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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 2014

Issue#	Rules Due Date	Date of Issue
1	December 23, 2013	January 3, 2014
2	December 30, 2013	January 10, 2014
3	January 6, 2014	January 17, 2014
4	January 13, 2014	January 24, 2014
5	January 21, 2014	January 31, 2014
6	January 27, 2014	February 7, 2014
7	February 3, 2014	February 14, 2014
8	February 10, 2014	February 21, 2014
9	February 18, 2014	February 28, 2014
10	February 24, 2014	March 7, 2014
11	March 3, 2014	March 14, 2014
12	March 10, 2014	March 21, 2014
13	March 17, 2014	March 28, 2014
14	March 24, 2014	April 4, 2014
15	March 31, 2014	April 11, 2014
16	April 7, 2014	April 18, 2014
17	April 14, 2014	April 25, 2014
18	April 21, 2014	May 2, 2014

19	April 28, 2014	May 9, 2014
20	May 5, 2014	May 16, 2014
21	May 12, 2014	May 23, 2014
22	May 19, 2014	May 30, 2014
23	May 27, 2014	June 6, 2014
24	June 2, 2014	June 13, 2014
25	June 9, 2014	June 20, 2014
26	June 16, 2014	June 27, 2014
27	June 23, 2014	July 7, 2014
28	June 30, 2014	July 11, 2014
29	July 7, 2014	July 18, 2014
30	July 14, 2014	July 25, 2014
31	July 21, 2014	August 1, 2014
32	July 28, 2014	August 8, 2014
33	August 4, 2014	August 15, 2014
34	August 11, 2014	August 22, 2014
35	August 18, 2014	August 29, 2014
36	August 25, 2014	September 5, 2014
37	September 2, 2014	September 12, 2014
38	September 8, 2014	September 19, 2014
39	September 15, 2014	September 26, 2014
40	September 22, 2014	October 3, 2014
41	September 29, 2014	October 10, 2014
42	October 6, 2014	October 17, 2014
43	October 14, 2014	October 24, 2014
44	October 20, 2014	October 31, 2014
45	October 27, 2014	November 7, 2014
46	November 3, 2014	November 14, 2014
47	November 10, 2014	November 21, 2014
48	November 17, 2014	December 1, 2014
49	November 24, 2014	December 5, 2014
50	December 1, 2014	December 12, 2014
51	December 8, 2014	December 19, 2014
52	December 15, 2014	December 26, 2014

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED RULES

- 1) Heading of the Part: Collection of Out-of-Service Mercury Thermostats
- 2) Code Citation: 35 Ill. Adm. Code 190
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
190.100	New Section
190.110	New Section
190.120	New Section
190.130	New Section
190.140	New Section
- 4) Statutory Authority: Implementing and authorized by Section 25(c) of the Mercury Thermostat Collection Act [415 ILCS 98/25(c)]
- 5) A Complete Description of the Subjects and Issues Involved: Section 25(c) of the Mercury Thermostat Collection Act requires the Agency to establish collection goals for calendar years 2015 through 2020 for mercury thermostat collection programs established by thermostat manufacturers. Section 190 of Title 35 of the Illinois Administrative Code will establish those collection goals.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: Skumatz Economic Research Associates, Inc., "Estimated Annual Outflow of Mercury-Containing Thermostats in the State of Illinois" (January 2014)
- 7) Will this rulemaking replace any emergency rule 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 Objective: This rulemaking will comply with the directive to the Agency set forth in Section 25(c) of the Mercury Thermostat Collection Act. It does not create or expand a State mandate under the State Mandates Act [30 ILCS 805].
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on the proposed rules may submit them in writing by no later than 45 days after publication of this Notice to:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED RULES

James Jennings
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Illinois Environmental Protection Agency
Division of Legal Counsel
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Springfield IL 62794-9276

217/782-5544
James.M.Jennings@illinois.gov

13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rule will not have a direct effect on small businesses, small municipalities or not-for-profit corporations, unless those entities (1) manufacture mercury thermostats that are removed, replaced, or otherwise taken out of service in Illinois or (2) are thermostat wholesalers, thermostat retailers, contractors, or qualified local government authorities, as defined in the Mercury Thermostat Collection Act, that are participating in a mercury thermostat collection program administered by a thermostat manufacturer. Because the Mercury Thermostat Collection Act established specific collection goals for calendar years 2011 through 2014, this rule would affect applicable small businesses, small municipalities, or not-for-profit corporations only to the extent that the annual collection goals established by this rule deviate from the current collection goals.
- B) Reporting, bookkeeping or other procedures required for compliance: This rule will not establish any new reporting, bookkeeping, or other procedures for compliance. The compliance requirements are identical to the requirements for the collection goals for calendar years 2011 through 2014 set forth in the Mercury Thermostat Collection Act.
- C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: January 2014

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

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED RULES

TITLE 35: ENVIRONMENTAL PROTECTION

SUBTITLE A: GENERAL PROVISIONS

CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY

PART 190

COLLECTION OF OUT-OF-SERVICE MERCURY THERMOSTATS

Section

190.100	Purpose
190.110	Applicability
190.120	Definitions
190.130	Annual Collection Goals
190.140	Severability

AUTHORITY: Implementing and authorized by Section 25(c) of the Mercury Thermostat Collection Act [415 ILCS 98/25(c)].

SOURCE: Adopted at 38 Ill. Reg. _____, effective _____.

Section 190.100 Purpose

The purpose of this Part is to set forth the annual collection goals for calendar years 2015 through 2020 for out-of-service mercury thermostats collected in accordance with collection programs established by thermostat manufacturers under the Mercury Thermostat Collection Act.

Section 190.110 Applicability

This Part applies to thermostat manufacturers required to operate programs for the collection, transportation and proper management of out-of-service mercury thermostats pursuant to Section 15 of the Act.

Section 190.120 Definitions

Except as stated in this Section, or unless a different meaning of a word or term is clear from the context, the definitions of words or terms in this Part shall be the same as those applied to the same words or terms in the Mercury Thermostat Collection Act.

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED RULES

"Act" means the Mercury Thermostat Collection Act. [415 ILCS 98]

"Agency" means *the Illinois Environmental Protection Agency*. [415 ILCS 98/10]

"Collection Program" means *a system for collection, transportation, recycling, and disposal of out-of-service mercury thermostats that is financed and managed or provided by a thermostat manufacturer individually or collectively with other thermostat manufacturers in accordance with the Act*. [415 ILCS 98/10]

"Mercury Thermostat" means *a product or device that uses a mercury switch to sense and control room temperature through communication with heating, ventilating, or air conditioning equipment, including those products or devices used to sense and control room temperature in residential, commercial, industrial, and other buildings. "Mercury thermostat" does not mean thermostats used to sense and control temperature as part of a manufacturing or industrial process*. [415 ILCS 5/22.23b(f)]

"Out-of-service Mercury Thermostat" means *a mercury thermostat that is removed, replaced, or otherwise taken out of service*. [415 ILCS 98/10]

"Person" means *any individual, partnership, co-partnership, firm, company, limited liability company, corporation, association, joint stock company, trust, estate, political subdivision, State agency, or any other legal entity or its legal representatives, agents, or assigns*. [415 ILCS 98/10]

"Thermostat Manufacturer" means *a person who owns or owned a name brand of one or more mercury thermostats sold in Illinois*. [415 ILCS 98/10]

Section 190.130 Annual Collection Goals

- a) Collection programs required under the Act shall be designed to collectively achieve the following annual statewide collection goals:

Calendar Year	Mercury Thermostats Taken Out of Service
2015	22,500
2016	22,500
2017	30,000

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

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2018	30,000
2019	37,500
2020	37,500

- b) *Any person adversely affected by a goal established by subsection (a) may obtain a determination of the validity or application of the goal by filing a petition for review within 35 days after the date this adopted goal is published in the Illinois Register. Any appeal must be filed with the Appellate Court for the District in which the cause of action arose. During the pendency of the review, the goal under review shall remain in effect. [415 ILCS 98/25(d)]*
- c) No later than April 1, 2016 and no later than April 1 of each year thereafter, each thermostat manufacturer shall, individually or collectively with other thermostat manufacturers, submit an annual report on its collection program to the Agency covering the one-year period ending December 31 of the previous year, in accordance with Section 20(b) of the Act.

Section 190.140 Severability

If any Section, subsection, sentence, or clause of this Part is judged invalid, that adjudication shall not affect the validity of this Part as a whole or any Section, subsection, sentence, or clause of this Part not judged invalid.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Visa Waiver Program for International Medical Graduates
- 2) Code Citation: 77 Ill. Adm. Code 591
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
591.10	Repeal
591.20	Amendment
591.30	Amendment
591.40	Amendment
591.100	Amendment
591.110	Amendment
591.120	Amendment
591.130	Amendment
591.140	Amendment
591.150	New Section
591.160	New Section
591.170	New Section
591.180	New Section
- 4) Statutory Authority: Sections 212(e) and 214(l) of the Immigration and Nationality Act (8 USC 1182(e) and 1184(l)), and 22 CFR 62, Exchange Visitor Program
- 5) A Complete Description of the Subjects and Issues Involved: Changes to Part 591 are proposed to incorporate new definitions, clarify eligibility requirements, update application criteria, revise selection standards, and amend the term of performance for participating physicians.

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 rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No

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NOTICE OF PROPOSED AMENDMENTS

- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:
- Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield IL 62761
- 217/782-2043
e-mail: dph.rules@illinois.gov
- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2013; 37 Ill. Reg. 9034

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 j: PROCESSING J-1 VISA WAIVERS FOR INTERNATIONAL
MEDICAL GRADUATES

PART 591
VISA WAIVER PROGRAM FOR INTERNATIONAL MEDICAL GRADUATES

SUBPART A: GENERAL PROVISIONS

Section	
591.10	Applicability (Repealed)
591.20	Definitions
591.30	Incorporated and/or Referenced Materials
591.40	Administrative Hearings

SUBPART B: PROCEDURES FOR J-1 VISA WAIVER REQUESTS

Section	
591.100	Participation -Eligibility of Physicians and Facilities
591.110	Application Submission Time Frames Timeframes
591.120	Application Materials and Processing
591.130	Selection Process
591.140	Terms of Performance
591.150	Physician Termination
591.160	Physician Transfer
591.170	Completion of Waiver Requirements
591.180	National Interest Waiver

AUTHORITY: Authorized by and implementing sections 212(e) and 214(l) of the Immigration and Nationality Act (8 USC 1182(e) and 1184(l)) and 22 CFR 62 (Exchange Visitor Program).

SOURCE: Adopted at 22 Ill. Reg. 14485, effective July 24, 1998; amended at 24 Ill. Reg. 7551, effective May 15, 2000; emergency amendment at 27 Ill. Reg. 2277, effective January 22, 2003, for a maximum of 150 days; emergency expired June 20, 2003; amended at 27 Ill. Reg. 10281, effective June 30, 2003; emergency amendment at 28 Ill. Reg. 6641, effective April 15, 2004, for a maximum of 150 days; emergency expired September 11, 2004; amended at 29 Ill. Reg. 3327, effective February 16, 2005; emergency amendment at 29 Ill. Reg. 7825, effective May 10, 2005,

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for a maximum of 150 days; emergency expired October 6, 2005; amended at 30 Ill. Reg. 898, effective January 5, 2006; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 591.10 Applicability (Repealed)

~~This Part implements Section 1182(e) of the federal Immigration and Nationality Act, which allows state health departments to request a waiver of the J-1 Visa requirement that international medical graduates must return to their home country upon completion of graduate medical training in the United States. If an international medical graduate is offered a three year employment contract in a health professional shortage area or medically underserved area, or serving a medically underserved population in Illinois, the Illinois Department of Public Health and certain federal agencies can request that the international medical graduate be allowed to remain in the United States. The Illinois Department of Public Health has been authorized by the U.S. Information Agency to request J-1 Visa Waivers annually for up to 30 eligible physicians.~~

- a) ~~The provisions of this Part are organized into two Subparts. Subpart A includes general provisions, such as definitions and administrative hearing rules, which apply to all Sections of the Part.~~
- b) ~~Subpart B establishes eligibility criteria for an international medical graduate to request that the Department seek a waiver of the J-1 Visa home country requirements. The Subpart sets forth the application time table and components, and the criteria to be used to select those physicians for whom a waiver will be requested.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 591.20 Definitions

"Act" means the Immigration and Nationality Act (8 USC 1182(e) and 8 USC 1184(l)).

"Applicant" means a physician or an individual acting on behalf of the physician who applies to the Department for a J-1 Visa Waiver.

"Board certified" means that a physician has taken and passed a medical specialty examination.

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"Board eligible" means that a physician has completed the requirements for admission to a medical specialty board examination but has not taken and passed the examination.

"Calendar day" means all days in a month or prescribed time frame, including weekends and federal or State government declared holidays.

"Center" means the Center for Rural Health of the Illinois Department of Public Health.

"Certified local health department" means a county, multi-county, municipal or district public health agency recognized by the Department pursuant to the Certified Local Health Department Code.

"Change of ownership" means a change in the person who has operational control of a medical facility.

"Community-based organization" means a locally organized and locally recognized group of individuals whose goals include efforts to maintain or increase the availability of primary health care in its community.

"Community Health Center" or "CHC" means migrant health centers or community health centers ~~community/migrant health centers~~ or health care for the homeless ~~programs or health care for residents of public housing projects~~ supported under ~~section~~ Section 329, 330 or 340 of the federal Public Health Service Act (42 USC 254b, 254e, and 256), respectively, and Federally Qualified Health Centers, including Federally Qualified Health Center Look-Alikes, ~~or federally qualified health center look-alikes~~, as designated by the Secretaary of the U.S. Department of Health and Human Services, that operate at least one federally designated primary health care delivery site in Illinois ~~Public Health Service~~.

"Country of nationality or country of last legal residence" means the country from which the physician was a national at the time J-1 status was acquired or the last foreign country in which the physician had a legal permanent residence before acquiring J-1 status.

"Center" means the Center for Rural Health of the Illinois Department of Public

DEPARTMENT OF PUBLIC HEALTH
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~~Health.~~

"Curriculum vitae" means a written description of professional accomplishments, work experience, educational background and skills.

"Department" means the Illinois Department of Public Health.

"DHHS" means the U.S. Department of Health and Human Services.

~~"Downstate" means those Illinois counties other than Cook, Lake, McHenry, DuPage, Will and Kane.~~

"Federal fiscal year" means the 12-month period beginning October 1 and ending September 30 of the following year. The federal fiscal year may be divided into four calendar quarters: October 1 through December 31; January 1 through March 31; April 1 through June 30; and July 1 through September 30.

"Federally Qualified Health Center" or "FQHC" means a health center funded under section 330 of the Public Health Service Act.

"Federally Qualified Health Center Look-Alike" or "FQHC Look-Alike" means an organization that meets the requirements for receiving a grant under section 330 of the Public Health Service Act, but does not receive federal grants under that authority.

"Full time practice" means maintaining 40 hours of ambulatory access per week as required under the Act and the Code of Federal Regulations.

"H1B visa" means a visa for a foreign national to work in the U.S. for a temporary period, issued by the U.S. Department of Homeland Security. It is available for employment in a specialty occupation, including, but not limited to, biotechnology, chemistry, architecture, engineering, mathematics, education, law, medicine and research.

"Health Professional Shortage Area" or "HPSA" ~~means~~ is a designation ~~provided~~ given by the U.S. Department of Health and Human Services, Health Resources and Services Administration, indicating a shortage of primary medical care or dental or mental health providers. The designation may be geographic (a county or service area), demographic (low-income population) or institutional

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(comprehensive health center, FQHC, or other public facility or non-profit facility). HPSA designations can be found at <http://hpsafind.hrsa.gov>. Shortage Designation Branch. The HPSA designation is based on the ratio of primary care physicians to population and is used to identify areas needing additional primary care physicians. The list of HPSAs is published periodically in the Federal Register, and can be found at <http://belize.hrsa.gov/newhpsa/newhpsa.cfm>.

"Health professional shortage area score" or "HPSA score" means a score calculated by DHHS that is assigned to areas or facilities having a health professional shortage designation to determine priorities for assignment of clinicians.

"Hospital" means a location defined in and licensed under the Hospital Licensing Act.

"Hospitalist" means a physician whose primary focus is the medical care of hospitalized patients. The hospitalist's activities include patient care, teaching, research, and leadership related to hospital medicine.

"Intermediate care facilities for the developmentally disabled and long-term care for under age 22 facilities" means a location defined in and licensed under the ID/DD Community Care Act.

"J-1 visa" means a non-immigrant visa issued by the United States to exchange visitors participating in programs that promote cultural exchange, business training or medical education.

"J-1 visa waiver" or "waiver" means a federal action that waives the requirement for a foreign physician, in the U.S. on a J-1 visa, to return to his/her country of nationality or country of last legal residence for a two-year period following medical residency training.

"J-1 visa waiver flex option" means a waiver granted by the Department recommending that a physician work at a medical facility that is not specifically designated as underserved by DHHS.

"J-1 visa waiver program" or "Waiver program" means the administration of the waiver process by the Department.

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"Labor certification" means the process of proving that there are no qualified U.S. workers for the position being offered by an employer.

"Long-term care facility" means a location defined in and licensed under the Nursing Home Care Act.

"Liquidated damages" means damages in an amount designated by the parties during the formation of a contract for the injured party to collect as compensation upon a specific breach.

"Medical facility" means a facility for the delivery of health services and includes:

A community health center;

A local health department;

An outpatient medical facility;

A community mental health center;

~~a community health center, local health department, outpatient medical facility, or community mental health center;~~

A hospital;

~~Aa hospital; State-operated facility providing care to persons with mental illness-mental hospital, facility for long-term care or rehabilitation facility;~~

An ID/DD Community Care facility;

A long-term care facility;

A rehabilitation facility (either a distinct bed unit in a general acute care hospital or a specialty hospital);

A Migrant Health Center or an Indian Health Service facility;

An FQHC or FQHC Look-Alike;

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A facility for delivery of health services to inmates in a U.S. penal or correctional institution (under section 323 of the Public Health Service Act) or a State correctional institution;

A Public Health Service medical facility (used in connection with the delivery of health service under ~~section~~Section 320, 321, 322, 324, 325 or 326 of the Public Health Service Act); or any other federal medical facility;

A specialized mental health rehabilitation facility.

"Medically underserved area" or "MUA" means a location designated as a designation given by DHHS the U.S. Department of Health and Human Services, Shortage Designation Branch. The MUA designation is based on the availability of primary care physicians, demographic characteristics, and health status of the residents of a service area. The designation and is used to identify areas in need of additional health care services. The list of MUAs can be found at <http://bphc.hrsa.gov/databases/newmua>.

"Medically underserved population" or "MUP" means a population group designated as a designation given by DHHS the U.S. Department of Health and Human Services, Shortage Designation Branch. The MUP designation means that a particular population group, such as a group of area residents with incomes at or below twice the federal poverty level, as being in need of additional health care services. The list of MUPs can be found at <http://muafind.hrsa.gov/>. <http://bphc.hrsa.gov/databases/newmua>.

"Metropolitan Statistical Area" or "MSA" means one or more adjacent counties that have at least one urban core area of at least 50,000 in population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.

"National interest waiver" or "NIW" means an exemption from the labor certification process for foreign physicians who stay in the U.S. and work in an underserved area and whose stay is determined to be in the public interest by the Department. The waiver is issued by the U.S. Department of Homeland Security under section 5 of the Nursing Relief for Disadvantaged Areas Act of 1999.

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"Non-compete" means an agreement between the physician and the medical facility under which the physician agrees not to enter into competition with the medical facility after employment ends.

"Null and void" means that a J-1 visa waiver application submitted to the Department has no legal force and is invalid.

"Physician" means a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 ~~{225 ILCS 60}~~.

"Primary care" means health care that encompasses prevention services, basic diagnostic and treatment services, and support services such as laboratory, radiology, transportation, and pharmacy. Primary care is comprehensive in nature ~~and not organ or problem specific, is oriented toward the longitudinal care of the patient,~~ and includes responsibility for coordination of other health and social services as they relate to patients' needs.

"Primary care physician" means a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 ~~{225 ILCS 60}~~ with a specialty in family practice, ~~general~~ internal medicine, ~~general~~ pediatrics, or obstetrics/gynecology, ~~or medicine/pediatrics~~.

"Psychiatric physician" or "psychiatrist" means a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 ~~{225 ILCS 60}~~ with a specialty in psychiatry.

"Rural" means any geographic area not located in a U.S. Bureau of the Census Metropolitan Statistical Area; or a county located within an MSAa Metropolitan Statistical Area but having a population of 60,000 or less; or a geographic area located within an MSA but having a population of 2,500 or less.

"Service area" is the geographic area composed of the HPSA, MUA or MUP.

"Specialized mental health rehabilitation facility" means a location defined in and licensed under the Specialized Mental Health Rehabilitation Act of 2013.

"Specialist physician" or "Specialist" means a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 with a specialty in an area other than primary care or psychiatry.

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"Submission of application" or "Submission" means that a J-1 visa waiver application has been submitted to the Department. For purposes of this Part, submission means that the Department has received the application by the established submission deadline (see Section 591.110(a) and (b)). Submission does not mean that the application is postmarked by the established submission deadline but arrives at the Department on a later date.

"Unauthorized employment" means hiring a physician for employment that is beyond the terms and conditions of the physician's employment contract with the medical facility.

"Urban" means any geographic area that does not meet the definition of "rural" in this Section located in a U.S. Bureau of the Census Metropolitan Statistical Area, except a county located within a Metropolitan Statistical Area having a population of 60,000 or less.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 591.30 Incorporated ~~and~~ Referenced Materials

The following materials are incorporated or referenced in this Part:

- a) ~~The following Illinois statutes and rules are referenced in this Part:~~
- ~~1) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).~~
 - 12) Medical Practice Act of 1987 [225 ILCS 60].
 - 2) Hospital Licensing Act [210 ILCS 85]
 - 3) Nursing Home Care Act [210 ILCS 45]
 - 4) ID/DD Community Care Act [210 ILCS 47]
 - 5) Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49]
- b) Illinois Administrative Rules:

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1) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

2) Certified Local Health Department Code (77 Ill. Adm. Code 600)

cb) ~~Federal~~The following federal statutes ~~are referenced in this Part:~~

1) Educational Visitor Status, section 212e of the Immigration and Nationality Act (8 USC 1182e)

2) Admission of Nonimmigrants, section 214(1) of the Immigration and Nationality Act (8 USC 1184(1))

3) Federally Qualified Health Center, section 330 of the Public Health Service Act (42 USC 254b)

~~4)~~ Designation of Health Professional Shortage Areas, ~~section~~Section 332 of the Public Health Service Act (42 USC 254e)-

~~5)~~ Designation of Medically Underserved Areas/Populations, ~~section~~Section 330 of the Public Health Service Act (42 USC 254e)-

6) Specialty Occupations, Department of Defense Workers, Fashion Models, section 101(a)(15)(H)(i)(b) of the Immigration and Nationality Act (8 USC 1101)

7) National Interest Waivers of Job Offer Requirements for Aliens Who are Members of the Professions Holding Advanced Degrees or Aliens of Exceptional Ability, section 5 of the Nursing Relief for Disadvantaged Areas Act of 1999 (8 USC 1101, 1153 and 1182 and 42 USC 1395ww and 254e)

de) ~~Federal~~The following federal regulations ~~are incorporated in this Part:~~

1) Waiver of Two-Year Home-Country Physical Presence Requirement, Foreign Medical Graduates, Exchange Visitor Program (22 CFR 62 (October 27, 2010))(April 1, 2004))-

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- 2) Immigrant Visa Petitions (8 CFR 204 (November 5, 2007))
- 3) Adjustment of Status to that Person Admitted for Permanent Residence (8 CFR 245 (February 28, 2003))

~~e~~) All incorporations by reference of federal regulations refer to materials on the date specified and do not include any amendments or editions~~additions or deletions~~ subsequent to the date specified.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 591.40 Administrative Hearings

Administrative~~All administrative~~ hearings conducted by the Department concerning the provisions of this Part shall be governed by the Department's Rules of Practice and Procedure in Administrative Hearings~~(77 Ill. Adm. Code 100)~~.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART B: PROCEDURES FOR J-1 VISA WAIVER REQUESTS

Section 591.100 ~~Participation~~ Eligibility of Physicians and Facilities

- a) A physician who applies to the program shall meet the following requirements:
 - 1) Reside in Illinois or relocate to Illinois if a waiver is granted;
 - 2) For primary care physicians, have entered into an employment contract with a medical facility located in a Primary Care HPSA. If the physician will work at more than one medical facility, each facility shall be located in a Primary Care HPSA;
 - 3) For psychiatrists, have entered into an employment contract with a medical facility located in a Mental Health HPSA. If the psychiatrist will work at more than one medical facility, each facility shall be located in a Mental Health HPSA;

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- 4) For specialists, have entered into an employment contract with a medical facility located in an HPSA. If the specialist will work at more than one medical facility, each facility shall be located in an HPSA;
 - 5) For specialists who apply for the J-1 visa waiver flex option, have entered into an employment contract with a medical facility that is not in an HPSA, MUA or MUP. The application shall document that at least 51% of the physician's patients seen at the medical facility will reside in an HPSA, MUA or MUP. Documentation shall include patient origin data that depicts the total number of patients residing in an HPSA, MUA or MUP compared to the number of patients from the HPSA, MUA or MUP who received service at the medical facility. Patient origin information shall be for the most recent 12-month period for which data is available;
 - 6) Be board eligible or board certified in his or her medical specialty; and
 - 7) Have completed a residency in his or her medical specialty.
- a) ~~Primary care physicians and psychiatrists eligible to participate in the J-1 Visa Waiver Program for International Medical Graduates in Illinois shall meet the following requirements:~~
- 1) ~~have entered into an employment contract with a facility located in an HPSA;~~
 - 2) ~~be board eligible or board certified in family practice, general internal medicine, general pediatrics, obstetrics/gynecology, or psychiatry; and~~
 - 3) ~~have completed a residency in general internal medicine or general pediatrics, if either of those specialties is indicated in the application of the physician seeking participation in this program.~~
- b) ~~Physicians in specialties other than primary care and psychiatry eligible to participate in the J-1 Visa Waiver Program for International Medical Graduates in Illinois shall meet the following requirements:~~
- 1) ~~have entered into an employment contract with a facility located in an HPSA or MUA/P;~~

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- 2) ~~be board eligible or board certified in their specialty.~~
- be) Medical facilities eligible to participate in the waiver program~~J-1 Visa Waiver Program in Illinois~~ shall meet the following requirements:
- 1) The facility shall meet the definition of medical facility in Section 591.20;
 - 2) For primary care physicians, the medical facility shall be located in a Primary Care HPSA;
 - 3) For psychiatrists, the medical facility shall be located in a Mental Health HPSA;
 - 4) For specialists, the medical facility may be located in an HPSA, MUA or MUP. If the medical facility is not located in an HPSA, MUA or MUP, it shall document that at least 51% of the participating physician's patients seen at the medical facility reside in the HPSA, MUA or MUP (see Section 591.100(a)(5)).
 - 5) Employers shall not be a relative of the participating physician. For purposes of this Part, relative includes, but is not limited to, spouse, parent, sibling or child.
 - 6) The individual, partnership, corporation or other entity that employs the participating physician shall be established as a legal entity in Illinois and must be in good standing with the Illinois Secretary of State.
 - 7) The facility shall not be in violation of the program's physician transfer requirements (see Section 591.160(e)).
- 1) ~~if contracting with a primary care physician or psychiatrist and located in a rural area, be located in a geographic HPSA, be designated as an HPSA facility, or, if serving an HPSA population group, document that at least 51% of the participating physician's patients seen at the facility are a part of the HPSA's population group; or~~
- 2) ~~if contracting with physicians in specialties other than primary care and psychiatry, be in a geographic HPSA, be an HPSA facility, be located in an MUA, or document that at least 51% of the participating physician's~~

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~~patients come from the HPSA population group or from the MUP group.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 591.110 Application~~Applications~~ Submission Time Frames~~Timeframes~~

- a) Applications ~~for each federal fiscal year~~ will be accepted initially between October 1 and October 31 of each year. Applications will not be accepted after the submission deadline.
- b) If all recommendations for waivers~~Visa Waivers~~ are not ~~made~~identified from the applications received between October 1 and October 31, applications will be accepted again between January 1 and January 31 and; between April 1 and April 30, if necessary; ~~and between July 1 and July 31, if necessary.~~ Applications will not be accepted after the submission deadlines.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 591.120 Application Materials and Processing

- a) Application materials are available from the Department's web site at: http://www.idph.state.il.us/about/rural_health/J1_application.pdf. ~~Application materials are available from, and should be returned to, the following address:~~

Completed applications shall be sent to:

J-1 Visa Waiver Program
Illinois Department of Public Health
Center for Rural Health
535 West Jefferson Street
Springfield, Illinois 62761-0001

or electronically to: dph.crh@illinois.gov.

- b) The application materials ~~to be prepared by or on behalf of the international medical graduate seeking the waiver of the two-year home-country residency requirement~~ shall include the following ~~items~~:

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- 1) A statement from the administrator ~~or director~~ of the ~~medical health care facility or agency that will be employing the international medical graduate~~ describing prior recruitment difficulties experienced by the ~~medical~~ facility, the expected practice arrangement for the ~~physician international medical graduate~~, and the impact on the facility and the patients it serves if the ~~waiver is not approved; home country residency requirement is not waived;~~
- 2) A copy of the medical facility's Certificate of Good Standing from the Illinois Secretary of State's Office (see Section 591.100(b)(6));
- 3) Documentation of the medical facility's payment policy demonstrating that the J-1 physician will accept Medicare/Medicaid patients and will not deny services to anyone because of the inability to pay;
- 42) A copy of a minimum three-year employment contract between the ~~physician international medical graduate~~ and ~~the medical a health care facility~~. If the physician will be employed at multiple facilities, the contract shall contain this information for each facility. The contract shall include:
 - A) The ~~the~~ name and address of the ~~medical~~ facility;
 - B) The ~~the~~ specific geographic area or areas in which the ~~physician international medical graduate~~ will practice; ~~and~~
 - C) A ~~a~~ statement that the physician will practice full-time. ~~(40 hours)~~
 - i) For primary care physicians, the statement shall include that the physician will work full time in the Primary Care HPSA;
 - ii) For psychiatrists, the statement shall include that the physician will work full time in the Mental Health HPSA;
 - iii) For specialists, the statement shall include that the physician will work full time in the HPSA, MUA or MUPHPSAs, or MUA/P identified in the contract; or, if the facility is not located in ~~ana~~ HPSA ~~or MUA/P~~, MUA or

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MUP, documentation that at least 51% of the participating physician's patients will come from an HPSA, MUA or MUP ~~or MUA/P~~;

- D) A statement that any amendments to the contract will adhere to State and federal J-1 visa waiver requirements;
 - E) A statement that termination of the physician may be only for cause;
 - F) A statement that the physician will begin working within 90 calendar days after receiving the waiver and employment authorization from the U.S. Citizenship and Immigration Services; and
 - G) A list of benefits and insurance to be provided to the physician;
- 5) The employment contract shall not include:
- A) A non-compete clause; or
 - B) A liquidated damages clause;
- 63) A statement from the ~~medical~~ employing health care facility ~~or agency~~ that the salary or other form of financial support offered to the ~~physician~~ international medical graduate is at a level equivalent to that offered to all other physicians with equivalent skills and experience recruited by the ~~medical~~ health care facility;
- 74) A letter ~~of support~~ from the chief medical officer or other high-level ~~hospital executive~~ hospital chief of staff verifying that hospital admitting privileges will be granted to the ~~physician~~ international medical graduate, and, if not, how admissions of the ~~physician's~~ international medical graduate's patients will be arranged. If the physician will work at multiple hospitals, each hospital shall submit this letter in the application;
- 85) A letter ~~of support for the visa requirements waiver~~ from at least one local organization or agency, such as the chamber of commerce, local health department, or other community-based organization, demonstrating

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support for the physician;

- 96) A copy of the applicant's Illinois medical license or application for an Illinois medical license;
- 107) A copy of the applicant's completed U.S. Department of State, J-1 Visa Waiver Recommendation Application (DS-3035);~~completed United States Information Agency Data Sheet;~~
- 118) A copy of ~~the applicant's~~international medical graduate's curriculum vitae;
- 129) A copy of the IAP-66/DS-2019 Form (Certificate for Exchange Visitor J-1 Status) for each year ~~the applicant~~international medical graduate was in J-1 status;
- 13) Copies of the applicant's U.S. Customs and Border Protection I-94 Entry and Departure Cards;
- 14) Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative (if applicant is represented by an attorney);
- 15) A personal statement from the applicant regarding his or her reasons for not wishing to fulfill the two-year country of nationality legal residence requirement;
- 16) For specialists, documentation that their specialty has a greater shortage in the underserved area or for the underserved population group they propose to serve. Documentation may include, but not be limited to, the following:
- A) A listing of specialists who provide service in the underserved area or for the underserved population; or
- B) If there are no specialists who provide service in the underserved area or for the underserved population, the applicant shall provide a summary listing the number of patients in the underserved area who migrated out of the underserved area to seek service. This summary shall be for the most recent 12-month period and shall include the travel time and distance these patients incurred to obtain service;

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- 17) For specialists, documentation comparing wait times for an appointment with a physician of the same specialty in the underserved area or for the underserved population group they propose to serve. Documentation may include, but not be limited to, the following:
- A) A listing of specialists who provide service in the underserved area or for the underserved population, including the average wait time for an appointment; or
- B) If there are no specialists who provide service in the underserved area or for the underserved population, the applicant shall provide a summary listing the number of patients who migrated out of the underserved area to seek service. The summary shall be for the most recent 12-month period and shall include the average wait time for an appointment;
- 1810) A completed and notarized Certification Statement A ~~regarding~~ signed by the ~~international medical graduate agreeing to the~~ contractual requirements set forth in ~~section~~Section 214(k)(1)(B)(~~1~~)(~~1~~)(B) and (C) of the Immigration and Nationality Act;
- 1911) A completed and notarized Certification Statement B describing ~~the applicant's international medical graduate's~~ obligation to his/her ~~home~~ country of nationality or country of last legal residence. If the applicant has a contractual obligation to return to his/her country of nationality or country of last legal residence, the applicant shall obtain a letter from that country stating no objection to the applicant remaining in the United States;
- 2012) A completed and notarized Certification Statement C ~~attesting that the applicant's in which international medical graduate states that his or her~~ medical license has never been suspended or revoked and that he or she is not subject to any criminal investigation or proceedings by any medical licensing authority;
- 2113) A completed and notarized Certification Statement D regarding ~~the~~ accuracy of ~~the~~ application materials; and

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- ~~2214~~) A completed and notarized Certification Statement E regarding medical specialty status.
- c) An original and duplicate copy of the application shall be submitted to the Department. If a duplicate copy is not submitted, the application will be considered to be incomplete (see subsection (e)(1)(B)).
- d) If the physician proposes to work at a medical facility that currently has another J-1 waiver physician working at the medical facility and that physician is not compliant with the reporting requirements in Section 591.140(a), the application will be considered to be incomplete (see subsection (e)(1)(B)).
- e) When an application is received, the following will occur:
- 1) The Department will determine whether the application is complete. A review will determine whether all applicable requirements have been addressed and whether all required materials and documentation have been submitted (see subsections (a) and (b)).
- A) If complete, the application will be considered for selection of a waiver (see Section 591.130).
- B) If the application is incomplete, the Department will notify the applicant or the applicant's representative in writing. The applicant will have 30 calendar days (from the date of the Department's notification) to address the issues identified by the Department and submit requested information or materials. If the applicant does not respond to the Department's notification within the prescribed time frame or if supplemental materials or information fail to address the issues identified by the Department, the application will be null and void.
- 2) The Department will notify the applicant (or the applicant's representative) in writing if the Department recommends a waiver. If the Department recommends a waiver, the application package will be forwarded to the U.S. Department of State, Waiver Review Division.
- e) ~~Upon receipt of the application materials, Center for Rural Health staff will verify completeness and accuracy of the application. One written request to the~~

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~~applicant, or the facility or legal agency acting on behalf of the international medical graduate, will ask for any materials not included in the application. If the requested materials are not received within one month after the date of the written request, the application will be returned to the applicant.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 591.130 Selection Process

- a) The Department will not begin the selection process until all issues with incomplete applications have been resolved (see Section 591.120(e)(1)(B)).
- b) The U.S. Department of State allows state health departments to submit 30 J-1 waiver requests per federal fiscal year. When the Department has processed and approved 30 waiver requests in a federal fiscal year, subsequent applications will not be considered.
- ~~ca)~~ In the first and second calendar quarters of the federal fiscal year, a maximum of two ~~Visa Waiver~~ applications ~~may~~will be approved for physicians working at the same~~per~~ medical facility requesting J-1 Visa Waivers for international medical graduates. In subsequent calendar quarters, applications from physicians proposing to work at medical facilities that have already ~~employed~~had two physicians with waivers will be considered~~waivers approved may apply for additional waivers~~; however, selection priority will be given to applications from physicians proposing to work at medical facilities that have not previously employed physicians with~~had~~ waivers ~~approved~~.
- ~~db)~~ The following selection criteria will apply to primary care physicians and psychiatrists:
 - 1) Applicants will be ranked based on the HPSA score of their respective medical facility. If an applicant proposes to work at more than one medical facility, the HPSA score of the medical facility where the applicant will predominately work will be used to rank the applicant.
 - 2) If two or more medical facilities have the same HPSA score, preference will be given to the medical facility having the greatest unmet need for primary care physicians and psychiatrists. Unmet need is the number of primary care physician or psychiatrist full-time equivalents needed to

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cause the HPSA to no longer meet the threshold ratio for HPSA designation.

