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**March 4, 2016 Volume 40, Issue 10**

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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 preemptory 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 2016

<b>Issue#</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
1	December 21, 2015	January 4, 2016
2	December 28, 2015	January 8, 2016
3	January 4, 2016	January 15, 2016
4	January 11, 2016	January 22, 2016
5	January 19, 2016	January 29, 2016
6	January 25, 2016	February 5, 2016
7	February 1, 2016	February 16, 2016
8	February 8, 2016	February 19, 2016
9	February 16, 2016	February 26, 2016
10	February 22, 2016	March 4, 2016
11	February 29, 2016	March 11, 2016
12	March 7, 2016	March 18, 2016
13	March 14, 2016	March 25, 2016
14	March 21, 2016	April 1, 2016
15	March 28, 2016	April 8, 2016
16	April 4, 2016	April 15, 2016
17	April 11, 2016	April 22, 2016
18	April 18, 2016	April 29, 2016
19	April 25, 2016	May 6, 2016
20	May 2, 2016	May 13, 2016
21	May 9, 2016	May 20, 2016
22	May 16, 2016	May 27, 2016

23	May 23, 2016	June 3, 2016
24	May 31, 2016	June 10, 2016
25	June 6, 2016	June 17, 2016
26	June 13, 2016	June 24, 2016
27	June 20, 2016	July 1, 2016
28	June 27, 2016	July 8, 2016
29	July 5, 2016	July 15, 2016
30	July 11, 2016	July 22, 2016
31	July 18, 2016	July 29, 2016
32	July 25, 2016	August 5, 2016
33	August 1, 2016	August 12, 2016
34	August 8, 2016	August 19, 2016
35	August 15, 2016	August 26, 2016
36	August 22, 2016	September 2, 2016
37	August 29, 2016	September 9, 2016
38	September 6, 2016	September 16, 2016
39	September 12, 2016	September 23, 2016
40	September 19, 2016	September 30, 2016
41	September 26, 2016	October 7, 2016
42	October 3, 2016	October 14, 2016
43	October 11, 2016	October 21, 2016
44	October 17, 2016	October 28, 2016
45	October 24, 2016	November 4, 2016
46	October 31, 2016	November 14, 2016
47	November 7, 2016	November 18, 2016
48	November 14, 2016	November 28, 2016
49	November 21, 2016	December 2, 2016
50	November 28, 2016	December 9, 2016
51	December 5, 2016	December 16, 2016
52	December 12, 2016	December 27, 2016
53	December 19, 2016	December 30, 2016

## OFFICE OF THE ATTORNEY GENERAL

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Hospital Financial Assistance under the Fair Patient Billing Act
- 2) Code Citation: 77 Ill. Adm. Code 4500
- 3) Section Number: 4500.APPENDIX A      Proposed Action: Amendment
- 4) Statutory Authority: Implementing and authorized by Section 27 of the Fair Patient Billing Act [210 ILCS 88/27]
- 5) A Complete Description of the Subjects and Issues Involved: The proposed amendment will update Appendix A to reflect the 2016 poverty guidelines published by the United States Department of Health and Human Services (DHHS) in the *Federal Register* on January 25, 2016.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: No studies or reports were used to compose this rulemaking.
- 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not affect or create or expand a State mandate under the State Mandates Act.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Lynn Patton  
Rules Coordinator  
Office of the Attorney General  
500 South Second Street  
Springfield IL 62706

217/524-1504

David F. Buysse  
Deputy Chief, Public Interest Division  
Office of the Attorney General  
100 West Randolph Street, 12th Floor  
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312/814-7236

## OFFICE OF THE ATTORNEY GENERAL

## NOTICE OF PROPOSED AMENDMENT

All written comments filed within 45 days after the date of publication of this Notice will be considered.

13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rulemaking may affect small businesses, small municipalities and not-for-profit corporations that operate hospitals in Illinois by requiring the modification of their forms to reflect the updated federal poverty income guideline information.
- B) Reporting, bookkeeping or other procedures required for compliance: None beyond those already required of hospitals
- C) Types of professional skills necessary for compliance: None beyond those already required for personnel engaged in hospital billing operations

14) Regulatory Agenda on which this rulemaking was summarized: January 2016

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

OFFICE OF THE ATTORNEY GENERAL

NOTICE OF PROPOSED AMENDMENT

TITLE 77: PUBLIC HEALTH  
CHAPTER XVIII: OFFICE OF THE ATTORNEY GENERAL

PART 4500  
HOSPITAL FINANCIAL ASSISTANCE  
UNDER THE FAIR PATIENT BILLING ACT

Section

- 4500.10 Definitions
- 4500.20 Referenced Materials
- 4500.30 Hospital Financial Assistance Application Requirements
- 4500.40 Presumptive Eligibility Criteria
- 4500.50 Hospital Financial Assistance Electronic and Information Technology
- 4500.60 Hospital Financial Assistance Reporting Requirements

| 4500.APPENDIX A ~~2016~~2015 Poverty Income Guidelines

AUTHORITY: Implementing and authorized by Section 27 of the Fair Patient Billing Act [210 ILCS 88/27].

