates of payment to hospitals that have an excess number of readmissions as defined in accordance with the criteria set forth in subsection (d) of this Section, as determined by a risk adjusted comparison of the actual and targeted number of readmissions in a hospital as described by subsection (e) of this Section, shall be reduced in accordance with subsection (f) of this Section.
- c) Definitions. For purposes applicable to this Section the following terms shall be defined as follows.
- 1) "Potentially Preventable Readmission (PPR)" shall mean a readmission, meeting the readmission criteria in subsection (d) of this Section, that follows a prior discharge from a hospital within 30 days, and that is clinically-related to the prior hospital admission.
  - 2) "Hospital" shall mean a hospital as defined in 89 Ill. Adm. Code 148.25(b).
  - 3) "Clean Claim" shall mean a claim as defined in 42 CFR 447.45(b).
  - 4) "Initial Admission" shall mean an admission to a hospital that has a subsequent readmission in 30 days that is clinically related based on the 3M Corporation's PPR methodology.
  - 5) "Only Admission" shall mean an admission without an associated readmission.
  - 6) "Potentially Preventable Readmission (PPR) Chain" shall mean an initial admission occurring at a hospital that is followed by one or more clinically-related PPRs. The PPRs may occur at the same hospital or a different hospital.

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- 7) "Qualifying Admission" shall mean the number of PPR chains plus the number of "Only Admissions", but specifically excludes the admissions detailed in subsection (d)(2) of this Section.
  - 8) "Actual Rate" shall mean the number PPR chains for a hospital divided by the total number of qualifying admissions for the hospital.
  - 9) "Targeted Rate of Readmissions" shall mean a risk adjusted readmission rate for each hospital that accounts for the severity of illness, APR-DRG, presence of behavioral health issues, and age of patient at the time of discharge preceding the readmission.
  - 10) "Excess Rate of Readmission" shall mean the difference between the actual rate of readmission and the targeted rate of readmission for each hospital.
  - 11) "Behavioral Health" for the purposes of risk adjustments, shall mean an admission that includes a secondary diagnosis of a major behavioral health related condition, including, but not limited to, mental disorders, chemical dependency and substance abuse.
- d) Readmission Criteria.
- 1) A readmission is defined as an inpatient readmission within 30 days of discharge that is clinically related to the initial admission, as defined by the Potentially Preventable Readmission (PPR) software created and maintained by the 3M Corporation, and meets all of the following criteria:
    - A) The readmission is potentially preventable by the provision of appropriate care consistent with accepted standards, based on the 3M software, in the prior discharge or during the post discharge follow-up period.
    - B) The readmission is for a condition or procedure related to the care during the prior discharge or the care during the period immediately following the prior discharge.
    - C) The readmission is to the same or to any other hospital.

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- 2) Admissions data, for the purposes of determining PPRs, excludes the following circumstances:
  - A) The discharge was a patient initiated discharge and was Against Medical Advice (AMA) and the circumstances of such discharge and readmission are documented in the patient's medical record.
  - B) The admission was for the purpose of securing treatment for a major or metastatic malignancy, multiple trauma, burns, neonatal and obstetrical admissions, HIV, alcohol or drug detoxification, non-acute events (rehabilitation admissions), or for hospitals defined in 89 Ill. Adm. Code 149.50(c)(4) admissions with an APR DRG code other than 740 through 760.
  - C) The admission was for an individual who was dually eligible for Medicare and Medicaid, or was enrolled in a Managed Care Organization (MCO).
- 3) Non-events are admissions to a non-acute care facility such as a nursing home or an admission to an acute care hospital for non-acute care. Non-events are ignored and are not considered to be a readmission.
- 4) Planned readmissions as defined by 3M's team of clinicians are accounted for in the 3M PPR software as an "only admission" and are not considered to be a readmission.
- e) Methodology to Determine Excess Readmissions.
  - 1) Rate adjustments for State fiscal year 2013 for each hospital shall be based on each hospital's 2010 medical assistance paid claims data for admissions that occurred between July 1, 2009, and June 30, 2010.
  - 2) The targeted rate of readmission for each hospital shall be reduced by the percent necessary to achieve a savings of at least \$40 million in State fiscal year 2013 for hospitals other than the "large public hospitals" defined in 89 Ill. Adm. Code 148.458(a).
  - 3) Excess readmissions for each hospital shall be calculated by multiplying a hospital's qualifying admissions by the difference between the actual rate

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of PPRs and the targeted rate of PPRs, as adjusted in subsection (e)(2) of this Section.

4) In the event the actual rate of PPRs for a hospital is lower than the targeted rate of PPRs, the excess number of readmissions shall be set at zero.

f) Payment Reduction Calculation.

1) An Average Readmission Payment per PPR chain for each hospital shall be calculated by dividing:

A) The total medical assistance net liability attributable to the readmissions associated with the hospital's PPR chains (excluding the liability associated with the initial admission); by

B) The number of PPR chains for the hospital.

2) The Total Excess Readmission Payments shall equal the average readmission payment per PPR chain, as determined in subsection (f)(1) of this Section, multiplied by the excess readmissions as determined in subsection (e)(3) of this Section.

3) The total annual payment reduction for each hospital shall be the lesser of:

A) The total excess readmission payments as determined in subsection (f)(2) of this Section; or

B) The total medical assistance payments for all hospital admissions, including admissions that were excluded from the PPR analysis, multiplied by seven percent.

4) A fiscal year 2013 hospital specific payment reduction factor for each hospital shall be computed as one minus the ratio of:

A) Twenty-five percent of the total annual payment reduction, as determined in subsection (f)(3) of this Section, divided by,

B) Fifty percent of the total estimated medical assistance payments for all hospital clean claims received in fiscal year 2013.

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- 5) The hospital specific payment reduction factor, as determined in subsection (f)(4), shall be applied to the final payment amount for each clean claim received in fiscal year 2013.
  - 6) In order to achieve a savings of twenty-five percent of the annual payment reduction for each hospital, the hospital specific payment reduction factor may be adjusted to account for variances between the estimated payments to the hospital and the actual payments to the hospital.
  - 7) For those hospitals that have a payment reduction amount in State fiscal year 2013 a reconciliation of fiscal year 2013 claims will be calculated after January 1, 2014, after all inpatient hospital claims have been received by the Department to determine how much of the remaining annual payment reduction must be recovered from the hospital. This reconciliation will determine how much of the annual payment reduction was offset in fiscal year 2013 by comparing the fiscal year 2013 rate of readmission to the base year (fiscal year 2010), as determined in subsection (e)(2) of this Section. In addition, the reconciliation will account for changes in the average readmission payment per PPR chain from fiscal year 2010 to fiscal year 2013.
- g) Prior to June 30, 2013, administrative rules will be filed to determine the PPR adjustment methodology for fiscal year 2014 and thereafter.

(Source: Added by emergency rulemaking at 37 Ill. Reg. 282, effective January 1, 2013 through June 30, 2013)

## DEPARTMENT ON AGING

## JANUARY 2013 REGULATORY AGENDA

a) Heading and Code Citation: Community Care Program, 89 Ill. Adm. Code 240

1) Rulemaking:

- A) Description: Part 240 will be amended as necessary to establish standards for electronic visit verification by homecare aides providing services to participants under the Community Care Program.
- B) Statutory Authority: 20 ILCS 105/4.01(11) and 305 ILCS 5/5-5f(g)
- C) Scheduled meeting/hearing dates: No meetings or hearings are scheduled or anticipated.
- D) Date agency anticipates First Notice: The Department anticipates filing this proposed rulemaking project during the next six months of this year.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: Any entity seeking certification as an in-home service provider agency or serving in such capacity under an agreement with the Community Care Program will be affected by this rulemaking.
- F) Agency contact person for information:  
  
Karen Alice Kloppe  
Deputy General Counsel  
Illinois Department on Aging  
One Natural Resources Way, Suite 100  
Springfield, Illinois 62702-1271  
  
217/785-3346
- G) Related rulemakings and other pertinent information: None

## CHIEF PROCUREMENT OFFICER FOR CAPITAL DEVELOPMENT BOARD

## JANUARY 2013 REGULATORY AGENDA

- a) Part(s) (Heading and Code Citations): Procurement Practices, 44 Ill. Adm. Code 8
- 1) Rulemaking:
- A) Description: The Chief Procurement Officer for Capital Development Board anticipates amendment to the procurement practices rules to further implement the changes made by PA 96-795 (SB 51), as well as to address any other legislative changes made by the 97<sup>th</sup> General Assembly.
- B) Statutory Authority: 30 ILCS 500
- C) Scheduled meeting/hearing dates: None have been scheduled.
- D) Date agency anticipates First Notice: March 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: The proposals may affect small businesses that contract with the State of Illinois, especially construction contractors and architect/engineers.
- F) Agency contact person for information:
- Christopher Flynn – State Purchasing Officer  
Chief Procurement Office for Capital Development Board  
401 S. Spring Street  
318 Stratton Office Building  
Springfield, IL 62706
- Telephone: 217/558-2185
- G) Related rulemakings and other pertinent information: None

## CHIEF PROCUREMENT OFFICER FOR GENERAL SERVICES

## JANUARY 2013 REGULATORY AGENDA

b) Part(s) (Heading and Code Citations): Standard Procurement, 44 Ill. Adm. Code 1

1) Rulemaking:

B) Description: The Chief Procurement Officer for General Services anticipates amendment to the standard procurement rules to further implement the changes made by PA 96-795, PA 97-307, and PA 97-895, as well as to address any other legislative changes made by the 97<sup>th</sup> General Assembly.

B) Statutory Authority: 30 ILCS 500

C) Scheduled meeting/hearing dates: None have been scheduled.

E) Date agency anticipates First Notice: March 2013

F) Effect on small businesses, small municipalities or not-for-profit corporations: The proposals may affect small businesses who contract with the State of Illinois.

G) Agency contact person for information:

Margaret L. van Dijk  
Senior Policy Advisor  
Chief Procurement Office for General Services  
712 Stratton Office Building  
Springfield, IL 62706

Telephone: 217/558-2228

H) Related rulemakings and other pertinent information: None

## CHIEF PROCUREMENT OFFICER FOR HIGHER EDUCATION

## JANUARY 2013 REGULATORY AGENDA

1. Part(s) (Heading and Code Citations): Standard Procurement, 44 Ill. Adm. Code 4
  - 1) Rulemaking:
    - A) Description: The Chief Procurement Officer for Higher Education anticipates amendment to the standard procurement rules to further implement the changes made by PA 96-795, PA 97-307, and PA 97-895, as well as to address any other legislative changes made by the 97<sup>th</sup> General Assembly.
    - B) Statutory Authority: 30 ILCS 500
    - C) Scheduled meeting/hearing dates: None have been scheduled.
    - D) Date agency anticipates First Notice: March 2013
    - E) Effect on small businesses, small municipalities or not-for-profit corporations: The proposals may affect small businesses that contract with the State of Illinois.
    - F) Agency contact person for information:

Shirley Webb  
State Purchasing Officer  
Chief Procurement Office for Public Institutions of Higher Education  
522 Stratton Office Building  
401 S. Spring St.  
Springfield, IL 62706

Telephone: 217/558-2247
    - G) Related rulemakings and other pertinent information: None

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- a) Part(s) (Heading and Code Citation): Public Schools Evaluation, Recognition and Supervision (23 Ill. Adm. Code 1)
- 1) Rulemaking:
- A) Description: Part 1 will be amended to align to the requirements of Article 21B of the School Code [105 ILCS 5/21B] regarding educator licensure; other updates and modifications also will be made that respond to changes in agency practices or recently enacted legislation.
- B) Statutory Authority: 105 ILCS 5/2-3.6
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: March 8, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:
- Shelley Helton  
Agency Rules Coordinator  
Illinois State Board of Education  
100 North First Street, S-493  
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- Telephone: 217/782-5270  
Email: shelton@isbe.net  
Fax: 217/524-3911
- G) Related rulemakings and other pertinent information:
- b) Part(s) (Heading and Code Citation): Standards for Endorsements in Elementary Education (23 Ill. Adm. Code 20)
- 1) Rulemaking:

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- A) Description: New Part 20 will establish the standards for individuals seeking teaching endorsements for the elementary grades.
- B) Statutory Authority: 105 ILCS 5/Art. 21B and 2-3.6
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: March 8, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: Not-for-profit entities and private postsecondary institutions wishing to offer educator preparation programs would need to meet the standards in order for their programs to be approved.
- F) Agency contact person for information:

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Fax: 217/524-3911

- G) Related rulemakings and other pertinent information:

c) Part(s) (Heading and Code Citation): Standards for Endorsements in Middle-Level Education (23 Ill. Adm. Code 21)

- 1) Rulemaking:

- A) Description: New Part 21 will establish the standards for individuals seeking teaching endorsements for the middle-level grades.
- B) Statutory Authority: 105 ILCS 5/Art. 21B and 2-3.6
- C) Scheduled meeting/hearing date: To be announced.