- 3) An application will not be considered if the inclusion of the applicant will increase the number of primary care physicians or psychiatrists beyond the number needed to eliminate the HPSA designation for the geographic area, facility or population group.
 - 1) ~~Selection preference will be given to the Visa Waiver application for the international medical graduate whose position represents the largest proportion of primary care or psychiatrist vacancies at the facility offering employment to the physician.~~
 - 2) ~~Selection preference will be given to applications received from HPSAs having the greatest unmet need for primary care physicians. Unmet need is the number of primary care physician full-time equivalents needed to cause the HPSA to no longer meet the threshold ratio for HPSA designation.~~
- ee) The following selection criteria will apply to specialists~~physicians in specialties other than primary care and psychiatry:~~
- 1) Applicants will be ranked based on the HPSA score of their respective medical facility. If an applicant will work at more than one medical facility, the HPSA score of the medical facility where the applicant will predominately work will be used.
 - 2) If two or more medical facilities have the same HPSA score, preference will be given to the medical facility having the greatest unmet need for specialty medical care. Unmet need is the number of specialist full-time equivalents needed to cause the HPSA to no longer meet the threshold ratio for HPSA designation.
 - 3) Specialists who applied through the J-1 visa waiver flex option shall be ranked based on the greater number of patients that will be seen at the medical facility.
 - 1) ~~Selection preference will be given to applicants who can demonstrate the greatest shortage of their specialty in the underserved area or for the~~

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~~underserved population group they propose to serve.~~

- 2) ~~Selection preference will be given to applicants who can demonstrate the longer waiting time for an appointment with a physician of the same specialty in the underserved area or for the underserved population group they propose to serve.~~

f) The following selection allocations will be used in processing waiver applications:

- 1) In the first ~~calendar quarter and second calendar quarters~~ of the federal fiscal year, ~~four~~6 waivers will be reserved for psychiatrists who will serve in rural medical facilities; ~~six~~ waivers will be reserved for primary care physicians who will serve in rural medical facilities; ~~seven~~ waivers will be reserved for primary care physicians who will serve in urban medical facilities; and ~~13~~12 of the remaining 24 waivers will be reserved for ~~primary care physicians~~; 12 waivers will be available to specialists. Of the 13 waivers allocated to specialists, the Department may approve up to 10 waivers under the J-1 visa waiver flex option. Specialists who receive a waiver through the option shall work at a medical facility that is not in an HPSA, MUA or MUP. Physicians shall document that at least 51% of their patients will come from an HPSA, MUA or MUP. Documentation shall include information and data referenced in Section 591.100(a)(5).~~physicians in other specialties. The Department will reserve 50% of the waivers allocated to primary care physicians for physicians who will serve in rural areas. The Department may grant up to 5 waivers to physicians in other than primary care specialties who will practice at medical facilities that can document that at least 51% of the participating physician's patients come from a HPSA or MUA/P.~~
- 2) In the ~~second and third and fourth~~ quarters of the federal fiscal year, remaining waivers may be used for primary care, ~~psychiatry~~psychiatrist and ~~specialists~~other specialty waiver applicants, in both rural and urban areas.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 591.140 Terms of Performance

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- a) Each six months subsequent to the date of receiving the ~~J-1~~ waiver ~~from~~by the U.S. Department of Homeland Security, Citizenship and Immigration Service~~Justice~~, the ~~physician~~international medical graduate shall send to the Department of ~~Public Health~~ a written verification of ~~the~~ full-time practice at the medical facility of the international medical graduate in the HPSA, MUA, MUP or other approved location~~health professional shortage area originally identified in the waiver application.~~
- b) The Department will consider the physician to be in breach of the waiver obligation when any of the following occur:
- 1) The physician fails to practice on a full-time basis at the medical facility in the HPSA, MUA, MUP or other approved location;
 - 2) The physician fails to maintain a valid Illinois medical license; or
 - 3) The medical facility terminates the physician's employment for cause.
- ~~c~~b) The Department will notify the U.S. Department of Homeland Security, Immigration and Customs Enforcement, of the physician's breach of the waiver obligation.~~If at any time the international medical graduate fails to practice on a full-time basis in the approved shortage area, the Department will notify the Immigration and Naturalization Service of the physician's breach of obligation.~~
- d) During the physician's employment, the medical facility shall notify the Department in writing of the following:
- 1) A change in its address, telephone number or fax number;
 - 2) A change of ownership of the facility;
 - 3) A change in financial circumstances that renders the facility unable to financially support the physician;
 - 4) Loss of licensure or accreditation;
 - 5) Termination of its exchange visitor program;
 - 6) Physician's withdrawal from the program; or

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7) Physician's employment termination.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 591.150 Physician Termination

- a) A medical facility may terminate employment when the physician:
- 1) Fails to pursue activities for which he or she was admitted to the U.S.;
 - 2) Is unable to continue in the waiver program;
 - 3) Fails to maintain a valid Illinois medical license; or
 - 4) Engages in unauthorized employment.
- b) The medical facility shall notify the Department within 10 calendar days after termination of the physician.
- c) Once notification is received from the medical facility, the Department will notify the U.S. Department of Homeland Security, Citizenship and Immigration Service of the physician's breach of obligation.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 591.160 Physician Transfer

- a) A physician may transfer from one approved medical facility to another approved medical facility, provided that prior approval is received from the Department. To initiate the transfer request, the following materials shall be submitted to the Department:
- 1) The physician's most recent I-797A, Notice of Action form from the U.S. Department of Homeland Security, Citizenship and Immigration Services, demonstrating the physician's current visa status;
 - 2) The receiving medical facility's written notification demonstrating that it is willing and able to accept the physician;

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- 3) A statement from the administrator of the receiving medical facility describing prior recruitment difficulties, the expected practice arrangement for the physician, and the impact on the facility and its patients if the transfer is not approved;
- 4) A copy of the employment contract between the physician and the receiving medical facility (if the physician will be employed at multiple medical facilities, the contract must contain this information for each facility). The contract shall include the following:
 - A) The name and address of the medical facility;
 - B) The specific geographic area or areas in which the physician will practice;
 - C) A statement that:
 - i) For primary care physicians, the physician will practice full time in a Primary Care HPSA;
 - ii) For psychiatrists, the physician will practice full time in a Mental Health HPSA;
 - iii) For specialists, the physician will practice full time in the HPSA, MUA or MUP; or, if the facility is not located in an HPSA, MUA or MUP, documentation that at least 51% of the participating physician's patients come from an HPSA, MUA or MUP (see Section 591.100(a)(5));
 - D) A statement that any amendments to the contract will adhere to State and federal J-1 visa waiver requirements;
 - E) A statement that termination of the physician can be only for cause; and
 - F) A list of benefits and insurance to be provided to the physician;
- 5) The employment contract cannot include:

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- A) A non-compete clause; or
- B) A liquidated damages clause;
- 6) A statement from the receiving medical facility that the salary or other form of financial support offered to the physician is equivalent to that offered to all other physicians with equivalent skills and experience recruited by the medical facility; and
- 7) A letter from the chief medical officer or other high-level executive of a hospital verifying that admitting privileges will be granted and, if not, how admissions of the physician's patients will be arranged.
- b) The employment contract with the receiving facility shall be of duration so that the three-year employment requirement is fulfilled.
- c) The Department will deny the transfer request if it determines that any of the requirements in subsections (a) and (b) are not fulfilled.
- d) The Department will notify the physician and the receiving medical facility in writing if the transfer request is approved or denied.
- e) If a physician transfers without prior approval of the Department, the violation will be reported to the U.S. Departments of State and Homeland Security and the Illinois Department of Financial and Professional Regulation. Any violation of this requirement may also adversely affect the receiving medical facility's eligibility for participation in the program (see Section 591.100(b)(7)).

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 591.170 Completion of Waiver Requirements

- a) Within 30 calendar days after the three-year service obligation is complete, the physician shall submit a notice to the Department. The notice shall include:
 - 1) The physician's name;
 - 2) The physician's Department of State number;

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- 3) The physician's I-94 entry and departure number;
 - 4) A current G-28 form (if applicable);
 - 5) The name and address of the medical facility where the physician worked;
 - 6) The physician's beginning and end dates of employment at the medical facility; and
 - 7) A statement from the administrator of the medical facility verifying fulfillment of the employment contract.
- b) After reviewing these materials, the Department will send a letter to the physician (or physician's representative) indicating that the service obligation has been fulfilled and that the waiver file is closed.
- c) The Department will notify the U.S. Department of Homeland Security, Citizenship and Immigration Service, if the physician does not provide the completion notice within the prescribed time frame.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 591.180 National Interest Waiver

A foreign national physician who wishes to initiate the process for permanent residence in the U.S. shall have an approved labor certification and a job offer and his or her employer shall file an Immigrant Petition for Alien Worker form with the U.S. Department of Homeland Security, Citizenship and Immigration Service. In certain circumstances, the labor certification may be waived through the approval of a National Interest Waiver (NIW).

- a) To be eligible for an NIW, the physician shall:
- 1) Agree to work full time in a medical facility for five years. The five-year commitment may occur prior to filing the NIW petition, be ongoing at the time the petition is filed, or commence after the petition is filed (provided that the Department confirms that the work was, is or will be in the public interest). Medical care provided in an HPSA, MUA or MUP that was part of the physician's medical education may be credited toward the five

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years, provided that the physician was in a lawful status other than J-1 during that time;

- 2) Agree to work in primary care, psychiatry or other medical specialty;
- 3) Agree to serve in a medical facility that is located in an HPSA, MUA, or MUP; and
- 4) Obtain a letter from the Department stating that the physician's work is in the public interest.

b) A request for a letter from the Department regarding the NIW shall contain the following:

- 1) The physician's full name;
- 2) The name of the physician's practice;
- 3) The address of the physician's practice;
- 4) The physician's specialty;
- 5) A copy of the physician's H1B waiver or waivers for the date or dates of service;
- 6) A copy of the physician's Illinois medical license;
- 7) An affirmation letter from the employer stating that:
 - A) The physician has provided services as a primary care, psychiatric or specialty physician, full time (40 hours per week) at a clinical practice located in an HPSA, MUA or MUP, including the specific address where services were provided;
 - B) The practice is in the public interest in Illinois, including information that the physician served underinsured or uninsured patients as evidenced by acceptance of Medicaid and Medicare, and use of a sliding/discount fee scale for those without insurance in the designated underserved area;

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- 8) Contact information for the physician and his or her legal counsel, if the physician is represented.
- c) The Department will review all information submitted to determine if responses meet the criteria of this Section. The Department will contact the physician or the physician's representative if additional or clarifying information is needed.
- d) The physician or his or her legal representative will be notified in writing of the approval or denial of the NIW request. If the request is approved, the Department will provide an attestation letter notifying the federal authority that the physician will work in an underserved area and that the medical services provided will be in the public interest.

(Source: Added at 38 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: The Dental Student Grant Act
- 2) Code Citation: 77 Ill. Adm. Code 592
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
592.10	Repeal
592.20	Repeal
592.30	Amend
592.31	New Section
592.32	New Section
592.33	New Section
592.40	Repeal
592.50	Repeal
592.60	Repeal
592.70	Repeal
592.80	Repeal
592.100	New Section
592.105	New Section
592.110	New Section
592.115	New Section
592.120	New Section
592.125	New Section
592.130	New Section
592.135	New Section
592.140	New Section
592.145	New Section
592.150	New Section
592.155	New Section
592.160	New Section
- 4) Statutory Authority: Dental Student Grant Act [110 ILCS 925]
- 5) A Complete Description of the Subjects and Issues Involved: Changes are proposed to Part 592 due to amendments to the Dental Student Grant Act. Public Act 87-665 removed the Act's definition regarding designated shortage area and the requirement that a grant recipient work in a shortage area after graduating from dental school. Public Act 91-798 repealed the Act's requirement regarding the creation and administration of the Dental Student Grant Advisory Committee. Finally, Public Act 97-396 amended Section 3.07 of the Act regarding the definition of racial minority.

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

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

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

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

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

- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: None

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- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent Regulatory Agendas because the need for the rulemaking was not apparent when the Regulatory Agendas were prepared.

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 g: GRANTS TO DENTAL AND MEDICAL STUDENTSPART 592
THE DENTAL STUDENT GRANT CODEACTSUBPART A: GENERAL PROVISIONS

Section	
592.10	Applicability (<u>Repealed</u>)
592.20	Authority (<u>Repealed</u>)
592.30	Definitions
<u>592.31</u>	<u>Referenced Materials</u>
<u>592.32</u>	<u>Administrative Hearings</u>
<u>592.33</u>	<u>Freedom of Information</u>
592.40	Advisory Committee (<u>Repealed</u>)
592.50	Eligibility (<u>Repealed</u>)
592.60	Application (<u>Repealed</u>)
592.70	Awarding of Grants (<u>Repealed</u>)
592.80	Terms of Performance (<u>Repealed</u>)

SUBPART B: DENTAL GRANTS

<u>592.100</u>	<u>Eligibility Requirements</u>
<u>592.105</u>	<u>Use of Grant Funds</u>
<u>592.110</u>	<u>Notification</u>
<u>592.115</u>	<u>Application Procedure</u>
<u>592.120</u>	<u>Application Review Process</u>
<u>592.125</u>	<u>Grant Award Process and Grant Agreement</u>
<u>592.130</u>	<u>Student Enrollment and Dental School's Obligation</u>
<u>592.135</u>	<u>Grant Obligation</u>
<u>592.140</u>	<u>Terms of Performance</u>
<u>592.145</u>	<u>Grant Monitoring</u>
<u>592.150</u>	<u>Cooperation with Investigations and Audits</u>
<u>592.155</u>	<u>Suspension or Termination of Grant Agreement or Funding</u>
<u>592.160</u>	<u>Grant Funds Recovery</u>

AUTHORITY: Implementing and authorized by the Dental Student Grant Act [110 ILCS 925]

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SOURCE: Adopted at 4 Ill. Reg. 25, p. 31, effective June 6, 1980; codified at 8 Ill. Reg. 8920; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 592.10 Applicability (Repealed)

~~This Part is applicable to the award of grants to students who are Illinois residents, are enrolled or accepted for enrollment in schools of dentistry in Illinois, and who contract to practice dentistry in a designated shortage area in the State.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 592.20 Authority (Repealed)

~~The authorization for this Part is the Dental Student Grant Act (the Act) (Ill. Rev. Stat. 1981, ch. 144, pars. 1501 et seq.).~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 592.30 Definitions

a) ~~The following terms have meanings ascribed to them in the Act.~~

"Act" means the Dental Student Grant Act.

"Arrears" means an overdue amount that has not been paid.

"Award letter" means the letter to the applicant that states that the applicant is being awarded funding.

"Business day" means Monday through Friday. It does not include a federal or State government declared holiday, Saturday or Sunday.

"Calendar day" means all days in a month or prescribed time frame. It includes weekends and federal or State government declared holidays.

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"Debarment" means an action by the Department to prevent a grantee from receiving any additional Department grants.

"Dentist" means a person licensed to practice dentistry under the Illinois Dental Practice Act. For purposes of the Act and this Part, "dentist" does not include persons licensed as specialists.~~"Dentist" is defined in (Section 3.05 of the Act);~~

"Dental school" means a school in Illinois that teaches dentistry to prospective dentists.

"Department" means the Illinois Department of Public Health. (Section 3.01 of the Act);

"Designated shortage area" is defined in Section 3.04 of the Act and is based upon the ratio of population to practicing dentists and the number of special population groups not being served.

"Director" means the Director of the Department of the Department of Public Health. (Section 3.02 of the Act);

"Eligible dental student" means a person who is an applicant for a dental student grant and who meets all of the following qualifications:

That the individual is a resident of this State and a citizen or lawful permanent resident alien of the United States;

That the individual has been accepted in a dental school located in Illinois;

That the individual exhibits financial need as determined by the Department;

That the individual has earned an educational diploma at an institution of education located in this State or has been a resident of the State for no less than 3 years prior to applying for the grant;

That the individual is a member of a racial minority as defined in this Section; and

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That the individual meets other qualifications which shall be established by the Department. (Section 3.06 of the Act)

~~"Eligible dental student" is defined in Section 3.06 of the Act.~~

"Funding period" or Grant Agreement period" means the time during which grant funds are to be expended by grantees.

"Good academic standing" means that a student is matriculating with the rest of his or her class as determined by the student's dental school.

"Grant" means an award of assistance, whether financial or otherwise, by the Department to any eligible person or entity to support a program authorized by law. The term does not include an award the primary purpose of which is to procure an end product for the direct benefit or use of the Department, whether in the form of goods or services.

"Grant Agreement" means the written instrument defining a legal relationship entered into between the Department and a grantee.

"Grant amendment" means a modification to the grant agreement submitted prior to the end of the grant agreement requesting a change to the original grant agreement, including, but not limited to, the grant amount awarded, a change in scope of work, or an extension of the end date of the grant.

"Grant funds" means public funds dispensed by the Department to any person or entity for obligation, expenditure or use for a specific purpose. (Section 2(b) of the Illinois Grant Funds Recovery Act)

"Grantee" means the person or entity which may use grant funds in accordance with a Grant Agreement with the Department. (See Section 2 of the Illinois Grant Funds Recovery Act.)

"Illinois resident" means a person who has been a resident of Illinois for at least three years prior to applying for a dental student grant and is a citizen or lawful permanent resident of the United States. (See Section 3.06(d) of the Act.)

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"Lawful permanent resident" means a person who is not a citizen of the United States but who resides in the United States under legally recognized requirements and has lawfully recorded permanent residence as an immigrant.

"Legal residence" means where an individual has his or her permanent home or principal establishment and where, whenever he or she is absent, he or she intends to return.

"Naturalized citizen" means an individual who has acquired citizenship in the United States but was not a citizen at the time of birth.

"Racial minority" means a person who is any of the following:

American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment).

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

Black or African American (a person having origins in any of the black racial groups of Africa).

Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Section 3.07 of the Act)

"Reasonable educational expenses" means costs for education, including fees, books, supplies, clinical travel, educational equipment, materials, and board, certification or licensing examinations. These costs cannot exceed the estimated standard budget for expenses for the student's dental school and for the years of enrollment.

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"Reasonable living expenses" means room and board, transportation and commuting costs. These expenses cannot exceed the estimated standard budget for the student's dental school.

"Suspension" means an action by the Department to suspend a grantee's participation in Department grant programs for a specified period of time.

"United States citizen" means an individual born in the United States, Puerto Rico, Guam, Northern Mariana Islands, U.S. Virgin Islands, American Samoa, or Swain's Island; foreign-born children, under age 18, residing in the U.S. with their birth or adoptive parents, at least one of whom is a U.S. citizen by birth or naturalization; and individuals granted citizenship status by the U.S. Citizenship and Immigration Service.

- b) ~~The term "grant" as used in this Part shall include all monies for tuition, fees and monthly living stipends awarded to a dental student.~~
- e) ~~The term "Illinois resident" as used in this Part requires students or their parents to have resided in Illinois for at least twelve (12) consecutive months prior to September 1 of the year for which application is made for a Dental Student Grant.~~
- 1) ~~If the student is claimed by the parents as a tax dependent, the parent's length of Illinois residence may be used to determine the student's resident status.~~
 - 2) ~~If the student is independent of the family and not claimed as a tax dependent, then the student must have resided in Illinois in a capacity other than as a student for at least twelve (12) consecutive months prior to September 1 of the year for which application is made for a Dental Student Grant.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 592.31 Referenced Materials

The following materials are referenced in this Part:

- a) Illinois Statutes:

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- 1) [Dental Student Grant Act \[110 ILCS 925\]](#)
 - 2) [Illinois Dental Practice Act \[225 ILCS 25\]](#)
 - 3) [Illinois Grant Funds Recovery Act \[30 ILCS 705\]](#)
 - 4) [Administrative Review Law \[735 ILCS 5/Art. III\]](#)
 - 5) [Freedom of Information Act \[5 ILCS 140\]](#)
- b) [Illinois Administrative Rule: Practice and Procedure in Administrative Hearings \(77 Ill. Adm. Code 100\)](#)

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.32 Administrative Hearings

Administrative hearings conducted concerning the provisions of this Part shall be governed by the Department's Practice and Procedure in Administrative Hearings.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 592.33 Freedom of Information

The provisions of the Freedom of Information Act shall apply to this Part.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.40 Advisory Committee (Repealed)

- a) ~~Membership of the Advisory Committee shall include two Illinois licensed, practicing dentists, two members of the general public, and one dean of an Illinois dental school, all of whom shall be capable of advising the Director in the administration of this Act.~~
- b) ~~Responsibilities of the Advisory Committee shall include:~~
- 1) ~~consultation with the Director or designated personnel on general policy and program procedural matters;~~

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- ~~2) review of grant applications from dental students;~~
- ~~3) consultation with the Director or designated personnel on determination and updating of designated shortage areas.~~
- ~~e) Advisory Committee meetings shall be at the discretion of the Director but not less than once a year.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 592.50 Eligibility (Repealed)

- ~~a) Any student who is an Illinois resident, is enrolled or accepted for enrollment in an Illinois dental school, is certified by the school as being eligible to receive financial aid, and who contracts to practice dentistry in a designated shortage area within the State shall be eligible for a grant.~~
- ~~b) No student is eligible to receive funds from the Department and from another scholarship or loan program requiring a service commitment.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 592.60 Application (Repealed)

~~Application shall be made through the financial aids office of the dental school on forms prescribed by the Department.~~

- ~~a) Applicants shall complete necessary financial needs analysis forms used by the applicant's dental school.~~
- ~~b) The Department shall rank order the applicants, based upon their expected contribution to their educational expenses as determined by the financial needs analysis.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 592.70 Awarding of Grants (Repealed)

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~~Grants will be awarded to eligible students selected by the Department who agree to the provisions of this Part. In determining which students will receive grants, the Department shall consider the following:~~

- ~~a) whether or not the student resides in a designated shortage area and shows *an interest in establishing a permanent dental practice in such an area*;~~
- ~~b) financial need as certified by his/her dental school and evidenced by a copy of the student's financial needs analysis;~~
- ~~c) the interest shown by the student in establishing a practice in general dentistry;~~
- ~~d) recommendations from dental school officials regarding the student;~~
- ~~e) the period of time remaining before the student's graduation from dental school;~~
- ~~f) the student's preference as to the location in which he or she desires to establish a dental practice.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 592.80 Terms of Performance (Repealed)

- ~~a) Each student shall sign a written contract agreeing to the provisions of this Part. The contract may contain additional terms and conditions to ensure compliance with the Dental Student Grant Act and enforcement of the contract.~~
- ~~b) Students who fail to complete their dental studies due to academic failure shall be discharged from all obligations of this Part.~~
- ~~c) Students who fail to complete their dental studies due to voluntary actions on their part shall repay the amount of monies spent by the Department for their dental education as provided by the Act. Repayment shall be made in such a manner as agreed to by the student and Department in the student's contract.~~
- ~~d) Grant recipients shall be required to complete at the first opportunity Illinois dental licensing examinations or the North East Regional Board examination.~~
- ~~e) In the event the grant recipient cannot meet Illinois dental licensure requirements,~~

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~~he/she shall repay the amount of monies spent by the Department for their dental education as provided by the Act. Repayment shall be made in such a manner as agreed to by the student and Department in the student's contract.~~

- f) ~~Upon the Illinois licensure of the student to practice dentistry, the student shall serve as a general practice dentist in a designated shortage area in the State. The term of this service shall be as provided in the Dental Student Grant Act as now or hereafter amended.~~
- g) ~~Service as a dentist shall begin within one hundred and eighty (180) days of the Illinois licensure of the student to practice dentistry.~~
- h) ~~A grant recipient who becomes an Illinois licensed dentist and fails to practice dentistry in designated shortage areas shall be required to repay the Department three times the annual grant award for each obligated year they fail to practice in such areas. Repayment shall be made in such a manner as agreed to by the student and the Department in the student's contract.~~
- i) ~~If the student becomes disabled or, for reasons beyond his or her control, it becomes impossible for the student to perform the obligations set forth in this Part, these obligations shall be suspended until such time as the student is able to resume his or her obligations.~~
- j) ~~Grant recipients who do not take the Illinois dental licensing examination or the North East Regional Board examination, and do not become licensed to practice dentistry in Illinois within nine (9) months of their graduation from an Illinois dental school shall be required to repay the Department three times the amount of grant monies awarded to them. Repayment shall be made in such a manner as agreed to by the student and Department in the student's contract.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

SUBPART B: DENTAL GRANTSSection 592.100 Eligibility Requirements

- a) To apply for a dental student grant, an applicant shall meet the requirements listed in the definition of eligible dental student (see Section 592.30).

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- b) Applications will not be approved if one or more of the following exist:
- 1) Default on a prior service obligation to the federal, State or local government, or other entity, even if the applicant has satisfied the obligation through service, monetary payment or other means;
 - 2) Default on any federal payment obligation, federal income tax liability, federally guaranteed/insured loans or non-federal payment obligation;
 - 3) Default on any State payment obligation or State income tax liability; or
 - 4) Write-off of any federal or non-federal debt as uncollectible or waiver of any federal service or payment obligation.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.105 Use of Grant Funds

- a) Grant funds can be used to pay for reasonable educational expenses at an Illinois dental school and for reasonable living expenses.
- b) Grant funds shall be expended only while the student is enrolled and in good academic standing at a dental school in Illinois.
- c) Grant funds shall not be awarded for expenses incurred when the student must repeat an academic term or terms, if the repetition is necessary because the student has an academic performance below an acceptable level, as determined by the student's dental school.
- d) Grant funds shall be provided to the student's dental school for tuition and fees. All funds for tuition and fees shall be expended only on the dental student's behalf.
- e) Grant funds for living expenses shall be provided directly to the dental student.
- f) Grant funds shall not be awarded to any dental student for more than four years.
- g) Grant funds shall not be awarded if the student is in arrears on tuition payments to the dental school.

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(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.110 Notification

- a) The Department will post a notice of grant opportunity on its web site. The notice will consist of at least the following elements:
- 1) Identification of the grant opportunity, including a brief description of the program and the date that applications can be submitted to the Department;
 - 2) Identification, including mailing address and telephone number, of the Department's unit or section that is responsible for the grant program; and
 - 3) Information regarding where the application can be obtained.
- b) Notification to prospective students and the public shall be considered to have been provided by publication on the web site.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.115 Application Procedure

- a) Any person desiring to receive grant funds must submit a grant application to the Department. Applications for grant funds shall be made on prescribed forms developed by the Department. (Section 4(a) of the Illinois Grant Funds Recovery Act)
- b) Applicants shall complete necessary financial need analysis forms used by the applicant's dental school. These forms shall be appended to the Department's grant application.
- c) Completed applications shall be returned to the Department at the address indicated on the grant application form. All applications shall be submitted on the forms provided by the Department and shall include, without being limited to, the following provisions:

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- 1) *The name and address of the applicant (Section 4(a)(1) of the Illinois Grant Funds Recovery Act);*
- 2) *The Legislative House District, Legislative Senate District, and Congressional District (based on the applicant's legal residence in Illinois);*
- 3) *Social Security number of the applicant;*
- 4) *A general description of the program, project, or use for which grant funding is requested (Section 4(a)(2) of the Illinois Grant Funds Recovery Act);*
- 5) *Such plans, equipment lists, and other documents as may be required to show the type, structure, and general character of the program, project, or use for which grant funding is requested (Section 4(a)(3) of the Illinois Grant Funds Recovery Act);*
- 6) *Cost estimates of developing, constructing, operating, or completing the program, project, or use for which grant funding is requested (Section 4(a)(4) of the Illinois Grant Funds Recovery Act);*
- 7) *A program of proposed expenditures for the grant funds (Section 4(a)(5) of the Illinois Grant Funds Recovery Act);*
- 8) *Documentation from the dental school demonstrating the applicant's financial need;*
- 9) *Proof of citizenship, including a copy of the applicant's notarized birth certificate or a copy of the applicant's documents demonstrating that he or she is a naturalized citizen or documentation that the applicant is a lawful permanent resident;*
- 10) *Proof of enrollment in an Illinois dental school, including a copy of the applicant's admission acceptance letter.*

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.120 Application Review Process

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- a) The Department will accept applications for grant awards during the period specified in the notification posted pursuant to Section 592.110(a)(1).
- b) The Department will perform a technical review to ensure that all required materials (as listed in Section 592.115) are submitted and comply with submission requirements. The review will include whether the application form includes all required information and the applicant's signature and date of signature.
- c) An application will be incomplete if the Department's technical review determines that required information and materials are not present or if additional information or documentation is required to clarify a response. If the application is incomplete, the Department will notify the applicant in writing. The applicant shall have 30 calendar days (from the date of the Department's notification) to provide all necessary information to complete the application. Upon receipt of all additional information requested, the Department will review the application for completeness and notify the applicant of its decision. If the Department determines that the application remains incomplete, the application will be null and void.
- d) If the amount of grant funds available is insufficient to award to each approved applicant the maximum amount of grant funds requested, the Department may divide the funds equally among the qualified applicants; rank order the applicants and prorate the award of funds based on the rank order; or choose another method of allocating funds. In determining how to award grant funds, the Department will consider, but is not limited to, the amount of funds available, the number of approved applicants, and the requirements of the grant program as set forth in the Act and this Part.
- e) Applications received after the published deadline for submission in the notification will not be considered in the selection process.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.125 Grant Award Process and Grant Agreement

- a) Once all qualifying applications are received and complete, the Department will use the following to determine the distribution of grants:

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- 1) Preference shall be given to those individuals who come from racial minorities which traditionally have been most underrepresented in the field of dentistry;
 - 2) Preference shall be given to those individuals whose financial resources are such that, in the absence of a dental student grant, the individual will be prevented from pursuing a dental degree;
 - 3) Preference shall be given to those individuals who express an intent to teach or practice dentistry in the State of Illinois (Section 4.03a of the Act);
 - 4) Financial need as certified by the applicant's dental school;
 - 5) Recommendations from officials at the applicant's dental school regarding the student; and
 - 6) Greater number of years of dental school remaining.
- b) Applicants will be notified of their status by means of an award letter or other communication. The notice will contain information concerning the amount of the grant award, the dates of the Grant Agreement, and that distribution of grant funds is dependent on available funding.
 - c) Grant funds will be awarded in amounts and at time intervals specified in the Grant Agreement.
 - d) The Grant Agreement will be executed between the applicant and the Department.
 - e) An award to an applicant will not be final until the applicant and the Department have executed a Grant Agreement setting forth the terms and conditions of the grant, using the form prescribed by the Department. The Department will retract the award of a grant if an agreement cannot be reached on the terms of the Grant Agreement.
 - f) Pursuant to the Illinois Grant Funds Recovery Act, the Grant Agreement shall, at a minimum:

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- 1) Describe the purpose of the grant and be signed by the Department and all grantees of the grant;
- 2) Specify how payments shall be made, what constitutes permissible expenditure of the grant funds, and the financial controls applicable to the grant, including, for those grants in excess of \$25,000, the filing of quarterly reports describing the progress of the program, project, or use and the expenditure of the grant funds related thereto;
- 3) Specify the period of time for which the grant is valid and the period of time during which grant funds may be expended by the grantee;
- 4) Contain a provision that any grantees receiving grant funds are required to permit the Department, the Auditor General or the Attorney General to inspect and audit any books, records or papers related to the program, project, or use for which grant funds are provided;
- 5) Contain a provision that all grant funds remaining at the end of the Grant Agreement or at the expiration of the period of time grant funds are available for expenditure or obligation by the grantee shall be returned to the State within 45 days; and
- 6) Contain a provision in which the grantee certifies under oath that all information in the Grant Agreement is true and correct to the best of the grantee's knowledge, information and belief; that all funds shall be used only for the purposes described in the Grant Agreement; and that the award of grant funds is conditioned upon such certification. (Section 4(b) of the Illinois Grant Funds Recovery Act)

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.130 Student Enrollment and Dental School's Obligation

- a) The Department will disburse available grant funds to the dental school directly for the payment of tuition and other necessary fees. After the dental school receives the grant funds, it shall provide facilities and instruction to the student on the same terms as to other students.

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- b) A dental school shall provide written notice to the Department if any grantee who is enrolled in the dental school ceases to be a student in good academic standing. The notice shall be sent to the Department within 10 business days after the dental school determines that the student ceases to be in good standing.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.135 Grant Obligation

- a) Grant funds may not be used except pursuant to a written Grant Agreement between the grantee and the Department. (Section 4 of the Illinois Grant Funds Recovery Act)
- b) Grant funds shall be used only for reasonable educational expenses and reasonable living expenses of the student.
- c) The Department may grant a suspension or waiver of the recipient's requirements in the Grant Agreement.
- 1) A suspension temporarily relieves the recipient of the requirements in the Grant Agreement but will not permanently alleviate the recipient's obligation.
- A) A suspension may be granted for up to one year if the recipient provides independent medical documentation of a physical or mental health disability or personal circumstance that results in the recipient's temporary inability to fulfill the requirements in the Grant Agreement. Independent medical documentation shall include a letter from the recipient's licensed physician fully explaining and attesting to the recipient's temporary inability to fulfill the agreement's requirements.
- B) Recipients who are military reservists and are called to active duty will be granted a suspension beginning on the activation date in the active duty order. The recipient shall submit a copy of the order to active duty with the written request for suspension. The duration of the suspension shall equal the recipient's period of active military duty.

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- 2) A waiver permanently relieves the recipient of all the requirements in the Grant Agreement. Waiver requests shall be submitted in writing to the Department. The request shall detail the reasons for the waiver request and shall be accompanied and supported by documentation described in this subsection (c)(2).
- A) Reasons for a waiver request can include the recipient's:
- i) Total and permanent disability;
 - ii) Incompetency; or
 - iii) Death.
- B) If a waiver is requested because of total and permanent disability, the request shall be supported by a letter from the recipient's physician fully explaining and attesting to the recipient's inability to continue with dental school.
- i) If the request is approved, the Department will notify the recipient in writing that the requirements of the grant agreement are waived, that the recipient is discharged from all obligations to the Department in connection with this Part and that the recipient is ineligible to participate in the program in the future.
 - ii) If the request is denied, the recipient shall fulfill the requirements stipulated in the Grant Agreement and this Part.
- C) If the waiver is requested because the recipient has been adjudicated as incompetent, the request shall be supported by documentation by a court of law fully explaining and attesting to the recipient's inability to continue with the requirements of the Grant Agreement.
- i) If the request is approved, the Department will notify the recipient in writing that the requirements in the Grant Agreement are waived, that the recipient is discharged from

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all obligations to the Department in connection with this Part, and that the recipient is ineligible to participate in the program in the future.

ii) If the request is denied, the recipient shall fulfill the requirements stipulated in the Grant Agreement and this Part.

C) If the waiver is requested because of the recipient's death, the request shall be supported by a copy of the recipient's death certificate.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.140 Terms of Performance

- a) If the Grant Agreement is breached, repayment shall be made as agreed to by the grantee and the Department in the Grant Agreement and in accordance with the applicable provisions of this Part.
- b) A breach of the Grant Agreement shall include, but not be limited to:
- 1) Making any material misstatement in reporting information to the Department;
 - 2) Making any material misrepresentation to the Department for the purpose of obtaining a grant;
 - 3) Failure for any reason to complete dental school; and
 - 4) Failure to become a licensed dentist in Illinois.
- c) When the Department has determined that a breach of the Grant Agreement has occurred, it shall notify the recipient and schedule an administrative hearing. The administrative hearing will identify the item or items breached in the Grant Agreement, propose a resolution to address the agreement's breach, and propose a repayment process to the Department.

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- d) When the administrative hearing process determines that the Grant Agreement has not been fulfilled, the Department and grantee shall enter into a contract for the repayment of the obligation.
- e) To fulfill the repayment requirements of this Section, the grantee shall have 30 calendar days after the conclusion of the administrative hearing to enter into a repayment contract with the Department.
- f) Any dispute about the terms of performance or repayment shall be governed by the administrative hearing process. The administrative law judge will make the final decision and send it to all parties.
- g) If the grantee does not repay all funds owed to the Department within the required time period, the Department may use all collection methods available, including referral to the Illinois Attorney General or a collection agency.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.145 Grant Monitoring

- a) Grants will be monitored throughout the grant period. Components in the monitoring process include, but are not limited to, the grant application; the Grant Agreement; correspondence, e-mails and telephone calls concerning the grant; and site visits.
- b) The grantee shall cooperate with the Department's efforts to monitor and verify the grantee's compliance with the Act and this Part and the Grant Agreement, including providing supporting documentation. Grantees shall retain records relating to the grant until after final reports have been submitted to the Department and have been reviewed.
- c) Grantees shall cooperate with the Department to maintain compliance with the Grant Agreement and notify the Department of any breaches of the Grant Agreement or problems or concerns.
- d) Grantees shall be subject to on-site visits by the Department during normal business hours at the dental school. Grantees shall provide, upon request, copies of all documents concerning the expenditure of grant funds.

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- e) The Department will relay any questions and concerns regarding management of grant funds to the grantee in writing. The grantee will be requested to respond in writing addressing the concerns.
- f) If the Department finds evidence of financial mismanagement, depending on the severity of the situation, the amount of money involved, and the grantee's ability to clarify the situation, the Department may either place the grantee on a corrective action plan and hold the processing of vouchers until the issue is resolved, or terminate the grant and take any appropriate or necessary action to recover grant funds under applicable law.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.150 Cooperation with Investigations and Audits

Grantees shall cooperate with all investigations and audits of a grantee's use of grant funds. A failure to cooperate shall create a presumption that grant funds have not been spent in accordance with the Grant Agreement and be grounds for immediate suspension or termination of any Grant Agreement and the recovery of grant funds.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.155 Suspension or Termination of Grant Agreement or Funding

- a) Availability of Appropriation or Sufficiency of Funds
 - 1) A grant is contingent upon and subject to the availability of funds. The Department may terminate or suspend the grant, in whole or in part, without penalty or further payment being required, if:
 - A) The Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay the obligation, or if funds needed are insufficient for any reason;
 - B) The Governor decreases the Department's funding by reserving some or all of the Department's appropriations pursuant to power delegated to the Governor by the Illinois General Assembly; or

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- C) The Department or the Governor determines that a reduction is necessary or advisable based upon actual or projected budgetary considerations.
- 2) The grantee will be notified in writing of the lack of appropriation or a reduction or decrease.
- b) Termination for Cause
- 1) The Department may immediately terminate the Grant Agreement, in whole or in part, upon notice to the grantee if:
- A) The grantee is convicted of committing any illegal act;
- B) The Department determines that the actions or inactions of the grantee have caused, or reasonably could cause, jeopardy to health, safety or property;
- C) The Department has notified the grantee that the Department is unable or unwilling to perform the Grant Agreement; or
- D) The Department has reasonable cause to believe that the grantee cannot lawfully perform the Grant Agreement.
- 2) If the grantee breaches any material term, condition or provision of the Grant Agreement, the Department may cancel the Grant Agreement upon 15 days prior written notice to the grantee. For termination for any of the causes contained in this Section, the Department retains its right to seek any available legal or equitable remedies and damages.
- c) Termination for Convenience
The Department may, for its convenience and with 30 days prior written notice to the grantee, terminate the Grant Agreement in whole or in part and without payment of any penalty or incurring any further obligation to the grantee.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 592.160 Grant Funds Recovery

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- a) Grants made under this Part are subject to the Illinois Grant Funds Recovery Act. If a provision of this Part conflicts with a provision of the Illinois Grant Funds Recovery Act, the provision of the Illinois Grant Funds Recovery Act will control.
- b) The Department shall have the authority to issue subpoenas as part of an official investigation into the use of grant funds. Subpoenas shall be issued and enforced according to Illinois Supreme Court Rules and the Code of Civil Procedure.
- c) Every grantee shall keep complete and accurate accounting records of all grant funds that the grantee receives, administers, oversees or expends. A grant recipient's failure to create and maintain accounting records that demonstrate the grant recipient's receipt, administration, oversight, expenditure or use of all grant funds shall create a presumption in favor of recovery by the Department.
- d) Whenever the Department believes that grant funds are subject to recovery, the Department shall provide the grantee the opportunity for at least one informal hearing to determine the facts and issues and to resolve any conflicts as amicably as possible before taking any formal recovery actions. (Section 7 of the Illinois Grant Funds Recovery Act)
- e) The offer of an informal hearing will be in writing and will provide the grantee with no fewer than 10 calendar days in which to request an informal hearing. A grantee's failure to deliver a timely request for an informal hearing shall constitute the grantee's waiver of the informal hearing. During any informal hearing, the grantee may be represented by a licensed attorney.
- f) If, after an informal hearing or, if no timely request for an informal hearing is received, the Department determines that any grant funds are to be recovered, the Department will provide the grantee with formal written notice of its intent to recover grant funds. The notice will identify the funds and the amount to be recovered and the specific facts that permit recovery.
- g) A grantee shall have 35 days from the receipt of the notice required in subsection (f) to request a hearing to show why recovery is not proper.
- h) If a grantee timely requests a hearing, the Department will hold a formal hearing in accordance with Practice and Procedure in Administrative Hearings, at which the grantee may present evidence and witnesses to show why recovery should not

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occur. After the conclusion of the hearing, if recovery is warranted, the Department will issue a written final recovery order and send a copy of the order to the grantee by Certified US Mail.

- i) A grantee may seek judicial review in the circuit court of any Department final recovery order, pursuant to the Administrative Review Law.
- j) If a grantee timely requests a formal hearing, the Department will not take any action of recovery until at least 35 days after a final recovery order has been issued.
- k) If a grantee does not timely request a hearing, the Department may proceed with recovery of the grant funds identified in the notice issued pursuant to this Section, at any time after the expiration of the 35-day request period.
- l) Any notice or mailing required or permitted by this Section shall be deemed received five days after the notice or mailing is deposited in the US mail, with the grantee's current business address and with sufficient US postage affixed, or the date of actual delivery, whichever is sooner.
- m) During any formal hearing, the grantee may be represented by a licensed attorney.

(Source: Added at 38 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Water Well Construction Code
- 2) Code Citation: 77 Ill. Adm. Code 920
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
920.10	Amendment
920.Table C	Amendment
- 4) Statutory Authority: Illinois Water Well Construction Code [415 ILCS 30]
- 5) A Complete Description of the Subjects and Issues Involved: The addition of the definition of "Storm Sewer" clarifies the proposed setback changes made to Section 920.Table C.

The proposed changes to Section 920.Table C represent the closed loop well advisory board's recommendations to the Department. The changes reflect agreement between the Department and closed loop and water well drilling industries regarding the setback requirements between closed loop wells, water wells, and sources of contamination, specifically sewers. This rulemaking was recommended by the Joint Committee on Administrative Rules (JCAR). As part of a previous rulemaking adopted November 25, 2013, the Department agreed with JCAR to continue its discussions with the commentators on that rulemaking concerning how the current 50-foot setback could be modified to accommodate geothermal applications and still protect the groundwater, and to propose a rulemaking within six months addressing the setback issue.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect. The Department believes that these changes will allow the closed loop well drilling industry to do more business while protecting groundwater in Illinois.

The Department anticipates adoption of the 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 rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No

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- 9) Does this rulemaking contain any incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the *Illinois Register* to:
- Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield IL 62761
- 217/782-2043
dph.rules@illinois.gov
- 13) Initial Regulatory Flexibility Analysis:
- These rules may have an impact on small businesses. Any small business commenting on these rules shall indicate their status as such in their comments.
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Closed loop well contractors.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: Water well driller's license and closed-loop well contractor's certification and registration.
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2014

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 r: WATER AND SEWAGEPART 920
WATER WELL CONSTRUCTION CODE

Section	
920.10	Definitions
920.15	Incorporated and Referenced Materials
920.20	Scope
920.30	General Requirements
920.40	Design Factors
920.50	Location
920.60	Drilled Wells in Unconsolidated Formations
920.70	Drilled Well Construction in Consolidated Formations
920.80	Special Type Wells
920.90	Construction Materials and Other Requirements
920.100	Finishing and Testing
920.110	Modification of Wells
920.120	Abandoned Wells
920.130	Water Well Permit Requirements
920.140	Administrative Hearings
920.150	Designation of Agents of the Department
920.160	Issuance of Water Well and Closed Loop Well Permits by Units of Local Government or Local Health Departments
920.170	Monitoring Wells
920.180	Closed Loop Wells
920.190	Assurance of Potable Water Supply
920.200	Closed Loop Well System Permit Requirements
920.210	Examination for Closed Loop Well Contractor Certification and Fees
920.220	Closed Loop Contractor Registration, Renewal and Fees
920.230	Registered Closed Loop Well Contractor Responsibility
920.240	Closed Loop Well Continuing Education Sessions
920.250	Approval of Closed Loop Well Third Party Organizations
920.ILLUSTRATION A	Unconsolidated Formations: Oversized Drill Hole
920.ILLUSTRATION B	Unconsolidated Formations: Mechanically Driven Casing
920.ILLUSTRATION C	Gravel Pack Construction

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920.ILLUSTRATION D	Crevised Formations: Earth Cover Less Than 30 Feet Thick
920.ILLUSTRATION E	Crevised Formations: Earth Mantle Cover Over 30 Feet Thick – Oversized Drill Hole
920.ILLUSTRATION F	Crevised Formations: Earth Cover Over 30 Feet Thick – Mechanically Driven Casing
920.ILLUSTRATION G	Bored or Dug Well – Well Not Finished With Buried Slab
920.ILLUSTRATION H	Bored or Dug Well – Buried Slab Construction
920.ILLUSTRATION I	Installation of a Driven Well
920.ILLUSTRATION J	Sealing an Abandoned Well – Extending into a Crevised Formation
920.ILLUSTRATION K	Sealing an Abandoned Dug or Bored Well
920.ILLUSTRATION L	Sealing an Abandoned Well Extending into More Than One Water Bearing Formation
920.ILLUSTRATION M	Sealing an Abandoned Buried Slab Bored Well
920.TABLE A	Steel Casing and Liner Pipe Weights and Dimensions
920.TABLE B	Plastic Casing and Liner Pipe Specifications
920.TABLE C	Minimal Lateral Distances in Feet Between Water Wells, Closed Loop Wells, and Sources of Contamination

AUTHORITY: Implementing and authorized by the Illinois Water Well Construction Code [415 ILCS 30].

SOURCE: Adopted September 12, 1973; amended at 2 Ill. Reg. 42, p.35, effective October 16, 1978; rules repealed, new rules adopted and codified at 7 Ill. Reg. 9633, effective August 1, 1983; amended at 12 Ill. Reg. 2990, effective January 13, 1988; amended at 13 Ill. Reg. 11796, effective July 1, 1989; amended at 14 Ill. Reg. 228, effective January 1, 1990; amended at 14 Ill. Reg. 14871, effective September 1, 1990; amended at 15 Ill. Reg. 18188, effective January 1, 1992; amended at 18 Ill. Reg. 17684, effective November 30, 1994; amended at 22 Ill. Reg. 3973, effective April 1, 1998; amended at 24 Ill. Reg. 11934, effective August 1, 2000; amended at 37 Ill. Reg. 19676, effective November 25, 2013; amended at 38 Ill. Reg. _____, effective _____.

Section 920.10 Definitions

"Abandoned Well" means a water or monitoring well that is no longer used to supply water, or that is in such a state of disrepair that the well or boring has the potential for transmitting contaminants into an aquifer or otherwise threatens the public health or safety.

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"Act" means the Illinois Water Well Construction Code [415 ILCS 30].

"Annular Space" means the opening between a well-hole excavation and the well casing or between a casing pipe and a liner pipe.

"Aquifer" means saturated (with groundwater) soils and geologic materials which are sufficiently permeable to readily yield economically useful quantities of water to wells, springs, or streams under ordinary hydraulic gradients. (Section 3(b) of the Illinois Groundwater Protection Act [415 ILCS 55/3(b)])

"Bentonite Grout" means a manufactured grout product that is a mixture of sodium bentonite and water mixed at the manufacturer's recommended ratio; a mixture of granulated sodium bentonite and water that consists of a minimum of 20 percent solid bentonite clay and water that is equivalent to 9.4 pounds/gallon; or sodium bentonite in the granulated or chip form. All bentonite products shall comply with National Sanitation Foundation (NSF) International requirements.

"Borehole" also known as "drill hole" means an excavation that is drilled, cored, driven, dug or otherwise constructed that penetrates an aquifer or that may degrade the quality of the aquifer.

"Cement" means a mixture consisting of cement, sand and water in the proportion of one bag of cement (94 pounds) and an equal volume of dry sand to not more than 6 gallons of clean water.

"Chemical Injection System" means any device or combination of devices having hose, pipe or other methods of conveyance that connect directly to any water well through which a mixture of water, pesticides and fertilizers is mixed or is drawn and applied to land, crops or plants at agricultural, nursery, turf, golf course or greenhouse sites.

"Closed Loop Well" means a sealed, watertight loop of pipe buried outside of a building foundation intended to re-circulate a liquid solution through a heat exchanger but is limited to the construction of the borehole and the grouting of the borehole and does not include the piping and appurtenances used in any other capacity. "Closed loop well" does not include any horizontal closed loop well systems where grouting is not necessary by law or standard industry practice. (Section 3(h) of the Act) "Closed Loop Heat Pump Well" means the same as "Closed Loop Well".

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"Closed Loop Well Contractor" means any person who installs closed loop wells for another person. "Closed loop well contractor" does not include the employee of a closed loop contractor. (Section 3(j) of the Act)

"Closed Loop Well System" means a clustered group of closed loop wells that serve the same facility.

"Community Water System" means a public water system which serves at least 15 service connections used by residents or regularly serves at least 25 residents for at least 60 days per year. (Section 9(a)(1) of the Illinois Groundwater Protection Act)

"Consolidated Formation" means a geological formation that is firm rock referred to as bedrock.

"Construction" means all acts necessary to obtaining ground water by any method, including without limitation the location of and the excavation for the well, but not including prospecting, surveying or other acts preparatory to those activities, nor the installation of pumps and pumping equipment. (Section 3(a) of the Act)

"Contaminant" means any physical, chemical, biological, or radiological substance or matter in water. (Section 9(a)(2) of the Illinois Groundwater Protection Act)

"Crevice, Consolidated Formation" is a consolidated formation characterized by fractures.

"Department" means the Illinois Department of Public Health.

"Detention Pond" is an engineered structure designed to store storm water from a rain event. The elevation of the outlet structure designed to meet the release rate requirement is equivalent to the lowest elevation of the pond.

"Driven Water Well" means a well constructed by joining a drive point with lengths of pipe and then driving or jetting the assembly into the ground with percussion equipment or by hand.

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"Established Ground Surface" means the elevation of the ground surface at the site of the well.

"Finished Ground Surface" means the final or permanent elevation of the ground surface at the site of the well.

"Flowing Artesian Well" means a well in which the water from the confined aquifer rises above the finished ground surface.

"Ground Water" or "Groundwater" means water of underground aquifers, streams, channels, artesian basins, reservoirs, lakes and other water under the surface of the ground, whether percolating or otherwise. (Section 2(2) of the Illinois Water Well and Pump Installation Contractor's License Act)

"Horizontal Closed Loop Well Systems" means any open cut excavation where a watertight loop of pipe is buried outside of a building foundation that is intended to re-circulate a liquid solution through a heat exchanger.

"Mechanically Driven" means a procedure by which a casing is fitted with a drive shoe and driven with a force sufficient to firmly seat the casing in rock or to the desired depth in unconsolidated formations.

"Modification" means the alteration of the structure of an existing water well, including, but not limited to, deepening, elimination of a buried suction line, installation of a liner, replacing, repairing or extending casing, or replacement of a well screen. Pertaining to closed loop wells, "modification" also means any alteration to the construction of the borehole of an existing closed loop well, including, but not limited to, regrouting and installation of additional boreholes.

"Monitoring Well" means a water well intended for the purpose of determining groundwater quality or quantity.

"Neat Cement Grout" means a mixture consisting of one bag of cement (94 pounds) to not more than 6 gallons of clean water. Bentonite or similar material may be added up to 6 percent by dry weight to increase fluidity or to control shrinkage.

"Non-Community Water System" means a public water system which is not a community water system, and has at least 15 service connections used by

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nonresidents, or regularly serves 25 or more nonresident individuals daily for at least 60 days per year. (Section 9(a)(4) of the Illinois Groundwater Protection Act)

"Pitless Adapter Unit" means a factory assembled device consisting of a pitless well adapter, a mechanism that attaches to the well casing, and a well casing riser in a single unit, for the purpose of preventing contaminants from entering the well.

"Pitless Well Adapter" means an assembly of parts that will permit water to pass through the wall of the well casing or extension of the wall; provides access to the well and to the parts of the water system within the well; and provides for the transportation of the water and the protection of the well and water in the well, from surface or near surface contamination. Parts or appurtenances to a pitless well adapter include, but are not limited to, the vent, the device or devices on or in the wall of the casing, and the cap or cover on top of the casing or casing extension.

"Potable" means generally fit for human consumption in accordance with accepted water supply principles and practices. (Section 3(h) of the Illinois Groundwater Protection Act)

"Potential Primary Source" means any unit at a facility or site not currently subject to a removal or remedial action which:

is utilized for the treatment, storage, or disposal of any hazardous or special waste (as defined in Section 3 of the Environmental Protection Act) not generated at the site; or

is utilized for the disposal of municipal waste not generated at the site, other than landscape waste (as defined in Section 3 of the Environmental Protection Act) and construction and demolition debris; or

is utilized for the landfilling, land treating, surface impounding or piling of any hazardous or special waste (as defined in Section 3 of the Environmental Protection Act) that is generated on the site or at other sites owned, controlled or operated by the same person; or

stores or accumulates at any time more than 75,000 pounds above ground,

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or more than 7,500 pounds below ground, of any hazardous substances.
(Section 3.345 of the Environmental Protection Act)

"Potential Route" means abandoned and improperly plugged wells of all kinds (i.e., those wells not plugged in accordance with this Part), drainage wells, all injection wells, including closed-loop heat pump wells, and any excavation for the discovery, development or production of stone, sand or gravel. This term does not include closed-loop heat pump wells using United States Pharmacopeia (USP) food grade propylene glycol. (Section 3.350 of the Environmental Protection Act)

"Potential Secondary Source" means any unit at a facility or a site not currently subject to a removal or remedial action, other than a potential primary source, which:

is utilized for the landfilling, land treating, or surface impounding of waste that is generated on the site or at other sites owned, controlled or operated by the same person, other than livestock and landscape waste, and construction and demolition debris; or

stores or accumulates at any time more than 25,000 but not more than 75,000 pounds above ground, or more than 2,500 but not more than 7,500 pounds below ground, of any hazardous substances; or

stores or accumulates at any time more than 25,000 gallons above ground, or more than 500 gallons below ground, of petroleum, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance; or

stores or accumulates pesticides, fertilizers, or road oils for purposes of commercial application or for distribution to retail sales outlets; or stores or accumulates at any time more than 50,000 pounds of any de-icing agent; or

is utilized for handling livestock waste or for treating domestic wastewaters other than private sewage disposal systems as defined in the Private Sewage Disposal Licensing Act. (Section 3.355 of the Environmental Protection Act)

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"Pressure Grouting" means the placement of grout by a method using positive pressure.

"Private Water System" means any supply which provides water for drinking, culinary, and sanitary purposes and serves an owner-occupied single family dwelling. (Section 9(a)(5) of the Illinois Groundwater Protection Act)

"Public Water System" means a system for the provision to the public of water for human consumption through pipes or other constructed conveyances, if the system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days per year. A public water system is either a community water system (CWS) or a non-community water system (non-CWS). The term "public water system" includes any collection, treatment, storage or distribution facilities under control of the operator of such system and used primarily in connection with such system and any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system. (Section 9(a)(6) of the Illinois Groundwater Protection Act)

"Pumping Water Level" means the depth to of the water surface in a well from the ground surface, top of casing or other established datum when water is discharged by pumping.

"Retention Pond" is an engineered structure designed to store storm water from a rain event. The elevation of the outlet structure designed to meet the release rate requirement is higher than the elevation of the pond base.

"Semi-Private Water System" means a water supply which is not a public water system, yet which serves a segment of the public other than an owner-occupied single family dwelling. (Section 9(a)(7) of the Illinois Groundwater Protection Act)

"Site" means any location, place, tract of land, and facilities, including but not limited to buildings, and improvements used for purposes subject to regulation under the Environmental Protection Act. (Section 3.460 of the Environmental Protection Act)

"Storm Sewer" means a sewer that is used for conveying rainwater, surface water, groundwater, subsurface water, site drainage, condensate, cooling water or other

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similar liquids (excluding treated or untreated domestic sewage) to a point of discharge.

"Thermal Grout" is a Department approved grout specifically developed to enhance the heat transfer in a closed loop well. Department approved closed loop well grouts shall have permeability no greater than 1×10^{-7} centimeters per second and all bentonite products shall comply with National Sanitation Foundation (NSF) International requirements. The Department will maintain a list of approved closed loop well grouts on its website at www.idph.org.

"Tremie Method" means pumping grout through a pipe that is inserted into the annular space to fill the space from the bottom upward to the ground surface or to the point of pitless adapter attachment.

"Unconsolidated Formation" means a geological formation above bedrock, such as sand or gravel, that is caving in nature.

"Undesirable Water" means water that contains contamination that exceeds Class I Groundwater Standards adopted in the Groundwater Quality Standards Code (35 Ill. Adm. Code 620, Subpart B).

"Unit" means any device, mechanism, equipment, or area (exclusive of land utilized only for agricultural production). (Section 3.515 of the Environmental Protection Act)

"Water-Bearing Formation" means any geologic formation that contains water.

"Water Well" means any excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise constructed when the intended use of such excavation is for the location, diversion, artificial recharge, or acquisition of ground water, but such term does not include an excavation made for the purpose of obtaining or prospecting for oil, natural gas, minerals or products of mining or quarrying or for inserting media to repressure an oil or natural gas bearing formation or for storing petroleum, natural gas or other products or for observation or any other purpose in connection with the development or operation of a gas storage project. (Section 3(e) of the Act)

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"Well" means a bored, drilled or driven shaft, or dug hole, the depth of which is greater than the largest surface dimension. (Section 3.555 of the Environmental Protection Act)

"Well Cap" means that portion of the pitless well adapter used to enclose the atmospheric termination of the casing, which shall overlap the top of the casing extension with a downward flange.

"Well Seal" means an arrangement or device used to establish a watertight closure at the junction of a well pump or piping with the well casing cover at the upper terminal of the well, the purpose of which is to prevent contaminated water or other material from entering the well.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

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Section 920. Table C Minimal Lateral Distances in Feet Between Water Wells, Closed-Loop Wells, and Sources of Contamination

<u>SOURCES OF CONTAMINATION OR EXISTING WATER WELL</u>	<u>MINIMUM LATERAL DISTANCES FOR CLAY AND LOAM SOILS (FEET)</u>	
	<u>WATER WELL</u>	<u>CLOSED LOOP WELL</u>
<u>Cesspool</u>	<u>150</u>	<u>150</u>
<u>Closed Loop Well¹</u>	<u>200</u>	<u>NA</u>
<u>Water Well¹</u>	<u>NA</u>	<u>200</u>
<u>Water Well (when the owner of the closed loop well and a water well serving a private water supply is the same)¹</u>	<u>N/A</u>	<u>75</u>
<u>Leaching Pit</u>	<u>100</u>	<u>100</u>
<u>Pit Privy</u>	<u>75</u>	<u>75</u>
<u>Subsurface Seepage System, Distribution Box, Sand Filter, Waste Stabilization Pond, Effluent Receiving Trench</u>	<u>75</u>	<u>75</u>
<u>Manure Pile</u>	<u>75</u>	<u>75</u>
<u>Septic Tank, Aerobic Treatment Plant, Surface Discharge Effluent Line, Treated Effluent Discharge Point</u>	<u>50</u>	<u>50</u>
<u>Barnyard or Animal Confinement Lot</u>	<u>50</u>	<u>50</u>
<u>Footing Drains (No connection to a sewer or sump handling sewage is allowed.)</u>	<u>10</u>	<u>10²</u>
<u>Pump House Floor Drain</u>	<u>2</u>	<u>2²</u>
<u>Pit, Crawl Space or Basement</u>	<u>5</u>	<u>5²</u>
<u>Lake, Pond or Stream</u>	<u>25</u>	<u>25³</u>
<u>Potential Primary Source, Potential Secondary Source, or Potential Route</u>	<u>200</u>	<u>200</u>
<u>Potential Primary Source, Potential Secondary Source, or Potential Route (when the owner of the source or route and a water well serving a private water supply or closed loop well is the same)</u>	<u>75</u>	<u>75</u>
<u>Abandoned Wells</u>	<u>200</u>	<u>200</u>
<u>Sewers (Sanitary or Combined)</u>	<u>50⁴</u>	<u>50^{4,5}</u>

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

<u>Storm Sewers</u>	<u>10</u>	<u>10⁶</u>
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- ¹ A closed loop well utilizing USP food grade propylene glycol may be located to within 25 feet of a water well.
- ² These setbacks do not apply when the closed loop well is installed prior to the construction of the building.
- ³ The 25-foot separation distance from a retention or detention pond does not apply to a closed loop well when:
- 1) The borehole is grouted between 24 and 72 hours after the construction of the borehole;
 - 2) The borehole is grouted to the surface; and
 - 3) The borehole is topped off to the header/manifold level, between 24 and 72 hours after the borehole is grouted, with a bentonite chip product manufactured for water well sealing.
- ⁴ A water well or closed loop well may be located to within 10 feet of a sewer provided that the sewer consists of cast iron pipe with watertight mechanical joints or rubber gasket sealed joints that meet ASTM Standard C564-11, SDR 26 PVC pipe or schedule 40 PVC pipe or heavier with solvent welded watertight joints or elastomeric seals (gaskets) used for push-on joints that meet ASTM Standard F477-10.
- ⁵ If the sewer pipe material is unknown, the 50-foot separation distance may be reduced to 25 feet if the following conditions are met:
- 1) The top 20 feet of the borehole is bored to a diameter 3 inches greater than the total diameter of the heat exchanger.
 - 2) The enlarged top 20 feet of the borehole is grouted with bentonite chips manufactured for well sealing.
- ⁶ The 10-foot separation distance for a storm sewer does not apply to a closed loop well when:
- 1) The borehole is grouted between 24 and 72 hours after the construction of the borehole;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 2) The borehole is topped off to the header/manifold level, between 24 and 72 hours after the borehole is grouted, with a bentonite chip product manufactured for water well sealing.

SOURCES OF CONTAMINATION OR EXISTING WATER WELL	MINIMUM LATERAL DISTANCES FOR CLAY AND LOAM SOILS (FEET)	
	WATER WELL	CLOSED LOOP WELL
Cesspool	150	150
Closed Loop Well [†]	200	NA
Water Well [†]	NA	200
Water Well (when the owner of the closed loop well and a water well serving a private water supply is the same) [†]	75	75
Leaching Pit	100	100
Pit Privy	75	75
Subsurface Seepage System, Distribution Box, Sand Filter, Waste Stabilization Pond, Effluent Receiving Trench	75	75
Manure Pile	75	75
Septic Tank, Aerobic Treatment Plant, Surface Discharge Effluent Line, Treated Effluent Discharge Point	50	50
Barnyard or Animal Confinement Lot	50	50
Footing Drains (No connection to a sewer or sump handling sewage is allowed.)	10	10 ²
Pump House Floor Drain	2	2 ²
Pit, Crawl Space or Basement	5	5 ²
Lake, Pond or Stream	25	25 ³
Potential Primary Source, Potential Secondary Source, or Potential Route	200	200
Potential Primary Source, Potential Secondary Source, or Potential Route (where the owner of the source or route, and a water well serving a private water supply or closed loop well, is the same)	75	75
Abandoned Wells	200	200

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Sewers (Storm, Sanitary or Combined) ⁴	50 ⁵	50 ⁵
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¹ ~~A closed loop well utilizing USP food grade propylene glycol may be located to within 25 feet of a water well.~~

² ~~These setbacks do not apply when the closed loop well is installed prior to the construction of the building.~~

³ ~~The 25 feet separation distance for a retention or detention pond does not apply to a closed loop well when:~~

- ~~1) The borehole is grouted the same day the borehole is constructed;~~
- ~~2) The borehole is grouted to the surface; and~~
- ~~3) The borehole is topped off, between 24 and 48 hours after the borehole is grouted, with a bentonite chip product manufactured for water well sealing.~~

⁴ ~~A water well or closed loop well may be located to within 10 feet of a sewer provided the sewer consists of cast iron pipe with watertight mechanical joints or rubber gasket sealed joints that meet ASTM Standard C564-11, SDR 26 PVC pipe or schedule 40 PVC pipe or heavier with solvent welded watertight joints or elastomeric seals (gaskets) used for push-on joints that meet ASTM Standard F477-10.~~

⁵ ~~If the sewer pipe material is unknown, the 50 feet separation distance may be reduced based upon the site specific conditions. Both the water well permit application and the closed loop well permit application will have a section to identify the site specific conditions for reducing the 50 feet separation distance.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Rules for Charitable Trust Stabilization Committee
- 2) Code Citation: 74 Ill. Adm. Code 650
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
650.10	New Section
650.20	New Section
650.30	New Section
650.40	New Section
650.50	New Section
650.60	New Section
650.70	New Section
650.80	New Section
650.90	New Section
650.100	New Section
650.110	New Section
650.120	New Section
- 4) Statutory Authority: Implementing and authorized by the Charitable Trust Stabilization Act [30 ILCS 790/1]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking sets forth the procedures and criteria for grant awards from the Charitable Trust Stabilization Fund.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule 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 Objective: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

Office of the Illinois State Treasurer
Attention: Neil P. Olson
400 West Monroe Street, Suite 401
Springfield, IL 62704

217/557-8235
fax: 217/785-8554

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

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Not-for-profit corporations that have an annual operating budget of less than \$1 million and are located in depressed areas as defined under Section 3 of the Illinois Enterprise Zone Act are given special attention for grant awards.
 - B) Reporting, bookkeeping or other procedures required for compliance: Please review this proposed new rule to determine all new requirements.
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the two most recent agendas.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 74: PUBLIC FINANCE

CHAPTER V: TREASURER

PART 650

RULES FOR CHARITABLE TRUST STABILIZATION COMMITTEE

SUBPART A: GENERAL PROVISIONS

Section
650.10 Definitions

SUBPART B: PURPOSE AND ELIGIBILITY

Section
650.20 Purpose
650.30 Grant Eligibility Criteria
650.40 Special Attention to Certain Applicants

SUBPART C: APPLICATION PROCEDURES

Section
650.50 Grant Application Process
650.60 Initial Review Process
650.70 Committee Consideration and Recommendation of Applications
650.80 Grant Award by Treasurer

SUBPART D: CONDITIONS OF AWARDS AND AGREEMENTS

Section
650.90 General Terms and Conditions of Grant Awards
650.100 Grant Agreements
650.110 Post Award Obligations

SUBPART E: PUBLIC NOTICE OF GRANT INFORMATION

Section
650.120 Public Notice of Grant Information

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by the Charitable Trust Stabilization Act [30 ILCS 790].

SOURCE: Adopted at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 650.10 Definitions

The following definitions shall apply to this Part:

"Act" means the Charitable Trust Stabilization Act [30 ILCS 790].

"Applicant" means an organization, public or private, applying for grant funds to be awarded from the Charitable Trust Stabilization Fund created pursuant to Section 5 of the Act.

"Committee" means the Charitable Trust Stabilization Committee created pursuant to Section 10 of the Act.

"Grant Agreement" means an agreement between the State Treasurer and the organization receiving grant funds from the Charitable Trust Stabilization Fund.

"Grant Award" means grants funds provided from the Charitable Trust Stabilization Fund.

"Grantee" means an organization awarded grant funds from the Charitable Trust Stabilization Fund.

"State Treasurer" means the Office of the Treasurer of the State of Illinois or a third-party administrator of the Charitable Trust Stabilization Fund designated pursuant to Section 10(d) of the Act.

SUBPART B: PURPOSE AND ELIGIBILITY

Section 650.20 Purpose

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Upon recommendation of the Committee, the State Treasurer may make grant awards for the purpose of providing funds to community-based organizations and other not-for-profit entities operating in the State of Illinois.

Section 650.30 Grant Eligibility Criteria

Grant awards may be made to an applicant that:

- a) *is a not-for-profit corporation that is exempt from federal income taxation under Section 501(c)(3) of the federal Internal Revenue Code (26 USC 501(c)(3)) (Section 15(1) of the Act);*
- b) *is organized under the General Not for Profit Corporation Act of 1986 [805 ILCS 105] for the purpose of providing charitable services to the community (Section 15(2) of the Act);*
- c) *complies with the provisions of the Charitable Trust Act [760 ILCS 55] (Section 15(3) of the Act);*
- d) is domiciled in the State of Illinois and provides charitable services exclusively in the State of Illinois;
- e) has the equivalent of one full-time paid employee; and
- f) has adopted a policy of non-discrimination on the basis of race, gender, sexual orientation, age, national origin, disability, family status or religion.

Section 650.40 Special Attention to Certain Applicants

When considering applicants for a grant award, the Committee shall give *special attention to applicants that have an annual operating budget of less than \$1 million and are located in a depressed area as defined in Section 3 of the Illinois Enterprise Zone Act [20 ILCS 655] (Section 5 of the Act)*. When recommending grant awards to the State Treasurer, the Committee may give preference to those applicants.

SUBPART C: APPLICATION PROCEDURES

Section 650.50 Grant Application Process

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- a) Applicants shall submit a written grant application, provided by the State Treasurer, with supporting documentation in order to be considered for a grant award. The following supporting documentation must accompany the application:
- 1) The applicant's current IRS determination letter or, if pending, Form 1023 or 1024.
 - 2) Most recent Form 990 filed by the applicant with the IRS, including Schedule A, or an explanation of why none has been filed.
 - 3) The following forms of, and statements required by, the Illinois Attorney General (see 14 Ill. Adm. Code 400):
 - A) Illinois Charitable Organization Registration Statement (Form CO-1).
 - B) If the applicant has been in existence less than one year, Form CO-2.
 - C) If the Applicant has been in existence more than one year, AG990-IL, with all required attachments, fees and signatures, for each of the most recent three years of existence.
 - D) A financial statement in the form required by 14 Ill. Adm. 400.60.
 - E) Form IFC (for each fundraising campaign, if a professional fundraiser was used).
 - 4) Any and all contracts with professional fundraisers.
 - 5) If a corporation, Articles of Incorporation and all amendments and all By-Laws.
 - 6) If an unincorporated association, Constitution and all amendments and By-Laws.
 - 7) A complete list of all officers, directors and/or trustees, including names, addresses and daytime phone numbers.

DEPARTMENT OF PUBLIC HEALTH

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- 8) List of any other grants the applicant has received in the past two years, including, without limitation, federal, state or private grants.
- 9) Other documentation deemed necessary by the State Treasurer or the Committee.
- b) Additional documentation may be provided voluntarily by the applicant, or may be requested by the State Treasurer or Committee upon receipt and review of the proposal.
- c) The grant application, with all required supporting documentation, shall be submitted to the State Treasurer in-person or via mail at the following address:

Illinois State Treasurer
Attn: Charitable Trust Stabilization Fund
100 W. Randolph Street, Suite 15-600
Chicago IL 60601

Section 650.60 Initial Review Process

After receipt of an application, the State Treasurer will conduct an initial review to verify the applicant's eligibility and the completeness of the application and supporting documentation. During the initial review process, the State Treasurer may request other information, such as additional documentation, meetings with the applicant's officers or employees, and visits at the applicant's program site.

Section 650.70 Committee Consideration and Recommendation of Applications

- a) After the applicant's eligibility has been determined and all necessary documentation has been provided and reviewed, the applicant's application will be placed on a meeting agenda for consideration by the Committee. The State Treasurer will notify any applicant when its application will be considered by the Committee.
- b) The Committee will hold meetings at least quarterly, on a calendar basis, in order to review grant applications and make final recommendations to the State Treasurer on the making of grant awards. If the Committee does not recommend that an applicant receive a grant award, then the Committee shall notify the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

applicant and the grant application will not be presented to the State Treasurer for final consideration.

- c) The final recommendations of the Committee for the making of grant awards are not binding upon the State Treasurer.

Section 650.80 Grant Award by Treasurer

After the Committee makes a final recommendation to approve a grant application, the State Treasurer will approve or deny the grant application in full or in part. The State Treasurer may also request that the Committee provide additional information in support of its recommendation for the approval of a grant application. Applicants shall be notified by the State Treasurer, by mail, of the approval, denial or other action on a grant application as soon as practicable.

SUBPART D: CONDITIONS OF AWARDS AND AGREEMENTS

Section 650.90 General Terms and Conditions of Grant Awards

- a) A grant award may be used for stabilization purposes by a grantee. The State Treasurer may, in its discretion, limit the use of a grant award to a particular program or purpose.
- b) The final dollar amount of a grant award shall be in the discretion of the State Treasurer, but the dollar amount in any calendar year may not exceed \$25,000 per grantee.
- c) Unless otherwise specified, grant awards shall be made in a lump sum payable to the grantee upon the effective date of a Grant Agreement.
- d) Unless otherwise specified, the term of any grant award shall be for one year, with grant funds to be expended by a grantee within one calendar year after the effective date of the Grant Agreement.
- e) Unless otherwise specified, the grant award shall be non-renewable, but a grantee may submit a new application for a grant award in a second consecutive calendar year. A grantee may not receive a grant award in more than two consecutive calendar years.

Section 650.100 Grant Agreements

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

The grant award shall be made pursuant to a Grant Agreement signed by the State Treasurer and the grantee. The Grant Agreement shall:

- a) *describe the purpose of the grant award;*
- b) *specify how payments shall be made, what constitutes permissible expenditure of the grant award, and the financial controls applicable to the grant award, including required reports;*
- c) *specify the period of time for which the grant is valid and the period of time during which the grant award may be expended;*
- d) *contain a provision that the grantee is required to permit the State Treasurer, the Auditor General, or the Attorney General to inspect and audit any books, records, or papers related to the program, project, or use for which grant funds were provided, and that records shall be maintained for six years after the termination of the grant;*
- e) contain a provision that the grantee shall make its premises and program sites open to inspection by the State Treasurer or its designees upon reasonable notice;
- f) *contain a provision that all funds remaining at the end of the Grant Agreement or at the expiration of the period of time grant funds are available for expenditure or obligation by the grantee shall be returned to the State within 45 days; and*
- g) *contain a provision in which the grantee certifies under oath that all information in the Grant Agreement is true and correct to the best of the grantee's knowledge, information, and belief; that the funds shall be used only for the purposes described in the Grant Agreement; and that the grant award is conditioned upon such certification. (Section 4(b) of the Grant Funds Recovery Act [30 ILCS 705/4(b)])*

Section 650.110 Post Award Obligations

- a) Unless otherwise specified in a Grant Agreement, grantees shall be required to submit a financial status report to the State Treasurer within six months after the date of the grant award detailing the use of grant funds, including the amount of funds expended to date.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- b) Unless otherwise specified in a Grant Agreement, grantees shall be required to submit a final written narrative and financial report to the State Treasurer within 60 days after the termination date of the grant award detailing the use of grant funds, including any statistics available on the effectiveness of the subject of the grant award.
- c) Failure of a grantee to comply with any provision of a Grant Agreement will result in affirmative action authorized by Section 6 of the Grant Funds Recovery Act to recover misspent or improperly held funds.

SUBPART E: PUBLIC NOTICE OF GRANT INFORMATION

Section 650.120 Public Notice of Grant Information

The State Treasurer shall publish information about the program on its website or in any other public medium deemed appropriate by the State Treasurer. This information shall include, but is not limited to, instructions for applications, Committee meeting dates, minutes of Committee meetings, and notice of any grant awards.

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Annual Reports
- 2) Code Citation: 83 Ill. Adm. Code 210
- 3) Section Number: 210.10 Adopted Action:
Amendment
- 4) Statutory Authority: Implementing Section 5-109 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5-109 and 10-101]
- 5) Effective Date of Rule: July 11, 2014
- 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 rule, 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 the *Illinois Register*: November 1, 2013; 37 Ill. Reg. 17127
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: No substantive changes have been made.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were required.
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: PA 98-45, effective June 28, 2013, amended 13-101 of the Public Utilities Act in a number of ways, including revision of the obligation of electing providers and providers that offer solely competitive telecommunications services to file annual reports with the Commission. Under the amended statute, those entities are required to file annual reports "only to the extent that the Commission

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

requires annual reports authorized by Section 5-109" of the Public Utilities Act. The amended statute further states that the provider may use, for annual reporting purposes, "generally accepted accounting practices or accounting systems it uses for financial reporting purposes." The amendment to the rule incorporates the new statutory language, bringing the rule into conformity with the amended statute.

- 16) Questions or requests for information about this adopted rule shall be directed to:

Brian W. Allen
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701

217/558-2387

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

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

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

PART 210
ANNUAL REPORTS

Section

210.10	Fiscal Year for Annual Reports
210.20	Annual Report Forms
210.30	Filing Instructions

AUTHORITY: Implementing Section 5-109 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/5-109 and 10-101].

SOURCE: Adopted January 4, 1917; codified at 8 Ill. Reg. 7599; amended at 8 Ill. Reg. 19357, effective October 1, 1984; amended at 28 Ill. Reg. 15469, effective December 1, 2004; amended at 38 Ill. Reg. 15900, effective July 11, 2014.

Section 210.10 Fiscal Year for Annual Reports

All public utilities, as that term is defined in Section 3-105 of the Public Utilities Act (Act) [220 ILCS 5/3-105], and all telecommunications carriers, as that term is defined in Section 13-202 of the Act [220 ILCS 5/13-202] shall report on a calendar year basis, ending on December 31 of each year, for purposes of the annual reports required by Section 5-109 of the Act [220 ILCS 5/5-109], except that this requirement shall apply to the services of an electing provider and to competitive telecommunications rates and services only to the extent that the Commission requires annual reports authorized by Section 5-109, provided the telecommunications provider may use the most recent version of generally accepted accounting practices or accounting systems it uses for financial reporting purposes in the annual report [220 ILCS 5/13-101].

(Source: Amended at 38 Ill. Reg. 15900, effective July 11, 2014)

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Reports of Accidents by Fixed Public Utilities Other Than Pipelines Transporting Liquids
- 2) Code Citation: 83 Ill. Adm. Code 220
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
220.5	Amendment
220.20	Amendment
- 4) Statutory Authority: Implementing Section 8-507 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 8-507 and 10-101]
- 5) Effective Date of Rule: July 11, 2014
- 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 rule, 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 the *Illinois Register*: November 1, 2013; 37 Ill. Reg. 17130
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: No substantive changes have been made.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were required.
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: In the most recent biennial review of telecommunications-related rules, the Commission identified this provision as a candidate for modification or repeal. The Commission adopted the requirements currently found in

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENTS

Part 220 as a matter of discretion under Section 8-507 of the Public Utilities Act [220 ILCS 5/8-507]. As a result of changes in the telecommunications market, Part 220 now applies only to a minority of telecommunications services provided in the State. Continued application of Part 220 to telecommunications providers is no longer in the public interest, and the costs of continuing its application outweigh the benefits. Even without Part 220, telecommunications providers will be required, under Section 8-507 of the Public Utilities Act, to immediately report to the Commission any accident involving loss of life or limb occurring to or on a carrier's plant, equipment, or other property. Moreover, the Commission retains authority to investigate any accident resulting in loss of life or injury to person or property occurring on the property of a telecommunications carrier, or arising directly or indirectly from or connected with its maintenance or operation.

- 16) Questions or requests for information about this adopted rule shall be directed to:

Brian W. Allen
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701

217/558-2387

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

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENTS

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

PART 220

REPORTS OF ACCIDENTS BY TELECOMMUNICATIONS CARRIERS AND BY FIXED
PUBLIC UTILITIES OTHER THAN PIPELINES TRANSPORTING LIQUIDS

Section

220.5	Introduction
220.10	Reporting Accidents
220.20	Class of Utilities
220.30	Immediate Report
220.40	Periodical Reports
220.50	Report Blanks
220.60	Instructions for Reporting

AUTHORITY: Implementing Section 8-507 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/8-507 and 10-101].

SOURCE: Filed and effective October 1, 1947; amended at 6 Ill. Reg. 10552; effective August 13, 1982; codified at 8 Ill. Reg. 5145; amended at 15 Ill. Reg. 5056, effective April 1, 1991; amended at 38 Ill. Reg. 15903, effective July 11, 2014.