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- D) Date agency anticipates First Notice: March 8, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: Not-for-profit entities and private postsecondary institutions wishing to offer educator preparation programs would need to meet the standards in order for their programs to be approved.
- F) Agency contact person for information:
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Fax: 217/524-3911
- G) Related rulemakings and other pertinent information:
- d) Part(s) (Heading and Code Citation): Code of Ethics for Illinois Educators (23 Ill. Adm. Code 22)
- 1) Rulemaking:
- A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
- B) Statutory Authority: 105 ILCS 5/21B-5
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: July 5, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information:e) Part(s) (Heading and Code Citation): Certification (23 Ill. Adm. Code 25)1) Rulemaking:

A) Description: The changes will address requirements for the receipt of the elementary and middle school endorsements, minimum score for the writing component of the ACT or SAT, if those results are used instead of Illinois' test of basic skills, and other minor updates.

B) Statutory Authority: 105 ILCS 5/Art. 21B and 2-3.6

C) Scheduled meeting/hearing date: To be announced.

D) Date agency anticipates First Notice: March 8, 2013

E) Effect on small businesses, small municipalities, or not-for-profit corporations: Not-for-profit entities and private postsecondary institutions wishing to offer educator preparation programs would need to meet the standards in order for their programs to be approved.

F) Agency contact person for information:

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## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

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G) Related rulemakings and other pertinent information:f) Part(s) (Heading and Code Citation): Standards for Certification in Early Childhood Education and in Elementary Education (23 Ill. Adm. Code 26)1) Rulemaking:

- A) Description: The Part will be restructured to address only standards for teachers receiving early childhood education endorsements, and those standards will be updated. References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
- B) Statutory Authority: 105 ILCS 5/Art. 21B and 2-3.6
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: July 5, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: Not-for-profit entities and private postsecondary institutions wishing to offer educator preparation programs would need to meet the standards in order for their programs to be approved.
- F) Agency contact person for information:

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## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

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G) Related rulemakings and other pertinent information:

g) Part(s) (Heading and Code Citation): Standards for Certification in Specific Teaching Fields (23 Ill. Adm. Code 27)

1) Rulemaking:

A) Description: Changes in Part 27 will be updated to include standards specific to the gifted endorsement and to update "certificates", "certified" or "certification" to align to licensure system.

B) Statutory Authority: 105 ILCS 5/Art. 21 and 2-3.6

C) Scheduled meeting/hearing date: To be announced.

D) Date agency anticipates First Notice: March 8, 2013

E) Effect on small businesses, small municipalities, or not-for-profit corporations: Not-for-profit entities and private postsecondary institutions wishing to offer educator preparation programs would need to meet the standards in order for their programs to be approved.

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information:

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- h) Part(s) (Heading and Code Citation): Standards for Administrative Certification (23 Ill. Adm. Code 29)
- 1) Rulemaking:
- A) Description: Part 29 will be updated to reflect the new standards for the principal endorsement necessitated by the revised principal preparation program and revised standards for superintendents. References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
- B) Statutory Authority: 105 ILCS 5/Art. 21B and 2-3.6
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: April 5, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: Not-for-profit entities and private postsecondary institutions wishing to offer educator preparation programs would need to meet the standards in order for their programs to be approved.
- F) Agency contact person for information:
- Shelley Helton  
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Illinois State Board of Education  
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Springfield, Illinois 62777
- Telephone: 217/782-5270  
Email: [shelton@isbe.net](mailto:shelton@isbe.net)  
Fax: 217/524-3911
- G) Related rulemakings and other pertinent information:
- i) Part(s) (Heading and Code Citation): Mentoring Programs for New Principals (23 Ill. Adm. Code 35)

## STATE BOARD OF EDUCATION

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- 1) Rulemaking:
  - A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
  - B) Statutory Authority: 105 ILCS 5/2-3.53a
  - C) Scheduled meeting/hearing date: To be announced.
  - D) Date agency anticipates First Notice: February 8, 2013
  - E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
  - F) Agency contact person for information:

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  - G) Related rulemakings and other pertinent information:
- j) Part(s) (Heading and Code Citation): New Teacher Mentoring and Induction (23 Ill. Adm. Code 65)
  - 1) Rulemaking:
    - A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
    - B) Statutory Authority: 105 ILCS 5/Art. 21A
    - C) Scheduled meeting/hearing date: To be announced.

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- D) Date agency anticipates First Notice: July 5, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information:

k) Part(s) (Heading and Code Citation): Early Childhood Teacher Preparation Assistance Grant (23 Ill. Adm. Code 70)

- 1) Rulemaking:
- A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
- B) Statutory Authority: 105 ILCS 5/1C-5
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: July 5, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

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G) Related rulemakings and other pertinent information:

l) Part(s) (Heading and Code Citation): Agricultural Education Program (23 Ill. Adm. Code 75)

1) Rulemaking:

- A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
- B) Statutory Authority: 105 ILCS 5/2-3.80, 2-3.80a and 2-3.6
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: July 5, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:

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## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

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G) Related rulemakings and other pertinent information:

m) Part(s) (Heading and Code Citation): Calculation of Excess Cost under Section 18-3 of the School Code (23 Ill. Adm. Code 140)

1) Rulemaking:

A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.

B) Statutory Authority: 105 ILCS 5/18-3

C) Scheduled meeting/hearing date: To be announced.

D) Date agency anticipates First Notice: July 5, 2013

E) Effect on small businesses, small municipalities, or not-for-profit corporations: None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information:

n) Part(s) (Heading and Code Citation): Illinois Hope and Opportunity Pathways through Education Program (23 Ill. Adm. Code 210)

1) Rulemaking:

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
- B) Statutory Authority: 105 ILCS 5/2-3.66b
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: July 5, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information:
- o) Part(s) (Heading and Code Citation): Low-income Student Funds Plans (23 Ill. Adm. Code 203)
- 1) Rulemaking:
    - A) Description: Part 203 will be modified to update provisions for City of Chicago School District 299's submission of a plan for its use of supplemental general state aid.
    - B) Statutory Authority: 105 ILCS 5/18-8.05(H)
    - C) Scheduled meeting/hearing date: To be announced.

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- D) Date agency anticipates First Notice: May 3, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information:

p) Part(s) (Heading and Code Citation): Special Education (23 Ill. Adm. Code 226)

1) Rulemaking:

- A) Description: Several changes will be proposed. A definition of "medical review" will be added, as per an agreement with the Joint Committee on Administrative Rules; credentials for the personnel qualified to conduct the review will be clarified to specify that a registered nurse must have a bachelor's degree in nursing; allowance for reimbursement for speech language pathologist assistants will be removed; and other technical changes will be made to conform to current agency practice.
- B) Statutory Authority: 105 ILCS 5/Art. 14
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: March 8, 2013

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

E) Effect on small businesses, small municipalities, or not-for-profit corporations: None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information:

q) Part(s) (Heading and Code Citation): Transitional Bilingual Education (23 Ill. Adm. Code 228)

1) Rulemaking:

A) Description: Part 228 will be amended to incorporate recommendations of the Illinois Advisory Council for Bilingual Education in response to P.A. 97-305. Additionally, a cross-reference to class size for preschool programs will be updated to reflect recent changes in rules governing the Early Childhood Block Grant (23 Ill. Adm. Code 235), and the 2012 version of the "World-Class Instructional Design and Assessment: Spanish Language Arts Standards" will be incorporated into the rules by reference. Finally, references in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.

B) Statutory Authority: 105 ILCS 5/Art. 14C

C) Scheduled meeting/hearing date: To be announced.

D) Date agency anticipates First Notice: April 5, 2013

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

E) Effect on small businesses, small municipalities, or not-for-profit corporations: None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information:

r) Part(s) (Heading and Code Citation): Early Childhood Block Grants (23 Ill. Adm. Code 235)

1) Rulemaking:

A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.

B) Statutory Authority: 105 ILCS 5/1C-2

C) Scheduled meeting/hearing date: To be announced.

D) Date agency anticipates First Notice: February 8, 2013

E) Effect on small businesses, small municipalities, or not-for-profit corporations: None

F) Agency contact person for information:

Shelley Helton  
Agency Rules Coordinator  
Illinois State Board of Education

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

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G) Related rulemakings and other pertinent information:

s) Part(s) (Heading and Code Citation): Special Education Facilities under Section 14-7.02 of the School Code (23 Ill. Adm. Code 401)

1) Rulemaking:

A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.

B) Statutory Authority: 105 ILCS 5/14-7.02

C) Scheduled meeting/hearing date: To be announced.

D) Date agency anticipates First Notice: February 8, 2013

E) Effect on small businesses, small municipalities, or not-for-profit corporations: None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information:

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

t) Part(s) (Heading and Code Citation): Payments to Certain Facilities under Section 14-7.05 of the School Code (23 Ill. Adm. Code 405)

1) Rulemaking:

A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.

B) Statutory Authority: 105 ILCS 5/14-7.05

C) Scheduled meeting/hearing date: To be announced.

D) Date agency anticipates First Notice: February 8, 2013

E) Effect on small businesses, small municipalities, or not-for-profit corporations: None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information:

u) Part(s) (Heading and Code Citation): Contested Cases and Other Formal Hearings (23 Ill. Adm. Code 475)

1) Rulemaking:

A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- B) Statutory Authority: 5 ILCS 100/5-10(a)(i)
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: February 8, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information:

v) Part(s) (Heading and Code Citation): Class Size Reduction Grants (23 Ill. Adm. Code 565)

1) Rulemaking:

- A) Description: References in this Part to "certificates", "certified" or "certification" will be updated to align to licensure system.
- B) Statutory Authority: 105 ILCS 5/2-3.136
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: February 8, 2013

## STATE BOARD OF EDUCATION

## JANUARY 2013 REGULATORY AGENDA

- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:
- Shelley Helton  
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- G) Related rulemakings and other pertinent information:
- w) Part(s) (Heading and Code Citation): School Technology Program (23 Ill. Adm. Code 575)
- 1) Rulemaking:
- A) Description: Part 575 will be amended to add a new subpart specific to the establishment of learning technology centers, as well as set requirements for their operation and receipt of funding under Section 2-3.117 of the School Code.
- B) Statutory Authority: 105 ILCS 5/2-3.117
- C) Scheduled meeting/hearing date: To be announced.
- D) Date agency anticipates First Notice: July 5, 2013
- E) Effect on small businesses, small municipalities, or not-for-profit corporations: None
- F) Agency contact person for information:
- Shelley Helton

STATE BOARD OF EDUCATION

JANUARY 2013 REGULATORY AGENDA

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- G) Related rulemakings and other pertinent information:

## ILLINOIS GAMING BOARD

## JANUARY 2013 REGULATORY AGENDA

a) Part (Heading and Code Citation): Riverboat Gambling, 86 Ill. Adm. Code 3000

1) Rulemaking:

- A) Purpose of the Proposed Rulemaking: Require the advance testing of any tournament, enhanced payout, or give-away for which eligibility or the amount of any award or prize is determined by an information system. (Addition of new Section 3000.614).
- B) Statutory Authority: Section 5 (c)(2), (3), (6), and (7) of the Video Gaming Act [230 ILCS 10/5 (c)(2), (3), (6), and (7)]
- C) Scheduled meeting/hearing dates: None
- D) Date agency anticipates First Notice: Within 2 months
- E) Effect on small business, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:  
  
Emily Mattison  
Acting General Counsel  
Illinois Gaming Board  
160 North LaSalle, Suite S-300  
Chicago, Illinois 60601-3274  
  
312/814-4700
- G) Related rulemaking and other pertinent information: None

b) Part (Heading and Code Citation): Video Gaming (General), 11 Ill. Adm. Code 1800

1) Rulemaking:

- A) Purpose of the Proposed Rulemaking:
- Define "place of worship under the Religious Corporation Act," a phrase used in the Video Gaming Act [230 ILCS 40] in connection

## ILLINOIS GAMING BOARD

## JANUARY 2013 REGULATORY AGENDA

with location restrictions on licensed establishments, licensed veterans organization, licensed fraternal organizations, and licensed truck stops. (Amendment to Section 1800.110).

- Authorize the Illinois Gaming Board to reject applications for licensure on the basis that the applicant, or certain persons affiliated with the applicant, have enrolled in the Self-Exclusion Program for problem gamblers. (Amendment to Section 1800.420).
- Provide that an applicant shall not reapply for a license for a one-year period following denial. (Amendment to Section 1800.560).
- Require that the service, repair, and maintenance of video gaming terminals be performed only by licensed technicians and licensed terminal handlers. (Amendments to Sections 1800.230, 1800.240 and 1800.250).
- Impose a \$10 replacement fee for lost identification, and add a requirement that licensed terminal handlers and licensed technicians shall return their identification to the Board upon resignation or termination of employment. (Amendment to Section 1800.260).