Section 220.5 Introduction

- a) This Part governs all fixed public utilities, other than pipelines transporting liquids and telecommunications carriers subject to public utilities regulation under Section 13-101 of the Public Utilities Act [220 ILCS 5], in reporting accidents to the Illinois Commerce Commission ("Commission").
- b) As used in this Part, "fixed public utilities" shall not include ~~all~~ telecommunications carriers subject to public utilities regulation under Section 13-101 of the Public Utilities Act~~providing noncompetitive telecommunications services (see Section 13-210 of The Universal Telephone Service Protection Law of 1985, Ill. Rev. Stat. 1989, ch. 111 $\frac{2}{3}$, par. 13-210).~~

(Source: Amended at 38 Ill. Reg. 15903, effective July 11, 2014)

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENTS

Section 220.20 Class of Utilities

- a) For the purpose of reporting accidents, fixed public utilities other than pipelines transporting liquids and telecommunications carriers have been classified according to their last annual report to ~~the~~^{this} Commission, as follows:
- 1) Class "A" – public utilities having an annual gross operating revenue exceeding \$250,000 will report each month, within 30 days after the end of the month for which report is made. No report is required for a month in which there are no accidents.
 - 2) Class "B" – public utilities having an annual gross operating revenue exceeding \$50,000, but not more than \$250,000, ~~shall~~^{will} report each quarter, within 30 days after the end of the quarter for which report is made. No report is required for a quarter in which there are no accidents.
 - 3) Classes "C" and "D" – ~~public utilities~~^{Public Utilities} Class "C",² having an annual gross operating revenue exceeding \$10,000 but not more than \$50,000, and ~~public utilities~~^{Public Utilities} Class "D", having an annual gross operating revenue of \$10,000 or less, ~~shall~~^{will} report each year, within 30 days after the end of the year for which report is made.
- b) From annual reports, ~~the~~^{this} Commission will determine for each public utility the class to which it belongs and give notification accordingly.
- c) Monthly, quarterly and yearly reports shall date from the beginning of each calendar year.
- d) All classes having periods with no accident to report during a year shall file a summary statement (Form U-3) indicating periods of non-reporting within 30 days after the end of the year for which the report is made.

(Source: Amended at 38 Ill. Reg. 15903, effective July 11, 2014)

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- 1) Heading of the Part: Illinois Dental Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1220
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1220.10	New Section
1220.100	Amendment
1220.120	Amendment
1220.155	Amendment
1220.160	Amendment
1220.170	Amendment
1220.200	Amendment
1220.220	Amendment
1220.240	Amendment
1220.245	Amendment
1220.260	Amendment
1220.310	Amendment
1220.320	Repealed
1220.335	Repealed
1220.350	Amendment
1220.407	New Section
1220.410	Amendment
1220.415	Amendment
1220.421	Amendment
1220.440	Amendment
1220.500	Amendment
1220.505	Amendment
1220.510	Amendment
1220.520	Amendment
1220.APPENDIX D	Amendment
- 4) Statutory Authority: Implementing the Illinois Dental Practice Act [225 ILCS 25] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) Effective Date of Rule: July 25, 2014
- 6) Does this rulemaking contain an automatic repeal date? No

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- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal published in the *Illinois Register*: August 23, 2013, at 37 Ill. Reg. 13687
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The most significant changes occurred in Sections 1220.240 and 1220.245 regarding the required training for hygienists and assistants to monitor sedation, with greater clarification being added. The 12 hours are now broken down to include 6 hours of didactic education and 6 hours of clinical training. Dentists holding permit A or B may conduct the clinical training component, for hygienists and assistants they employ, as part of an approved course. Also in these Sections, the number of hours of training concerning amalgam restorations required of hygienists and assistants has been changed from 52 to 40. The term "conscious sedation" has been restored throughout this Part. Various non-substantive changes have also been made.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking clarifies and improves rules relating to the administration and monitoring of anesthesia and the requisite training of dental personnel that were adopted May 5, 2010. Section 1220.407 implements PA 94-1028 which permits a dental practice to continue to operate for a limited period of time following the death or incapacitation of the dentist who owns the practice. Changes concerning basic life support training are being modified to implement the provisions of PA 98-147. Additionally, this rulemaking implements a variety of amendments to the Dental Practice Act made in PAs 96-1222, 97-526, and 97-1013. These amendments include conforming the Act to other acts under the Department's purview, specifying the licensing examinations permitted to dental and dental hygienist licensure applicants, and adding certification requirements in life support.

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

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield 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 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1220
ILLINOIS DENTAL PRACTICE ACT

SUBPART A: DENTIST

Section	
1220.10	Definitions
1220.100	Application for Licensure
1220.110	Application for Examination (Repealed)
1220.120	Dental Examinations
1220.130	System of Retaking the Clinical Sections of the Examination (Repealed)
1220.140	Minimum Standards for an Approved Program in Dentistry
1220.150	Licensure (Repealed)
1220.155	Restricted Faculty Licenses
1220.156	Temporary Training License
1220.160	Restoration
1220.170	Renewal

SUBPART B: DENTAL HYGIENIST

Section	
1220.200	Application for Licensure
1220.210	Application for Examination (Repealed)
1220.220	Dental Hygiene Examination
1220.230	System of Grading (Repealed)
1220.231	System of Retaking the Clinical Examination (Repealed)
1220.240	Prescribed Duties for Dental Hygienists
1220.245	Prescribed Duties of Dental Assistants
1220.250	Approved Programs of Dental Hygiene
1220.260	Restoration
1220.270	Renewal

SUBPART C: DENTAL SPECIALIST

Section

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1220.310	Applications
1220.320	Examination (Repealed)
1220.330	System of Grading (Repealed)
1220.335	American Board Diplomates (Repealed)
1220.340	Specialty Listing (Repealed)
1220.350	Restoration
1220.360	Renewal

SUBPART D: GENERAL

Section	
1220.380	Definitions
1220.400	Reportable Diseases and Conditions
1220.405	Reporting of Adverse Occurrences
1220.406	Impaired Dentist and Dental Hygienist Program of Care, Counseling or Treatment
1220.407	Death or Incapacitation of Dentist
1220.410	Endorsement
1220.415	Fees
1220.421	Advertising
1220.425	Referral Services
1220.431	Employment by Corporation (Repealed)
1220.435	Renewals (Repealed)
1220.440	Continuing Education
1220.441	Granting Variances

SUBPART E: ANESTHESIA PERMITS

Section	
1220.500	Definitions
1220.505	Minimal Sedation in the Dental Office Setting
1220.510	Moderate Sedation (Conscious Sedation) in the Dental Office Setting
1220.520	Deep Sedation and General Anesthesia in the Dental Office Setting
1220.525	Renewal
1220.530	Anesthesia Review Panel
1220.540	Approved Programs in Anesthesiology (Repealed)
1220.550	Reporting of Adverse Occurrences (Repealed)
1220.560	Restoration of Permits

1220.APPENDIX A Pre-clinical Restorative Dentistry Sub-section (Repealed)

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- 1220.APPENDIX B Dental Assistant Permitted Procedures (Repealed)
1220.APPENDIX C Dental Hygienist Permitted Procedures (Repealed)
1220.APPENDIX D Characteristics of Levels of Anesthesia

AUTHORITY: Implementing the Illinois Dental Practice Act [225 ILCS 25] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Rules and Regulations for the Administration and Enforcement of the Provisions of the Illinois Dental Practice Act, effective August 16, 1967; amended at 3 Ill. Reg. 16, p. 21, effective April 21, 1979; amended at 3 Ill. Reg. 42, p. 266, effective October 3, 1979; codified at 5 Ill. Reg. 11028; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 4174, effective May 24, 1982; amended at 6 Ill. Reg. 7448, effective June 15, 1982; emergency amendment at 7 Ill. Reg. 8952, effective July 15, 1983, for a maximum of 150 days; emergency expired December 12, 1983; amended at 8 Ill. Reg. 15610, effective August 15, 1984; amended at 10 Ill. Reg. 20725, effective December 1, 1986; transferred from Chapter I, 68 Ill. Adm. Code 220 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1220 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2926; amended at 13 Ill. Reg. 4191, effective March 16, 1989; amended at 13 Ill. Reg. 15043, effective September 11, 1989; amended at 17 Ill. Reg. 1559, effective January 25, 1993; emergency amendment at 17 Ill. Reg. 8309, effective May 21, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 15890, effective September 21, 1993; amended at 17 Ill. Reg. 21492, effective December 1, 1993; amended at 19 Ill. Reg. 6606, effective April 28, 1995; amended at 21 Ill. Reg. 378, effective December 20, 1996; emergency amendment at 22 Ill. Reg. 2332, effective January 8, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 10574, effective June 1, 1998; amended at 22 Ill. Reg. 14880, effective July 29, 1998; amended at 23 Ill. Reg. 7294, effective June 10, 1999; amended at 24 Ill. Reg. 13992, effective August 31, 2000; amended at 25 Ill. Reg. 10901, effective August 13, 2001; amended at 26 Ill. Reg. 18286, effective December 13, 2002; amended at 30 Ill. Reg. 8574, effective April 20, 2006; emergency amendment at 30 Ill. Reg. 12999, effective July 18, 2006, for a maximum of 150 days; emergency expired December 14, 2006; amended at 30 Ill. Reg. 19656, effective December 18, 2006; amended at 34 Ill. Reg. 7205, effective May 5, 2010; amended at 38 Ill. Reg. 15907, effective July 25, 2014.

SUBPART A: DENTIST

Section 1220.10 Definitions

"AAOMS" means the American Association of Oral and Maxillofacial Surgeons.

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"ACLS" means Advanced Cardiac Life Support.

"Act" means the Illinois Dental Practice Act [225 ILCS 25].

"BLS" means current basic life support certification intended for healthcare providers that includes evaluation of hands-on skills and a written exam.

"Board" means the Board of Dentistry authorized by Section 6 of the Act.

"CITA" means the Counsel of Interstate Testing Agencies, Inc.

"CODA" means Commission on Dental Accreditation of the American Dental Association.

"CRDTS" means the Central Regional Dental Testing Service.

"DANB" means Dental Assisting National Board, Inc.

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

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

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

"JCNDE" or "Joint Commission" means the Joint Commission on National Dental Examinations.

"LLC" means limited liability company, as defined in Section 1-5 of the Limited Liability Company Act [805 ILCS 180].

"NERB" means the North East Regional Board.

"PALS" means Pediatric Advanced Life Support.

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

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"SRТА" means the Southern Regional Testing Agency, Inc.

"WARE" means the Washington Restorative Exam.

"WREB" means the Western Regional Examining Board.

(Source: Added at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.100 Application for Licensure

An applicant for a license to practice dentistry in Illinois shall file an application on forms supplied by the Division that shall include:

- a) For graduates from a dental college or school in the United States or Canada, certification of successful completion of 60 semester hours or its equivalent of college pre-dental education, and graduation from a dental program specified in Section 1220.140.
- b) For graduates from a dental college or school outside of the United States or Canada:
 - 1) Certification of graduation from a dental college or school; and
 - 2) Clinical Training
 - A) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college. The 2 years of clinical training shall consist of:
 - i) 2850 clock hours completed in 2 academic years for full-time applicants; or
 - ii) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants; or
 - B) In the alternative, certification, from the program director of an

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accredited advanced dental education program approved by the Division, of completion of no less than 2 academic years may be substituted for the 2 academic years of general dental clinical training.

- c) The required fee set forth in Section 1220.415(a)(1).
- d) Proof of successful completion of the Theoretical examination given by JCNDE. The passing score shall be determined by JCNDE. The National Board Certificate must be mailed to the Division by JCNDE.
- e) Proof of successful completion of an examination set forth in Section 1220.120(a).
- f) Certification, on forms provided by the Division, from the state in which an applicant was originally licensed and is currently licensed, if applicable, stating:
 - 1) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and
 - 2) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.120 Dental Examinations

- a) The Division shall accept the following examinations for licensure if administered and passed in their entirety, including passage of the periodontal portion of the examination:
 - 1) NERB Examination, with a passing score established by the testing entity;
 - 2) CRDTS Examination, with a passing score established by the testing entity;
 - 3) SRTA Examination, with a passing score established by the testing entity;

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- 4) WREB Examination, with a passing score established by the testing entity; or
- 5) CITA Examination, with a passing score established by the testing agency.
- b) Retake requirements shall be that of the testing entity.
- c) The applicant shall have the examination scores submitted to the Division directly from the reporting entity.
- d) The Division will accept only examinations that have been completed in the 5 years prior to submission of the application, if never licensed in another jurisdiction.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.155 Restricted Faculty Licenses

- a) Pursuant to Section 11(d) of the Act, the Division shall issue a Restricted Faculty License to an individual who is currently licensed in another jurisdiction as a dentist and who files an application, on forms provided by the Division, that includes:
 - 1) Certification of licensure from the jurisdiction of original licensure and current licensure;
 - A) The time during which the applicant was licensed in that jurisdiction, including the date of the original license;
 - B) Whether the files of the jurisdiction contain any record of disciplinary action taken or pending;
 - 2) A certification, on forms provided by the Division, signed by the Dean of the school or hospital administrator, indicating:
 - A) The name and address of the dental school or hospital;
 - B) The beginning and ending date of the appointment;

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- C) The nature of and the need for the educational service that will be provided by the applicant;
- 3) The required fee set forth in Section 1220.415(a)(7).
- b) The restricted faculty license shall be valid for 3 years from the date of issuance and may be renewed in accordance with subsection (e).
 - c) The holder of a restricted faculty license may perform acts as may be required by his or her teaching of dentistry and may practice general dentistry or in his/her area of specialty, but only in a clinic or office affiliated with the dental school.
 - d) Any restricted faculty license issued to a faculty member shall be terminated immediately and automatically without any further action by the Division if the holder ceases to be a faculty member at an approved dental school or hospital in this State.
 - e) Renewal
 - 1) Application for renewal of a restricted faculty license shall be made on forms supplied by the Division at least 30 days prior to expiration of the license. The application shall include:
 - A) Certification from the Dean of a dental program or the administrator of the hospital indicating the term of the renewal contract, not to exceed 3 years from the date of the original expiration date;
 - B) Certification from the jurisdiction of current licensure indicating the current status of the license; and
 - C) The fee set forth in Section 1220.415(b).
 - 2) Failure to renew a restricted faculty license at least 30 days prior to its expiration shall result in the license expiring. A new application must be submitted.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

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Section 1220.160 Restoration

- a) A licensee seeking restoration of a dental license after it has expired or has been placed on inactive status for less than 5 years shall have the license restored by submitting proof of 48 hours of continuing education in accordance with Section 1220.440 completed within 3 years prior to the restoration application and payment of \$20 plus all lapsed renewal fees. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee.
- b) A licensee seeking restoration of a dental license after it has expired or has been placed on inactive status for 5 years or more shall file an application, on forms supplied by the Division, together with proof of 48 hours of continuing education in accordance with Section 1220.440 completed within 3 years prior to the restoration application and the fees required by Section 21 of the Act. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee. The licensee shall also submit either:
 - 1) Certification of lawful active practice in another jurisdiction for 3 of the last 5 years. Such certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or
 - 2) An affidavit attesting to military service as provided in Section 16 of the Act. If an applicant applies for restoration of a license within 2 years after termination of military service, he/she shall have the license restored without paying any lapsed renewal or restoration fees.
 - 3) A current certification in BLS by an organization that has adopted the American Heart Association's or American Red Cross' guidelines on BLS or a statement provided by the dentist's licensed physician indicating that the applicant is physically disabled and unable to obtain certification.
- c) If neither subsection (b)(1) nor (b)(2) applies to the licensee, then he or she shall be required to take and pass an examination set forth in Section 1220.120.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.170 Renewal

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- a) Beginning with the September 30, 2006 renewal, every dental license issued under the Act shall expire on September 30 every 3 years. The holder of a license may renew the license during the month preceding the expiration date thereof by paying the fee required in Section 21 of the Act and certifying to fulfillment of 48 hours of continuing education pursuant to Section 1220.440.
- b) A renewal applicant must provide proof of current certification in BLS by an organization that has adopted the American Heart Association's or American Red Cross' guidelines on BLS or a statement provided by the dentist's licensed physician indicating that the applicant is physically disabled and unable to obtain certification;
- c) It is the responsibility of each licensee to notify the Division of any change of address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to pay the renewal fee or to renew one's license.
- d) Practicing or offering to practice on a license that has expired shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 23 of the Act.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

SUBPART B: DENTAL HYGIENIST

Section 1220.200 Application for Licensure

An applicant for licensure as a dental hygienist shall file an application, on forms supplied by the Division, that shall include:

- a) Certification of successful completion of 2 academic years of credit from a dental hygiene program approved by the Commission on Dental Accreditation of the American Dental Association;
- b) Proof that the applicant has passed the National Dental Hygienist Board Examination, with a passing score as established by the testing entity given by JCNDE and has been issued a National Board Certificate, mailed to the Division by the JCNDF;

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- c) Proof of successful completion of an examination pursuant to Section 1220.220(a) received directly from the testing entity;
- d) A current certification in BLS from the American Red Cross, the American Heart Association, or the American Safety and Health Institute or a statement from a licensed physician indicating that the applicant is physically disabled and unable to obtain certification;
- e) Certification, on forms provided by the Division, from the state in which an applicant was originally licensed and is currently licensed, if applicable, stating:
 - 1) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and
 - 2) Whether the file on the applicant contains any record of disciplinary actions taken or pending;
- f) The required fee set forth in Section 1220.415(a)(3).

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.220 Dental Hygiene Examination

- a) The Division shall accept the following examinations for licensure if administered and passed in their entirety:
 - 1) NERB Examination, with a passing score established by the testing entity;
 - 2) CRDTS Examination, with a passing score established by the testing entity;
 - 3) SRTA Examination, with a passing score established by the testing entity;
or
 - 4) WREB Examination, with a passing score established by the testing entity;
or
 - 5) The CITA Examination, with a passing score established by the testing agency.

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- b) Retake requirements shall be that of the testing entity.
- c) The applicant shall have examination scores submitted to the Division directly from the reporting entity.
- d) The Division will only accept examinations that have been completed in the 5 years prior to submission of the application, if never licensed in another jurisdiction.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.240 Prescribed Duties of Dental Hygienists

- a) Dental hygienists may perform the operative procedure of dental hygiene, consisting of oral prophylaxis procedures.
- b) Dental hygienists may perform dental health education functions and may record case histories and oral conditions observed.
- c) Dental hygienists may perform all procedures that may be performed by an appropriately trained dental assistant.
- d) Dental hygienists shall not perform those procedures that constitute the practice of dentistry as described in the Act. Hygienists may not perform procedures that require the professional judgment and skill of a dentist. Such prohibited procedures include, but shall not be limited to, the following:
 - 1) Making denture adjustments.
 - 2) Placing and finishing composite restorations.
 - 3) Taking final impressions for the fabrication of prosthetic appliances, crowns, bridges, inlays, onlays or other restorative or replacement dentistry.
 - 4) Permanently cementing permanent crowns or bridges.
 - 5) Permanently re-cementing permanent crowns or bridges that have come

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loose.

- e) Dental hygienists may administer and monitor nitrous oxide under the following conditions:
- 1) The dental hygienist functions under the supervision of the dentist who must remain in the facility;
 - 2) The dental hygienist may administer (start the flow of) nitrous oxide to the patient and control the induction of the gas, so that the patient is at a level of analgesia not anesthesia;
 - 3) The dental hygienist may remove the patient from nitrous oxide when the hygiene procedures have been completed;
 - 4) Proof of Completion
 - A) The dental hygienist is responsible for obtaining proof of certification, validating completion of a 12 hour course relative to nitrous oxide analgesia and submitting certification to the dentist of valid completion of the required course. The course shall have been completed no earlier than December 31, 1994.
 - B) A dental hygienist who completed the 12 hour course shall complete an additional 2 hour course in nitrous oxide analgesia administration. The course shall be completed by September 30, 2011. A dental hygienist who has not completed the 12 hour course shall complete an approved course of 14 hours relative to the administration and monitoring of nitrous oxide analgesia and submit certification of successful completion to the dentist. The course shall have been completed no earlier than January 1, 1998.
 - C) An individual who graduated from an approved dental hygiene program after January 1, 1998 that contained nitrous oxide analgesia administration and monitoring in the curriculum shall not be required to complete the 14 hour course upon proof to the dentist of the required curriculum.
 - D) A dental hygienist who has not completed the 12 or 14 hour course

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shall complete an approved 6 hour course relative to the administration and monitoring of nitrous oxide analgesia and submit certification of successful completion to the dentist.

- E) Proof of nitrous oxide analgesia education shall be made available to the Division upon request. The required hours shall include both didactic and clinical components and be given by a continuing education sponsor approved pursuant to Section 1220.440 or a dental hygiene program approved by the Division pursuant to Section 1220.250;
- 5) The dental hygienist must maintain BLS certification or its equivalent, which will be in addition to the required courses. Certification or its equivalent shall be completed by September 30, 2011.
- f) Dental hygienists may assist in the provision of moderate sedation (conscious sedation), deep sedation, and general anesthesia, as defined in Section 1220.500, under the following conditions:
 - 1) The dental hygienist functions under the supervision of the dentist who must remain in the facility. When the hygienist is the treatment provider while the patient is under moderate sedation (conscious sedation), deep sedation, or general anesthesia, the anesthesia permit holder must remain in the treatment room;
 - 2) The dental hygienist is responsible for obtaining proof of certification validating completion of a course or courses totaling 12 hours or more, including 6 hours of didactic education and 6 hours of clinical training. The didactic education may be completed online, and online instruction may be used to guide the hands-on clinical training.
 - A) The didactic course work shall include the areas of anatomy, physiology, pharmacology, monitoring, including nitrous oxide monitoring, and emergency procedures with an emphasis on airway management.
 - B) The clinical components may be conducted by the CE sponsor approved pursuant to Section 1220.440, a dental hygiene program approved by the Division pursuant to Section 1220.250 or a

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licensed dentist having a permit A or B who employs the dental hygienist.

- i) The courses described in this subsection (f)(2)(B) must be approved by the Division prior to initial offering. Dental hygienists who completed a 12 hour course that met course requirements in place for monitoring sedation prior to adoption of the current rules will not be required to recertify. Proof shall be provided to the Division upon request.
 - ii) If the clinical training is delivered by the supervising dentist, that dentist must attest, in writing, to the CE sponsor that the training has been completed. This attestation must be received by the CE sponsor in order for the sponsor to issue a certification of course completion. The supervising dentist must attest that the dental hygienist has been thoroughly trained and has demonstrated in-office proficiency in the skills required by this subsection (f)(2)(B)(ii). The dentist's attestation, signed by both the dentist and the dental hygienist, shall be maintained by the dentist. The copy sent to the CE sponsor shall be maintained by that sponsor as part of the official course record.
 - iii) The clinical component must include practical training on airway management. Other skills that must be demonstrated include manual blood pressure and pulse determination, operation of supplemental oxygen equipment, monitoring operations, including EKG, pulse oximeter and capnograph, and completion of the anesthesia record.
- 3) If the dental hygienist has complied with the provisions set forth in subsection (e)(4), the dental hygienist may complete an additional course or courses totaling 6 hours or more on advanced airway management and monitoring equipment in lieu of the 12 hour course required by subsection (f)(2). The course must comply with the elements set forth in subsection (f)(2), other than coursework related only to administration and

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monitoring of nitrous oxide. The courses described in this subsection (f)(3) must be approved by the Division prior to their initial offering. Proof of course completion shall be made available to the Division upon request;

- 4) The dental hygienist must maintain BLS certification or its equivalent, which will be in addition to the required courses.
- g) Dental hygienists may administer local anesthetics under the following conditions:
- 1) The dental hygienist functions under the supervision of the dentist who remains in the facility.
 - 2) The dental hygienist is responsible for obtaining proof of certification, indicating successful completion of a 32 hour course that contains 24 hours of lecture and 8 hours of clinical training relative to the administration of local anesthetics and submitting certification to the dentist. An individual who graduated from an approved dental hygiene program after January 1, 1999 that contained administration of local anesthetics in the curriculum shall not be required to complete the 32 hour course upon proof to the dentist of the required curriculum. Proof of completion of education shall be made available to the Division upon request. The required hours shall include both didactic and clinical components and be given by a continuing education sponsor approved pursuant to Section 1220.440 or a dental or a dental hygiene program approved by the Division pursuant to Section 1220.250. The course shall contain at a minimum the following topics:
 - A) Patient preevaluation, which includes dental and medical health history (e.g., drug interactions/anxiety/pain and a physical evaluation);
 - B) Pharmacology (e.g., drugs/types, vasoconstrictors, dosages, toxicity);
 - C) Recordkeeping;
 - D) Anatomy/Neuroanatomy/Physiology;

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- E) Armamentarium;
 - F) Techniques that include adjunctive use of topical anesthetics, mandibular block and infiltration;
 - G) Complications;
 - H) Post-operative instructions; and
 - D) Clinical experience that includes combining techniques for quadrant anesthesia and practical use of different techniques in all areas of oral cavity.
- 3) A dental hygienist who was licensed in another state and was authorized to administer local anesthesia in that jurisdiction will not be required to complete an additional course. Proof shall be submitted to the dentist and shall be made available to the Division upon request.
- h) Dental hygienists may place, carve and finish amalgam restorations under the following conditions:
- 1) The dental hygienist functions under the direct supervision of a dentist who remains in the facility and examines the work done by the hygienist prior to the dismissal of the patient.
 - 2) The dental hygienist is responsible for obtaining proof of certification, indicating successful completion of a 40 hour course, pre-approved by the Board, that contains lecture, laboratory and manikin training relative to the placing, carving and finishing of amalgam restorations and submitting certification to the dentist. Proof of completion of education shall be made available to the Division upon request. The required hours shall include both didactic and clinical components and be given by a continuing education sponsor approved by the Division and taught in an institution that is CODA approved, such as a dental school, hygiene program or assistant program. The course shall contain, at a minimum, the following preclinical, didactic and clinical instruction:
 - A) nomenclature;

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- B) caries classification;
 - C) oral anatomy;
 - D) dental morphology;
 - E) periodontium;
 - F) histology;
 - G) basic occlusion;
 - H) ergonomics;
 - I) instrumentation;
 - J) pulp protection liners and bases;
 - K) dental materials;
 - L) the medical history conditions and their implication for dental treatment and office emergencies;
 - M) matrix and wedge techniques;
 - N) amalgam placement and carving;
 - O) polishing amalgams;
 - P) rubber dam clamp placement;
 - Q) rubber dam placement and removal;
 - R) amalgam class I, II, IV and V. Class II cannot involve cusp replacement or pins.
- 3) Pass a pre-examination on basic dental procedures and techniques, as well as the basic fundamentals of dentistry.

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- 4) Pass a written and clinical exam that is psychometrically sound, such as the DANB's WARE or equivalent, to receive certification.
 - 5) A supervising dentist must attend a required orientation class with the applicant and sign an agreement that he or she will follow the required guidelines regarding supervision and clinical application of specific techniques being taught.
- i) The licensed dentist need not be present in the facility for a dental hygienist to perform the procedures set forth in this Section (except for the administration and monitoring of nitrous oxide, minimal sedation, assisting in the provision of moderate sedation (conscious sedation), deep sedation, and general anesthesia, as defined in Section 1220.500, and the administration of injectable local anesthetics, which must be done under the direct supervision of a dentist as outlined in subsection (e)(1)) on persons who reside in a long-term care facility licensed by the State of Illinois or a mental health or developmental disability facility operated by the Department of Human Services hospital or other similar institution and are unable to travel to a dental office because of illness or infirmity. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in a written order to the hygienist. The order must be implemented within 90 days after its issuance and an updated medical history and oral inspection must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a re-examination by the dentist.
 - j) All intraoral procedures performed by a dental hygienist, except those provided for in subsections (b), (h) and (i), must be examined by the supervising dentist prior to the dismissal of the patient from the facility that day.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.245 Prescribed Duties of Dental Assistants

- a) "Dental Assistant" means an appropriately trained person who, under the supervision of a dentist, provides dental services or procedures as authorized by Section 17 of the Act or as prescribed by this Part. "Appropriately trained" means a person who:

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- 1) Has completed formal training as a condition for administering a specific service or procedure as required by the Act or this Part; and
 - 2) Is considered, for all other authorized or prescribed services or procedures, by the supervising dentist to be competent to render such service or procedure as a result of on-the-job training.
- b) Provided that a dental assistant is appropriately trained pursuant to this Section and is acting under the supervision and full responsibility of a dentist, a dental assistant may perform any dental service or procedure except the following:
- 1) Any and all diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structures.
 - 2) Removal of, restoration of, or addition to the hard or soft tissues of the oral cavity. For purposes of this Section, coronal polishing and acid etching of a tooth surface are not considered removal of hard or soft tissues.
 - 3) Any and all correction of malformation of teeth or of the jaws.
 - 4) Administration of anesthetics, except for monitoring of nitrous oxide, conscious sedation, deep sedation and general anesthetic, as provided in Section 8.1 of the Act.
 - 5) Removal of calculus from teeth.
 - 6) Taking of final impressions for the fabricating of prosthetic appliances, crowns, bridges, inlays, onlays, or other restorative or replacement dentistry.
 - 7) The operative procedure of dental hygiene consisting of oral prophylactic procedures except for coronal polishing as specified in this Section.
 - 8) Making denture adjustments.
 - 9) Placing and finishing composite restorations.

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- 10) Permanently cementing permanent crowns or bridges.
 - 11) Permanently re-cementing permanent crowns or bridges that have come loose.
 - 12) Placement of any chemotherapeutic agent for the management of periodontal disease.
 - 13) Applying cavity bases.
 - 14) Cementing bands and/or bonding brackets.
 - 15) Performing supragingival or subgingival scaling.
 - 16) Performing pulp vitality tests.
- c) A dental assistant, who is at least 18 years of age and has 1000 hours of clinical dental assisting experience or has graduated from a dental assistant program accredited by the CODA or is a currently certified dental assistant as designated by DANB may perform the following services and procedures, but only under the following terms and conditions:
- 1) Monitoring nitrous oxide, provided:
 - A) The dental assistant has completed an approved course of 12 hours relative to nitrous oxide analgesia and has submitted certification to the dentist of valid completion of the course. The course shall have been completed no earlier than January 1, 1998 nor later than June 1, 2014.
 - i) A dental assistant who has not completed the 12 hour course shall complete an approved course or courses totaling 6 hours or more relative to monitoring nitrous oxide analgesia and submit certification of successful completion to the dentist.
 - ii) Proof shall be made available to the Division upon request.

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- iii) The required hours shall include both didactic and clinical components and have been designed by an educational institution such as a dental school, dental hygiene or dental assistant program or by an approved CE sponsor. The course shall include areas of anatomy, physiology, monitoring, pharmacology and emergency procedures with an emphasis on airway management. Courses being offered by approved CE sponsors, as provided for in Section 1220.440(b)(2)(N) must be preapproved by the Division prior to their initial offering and must meet the requirements set forth in this subsection (c)(1);
 - B) The dental assistant is functioning under the supervision of the dentist who must remain in the facility;
 - C) Only a dentist or dental hygienist qualified pursuant to Section 1220.240(e) shall administer (start the flow of) nitrous oxide to the patient and control the induction of the gas so that the patient is at a level of analgesia, not anesthesia;
 - D) Only a dentist or dental hygienist qualified pursuant to Section 1220.240(e) shall remove the patient from nitrous oxide when the dentist or dental hygienist has completed the procedures on the patient;
 - E) If the dental assistant has completed a monitoring course or courses totaling 12 hours or more provided by AAOMS or a similar course preapproved by the Division, the dental assistant need not complete the course hours required in subsection (c)(1)(A). The course shall have been completed no earlier than December 31, 2002. Proof shall be made available to the Division upon request;
 - F) The dental assistant maintains BLS certification or its equivalent, which will be in addition to the required courses.
- 2) Monitoring minimal sedation, moderate sedation (conscious sedation), deep sedation, or general anesthesia, as defined in Section 1220.500, provided:

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- A) The dental assistant is responsible for obtaining proof of certification validating completion of a course or courses totaling 12 hours or more, including 6 hours of didactic education and 6 hours of clinical training.
- i) The didactic education may be completed online, and online instruction may be used to guide the hands-on clinical training. The didactic course work shall include the areas of anatomy, physiology, pharmacology, monitoring, including nitrous oxide monitoring, and emergency procedures with an emphasis on airway management.
- ii) The clinical components may be conducted by the CE sponsor approved pursuant to Section 1220.440, a dental hygiene program approved by the Division pursuant to Section 1220.250 or a licensed dentist having a permit A or B who employs the dental assistant.
- The courses described in this subsection (c)(2)(A) must be approved by the Division prior to initial offering. Dental assistants who completed a 12 hour course that met course requirements in place for monitoring sedation prior to adoption of the current rules will not be required to recertify. Proof shall be provided to the Division upon request.
 - If the clinical training is delivered by the supervising dentist, that dentist must attest, in writing, to the CE sponsor that the training has been completed. This attestation must be received by the CE sponsor in order for the sponsor to issue a certification of course completion. The supervising dentist must attest that the dental assistant has been thoroughly trained and has demonstrated in-office proficiency in the skills required by this subsection (c)(2)(A)(ii). The dentist's attestation, signed by both the dentist and the dental assistant, shall be maintained by the dentist. The copy sent to the CE

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sponsor shall be maintained by the sponsor as part of the official course record.

- The clinical component must include practical training on airway management. Other skills that must be demonstrated include manual blood pressure and pulse determination, operation of supplemental oxygen equipment, monitoring operations, including EKG, pulse oximeter and capnograph, and completion of the anesthesia record.
- B) If the dental assistant has complied with the provisions set forth in subsection (c)(1)(A), the dental assistant shall complete an additional 6 hour course on advanced airway management and monitoring equipment in lieu of the 12 hour course required in subsection (c)(2)(A). The courses must comply with the elements set forth in subsection (c)(2)(A) other than coursework related only to monitoring of nitrous oxide. The courses described in this subsection (c)(2)(B) must be approved by the Division prior to their initial offering. Proof shall be made available to the Division upon request.
- C) If the dental assistant has completed a monitoring course or courses totaling 12 hours or more provided by AAOMS or a similar course or courses pre-approved by the Division, the dental assistant need not complete the course hours required in subsection (c)(2)(A). The course shall have been completed no earlier than December 31, 2002. Proof shall be made available to the Division upon request.
- D) The dental assistant is functioning under the supervision of the dentist who must remain in the facility.
- E) The dental assistant maintains BLS certification or its equivalent, which will be in addition to the required courses.
- 3) Coronal polishing, provided:
- A) The dental assistant has completed an approved course of 6 hours

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relative to coronal polishing and has submitted certification of successful completion to the dentist. The course shall have been completed no earlier than January 1, 1998. Proof shall be made available to the Division upon request. The required hours shall include a minimum of 4 hours of didactic study in areas of anatomy, physiology, pharmacology and dental emergencies and 2 hours of clinical instruction and have been provided by an educational institution such as a dental school, dental hygiene or dental assistant program or by an approved CE sponsor. Courses being offered by CE sponsors approved pursuant to Section 1220.440(b)(2)(N) must be pre-approved by the Division prior to their initial offering and must meet the requirements set forth in this subsection (c)(3). The assistant must pass an examination in the didactic portion of the course and the clinical portion must contain experience on human subjects;

- B) Coronal polishing is limited to polishing the clinical crown of the tooth and existing restoration, supragingivally;
 - C) Coronal polishing is limited to the use of slow speed rotary instruments using a rubber cup and/or brush polishing method. The use of air polish by dental assistants is not permitted; and
 - D) A dentist shall be limited to supervising 4 dental assistants at any one time for the task of coronal polishing.
- 4) Pit and fissure sealant application, provided:
- A) The dental assistant has completed a course of at least 2 hours of didactic study and 2 hours of clinical instruction;
 - B) Prior to being permitted to place sealants in accord with this Section, the supervising dentist has personally observed the dental assistant successfully placing 6 pit and fissure sealants;
 - C) The supervising dentist documents that the training has been completed; and
 - D) The supervising dentist is responsible for examining the patient

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prior to and following the placement of sealants by a dental assistant.

- 5) Placing, carving and finishing amalgam restorations, provided:
 - A) The dental assistant functions under the direct supervision of the dentist who remains in the facility and examines the work done by the assistant prior to the dismissal of the patient.
 - B) The dental assistant is at least 18 years of age and can show proof that he or she is a DANB Certified Dental Assistant or has been employed as a dental assistant with a minimum of 2 years continuous hands-on experience (4,000 hours).
 - C) The dental assistant is responsible for obtaining proof of certification, indicating successful completion of a 40 hour course that contains lecture, laboratory and manikin training relative to the placing, carving and finishing of amalgam restorations and submitting certification to the dentist. Proof of completion of education shall be made available to the Division upon request. The required hours shall include both didactic and clinical components and be given by a continuing education sponsor approved by the Division and taught in an institution that is CODA approved, such as a dental school, hygiene program or assistant program. The course shall contain, at a minimum, the following preclinical, didactic and clinical instruction:
 - i) nomenclature;
 - ii) caries classification;
 - iii) oral anatomy;
 - iv) dental morphology;
 - v) periodontium;
 - vi) histology;

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- vii) basic occlusion;
 - viii) ergonomics;
 - ix) instrumentation;
 - x) pulp protection liners and bases;
 - xi) dental materials;
 - xii) the medical history and conditions and their implication for dental treatment and office emergencies;
 - xiii) matrix and wedge techniques;
 - xiv) amalgam placement and carving;
 - xv) polishing amalgams;
 - xvi) rubber dam clamp placement;
 - xvii) rubber dam placement and removal;
 - xviii) amalgam class I, II, IV and V. Class II cannot involve cusp replacement or pins.
- D) All applicants must take and pass a pre-examination on basic dental procedures and techniques, as well as the basic fundamentals of dentistry.
- E) All applicants must pass a written and clinical exam that is psychometrically sound, such as DANB's WARE or equivalent, to receive certification as determined by the Board.
- F) All applicants must maintain proof of BLS certification.
- G) As a condition of acceptance into the program, a supervising dentist must attend a required orientation class with the applicant and sign an agreement that he or she will follow the required

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guidelines regarding supervision and clinical application of specific techniques being taught between scheduled classes.

- d) An individual who graduated from an approved dental assisting program after January 1, 1999 that contained monitoring of nitrous oxide, coronal polishing, and sealant application in the curriculum shall not be required to complete an additional course or courses in these areas as prescribed in this Section upon proof to the dentist of having successfully completed the required curriculum.
- e) All intraoral procedures performed by a dental assistant must be examined by the supervising dentist prior to the dismissal of the patient from the facility that day.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.260 Restoration

- a) A licensee seeking restoration of a dental hygienist license after it has expired or been placed on inactive status for less than 5 years shall have the license restored by submitting proof of 36 hours of continuing education pursuant to Section 1220.440 within 3 years prior to application for restoration, proof of certification in BLS by an organization that has adopted the American Heart Association's or American Red Cross' guidelines on BLS or a statement from a licensed physician indicating that the applicant is physically disabled and unable to obtain certification and payment of the fees required by Section 1220.415. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee.
- b) A licensee seeking restoration of a dental hygienist license after it has expired or been placed on inactive status for 5 years or more shall file an application, on forms supplied by the Division, together with the fees required by Section 1220.415, proof of 36 hours of continuing education pursuant to Section 1220.440 within 3 years prior to application for restoration and proof of certification in BLS by an organization that has adopted the American Heart Association's or American Red Cross' guidelines on BLS or a statement from a licensed physician indicating that the applicant is physically disabled and unable to obtain certification. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee. The licensee shall also submit either:
 - 1) Certification of lawful active practice in another jurisdiction for at least 3

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of the last 5 years. The certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or

- 2) An affidavit attesting to military service as provided in Section 16 of the Act. If an applicant applies for restoration of a license within 2 years after termination of the service, he or she shall have the license restored without paying any lapsed renewal or restoration fees.
- c) If neither subsection (b)(1) or (b)(2) applies to the licensee, then he or she shall be required to take and pass the clinical examination as provided in Section 1220.220.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

SUBPART C: DENTAL SPECIALIST

Section 1220.310 Applications

- a) An applicant for licensure as a dental specialist must be currently licensed as a dentist in Illinois and must file an application. The application shall include the following:
 - 1) Certification of completion of dental specialty training in accordance with subsection (b);
 - 2) The fee required in Section 1220.415(a)(2).
- b) To qualify for licensure as a specialist in endodontics, pediatric dentistry, prosthodontics, periodontics, oral and maxillofacial radiology, or orthodontics and dentofacial orthopedics, the applicant must submit, in addition to the requirements of subsection (a), records, certified by the director of the program, showing that the applicant has successfully completed a course of study of not less than 2 academic years in a program approved by the Division in the dental specialty he or she proposes to practice.
- c) To further qualify for licensure as a specialist in oral and maxillofacial surgery, the applicant must submit, in addition to the requirements of subsection (a), the

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following:

- 1) The oral and maxillofacial surgery application must contain evidence that the applicant has successfully completed a 4 year (48 months) period of training in oral and maxillofacial surgery in a school and/or hospital approved by the Division. A minimum of 30 months shall be in clinical oral and maxillofacial surgery. The schedule shall include 24 months of full-time hospital training in an acceptable oral and maxillofacial surgery residency program. Not less than 4 months of this period must be devoted to training in anesthesiology.
- 2) Certified records are required from the Dean of the dental school or the head of the Oral and Maxillofacial Surgery Department of the hospital or clinic in which the oral and maxillofacial surgery training took place. The records must attest to the individual's successful completion of the program.
- d) After July 1, 1994, periodontic specialty programs shall be 3 consecutive academic years with a minimum of 30 months of instruction. At least 2 consecutive years of clinical education must take place in a single educational setting. Applicants who completed periodontic specialty training prior to July 1, 1994, shall have successfully completed a course of study of not less than 2 academic years in a program approved by the Division.
- e) The Division shall accept those specialty education providers accredited, at the time the education was obtained, by CODA.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.320 Examination (Repealed)

(Source: Repealed at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.335 American Board Diplomates (Repealed)

(Source: Repealed at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.350 Restoration

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- a) A licensee seeking restoration of a specialty license after it has expired for less than 5 years shall have the license restored upon payment of \$20 plus all lapsed renewal fees. Individuals restoring a license from inactive status shall not be required to pay lapsed renewal fees. In order to restore a specialty license the applicant shall have an active dental license.
- b) A licensee seeking restoration of a license after it has expired or been placed on inactive status for 5 years or more shall file an application, on forms supplied by the Division, together with the fees required by Section 21 of the Act. Individuals reactivating a license from inactive status shall only be required to pay the current renewal fee. The registrant shall also submit either:
- 1) Certification of lawful active practice in another jurisdiction for 3 of the last 5 years. Such certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or
 - 2) An affidavit attesting to military service as provided in Section 16 of the Act. If an applicant applies for restoration of his license within 2 years of termination of such service, he shall have his license restored without paying any lapsed renewal or restoration fees.
- c) If the licensee has not maintained an active practice in another jurisdiction for over 5 years, he or she shall be required to complete such additional testing, training or remedial education as the Board may deem necessary in order to establish the licensee's present capacity to practice his or her specialty with reasonable judgment, skill and safety.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.407 Death or Incapacitation of Dentist

- a) *The executor or administrator of a dentist's estate or the legal guardian or authorized representative of a dentist who has become incapacitated may contract with another dentist or dentists to continue the operations of the deceased or incapacitated dentist's practice for a period of no more than one year from the time of death or incapacitation of the dentist or until the practice is sold, whichever occurs first. [225 ILCS 25/38.2(a)]*

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- b) An executor, administrator, guardian or authorized representative seeking authorization to contract with another dentist or dentists to continue a practice as referenced in subsection (a), shall file an application with the Division, on forms provided by the Division, that shall include:
- 1) The name and license number of the deceased or incapacitated dentist;
 - 2) A signed affidavit certifying *that the executor, administrator, guardian, or authorized representative understands that any interference by the executor, administrator, guardian, or authorized representative or any agent or assignee of the executor, administrator, guardian, or authorized representative with the contracting dentist's or dentists' practice of dentistry or professional judgment or any other violation of this Section is grounds for an immediate termination of the operations of the dental practice [225 ILCS 25/38.2(a)(1)(E)];*
 - 3) The required fee set forth in Section 1220.415;
 - 4) The name and address of the dental practice;
 - 5) The name, address and tax identification number of the estate;
 - 6) The name and license number of each dentist who will operate the dental practice; and
 - 7) A copy of the death certificate of the dentist, if applicable, or a copy of a physician's statement detailing the dentist's incapacitating condition as set forth in subsection (e).
- c) A dental practice seeking to continue operations of a deceased or incapacitated dentist shall not begin until the provisions of subsection (b) have been met.
- d) *Within 30 days after the death or incapacitation of a dentist, the executor, administrator, guardian, or authorized representative shall send notification of the death or incapacitation by mail to the last known address of each patient of record that has seen the deceased or incapacitated dentist within the previous 12 months, with an explanation of how copies of the practitioner's records may be*

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obtained. This notice may also contain any other relevant information concerning the continuation of the dental practice. [225 ILCS 38.2(a)(2)]

- e) A licensed dentist shall be considered incapacitated if:
 - 1) a physician licensed to practice medicine in all its branches has examined the licensee and has determined that the licensee lacks decision making capacity in order to competently and safely practice dentistry and that the incapacity is expected to continue for a minimum of 6 months;
 - 2) that physician has made a written record of this determination and has signed the written record within 90 days after the examination; and
 - 3) the written record has been delivered to the Department.
- f) A declaration of incapacity or a determination of incapacity shall not be a bar to Department action pursuant to Section 23 of the Act.
- g) After review for compliance with the standards set forth in this Section, the Division shall place the licensee's dental license in inactive or deceased status as appropriate.
- h) Prior to the Division restoring a license that has been placed in inactive status due to an incapacitating illness or condition, the licensee shall:
 - 1) request restoration in writing on forms supplied by the Department; and
 - 2) provide a statement from a physician licensed to practice medicine in all its branches that the physician has examined the licensee and has determined that the licensee is no longer under the incapacitating illness or condition as stated in subsection (e) and that the licensee is not subject to any other incapacitating illness or condition that would affect the licensee's ability to competently and safely practice dentistry.

(Source: Added at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.410 Endorsement

- a) A person seeking licensure in Illinois as a dentist, a dental specialist or a dental

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hygienist who is so licensed in another state or territory and has been lawfully practicing for at least 3 of the last 5 years prior to application in Illinois, may be granted licensure in Illinois upon proof that the requirements for licensure in the other jurisdiction are at least equal to the requirements in Illinois.

- b) An applicant for a dental license shall file an application for licensure on forms provided by the Division, that shall include:
- 1) Certification of licensure in the original jurisdiction and from any jurisdiction where the applicant has been practicing within the last 5 years, stating:
 - A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
 - B) Whether the files of the jurisdiction contain any record of any disciplinary action taken or pending;
 - 2) The applicant's National Board of Dentistry Examination scores, which must be forwarded to the Division from the Joint Commission on National Dental Examinations;
 - 3) Certification of successful completion of 60 semester hours or its equivalent of college level pre-dental education and graduation from a course of instruction in a dental school that meets the minimum education standards of the Division specified in Section 1220.140;
 - 4) After May 21, 1993, for dental applicants who graduated from a dental college or school outside of the United States or Canada:
 - A) Certification of graduation from a dental college or school;
 - B) Certification that the applicant was authorized to practice in the jurisdiction in which the applicant attended dental school; and
 - C) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school in which the

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applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college. The 2 years of clinical training shall consist of:

- i) 2850 clock hours completed in 2 academic years for full-time applicants; or
 - ii) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants;
- 5) Verification of employment;
 - 6) The fee required under Section 1220.415.
- c) An applicant for a dental hygienist license shall file an application for licensure on forms provided by the Division, that shall include:
- 1) Certification of licensure in the original jurisdiction and from any jurisdiction where the applicant has been practicing within the last 5 years, stating:
 - A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
 - B) Whether the files of the jurisdiction contain any record of any disciplinary action taken or pending;
 - 2) The applicant's National Dental Hygienist Board Examination scores, which must be forwarded to the Division from JCNDE;
 - 3) Certification of 2 academic years of credit in an approved school of dental hygiene that meets the minimum education standards of the Division specified in Section 1220.250;
 - 4) Verification of employment;
 - 5) The fee required under Section 1220.415.

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- d) Applicants who have not actively practiced in 3 of the last 5 years may be required to complete additional testing, training, or remedial education as the Board may deem necessary in order to establish the applicant's present capacity to practice dentistry.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.415 Fees

The following fees shall be paid to the Department and are not refundable:

- a) Application Fees
- 1) The fee for application for initial license as a dentist is \$250.
 - 2) The fee for application as a dental specialist is \$300.
 - 3) The fee for application as a dental hygienist is \$100.
 - 4) Applicants for any examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.
 - 5) The fee for application for a dentist licensed under the laws of another jurisdiction is \$750.
 - 6) The fee for application for a dental hygienist licensed under the laws of another jurisdiction is \$300.
 - 7) The fee for application for a dental sedation permit is \$300.
 - 8) The fee for application for a restricted faculty license is \$250.
 - 9) The fee for application for a temporary training license is \$150.

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- 10) The fee for application as a continuing education sponsor is \$1,000.
- b) Renewal Fees
- 1) The fee for the renewal of a license as a dentist is \$300 (\$100 per year), pursuant to Section 21 of the Act.
 - 2) The fee for the renewal of a license as a dental specialist is \$300 (\$100 per year), pursuant to Section 21 of the Act.
 - 3) The fee for the renewal of a license as a dental hygienist is \$150 (\$50 per year), pursuant to Section 21 of the Act.
 - 4) The fee for the renewal of a sedation permit is \$300 (\$100 per year).
 - 5) The fee for the renewal of a license as a continuing education sponsor is \$700.
 - 6) The fee for the renewal of a restricted faculty license is \$150.
- c) General Fees
- 1) The fee for the restoration of a license other than from inactive status is \$50 plus payment of all lapsed renewal fees.
 - 2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is \$20. No fee is required for name and address changes on Division records when no duplicate license is issued.
 - 3) The fee for a certification of a licensee's record for any purpose is \$20.
 - 4) The fee to have the scoring of an examination administered by the Division reviewed and verified is \$20 plus any fees charged by the applicable testing service.
 - 5) The fee for a wall certificate showing licensure shall be the actual cost of producing such certificate.

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- 6) The fee for a roster of persons licensed in this State under the Act shall be the actual cost of producing the roster.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.421 Advertising

- a) Persons licensed to practice dentistry in the State of Illinois may advertise in any medium or other form of public communication in a manner that is truthful, and that is not fraudulent, deceptive, inherently misleading or proven to be misleading in practice. The advertising shall contain all information necessary to make the communication not misleading and shall not contain any false or misleading statement or otherwise operate to deceive.
- b) Information that may be contained in the advertising includes:
 - 1) Dentist's name, address, office hours and telephone number;
 - 2) Schools attended;
 - 3) Announcement of the opening of, change of, or return to practice;
 - 4) *Announcement of additions to or deletions from professional dental staff* (Section 45 of the Act);
 - 5) Dentist's hospital affiliations;
 - 6) Any specialty licenses held, Board certification, professional society memberships and any limitations or concentrations of practice;
 - 7) Credit arrangements and/or acceptance of Medicare/Medicaid patients;
 - 8) Foreign language ability;
 - 9) Usual and customary fees for routine professional services that must include a statement that fees may be adjusted due to complications or unforeseen circumstances unless the fees do not vary under any circumstances;

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- 10) Description of offices in which dentist practices, e.g., accessibility to the handicapped, laboratory facilities on the premises, convenience of parking; and
 - 11) *Other information about the dentist, the dentist's practice, or the types of practice in which the dentist will accept employment, which a reasonable person might regard as relevant in determining whether to seek the dentist's services.* (Section 45 of the Act)
- c) If an advertisement is communicated to the public over television, radio or the Internet, it shall be prerecorded and approved for broadcast by the dentist, and a recording of the actual transmission, including videotape, shall be retained by the dentist for a period of at least 3 years. Upon a written request from the Division, a dentist shall provide the Division with a copy of any such advertisement within 7 working days after receipt of the request (e.g., upon initiation of any investigation, receipt of a complaint, inquiry from the public, etc.).
 - d) Information that may be untruthful, fraudulent, deceptive, inherently misleading, or that has proven to be misleading in practice includes that which:
 - 1) Contains a misrepresentation of fact or omits a material fact required to prevent deception;
 - 2) Guarantees favorable results or creates false or unjustified expectations of favorable results;
 - 3) Takes advantage of the potential client's fears, anxieties, vanities, or other emotions;
 - 4) Contains exaggerations pertaining to the quality of dental care;
 - 5) Describes as available products or services that are not permitted by the laws of this State and/or applicable Federal laws; and
 - 6) Advertises professional services that the dentist is not licensed to render.
 - e) A dentist may incorporate as a professional service corporation or other business entity permitted to provide dental services under a fictitious or an assumed name;

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however, all advertisements for dental services to be performed by members or employees of the corporation or other business entity must comply with the following conditions:

- 1) A dentist licensed and practicing in Illinois shall be designated at each practice location for the corporation or other business entity who shall assume responsibility for all advertising in Illinois.
 - 2) The name, office address and office phone number of the designated dentists shall appear in all advertising for the corporation or other business entity.
 - 3) The names of the owners of the corporation or other business entity, if other than the designated dentists, shall appear in all advertising for the corporation or other business entity.
 - 4) A list of all dentists employed by the corporation or other business entity who perform dental services shall be prominently displayed at the location where they practice.
 - 5) If the corporation or other business entity offers to practice both general dentistry and any licensed specialty, all advertising for the specialty shall include the name of the licensed dental specialists who performs the specialty services.
- f) When words relating to specialty practice are used in an advertisement, the advertisement must not imply that the dentist offering those services is licensed as a specialist unless he holds a specialty license issued by the Division. Words that cannot be used by a dentist unless licensed in that specialty are Endodontist, Pedodontist, Pediatric Dentist, Periodontist, Prosthodontist, Orthodontist, Oral and Maxillofacial Radiologist, or Oral and Maxillofacial Surgeon. Terms such as "Specialist", "Practice Limited To" or "Limited To Specialty Of", with the name of the branch of dentistry practiced as a specialty, (endodontics, periodontics (pediatric dentistry), periodontics, prosthodontics, orthodontics, oral and maxillofacial radiology and oral and maxillofacial surgery) shall be prima facie evidence that such dentist is holding himself out to the public as a specialist. A general dentist who advertises, in any media, using words or phrases customarily used by a specialist, except those prohibited above, but who does not hold a specialty license, shall include in the advertisement a prominent disclaimer that he

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or she is licensed only as a general dentist.

- g) Any advertisements offering the availability of those recognized dental specialties specified in Section 1220.310, or offering the availability of some other "specialty" practice not specifically recognized by the Division shall contain a prominent disclaimer in the form of a statement setting forth the specialties in which the dentist is licensed in Illinois and/or a statement that the dentist is licensed to practice as a general dentist in Illinois.
- h) Advertising shall not use language suggesting a dental specialty that is not specified in Section 1220.310 unless it contains the disclaimer required in subsection (g). Examples of language requiring disclaimer: family dentistry, cosmetic dentistry, restorative dentistry, preventive dentistry, hospital dentistry, implant dentistry, TMJ, cranio mandibular dentistry.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.440 Continuing Education

- a) Continuing Education Hours Requirements
 - 1) Each person who applies for renewal of a license as a dentist shall have completed 48 hours of continuing education (CE) relevant to the practice of dentistry during the prerenewal period.
 - 2) Each person who applies for renewal of a license as a dental hygienist shall have completed 36 hours of CE relevant to the practice of dental hygiene during the prerenewal period.
 - 3) A prerenewal period is the 36 months preceding September 30 of the year of the renewal.
 - 4) A renewal applicant is not required to comply with CE requirements for the first renewal following the original issuance of a dental or dental hygienist license.
 - 5) Continuing education is not required to renew a dental specialty license. The holder of a dental specialty license is, however, required to complete 48 hours to renew the dental license.

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- 6) Dentists or dental hygienist licensed in Illinois but residing in other states shall comply with the CE requirements set forth in this Section.
 - 7) Continuing education credit for hours used to satisfy the CE requirements of another state may be applied to fulfillment of the CE requirements of the State of Illinois.
- b) Approved Continuing Education/Continuing Education Sponsors
- 1) All CE courses shall be relevant to the treatment and care of patients and shall be:
 - A) Clinical courses in dentistry and dental hygiene; or
 - B) Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, stress management). Courses not acceptable for the purpose of this definition include, but are not limited to, estate planning, financial planning, investments and personal health.
 - 2) CE credit may be earned for verifiable attendance at or participation in any courses that meet the requirements of subsection (b)(1) given by one of the following sponsors:
 - A) American Dental Association and National Dental Association, its constituent and component/branch associations and the American Dental Association Continuing Education Recognition Programs;
 - B) American Dental Hygienist's Association and National Dental Hygienist's Association, its constituent and component/branch associations;
 - C) Dental programs approved by the Division as meeting minimum standards for an approved curriculum in dentistry under Section 1220.140 and dental hygiene programs approved under Section 1220.250;

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- D) Organizations of specialties recognized by the American Dental Association and its constituent and component/branch associations, which are:
 - i) Oral and maxillofacial surgery;
 - ii) Endodontics;
 - iii) Pediatric dentistry;
 - iv) Prosthodontics;
 - v) Orthodontics;
 - vi) Periodontology;
 - vii) Oral and maxillofacial radiology;
- E) Academy of General Dentistry, its constituent and component/branch associations and approved sponsors;
- F) American Dental Society of Anesthesiology and its constituent and component/branch associations;
- G) Community colleges with an approved dental hygiene program if offered under the auspices of the dental hygiene program;
- H) A college or university accredited by an agency approved by the U.S. Office of Education or a community college approved by the Illinois Community College Board;
- I) A hospital that has been accredited by the Joint Commission on Accreditation of Healthcare Organizations;
- J) The American Heart Association and the American Cancer Society;
- K) A medical school that is accredited by the American Medical Association's Liaison Committee for Medical Education;

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- L) American Medical Association (AMA), specialty medical associations/organizations, the Accreditation Council on Continuing Medical Education;
 - M) Federal and State government agencies (i.e., dental division, military dental division, Veterans' Administration, etc.);
 - N) A sponsor whose course is approved by the National Board for Certification in Dental Laboratory Technology; or
 - O) A person, firm or association approved by the Division in accordance with subsection (c).
- 3) CE credit may be earned for completion of an individual study course (correspondence, audio or video course) sponsored by an approved sponsor. The courses shall include a test that the licensee must pass to obtain credit. No more than 50% of the required CE credit hours during a prerenewal period may be acquired through correspondence courses.
 - 4) CE credit may be earned from teleconferencing courses with a moderator present given by an Illinois approved sponsor.
 - 5) CE credit may be earned from courses leading to an advanced degree or specialty in dental or dental hygiene. The courses shall be allotted CE credit at the rate of 15 CE hours for each semester hour and 10 CE hours for each quarter hour of school credit awarded.
 - 6) CE credit may be earned as an instructor of continuing education courses given by approved sponsors. Credit will be applied for every hour taught and only for the first presentation of the program (i.e., credit shall not be allowed for repetitious presentations). No more than 50% of the required CE credit hours during a prerenewal period may be acquired through teaching continuing education courses.
 - 7) CE credit may be earned for presenting volunteer community oral health education programs. Credit will be applied for each hour of presentation documented by the program director. No more than 2 hours of the required CE credit hours during a prerenewal period may be acquired

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through presentation of volunteer community oral health education programs.

- 8) Continuing education hours required by a disciplinary order shall not be used to satisfy the continuing education requirements for license renewal.
 - 9) If a renewal applicant will be earning or has earned CE hours in another jurisdiction, but is not licensed in that jurisdiction and the course is not presented by an Illinois approved sponsor, the applicant shall submit an individual program approval request form, along with a \$20 processing fee, to have the program reviewed. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (b)(1). Applicants may seek individual program approval prior to participation in the course or program. All individual program approval requests shall be submitted prior to the expiration date of the license.
- c) Sponsor Application Pursuant to Subsection (b)(2)(M)
- 1) Entities seeking approval as CE sponsors pursuant to subsection (b)(2)(M) shall file an application, on forms supplied by the Division, along with the fee set forth in Section 1220.415(a)(9). The applicant shall certify on the application the following:
 - A) That all programs offered by the sponsor for CE credit will comply with the criteria in subsection (b)(1) and all other criteria in this Section;
 - B) That the sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years. The certificate of attendance shall contain:
 - i) The name and address of the sponsor;
 - ii) The name, address and license number of the participant;
 - iii) A brief statement of the subject matter;
 - iv) The number of hours attended in each program;

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- v) An indication of whether the program fulfills CE requirements for dentist, dental hygienist or both;
 - vi) The date and place of the program; and
 - vii) The signature of the sponsor;
- C) That, upon request by the Division, the sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with this Section. Evidence shall be required when the Division has reason to believe that there is not full compliance with this Part and that the information is necessary to ensure compliance.
- 2) To maintain approval as a sponsor, each sponsor shall submit to the Division by September 30 of each even-numbered year a renewal application, the fee set forth in Section 1220.415(b)(5) and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given.
- 3) The sponsor shall be responsible for ensuring that any dentist or dental hygienist who will be performing some type of procedure as a part of a continuing education course shall have a current license in Illinois or another jurisdiction.
- d) Certification of Compliance with CE Requirements
- 1) Each renewal applicant shall certify, on the renewal application, to full compliance with the CE requirements set forth in subsection (a).
 - 2) The Division may require additional evidence (e.g., certificate of attendance, transcripts and proof of registration) demonstrating compliance with the CE requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of the compliance. The evidence shall be retained for at least 5 years following the renewal period in which the CE was taken.
 - 3) The Division may conduct random audits to verify compliance with CE

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requirements.

- 4) When there is evidence of a lack of compliance with CE requirements, an applicant shall be notified in writing and may request a hearing before the Board. The Division may recommend that steps be taken to begin the formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].
- e) Waiver of CE Requirements
- 1) Any renewal applicant seeking renewal of the license or certificate without having fully complied with these CE requirements shall file with the Division a renewal application, a statement setting forth the facts concerning the noncompliance, a request for waiver of the CE requirements on the basis of the facts and, if desired, a request for an interview before the Board. If the Division finds, from the statement or any other evidence submitted, that good cause has been shown for granting a waiver of the CE requirements, or any part thereof, the Division shall waive enforcement of those requirements for the renewal period for which the applicant has applied.
 - 2) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
 - A) Full-time service in the armed forces of the United States of America during a substantial part of that period;
 - B) A temporary incapacitating illness documented by a licensed physician. A second, consecutive request for a CE waiver pursuant to this subsection (e)(2)(B) shall be prima facie proof that the renewal applicant has a physical or mental illness, including, but not limited to, deterioration through the aging process, or loss of motor skills that results in the dentist's inability to practice dentistry with reasonable judgment, skill or safety, in violation of Section 23(24) of the Act, and shall be grounds for denial of the renewal or other discipline;
 - C) Temporary undue hardship (e.g., prolonged hospitalization, being

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disabled and unable to practice dentistry or dental hygiene on a temporary basis).

- 3) If an interview is requested at the time the request for waiver is filed with the Division, the renewal applicant shall be given at least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

SUBPART E: ANESTHESIA PERMITS

Section 1220.500 Definitions

"Anesthesia Case" means a situation in which the permit holder is responsible for anesthesia care on a live patient.

"Deep Sedation" means a pharmacologically induced depressed state of consciousness, accompanied by partial loss of protective reflexes, including the inability to respond purposefully to oral commands. The purposeful response to painful stimulation is maintained.

"General Anesthesia" means a pharmacologically induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to painful stimulation or oral commands.

"Minimal Sedation" means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continually maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

"Moderate Sedation" or "Conscious Sedation" means a pharmacologically induced depressed state of consciousness (altered consciousness; signs of sleep) under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to light tactile stimulation and oral commands.

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(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.505 Minimal Sedation in the Dental Office Setting

- a) Minimal sedation includes the prescription or administration of a pharmacologic anxiolytic either with or without concomitant use of nitrous oxide dental analgesia. The drugs and/or techniques used must carry a margin of safety wide enough to prevent a depressed level of consciousness.
- b) No permit is required beyond the D.D.S. or D.M.D. degrees.
- c) Minimal monitoring of the patient is to be by clinical observation and appropriately documented in the patient's record.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.510 Moderate Sedation (Conscious Sedation) in the Dental Office Setting

- a) Moderate sedation (conscious sedation) includes the prescription or administration of pharmacologic agents to be used for the purposes of moderate sedation. Moderate sedation (conscious sedation) must be administered by an individual qualified under this Section. (See Appendix D for characteristics of levels of anesthesia.) The drugs and/or techniques used must carry a margin of safety wide enough to render unintended loss of consciousness unlikely.
- b) A licensed dentist seeking a Permit A for moderate sedation (conscious sedation) administration privileges shall file an application with the Division, on forms provided by the Division, that shall include:
 - 1) Certification of completion of an anesthesiology training program that meets the following requirements:
 - A) Include a minimum of 75 hours of didactic and clinical study that includes training in moderate sedation (conscious sedation), physical evaluation, venipuncture, advanced airway management, technical administration, recognition and management of complications and emergencies, and monitoring with additionally

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supervised experience in providing moderate sedation to 20 or more patients; and

- B) Be an organized sequence of study operated by one entity and completed in less than one calendar year;
- 2) A signed affidavit certifying that:
- A) the dentist will practice in a facility properly equipped in accordance with subsection (g) for the administration of moderate sedation (conscious sedation);
 - B) the facility will be staffed with a team, supervised by the applicant, that will remain in the treatment room. For each patient, the anesthesia team will consist of at least:
 - i) the dentist who holds the Permit A;
 - ii) one dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) and is capable of assisting with procedures, problems and emergencies incident to the administration of sedation; and
 - iii) one additional hygienist or dental assistant;
 - C) the dentist permit holder will remain immediately available to the patient after being treated under moderate sedation. A dental hygienist or dental assistant trained to monitor a patient under moderate sedation will remain with the sedated patient until the patient is no longer sedated;
 - D) all members of the anesthesia team are capable of assisting with procedures, problems and emergencies incident to the administration of sedation and will maintain current certification inBLS; and
 - E) for the dentist permit holder, the BLS certification is in addition to the required 9 sedation technique CE hours (see subsection (k))

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required per renewal cycle;

- 3) Proof of current ACLS certification or PALS certification; and
 - 4) The required fee set forth in Section 1220.415.
- c) Dentists who have a current valid permit for moderate sedation (conscious sedation) issued by the Division shall be permitted to administer without additional application.
- d) In accordance with the standards set forth in this Section, the Division will:
- 1) Issue a moderate sedation (conscious sedation) permit (Permit A).
 - 2) Re-issue a moderate sedation (conscious sedation) permit to Permit A holders who attest to completing continuing education.
- e) Licensees qualified to administer deep sedation (Permit B) pursuant to Section 1220.520 may administer moderate sedation (conscious sedation) without a Permit A.
- f) If the accuracy, relevance or sufficiency of any submitted documentation is questioned by the Division or the Board, because of discrepancies or conflicts in information, needing further clarification, and/or missing information, additional documentation may be required and/or an on-site evaluation of the facilities, equipment and personnel may be conducted by the Division or a member of the Board's Anesthesia Review Panel.
- g) A properly equipped facility for the administration of moderate sedation (conscious sedation) shall include at minimum:
- 1) Sphygmomanometer and stethoscope;
 - 2) An oxygen delivery system with full face masks and connectors appropriate to the patient population being served that is capable of delivering oxygen to the patient under positive pressure, with an emergency backup system;
 - 3) Emergency drugs and equipment appropriate to the medications

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administered;

- 4) Suction equipment, including an emergency backup suction system;
 - 5) An emergency backup lighting system that will permit the completion of any operation underway;
 - 6) A pulse oximeter;
 - 7) Laryngoscope complete with selection of blades and spare batteries and bulbs in sizes appropriate to the patient population being served;
 - 8) Advanced airway devices that would isolate the trachea and facilitate positive pressure oxygen administration in sizes appropriate for the patient population being served (e.g., endotracheal tubes or laryngeal mask airway);
 - 9) Tonsillar or pharyngeal suction tips adaptable to all office outlets;
 - 10) Nasal and oral airways in sizes appropriate to the patient population being served;
 - 11) Defibrillator (an automated external defibrillator is an acceptable defibrillator);
 - 12) Equipment for the establishment of an intravenous infusion;
 - 13) An operating table or an operating chair that permits appropriate access to the patient and provides a firm platform for the management of cardiopulmonary resuscitation; and
 - 14) A recovery area that has available oxygen, lighting, suction and electrical outlets. The Permit A holder shall remain with the patient until the patient retains the ability to independently and consciously maintain an airway and respond appropriately to physical stimulation and oral commands. The recovery area may be the operating theatre.
- h) The following records shall be kept during the administration of moderate sedation (conscious sedation):

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- 1) Medical history of the patient and consent for administration of anesthesia prior to the performance of any procedure;
 - 2) Preoperative, intraoperative and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation. A time based record shall be entered into the patient's chart;
 - 3) Drugs and dosages of these drugs used during the operative procedure, including the identification of the person administering drugs and times of their administration over the course of the procedure.
- i) The dentist who holds the Permit A shall report adverse occurrences to the Division and the Board as required by Section 1220.405.
 - j) A licensed dentist shall hold Permit A in order to perform dentistry while a licensed certified nurse anesthetist administers moderate sedation (conscious sedation). A nurse anesthetist for purposes of this Section is a licensed certified nurse anesthetist who holds a license as an advanced practice nurse under the Nurse Practice Act [225 ILCS 65]. The dentist shall enter into a written collaborative agreement with the nurse anesthetist in accordance with Section 65-35 of the Nurse Practice Act and 68 Ill. Adm. Code 1300.
 - k) Proof of 9 hours of continuing education per renewal cycle in sedation techniques, including medications and recognition and management of complications and emergencies, is required for renewal of Permit A.
 - l) A treating dentist does not need to hold Permit A to perform dentistry when another dentist, who holds Permit A or Permit B, or a physician assists the treating dentist by administering moderate sedation (conscious sedation). Physician for purposes of this Section means a physician who is licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60] and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center or is a Board certified anesthesiologist.
- 1) The treating dentist shall be prepared to provide affidavits to the following if requested by the Division:

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- A) That the facility used for sedation meets the criteria of subsection (g) of this Section;
 - B) That the dentist shall staff the facility with a team, supervised by the permit holder or physician, that includes a minimum of 3 individuals per patient. The team shall be composed of either:
 - i) One dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) and is capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; the treating dentist; and the dentist who holds a Permit A or B providing the anesthesia services; or
 - ii) One dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) and is capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; the treating dentist; and a physician providing the anesthesia services.
 - C) That the permit holder or physician will remain immediately available to the patient after being treated under moderate sedation. A dental hygienist or dental assistant trained to monitor a patient under moderate sedation will remain with the sedated patient until the patient is no longer sedated.
- 2) All members of the team, including the treating dentist (non-permit holder) must maintain current BLS certification or its equivalent.
 - 3) In addition, the dentist (non-permit holder) shall report adverse occurrences to the Division as set forth in Section 1220.405 and accept the responsibility to verify the certification and licensure of any licensed provider present during the moderate sedation (conscious sedation) of a patient who is receiving dental care.
- m) A dentist holding a Permit A shall maintain current ACLS or PALS certification. ACLS or PALS certification shall be in addition to the required 9 hours of anesthesia CE per renewal cycle.

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- n) A dentist holding a Permit A shall maintain a logbook indicating the sedation cases performed. The log shall include the patient name, date, route of sedation administration, drug name and dosage, and the names of anesthesia team members assisting. This information shall be supplied to the Division upon request.
- o) A dentist holding a Permit A must also hold an active Illinois Controlled Substances License and current federal Drug Enforcement Administration registration.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

Section 1220.520 Deep Sedation and General Anesthesia in the Dental Office Setting

Deep sedation and general anesthesia must be administered by an individual qualified under this Section. (See Appendix D for characteristics of levels of anesthesia.)

- a) A licensed dentist seeking a permit to administer deep sedation or general anesthesia shall make application to the Division, on forms provided by the Division, that shall include:
 - 1) Certification of meeting one or more of the following:
 - A) Completion of a minimum of 2 years of advanced training in anesthesiology beyond the pre-doctoral level, in a training program approved by the American Dental Association, Commission on Dental Education, as outlined in Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, published by the American Dental Association, Commission on Dental Education (October 2012).
 - B) Be a diplomate of the American Board of Oral and Maxillofacial Surgery.
 - C) Have an active, approved application with the American Board of Oral and Maxillofacial Surgery to obtain diplomat status.
 - D) Have a specialty license in oral and maxillofacial surgery issued by the Division;

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- 2) A signed affidavit certifying that:
 - A) the dentist will practice in a facility properly equipped in accordance with subsection (d) for the administration of deep sedation and general anesthesia;
 - B) the facility will be staffed with an anesthesia team, supervised by the applicant, that will remain in the treatment room during the procedure on the patient. For each patient, the anesthesia team will consist of at least:
 - i) the dentist who holds the permit B;
 - ii) one dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) and is capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; and
 - iii) one additional hygienist or dental assistant;
 - C) the dentist permit holder will remain immediately available to the patient after being treated under deep sedation or general anesthesia. A dental hygienist or dental assistant trained to monitor a patient under deep sedation or general anesthesia will remain with the sedated patient until the patient is no longer sedated;
 - D) all members of the anesthesia team are capable of assisting with procedures, problems and emergencies incident to the administration of sedation and will maintain current certification in BLS or its equivalent; and
 - E) for the dentist permit holder, the BLS certification is in addition to the required 9 sedation technique CE hours (see subsection (h)) required per renewal cycle;
- 3) Proof of current ACLS or PALS certification; and

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- 4) The required fee set forth in Section 1220.415.
- b) In accordance with the standards set forth in this Section, the Division will issue a deep sedation or general anesthesia permit (Permit B).
- c) If the accuracy, relevance or sufficiency of any submitted documentation is questioned by the Division or the Board because of discrepancies or conflicts in information needing further clarification, and/or missing information, additional documentation may be required and/or an on-site evaluation of the facilities, equipment and personnel may be conducted by the Division or a member of the Board's Anesthesia Review Panel.
- d) A properly equipped facility for the administration of deep sedation or general anesthesia shall include, at a minimum:
 - 1) Sphygmomanometer and stethoscope;
 - 2) An oxygen delivery system with full face masks and connectors appropriate to the patient population being served that is capable of delivering oxygen to the patient under positive pressure, with an emergency backup system;
 - 3) Emergency drugs and equipment appropriate to the medications administered;
 - 4) Suction equipment, including an emergency backup suction system;
 - 5) An emergency backup lighting system that will permit the completion of any operation underway;
 - 6) Laryngoscope complete with selection of blades and spare batteries and bulbs in sizes appropriate to the patient population being served;
 - 7) Endotracheal tubes and connectors in sizes appropriate for the patient population being served;
 - 8) Tonsillar or pharyngeal suction tips adaptable to all office outlets;
 - 9) Nasal and oral airways in sizes appropriate to the patient population being

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served;

- 10) Device for monitoring temperature (e.g., temperature strips, thermometer);
 - 11) Electrocardioscope and defibrillator (an automated external defibrillator is an acceptable defibrillator);
 - 12) Pulse oximeter;
 - 13) Equipment for the establishment of an intravenous infusion;
 - 14) An operating table or an operating chair that permits appropriate access to the patient and provides a firm platform for the management of cardiopulmonary resuscitation; and
 - 15) A recovery area that has available oxygen, lighting, suction and electrical outlets. The Permit B holder shall remain with the patient until the patient retains the ability to independently and consciously maintain an airway and respond appropriately to physical stimulation and oral commands. The recovery area may be the operating theatre.
- e) The following records shall be kept when administering deep sedation and general anesthesia:
- 1) Medical history and patient evaluation prior to the performance of any procedure;
 - 2) Preoperative, intraoperative, and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation. A time based record shall be entered into the patient's chart;
 - 3) EKG monitoring during the entire procedure;
 - 4) Drugs and dosages of agents used during the operative procedure, including nitrous oxide and oxygen, and including identification of the person administering drugs and times of their administration over the course of the procedure. Documentation of the anesthetic encounter will be consistent with currently accepted standards of anesthetic practice.

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- f) The dentist who holds the Permit B shall report adverse occurrences to the Division and the Board as required by Section 1220.405.
- g) A licensed dentist shall hold a Permit B in order to perform dentistry while a licensed certified nurse anesthetist administers deep sedation or general anesthesia. A nurse anesthetist for purposes of this Section is a licensed certified nurse anesthetist who holds a license as an advanced practice nurse under the Nurse Practice Act. The dentist shall enter into a written collaborative agreement with the nurse anesthetist in accordance with Section 65-35 of the Nurse Practice Act and 68 Ill. Adm. Code 1300.
- h) Proof of 9 hours of continuing education per renewal cycle in sedation techniques, including medications and recognition and management of complications and emergencies, is required for renewal of Permit B.
- i) A treating-dentist does not need to hold Permit B to perform dentistry when another dentist, who holds Permit B, or a physician assists the treating dentist by administering deep sedation or general anesthesia. Physician for purposes of this Section means a physician who is licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center or is a Board certified anesthesiologist.
 - 1) The treating dentist shall be prepared to provide affidavits attesting to the following if requested by the Division:
 - A) That the facility used is equipped as specified in subsection (d);
 - B) That the dentist shall staff the facility with a team, supervised by the Permit B holder or physician, that includes a minimum of 3 individuals per patient. The team shall be composed of either:
 - i) One dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; the treating dentist; and the dentist who holds a Permit B providing the anesthesia services; or

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- ii) One dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; the treating dentist; and a physician.
- C) That the Permit B holder will remain with the patient until the patient retains the ability to independently and consciously maintain an airway and respond appropriately to physical stimulation and oral commands. The recovery area may be the operating theatre.
- 2) All members of the anesthesia team, including the treating dentist (non-Permit B holder) must maintain certification in BLS or its equivalent.
- 3) In addition, the dentist shall report severe adverse occurrences to the Division as set forth in Section 1220.405 and accept the responsibility for verifying certification and licensure of any licensed provider present during the deep sedation or general anesthesia of a patient receiving dental care.
- j) A dentist holding a Permit B shall maintain current ACLS or PALS certification. ACLS or PALS certification shall be in addition to the required 9 hours of anesthesia CE per renewal cycle.
- k) A dentist holding a Permit B shall maintain a logbook indicating the sedation cases performed. The log shall include the patient name, date, route of sedation administration, drug name and dosage, and the names of anesthesia team members assisting. This information shall be supplied to the Division upon request.
- l) A dentist holding a Permit B must also hold an active Illinois Controlled Substances License and current federal Drug Enforcement Administration registration.