B) Statutory Authority: Section 78 (a)(3) of the Video Gaming Act [230 ILCS 40/78 (a) (3)]

C) Scheduled meeting/hearing dates: None

D) Date agency anticipates First Notice: Within 2 months

E) Effect on small business, small municipalities or not-for-profit corporations: None

F) Agency contact person for information:

Emily Mattison  
Acting General Counsel  
Illinois Gaming Board

ILLINOIS GAMING BOARD

JANUARY 2013 REGULATORY AGENDA

160 North LaSalle, Suite S-300  
Chicago, Illinois 60601-3274

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- G) Related rulemaking and other pertinent information: None

## DEPARTMENT OF HUMAN RIGHTS

## JANUARY 2013 REGULATORY AGENDA

- a) Part(s) (Heading and Code Citation): Joint Rules of the Department of Human Rights and the Human Rights Commission: Disability Discrimination in Employment (56 Ill. Adm. Code 2500).
- 1) Rulemaking:
- A) Description: The Department of Human Rights and the Human Rights Commission intend to amend our rules to conform more closely with federal regulations in employment, housing and public accommodations.
- B) Statutory Authority: Implementing Section 7-106(B) and authorized by Sections 7-101(A) and 8-102(E) of the Illinois Human Rights Act [775 ILCS 5/7-101(A), 7-106(B) and 8-102(E)].
- C) Scheduled meeting/hearing dates: No meetings or hearings are scheduled or anticipated at this time.
- D) Date agency anticipates First Notice: October 1, 2012
- E) Effect on small business, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
- David T. Rothal  
Staff Attorney  
Illinois Department of Human Rights – Legal Division  
100 W. Randolph St., Ste. 10-100  
Chicago, IL 60601
- 312/814-1436  
T.T.Y. 866/740-3953
- G) Related rulemaking and other pertinent information: The Human Rights Commission will be submitting joint rules with the Department of Human Rights. Further, the Department's Access to Information Rules pursuant to Title 2 of the Administrative Code will be related.

## DEPARTMENT OF HUMAN RIGHTS

## JANUARY 2013 REGULATORY AGENDA

- b) Part(s) (Heading and Code Citation): Access to Records of the Department of Human Rights (2 Ill. Adm. Code 926).
- 1) Rulemaking:
- A) Description: The Department's proposed rule would expand the privileged documents not subject to disclosure to include medical documents.
- B) Statutory Authority: Implementing Articles 1 through 7B of the Illinois Human Rights Act [775 ILCS 5/Arts. 1 through 7B] and the Intergovernmental Cooperation Act [5 ILCS 220], and authorized by Sections 7-101(A) and 7-105(A) of the Illinois Human Rights Act [775 ILCS 5/7-101(A) and 7-105(A)].
- C) Scheduled meeting/hearing dates: No meetings or hearings are scheduled or anticipated at this time.
- D) Date agency anticipates First Notice: October 1, 2012
- E) Effect on small business, small municipalities or not for profit corporations: None
- F) Agency contact person for information:
- David T. Rothal  
Staff Attorney  
Illinois Department of Human Rights – Legal Division  
100 W. Randolph St., Ste. 10-100  
Chicago, IL 60601
- 312/814-1436  
T.T.Y. 866/740-3953
- G) Related rulemaking and other pertinent information: The disability rules described in subsection (a) are related in that they both describe the Department's procedures concerning disability charges.

## DEPARTMENT OF PUBLIC HEALTH

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- a) Part (Heading and Code Citation): Hospital Licensing Requirements (77 Ill. Adm. Code 250)
- 1) Rulemaking:
- A) Description: These proposed amendments will implement provisions from Public Act 97-667 and PA 97-122 and update the Definitions Section and the Incorporated and Referenced Materials Section.
- B) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- C) Scheduled meeting/hearing dates: February 2013
- D) Date agency anticipates First Notice: Spring 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: This rulemaking will affect hospitals, including those owned by units of government.
- F) Agency contact person for information:
- Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 W. Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761
- 217/782-2043  
dph.rules@illinois.gov
- I) Related rulemakings and other pertinent information: None
- b) Part (Heading and Code Citation): Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205)
- 1) Rulemaking:

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- A) Description: These proposed amendments include updates to reflect new federal requirements, infection control requirements, and pre- and post-surgical requirements.
- B) Statutory Authority: Ambulatory Surgical Treatment Center Act [210 ILCS 5]
- C) Scheduled meeting/hearing dates: March 2013
- D) Date agency anticipates First Notice: Spring 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: This rulemaking will affect ASTCs.
- F) Agency contact person for information:

Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 W. Jefferson St., 5<sup>th</sup> Floor  
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- G) Related rulemakings and other pertinent information: None

c) Part (Heading and Code Citation): Children's Community-Based Health Care Center Code (77 Ill. Adm. Code 260)

- 1) Rulemaking:
  - A) Description: These proposed amendments will update the admission policies and physical plant requirements for children's community-based health care centers.
  - B) Statutory Authority: Alternative Health Care Delivery Act [210 ILCS 3]
  - C) Scheduled meeting/hearing dates: February 2013

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- D) Date agency anticipates First Notice: Spring 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: This rulemaking will affect children's community-based health care centers.
- F) Agency contact person for information:

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Illinois Department of Public Health  
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- G) Related rulemakings and other pertinent information: None

- d) Part (Heading and Code Citation): Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350), Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)

- 1) Rulemaking:

- A) Description: Both Parts will be amended to change the statutory authority to the ID/DD Community Care Act and to conform the rules to this Act.
- B) Statutory Authority: ID/DD Community Care Act [210 ILCS 47]
- C) Scheduled meeting/hearing dates: February 2013
- D) Date agency anticipates First Notice: Spring 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: This rulemaking will affect intermediate care facilities for developmentally disabled individuals and skilled nursing facilities for individuals under the age of 22.

## DEPARTMENT OF PUBLIC HEALTH

## JANUARY 2013 REGULATORY AGENDA

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: Nonee) Part (Heading and Code Citation): Food Service Sanitation Code (77 IL Adm. Code 750)1) Rulemaking:

C) Description: Provided that SB2961 (amending the Food Handling Regulation Enforcement Act (Act) [410 ILCS 625/3] is made law, this rulemaking will update Part 750 in accordance with language in the legislation that eliminates the food service sanitation manager recertification and Department of Public Health food service sanitation certification examination, instead requiring individuals to take the national accredited certification examination. The rulemaking will also incorporate Department-approved food handler training deadline requirements following employment, and components covered in training. Updates to the rules will mirror those of the Act with respect to the Food Service Sanitation Manager Certification Program. In addition, a Department legislative proposal concerning Food Allergen Awareness will require development of rules per the amendment to the Food Handling Regulation Enforcement Act. The rules will outline the procedure and requirements for the Food Allergen Awareness training and elements.

B) Statutory Authority: Illinois Food, Drug and Cosmetic Act [410 ILCS 620]; Sanitary Food Preparation Act [410 ILCS 650]; Food Handling Regulation Enforcement Act [410 ILCS 625/3]

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- C) Scheduled meeting/hearing dates: Illinois Department of Public Health, Food Safety Advisory Committee (FSAC) (Quarterly Meetings); FSAC Food Service Sanitation Manager Certification Subcommittee -- January 2013; State Board of Health
- H) Date agency anticipates First Notice: July 2013 (if legislation passes)
- E) Effect on small businesses, small municipalities or not-for-profit corporations: The changes will have a positive impact on small businesses, or retail food establishments, in relation to training hours, food safety principles, and renewal consistency.
- F) Agency contact person for information:  
  
Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 W. Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
  
217/782-2043  
dph.rules@illinois.gov
- G) Related rulemakings and other pertinent information: None
- f) Part (Heading and Code Citation): Illinois Formulary for the Drug Product Selection Program (77 Ill. Adm. Code 790) (Repeal)
- 1) Rulemaking:
- A) Description: This rulemaking will repeal the rules requiring the Department to maintain a listing of information on generic drug manufacturers and approved generic drugs. The program was eliminated in 2004 when the Department's pharmacist position was also eliminated.
- B) Statutory Authority: Illinois Food, Drug and Cosmetic Act [410 ILCS 620]
- C) Scheduled meeting/hearing dates: State Board of Health

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- D) Date agency anticipates First Notice: July 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:  
  
Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
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Springfield, Illinois 62761  
  
217/782-2043  
dph.rules@illinois.gov
- G) Related rulemakings and other pertinent information: None
- g) Part (Heading and Code Citation): Manufacturing, Processing, Packing or Holding of Food Code (77 Ill. Adm. Code 730)
- 1) Rulemaking:
- A) Description: The rules will be amended to incorporate a permit and fee for manufactured food facilities and to combine the Department's manufacturing rules into Part 730, repealing Parts 735, 738, 740 and 743.
- B) Statutory Authority: Illinois Food, Drug and Cosmetic Act [410 ILCS 620]
- C) Scheduled meeting/hearing dates: Illinois Department of Public Health, Food Safety Advisory Committee (FSAC) Quarterly Meetings); FSAC Manufactured Food Subcommittee; State Board of Health
- D) Date agency anticipates First Notice: July 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: Industry – manufactured food facilities – will be affected by the permit and fee.

## DEPARTMENT OF PUBLIC HEALTH

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F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: 77 Ill. Adm. Code 735 (Processors of Fresh and Smoked Fish), 77 Ill. Adm. Code 738 (Processors of Cacao Products and Confectionary), 77 Ill. Adm. Code 740 (Soft Drink Manufacturers) and 77 Ill. Adm. Code 743 (Sanitary Vending of Food and Beverages) will repealed and the requirements incorporated into 77 Ill. Adm. Code 730.h) Part (Heading and Code Citation): Grade A Pasteurized Milk and Milk Products (77 Ill. Adm. Code 775)1) Rulemaking:

- A) Description: This rulemaking incorporates federal requirements governing raw milk sales in Illinois, updates definitions, minimum requirements and provisions governing permits and permit suspension; updates investigation and inspection provisions and milk tank truck requirements; and repeals duplicative material.
- B) Statutory Authority: Illinois Food, Drug and Cosmetic Act [410 ILCS 620]; Grade A Milk and Milk Products Act [410 ILCS 635/8]
- C) Scheduled meeting/hearing dates: Illinois Department of Public Health, Food Safety Advisory Committee (FSAC) (Quarterly Meetings; FSAC Dairy Subcommittee; State Board of Health
- D) Date agency anticipates First Notice: Winter 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: Raw milk procedure affects individuals, organizations and

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cooperatives associated with local food. Small producers may also be affected, as this would call for a mandatory permit of all raw milk farms. Changes in sampling will affect enforcement and the Department. Increased enrollment in the certified sealer program will affect the industry and the Department.

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: Nonei) Part (Heading and Code Citation): Collection, Disclosure, and Confidentiality of Health Statistics (77 Ill. Adm. Code 1005)1) Rulemaking:

- A) Description: Pursuant to PA 96-966, the Department will be creating an Institutional Review Board (IRB) in rule to review and approve requests for data that may include the name, address, or other unique personal identifier of an individual who is supplying health data to an individual or organization solely for bona fide research and statistical purposes or who is described in the health data. Until a Department-approved IRB (or its equivalent) on the protection of human subjects in research has reviewed and approved the data request, release of this information is prohibited.
- B) Statutory Authority: Illinois Health Statistics Act [410 ILCS 520/5]
- C) Scheduled meeting/hearing dates: State Board of Health,
- D) Date agency anticipates First Notice: Spring or Summer 2013

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- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
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dph.rules@illinois.gov
- G) Related rulemakings and other pertinent information: None
- j) Part (Heading and Code Citation): Recreational Area Code (77 Ill. Adm. Code 800)
- 1) Rulemaking:
- A) Description: The amendments will adapt and update the current Recreational Facilities Code.
- B) Statutory Authority: Campground Licensing and Recreation Area Act [210 ILCS 95]
- C) Scheduled meeting/hearing dates: State Board of Health
- D) Date agency anticipates First Notice: Spring or Summer 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: Effects on small businesses, small municipalities or not-for-profit corporations are not anticipated at this time.
- F) Agency contact person for information:
- Susan Meister  
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Springfield, Illinois 62761

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G) Related rulemakings and other pertinent information: None

k) Part (Heading and Code Citation): Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)

1) Rulemaking:

A) Description: The amendments will reflect recent changes to the Lead Poisoning Prevention Act. Sections are also being added to provide rules for the State's Renovation, Repair and Painting Rule (RRP), as authorized by the US Environmental Protection Agency.

B) Statutory Authority: Lead Poisoning Prevention Act [410 ILCS 45]

C) Scheduled meeting/hearing dates: State Board of Health

D) Date agency anticipates First Notice: Spring or Summer 2013

E) Effect on small businesses, small municipalities or not-for-profit corporations: It is anticipated that the proposed changes will have significant impact on the regulated industry, particularly the RRP Sections, even though the proposed revisions are currently found in the federal regulations.