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

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Section 1220.APPENDIX D Characteristics of Levels of Anesthesia*

Factors	Minimal Sedation (No Permit required)	Moderate/Conscious Sedation (Permit A)	Deep Sedation (Permit B)	General Anesthesia (Permit B)
Goal	Decrease anxiety; facilitate coping skills	Decrease or eliminate anxiety; facilitate coping skills	Eliminate anxiety; coping skills over-ridden	Eliminate cognitive, sensory and skeletal motor activity
Definition	Minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continually maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected	Pharmacologically induced depressed state of consciousness (altered consciousness, signs of sleep) under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to light tactile stimulation and oral commands	Pharmacologically induced controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including inability to respond purposefully to oral commands. The purposeful response to painful stimulation is maintained	Pharmacologically induced controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to painful stimulation or oral commands

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Personnel	1 (treating dentist)	3 (treating dentist with Permit A; trained person to monitor patient or nurse anesthetist; trained assistant) OR 3 (treating dentist w/o Permit A/B; physician or dentist with Permit A/B; trained assistant)	3 (treating dentist with Permit B; trained person to monitor patient or nurse anesthetist; trained assistant) OR 3 (treating dentist w/o Permit B; physician or dentist with Permit B; trained assistant)	3 (treating dentist with Permit B; trained person to monitor patient or nurse anesthetist; trained assistant) OR 3 (treating dentist w/o Permit B; physician or dentist with Permit B; trained assistant)
Monitoring	Clinical observation and monitoring as appropriate	Preoperative, intraoperative and pre-discharge monitoring of BP, pulse, respiration and oxygen saturation	Preoperative, intraoperative, and pre-discharge monitoring of BP, pulse, respiration and oxygen saturation, EKG monitoring. Defibrillator required	Preoperative, intraoperative, and pre-discharge monitoring of BP, pulse, respiration and oxygen saturation, EKG monitoring. Defibrillator required

* Chart adapted from American Academy of Pediatric Dentistry, Reference Manual 2000-2001, Templates of Definitions and Characteristics for Levels of Sedation and General Anesthesia and the American Dental Association, Guidelines for the Use of Sedation and General Anesthesia by Dentists (October 2012).

(Source: Amended at 38 Ill. Reg. 15907, effective July 25, 2014)

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- 1) Heading of the Part: Medical Practice Act of 1987
- 2) Code Citation: 68 Ill. Adm. Code 1285
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1285.70	Amendment
1285.80	Amendment
- 4) Statutory Authority: Implementing the Medical Practice Act of 1987 [225 ILCS 60] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) Effective Date of Rule: August 1, 2014
- 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 rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal published in *Illinois Register*: August 30, 2013, at 37 Ill. Reg. 13821
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: Amendments to Sections 1285.90, 1285.91, 1285.100 and 1285.101 have been deleted from the Final Version as the proposed requirement for applicants for temporary licenses and permits to submit fingerprints has been removed.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were necessary.
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This adopted rule implements a provision of PA 97-622, which amended the Medical Practice Act in relation to criminal history and

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background checks. The Act now states that each applicant for licensure shall have his or her fingerprints submitted to the Department of State Police (DSP) in an electronic format that complies with the form and manner for requesting and furnishing criminal history record information as prescribed by DSP. These fingerprints shall be checked against DSP and Federal Bureau of Investigation criminal history record databases now and hereafter filed. DSP shall furnish, pursuant to positive identification, records of Illinois convictions to the Department of Financial and Professional Regulation (IDFPR). The verification from DSP will be required for licensure for the practice of medicine.

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

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

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

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

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TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1285

MEDICAL PRACTICE ACT OF 1987

SUBPART A: MEDICAL LICENSING, RENEWAL
AND RESTORATION PROCEDURE

Section

1285.20	Six Year Post-Secondary Programs of Medical Education
1285.30	Programs of Chiropractic Education
1285.40	Approved Postgraduate Clinical Training Programs
1285.50	Application for Examination
1285.60	Examinations
1285.70	Application for a License on the Basis of Examination
1285.80	Licensure by Endorsement
1285.90	Temporary Licenses
1285.91	Visiting Resident Permits
1285.95	Professional Capacity Standards for Applicants Having Graduated More Than 2 Years Prior to Application
1285.100	Visiting Professor Permits
1285.101	Visiting Physician Permits
1285.105	Chiropractic Physician Preceptorship (Repealed)
1285.110	Continuing Medical Education (CME)
1285.120	Renewals
1285.130	Restoration and Inactive Status
1285.140	Granting Variances

SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS

Section

1285.200	Medical Disciplinary Board
1285.205	Complaint Committee
1285.210	The Medical Coordinator
1285.215	Complaint Handling Procedure
1285.220	Informal Conferences
1285.225	Consent Orders
1285.230	Summary Suspension

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1285.235	Mandatory Reporting of Impaired Physicians by Health Care Institutions
1285.240	Standards
1285.245	Advertising
1285.250	Monitoring of Probation and Other Discipline and Notification
1285.255	Rehabilitation
1285.260	Fines
1285.265	Subpoena Process of Medical and Hospital Records
1285.270	Inspection of Physical Premises
1285.275	Failing to Furnish Information

SUBPART C: GENERAL INFORMATION

Section

1285.305	Physician Profiles
1285.310	Public Access to Records and Meetings
1285.320	Response to Hospital Inquiries
1285.330	Rules of Evidence
1285.335	Physician Delegation of Authority
1285.336	Use of Lasers
1285.340	Anesthesia Services in an Office Setting

AUTHORITY: Implementing the Medical Practice Act of 1987 [225 ILCS 60] and the Patients' Right to Know Act [225 ILCS 61] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 13 Ill. Reg. 483, effective December 29, 1988; emergency amendment at 13 Ill. Reg. 651, effective January 1, 1989, for a maximum of 150 days; emergency expired May 31, 1989; amended at 13 Ill. Reg. 10613, effective June 16, 1989; amended at 13 Ill. Reg. 10925, effective June 21, 1989; emergency amendment at 15 Ill. Reg. 7785, effective April 30, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 13365, effective September 3, 1991; amended at 15 Ill. Reg. 17724, effective November 26, 1991; amended at 17 Ill. Reg. 17191, effective September 27, 1993; expedited correction at 18 Ill. Reg. 312, effective September 27, 1993; amended at 20 Ill. Reg. 7888, effective May 30, 1996; amended at 22 Ill. Reg. 6985, effective April 6, 1998; amended at 22 Ill. Reg. 10580, effective June 1, 1998; amended at 24 Ill. Reg. 3620, effective February 15, 2000; amended at 24 Ill. Reg. 8348, effective June 5, 2000; amended at 26 Ill. Reg. 7243, effective April 26, 2002; amended at 28 Ill. Reg. 5857, effective March 29, 2004; amended at 29 Ill. Reg. 18823, effective November 4, 2005; amended at 31 Ill. Reg. 14069, effective September 24, 2007; amended at 33 Ill. Reg. 4971, effective March 19, 2009; emergency amendment at 35 Ill. Reg. 14564, effective August 12, 2011, for a maximum of

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150 days; amended at 35 Ill. Reg. 19500, effective November 17, 2011; amended at 38 Ill. Reg. 15972, effective August 1, 2014.

SUBPART A: MEDICAL LICENSING, RENEWAL AND RESTORATION PROCEDURE

Section 1285.70 Application for a License on the Basis of Examination

- a) Each applicant for a license to practice medicine in all of its branches on the basis of examination must submit to the Division:
 - 1) A fully completed application signed by the applicant, on which all questions have been answered and all programs of medical education attended by the applicant have been identified, including dates of attendance;
 - 2) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
 - 3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
 - 4) Fee as required by Section 21 of the Act;
 - 5) An official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;
 - 6) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 ~~of this Part~~ and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a) of the Act;

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- 7) Proof of satisfactory completion of an approved program of clinical training in accordance with Section 1285.40;
 - 8) Proof of the successful completion of the examination set forth in Section 1285.60. Scores shall be submitted to the Division directly from the testing entity;
 - 9) A certification from the jurisdiction of original licensure and current licensure stating:
 - A) The date of issuance of the license; and
 - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
 - 10) Documentation of professional capacity, as set forth in Section 1285.95 ~~of this Part~~, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application; ~~and~~.
 - 11) Verification of fingerprint processing from the Illinois Department of State Police (ISP), an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- b) If an applicant for licensure as a physician to practice medicine in all of its branches has a Profile from the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., the applicant will be required to submit the following:
- 1) A Physician Information Profile that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable), clinical training and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division in order to determine if the applicant meets the requirements for licensure as set forth in the Act and this Part;

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- 2) A fully completed Illinois medical application, on forms provided by the Division, signed by the applicant, on which all questions have been answered;
- 3) Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as set out in Section 9(B)(4) of the Act;
- 4) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
- 5) Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also submit certification, on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part;
- 6) Documentation of professional capacity, as set forth in Section 1285.95 ~~of this Part~~, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application;
- 7) A certification from the jurisdiction of original licensure and current licensure stating:
 - A) The date of issuance and status of the license; and
 - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
- 8) Fees as required by Section 21 of the Act; ~~and~~;
- 9) Verification of fingerprint processing from ISP, an ISP live scan vendor

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whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

- c) Proof of Waiver
- 1) The provisions of subsection (a)(8) shall be waived for a candidate for licensure to practice medicine in all of its branches who makes application satisfactory to the Division under Section 9 of the Act who submits proof of the successful completion of:
 - A) the National Board of Medical Examiners examination subsequent to January 1, 1964; or
 - B) the National Board of Examiners for Osteopathic Physicians and Surgeons examination subsequent to June 1, 1973; or
 - C) the Federation Licensing Examination (FLEX) in another state obtaining a FLEX weighted average of 75 or more subsequent to June 1, 1968; or
 - D) the Licentiate of the Medical Council of Canada examination (LMCC) subsequent to May 1, 1970; or
 - E) The Federation Licensing Examination (FLEX) in another state obtaining a score of 75 or more in each Component in accordance with Section 1285.60 ~~of this Part.~~
 - 2) Verification of the successful completion of the examinations described in subsection (c)(1) shall show the scores achieved by the applicant on the examination. Scores shall be submitted to the Division directly from the testing entity.
- d) Each applicant for a license to practice as a chiropractic physician must submit to the Division:
- 1) A fully completed application signed by the applicant, on which all questions have been answered and all programs of chiropractic education

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attended by the applicant have been identified, including dates of attendance;

- 2) An official transcript of a course of instruction, prerequisite to professional training in a college, university or other institution for those applying pursuant to Section 11(B)(2) of the Act;
- 3) An official transcript and copy of diploma or official transcript and certification of graduation from the education program granting the professional degree; the transcript shall indicate that the applicant has met the minimum chiropractic education requirements of Section 11 of the Act;
- 4) Proof that the applicant is of good moral character and has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
- 5) Fee as required by Section 21 of the Act;
- 6) Proof of successful completion of Part I, Part II and Part III of the examination pursuant to Section 1285.60(b) forwarded directly to the Division from the National Board of Chiropractic Examiners;
- 7) Documentation of professional capacity, as set forth in Section 1285.95 ~~of this Part~~, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application;
- 8) Certification from the jurisdiction of original licensure and current licensure stating:
 - A) The date of issuance of the license; and
 - B) Whether the records of the licensing authority contain any record

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of disciplinary action taken or pending; ~~and-~~

- 9) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- e) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or training is questioned by the Division or the Medical Licensing Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:
- 1) Provide information as may be necessary; and/or
 - 2) Appear for an interview before the Licensing Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
- f) Within 60 days after issuance of the license, the physician shall complete a physician profile in accordance with Section 1285.305.

(Source: Amended at 38 Ill. Reg. 15972, effective August 1, 2014)

Section 1285.80 Licensure by Endorsement

- a) Each applicant currently licensed in another jurisdiction who applies to the Division for a license to practice medicine in all of its branches on the basis of endorsement must cause to be submitted to the Division:
- 1) A signed application, on which all questions have been answered and all programs of medical education attended by the applicant have been identified, including dates of attendance;
 - 2) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer

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affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;

- 3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
- 4) An official transcript and diploma or official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;
- 5) Certification on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 ~~of this Part~~ and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a)(i) of the Act;
- 6) An original, notarized English translation for any document submitted to the Division in a foreign language;
- 7) Certification of postgraduate clinical training in the United States or Canada;
- 8) Certification from the jurisdiction of original and current licensure stating:
 - A) The date of issuance of the license; and
 - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
- 9) The fee required by Section 21 of the Act; ~~and~~;
- 10) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card

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issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

- b) If an applicant for licensure as a physician to practice medicine in all of its branches has a Profile from the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., the applicant will be required to submit the following:
- 1) A Profile that includes, but is not limited to, verification of medical education, ECFMG Certification (if applicable), clinical training and complete examination information. The information contained in the applicant's Profile shall be reviewed by the Division in order to determine if the applicant meets the requirements for licensure as set forth in the Act and this Part;
 - 2) A fully completed Illinois medical application, on forms provided by the Division, signed by the applicant, on which all questions have been answered;
 - 3) Proof that the applicant is of good moral character. Proof shall be an indication on the Illinois application that the applicant has not engaged in any conduct or activity that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
 - 4) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a) ~~of this Part~~;
 - 5) Individuals applying under Section 11(A)(2)(a)(i) of the Act shall also submit certification, on forms provided by the Division, that the core clerkship rotations were completed in accordance with Section 1285.20 of this Part;
 - 6) A certification from the jurisdiction of original licensure and current licensure stating:

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- A) The date of issuance and status of the license; and
 - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
 - 7) Fees as required by Section 21 of the Act; ~~and;~~
 - 8) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.
- c) In addition to submitting the application required in subsections (a) and (b), each applicant for licensure to practice medicine in all of its branches pursuant to the provisions of Section 19 of the Act upon the basis of having passed a National Board of Medical Examiners Examination prior to January 1, 1964, or having passed a National Board of Examiners for Osteopathic Physicians and Surgeons Examination before June 1, 1973, or having passed the Licentiate of the Medical Council of Canada (LMCC) before May 1, 1970, or having passed the Federation Licensing Examination (FLEX) prior to June 1, 1968, or a State Constructed Examination, shall, subject as hereinafter provided, pass an examination conducted by the Division or its designated testing service to test the clinical competence of the applicant (clinical test). The Division upon recommendation of the Medical Licensing Board has determined that the examination conducted under this Section shall be Component 2 of the FLEX prior to December 31, 1993, USMLE Step 3 after January 1, 1994 or the Special Purpose Examination (SPEX) or the Comprehensive Osteopathic Medical Special Purpose Examination for the United States of America (COMSPEX-USA) as determined by the Board.
- 1) To be successful in the Component 2 examination of the FLEX, USMLE Step 3, SPEX or COMSPEX-USA, applicants must receive a minimum score of 75 or the passing score set by the authorized testing entity. In the case of failure on 3 attempts of the Component 2 examination, USMLE Step 3, SPEX or COMSPEX-USA, or any combination thereof, the application for licensure on the basis of endorsement shall be denied. The individuals may thereafter submit an application for licensure on the basis of examination and, if qualified, take the entire examination referenced in

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Section 1285.60(a)(1), (2) and (3) ~~of this Part~~ in accordance with the manner described in that Section.

- 2) The Medical Licensing Board may, in its discretion and in individual cases where the applicable conditions of Section 19 of the Act have been satisfied, make a recommendation to the Director of the Division (Director) for the waiver of the clinical examination requirement herein provided with respect to any such applicant for a license to practice medicine in all of its branches after full consideration of the quality of his/her medical education and clinical training or practical experience, including, but not limited to, whether the applicant is Board Certified in a specialty, has achieved special honors or awards, has had articles published in recognized and reputable journals, has written or participated in the writing of textbooks in medicine and any other circumstance or attribute that the Medical Licensing Board accepts as evidence that the applicant has outstanding and proven ability in any branch of medicine.
- d) Each applicant currently licensed in another jurisdiction who applies to the Division for a license in Illinois as a chiropractic physician by endorsement must cause to be sent to the Division:
 - 1) A signed application on which all questions have been answered and all programs of chiropractic education attended by the applicant have been identified, including dates of attendance;
 - 2) An official transcript of the courses of instruction prerequisite to professional training in a college, university or other institution for those applying pursuant to Section 11(B)(2) of the Act;
 - 3) An official transcript and copy of diploma or official transcript and certification of graduation from the medical education program granting the degree; the transcript shall indicate that the applicant has met the minimum chiropractic education requirements of the Act;
 - 4) Proof that the applicant is of good moral character and has not engaged in any conduct or activities which would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities which would constitute grounds for discipline shall be forwarded to the Enforcement Division of

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the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;

- 5) Successful completion of Part I, Part II and Part III of the examination administered by the National Board of Chiropractic Examiners.
 - A) The Medical Licensing Board may, in its discretion and in individual cases where the applicable conditions of Section 19 of the Act have not been satisfied, make a recommendation to the Director to require an applicant to successfully complete the Special Purposes Exam for Chiropractors (SPEC) or Part III of the examination administered by the National Board of Chiropractic Examiners;
 - B) The Medical Licensing Board may recommend a waiver of Part III of the examination or the SPEC requirement. In making the recommendation, the Licensing Board shall consider the quality of the chiropractic education and practical experience, including, but not limited to, whether he/she is Board Certified in a specialty, has achieved special honors or awards, has had articles published in recognized and reputable journals, has written or participated in the writing of textbooks in chiropractic and any other circumstance or attribute which the Medical Licensing Board accepts as evidence that the applicant has outstanding and proven ability in chiropractic;
- 6) Certification from the jurisdiction of original and current licensure stating:
 - A) The date of issuance of the license; and
 - B) Whether the records of the licensing authority contain any record of any disciplinary action taken or pending;
- 7) The fee required by Section 21 of the Act; ~~and-~~
- 8) Verification of fingerprint processing from ISP, an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card

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issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

- e) Pursuant to Section 9.7 of the Act, the Division shall check the criminal background of each endorsement applicant through the Federation of State Medical Boards or Chiropractic Information Network-Board Action Database (CIN-BAD).
- f) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or training is questioned by the Division or the Medical Licensing Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:
 - 1) Provide information as may be necessary; and/or
 - 2) Appear for an interview before the Licensing Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.
- g) Within 60 days after issuance of the license, the physician shall complete a physician profile in accordance with Section 1285.305.

(Source: Amended at 38 Ill. Reg. 15972, effective August 1, 2014)

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NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Nurse Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1300
- 3) Section Number: 1300.30 Adopted 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) Effective Date of Amendment: August 1, 2014
- 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 rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal published in the *Illinois Register*: January 24, 2014, at 38 Ill. Reg. 2523.
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: No substantive differences.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were necessary.
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Section 1300.30 has been amended to increase the application and renewal fees for RNs and LPNs. This increase was necessary to fully cover the costs of the Nurse Education Scholarships (currently about \$1.1 million a year) handed out by Department of Public Health (DPH), but funded from DFPR's Nursing

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Fund. Without either a fee increase or a decrease in funding for the scholarship program, the Nursing Fund would have begun running into the red in the next fiscal year or two.

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

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

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

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENT

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONSPART 1300
NURSE PRACTICE ACT

SUBPART A: GENERAL PROVISIONS

Section	
1300.10	Definitions
1300.20	Nursing Delegation
1300.30	Fees
1300.40	Renewals
1300.50	Restoration
1300.60	Granting Variances
1300.70	Fines
1300.80	Public Access to Records and Meetings
1300.90	Unethical or Unprofessional Conduct
1300.100	Refusal to Issue a Nurse License Based on Criminal History Record
1300.110	Mandatory Reporting of Impaired Nurses
1300.120	Impaired Nurse – Disciplinary and Non-Disciplinary
1300.130	Continuing Education

SUBPART B: LICENSED PRACTICAL NURSE

Section	
1300.200	Application for Examination or Licensure
1300.210	LPN Licensure Examination
1300.220	LPN Licensure by Endorsement
1300.230	Approval of Programs
1300.240	Standards for Pharmacology/Administration of Medication Course for Practical Nurses
1300.250	LPN Scope of Practice
1300.260	Standards for Professional Conduct for LPNs

SUBPART C: REGISTERED NURSE

Section

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENT

- 1300.300 Application for Examination or Licensure
- 1300.310 RN Licensure Examination
- 1300.320 RN Licensure by Endorsement
- 1300.330 Nurse Externship
- 1300.340 Approval of Programs
- 1300.350 Standards of Professional Conduct for Registered Professional Nurses
- 1300.360 RN Scope of Practice
- 1300.370 Provision of Conscious Sedation by Registered Nurses in Ambulatory Surgical Treatment Centers

SUBPART D: ADVANCED PRACTICE NURSE

Section

- 1300.400 Application for Licensure
 - 1300.410 Written Collaborative Agreements
 - 1300.420 Collaboration and Consultation
 - 1300.430 Prescriptive Authority
 - 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. 9467, effective July 5, 2013; amended at 38 Ill. Reg. 15988, effective August 1, 2014.

SUBPART A: GENERAL PROVISIONS

Section 1300.30 Fees

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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The following fees shall be paid to the Department and are not refundable:

a) Application Fees

- 1) The fee for application for a license as a registered professional nurse and a licensed practical nurse is \$50. In addition, applicants for an examination shall be required to pay, either to the Division or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.
- 2) The fee for a temporary restoration or endorsement permit for a license as an [advanced practice nurse-APN](#), a registered professional nurse and a licensed practical nurse is \$25.
- 3) The fee for a nurse externship permit is \$50.
- 4) The fee for application for a license as an advanced practice nurse is \$125.
- 5) The fee for application as an approved continuing education sponsor is \$500.

b) Renewal Fees

- 1) The fee for the renewal of a practical nurse license shall be calculated at the rate of ~~\$40~~^{\$30} per year.
- 2) The fee for the renewal of a [registered](#) professional nurse license shall be calculated at the rate of ~~\$40~~^{\$30} per year.
- 3) The fee for the renewal of a license as an advanced practice nurse shall be calculated at the rate of \$40 per year.
- 4) The fee for renewal of an APN, LPN or RN continuing education sponsor approval is \$250 for 2 years.

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c) General Fees

- 1) The fee for the restoration of a license other than from inactive status is ~~\$5020~~ plus payment of all lapsed renewal fees, but not to exceed ~~\$250125~~.
- 2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is \$20. No fee is required for name and address changes on Division records when no duplicate license is issued.
- 3) The fee for a certification of a licensee's record for any purpose is \$20.
- 4) The fee to have the scoring of an examination authorized by the Division reviewed and verified is \$20 plus any fees charged by the applicable testing service.
- 5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.
- 6) The fee for a roster of persons licensed as registered professional nurses or licensed practical nurses in this State shall be the actual cost of producing such a roster.
- 7) The fee for processing a fingerprint card by the Department of State Police is the cost of processing, which shall be made payable to the State Police Services Fund and shall be remitted to the State Police for deposit into the Fund.

(Source: Amended at 38 Ill. Reg. 15988, effective August 1, 2014)

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- 1) Heading of the Part: Income Tax
- 2) Code Citation: 86 Ill. Adm. Code 100
- 3) Section Numbers: Adopted Action:
100.2171 New Section
100.7350 Amendment
- 4) Statutory Authority: [35 ILCS 5/220, 5/704 and 5/704A]
- 5) Effective Date of Rule: July 9, 2014
- 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 rule, 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 the *Illinois Register*: 38 Ill. Reg. 5148, February 21, 2014 and 38 Ill. Reg. 5503, February 28, 2014
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The only changes made were the ones agreed upon with JCAR. The changes made were grammar and punctuation or technical. No substantive changes were made.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
100.2060	New Section	38 Ill. Reg. 832, January 10, 2014
100.5000	Amended	38 Ill. Reg. 11716; June 6, 2014
100.5020	Amended	38 Ill. Reg. 11716; June 6, 2014

DEPARTMENT OF REVENUE

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100.6000 New Section 38 Ill. Reg. 11716; June 6, 2014

- 15) Summary and Purpose of Rulemaking: This rulemaking provides guidance in new Section 100.2171 for taxpayers entitled to the Angel Investment Credit under IITA Section 220 for investments made in qualifying Illinois businesses. The credit is awarded by the Department of Commerce and Economic Opportunity under 14 Ill. Adm. Code 531.70. The amendment to Section 100.7350 reflects the termination of the joint filing program between the Illinois Department of Revenue and the Illinois Department of Employment Security to allow unemployment insurance and income tax withholding for domestic employees to be reported and paid on a single return.
- 16) Information and questions regarding this adopted rule shall be directed to:

Paul Caselton
Deputy General Counsel Income Tax
Legal Services Office
Illinois Department of Revenue
101 West Jefferson
Springfield IL 62794

217/782-7055

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

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUEPART 100
INCOME TAX

SUBPART A: TAX IMPOSED

Section

- 100.2000 Introduction
100.2050 Net Income (IITA Section 202)

SUBPART B: CREDITS

Section

- 100.2100 Replacement Tax Investment Credit Prior to January 1, 1994 (IITA 201(e))
100.2101 Replacement Tax Investment Credit (IITA 201(e))
100.2110 Investment Credit; Enterprise Zone and River Edge Redevelopment Zone (IITA Section 201(f))
100.2120 Jobs Tax Credit; Enterprise Zone and Foreign Trade Zone or Sub-Zone and River Edge Redevelopment Zone (IITA Section 201(g))
100.2130 Investment Credit; High Impact Business (IITA 201(h))
100.2140 Credit Against Income Tax for Replacement Tax (IITA 201(i))
100.2150 Training Expense Credit (IITA 201(j))
100.2160 Research and Development Credit (IITA Section 201(k))
100.2163 Environmental Remediation Credit (IITA 201(l))
100.2165 Education Expense Credit (IITA 201(m))
100.2170 Tax Credits for Coal Research and Coal Utilization Equipment (IITA 206)
[100.2171 Angel Investment Credit \(IITA 220\)](#)
100.2180 Credit for Residential Real Property Taxes (IITA 208)
100.2185 Film Production Services Credit (IITA Section 213)
100.2190 Tax Credit for Affordable Housing Donations (IITA Section 214)
100.2193 Student-Assistance Contributions Credit (IITA 218)
100.2195 Dependent Care Assistance Program Tax Credit (IITA 210)
100.2196 Employee Child Care Assistance Program Tax Credit (IITA Section 210.5)
100.2197 Foreign Tax Credit (IITA Section 601(b)(3))
100.2198 Economic Development for a Growing Economy Credit (IITA 211)
100.2199 Illinois Earned Income Tax Credit (IITA Section 212)

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SUBPART C: NET OPERATING LOSSES OF UNITARY BUSINESS GROUPS
OCCURRING PRIOR TO DECEMBER 31, 1986

Section

- 100.2200 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Scope
- 100.2210 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group (IITA Section 202) – Definitions
- 100.2220 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Current Net Operating Losses: Offsets Between Members
- 100.2230 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Carrybacks and Carryforwards
- 100.2240 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) – Effect of Combined Net Operating Loss in Computing Illinois Base Income
- 100.2250 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) – Deadline for Filing Claims Based on Net Operating Losses Carried Back From a Combined Apportionment Year

SUBPART D: ILLINOIS NET LOSS DEDUCTIONS FOR LOSSES
OCCURRING ON OR AFTER DECEMBER 31, 1986

Section

- 100.2300 Illinois Net Loss Deduction for Losses Occurring On or After December 31, 1986 (IITA 207)
- 100.2310 Computation of the Illinois Net Loss Deduction for Losses Occurring On or After December 31, 1986 (IITA 207)
- 100.2320 Determination of the Amount of Illinois Net Loss for Losses Occurring On or After December 31, 1986
- 100.2330 Illinois Net Loss Carrybacks and Net Loss Carryovers for Losses Occurring On or After December 31, 1986
- 100.2340 Illinois Net Losses and Illinois Net Loss Deductions for Losses Occurring On or After December 31, 1986, of Corporations that are Members of a Unitary

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- 100.2350 Business Group: Separate Unitary Versus Combined Unitary Returns
Illinois Net Losses and Illinois Net Loss Deductions, for Losses Occurring On or After December 31, 1986, of Corporations that are Members of a Unitary Business Group: Changes in Membership

SUBPART E: ADDITIONS TO AND SUBTRACTIONS FROM TAXABLE INCOME OF INDIVIDUALS, CORPORATIONS, TRUSTS AND ESTATES AND PARTNERSHIPS

Section

- 100.2405 Gross Income, Adjusted Gross Income, Taxable Income and Base Income Defined; Double Deductions Prohibited; Legislative Intention (IITA Section 203(e), (g) and (h))
- 100.2410 Net Operating Loss Carryovers for Individuals, and Capital Loss and Other Carryovers for All Taxpayers (IITA Section 203)
- 100.2430 Addition and Subtraction Modifications for Transactions with 80-20 and Noncombination Rule Companies
- 100.2435 Addition Modification for Student-Assistance Contribution Credit (IITA Sections 203(a)(2)(D-23), (b)(2)(E-16), (c)(2)(G-15), (d)(2)(D-10))
- 100.2450 IIT Refunds (IITA Section 203(a)(2)(H), (b)(2)(F), (c)(2)(J) and (d)(2)(F))
- 100.2455 Subtraction Modification: Federally Disallowed Deductions (IITA Sections 203(a)(2)(M), 203(b)(2)(I), 203(c)(2)(L) and 203(d)(2)(J))
- 100.2470 Subtraction of Amounts Exempt from Taxation by Virtue of Illinois Law, the Illinois or U.S. Constitutions, or by Reason of U.S. Treaties or Statutes (IITA Sections 203(a)(2)(N), 203(b)(2)(J), 203(c)(2)(K) and 203(d)(2)(G))
- 100.2480 Enterprise Zone and River Edge Redevelopment Zone Dividend Subtraction (IITA Sections 203(a)(2)(J), 203(b)(2)(K), 203(c)(2)(M) and 203(d)(2)(K))
- 100.2490 Foreign Trade Zone/High Impact Business Dividend Subtraction (IITA Sections 203(a)(2)(K), 203(b)(2)(L), 203(c)(2)(O), 203(d)(2)(M))

SUBPART F: BASE INCOME OF INDIVIDUALS

Section

- 100.2510 Subtraction for Contributions to Illinois Qualified Tuition Programs (Section 529 Plans) (IITA Section 203(a)(2)(Y))
- 100.2580 Medical Care Savings Accounts (IITA Sections 203(a)(2)(D-5), 203(a)(2)(S) and 203(a)(2)(T))
- 100.2590 Taxation of Certain Employees of Railroads, Motor Carriers, Air Carriers and Water Carriers

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SUBPART H: BASE INCOME OF TRUSTS AND ESTATES

Section

- 100.2655 Subtraction Modification for Enterprise Zone and River Edge Redevelopment Zone Interest (IITA Section 203(b)(2)(M))
- 100.2657 Subtraction Modification for High Impact Business Interest (IITA Section 203(b)(2)(M-1))
- 100.2680 Capital Gain Income of Estates and Trusts Paid to or Permanently Set Aside for Charity (Repealed)

SUBPART J: GENERAL RULES OF ALLOCATION AND APPORTIONMENT OF BASE INCOME

Section

- 100.3000 Terms Used in Article 3 (IITA Section 301)
- 100.3010 Business and Nonbusiness Income (IITA Section 301)
- 100.3015 Business Income Election (IITA Section 1501)
- 100.3020 Resident (IITA Section 301)

SUBPART K: COMPENSATION

Section

- 100.3100 Compensation (IITA Section 302)
- 100.3110 State (IITA Section 302)
- 100.3120 Allocation of Compensation Paid to Nonresidents (IITA Section 302)

SUBPART L: NON-BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

Section

- 100.3200 Taxability in Other State (IITA Section 303)
- 100.3210 Commercial Domicile (IITA Section 303)
- 100.3220 Allocation of Certain Items of Nonbusiness Income by Persons Other Than Residents (IITA Section 303)

SUBPART M: BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

Section

- 100.3300 Allocation and Apportionment of Base Income (IITA Section 304)
- 100.3310 Business Income of Persons Other Than Residents (IITA Section 304) – In

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General

- 100.3320 Business Income of Persons Other Than Residents (IITA Section 304) – Apportionment (Repealed)
- 100.3330 Business Income of Persons Other Than Residents (IITA Section 304) – Allocation
- 100.3340 Business Income of Persons Other Than Residents (IITA Section 304)
- 100.3350 Property Factor (IITA Section 304)
- 100.3360 Payroll Factor (IITA Section 304)
- 100.3370 Sales Factor (IITA Section 304)
- 100.3371 Sales Factor for Telecommunications Services
- 100.3373 Sales Factor for Publishing
- 100.3380 Special Rules (IITA Section 304)
- 100.3390 Petitions for Alternative Allocation or Apportionment (IITA Section 304(f))
- 100.3400 Apportionment of Business Income of Financial Organizations for Taxable Years Ending Prior to December 31, 2008 (IITA Section 304(c))
- 100.3405 Apportionment of Business Income of Financial Organizations for Taxable Years Ending on or after December 31, 2008 (IITA Section 304(c))
- 100.3420 Apportionment of Business Income of Insurance Companies (IITA Section 304(b))
- 100.3500 Allocation and Apportionment of Base Income by Nonresident Partners

SUBPART N: ACCOUNTING

Section

- 100.4500 Carryovers of Tax Attributes (IITA Section 405)

SUBPART O: TIME AND PLACE FOR FILING RETURNS

Section

- 100.5000 Time for Filing Returns: Individuals (IITA Section 505)
- 100.5010 Place for Filing Returns: All Taxpayers (IITA Section 505)
- 100.5020 Extensions of Time for Filing Returns: All Taxpayers (IITA Section 505)
- 100.5030 Taxpayer's Notification to the Department of Certain Federal Changes Arising in Federal Consolidated Return Years, and Arising in Certain Loss Carryback Years (IITA Section 506)
- 100.5040 Innocent Spouses
- 100.5050 Frivolous Returns
- 100.5060 Reportable Transactions
- 100.5070 List of Investors in Potentially Abusive Tax Shelters and Reportable Transactions

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100.5080 Registration of Tax Shelters (IITA Section 1405.5)

SUBPART P: COMPOSITE RETURNS

Section

100.5100 Composite Returns: Eligibility
100.5110 Composite Returns: Responsibilities of Authorized Agent
100.5120 Composite Returns: Individual Liability
100.5130 Composite Returns: Required forms and computation of Income
100.5140 Composite Returns: Estimated Payments
100.5150 Composite Returns: Tax, Penalties and Interest
100.5160 Composite Returns: Credits on Separate Returns
100.5170 Composite Returns: Definition of a "Lloyd's Plan of Operation"
100.5180 Composite Returns: Overpayments and Underpayments

SUBPART Q: COMBINED RETURNS

Section

100.5200 Filing of Combined Returns
100.5201 Definitions and Miscellaneous Provisions Relating to Combined Returns
100.5205 Election to File a Combined Return
100.5210 Procedures for Elective and Mandatory Filing of Combined Returns
100.5215 Filing of Separate Unitary Returns
100.5220 Designated Agent for the Members
100.5230 Combined Estimated Tax Payments
100.5240 Claims for Credit of Overpayments
100.5250 Liability for Combined Tax, Penalty and Interest
100.5260 Combined Amended Returns
100.5265 Common Taxable Year
100.5270 Computation of Combined Net Income and Tax
100.5280 Combined Return Issues Related to Audits

SUBPART S: REQUIREMENT AND AMOUNT OF WITHHOLDING

Section

100.7000 Requirement of Withholding (IITA Section 701)
100.7010 Compensation Paid in this State (IITA Section 701)
100.7020 Transacting Business Within this State (IITA Section 701)
100.7030 Payments to Residents (IITA Section 701)

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100.7035	Nonresident Partners, Subchapter S Corporation Shareholders, and Trust Beneficiaries (IITA Section 709.5)
100.7040	Employer Registration (IITA Section 701)
100.7050	Computation of Amount Withheld (IITA Section 702)
100.7060	Additional Withholding (IITA Section 701)
100.7070	Voluntary Withholding (IITA Section 701)
100.7080	Correction of Underwithholding or Overwithholding (IITA Section 701)
100.7090	Reciprocal Agreement (IITA Section 701)
100.7095	Cross References

SUBPART T: AMOUNT EXEMPT FROM WITHHOLDING

Section

100.7100	Withholding Exemption (IITA Section 702)
100.7110	Withholding Exemption Certificate (IITA Section 702)
100.7120	Exempt Withholding Under Reciprocal Agreements (IITA Section 702)

SUBPART U: INFORMATION STATEMENT

Section

100.7200	Reports for Employee (IITA Section 703)
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SUBPART V: EMPLOYER'S RETURN AND PAYMENT OF TAX WITHHELD

Section

100.7300	Returns and Payments of Income Tax Withheld from Wages (IITA Sections 704 and 704A)
100.7310	Returns Filed and Payments Made on Annual Basis (IITA Section 704)
100.7320	Time for Filing Returns and Making Payments for Taxes Required to Be Withheld Prior to January 1, 2008 (IITA Section 704)
100.7325	Time for Filing Returns and Making Payments for Taxes Required to Be Withheld On or After January 1, 2008 (IITA Section 704A)
100.7330	Payment of Tax Required to be Shown Due on a Return (IITA Sections 704 and 704A)
100.7340	Correction of Underwithholding or Overwithholding (IITA Section 704)
100.7350	Domestic Service Employment (IITA Sections 704 and 704A)
100.7360	Definitions and Special Provisions Relating to Reporting and Payment of Income Tax Withheld (IITA Sections 704 and 704A)
100.7370	Penalty and Interest Provisions Relating to Reporting and Payment of Income Tax

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100.7380 Withheld (IITA Sections 704 and 704A)
Economic Development for a Growing Economy (EDGE) and Small Business Job
Creation Credit (IITA Section 704A(g) and (h))

SUBPART W: ESTIMATED TAX PAYMENTS

Section
100.8000 Payment of Estimated Tax (IITA Section 803)
100.8010 Failure to Pay Estimated Tax (IITA Sections 804 and 806)

SUBPART X: COLLECTION AUTHORITY

Section
100.9000 General Income Tax Procedures (IITA Section 901)
100.9010 Collection Authority (IITA Section 901)
100.9020 Child Support Collection (IITA Section 901)

SUBPART Y: NOTICE AND DEMAND

Section
100.9100 Notice and Demand (IITA Section 902)

SUBPART Z: ASSESSMENT

Section
100.9200 Assessment (IITA Section 903)
100.9210 Waiver of Restrictions on Assessment (IITA Section 907)

SUBPART AA: DEFICIENCIES AND OVERPAYMENTS

Section
100.9300 Deficiencies and Overpayments (IITA Section 904)
100.9310 Application of Tax Payments Within Unitary Business Groups (IITA Section 603)
100.9320 Limitations on Notices of Deficiency (IITA Section 905)
100.9330 Further Notices of Deficiency Restricted (IITA Section 906)

SUBPART BB: CREDITS AND REFUNDS

Section
100.9400 Credits and Refunds (IITA Section 909)

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- 100.9410 Limitations on Claims for Refund (IITA Section 911)
100.9420 Recovery of Erroneous Refund (IITA Section 912)

SUBPART CC: INVESTIGATIONS AND HEARINGS

- Section
100.9500 Access to Books and Records (IITA Section 913)
100.9505 Access to Books and Records – 60-Day Letters (IITA Section 913) (Repealed)
100.9510 Taxpayer Representation and Practice Requirements
100.9520 Conduct of Investigations and Hearings (IITA Section 914)
100.9530 Books and Records

SUBPART DD: JUDICIAL REVIEW

- Section
100.9600 Administrative Review Law (IITA Section 1201)

SUBPART EE: DEFINITIONS

- Section
100.9700 Unitary Business Group Defined (IITA Section 1501)
100.9710 Financial Organizations (IITA Section 1501)
100.9720 Nexus
100.9730 Investment Partnerships (IITA Section 1501(a)(11.5))
100.9750 Corporation, Subchapter S Corporation, Partnership and Trust Defined (IITA Section 1501)

SUBPART FF: LETTER RULING PROCEDURES

- Section
100.9800 Letter Ruling Procedures

SUBPART GG: MISCELLANEOUS

- Section
100.9900 Tax Shelter Voluntary Compliance Program

- 100.APPENDIX A Business Income Of Persons Other Than Residents
100.TABLE A Example of Unitary Business Apportionment

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100.TABLE B Example of Unitary Business Apportionment for Groups Which Include Members Using Three-Factor and Single-Factor Formulas

AUTHORITY: Implementing the Illinois Income Tax Act [35 ILCS 5] and authorized by Section 1401 of the Illinois Income Tax Act [35 ILCS 5/1401].