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: None

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- l) Part (Heading and Code Citation): Illinois Modular Dwellings and Mobile Structures Code (77 Ill. Adm. Code 880)
- 1) Rulemaking:
- A) Description: The amendments will adapt and update the current Illinois Modular Dwellings and Mobile Structures Code.
- B) Statutory Authority: Illinois Manufactured Housing and Mobile Home Safety Act [430 ILCS 115]
- C) Scheduled meeting/hearing dates: State Board of Health
- D) Date agency anticipates First Notice: Spring or Summer 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: Effects on small businesses, small municipalities or not-for-profit corporations are not anticipated at this time.
- F) Agency contact person for information:
- Susan Meister  
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dph.rules@illinois.gov
- G) Related rulemakings and other pertinent information: None
- m) Part (Heading and Code Citation): Migrant Labor Camp Code (77 Ill. Adm. Code 935)
- 1) Rulemaking:
- A) Description: The amendments will adapt and update the current Migrant Labor Camp Code.
- B) Statutory Authority: Illinois Migrant Labor Camp Law [210 ILCS 110]

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- C) Scheduled meeting/hearing dates: State Board of Health
  - D) Date agency anticipates First Notice: Spring or Summer 2013
  - E) Effect on small businesses, small municipalities or not-for-profit corporations: Effects on small businesses, small municipalities or not-for-profit corporations are not anticipated at this time.
  - F) Agency contact person for information:  
  
Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
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Springfield, Illinois 62761  
  
217/782-2043  
dph.rules@illinois.gov
  - G) Related rulemakings and other pertinent information: None
- n) Part (Heading and Code Citation): Illinois Plumbing Code (77 Ill. Adm. Code 890)
- 1) Rulemaking:
    - A) Description: This rulemaking amends Part 890 to update and clarify the incorporated materials and referenced documents; clarify fixture trap vent requirements; add installation of wet venting procedures; add and amend illustrations; amend plumbing materials, equipment, use restrictions, and applicable standards.
    - B) Statutory Authority: Illinois Plumbing License Law [225 ILCS 320]; Public Utilities Act [220 ILCS 5/13-709]; State Finance Act (Plumbing Licensure and Program Fund) [30 ILCS 105-5.332]
    - C) Scheduled meeting/hearing dates: State Board of Health, Spring 2013
    - D) Date agency anticipates First Notice: Spring 2013

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- E) Effect on small businesses, small municipalities or not-for-profit corporations: It is anticipated that the proposed changes will have a minimum impact on the regulated industry.
- F) Agency contact person for information:
- Susan Meister  
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Illinois Department of Public Health  
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Springfield, Illinois 62761
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- G) Related rulemakings and other pertinent information: Public Act 97-852 (HB4496) amended Section 35 of the Illinois Plumbing License Law to require the Plumbing Code Advisory Council to recommend amendments to the existing rules to reflect those technologies and methods which more efficiently use nature resources and protect public health. Upon consideration of the Council's recommendations, the Department is to pursue rulemaking. This rulemaking will reflect those recommendations.
- o) Part (Heading and Code Citation): Swimming Facility Code (77 Ill. Adm. Code 820)
- 1) Rulemaking:
- A) Description: This rulemaking will update definitions; update and establish fee schedules for facility licensing and permitting; amend plan submittal and re-submittal specifications; amend the adoption and revocation of ordinances and agent agreements for local health departments; establish standards for prequalification for architects, professional engineers, and contractors; set forth provisions concerning the suspension and modification of pre-qualifications; establish that any person seeking to perform construction, installation, modification, or repair of a swimming facility must be pre-qualified by the Department.
- B) Statutory Authority: Swimming Facility Act [210 ILCS 125]
- C) Scheduled meeting/hearing dates: State Board of Health

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- D) Date agency anticipates First Notice: Spring or Summer 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: It is anticipated that the proposed changes will have a minimum impact on the regulated industry.
- F) Agency contact person for information:  
  
Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
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217/782-2043  
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- G) Related rulemakings and other pertinent information: None
- p) Part (Heading and Code Citation): Private Sewage Disposal Code (77 Ill. Adm. Code 905)
- 1) Rulemaking:
- A) Description: The amendments will address issues of discrepancy between the USEPA National Pollutant Discharge Elimination Source (NPDES) permit and the Private Sewage Disposal Code.
- B) Statutory Authority: Private Sewage Disposal Licensing Act [225 ILCS 225]
- C) Scheduled meeting/hearing dates: This rulemaking will be reviewed by the Illinois Advisory Commission on Private Sewage Disposal and the State Board of Health.
- D) Date agency anticipates First Notice: Summer/Fall 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: It is anticipated that the proposed changes will have minimal impact on the regulated industry, since the changes will most

DEPARTMENT OF PUBLIC HEALTH

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likely decrease the size of private sewage disposal systems installed in the State.

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: None

## DEPARTMENT OF STATE POLICE

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- a) Part (Heading and Code Citation): Access to Records of the Illinois State Police; 20 Ill. Adm. Code 1201
- 1) Rulemaking:
- A) Description: The rule will be proposed in order to establish procedures for making records available for reasonable public inspection, obtaining records in the agency's possession, and for claiming and determining which records are exempt from disclosure.
- B) Statutory Authority: 5 ILCS 100/5-15, 5 ILCS 140, and 20 ILCS 2605/2605-15
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
- Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703
- 217/782-7658
- G) Related rulemakings and other pertinent information: None
- b) Part (Heading and Code Citation): Expungement Procedures; 20 Ill. Adm. Code 1205
- 1) Rulemaking:

## DEPARTMENT OF STATE POLICE

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- A) Description: The rule will be amended to revise and update procedures for court ordered expungements/sealing of records received by the Illinois Department of State Police, Bureau of Identification.
- B) Statutory Authority: 20 ILCS 2605/2605-15 and 20 ILCS 2630/1
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:

Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703

217/782-7658

- G) Related rulemakings and other pertinent information: None

c) Part (Heading and Code Citation): Individual's Right to Access and Review Criminal History Record Information; 20 Ill. Adm. Code 1210

1) Rulemaking:

- A) Description: The rule will be amended in order to revise procedures for allowing certain individuals to view criminal history record information.
- B) Statutory Authority: 20 ILCS 2630/7 and 20 ILCS 2605/2605-15
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.

## DEPARTMENT OF STATE POLICE

## JANUARY 2013 REGULATORY AGENDA

- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
- Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703
- 217/782-7658
- G) Related rulemakings and other pertinent information: None
- d) Part (Heading and Code Citation): Intergovernmental Drug Enforcement Act; 20 Ill. Adm. Code 1220
- 1) Rulemaking:
- A) Description: The rule will be amended in order to revise and update the auditing procedures associated with the Department's Metropolitan Enforcement Groups.
- B) Statutory Authority: 20 ILCS 2605/2605-135
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None

## DEPARTMENT OF STATE POLICE

## JANUARY 2013 REGULATORY AGENDA

F) Agency contact person for information:

Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
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217/782-7658

G) Related rulemakings and other pertinent information: Nonee) Part (Heading and Code Citation): Drug Asset Forfeiture Procedure Act; 20 Ill. Adm. Code 12251) Rulemaking:

A) Description: The rule will be amended in order to revise and update the procedures associated with the seizure and forfeiture of property under the Drug Asset Forfeiture Procedures Act.

B) Statutory Authority: 20 ILCS 2605/2605-15 and 725 ILCS 150

C) Scheduled meeting/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: No date has been determined at this time.

E) Effect on small businesses, small municipalities or not-for-profit corporations: None

F) Agency contact person for information:

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Illinois State Police  
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## DEPARTMENT OF STATE POLICE

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217/782-7658

G) Related rulemakings and other pertinent information: Nonef) Part (Heading and Code Citation): Firearm Owner's Identification Card Act; 20 Ill. Adm. Code 12301) Rulemaking:

- A) Description: The rule will be amended to revise and update procedures associated with applying for, or the review of applications, as well as granting, denying, and revoking the Firearm Owner's Identification Card and related activities.
- B) Statutory Authority: 20 ILCS 2605/2605-15 and 430 ILCS 65/11
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:

Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seven Street, Suite 1000-S  
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217/782-7658

G) Related rulemakings and other pertinent information: None

## DEPARTMENT OF STATE POLICE

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- g) Part (Heading and Code Citation): Firearm Transfer Inquiry Program; 20 Ill. Adm. Code 1235
- 1) Rulemaking:
- A) Description: The rule will be amended to revise and update procedures associated with the Firearm Transfer Inquiry Program and related activities.
- B) Statutory Authority: 20 ILCS 2605/2605-15 and 430 ILCS 65/3.1
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
- Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
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- 217/782-7658
- G) Related rulemakings and other pertinent information: None
- h) Part (Heading and Code Citation): Currency Reporting Act; 20 Ill. Adm. Code 1245
- 1) Rulemaking:
- A) Description: The rule will be proposed in order to provide procedures for authorized representatives to be given access to information and documents relating to financial transactions received by the Director of the

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State Police from the Federal Government as a result of any memorandum of agreement or understanding between any Department of the United States and the State of Illinois.

- B) Statutory Authority: 20 ILCS 2605/2605-15 and 205 ILCS 685/6
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:  

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Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703  
  
217/782-7658
- G) Related rulemakings and other pertinent information: None

i) Part (Heading and Code Citation): Sexual Assault Evidence Submission Act; 20 Ill. Adm. Code 1255

- 1) Rulemaking:
  - A) Description: The rules provide procedures and define responsibilities for the submission of sexual assault evidence in connection with the investigation of a criminal case to a Department of State Police laboratory or a laboratory approved and designated by the Director of the State Police.
  - B) Statutory Authority: 20 ILCS 2605/2605-15 and 725 ILCS 202/45

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- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: Small municipalities may be affected.
- F) Agency contact person for information:
- Ms. Suzanne L. Y. Bond  
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Illinois State Police  
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- 217/782-7658
- G) Related rulemakings and other pertinent information: None
- j) Part (Heading and Code Citation): Sex Offender Registration Act; 20 Ill. Adm. Code 1280
- 1) Rulemaking:
- A) Description: The rule will be amended to revise and update procedures and policies relating to the implementation of the Sex Offender Registration Act.
- B) Statutory Authority: 20 ILCS 2605/2605-15 and 730 ILCS 150/4
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.

## DEPARTMENT OF STATE POLICE

## JANUARY 2013 REGULATORY AGENDA

- E) Effect on small businesses, small municipalities or not-for-profit corporations: The amendment may affect small businesses, small municipalities and/or not-for-profit corporations.
- F) Agency contact person for information:
- Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703
- 217/782-7658
- G) Related rulemakings and other pertinent information: None
- k) Part (Heading and Code Citation): Sex Offender and Child Murderer Community Notification Law; 20 Ill. Adm. Code 1282
- 1) Rulemaking:
- A) Description: The rule will be amended to revise and update procedures and policies relating to the implementation of the Sex Offender Community Notification Law.
- B) Statutory Authority: 20 ILCS 2605/2605-15 and 730 ILCS 152
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: The amendment may affect small businesses, small municipalities and/or not-for-profit corporations.
- F) Agency contact person for information:

## DEPARTMENT OF STATE POLICE

## JANUARY 2013 REGULATORY AGENDA

Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703

217/782-7658

G) Related rulemakings and other pertinent information: None

l) Part (Heading and Code Citation): Child Murderer and Violent Offender Against Youth Registration Act; 20 Ill. Adm. Code 1283

1) Rulemaking:

A) Description: The rule will establish policies and procedures for the implementation of the Child Murderer and Violent Offender Against Youth Registration Act.

B) Statutory Authority: 20 ILCS 2605/2605-15 and 730 ILCS 154

C) Scheduled meeting/hearing dates: No schedule has been established at this time.

D) Date agency anticipates First Notice: No date has been determined at this time.

E) Effect on small businesses, small municipalities or not-for-profit corporations: The rule may affect small businesses, small municipalities and/or not-for-profit corporations.

F) Agency contact person for information:

Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703

## DEPARTMENT OF STATE POLICE

## JANUARY 2013 REGULATORY AGENDA

217/782-7658

G) Related rulemakings and other pertinent information: Nonem) Part (Heading and Code Citation): Sample Collection for Genetic Marker Indexing; 20 Ill. Adm. Code 12851) Rulemaking:A) Description: The rule will be amended to revise and update procedures and policies relating to Sample Collection for Genetic Marker Indexing.B) Statutory Authority: 20 ILCS 2605/2605-15 and 730 ILCS 5/5-4-3C) Scheduled meeting/hearing dates: No schedule has been established at this time.D) Date agency anticipates First Notice: No date has been determined at this time.E) Effect on small businesses, small municipalities or not-for-profit corporations: NoneF) Agency contact person for information:

Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703

217/782-7658

G) Related rulemakings and other pertinent information: Nonen) Part (Heading and Code Citation): Testing of Breath, Blood and Urine for Alcohol, Other Drugs, and Intoxicating Compounds; 20 Ill. Adm. Code 12861) Rulemaking:

## DEPARTMENT OF STATE POLICE

## JANUARY 2013 REGULATORY AGENDA

- A) Description: The rule will be amended to revise and update procedures and policies relating to the testing of breath, blood and urine for alcohol, drugs, and intoxicating compounds.
- B) Statutory Authority: 20 ILCS 2605/2605-15, 625 ILCS 5/6-106.1A, 625 ILCS 5/11-501.2, 625 ILCS 5/11-501.5, 625 ILCS 5/11-501.6, 625 ILCS 5/11-501.8, 625 ILCS 40/5-7.5, 625 ILCS 45/5-16b, and 625 ILCS 45/6-1
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: The amendment may affect small businesses, small municipalities and/or not-for-profit corporations.
- F) Agency contact person for information:
- Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seven Street, Suite 1000-S  
Springfield, Illinois 62703
- 217/782-7658
- G) Related rulemakings and other pertinent information: None
- o) Part (Heading and Code Citation): Certification and Training of Electronic Criminal Surveillance Officers; 20 Ill. Adm. Code 1295
- 1) Rulemaking:
- A) Description: The rule will be amended to revise and update procedures for the certification of electronic criminal surveillance officers and the standards relating to the recording of private oral communications.

## DEPARTMENT OF STATE POLICE

## JANUARY 2013 REGULATORY AGENDA

- B) Statutory Authority: 20 ILCS 2605/2605-15, 725 ILCS 5/108B-14
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.
- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: The amendment may affect small businesses, small municipalities and/or not-for-profit corporations.
- F) Agency contact person for information:
- Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seven Street, Suite 1000-S  
Springfield, Illinois 62703
- 217/782-7658
- G) Related rulemakings and other pertinent information: None
- p) Part (Heading and Code Citation): Imaging Products; 20 Ill. Adm. Code 1298
- 1) Rulemaking:
- A) Description: The rules will be amended in order to update the fees incurred to acquire, maintain, and reproduce the particular imaging products by the Illinois State Police.
- B) Statutory Authority: 20 ILCS 2605/2605-15
- C) Scheduled meeting/hearing dates: No schedule has been established at this time.

## DEPARTMENT OF STATE POLICE

## JANUARY 2013 REGULATORY AGENDA

- D) Date agency anticipates First Notice: No date has been determined at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: Small municipalities may be affected.
- F) Agency contact person for information:
- Ms. Suzanne L. Y. Bond  
Chief Legal Counsel  
Illinois State Police  
801 South Seventh Street, Suite 1000-S  
Springfield, Illinois 62703
- 217/782-7658
- G) Related rulemakings and other pertinent information: None

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

a) Part(s) (Heading and Code Citations): General Provisions 23 Ill. Adm. Code 2700

1) Rulemaking:

A) Description: ISAC annually reviews its rules in order to implement State and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.

B) Statutory Authority: Implementing the Higher Education Student Assistance Act [110 ILCS 947]; Title IV of the Higher Education Act of 1965, as amended (20 USC 1070 et seq., as amended by PL 105-244); and authorized by Section 20(f) of the Higher Education Student Assistance Act [110 ILCS 947/20(f)].

C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.

I) Date agency anticipates First Notice: January 2013

E) Effect on small businesses, small municipalities or not-for-profit corporations: None

F) Agency contact person for information:

Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015

847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov

G) Related rulemakings and other pertinent information: None

b) Part(s) (Heading and Code Citations): Illinois National Guard (ING) Grant Program 23 Ill. Adm. Code 2730

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

- 1) Rulemaking:
  - A) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.
  - B) Statutory Authority: Implementing Section 45 and authorized by Section 20(f) of the Higher Education Student Assistance Act [110 ILCS 947/45 and 20(f)].
  - C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.
  - D) Date agency anticipates First Notice: January 2013
  - E) Effect on small businesses, small municipalities or not-for-profit corporations: None
  - F) Agency contact person for information:

Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015

847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov
  - G) Related rulemakings and other pertinent information: None
- c) Part(s) (Heading and Code Citations): Grant Program for Dependents of Correctional Officers 23 Ill. Adm. Code 2731
  - 1) Rulemaking:

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

- A) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.
- B) Statutory Authority: Implementing Section 60 and authorized by Section 20(f) of the Higher Education Student Assistance Act [110 ILCS 947/60 and 20(f)].
- C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.
- D) Date agency anticipates First Notice: January 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
- Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015
- 847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov
- G) Related rulemakings and other pertinent information: None
- d) Part(s) (Heading and Code Citations): Grant Program for Dependents of Police or Fire Officers 23 Ill. Adm. Code 2732
- 1) Rulemaking:
- D) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

clarify issues that have arisen during the previous year.

- B) Statutory Authority: Implementing Section 55 and authorized by Section 20(f) of the Higher Education Student Assistance Act [110 ILCS 947/55 and 20(f)].
- C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.
- D) Date agency anticipates First Notice: January 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:

Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015

847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov

- G) Related rulemakings and other pertinent information: None

e) Part(s) (Heading and Code Citations): Illinois Veteran Grant (IVG) Program 23 Ill. Adm. Code 2733

1) Rulemaking:

- A) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

- B) Statutory Authority: Implementing Section 40 and authorized by Section 20(f) of the Higher Education Student Assistance Act [110 ILCS 947/40 and 20(f)].
- C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.
- D) Date agency anticipates First Notice: January 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
- Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015
- 847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov
- G) Related rulemakings and other pertinent information: None
- f) Part(s) (Heading and Code Citations): Monetary Award Program (MAP) 23 Ill. Adm. Code 2735
- 1) Rulemaking:
- A) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.
- B) Statutory Authority: Implementing Section 35 and authorized by Section 20(f) of the Higher Education Student Assistance Act [110 ILCS 947/35 and 20(f)].

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

- C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.
- D) Date agency anticipates First Notice: January 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
- Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015
- 847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov
- G) Related rulemakings and other pertinent information: None
- g) Part(s) (Heading and Code Citations): Optometric Education Scholarship Program 23 Ill. Adm. Code 2741
- 1) Rulemaking:
- A) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.
- B) Statutory Authority: Implementing Section 65.70 of the Higher Education Student Assistance Act [110 ILCS 947/65.70] and authorized by Sections 20(f) and 65.70 of the Higher Education Student Assistance Act [110 ILCS 947/20(f) and 65.70].

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

- C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.
- D) Date agency anticipates First Notice: January 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:
- Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015
- 847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov
- G) Related rulemakings and other pertinent information: None
- h) Part(s) (Heading and Code Citations): Minority Teachers of Illinois (MTI) Scholarship Program 23 Ill. Adm. Code 2763
- 1) Rulemaking:
- A) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.
- B) Statutory Authority: Implementing Section 50 and authorized by Section 20(f) of the Higher Education Student Assistance Act [110 ILCS 947/50 and 20(f)].
- C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.

- D) Date agency anticipates First Notice: January 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:

Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015

847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov

- G) Related rulemakings and other pertinent information: None

i) Part(s) (Heading and Code Citations): Illinois Special Education Teacher Tuition Waiver (SETTW) Program 23 Ill. Adm. Code 2765

1) Rulemaking:

- A) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.
- B) Statutory Authority: Implementing Section 65.15 and authorized by Sections 20(f) and 65.15(a)(2) of the Higher Education Student Assistance Act [110 ILCS 947/20(f) and 65.15].
- C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.

## ILLINOIS STUDENT ASSISTANCE COMMISSION

## JANUARY 2013 REGULATORY AGENDA

- D) Date agency anticipates First Notice: January 2013
- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
- F) Agency contact person for information:

Lynn Hynes  
Agency Rules Coordinator  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, Illinois 60015

847/948-8500, ext. 2305  
lynn.hynes@isac.illinois.gov

- G) Related rulemakings and other pertinent information: None

j) Part(s) (Heading and Code Citations): Illinois Prepaid Tuition Program 23 Ill. Adm. Code 2775

1) Rulemaking:

- A) Description: ISAC annually reviews its rules in order to implement state and federal statutory amendments, to respond to market changes and client suggestions, to codify improvements due to technological advances, and to clarify issues that have arisen during the previous year.
- B) Statutory Authority: Implementing the Illinois Prepaid Tuition Act [110 ILCS 979] and authorized by Section 20(f) of the Higher Education Student Assistance Act [110 ILCS 947/20(f)].
- C) Scheduled meeting/hearing dates: At this time, ISAC has not scheduled a hearing or a meeting specifically to solicit comments on this anticipated rulemaking. Nonetheless, members of the public may submit views or comments in writing to the individual identified in item F, below.
- D) Date agency anticipates First Notice: January 2013

ILLINOIS STUDENT ASSISTANCE COMMISSION

JANUARY 2013 REGULATORY AGENDA

- E) Effect on small businesses, small municipalities or not-for-profit corporations: None
  
- F) Agency contact person for information:
  - Lynn Hynes
  - Agency Rules Coordinator
  - Illinois Student Assistance Commission
  - 1755 Lake Cook Road
  - Deerfield, Illinois 60015
  
  - 847-948-8500, ext. 2305
  - lynn.hynes@isac.illinois.gov
  
- G) Related rulemakings and other pertinent information: None

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
JANUARY AGENDA

SCHEDULED MEETING:

STRATTON OFFICE BUILDING  
ROOM D-1  
SPRINGFIELD, ILLINOIS  
JANUARY 8, 2013  
9:00 A.M.

NOTICES: The scheduled date and time for the JCAR meeting are subject to change. Due to *Illinois Register* submittal deadlines, the agenda below may be incomplete. Other items not contained in this published agenda may be considered by the Committee at the meeting, and items from the list may be postponed to future meetings.

**RULEMAKINGS CURRENTLY BEFORE JCAR**

*NOTICE: It is the policy of the Committee to allow only representatives of State agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:*

*Joint Committee on Administrative Rules  
700 Stratton Office Building  
Springfield, Illinois 62706  
Email: [jcar@ilga.gov](mailto:jcar@ilga.gov)  
Phone: 217/785-2254*

**PROPOSED RULEMAKINGS**

Commerce Commission

1. Guidelines for Land and Right-of-Way Acquisitions (83 Ill. Adm. Code 300)
  - First Notice Published: 36 Ill. Reg. 10558 – 7/20/12
  - Expiration of Second Notice: 1/18/13

Corrections

2. Records of Committed Persons (20 Ill. Adm. Code 107)
  - First Notice Published: 36 Ill. Reg. 14928 – 10/12/12

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
JANUARY AGENDA

-Expiration of Second Notice: 2/2/13

3. Impact Incarceration Program (20 Ill. Adm. Code 460)
  - First Notice Published: 36 Ill. Reg. 14536 – 10/5/12
  - Expiration of Second Notice: 1/10/13
4. Rights and Privileges (20 Ill. Adm. Code 525)
  - First Notice Published: 36 Ill. Reg. 14540 – 10/5/12
  - Expiration of Second Notice: 1/10/13

Deaf and Hard of Hearing Commission

5. Interpreter for the Deaf Licensure Act of 2007 (68 Ill. Adm. Code 1515)
  - First Notice Published: 36 Ill. Reg. 2607 – 2/24/12
  - Expiration of Second Notice: 1/25/13

Education

6. Standards for All Illinois Teachers (23 Ill. Adm. Code 24)
  - First Notice Published: 36 Ill. Reg. 14615 – 10/5/12
  - Expiration of Second Notice: 1/26/13

Financial and Professional Regulation

7. Non-Binding, Advisory Opinions on Criminal Convictions (68 Ill. Adm. Code 1130)
  - First Notice Published: 36 Ill. Reg. 15175 – 10/19/12
  - Expiration of Second Notice: 1/26/13

Housing Development Authority

8. State Housing Appeals Board (47 Ill. Adm. Code 395)
  - First Notice Published: 36 Ill. Reg. 14050 – 9/14/12
  - Expiration of Second Notice: 2/1/13

Human Services

9. Special Transportation (89 Ill. Adm. Code 815)
  - First Notice Published: 36 Ill. Reg. 11884 – 7/27/12
  - Expiration of Second Notice: 1/27/13

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
JANUARY AGENDA

10. Lekoteks (Repealer) (89 Ill. Adm. Code 899)  
-First Notice Published: 36 Ill. Reg. 11888 – 7/27/12  
-Expiration of Second Notice: 1/27/13

Insurance

11. Preferred Provider Programs (50 Ill. Adm. Code 2051)  
-First Notice Published: 36 Ill. Reg. 6356 – 4/27/12  
-Expiration of Second Notice: 1/25/13

Natural Resources

12. General Hunting and Trapping on Department-Owned or -Managed Sites (17 Ill. Adm. Code 510)  
-First Notice Published: 36 Ill. Reg. 13507 – 8/31/12  
-Expiration of Second Notice: 1/24/13
13. The Taking of Wild Turkeys – Spring Season (17 Ill. Adm. Code 710)  
-First Notice Published: 36 Ill. Reg. 14585 – 10/5/12  
-Expiration of Second Notice: 1/23/13

Pollution Control Board

14. General Rules (35 Ill. Adm. Code 101)  
-First Notice Published: 36 Ill. Reg. 14971 – 10/12/12  
-Expiration of Second Notice: 1/25/13
15. Definitions and General Provisions (35 Ill. Adm. Code 211)  
-First Notice Published: 36 Ill. Reg. 6913 – 5/11/12  
-Expiration of Second Notice: 1/19/13
16. Organic Material Emission Standards and Limitations (35 Ill. Adm. Code 215)  
-First Notice Published: 36 Ill. Reg. 6934 – 5/11/12  
-Expiration of Second Notice: 1/19/13
17. Organic Material Emission Standards and Limitations for the Chicago Area (35 Ill. Adm. Code 218)  
-First Notice Published: 36 Ill. Reg. 6950 – 5/11/12  
-Expiration of Second Notice: 1/19/13

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
JANUARY AGENDA

18. Organic Material Emission Standards and Limitations for the Metro East Area (35 Ill. Adm. Code 219)  
-First Notice Published: 36 Ill. Reg. 6975 – 5/11/12  
-Expiration of Second Notice: 1/19/13
19. Special Waste Hauling (35 Ill. Adm. Code 809)  
-First Notice Published: 36 Ill. Reg. 14600 – 10/5/12  
-Expiration of Second Notice: 1/23/13

Public Health

20. Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)  
-First Notice Published: 36 Ill. Reg. 11894 – 7/27/12  
-Expiration of Second Notice: 1/16/13
21. Sheltered Care Facilities Code (77 Ill. Adm. Code 330)  
-First Notice Published: 36 Ill. Reg. 11911 – 7/27/12  
-Expiration of Second Notice: 1/16/13
22. Illinois Veterans' Homes Code (77 Ill. Adm. Code 340)  
-First Notice Published: 36 Ill. Reg. 11926 – 7/27/12  
-Expiration of Second Notice: 1/16/13
23. Physical Fitness Facility Medical Emergency Preparedness Code (77 Ill. Adm. Code 527)  
-First Notice Published: 36 Ill. Reg. 14608 – 10/5/12  
-Expiration of Second Notice: 1/16/13
24. Pregnancy Termination Report Code (77 Ill. Adm. Code 505)  
-First Notice Published: 36 Ill. Reg. 14129 – 9/21/12  
-Expiration of Second Notice: 1/16/13