SOURCE: Filed July 14, 1971, effective July 24, 1971; amended at 2 Ill. Reg. 49, p. 84, effective November 29, 1978; amended at 5 Ill. Reg. 813, effective January 7, 1981; amended at 5 Ill. Reg. 4617, effective April 14, 1981; amended at 5 Ill. Reg. 4624, effective April 14, 1981; amended at 5 Ill. Reg. 5537, effective May 7, 1981; amended at 5 Ill. Reg. 5705, effective May 20, 1981; amended at 5 Ill. Reg. 5883, effective May 20, 1981; amended at 5 Ill. Reg. 6843, effective June 16, 1981; amended at 5 Ill. Reg. 13244, effective November 13, 1981; amended at 5 Ill. Reg. 13724, effective November 30, 1981; amended at 6 Ill. Reg. 579, effective December 29, 1981; amended at 6 Ill. Reg. 9701, effective July 26, 1982; amended at 7 Ill. Reg. 399, effective December 28, 1982; amended at 8 Ill. Reg. 6184, effective April 24, 1984; codified at 8 Ill. Reg. 19574; amended at 9 Ill. Reg. 16986, effective October 21, 1985; amended at 9 Ill. Reg. 685, effective December 31, 1985; amended at 10 Ill. Reg. 7913, effective April 28, 1986; amended at 10 Ill. Reg. 19512, effective November 3, 1986; amended at 10 Ill. Reg. 21941, effective December 15, 1986; amended at 11 Ill. Reg. 831, effective December 24, 1986; amended at 11 Ill. Reg. 2450, effective January 20, 1987; amended at 11 Ill. Reg. 12410, effective July 8, 1987; amended at 11 Ill. Reg. 17782, effective October 16, 1987; amended at 12 Ill. Reg. 4865, effective February 25, 1988; amended at 12 Ill. Reg. 6748, effective March 25, 1988; amended at 12 Ill. Reg. 11766, effective July 1, 1988; amended at 12 Ill. Reg. 14307, effective August 29, 1988; amended at 13 Ill. Reg. 8917, effective May 30, 1989; amended at 13 Ill. Reg. 10952, effective June 26, 1989; amended at 14 Ill. Reg. 4558, effective March 8, 1990; amended at 14 Ill. Reg. 6810, effective April 19, 1990; amended at 14 Ill. Reg. 10082, effective June 7, 1990; amended at 14 Ill. Reg. 16012, effective September 17, 1990; emergency amendment at 17 Ill. Reg. 473, effective December 22, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 8869, effective June 2, 1993; amended at 17 Ill. Reg. 13776, effective August 9, 1993; recodified at 17 Ill. Reg. 14189; amended at 17 Ill. Reg. 19632, effective November 1, 1993; amended at 17 Ill. Reg. 19966, effective November 9, 1993; amended at 18 Ill. Reg. 1510, effective January 13, 1994; amended at 18 Ill. Reg. 2494, effective January 28, 1994; amended at 18 Ill. Reg. 7768, effective May 4, 1994; amended at 19 Ill. Reg. 1839, effective February 6, 1995; amended at 19 Ill. Reg. 5824, effective March 31, 1995; emergency amendment at 20 Ill. Reg. 1616, effective January 9, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 6981, effective May 7, 1996; amended at 20 Ill. Reg. 10706, effective July 29, 1996; amended at 20 Ill. Reg. 13365, effective September 27, 1996; amended at 20 Ill. Reg. 14617, effective October 29, 1996; amended at 21 Ill. Reg. 958, effective January 6, 1997; emergency amendment at 21 Ill. Reg. 2969, effective February 24, 1997, for a maximum of 150

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days; emergency expired July 24, 1997; amended at 22 Ill. Reg. 2234, effective January 9, 1998; amended at 22 Ill. Reg. 19033, effective October 1, 1998; amended at 22 Ill. Reg. 21623, effective December 15, 1998; amended at 23 Ill. Reg. 3808, effective March 11, 1999; amended at 24 Ill. Reg. 10593, effective July 7, 2000; amended at 24 Ill. Reg. 12068, effective July 26, 2000; emergency amendment at 24 Ill. Reg. 17585, effective November 17, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18731, effective December 11, 2000; amended at 25 Ill. Reg. 4640, effective March 15, 2001; amended at 25 Ill. Reg. 4929, effective March 23, 2001; amended at 25 Ill. Reg. 5374, effective April 2, 2001; amended at 25 Ill. Reg. 6687, effective May 9, 2001; amended at 25 Ill. Reg. 7250, effective May 25, 2001; amended at 25 Ill. Reg. 8333, effective June 22, 2001; amended at 26 Ill. Reg. 192, effective December 20, 2001; amended at 26 Ill. Reg. 1274, effective January 15, 2002; amended at 26 Ill. Reg. 9854, effective June 20, 2002; amended at 26 Ill. Reg. 13237, effective August 23, 2002; amended at 26 Ill. Reg. 15304, effective October 9, 2002; amended at 26 Ill. Reg. 17250, effective November 18, 2002; amended at 27 Ill. Reg. 13536, effective July 28, 2003; amended at 27 Ill. Reg. 18225, effective November 17, 2003; emergency amendment at 27 Ill. Reg. 18464, effective November 20, 2003, for a maximum of 150 days; emergency expired April 17, 2004; amended at 28 Ill. Reg. 1378, effective January 12, 2004; amended at 28 Ill. Reg. 5694, effective March 17, 2004; amended at 28 Ill. Reg. 7125, effective April 29, 2004; amended at 28 Ill. Reg. 8881, effective June 11, 2004; emergency amendment at 28 Ill. Reg. 14271, effective October 18, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 14868, effective October 26, 2004; emergency amendment at 28 Ill. Reg. 15858, effective November 29, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 2420, effective January 28, 2005; amended at 29 Ill. Reg. 6986, effective April 26, 2005; amended at 29 Ill. Reg. 13211, effective August 15, 2005; amended at 29 Ill. Reg. 20516, effective December 2, 2005; amended at 30 Ill. Reg. 6389, effective March 30, 2006; amended at 30 Ill. Reg. 10473, effective May 23, 2006; amended by 30 Ill. Reg. 13890, effective August 1, 2006; amended at 30 Ill. Reg. 18739, effective November 20, 2006; amended at 31 Ill. Reg. 16240, effective November 26, 2007; amended at 32 Ill. Reg. 872, effective January 7, 2008; amended at 32 Ill. Reg. 1407, effective January 17, 2008; amended at 32 Ill. Reg. 3400, effective February 25, 2008; amended at 32 Ill. Reg. 6055, effective March 25, 2008; amended at 32 Ill. Reg. 10170, effective June 30, 2008; amended at 32 Ill. Reg. 13223, effective July 24, 2008; amended at 32 Ill. Reg. 17492, effective October 24, 2008; amended at 33 Ill. Reg. 1195, effective December 31, 2008; amended at 33 Ill. Reg. 2306, effective January 23, 2009; amended at 33 Ill. Reg. 14168, effective September 28, 2009; amended at 33 Ill. Reg. 15044, effective October 26, 2009; amended at 34 Ill. Reg. 550, effective December 22, 2009; amended at 34 Ill. Reg. 3886, effective March 12, 2010; amended at 34 Ill. Reg. 12891, effective August 19, 2010; amended at 35 Ill. Reg. 4223, effective February 25, 2011; amended at 35 Ill. Reg. 15092, effective August 24, 2011; amended at 36 Ill. Reg. 2363, effective January 25, 2012; amended at 36 Ill. Reg. 9247, effective June 5, 2012; amended at 37 Ill. Reg. 5823, effective April 19, 2013; amended at 37 Ill. Reg. 20751, effective December 13, 2013; recodified at 38 Ill. Reg. 4527;

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amended at 38 Ill. Reg. 9550, effective April 21, 2014; amended at 38 Ill. Reg. 13941, effective June 19, 2014; amended at 38 Ill. Reg. 15994, effective July 9, 2014.

SUBPART B: CREDITS

Section 100.2171 Angel Investment Credit (IITA 220)

- a) For taxable years beginning on and after January 1, 2011, and ending before January 1, 2017, a claimant (as defined under 14 Ill. Adm. Code 531.20) may claim a credit against the tax imposed under IITA Sections 201(a) and (b) in an amount equal to 25% of the Angel Investment (as defined under 14 Ill. Adm. Code 531.20) made by the claimant and that is shown on the Tax Credit Certificate issued by the Department of Commerce and Economic Opportunity (DCEO) under 14 Ill. Adm. Code 531.70. A claimant may not sell or otherwise transfer a credit awarded under this Section to another person. (IITA Section 220(g))
- b) Year in Which Credit is Taken. The credit allowed under this Section shall be taken in the taxable year that includes the date of the Tax Credit Certificate issued by DCEO under 14 Ill. Adm. Code 531.70.
- c) In the case of a credit earned by a partnership or subchapter S corporation, the credit passes through to the owners as provided in the partnership agreement under IRC section 704(a) or in proportion to their ownership of the stock of the subchapter S corporation under IRC section 1366(a). The credit earned by a partnership or subchapter S corporation will be treated as earned by its owners as of the last day of the taxable year of the partnership or subchapter S corporation in which the Tax Credit Certificate is issued by DCEO under 14 Ill. Adm. Code 531.70, and shall be allowed to each owner in the taxable year of the owner in which the taxable year of the partnership or subchapter S corporation ends.
- d) The credit under this Section may not exceed the taxpayer's Illinois income tax liability under IITA Section 201(a) and (b) for the taxable year. If the amount of the credit exceeds the tax liability for the year, the excess may be carried forward and applied to the tax liability of the 5 taxable years following the excess credit year. The credit shall be applied to the earliest year for which there is a tax liability. If there are credits from more than one tax year that are available to offset a liability, the earlier credit shall be applied first. (IITA Section 220(b))

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- e) Recapture. If, as determined by DCEO, an investment for which a claimant is allowed a credit under this Section is held by the claimant for less than 3 years, or, if within that period of time the qualified new business venture is moved from the State, the claimant shall pay to the Department of Revenue, on forms prescribed by the Department of Revenue, the amount of the credit that the claimant received related to the investment. DCEO shall annually certify that the claimant's investment has been made and remains in the qualified new business venture for no less than 3 years. (IITA Section 220(d))
- f) Documentation of the Credit. A claimant shall attach to its Illinois income tax return a copy of the Tax Credit Certificate and/or annual certification (if any) issued by DCEO and, in the case of a partner in a partnership or shareholder of a subchapter S corporation that earned the credit, a Schedule K-1-P or other written statement from the partnership or subchapter S corporation stating the portion of the total credit shown on the Tax Credit Certificate that is allowed to that partner or shareholder and the taxable year of the partnership or subchapter S corporation in which the Tax Credit Certificate was issued.

(Source: Added at 38 Ill. Reg.15994, effective July 9, 2014)

SUBPART V: EMPLOYER'S RETURN AND PAYMENT OF TAX WITHHELD

Section 100.7350 Domestic Service Employment (IITA Sections 704 and 704A)

- a) *On and after January 1, 1998, every employer who deducts and withholds or is required to deduct and withhold tax from a person engaged in domestic service employment, as that term is defined in IRC section 3510, may comply with the payment and reporting requirements of IITA Section 704 by filing an annual return and paying the taxes required to be deducted and withheld on or before the 15th day of the fourth month following the close of the employer's taxable year. (IITA Sections 704(e-5) and 704A(e))*
- b) All taxes withheld from compensation of domestic employees may be paid and reported under this provision, regardless of the amount of taxes withheld and regardless of whether the employer has other employees and must pay and report taxes withheld from their compensation under other provisions of IITA Sections 704 and 704A.

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- c) Employers wishing to pay and report on an annual basis taxes withheld from domestic employees must ~~register to do so with the Illinois Department of Employment Security, and~~ use the Form IL-1040, Illinois Individual Income Tax Return, or such other form as may be required by the ~~Illinois Department of Employment Security~~ to report the Illinois income taxes withheld ~~and unemployment insurance contributions.~~

(Source: Amended at 38 Ill. Reg. 15994, effective July 9, 2014)

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- 1) Heading of the Part: Firearm Concealed Carry Act Procedures
- 2) Code Citation: 20 Ill. Adm. Code 1231
- 3)

<u>Section Numbers</u> :	<u>Emergency Action</u> :
1231.200	New Section
1231.210	New Section
1231.220	New Section
1231.230	New Section
1231.240	New Section
1231.250	New Section
1231.260	New Section
- 4) Statutory Authority: Implementing the Firearm Concealed Carry Act [430 ILCS 66] and authorized by Section 95 of that Act
- 5) Effective Date of Rule: July 10, 2014
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: This rule will expire at the end of the 150-day period.
- 7) Date Filed with the Index Department: July 10, 2014
- 8) A copy of the emergency rule, 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: This emergency rule is being filed in an effort to strengthen the statutory framework of the Firearm Concealed Carry Act and address concerns raised in pending litigation. Since April 2014, the Department and the Concealed Carry Licensing Review Board (CCLRB) have received more than 200 petitions for review of CCLRB denials. In addition, CCLRB members have been named in federal and state lawsuits in which plaintiffs are seeking injunctive relief. It is anticipated that the volume of litigation will continue until the statutory framework is bolstered by a regulatory process.
- 10) Complete Description of the Subjects and Issues Involved: This emergency rule will establish procedures and requirements of the Concealed Carry Licensing Review Board (CCLRB) to include meetings of the CCLRB, conflicts of interest, department liaison, consideration of objections, hearings, decisions, and reporting.

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- 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>
1231.20	Amendment	38 Ill. Reg. 9205; May 2, 2014
1231.30	Amendment	38 Ill. Reg. 9205; May 2, 2014
1231.50	Amendment	38 Ill. Reg. 9205; May 2, 2014
1231.Appendix B	Amendment	38 Ill. Reg. 9205; May 2, 2014
1231.Appendix C	Repeal	38 Ill. Reg. 9205; May 2, 2014

- 12) Statement of Statewide Policy Objective: This emergency rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

- 13) Information and questions regarding this emergency rule shall be directed to:

Ms. Suzanne L. Y. Bond
Chief Legal Counsel
Illinois State Police
801 South 7th Street, Suite 1000-S
Springfield IL 62703

217/782-7658

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

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TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER II: DEPARTMENT OF STATE POLICEPART 1231
FIREARM CONCEALED CARRY ACT PROCEDURES

SUBPART A: DEFINITIONS

Section

1231.10 Definitions

SUBPART B: INSTRUCTOR AND CURRICULUM APPROVAL

1231.20 Instructor Approval
1231.30 Instructor Approval Revocation
1231.40 Curriculum Approval
1231.50 Training Certification

SUBPART C: FIREARM CONCEALED CARRY LICENSURE

1231.60 Issuance of License
1231.70 Objections
1231.80 Review Board
1231.90 Qualifications for License
1231.100 Application
1231.110 Non-Resident Application
1231.120 Renewal
1231.130 Change Requests
1231.140 Fees
1231.150 Prohibited Areas
1231.160 FCCL Suspension, Revocation and Invalidation
1231.170 Appeals

SUBPART D: MISCELLANEOUS

1231.180 Law Enforcement Fingerprinting Registration

SUBPART E: CONCEALED CARRY LICENSING REVIEW BOARD (CCLRB)

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1231.200 Meetings of the CCLRB

EMERGENCY

1231.210 Conflicts of Interest

EMERGENCY

1231.220 Department Liaison to CCLRB

EMERGENCY

1231.230 Consideration of Objections

EMERGENCY

1231.240 Hearings of the CCLRB

EMERGENCY

1231.250 Decisions of the CCLRB

EMERGENCY

1231.260 CCLRB REPORTING

EMERGENCY

1231.APPENDIX A Prohibited Area Posting

1231.APPENDIX B Prior Training Credit

1231.APPENDIX C Concealed Carry Firearm Training Certification Form

AUTHORITY: Implements the Firearm Concealed Carry Act [430 ILCS 66] and authorized by Section 95 of that Act.

SOURCE: Adopted by emergency rulemaking at 37 Ill. Reg. 15146, effective August 30, 2013, for a maximum of 150 days; adopted at 38 Ill. Reg. 2322, effective December 31, 2013; emergency amendment at 38 Ill. Reg. 9703, effective April 16, 2014, for a maximum of 150 days; emergency rule modified in response to JCAR Objection at 38 Ill. Reg. 13410, effective June 10, 2014, for the remainder of the 150 days; emergency amendment at 38 Ill. Reg. 16010, effective July 10, 2014, for a maximum of 150 days

SUBPART E: CONCEALED CARRY LICENSING REVIEW BOARD (CCLRB)

Section 1231.200 Meetings of the CCLRB

EMERGENCY

- a) Commissioners may attend any meeting of the CCLRB either in person, telephonically, or electronically (including via video conference) called at the

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request of the Chairperson, as often as reasonably necessary to satisfy the CCLRB's obligations under the Act.

- b) Whenever practicable, the Chairperson shall give CCLRB commissioners a minimum of five calendar days advance notice prior to the date of a meeting.
- c) Commissioners shall have access to the electronic computer database established for the purpose of reviewing and voting on objections prior to the call of a meeting. All votes cast by the commissioners prior to the Chairperson entering a final disposition will be counted.
 - 1) Commissioners, either in person, telephonically, or electronically (including via video conference), for any meeting called by the Chairperson, may vote by submitting their vote at the time of the meeting to the Chairperson utilizing the electronic computer database established for this purpose.
 - 2) In the event of a tie vote brought about due to absence or abstention of a CCLRB member, the CCLRB will request another 30 days to reconsider the objection as well as requesting any additional information necessary to resolve a tie vote.
- d) The Chairperson of the CCLRB shall preside over all meetings.
- e) If the Chairperson is unable to preside over a meeting, the Chairperson shall appoint a CCLRB commissioner to serve as Acting Chairperson.
 - 1) In the event that the Chairperson is unable to select his or her Acting Chairperson, the selection shall be made by majority vote of the remaining CCLRB commissioners.
 - 2) No CCLRB commissioner shall remain Acting Chairperson for a period longer than 30 days.
- f) Unless otherwise directed by the Chairperson of the CCLRB, individuals outside the Department seeking to provide information to the CCLRB regarding an applicant shall not communicate with individual CCLRB commissioners. If any CCLRB commissioner receives any information regarding an applicant from a

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source other than the Department, such information shall be promptly forwarded to the Chairperson of the CCLRB and shall not be considered or reviewed by individual commissioners.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16010, effective July 10, 2014, for a maximum of 150 days)

Section 1231.210 Conflicts of Interest**EMERGENCY**

- a) No commissioner of the CCLRB, including the Chairperson, shall participate in any CCLRB business, including but not limited to voting, when that CCLRB commissioner has a conflict of interest.
- b) For the purposes of this Section, whether or not a CCLRB commissioner has a conflict of interest shall be determined by the following guidelines:
 - 1) A commissioner has a conflict of interest in a matter if the commissioner's interest, either through business, investment, personal relationship, or family, reasonably creates the appearance of impropriety in the performance of his or her duties on the CCLRB.
 - 2) Such circumstances include, but are not limited to, the following:
 - A) using public office for direct or indirect private gain;
 - B) giving preferential treatment to any organization or person;
 - C) losing independence or impartiality of action;
 - D) making a government decision outside official channels; or
 - E) otherwise adversely affecting the confidence of the public in the integrity of the CCLRB.
- c) Disclosure – Prior to the CCLRB taking any action on a matter in which a commissioner has or may have a conflict of interest, the interested CCLRB commissioner shall disclose that interest to the other commissioners.

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- d) Determination of Conflict of Interest – A CCLRB commissioner may use any one of the following procedures to determine whether his or her own interest or the interest of another commissioner constitutes a conflict of interest:
- 1) The commissioner may request a determination from the CCLRB's Executive Director, who shall promptly render an opinion to the CCLRB;
or
 - 2) The commissioner may ask the CCLRB to determine whether the interest constitutes a conflict of interest.
 - A) The CCLRB shall ask the commissioner with the potential conflict of interest to leave the meeting during any discussion or deliberation regarding whether a conflict of interest exists.
 - B) A majority of the non-interested CCLRB commissioners present at a meeting at which a quorum is present shall determine whether a conflict of interest exists.
 - C) The interested commissioner shall be counted for purposes of determining whether a quorum is present, but shall not participate in the deliberations or vote regarding whether a conflict of interest exists.
- e) Prior to any determination of a conflict of interest and even if, after a determination, a conflict of interest is found not to exist, the reporting CCLRB commissioner may indicate his or her decision to abstain from any CCLRB action regarding the matter as to which the potential conflict of interest exists and, where appropriate, to absent himself or herself from any CCLRB discussion and determination of the pending matter.
- f) Procedure When Conflict of Interest Determined – Upon either the Executive Director's or the CCLRB's determination that a conflict of interest exists, the commissioner with the conflict of interest shall not participate in the CCLRB's discussion and determination of the matter. In addition, where appropriate, the commissioner with the conflict of interest shall absent himself or herself from any such deliberations and determinations.

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(Source: Added by emergency rulemaking at 38 Ill. Reg. 16010, effective July 10, 2014, for a maximum of 150 days).

Section 1231.220 Department Liaison to CCLRB
EMERGENCY

- a) Pursuant to Section 15 of the Act, the CCLRB shall serve to review objections by law enforcement agencies independent of the Department, and the Department shall not in any way influence the vote of the CCLRB.
- b) The Department shall designate an employee to provide logistical and administrative assistance only regarding the electronic computer database established for recording votes regarding objections as may be required or requested by the CCLRB Executive Director.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16010, effective July 10, 2014, for a maximum of 150 days)

Section 1231.230 Consideration of Objections
EMERGENCY

- a) The CCLRB will review all objections presented by local law enforcement agencies or the Department. In its review of objections, the CCLRB shall consider only the following information:
 - 1) any material properly submitted by the objecting local law enforcement agency or the Department pursuant to Section 15 of the Act;
 - 2) any material properly submitted by the applicant; and
 - 3) any additional information requested by the CCLRB or CCLRB staff from law enforcement agencies or applicants.
- b) Either the CCLRB staff or the CCLRB, by a vote of at least four commissioners, may request additional information from the objecting law enforcement agency, the Department, or the applicant.

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- 1) If the applicant has not previously submitted electronic fingerprints to the Department and there is a question whether the objection pertains to the applicant, which the submission of electronic fingerprints may resolve, the applicant shall be required to do so within 30 days of receipt of a request by the CCLRB or CCLRB staff.
- 2) If the applicant or law enforcement does not provide the information as requested by the CCLRB or CCLRB staff within the timeframe allotted by statute, the CCLRB will enter a final disposition based solely on consideration of the information already properly submitted.
- c) The CCLRB, by a vote of at least four commissioners, may request testimony at a hearing from a representative of the objecting law enforcement agency, from a representative of the Department, or from the applicant; however, hearings shall be limited to circumstances that cannot be resolved through written communication with the parties.
- d) If the CCLRB votes to hold a hearing on the objection, the CCLRB shall notify the applicant and the objecting party in writing of the need for, as well as date, time, and location, of the hearing.
- e) Upon a determination that an objection appears sustainable on its face or in light of any information the CCLRB has obtained pursuant to subsection (b) or (c), the CCLRB shall send the applicant notice of the objection, including the basis of the objection and the agency submitting the objection, within ten calendar days of determining that an objection is sustainable. This determination of a sustainable objection shall not be considered a final administrative decision and shall not be reported to the Department.
 - 1) The applicant shall have ten days from the date of mailing of the notice to the applicant to submit any additional material that the applicant wants the CCLRB to consider in response to the objection.
 - 2) Once the time for submitting additional information and fingerprints has passed, the CCLRB shall not consider any additional information received.

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- 3) Unless it is determined that a hearing is necessary pursuant to subsection (c), the objection shall be considered, along with any additional information received, at the next meeting held at the call of the Chairperson. If a hearing is held, then the objection shall be considered following the hearing.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16010, effective July 10, 2014, for a maximum of 150 days)

Section 1231.240 Hearings of the CCLRB
EMERGENCY

- a) Hearings of the CCLRB may be conducted by video, in person, telephonically, or by other electronic means and shall be recorded.
- b) The CCLRB shall determine the date, time, method and when applicable, the location of any hearing. The CCLRB shall make reasonable efforts to hold the hearing at a date, time, and location (when applicable) convenient to all parties.
- c) The Chairperson or Acting Chairperson of the CCLRB shall preside over the hearing.
- d) Any testimony requested by the CCLRB shall be under oath or affirmation.
- e) Applicants and law enforcement agencies requested to participate in hearings of the CCLRB may be represented by counsel and present evidence relating to the local law enforcement or Department objection. Hearings shall be closed to the public.
- f) The procedures for admissibility of evidence shall be as described in Article 10 of the Illinois Administrative Procedure Act [5 ILCS 100/Art.10], and as ordered by the Chairperson or Acting Chairperson of the CCLRB.
- g) Deliberations of the CCLRB, upon conclusion of a hearing held pursuant to this Section, shall be held in executive session without the applicant or other participants in the hearing present and shall not be subject to either the Open Meetings Act or the Freedom of Information Act.

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- h) No later than 35 days from the date of any final administrative decision by the CCLRB concerning eligibility for a license, the applicant may make a written request to the CCLRB for a transcript of the recording made at the hearing.
- 1) The cost of transcription shall be the responsibility of the applicant.
 - 2) Fees shall not exceed the actual cost for the preparation of the transcript.
 - 3) The record need not be transcribed unless the CCLRB receives a written request and fee from the applicant in accordance with this Section.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16010, effective July 10, 2014, for a maximum of 150 days)

Section 1231.250 Decisions of the CCLRB
EMERGENCY

- a) The CCLRB shall make a record, electronically or by other reliable means, of the final votes of its commissioners during meetings held at the call of the Chairperson.
- b) Upon a vote to overrule an objection, the CCLRB shall send the Department notice of its decision that the applicant does not pose a danger to himself or herself or others and is not a threat to public safety via an electronic transmission using the electronic computer database established for recording votes to objections.
- c) If upon consideration of an objection, along with any information obtained pursuant to Section 1231.230, the CCLRB determines by a preponderance of the evidence that the applicant poses a danger to himself or herself, or to others, or is a threat to public safety, and is therefore ineligible for a license, the CCLRB shall notify both the applicant and the Department via an electronic transmission using the electronic computer database of its determination. The CCLRB shall make a record of the basis for its finding that the applicant is ineligible for a license.
- d) Upon electronic transmission to the Department of a final decision by the CCLRB that an applicant is ineligible for a license under 430 ILCS 66/20, the CCLRB

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decision shall be final and subject to judicial review pursuant to Section 1231.170 of this Part.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16010, effective July 10, 2014, for a maximum of 150 days)

Section 1231.260 CCLRB Reporting
EMERGENCY

Pursuant to Section 20(i) of the Act, the CCLRB shall report monthly to the Governor and to the General Assembly the following information:

- a) the number of objections it has received;
- b) the number of objections it has affirmed; and
- c) the number of times a decision to deny an applicant a license was because the applicant poses a danger to himself or herself, the applicant poses a danger to others, and the applicant poses a threat to public safety.

(Source: Added by emergency rulemaking at 38 Ill. Reg. 16010, effective July 10, 2014, for a maximum of 150 days)

CHIEF PROCUREMENT OFFICER FOR GENERAL SERVICES

NOTICE OF PUBLIC INFORMATION

NOTICE OF CAMPAIGN CONTRIBUTION VIOLATION OF PROCUREMENT CODE

1. Statutory Authority: Section 50-37 of the Illinois Procurement Code, 30 ILCS 500/50-37, prohibits business entities with contracts and solicitations worth in excess of \$50,000 in combined annual value pending with a given officeholder responsible for awarding the contracts from making campaign contributions to campaign committees established to promote the candidacy of the officeholder or any other declared candidate for that office. The prohibition also extends to contributions made by various affiliated persons and businesses of a business entity that is subject to the prohibition. Section 50-37 requires that notice of violation of the prohibition and the penalty imposed is to be published in the Illinois Register.
2. Name of Contributor: Billie J. Paige, President, Continental Testing Services, Inc.
3. Date of Violation: July 8, 2013
4. Description of Violation: Billie J. Paige an affiliated person of the business entity Continental Testing Services, Inc., made a contribution of \$500.00 to Sheila Simon for Illinois, a campaign committee established to support the Sheila Simon for the Officer of Lieutenant Governor. At the time of the contribution, Sheila Simon was the current Lieutenant Governor and Continental Testing Services, Inc. had in place active contracts with the Illinois Department of Financial & Professional Regulation, the total annual combined value of which was in excess of \$50,000.
5. Summary of Action Taken by the Agency: Section 50-37 provides that State contracts with a business entity that violates the campaign contribution prohibition are voidable at the discretion of the Chief Procurement Officer. The Chief Procurement Officer for General Services has notified Billie J. Paige of the apparent violation, reviewed responsive material provided by Billie J. Paige, and has considered the value, status, and necessity of the contracts. In addition, the Chief Procurement Officer has taken into consideration the recognition by Billie J. Paige of the violation and her understanding of the necessity to avoid such situations in the future. The Chief Procurement Officer finds that voiding affected contracts, bids or proposals would not be in the best interest of the State.

As required by Section 50-37(e) of the Procurement Code, Sheila Simon for Illinois, is required to pay to the State an amount equal to the value of the contribution within 30 days of the publication of this notice.

CHIEF PROCUREMENT OFFICER FOR
PUBLIC INSTITUTIONS OF HIGHER EDUCATION

NOTICE OF PUBLIC INFORMATION

NOTICE OF CAMPAIGN CONTRIBUTION VIOLATION OF PROCUREMENT CODE

1. Statutory Authority: Section 50-37 of the Illinois Procurement Code, 30 ILCS 500/50-37, prohibits business entities with contracts and solicitations worth in excess of \$50,000 in combined annual value pending with a given officeholder responsible for awarding the contracts from making campaign contributions to campaign committees established to promote the candidacy of the officeholder or any other declared candidate for that office. The prohibition also extends to contributions made by various affiliated persons and businesses of a business entity that is subject to the prohibition. Section 50-37 requires that notice of violation of the prohibition and the penalty imposed is to be published in the Illinois Register.
2. Name of Contributor: Daniel T. Kelley, Chairman of the Board, GROWMARK, Inc., d/b/a Illini FS.
3. Date of Violation: October 27, 2010
4. Description of Violation: Mr. Daniel T. Kelley, an affiliated person of the business entity GROWMARK, Inc., made a contribution of \$150 to Citizens for Bill Brady, Inc. (now Brady for Senate Inc.), a campaign committee established to support the election of Bill Brady to the office of Governor. At the time of the contribution, Bill Brady was a declared candidate for the office of Governor, and GROWMARK had in place active contracts with the University of Illinois and the Department of Central Management Services, the total annual combined value of which was in excess of \$50,000.
5. Summary of Action Taken by the Agency: Section 50-37 provides that State contracts with a business entity that violates the campaign contribution prohibition are voidable at the discretion of the Chief Procurement Officer. The Chief Procurement Officer for Public Institutions of Higher Education has notified Mr. Kelley of the apparent violation, reviewed responsive material provided, and has considered the value, status, and necessity of the contracts. In addition, the Chief Procurement Officer has taken into consideration the recognition by Mr. Kelley of the violation and his understanding of the necessity to avoid such situations in the future. The Chief Procurement Officer finds that voiding affected contracts, bids or proposals would not be in the best interest of the State.

As required by Section 50-37(e) of the Procurement Code, Brady for Senate Inc. (formerly Citizens for Bill Brady, Inc.), is required to pay to the State an amount equal to the value of the contribution within 30 days of the publication of this notice.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PUBLIC INFORMATION

1. Statute requiring agency to publish information concerning proposed changes in methods and standards for establishing medical assistance payment rates for medical services in the Illinois Register: 5 ILCS 100/5-70(c)
2. Summary of information: The Department on Aging is adding Automated Medication Dispenser (AMD) as a new service under the Community Care Program (CCP).
In establishing the rates of reimbursement, the Department shall comply with federal requirements for Medicaid waivers which are described in the Home and Community-Based Service Waiver for Persons who are Elderly maintained by the Department of Healthcare and Family Services and posted on its website. The Department on Aging will use a Request for Information process to obtain rate information from providers and then consider whether the resulting average is supported by the appropriation level for the program in light of trend analyses on use of the service and current market conditions. The goal is to ensure adequate provider participation and participant choice.

Rates for the AMD service for dates of service on or after July 1, 2014 are as follows:

- a) AMD-only installation and training of equipment unit: \$50.00;
- b) AMD-only monthly service unit: \$40.00;
- c) AMD and EHRS installation and training of equipment unit (by same provider agency when services are initiated at the same time): \$50.00;
- d) AMD and EHRS combined services monthly service unit (by same provider agency): \$65.00.

The Department on Aging has filed an administrative rule to implement the change. The service has been federally approved under the Home and Community Based Service waiver for Persons who are Elderly.

3. Name and address of person to contact concerning this information:

Bureau of Program and Reimbursement Analysis
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield IL 62763-0001

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PUBLIC INFORMATION

E-mail address: HFS.bpra@illinois.gov

Interested persons may review these proposed changes on the Illinois Department on Aging Web Page under Rule Making Activity Update at <http://www.state.il.us/aging/>. Local access to the Internet is available through any local public library. In addition, this material may be viewed at the DHS local offices (except in Cook County). In Cook County, the changes may be reviewed at the Office of the Director, Illinois Department of Healthcare and Family Services, 401 South Clinton Street, Chicago, Illinois. The changes may be reviewed at all offices Monday through Friday from 8:30 a.m. until 5:00 p.m. This notice is being provided in accordance with federal requirements found at 42 *CFR* 447.205.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received during the period of July 7, 2014 through July 14, 2014. The rulemakings are scheduled for review at the Committee's August 12, 2014 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>
8/23/14	<u>Department of Public Health</u> , Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205)	9/13/13 37 Ill. Reg. 14565	8/12/14
8/22/14	<u>Department of Public Health</u> , Collection, Disclosure, and Confidentiality of Health Statistics (77 Ill Adm. Code 1005)	1/13/14 38 Ill. Reg. 3315	8/12/14
8/22/14	<u>Department of Public Health</u> , Immunization Code (77 Ill Adm. Code 695)	4/25/14 38 Ill. Reg. 8740	8/12/14
8/22/14	<u>Department of Public Health</u> , Child Health Examination Code (77 Ill. Adm. Code 665)	4/25/14 38 Ill. Reg. 8726	8/12/14
8/20/14	<u>Department of Human Services</u> , Office of Inspector General Investigations of Alleged Abuse or Neglect in State-Operated Facilities and Community Agencies (59 Ill. Adm. Code 50)	3/28/14 38 Ill. Reg. 6999	8/12/14
8/20/14	<u>Department of Human Services</u> , Child Care (89 Ill. Adm. Code 50)	11/1/13 37 Ill. Reg. 17140	8/12/14

PROCLAMATIONS

**2014-276
Ghanafest Day**

WHEREAS, on July 26, 2014, the Ghana National Council of Metropolitan Chicago is sponsoring the 26th Annual Ghanafest; and,

WHEREAS, Ghanafest attracts thousands of visitors from all over the world. Last year, the festival attracted over twenty thousand participants; and,

WHEREAS, Ghanafest is one of the single largest gatherings of African immigrants in the United States; and,

WHEREAS, from traditional African arts and crafts and tribal dress, to extraordinary Ghanaian foods and musical performances, Ghanafest is a great opportunity to experience the rich and diverse culture of Ghana; and,

WHEREAS, past honored guests at the festival have included His Excellency John Dramani Mahama, Vice President of Ghana, and the Honorable Alexander Asum Ahensa, Ghanaian Minister of Chieftaincy and Culture, and His Excellency Daniel Ohene Agyekum, Ghanaian Ambassador to the United States; and,

WHEREAS, Ghanaians and the Ghana National Council are celebrating 26 years of sharing this extraordinary presentation of African culture with all of the people of the Land of Lincoln; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 26, 2014 as **GHANAFEST DAY** in Illinois, and welcome all those attending Ghanafest to celebrate Ghanaian culture and heritage.

Issued by the Governor June 9, 2014

Filed by the Secretary of State July 14, 2014

**2014-277
50th Anniversary of the Illinois Department of Children and Family Services**

WHEREAS, the Illinois Department of Children and Family Services (DCFS) was established in 1964 as the nation's first cabinet-level state child welfare agency, serving to unify child, general assistance rehabilitation and youth services that previously operated independently among a variety of state and local organizations; and,

PROCLAMATIONS

WHEREAS, DCFS is committed to acting in the best interest of every child it serves by helping families increase their ability to provide a safe environment for their children and by strengthening families who are at risk of abuse or neglect; and,

WHEREAS, over the last decade, DCFS has helped over 17,000 Illinois children find permanent, loving homes through adoption and reunified over 21,000 children with their birth families; and,

WHEREAS, DCFS provides a temporary safe haven for approximately 15,000 children through foster care; and,

WHEREAS, each year the department provides services to 60,000 families, including intact services to keep families together, early childhood services to infants and toddlers and services to teens as they prepare for adulthood; and,

WHEREAS, DCFS continues to be a national leader in the child welfare field; and,

WHEREAS, DCFS and its partners vow to protect children and support families every day until neglect and abuse no longer exist; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do proclaim June 17, 2014 as the **50TH ANNIVERSARY OF THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES** in Illinois, and encourage citizens statewide to join in celebrating the department's national reputation and unwavering commitment to keeping children safe and families strong.

Issued by the Governor June 16, 2014

Filed by the Secretary of State July 14, 2014

2014-278**Childhood Cancer Awareness Month**

WHEREAS, the types of cancer that children are most often afflicted with are different than those seen in adults; and,

WHEREAS, the types of cancers that occur most often in children include Leukemia, Lymphoma, Bone Cancer, and Retinoblastoma; and,

WHEREAS, 36 American children are diagnosed with cancer daily, and their average age at the time of diagnosis is 6 years; and,

PROCLAMATIONS

WHEREAS, 10,400 American children were diagnosed with cancer in 2007, and 40,000 children in our country undergo treatment for cancer annually; and,

WHEREAS, childhood cancer rates have been rising slightly for the past few decades, and approximately 10,450 children in the United States under the age of 15 will be diagnosed with cancer in 2014; and,

WHEREAS, three fifths of childhood cancer survivors suffer effects (such as infertility, heart failure and secondary cancers) later in life; and,

WHEREAS, cancer is the second leading cause of death for children under 15 in Illinois, and there were 3,937 Illinoisan pediatric cancer patients aged 0 to 14 in 2009; and,

WHEREAS, due to major treatment advances in recent decades, more than 80% of children with cancer now survive 5 years or more; and,

WHEREAS, despite major treatment advances, it is still critically important to conduct research and increase awareness regarding childhood cancer; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 2014 as **CHILDHOOD CANCER AWARENESS MONTH** in Illinois, in order to raise awareness of childhood cancer.