Secretary of State

25. General Rules, Definitions (92 Ill. Adm. Code 1000)  
-First Notice Published: 36 Ill. Reg. 14084 – 9/14/12  
-Expiration of Second Notice: 1/26/13
26. Cancellation, Revocation or Suspension of Licenses or Permits (92 Ill. Adm. Code 1040)  
-First Notice Published: 36 Ill. Reg. 15189 – 10/19/12  
-Expiration of Second Notice: 1/19/13

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
JANUARY AGENDA

Treasurer

27. Banking and Automated Teller Machine Services (74 Ill. Adm. Code 600)  
-First Notice Published: 36 Ill. Reg. 13819 – 9/7/12  
-Expiration of Second Notice: 2/17/13

**EMERGENCY RULEMAKINGS**

Healthcare and Family Services

28. Medical Assistance Programs (89 Ill. Adm. Code 120)  
-Notice Published: 36 Ill. Reg. 17549 – 12/14/12
29. Hospital Services (89 Ill. Adm. Code 148)  
-Notice Published: 36 Ill. Reg. 18976 – 12/28/12

Human Services

30. Aid to the Aged, Blind or Disabled (89 Ill. Adm. Code 113)  
-Notice Published: 36 Ill. Reg. 17567 – 12/14/12

Secretary of State

31. Certificates of Title, Registration of Vehicles (92 Ill. Adm. Code 1010)  
-Notice Published: 36 Ill. Reg. 17580 – 12/14/12

Racing Board

32. Medication (11 Ill. Adm. Code 603)  
-Notice Published: 36 Ill. Reg. 17131 – 12/7/12

**PEREMPTORY RULEMAKINGS**

Agriculture

33. Meat and Poultry Inspection Act (8 Ill. Adm. Code 125)  
-Notice Published: 36 Ill. Reg. 17930 – 12/21/12

Central Management Services

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
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34. Pay Plan (80 Ill. Adm. Code 310)  
-Notice Published: 36 Ill. Reg. 17138 – 12/7/12

**ADOPTED RULEMAKING**

Higher Education

35. Public Information, Rulemaking, and Organization (2 Ill. Adm. Code 5050)  
-Notice Published: 36 Ill. Reg. 17847 – 12/21/12

**AGENCY RESPONSES**

Central Management Services

36. Day Care (89 Ill. Adm. Code 1300; 36 Ill. Reg. 14460)

Healthcare and Family Services

37. Medical Payment (89 Ill. Adm. Code 140; 36 Ill. Reg. 11329) (Emergency)

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 December 18, 2012 through December 26, 2012 and have been scheduled for review by the Committee at its January 8, 2013 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>
2/1/13	<u>Illinois Housing Development Authority</u> , State Housing Appeals Board (47 Ill. Adm. Code 395)	9/14/12 36 Ill. Reg. 14050	1/8/13
2/2/13	<u>Department of Corrections</u> , Records of Committed Persons (20 Ill. Adm. Code 107)	10/12/12 36 Ill. Reg. 14928	1/8/13

## PROCLAMATIONS

**2012-361****Gum Disease Awareness Month**

WHEREAS, according to the Illinois Department of Public Health, Periodontal Disease, also known as gum disease, is an infection that attacks the bone and gums that support your teeth; and,

WHEREAS, bacteria in your mouth, called plaque, is the major cause of periodontal disease, although there are other contributing factors, including the general condition of your teeth, your nutrition and general health, habits and emotional stress; and,

WHEREAS, if bacteria are not removed regularly by brushing and flossing, plaque can harden into tartar, whose rough surface allows even more bacteria to stay close to your teeth and under the gumline. This bacteria releases substances that are harmful to the bones and gums around your teeth; and,

WHEREAS, mounting university research indicates gum disease is a possible precursor to heart disease, diabetes, stroke, some cancers and even stillbirths; and

WHEREAS, Periodontal Disease is painless and, in the early stages, difficult to detect. Common early warning signs may include bad breath and tender or swollen gums that bleed when you brush and floss your teeth; and,

WHEREAS, between 74-85% of Americans suffer some degree of gum disease but less than half are aware of it—building awareness can improve community health and prevent serious health consequences; and,

WHEREAS, Illinois is committed to providing reliable oral health information that includes ways to prevent and treat gum disease - because protecting and promoting the oral health, and in turn, the overall health, of the people in this community is in the best interest of the individual people and the community as a whole; and,

WHEREAS, in the interest of public health, Illinois considers it a priority to educate its citizenry about the advanced treatment options that can help them address the symptoms of moderate to severe gum disease and the dangerous consequences of leaving it untreated; and,

WHEREAS, National Gum Disease Awareness Month is an annual health-promotion event directed at helping people make lifelong improvements in their health and quality of life by sharing information and spreading awareness and encouraging everyone to take an active role in preventing gum disease with simple tools and habit changes; and,

## PROCLAMATIONS

WHEREAS, Gum Disease Awareness Month supports community health by disseminating important information and the tips and tools to empower citizens to make powerful improvements to their health and the health of their families;

THEREFORE, I, Pat Quinn, do hereby proclaim February 2013 as **GUM DISEASE AWARENESS MONTH** and do hereby encourage our citizens, public agencies and organizations to advance the oral health of our citizens throughout the month with the dissemination of important health information and education designed to help them take an active role in preventing and treating gum disease.

Issued by the Governor November 13, 2012

Filed by the Secretary of State December 21, 2012

**2012-362****Small Business Saturday**

WHEREAS, small businesses make tremendous contributions to the economic strength of our nation, accounting for 75 percent of all new jobs; and,

WHEREAS, there are currently 28 million small businesses in the United States; and,

WHEREAS, there are currently over 1,118,904 small businesses in Illinois; and,

WHEREAS, small businesses have created 65 percent of net new jobs over the past two decades; and,

WHEREAS, Illinois' small businesses help preserve Illinois' communities and are integral to our state's unique economic identity; and,

WHEREAS, Illinois supports local businesses that create jobs, boost our local economy and preserve our neighborhoods; and,

WHEREAS, the health of Illinois' economy depends on our support of businesses owned by our friends and neighbors; and,

WHEREAS, Illinois' small business owners and employees enrich our purchasing experiences with their local knowledge and passion; and,

WHEREAS, the weekend after Thanksgiving is a profitable time for retailers, and for every \$100 spent at local small businesses, \$68 is returned to the community; and,

## PROCLAMATIONS

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim November 24, 2012 as **SMALL BUSINESS SATURDAY** in Illinois, and encourage consumers in the Land of Lincoln to support the small businesses and merchants that create jobs within our communities and reinvest in our local economies.

Issued by the Governor November 13, 2012

Filed by the Secretary of State December 21, 2012

**2012-363****Drunk and Drugged Driving (3D) Prevention Month**

WHEREAS, motor vehicle crashes killed 918 people in Illinois during 2011; and

WHEREAS, hundreds of those deaths involved a driver impaired by alcohol and/or drugs; and

WHEREAS, the December holiday season is traditionally one of the most deadly times of the year for impaired driving; and

WHEREAS, for thousands of families across the state and the nation, holidays are a time to remember loved ones lost; and

WHEREAS, organizations across the state and the nation are joined with the Drive Sober or Get Pulled Over and other campaigns that foster public awareness of the dangers of impaired driving and anti-impaired driving law enforcement efforts; and

WHEREAS, the State of Illinois is proud to partner with cities, towns, villages and other traffic safety groups in that effort to make our roads and streets safer;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 2012 as **DRUNK AND DRUGGED DRIVING (3D) PREVENTION MONTH** in Illinois and do hereby call upon all citizens, government, agencies, business leaders, hospitals and health care providers, schools, and public and private institutions to promote awareness of the impaired driving problem, to support programs and policies to reduce the incidence of impaired driving, and to promote safer and healthier behaviors regarding the use of alcohol and other drugs this December holiday season and throughout the year.

Issued by the Governor November 14, 2012

Filed by the Secretary of State December 21, 2012

**2012-364**

## PROCLAMATIONS

**Firefighter Walter Patmon**

WHEREAS, we hold the highest esteem and reverence for the men and women who answer the call to serve their friends, family and communities; and,

WHEREAS, first responders save countless lives every year with their heroic efforts; and,

WHEREAS, firefighters not only demonstrate the desire to serve, but have the courage to act calmly and professionally in otherwise terrifying situations; and,

WHEREAS, on the evening of November 11, 2012 one of these brave souls, Firefighter Walter Patmon of the Chicago Fire Department, was suddenly taken from us; and,

WHEREAS, we will always remember that throughout his 18-year career as a proud member of the Chicago Fire Department, Firefighter Walter Patmon courageously volunteered to walk into fires as everyone else ran out; and,

WHEREAS, although Firefighter Walter Patmon is no longer with us we will not forget the countless lives that were impacted by his public service; and,

WHEREAS, Firefighter Walter Patmon was not simply a public servant, but dedicated first responder who was known by many for his deep commitment to helping people and saving lives, which was demonstrated in his desire to join the Fire Department at the age of 43 in 1994; and,

WHEREAS, in addition to his Chicago service, Walter Patmon was known by many for his culinary skills and barbeque dishes, as well as a deep love for all people; and,

WHEREAS, we remember Firefighter Walter Patmon's dedication the city of Chicago and the State of Illinois; and,

WHEREAS, Walter Patmon was 61, and leaves behind a wife, Diane, and three daughters: Windy, Kirby and Kirwin. Not only did he serve the citizens of Chicago and of this great state, but was a hero in his role as a husband and a father; and,

WHEREAS, on Wednesday, November 21, 2012, a funeral will be held in Chicago, Illinois, for Firefighter Walter Patmon; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff from sunrise on November 19, 2012 until sunset on November 21, 2012 in honor and remembrance of **Firefighter Walter Patmon**, whose selfless service and sacrifice is an inspiration.

## PROCLAMATIONS

Issued by the Governor November 15, 2012

Filed by the Secretary of State December 21, 2012

**2012-365****Pearl Harbor Remembrance Day**

WHEREAS, on December 7, 1941 Japanese bombers attacked unsuspecting American sailors and soldiers stationed at Pearl Harbor; and,

WHEREAS, during that fateful day in history, more than 2,000 Americans were killed, including 50 servicemen from Illinois, and another 1,000 were wounded during the bombardment, which outraged Americans as few other events in our nation's history had; and,

WHEREAS, in response, President Franklin Roosevelt and Congress promptly declared war against Japan and its allies, thereby entering World War II; and,

WHEREAS, United States' sailors, soldiers and airmen performed superbly on all fronts. Together, a Grand Coalition of French, English, Russian, and American servicemen conducted mass campaigns and operations within the Pacific, African, and European theaters; and,

WHEREAS, on May 7, 1945 Germany surrendered, which was soon followed by Japan's surrender on August 14 of that same year; and,

WHEREAS, during the war, more American sailors and soldiers were mobilized than at any other time in our history. By war's end, more than eight million Americans were serving in the Army alone; and,

WHEREAS, thanks to the Grand Coalition, our servicemen, and all those at home who contributed to the war effort, liberty, freedom and the rights of all peoples everywhere were protected from the aggressions of Germany and Japan; and,

WHEREAS, this year marks the 71st anniversary of the attack on Pearl Harbor and the 67<sup>th</sup> anniversary of the end of the Second World War. Although we can never repay all those who faithfully and honorably served during the war, we will always remember what they did and fought for; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 7, 2012 as **PEARL HARBOR REMEMBRANCE DAY** in Illinois, and order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff on such day from

## PROCLAMATIONS

sunrise until sunset in memory of all the heroes who died in the attack on Pearl Harbor, and in tribute to all the men and women whose sacrifices made the world safer for liberty and freedom.

Issued by the Governor November 16, 2012

Filed by the Secretary of State December 21, 2012

**2012-366****Universal Hour of Peace**

WHEREAS, the United States of America has historically been a melting pot where people of all nationalities, religious faiths and cultures come together as one; and,

WHEREAS, the strength of our great state of Illinois rests in the cooperative community of its citizens; and,

WHEREAS, our only hope of establishing peace among diverse peoples is through recognizing our connectedness, our capacity for peacemaking and peacekeeping at home and abroad; and,

WHEREAS, the first day of a New Year typically denotes hopeful expectation and positive resolve in the hearts and minds of our citizens; and,

WHEREAS, the School of Metaphysics, a worldwide organization founded in our country to promote peace, understanding and goodwill by teaching people that living peaceably begins by thinking peaceably, has called for the observance of a Universal Hour of Peace over the midnight hour December 31, 2012 – January 1, 2013; and,

WHEREAS, the Universal Hour of Peace is used as a means to spread the message of world peace and its vital importance to the future of the human race; and,

WHEREAS, the goal of the observance of the Universal Hour of Peace is to contribute to the peace-making process by encouraging all individuals to harness their abilities and actively participate in creating a more peaceful world;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 31, 2012 at 11:30 pm to January 1, 2013 at 12:30 am as the **UNIVERSAL HOUR OF PEACE** in Illinois, and encourage all citizens to do their part to build a more peaceful state, a more peaceful county, and a more peaceful world.

Issued by the Governor November 21, 2012

Filed by the Secretary of State December 21, 2012

## PROCLAMATIONS

**2012-367****Esophageal Cancer Awareness Month**

WHEREAS, esophageal cancer (EC) is cancer that forms in the esophagus, the muscular tube leading from the mouth into the stomach; and,

WHEREAS, esophageal cancer is predominately of two types: squamous cell carcinoma of the esophagus and esophageal adenocarcinoma; and,

WHEREAS, men are at least three times more likely to develop esophageal cancer than women; and,

WHEREAS, esophageal cancer patients are generally older adults, with a median age in the 50's – 60's, but EC is being diagnosed more frequently in younger adults in recent years; and,

WHEREAS, squamous cell carcinoma, which is usually found in the upper half of the esophagus, is the most common type of esophageal cancer worldwide. Major risk factors linked with squamous cell carcinoma of the esophagus are smoking, alcohol abuse, and dietary factors; and,

WHEREAS, in the United States and Western Europe, esophageal adenocarcinoma, which develops in the lower half of the esophagus, is the most common type of esophageal cancer; and,

WHEREAS, esophageal adenocarcinoma now is the fastest increasing of all cancers in the United States, increasing more than 400% over the last 20 years. Unfortunately, esophageal adenocarcinoma also has the second highest death rate, with more than 13,000 deaths annually; and,

WHEREAS, one major factor thought to lead to esophageal adenocarcinoma is frequent exposure of the esophagus to stomach acid, or acid reflux. Acid reflux may give rise to gastric-esophageal reflux disease or GERD, which in time may develop into a condition called Barrett's esophagus in which the cells lining the esophagus are structurally altered by long term exposure to stomach acid; and,

WHEREAS, although Barrett's esophagus itself does not affect the health of a person, in a small number of people there is a chance that these altered cells will develop into an early cancerous state and eventually into a tumor; and,

WHEREAS, individuals who have more than two consecutive weeks of acid reflux are urged to see their physicians immediately. Unfortunately, there may be few warnings these changes have occurred until swallowing becomes difficult. Many patients also may develop esophageal

## PROCLAMATIONS

adenocarcinoma with no history of serious acid reflux or difficulty swallowing until the cancer is very advanced; and,

WHEREAS, progress has been made in the last few years in treating both types of esophageal cancer, and the survival rate is improving every year, however there is need for more awareness; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 2013 as **ESOPHAGEAL CANCER AWARENESS MONTH** in Illinois.

Issued by the Governor November 26, 2012

Filed by the Secretary of State December 21, 2012

**2012-368****Save Abandoned Babies Month**

WHEREAS, signed into law in August 2001, the Illinois Abandoned Newborn Protection Act allows parents to relinquish a newborn infant to personnel at a local hospital, police station, fire station, or emergency medical facility anonymously and free from prosecution; and,

WHEREAS, signed into law in August 2011, exactly ten years later, an expansion of this law increased infant safe havens to include college or university police stations or any district headquarters of the Illinois State Police; and,

WHEREAS, relinquished babies then may become custody of the state and are placed in a responsible and nurturing safe haven; and,

WHEREAS, the Illinois Abandoned Newborn Protection Act provides a safe alternative to abandonment for Illinois parents who feel they cannot cope with the responsibility of caring for a newborn baby; and,

WHEREAS, it is the hope of the State of Illinois that as awareness of this Act increases, it will stop the abandonment of newborn infants, a practice that has led to healthy babies being found harmed, deceased or in unsafe places; and,

WHEREAS, since the signing of the Illinois Abandoned Newborn Protection Act, numerous newborn babies have been safely relinquished in Illinois pursuant to this Act, but at the same time, newborn infants continue to be unsafely relinquished; and,

WHEREAS, the Illinois Abandoned Newborn Protection Act is a critical statute in the State of Illinois, as it affords the chance of a better life for abandoned newborn babies, but continued

## PROCLAMATIONS

public awareness of the Act is necessary to fulfill the goals of protecting all newborn infants and providing parents with a responsible and safe mechanism to relinquish a newborn infant; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 2013 as **SAVE ABANDONED BABIES MONTH** in Illinois, and encourage all citizens to recognize the importance of protecting abandoned infants and giving them the proper care they deserve.

Issued by the Governor November 26, 2012

Filed by the Secretary of State December 21, 2012

**2012-369**  
**Smoke-Free Month**

WHEREAS, secondhand smoke is a major health hazard; and,

WHEREAS, there is no risk-free level of exposure to secondhand smoke; and,

WHEREAS, approximately 50,000 deaths each year are attributed to secondhand smoke exposure according to the US Surgeon General, the Centers for Disease Control and Prevention and the National Cancer Institute; and,

WHEREAS, air cleaning or ventilation does not eliminate exposure to secondhand smoke; and,

WHEREAS, smoke-free policies are the only effective protection from exposure to secondhand smoke; and,

WHEREAS, smoke-free laws provide immediate health benefits, most notably a decline in heart attack and hospitalizations; and,

WHEREAS, it is estimated that more than 35,000 heart disease hospitalizations among Illinois residents have been prevented because of the "Smoke-Free Illinois Act," resulting in a savings of \$1.18 Billion in hospital costs alone; and,

WHEREAS, the Smoke-Free Illinois Act protects all residents and visitors regardless of where they are; and,

WHEREAS, on January 1, 2013 the State of Illinois will celebrate five years of having the strongest and most comprehensive Smoke-Free law in the country; and,

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THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim January 2013 as **SMOKE-FREE MONTH** in Illinois, and encourage all residents of the Land of Lincoln to realize the benefits of having a smoke-free Illinois.

Issued by the Governor November 26, 2012

Filed by the Secretary of State December 21, 2012

**2012-370****Illinois State Trooper Kyle Deatherage**

WHEREAS, all citizens owe a tremendous debt of gratitude to the men and women of law enforcement who selflessly serve to protect our lives and keep our families safe; and,

WHEREAS, every day these men and women face great risks and in many cases put their safety on the line to perform their duties; and,

WHEREAS, on the morning of Monday, November 26, 2012 Illinois State Trooper Kyle Deatherage was abruptly taken from us at the age of 32 while conducting a routine traffic stop along Interstate 55 near Litchfield, Illinois; and,

WHEREAS, Trooper Deatherage joined the Illinois State Police on May, 31 2009 with Cadet Class 117; and,

WHEREAS, Trooper Deatherage was assigned to Illinois State Police District 18 after graduating the Academy; and,

WHEREAS, Trooper Deatherage is a native of Saint Jacob, Illinois where he was widely considered to be a stand-up member of the community and a proud husband and father who enjoyed fishing, hunting and spending time with friends and family. He will always be remembered for the countless lives he impacted; and,

WHEREAS, throughout his career as proud member of the Illinois State Police Trooper Deatherage represented the State of Illinois Admirably; and,

WHEREAS, a funeral will be held on Saturday, December 1, 2012 for Trooper Deatherage, who is survived by his parents, his wife Sarah, daughter Kaylee, 4 and son Camden, 10 months; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff from sunrise on Thursday, November 29, 2012 until sunset on Saturday, December 1, 2012 in honor and

## PROCLAMATIONS

remembrance of **Trooper Kyle Deatherage**, whose selfless service and sacrifice is an inspiration.

Issued by the Governor November 28, 2012

Filed by the Secretary of State December 21, 2012

**2012-371****World AIDS Day**

WHEREAS, preventing the transmission of HIV infection and stopping the progression to AIDS requires a worldwide effort to increase community HIV awareness, education, testing and treatment engagement; and,

WHEREAS, estimates from the Joint United Nations Programme on HIV/AIDS on the global AIDS epidemic show that around 34 million people were living with HIV at the end of 2010; and,

WHEREAS, according to the Illinois Department of Public Health, Illinois has the seventh highest number of AIDS cases in the nation, with 38,957 reported cases of AIDS from 1981 through 2010. Of Illinois residents diagnosed with the disease, over 21,000 have died; and,

WHEREAS, the World Health Organization has designated December 1 of each year as World AIDS Day, a day to expand and strengthen the worldwide effort to stop the spread of HIV and AIDS; and,

WHEREAS, this year marks the 24th anniversary of World AIDS Day and the 31th anniversary of the first reported cases of HIV/AIDS. While we have come a long way since then, we still have much more to do; and

WHEREAS, the theme for World AIDS Day 2012 is "Getting to zero: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths," Global leaders have pledged to work towards universal access to HIV treatment, prevention and care, recognizing these as fundamental human rights. Valuable progress has been made in increasing access to HIV prevention and care services, yet greater commitment is needed around the world if the goal of universal access is to be achieved; and,

WHEREAS, the campaign calls on all sectors of society such as families, communities, service organizations and governments to take initiative to provide leadership on HIV Disease; and

WHEREAS, this day in Illinois is commemorated by a number of events across the state, including the dimming of the lights atop the Illinois State Capitol dome and at the James R.

## PROCLAMATIONS

Thompson Center in Chicago during the evening hours to coincide with the dimming of the lights at the White House in tribute to those infected with and affected by HIV and AIDS; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 1, 2012 as **WORLD AIDS DAY** in Illinois, and encourage all residents to take part in activities and observances designed to increase awareness and understanding of HIV/AIDS, to take part in HIV prevention activities and programs, and to join in the efforts to prevent transmission of HIV and further development of AIDS.

Issued by the Governor November 28, 2012

Filed by the Secretary of State December 21, 2012

**2012-372**  
**Loyalty Day**

WHEREAS, this nation is kept strong and free by citizens who preserve our precious American heritage through their positive patriotic declarations and actions; and,

WHEREAS, all citizens should make it their duty to inspire patriotism and love of country among all of our peoples; and,

WHEREAS, we urgently need a vigorous display of true red, white and blue Americanism, thus convincing friends and foe alike that our nation is firmly united; and,

WHEREAS, created by the United States Congress on July 18, 1958 through Public Law 85-529, and proclaimed by President Dwight D. Eisenhower on May 1, 1959, Loyalty Day is a legal holiday set aside for the reaffirmation of loyalty to the United States and recognition of the heritage of American Freedom; and,

WHEREAS, as a Nation of immigrants, we are united in the shared ideals of equality, liberty and honor, ideals for which our Armed Forces have defended and shed blood to protect; and,

WHEREAS, every individual, school, church, organization, business establishment and household within the State of Illinois are invited to participate in pledging allegiance to our Flag, Country, and the men and women in uniform, through active participation in patriotic programs being sponsored by the Veterans of Foreign Wars of the United States and its Ladies Auxiliary on May 1, 2013; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 1, 2013 as **LOYALTY DAY** in Illinois, and encourage all citizens to join in this worthy observance.

## PROCLAMATIONS

Issued by the Governor November 28, 2012  
Filed by the Secretary of State December 21, 2012

**2012-373**  
**Firefighter Timothy Jansen**

WHEREAS, we hold the highest esteem and reverence for the men and women who answer the call to serve their friends, family and communities; and,

WHEREAS, first responders save countless lives every year with their heroic efforts; and,

WHEREAS, firefighters not only demonstrate the desire to serve, but have the courage to act calmly and professionally in otherwise terrifying situations; and,

WHEREAS, on the evening of December 2, 2012 one of these brave souls, Timothy Jansen of the Santa Fe Fire Protection District, was suddenly taken from us; and,

WHEREAS, we will always remember that throughout his 15 year career as a proud member and officer of the Santa Fe Fire Protection District Timothy Jansen courageously volunteered to walk into fires as everyone else ran out; and,

WHEREAS, although Timothy Jansen is no longer with us we will not forget the countless lives that were impacted by his public service; and,

WHEREAS, Timothy Jansen was not simply a public servant, but dedicated first responder who was known by many for his deep commitment to helping people and saving lives; and,

WHEREAS, we remember Timothy Jansen's dedication to his community and the State of Illinois through his activities with his church, the Bartelso Knights of Columbus and owner of MacJenna's Restaurant; and,

WHEREAS, Timothy Jansen was 45, and leaves behind a wife, Brenda and two children: Mackenna, 13 and Jenna, 6. Not only did he serve the citizens of his community and of this great state, but was a hero in his role as a husband and a father; and,

WHEREAS, on Thursday, December 6, 2012, a funeral will be held for Timothy Jansen; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff immediately on December 4 2012 until sunset on December 6, 2012 in honor and remembrance of **Timothy Jansen** whose selfless service and sacrifice is an inspiration.

## PROCLAMATIONS

Issued by the Governor December 4, 2012

Filed by the Secretary of State December 21, 2012

**2012-374****Employee Learning Week**

WHEREAS, the State of Illinois recognizes that its employees are its most important resource; and,

WHEREAS, in order to grow and stay competitive in today's global economy, organizations must have a highly-skilled and knowledgeable workforce; and,

WHEREAS, lifelong learning develops individual and organizational knowledge and expertise; and,

WHEREAS, the American Society for Training and Development is the largest international organization dedicated to workplace learning and performance professionals; and,

WHEREAS, the members of the American Society for Training and Development are workplace learning and performance professionals committed to developing the skills of individual employees and the workforce as a whole; and,

WHEREAS, this year the American Society for Training and Development has designated December 3-7 as Employee Learning Week to provide an opportunity for companies to demonstrate their commitment to workforce development by introducing new employee learning opportunities; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 3-7, 2012 as **EMPLOYEE LEARNING WEEK** in Illinois in order to celebrate and promote workplace learning and development in our state.