Issued by the Governor June 16, 2014

Filed by the Secretary of State July 14, 2014

2014-279**Immigrant Heritage Month**

WHEREAS, the immigrants that have helped shape America share a deep-rooted love of freedom and individual rights. Bound by history, mutual respect, and common ideals, immigrants have been instrumental in the great struggles of human liberty; and,

WHEREAS, the state of Illinois consistently is among the top six of all states in the nation to receive migrant individuals looking for a better life for their families; and,

WHEREAS, the Chicago area continues to have one of the largest and most diverse immigrant populations in the nation, ranking seventh in the nation, with 1.4 million immigrants who constitute 18 percent of the overall population; and,

PROCLAMATIONS

WHEREAS, more than 20 percent of all business owners in Illinois were foreign-born in 2010, with a total net business income of \$5.4 billion, or 16.5 percent of all net business income in the state; and,

WHEREAS, some of the most iconic companies based in Illinois — Sara Lee, Kraft Foods, McDonald's, Boeing, and Baxter — all were founded by an immigrant, or the child of an immigrant; and,

WHEREAS, Illinois' more than 35,900 foreign students contributed more than \$1 billion to the state's economy in tuition, fees, and living expenses for the 2011-2012 academic year according to NAFSA: Association of International Educators; and,

WHEREAS, almost 53 percent of science, technology, engineering, and mathematics degree (STEM) graduates from the state's research-intensive universities in 2009 were foreign-born while almost 70 percent of graduates earning PhDs in engineering in Illinois were born outside the U.S. contributing to state economic growth and competitiveness; and,

WHEREAS, despite these contributions, the role of immigrants in building and enriching our state and nation has been overlooked and undervalued throughout our history and continuing to the present day; and,

WHEREAS, America can trace much of its heritage to immigration, and it is imperative that opportunities are provided to immigrants so that they can continue enriching our nation and state with their talents; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby declare June 2014 as **IMMIGRANT HERITAGE MONTH** in Illinois, in appreciation of the vital economic and cultural contributions immigrants make to our state every day.

Issued by the Governor June 17, 2014

Filed by the Secretary of State July 14, 2014

2014-280**The National Autonomous University of Mexico in Chicago Day**

WHEREAS, the National Autonomous University of Mexico in Chicago (UNAM Chicago) was founded in 2001 with the mission of extending UNAM's academic programs and services to institutions, groups and individuals associated with or interested in its educational and cultural endeavors, while working to promote a better understanding of Mexico and the United States; and,

PROCLAMATIONS

WHEREAS, Jose Vasconcelos created the slogan, Por Mi Raza Hablará el Espíritu and the shield of the university, which remain essential elements of its institutional image, and,

WHEREAS, the faculty and administration of UNAM Chicago are dedicated to ensuring that students achieve academically, socially, and professionally; and,

WHEREAS, in the past 3 years, UNAM Chicago has provided workforce development training as well as language and cultural programs to an average of 1,500 students per year; and,

WHEREAS, in order to offer advanced training and educational opportunities, UNAM Chicago has partnered with many higher educational institutions in the Chicago region; and,

WHEREAS, UNAM Chicago has positively impacted many Latino migrants throughout the Land of Lincoln, and should be immensely proud of its achievements; and,

WHEREAS, this year marks a significant milestone for UNAM Chicago: its 10th anniversary; and,

WHEREAS, UNAM Chicago will be celebrating its 10th anniversary on June 19, 2014, during a commemorative event on campus; and,

WHEREAS, this anniversary presents an excellent opportunity for UNAM Chicago to reflect on its successes and make plans for the future; and,

WHEREAS, UNAM Chicago's longevity is a testament to the commitment of its students, faculty, and administrators; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 19, 2014, as **THE NATIONAL AUTONOMOUS UNIVERSITY OF MEXICO IN CHICAGO DAY** in Illinois, and congratulate all of the students, faculty members, and administrators of this school whose hard work and commitment to education have made today possible.

Issued by the Governor June 18, 2014

Filed by the Secretary of State July 14, 2014

2014-281**Transverse Myelitis Day**

WHEREAS, Transverse Myelitis (TM) is a neurological disorder caused by the inflammation of the spinal cord, resulting in pain, muscle weakness, loss of bowel control and (in severe cases) paralysis; and,

PROCLAMATIONS

WHEREAS, 60% of TM cases have unknown causes and the remaining 40% are attributed to autoimmune disorders such as multiple sclerosis, Neuromyelitis optica, systemic lupus erythematosus, Mycoplasma pneumonia, Sjoren's syndrome and other Autoimmune disorders; and,

WHEREAS, TM is a rapidly progressing disease, with symptoms developing and worsening within a matter of days; and,

WHEREAS, no effective cure currently exists for TM, and two thirds of those diagnosed with TM show fair to minimal recovery, and of those who do show recovery, this process can take up to two years; and,

WHEREAS, complications from TM can be long lasting and can include pain, muscle stiffness, tightness or spasms, partial or total limb paralysis, sexual dysfunction, osteoporosis, and depression; and,

WHEREAS, TM is a disease that affects all ages, races and genders regardless of family history, although it primarily affects persons between the ages of 10-19 and 30-39; and,

WHEREAS, there are approximately 1400 new cases of TM annually, with 25% of these cases being children; and,

WHEREAS, an estimated 33,000 people suffer with Transverse Myelitis in the United States; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim October 5th, 2014 as **TRANSVERSE MYELITIS DAY** in Illinois, in order to raise awareness of Transverse Myelitis within our State.

Issued by the Governor June 18, 2014

Filed by the Secretary of State July 14, 2014

2014-282**St. Helen Catholic School Day**

WHEREAS, St. Helen Catholic School strives to educate the whole child by ensuring that a spiritual, academic, and social foundation is created; and,

WHEREAS, founded in 1914, St. Helen promotes active service to the school, parish, and community; and,

PROCLAMATIONS

WHEREAS, St. Helen Catholic School believes that it is a child's right to be educated in a nurturing, safe environment and utilizes daily activities that encourage positive self-esteem as well as the development of self-discipline; and,

WHEREAS, thousands of students have been positively impacted by the education they have received at St. Helen Catholic School; and,

WHEREAS, St. Helen Catholic School is dedicated to uniting for racial justice and promoting cultural diversity; and,

WHEREAS, the longevity of St. Helen Catholic School is a testament to the hard work and commitment to excellence demonstrated by its teachers, administrators, students, and parents; and,

WHEREAS, in 2014, St. Helen Catholic School will celebrate its 100th anniversary; and,

WHEREAS, the State of Illinois is pleased to commend St. Helen Catholic School on this occasion and wish it 100 more years of successes; and,

WHEREAS, on June 20, 2014, a 100th anniversary celebration will feature keynote speaker Mike Krzyzewski, who graduated from St. Helen Catholic School and currently serves as Duke University's basketball coach; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 20, 2014, as **ST. HELEN CATHOLIC SCHOOL DAY** in Illinois, in recognition of this outstanding educational institution's centennial anniversary.

Issued by the Governor June 19, 2014

Filed by the Secretary of State July 14, 2014

2014-283**Illinois Flag Display Act- Private First Class Aaron Toppen**

WHEREAS, all citizens owe a tremendous debt of gratitude to the men and women of the armed forces who selflessly serve to protect our lives and keep our families safe; and,

WHEREAS, every day these men and women face great risks and put their safety on the line to perform their duties; and,

WHEREAS, on June 9, 2014, Private First Class Aaron Toppen lost his life at the age of 19 from wounds suffered while engaged in a combat operation in Gaza Village, Afghanistan; and,

PROCLAMATIONS

WHEREAS, a native of Mokena, Illinois, and a 2013 graduate of Lincoln-Way East High School, Private First Class Aaron Toppen made vast contributions to the Land of Lincoln; and,

WHEREAS, Private First Class Aaron Toppen enlisted in the Army in July 2013 and trained at Fort Benning Georgia; and,

WHEREAS, an avid outdoorsman and dedicated public servant, Private First Class Aaron Toppen was raised in a proud military family and always wanted to serve his country; and,

WHEREAS, Private First Class Aaron Toppen had been awarded the National Defense Service Medal, Afghanistan Campaign Medal with campaign star, the Global War on Terrorism Service Medal, the Army Service Ribbon, and the NATO Medal; and,

WHEREAS, throughout his career as a proud member of the United States Army, Private First Class Aaron Toppen represented the State of Illinois admirably; and,

WHEREAS, known for being kind, humble and dedicated to his family, Private First Class Aaron Toppen left an indelible mark on everyone who had an opportunity to meet him; and,

WHEREAS, a funeral will be held on Tuesday, June, 24, 2014, for Private First Class Aaron Toppen, a loving son, grandson, and brother, who is survived by many family members and friends; 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 Sunday, June 22, 2014, until sunset on Tuesday, June 24, 2014, in honor and remembrance of Private First Class Aaron Toppen, whose selfless service and sacrifice is an inspiration.

Issued by the Governor June 20, 2014

Filed by the Secretary of State July 14, 2014

2014-284**National Teamsters Women's Day**

WHEREAS, from the 1960s to the 1980s, dramatic social change emerged in Illinois and across the country following three wars, and the civil rights movement, closely followed by the women's movement, forever changed our state's social fabric and incorporated women into the workforce like never before; and,

WHEREAS, throughout our state's history, the contributions of Teamster women in our workplaces and communities have proven invaluable; and,

PROCLAMATIONS

WHEREAS, the gap between men and women who participate in the labor force has steadily narrowed in Illinois and across the nation thanks to the work of labor unions like the Teamsters and their motivation to provide opportunities for working women; and,

WHEREAS, on a national level, the number of women who participate in the labor force and who hold a college degree has tripled from 1970 to 2010. Reliable salaries and benefits secured by unions like the Teamsters make it possible for this number to continually increase for future generations of women to achieve an education and a career; and,

WHEREAS, Teamster women exemplify the progress of organized labor across our country and state; and,

WHEREAS, the Teamsters Women's Conference actively brings together union women from dozens of industries to gather in solidarity every year; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim Friday, September 5, 2014, as **NATIONAL TEAMSTERS WOMEN'S DAY** and urge all Illinois citizens to honor the day as such.

Issued by the Governor June 23, 2014

Filed by the Secretary of State July 14, 2014

2014-285**Illinois Thoroughbred Horsemen's Association Day**

WHEREAS, on April 19, 2014, the Illinois Thoroughbred Horsemen's Association ("ITHA") celebrated its 25th year representing the nearly 2,500 thoroughbred horse owners and trainers who work at Arlington International Racecourse and Hawthorne Race Course; and,

WHEREAS, the members of ITHA support directly or indirectly, through their investments and work in Illinois horse racing, tens of thousands of additional jobs statewide including backstretch workers, breeders, veterinarians, blacksmiths, and feed and hay suppliers -- an investment with an estimated value of more than \$250 million annually; and,

WHEREAS, through its benevolent arm, the Chicago Thoroughbred Horsemen's Foundation ("CTHF"), ITHA has provided more than 150 scholarships to the college-bound children of backstretch workers -- workers who are responsible for grooming, maintaining and caring for the horses; CTHF also supports athletic activities for the children of these workers, who, together with their families, reside on the backstretch; CTHF also provides financial assistance for healthcare and other expenses of backstretch workers; and,

PROCLAMATIONS

WHEREAS, through its horse retirement program, "Gallop Out," ITHA works to facilitate the adoption of retired thoroughbred race horses by families across Illinois and in other states; Gallop Out provides funding for the care, rehabilitation and retraining of these horses; once adopted, these horses work with children with developmental disabilities, or participate in trail riding, jumping, polo or other recreational activities; in 2014, Gallop Out will re-home its 100th retired thoroughbred horse; and,

WHEREAS, throughout its 25 year tenure, ITHA has advocated for policies that increase breeder awards and otherwise strengthen and grow our state's thoroughbred breeding program; and,

WHEREAS, ITHA advocates for a strict and consistently enforced drug-testing program, while also protecting the welfare of the horses, jockeys and other participants in the Illinois horse racing industry; and,

WHEREAS, even as the horse racing industry nationwide has contracted in recent years, ITHA has devoted itself to advocating for policies that enhance Illinois horse racing and protect the best interests of Illinois horsemen, along with the tens of thousands of jobs that they support; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim August 2, 2014, as **ILLINOIS THOROUGHBRED HORSEMEN'S ASSOCIATION DAY** in Illinois, and do hereby recognize ITHA on the occasion of its 25th anniversary, and congratulate the organization for its charitable activities and advocacy on behalf of horsemen working at Arlington International Racecourse and Hawthorne Race Course.

Issued by the Governor June 24, 2014

Filed by the Secretary of State July 14, 2014

2014-286**Stevens-Johnson Syndrome Awareness Month**

WHEREAS, Stevens Johnson Syndrome and Toxic Epidermal Necrolysis - another form of SJS - are severe adverse reactions to medication; and,

WHEREAS, almost any medication, including over the counter drugs, can cause SJS; and,

WHEREAS, SJS affects people of ages and a large amount of its victims are children, and,

PROCLAMATIONS

WHEREAS, according to the New England Journal of Medicine, over 2 million Americans fall ill and are hospitalized every year from taking these recommended drugs and, of that 2 million that are admitted, over 140,000 are never released; and,

WHEREAS, recognizing the early symptoms of SJS and prompt medical attention are the most invaluable tools in minimizing the possible long-term effects SJS may have on its victims; and,

WHEREAS, the health and safety of our citizens is of utmost importance and the State of Illinois is committed to raising awareness and supporting all efforts to minimize the effects of life-threatening diseases such as Stevens Johnson Syndrome; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim August, 2014 as **STEVENS-JOHNSON SYNDROME AWARENESS MONTH**.

Issued by the Governor June 24, 2014

Filed by the Secretary of State July 14, 2014

2014-287**Civil Rights Act Day**

WHEREAS, the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, religion, sex, or national origin; and,

WHEREAS, passage of the Civil Rights Act ended the application of "Jim Crow" laws, which had been upheld by the Supreme Court in the 1896 case Plessy v. Ferguson, in which the court held that racial segregation purported to be "separate but equal" was constitutional; and,

WHEREAS, prior to his assassination, President John Kennedy proposed civil rights legislation in response to the tumultuous summer of 1963 when several incidents of racially motivated violence occurred across the South. Once sworn into office, President Lyndon Johnson pledged to move forward with President Kennedy's legislative agenda, particularly on the issue of civil rights; and,

WHEREAS, signed on July 2, 2014, by President Lyndon Johnson, the passage of the Civil Rights Act was directly attributable to the bold leadership of many noteworthy legislators including Senator Edward Kennedy and Illinois Senator Everett Dirksen; and,

WHEREAS, the Civil Rights Movement was propelled by organizations, especially the NAACP, and individuals from the grassroots who made enormous sacrifices in their personal and professional lives, especially those who were part of the famed Freedom Riders; and,

PROCLAMATIONS

WHEREAS, the Civil Rights Act paved the way for future anti-discrimination legislation, including the Voting Rights Act of 1965; and,

WHEREAS, July 2, 2014, is the 50th anniversary of the Civil Rights Act being signed into law; and,

WHEREAS, the Illinois Historic Preservation Agency's (IHPA) State Historic Sites at Springfield and the Lincoln Home National Historic Site have collaborated to provide historical education about the Civil Rights Act of 1964 that has reached audiences of all ages; and,

WHEREAS, as the steward of Illinois history, IHPA provides crucial information about the Civil Rights Act of 1964 and other major historical events; and,

WHEREAS, the Illinois Department of Human Rights (IDHR), which is responsible for investigating allegations of discrimination and initiating discrimination complaints before the Human Rights Commission as well as monitoring equal opportunity for all state agencies and firms doing business with the state, has played a critical role in safeguarding civil rights across the Land of Lincoln; and,

WHEREAS, on July 2, 2014, IDHR will host a press conference to recognize the 50th anniversary of the Civil Rights Act, a historic milestone in our nation's history; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby declare July 2, 2014, as **CIVIL RIGHTS ACT DAY** in Illinois, in support of promoting equality for everyone, and in recognition of the 50th anniversary of the signing of the landmark Civil Rights Act.

Issued by the Governor June 25, 2014

Filed by the Secretary of State July 14, 2014

2014-288
Life Itself Day

WHEREAS, Roger Ebert was one of our best-known and most respected journalists, a winner of the Pulitzer Prize as a Chicago Sun-Times film critic, and a proud and generous graduate of the University of Illinois where he began his journalism career at the Daily Illini; and,

WHEREAS, throughout his distinguished career, Roger Ebert accumulated numerous honors and awards for his contributions to cinema, journalism, broadcasting and publishing, and in 2005 earned his own star on the prestigious Hollywood Walk of Fame; and,

PROCLAMATIONS

WHEREAS, despite garnering international acclaim, Roger Ebert always remained loyal to the people of the Land of Lincoln; and,

WHEREAS, though Roger Ebert tragically lost his battle with cancer in April of 2013, the documentary *Life Itself* recounts his indomitable spirit and the indelible mark he leaves behind; and,

WHEREAS, based on the bestselling memoir of the same name, *Life Itself* explores the impact and legacy of Roger Ebert's life, from his Pulitzer Prize-winning film criticism at the *Chicago Sun-Times* to becoming one of the most influential cultural voices in America; and,

WHEREAS, filmed during the last four months of his life, *Life Itself* was directed by Steve James, produced by Zak Piper, and made by Chicago's Kartemquin Films, a documentary media arts organization founded in 1966; and,

WHEREAS, *Life Itself* would not be successful without the participation of its interview subjects, including Roger Ebert's loving wife, Chaz Ebert; and,

WHEREAS, On July 4, 2014, Magnolia Pictures will release *Life Itself* in theaters across the US, and on video-on-demand. The film will also be distributed in theaters in Canada, Australia, Italy, and the UK, and be broadcast on television in multiple countries worldwide. In the US, the film will eventually be broadcast on CNN; and,

WHEREAS, on Monday, June 30, 2014, the Chicago premiere of *Life Itself* will take place at the Museum of Contemporary Art; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 30, 2014, as **LIFE ITSELF DAY** in Illinois, in recognition of tonight's premiere, and in support of ensuring that the people of Illinois always remember Roger Ebert, one of our most remarkable and accomplished citizens.

Issued by the Governor June 25, 2014

Filed by the Secretary of State July 14, 2014

2014-289**Illinois Steel Day**

WHEREAS, the structural steel industry in Illinois annually provides structural steel framing systems for more than 35 million square feet of new building construction in Illinois; and,

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WHEREAS, the structural steel industry provides employment for more than 2,000 workers in Illinois; and,

WHEREAS, the structural steel industry has demonstrated a significant commitment to sustainable construction through the use of structural steel products made from 93 percent recycled materials from old cars, appliances, stoves, manufacturing waste, curb-side recycling and deconstructed buildings; and,

WHEREAS, 98 percent of the structural steel in a building is recycled at the end of the building's life; and,

WHEREAS, structural steel's high strength-to-weight ratio and low carbon footprint help to minimize environmental impacts; and,

WHEREAS, the American Institute of Steel Construction maintains its national headquarters in Chicago, Illinois; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 19, 2014 as **ILLINOIS STEEL DAY**, in recognition of the contributions of Illinois' structural steel industry to the economy and infrastructure of our state.

Issued by the Governor June 26, 2014

Filed by the Secretary of State July 14, 2014

2014-290**"Look Up!, Pay it Forward" Day**

WHEREAS, home fires are the fifth most common cause of unintentional fatalities in the United States, many of which are preventable; and,

WHEREAS, fire education is vital for ensuring the safety of people across the State of Illinois; and,

WHEREAS, college students, particularly those living in unsupervised, off-campus housing, are at great risk to the dangers posed by fires; and,

WHEREAS, since 2000, eighty-six on and off-campus fires have claimed the lives of 123 students, one of whom was Tanner Osborn; and,

PROCLAMATIONS

WHEREAS, in honor of her son's memory, Tanner's mother Kathleen Moritz founded the fire initiative "Look Up!, Pay It Forward" in 2005 to teach fire safety to college students and to insure that they have working and properly placed smoke alarms; and,

WHEREAS, in conjunction with the Office of the State Fire Marshal, the program takes place on a different college campus annually where they canvas homes and give away smoke detectors; and,

WHEREAS, on September 22nd of this year, the day that would have been Tanner Osborn's 32nd birthday, the campaign will visit Illinois universities and colleges, with the hopes of preventing any more tragic campus fire deaths; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 22nd, 2014 as "**LOOK UP!, PAY IT FORWARD**" DAY in Illinois, in order to raise awareness among students of the importance of fire safety in college life and to encourage all Illinoisans to practice fire prevention measures in their own homes.

Issued by the Governor June 26, 2014

Filed by the Secretary of State July 14, 2014

2014-291**Perioperative Nurse Week**

WHEREAS, perioperative nurses specialize in the care of patients immediately before, during, and after surgical intervention and other invasive procedures; and,

WHEREAS, serving in settings ranging from traditional hospital-based operating rooms to ambulatory surgical centers and physicians' offices, perioperative nurses work to provide the safest care possible for surgical patients; and,

WHEREAS, perioperative nurses assess individual patient needs prior to surgery, prepare a plan for the care a surgical patient will receive, and prepare the operating room and patient for their procedure; and,

WHEREAS, perioperative nurses are responsible for monitoring all aspects of the patient's condition for the duration of each procedure and, through professional and patient-centered expertise, are responsible for care coordination after the procedure; and,

WHEREAS, surgical patients and their loved ones rely on the skills, knowledge, and expertise of perioperative registered nurses, who uphold a long tradition of improving surgical safety and the quality of patient care; and,

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WHEREAS, Perioperative Nurse Week recognizes the contribution perioperative registered nurses make to patient safety and the opportunities and challenges facing the profession; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim November 9-15, 2014, as **PERIOPERATIVE NURSE WEEK** in Illinois.

Issued by the Governor June 26, 2014

Filed by the Secretary of State July 14, 2014

2014-292**Tom Villanova Day**

WHEREAS, Americans are served every single day by public servants and labor leaders who do the work that keeps our nation running; and,

WHEREAS, one remarkable labor leader is Tom Villanova, who, since 2004, has served as President of the Chicago and Cook County Building and Construction Trades Council, which represents 24 trade unions with 100,000 members; and,

WHEREAS, Tom Villanova graduated from Antioch University in 1998 with a Bachelor's Degree in Labor Law Studies; and,

WHEREAS, Tom Villanova is also the Secretary of the Board of Directors of the Chicago Southland Economic Development Board and Past Chairman of the Metro Southwest Alliance; and,

WHEREAS, Mayor Richard Daley appointed Tom Villanova to the 21st Century Commission to study where the city should be in 20 years; and,

WHEREAS, in addition to sitting on the Amalgamated Bank of Chicago Labor Council as its Past Chairman, Tom Villanova was appointed to serve on the Governor's Commission on Opportunity in State Public Construction and the Governor's State Labor Advisory Board; and,

WHEREAS, always a passionate labor member and organizer, Tom Villanova started his Local 134 IBEW electrical apprenticeship in 1972, and went on to hold the positions of Steward, Foreman, General Foreman, full-time instructor, and Business Representative; and,

WHEREAS, Tom Villanova's life commitment to public service and organized labor has helped to make our state stronger and serves as an inspiration to the people of the Land of Lincoln; and,

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WHEREAS, in everything that he has done, Tom Villanova's work ethic has exemplified the dedication to service the citizens of the State of Illinois deserve; and,

WHEREAS, Tom Villanova has demonstrated a deep commitment to safeguarding the rights and wages of the members of the Chicago and Cook County Building and Construction Trades Council; and,

WHEREAS, Tom Villanova will be honored on June 27, 2014, by the Coalition for United Community Action-O.R.T.C. Inc.; and,

WHEREAS, the June 27, 2014, event offers an opportunity for all residents of Illinois to commend Tom Villanova's honorable and dedicated service and wish him success in the future; and,

WHEREAS, Tom Villanova's efforts have undoubtedly created a lasting impact, and he will continue to be a tremendous asset to the people of Illinois and the labor movement for many years to come; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 27, 2014, as **TOM VILLANOVA DAY** in Illinois, and do hereby congratulate him on being recognized by United Community Action-O.R.T.C.

Issued by the Governor June 27, 2014

Filed by the Secretary of State July 14, 2014

2014-293**Attorneys' Title Guaranty Fund Inc. Day**

WHEREAS, Attorneys' Title Guaranty Fund, Inc. (ATG) was founded in 1964 by a group of downstate (Urbana, Illinois) lawyers who were concerned about the eroding role of lawyers in real estate transactions; and,

WHEREAS, ATG has been a steady Illinois employer and has been "promoting their best for 50 years;" and,

WHEREAS, in 2014, ATG will celebrate its 50th anniversary, a milestone most companies never see; and,

WHEREAS, this year, Ward F. McDonald, who played a critical role in bringing ATG from a concept into a thriving business, has been elected as the Chairman of the ATG Board; and,

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WHEREAS, the ATG mission is to be the premier lawyer service organization for the benefit of the profession and the public; and,

WHEREAS, one of life's largest financial decisions is the purchase of a new home; and,

WHEREAS, home buyers and sellers often need advice from a lawyer, whose responsibility is to represent their best interests; and,

WHEREAS, through its efforts, and the efforts of many other "charter members," ATG grew from a grassroots organization to a \$100 million dollar company with 4,000+ lawyer members in Illinois, Wisconsin, Indiana, and Michigan; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 10, 2014 as **ATTORNEYS' TITLE GUARANTY FUND INC. DAY**, in recognition of 50 years of serving Illinois by way of preserving and facilitating the attorney's role in real estate transactions for the benefit of Illinois Consumers.

Issued by the Governor June 30, 2014

Filed by the Secretary of State July 14, 2014

2014-294**Mental Health Awareness Day**

WHEREAS, mental health disorders and depression effect people from all walks of life without regard for age, gender, race, or socioeconomic status; and,

WHEREAS, The American Foundation for Suicide Prevention, established in 1987, is an organization dedicated to the prevention of suicide through research, education, and advocacy for those with mental disorders. They also reach out to those impacted by suicide; and,

WHEREAS, the American Foundation for Suicide Prevention has reached out to over one million citizens, and provided resources and training in hundreds of high schools on the topics of depression, mental illness, and suicide; and,

WHEREAS, this is made possible by money raised from the "Out of the Darkness Community Walks," five-mile community walks which takes place annually and are designed to bring to light issues surrounding depression and mental illness; and,

WHEREAS, the Illinois "Out of the Darkness Chicagoland Community Walk" will take place on Saturday, September 20, 2014; and,

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THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 20, 2014 as **MENTAL HEALTH AWARENESS DAY** in Illinois in support of the American Foundation for Suicide Prevention "Out of the Darkness Chicagoland Community Walk", and encourage all citizens to remember the importance of mental health and learn to recognize the signs of depression and suicide.

Issued by the Governor July 2, 2014

Filed by the Secretary of State July 14, 2014

2014-295**National Health Center Week**

WHEREAS, America's community health centers are at the core of our health care system and the nation's safety net because they deliver high quality, cost effective, and accessible primary and preventative care to all individuals regardless of their insurance status or ability to pay; and,

WHEREAS, health centers are located in medically underserved areas and are locally-controlled by patient-majority boards; making each health center responsive to the needs of their community. Currently, health centers serve as the health care home for over 22 million Americans through more than 9,000 delivery sites across the nation. One in every 15 people in the United States depends on their services; and,

WHEREAS, health centers have proven to be an effective model for improving health care outcomes, reducing health care costs, and overcoming barriers to access faced by the medically underserved; and,

WHEREAS, health centers are committed to meeting the needs of the communities they serve and growing their reach to serve every individual who currently lacks access to a health care home; and,

WHEREAS, community owned and operated health centers serve as critical economic engines helping to power local economies by generating billions of dollars in combined economic impact and creating jobs in some of the country's most economically deprived communities; and,

WHEREAS, health centers offer patient-focused, coordinated health care – preventative and primary care that families and individuals need, where and when they need it. Community health centers employ more than 9,500 physicians and more than 6,300 nurse practitioners, physician assistants, and certified nurse midwives, along with social workers, case managers, and community health workers, as part of a multi-disciplinary clinical workforce designed to treat the whole patient, coordinate care and manage chronic disease, while simultaneously reducing unnecessary, avoidable, and wasteful use of health resources. This unique model allows health centers to save

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the entire health care system approximately \$24 billion annually by keeping patients out of costlier settings, such as emergency rooms; and,

WHEREAS, National Health Center Week offers the opportunity to recognize America's health centers, their dedicated staff, board members, and all of those responsible for the continued success and growth of the program since its creation almost 50 years ago. During National Health Center Week, we recognize the multitude of ways in which America's Health Centers are transforming care in local communities by delivering comprehensive, high quality, cost effective, and accessible health care; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim August 10-16, 2014, as **NATIONAL HEALTH CENTER WEEK** in Illinois, and encourage every Illinois resident to visit their local health center and recognize, appreciate and celebrate the important partnership between Illinois' health centers and the communities they serve.

Issued by the Governor July 3, 2014

Filed by the Secretary of State July 14, 2014

2014-296**Renewable Energy Education Week**

WHEREAS, Illinois is a national leader in the production of renewable energy including solar, wind, and biofuels and has implemented a variety of initiatives to help spur further development of renewable energy; and,

WHEREAS, Illinois has one of the strongest Renewable Portfolio Standards in the United States, requiring the state to procure 25 percent of its energy from renewable resources such as wind and solar by 2025; and,

WHEREAS, Illinois is third in the nation for megawatts of installed wind capacity and the state's 23 largest wind farms have created 19,000 full-time equivalent jobs and continue to support over 800 permanent jobs; and,

WHEREAS, Illinois is among 12 states credited by the Environmental Protection Agency with producing 80 percent of the country's wind power in 2013; and,

WHEREAS, Illinois has 48 megawatts of solar energy currently installed, which is enough to power 6,300 homes and there are 186 solar companies in the state employing over 2,100 people; and,

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WHEREAS, Illinois has strong incentives for purchasing alternate fuel vehicles including Electric Vehicles and Flex Fuel Vehicles and has taken the initiative to double the number of Flex Fuel Vehicles in the state's vehicle fleet to over 5,000; and,

WHEREAS, Illinois leads the nation in the number of communities using renewable energy with 91 communities having achieved 100 percent renewable electricity; and,

WHEREAS, Illinois biofuel production has a total economic impact of \$5.3 billion with 14 producing ethanol plants that produce enough ethanol to displace 35% of the state's petroleum usage and create 4,000 jobs as well as five operating biodiesel plants that produce nearly two hundred million gallons of biodiesel; and,

WHEREAS, Illinois has become a leader in biofuel development through the implementation of programs including the Next Generation Biofuels Production Program, the Renewable Fuels Development Program, the Illinois E-85 Infrastructure Development Program, the Renewable Fuels Research, Development and Demonstration Program and the Alternate Fuel Research and Infrastructure Grant Program which all have the intention of promoting and increasing the production of biofuels in Illinois; and,

WHEREAS, Illinois recognizes the imperative need for renewable energy education in order to enhance the awareness and understanding of the significance that using renewable energy has in creating healthy environments, prosperous societies, and expanding economies; and,

WHEREAS, nearly 100,000 workers are employed in the state's clean energy sector, where one-third of the employees are highly paid in fields such as engineering, research, assembly and manufacturing, and another one-third are employed in jobs that cannot be outsourced such as installation and maintenance; and,

WHEREAS, solutions to today's key environmental issues and the future sustainability of our ecosystems and communities are dependent on utilizing renewable energy and decreasing our use of fossil fuels; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim October 6-12, 2014 as **RENEWABLE ENERGY EDUCATION WEEK** in Illinois, and encourage all citizens to recognize the importance of renewable energy to the health of the environment and our communities.

Issued by the Governor July 3, 2014

Filed by the Secretary of State July 14, 2014

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College Changes Everything Day

WHEREAS, all Illinoisans should have opportunities to live as productive, engaged citizens and neighbors; and,

WHEREAS, educational attainment has been linked not only to additional career opportunities and financial stability, but also to longer life expectancy, better physical and mental health, lower incarceration rates, and higher voter turnout, along with better prospects for children of low-income families to move into the middle class; and,

WHEREAS, wealth and college attainment rates for Illinois compare favorably to other states, but gaps remain in education attainment by income, race, ethnicity, and geographic region; and,

WHEREAS, it is both a moral and an economic imperative to work to eliminate these disparities by ensuring that Illinois residents have access to an affordable education that prepares them for success in the jobs of the 21st century economy; and,

WHEREAS, an estimated 67% of jobs in Illinois are expected to require some postsecondary training by 2020; and,

WHEREAS, state policymakers are committed to ensuring that Illinois residents remain among the most highly-educated, well-trained in the nation and the world; and,

WHEREAS, increased access to and completion of college is essential to Illinois reaching its goal of increasing the proportion of adults with a college degree or industry credential from 43% to 60% by 2025; and,

WHEREAS, no single school, agency, business, or organization can accomplish this goal alone, but together those who are committed to our state, our students, and our shared potential can and must work collectively to ensure that all Illinoisans have access to high-quality, affordable education from early childhood through postsecondary and into the workforce; and,

WHEREAS, the College Changes Everything Conference is, for its fourth year, providing an arena for collective action by bringing together a diverse group of policymakers, practitioners, and concerned citizens for a day of sharing information, ideas, and best practices that promote access to postsecondary education, ensure degree or credential attainment, and provide students with pathways to careers; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, proclaim July 17th, 2014, **COLLEGE CHANGES EVERYTHING DAY** in Illinois and call upon all Illinoisans to support

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the students, parents, and adult learners in each of our communities as they work to achieve their educational and career goals.

Issued by the Governor July 7, 2014

Filed by the Secretary of State July 14, 2014

2014-298**Elder Abuse Awareness and Prevention Month**

WHEREAS, according to the Illinois Department on Aging, as many as five percent of persons aged sixty and older are subject to some form of abuse, including physical, emotional, and sexual abuse, as well as financial exploitation and neglect of basic care needs; and,

WHEREAS, Illinois has more than two million citizens over the age of sixty, meaning 100,000 or more older adults in Illinois could currently be victim of some form of abuse; and,

WHEREAS, it is the mission of the Illinois Department on Aging and its network of service providers to increase public awareness of this plight against our most vulnerable elderly; and to promote increased elder abuse reporting; and,

WHEREAS, the Illinois Department on Aging has strengthened protections of people with disabilities and older adults through its Office of Adult Protective Services; and,

WHEREAS, it is essential that the citizens of Illinois recognize the signs of abuse, neglect and exploitation, break the silence and report suspicions of abuse; and,

WHEREAS, it is imperative that each community in Illinois refuses to tolerate these offenses against our older citizens by creating greater awareness of the prevalence and severity of elder abuse in hopes of eradicating it from society; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 2014 as **ELDER ABUSE AWARENESS AND PREVENTION MONTH** in Illinois, and encourage all citizens to recognize this crisis and join in working toward its prevention.

Issued by the Governor July 7, 2014

Filed by the Secretary of State July 14, 2014

2014-299**Pain Awareness Month**

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WHEREAS, pain is a major public health problem and the number one reason Americans seek medical care; and,

WHEREAS, the Institute of Medicine has found that 100 million Americans live with chronic pain as a result of serious illnesses and injuries; and,

WHEREAS, chronic pain costs the nation an estimated \$560 to \$630 billion annually in medical expenses, lost wages and lost productivity; and,

WHEREAS, pain negatively impacts almost every aspect of a person's life including the ability to work, sleep and engage in social activities as well as adversely impacts pain sufferers' families and caregivers; and,

WHEREAS, the U.S. Pain Foundation's mission is to inform, empower and advocate on behalf of our 35,000 members throughout the country and all those who live with chronic pain; and,

WHEREAS, the U.S. Pain Foundation provides education on pain management skills and constructive ways to cope with pain and find fulfillment in life; and,

WHEREAS, increased awareness about the effects of chronic pain result in better outcomes, increased access to good pain care and empowerment and validation for those living with pain; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September, 2014 as **PAIN AWARENESS MONTH** in Illinois, in support of efforts to improve and promote the management and treatment of pain.

Issued by the Governor July 8, 2014

Filed by the Secretary of State July 14, 2014

2014-300**AMIA Tragedy Remembrance Day**

WHEREAS, on July 18, 1994, the Jewish-Argentine community suffered grievous loss after the bombing of the Argentine Israelite Mutual Aid Association; and,

WHEREAS, on that date, eighty-five Argentines were killed and hundreds more wounded in the deadliest terrorist attack in Argentine history; and,

WHEREAS, our current year of 2014 marks the twentieth anniversary of the AMIA tragedy, a heartbreak yet fresh to the 300,000-strong Argentine-Jewish community and all of Argentina; and,

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WHEREAS, Illinois is the proud home of a prodigious South American community still stinging from the attack; and,

WHEREAS, members of the American Jewish Committee have tirelessly given comfort to victims of the bombing and their loved ones, labored alongside the AMIA to bring about justice to the fallen and injured, served the Jewish-South American community in Illinois, and now organized a commemoration of the 1994 bombing; and,

WHEREAS, our memory of the event must never be dimmed, nor our hope for justice for its victims; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 18, 2014, as **AMIA TRAGEDY REMEMBRANCE DAY** in tribute to victims of the bombing and in observance of the twentieth anniversary of the attack that brought a nation to its knees.

Issued by the Governor July 9, 2014

Filed by the Secretary of State July 14, 2014

2014-301**St. Paul African Methodist Episcopal Church Day**

WHEREAS, St. Paul African Methodist Church is one of the oldest African American churches on the North Shore of Chicago celebrating 130 years of doors open to all who would enter; and,

WHEREAS, St. Paul African Methodist Church was organized in 1884 by Rev. Jessie Wood and founded by the late Homer F. Wilson, a member of the Glencoe community, whose family is still active in the church today; and,

WHEREAS, St. Paul African Methodist Church held its first service in the home of Mr. and Mrs. Homer F. Wilson at 425 Adams Street in order to meet the spiritual needs of the Black community in Glencoe; and,

WHEREAS, the founding members of the St. Paul African Methodist Church are Mr. and Mrs. Homer F. Wilson Jr., Mr. and Mrs. R. McWill, Mrs. Mary Walker, Mr. and Mrs. W.H. Henderson, Mr. and Mrs. W. Williams, Mr. and Mrs. V. Griffin, Mr. and Mrs. R.H. Chatman, Mr. and Mrs. R. Mintor, Mrs. Cynthia Daly, Mrs. Emily Walker, and Mrs. Hattie Cooper; and,

WHEREAS, St. Paul African Methodist Church would not succumb to the flames of the 1930 fire and was quickly rebuilt with love and salvaged lumber, spurring forth the formation of an

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outstanding and timeless choir that would become renown for beautiful renditions of Negro Spirituals; and,

WHEREAS, St. Paul African Methodist Church has, since its founding, been leading and supporting the North Shore of Chicago through outreach programs, faith, good will and innumerable acts of kind service; and,

WHEREAS, St. Paul African Methodist Church presently has six families with three generations that worshipped there and 15 members that have worshipped for 50 years or more at what has come to be known as the "Little Cathedral on the North Shore," a monument and standing testament to the spirit of generations Marching forward; therefore be it; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 26, 2014, as **ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH DAY** in commemoration of 130 years of dedicated service and spiritual leadership in the community of Chicago's North Shore.

Issued by the Governor July 9, 2014

Filed by the Secretary of State July 14, 2014

ILLINOIS ADMINISTRATIVE CODE
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