Issued by the Governor December 5, 2012

Filed by the Secretary of State December 21, 2012

**2012-375****United Nations Human Rights Day**

WHEREAS, The United Nations' Universal Declaration of Human Rights (UDHR) was created out of the ashes of World War II and adopted on December 10, 1948; and

## PROCLAMATIONS

WHEREAS, The United States, under the leadership of former First Lady Eleanor Roosevelt, played a pivotal role in establishing the declaration; and

WHEREAS, the Universal Declaration of Human Rights has served as the foundation for developing various international treaties pertaining to the human rights of children, women, minorities and others; and

WHEREAS, The Universal Declaration of Human Rights is dedicated to promoting basic rights pertaining to freedom of religion, peaceful assembly, privacy, a speedy trial and other rights encompassed in the U. S. Constitution's Bill of Rights; and

WHEREAS, we will celebrate the 64th anniversary of this declaration on December 10, 2012 , and its positive effects on the lives of all Illinoisans, Americans and people around the world; and

Therefore, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 10, 2012 as **UNITED NATIONS HUMAN RIGHTS DAY** in Illinois and encourage its observance by all residents.

Issued by the Governor December 5, 2012

Filed by the Secretary of State December 21, 2012

**2012-376****Career and Technical Education Month**

WHEREAS, a commitment to career and technical education helps to ensure that Illinois has a strong, well-trained workforce that enhances productivity in business and industry, and solidifies the state's leadership in the national and international marketplaces; and,

WHEREAS, providing citizens with career and technical education can stimulate the growth and vitality of businesses and industries by preparing workers for the occupations forecasted to experience the largest and fastest growth in the next decade; and,

WHEREAS, individual citizens benefit from career and technical education because it enables them to find satisfying careers suited to their own skills and interests, provides technical skills that allow them to excel in their chosen careers and teaches leadership skills that serve them on the job, at home and in the community; and,

WHEREAS, for over 60 years, the Illinois Association for Career and Technical Education (IACTE), the only association in Illinois dedicated to the support and service of career and

## PROCLAMATIONS

technical educators, has been committed to the betterment of the profession, and to providing visibility and assistance for career and technical education; and,

WHEREAS, each year, the IACTE celebrates Career and Technical Education Month to promote the advancement of the career and technical education profession in this state. The theme for this year's month-long celebration is "Career and Technical Education Works;"and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim February 2013 as **CAREER AND TECHNICAL EDUCATION MONTH** in Illinois, and encourage all citizens to become familiar with the services and benefits offered by career and technical education programs in our state, and to support and participate in these programs to enhance individual work skills and productivity.

Issued by the Governor December 7, 2012

Filed by the Secretary of State December 21, 2012

**2012-377****Julie Shannon Geller Day**

WHEREAS, on September 12, 2012 Julie Shannon Geller was taken from us after a brave battle with cancer; and,

WHEREAS, Julie Shannon Geller was a composer-lyricist, singer, pianist and teacher who dedicated her life to helping those around her; and,

WHEREAS, Julie Shannon Geller was the co-writer with John Reeger of the award-winning, critically acclaimed musicals "Stones," "The Christmas Schooner" and "Let the Eagle Fly: The Story of Cesar Chavez and the Farm Workers," which have received productions in Illinois and around the country; and,

WHEREAS, Julie Shannon Geller was a mentor to many, including Felicia P. Fields, who received critical acclaim for her performance on Broadway in Oprah Winfrey's "The Color Purple," a fact in which Julie took great pride; and,

WHEREAS, at the urging of her mentor, legendary Broadway musical theatre writer Sheldon Harnick, Julie Shannon Geller published an article in 2010 in "The Dramatist" magazine titled "Art Meets Life." The article recounted the transformative experience Julie had working with students—including Latinos who had never acted before—to bring an important part of America's civil rights history proudly to stage. They performed alongside professional Chicago actors in a concert production of "Let the Eagle Fly: The Story of Cesar Chavez and the Farm Workers"; and,

## PROCLAMATIONS

WHEREAS, many observed that Julie had a passion for human decency, kindness and social justice; and,

WHEREAS, Julie Shannon Geller was a loving wife, a great, dependable friend to many, as well as a proud member of the theatre community who strove to share her love of art with the world; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby declare December 10, 2012 as **JULIE SHANNON GELLER DAY** in Illinois, and encourage all citizens of the Land of Lincoln to use this day to embrace art and share it with those around you.

Issued by the Governor December 7, 2012

Filed by the Secretary of State December 21, 2012

**2012-378****Poison Prevention Month**

WHEREAS, all citizens of Illinois should be made aware of the ever-present dangers posed by potentially poisonous household substances; and,

WHEREAS, children too often have access to over the counter and prescription medications and potentially toxic household products; and,

WHEREAS, over the past 50 years, the nation has observed National Poison Prevention Week to help prevent accidental poisonings and offer tips for promoting community involvement in poison prevention; and,

WHEREAS, the Illinois Poison Center is a mainstay in the emergency medical care system of the State of Illinois and is recognized nationally for its contributions to poison treatment and prevention; and,

WHEREAS, nearly fifty percent of the more than 77,000 poisonings reported last year to the Illinois Poison Center involved children under the age of five and could have been prevented; and,

WHEREAS, more than ninety percent of the calls received from the public are treated over the phone, quickly and safely, by experienced, highly qualified staff of the poison center; and,

## PROCLAMATIONS

WHEREAS, in 2013, the Illinois Poison Center, the oldest and one of the largest poison centers in the nation, will be celebrating its 60th year of providing poison prevention and treatment recommendations to the people of Illinois; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim March 2013 as **POISON PREVENTION MONTH** in Illinois, and encourage all citizens to learn more about the Illinois Poison Center's prevention programs that alert citizens on the continuous problem of accidental poisonings and steps that can be taken to create healthy and safe home, play and work environments.

Issued by the Governor December 11, 2012

Filed by the Secretary of State December 21, 2012

**2012-379****The United Way Worldwide Month**

WHEREAS, The United Way is one of the largest privately funded nonprofit organizations in the nation; and,

WHEREAS, The United Way is dedicated to improving the lives of people all over the World through programs that empower communities to promote education, income stability and healthy lives, thereby advancing the common good; and,

WHEREAS, The United Way is working to cut the high school dropout rate in half by 2018 through their efforts to ensure that school age children enter school ready to succeed, can read proficiently by 4th grade and make a successful transition to middle school. Additionally, they want to ensure that all students graduate from high school on time prepared to succeed in college, work, and life; and,

WHEREAS, The United Way is also working to cut in half the number of low-income families who are identified as financially unstable by promoting community-change strategies to help families meet their basic needs and through their efforts to increase family-sustaining employment, affordable housing, savings and assets, and to effectively manage their income; and,

WHEREAS, The United Way encourages individuals to lead healthier lives, and has set an ambitious goal to significantly increase the number of youth and adults who are healthy and avoid risky behavior; and,

## PROCLAMATIONS

WHEREAS, The United Way hopes to accomplish this by working to change policies and practices including extended health care coverage and raising awareness of health risks and their potential effects; and,

WHEREAS, by uniting with volunteers, agencies, and its own members, The United Way has affected positive social change throughout the State of Illinois and the United States; and,

WHEREAS, The United Way will celebrate its 125th anniversary during the year 2012, a significant milestone for any organization; and,

WHEREAS, this celebration will provide an excellent opportunity for residents to reflect back on all that The United Way has accomplished over the past 125 years as well as an opportunity for The United Way to make plans for the future that will build on their past success; and,

WHEREAS, The United Way's longevity is truly a testament to the quality of the services they provide to those in need, and the relationships they have developed over the years; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 2012 as **THE UNITED WAY WORLDWIDE MONTH** in the State of Illinois, in celebration of their 125th anniversary, and do hereby encourage all residents to recognize their significant contribution to communities throughout the Land of Lincoln, and the World.

Issued by the Governor December 11, 2012

Filed by the Secretary of State December 21, 2012

**2012-380****Chicago Music Awards Day**

WHEREAS, on Sunday, January 20, 2013, Martin's International Culture will present the 32<sup>nd</sup> Annual Chicago Music Awards; and,

WHEREAS, the Annual Chicago Music Awards is the primary program honoring Illinois entertainers in various music genres such as: Pop, Rock, Gospel, Soul/R&B, Blues, Jazz, Reggae, Country/Western, Latin, Opera, Dance Classical, Polka, Kids and other World Music; and,

WHEREAS, the Chicago Music Awards were founded in 1981 by Ephraim M. Martin, a journalist, entrepreneur and television personality, to honor reggae and other world-beat music, arts and cultures, but has expanded so that all categories of music performed in Illinois can be better appreciated; and,

## PROCLAMATIONS

WHEREAS, at the 32nd Annual Chicago Music Awards, Lifetime Awards will be bestowed on Illinois entertainment legends who have contributed forty years or more to the entertainment industry; and,

WHEREAS, the 32<sup>nd</sup> Annual Chicago Music Awards Ceremony encourages high standards of performance, conduct and professionalism in the music industry, and exhibits the wealth of talent that Illinois has to offer; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim January 20, 2013 as **CHICAGO MUSIC AWARDS DAY** in Illinois, in recognition of the Chicago Music Awards' and its honorees' contributions to music, art, and culture in the Land of Lincoln.

Issued by the Governor December 13, 2012

Filed by the Secretary of State December 21, 2012

**2012-381****Game of Change Day**

WHEREAS, on March 15, 1963, basketball teams from Mississippi State University and Loyola University of Chicago met in what became known as the "Game of Change"; and,

WHEREAS, Mississippi State basketball teams had won Southeastern Conference titles in 1959, 1961 and 1962, but were barred from the NCAA tournament due to an unwritten law preventing Mississippi schools from competing against teams with black players; and,

WHEREAS, following a 21-5 season in 1962-63, the dream of Mississippi State players to compete in the NCAA tournament was quietly supported by University President Dean Colvard and basketball Coach James "Babe" McCarthy; and,

WHEREAS, despite threats of school funding cuts, Klan violence and a court injunction to prevent them from leaving the state, twelve daring Mississippi State players and their coaches fled under dark of night in order to play Loyola; and,

WHEREAS, Loyola University Coach George Ireland - whose 100<sup>th</sup> birthday we'll observe next year - built a team comprised of four black starting players which led the nation in scoring with 91.8 points per game en route to a 24-2 record; and,

WHEREAS, on game day, as the Mississippi State players took the floor - with none of their fans in attendance - they heard their fight song being performed by the Loyola band in a gesture of sportsmanship; and,

## PROCLAMATIONS

WHEREAS, the pre-game handshake between Loyola captain Jerry Harkness and Mississippi State captain Joe Dan Gold became a poignant symbol of the end of segregation in college sports; and,

WHEREAS, the civil rights movement grew because brave individuals put themselves at risk for the greater good, such as those who participated in the Montgomery bus boycott, the Freedom Rides, Selma's "Bloody Sunday", the integration of Little Rock High School and the 1963 "Game of Change"; and,

WHEREAS, the "Game of Change" showed how sports is a positive force for social change and how one person – or two basketball teams – can truly make a difference; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 15, 2012 as **GAME OF CHANGE DAY** in Illinois in recognition of the courage of participants in what was much more than a game 50 years ago.

Issued by the Governor December 13, 2012

Filed by the Secretary of State December 21, 2012

**2012-382****Colby Burnett Day**

WHEREAS, in 1832, Abraham Lincoln commented on the importance of education by stating "I can only say that I view it as the most important subject which we as a people can be engaged in"; and,

WHEREAS, Colby Burnett is a dedicated Illinois educator who demonstrated a passion for lifelong learning by competing in, and ultimately winning, the November 20<sup>th</sup> episode of the game show "Jeopardy!"; and,

WHEREAS, Jeopardy! is one of America's most recognized game shows which currently averages 25 million viewers per week; and,

WHEREAS, Jeopardy! has been honored with several awards, including 30 Daytime Emmy Awards, granted status as "America's Favorite Quiz Show" by the U.S. Patent & Trademark Office and was the recipient of a 2012 Peabody Award for its role in "rewarding knowledge"; and,

WHEREAS, Colby Burnett, a Fenwick High School graduate, obtained degrees in both history and political science from Northwestern University in Evanston before returning to Fenwick High School as a history instructor where he teaches several Advanced Placement courses; and,

## PROCLAMATIONS

WHEREAS, Colby Burnett, in addition to his teaching responsibilities, is the faculty sponsor of the Fenwick High School Scholastic Bowl, which encourages students to engage in educational pursuits in a fun and exciting atmosphere; and,

WHEREAS, Colby Burnett won Jeopardy! as a participant in the 15-contestant "Teacher's Tournament", which exclusively featured educators, and was awarded the grand prize; and,

WHEREAS, Colby Burnett, as a result of his victory in the Teacher's Tournament, qualifies to compete in the Jeopardy! Tournament of Champions this February; and,

WHEREAS, Colby Burnett has represented the State of Illinois admirably, and established himself as a role model to his students, the State of Illinois, and the entire country; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 18, 2012 as **COLBY BURNETT DAY** in Illinois, in recognition of his dedication to education, and do hereby encourage all residents to follow in his footsteps by making learning a lifelong pursuit.

Issued by the Governor December 17, 2012

Filed by the Secretary of State December 21, 2012

**ILLINOIS ADMINISTRATIVE CODE**  
**Issue Index - With Effective Dates**

Rules acted upon in Volume 37, Issue 1 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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