SOURCE: Adopted at 37 Ill. Reg. 12536, effective July 22, 2013; amended at 38 Ill. Reg. 20263, effective October 10, 2014; amended at 39 Ill. Reg. 10751, effective July 27, 2015; amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## OFFICE OF THE ATTORNEY GENERAL

## NOTICE OF PROPOSED AMENDMENT

Section 4500.APPENDIX A ~~2016~~2015 Poverty Income Guidelines~~2016~~2015 HEALTH AND HUMAN SERVICES POVERTY GUIDELINES

Persons in Family	Poverty Guideline
1	<del>\$11,880</del> 11,770
2	<del>\$16,020</del> 15,930
3	<del>\$20,160</del> 20,090
4	<del>\$24,300</del> 24,250
5	<del>\$28,440</del> 28,410
6	<del>\$32,580</del> 32,570
7	\$36,730
8	\$40,890
For additional persons, add	\$ 4,160

NOTE: See ~~8180~~ Fed. Reg. ~~4036 through 4037 (January 25, 2016)~~3236 through 3237  
(~~January 22, 2015~~).

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

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

<u>Section Numbers</u> :	<u>Proposed Actions</u> :
665.105	Amendment
665.115	Amendment
665.140	Amendment
665.210	Amendment
665.230	Amendment
665.240	Amendment
665.250	Amendment
665.270	Amendment
665.280	Amendment
665.290	Amendment
665.510	Amendment
665.520	Amendment
665.Appendix B	Repealed
665.Appendix F	Repealed
- 4) Statutory Authority: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2], Section 2 of the Communicable Disease Prevention Act [410 ILCS 315/2] and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking proposes changes to the vaccination requirements for children and students. Specifically, the proposed rulemaking revises vaccination intervals allowed for meningococcal vaccination among children in 6th and 12th grades and strengthens polio vaccination requirements for children entering kindergarten in the 2016-17 school year. The proposed vaccination revisions are supported by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

This rulemaking also seeks to implement PA 99-249, which requires parents and legal guardians seeking a religious exemption for child and student health examinations and immunizations to complete and submit a Certificate of Religious Exemption. This rulemaking provides the formal criteria for use of the Certificate and sets forth the processes by which schools will handle the Certificate.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

This rulemaking further seeks to add provisions of the Immunization Code, 77 Ill. Adm. Code 695, which is being repealed. The Child Health Examination Code and the Immunization Code nearly mirror each other. Rather than having two redundant regulations, IDPH is proposing to repeal the Immunization Code and insert its provisions into the Child Health Examination Code to create a one master rule covering child health examination and immunization requirements.

The economic effect on this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect. However, all vaccines are readily available through the federal Vaccines for Children (VFC) program administered by the Department.

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

- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 2013; 62 (No. RR-2) (available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm>).  
  
CDC. Update Recommendations for use of meningococcal conjugate vaccines – Advisory Committee on Immunization Practices (ACIP); MMWR 2011;60:72-76 (available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm>).
- 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? Yes
- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create or expand any state mandates on units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

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13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rulemaking will not have a direct impact on these stated entities. An indirect impact could occur to employer-provided health care coverage for the requirement for additional vaccination protection for students. However, the Department sponsors a Vaccines For Children (VFC) program, which addresses vaccination needs for under-insured children through age 18 years and a Vaccines For Adults (VFA) program for adults to address the needs of under-insured and uninsured adults.
- B) Reporting, bookkeeping or other procedures required for compliance: Health care providers administering vaccinations are expected to record the following information as documentation for any vaccination provided: the type of vaccine, date administered, vaccine manufacturer, vaccine lot number and the date of the Vaccine Information Statement provided to the patient at the time of the vaccination.
- Schools and child care facilities are required to monitor compliance with physical examinations and immunization requirements as noted in Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and the Child Care Act of 1969 [225 ILCS 10/7]. The proposed rulemaking revises language to assure consistency with current medical practice, national vaccination scheduling recommendations and alignment with statutory requirements created by PA 95-159, PA 98-480 and PA 99-249.
- C) Types of professional skills necessary for compliance: Only licensed medical professionals can administer vaccinations.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

14) Regulatory Agenda on which this rulemaking was summarized: July 2015

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 i: MATERNAL AND CHILD HEALTH

PART 665

CHILD AND STUDENT HEALTH EXAMINATION AND IMMUNIZATION CODE

SUBPART A: GENERAL PROVISIONS

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

SUBPART B: HEALTH EXAMINATION

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

SUBPART C: VISION AND HEARING SCREENING

- Section
- 665.310 Vision and Hearing Screening

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART D: DENTAL EXAMINATION

## Section

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

## SUBPART E: EXCEPTIONS

## Section

665.510	<del>Religious</del> Objection <del>of Parent or Legal Guardian</del>
665.520	Medical Objection

## SUBPART F: EYE EXAMINATION

## Section

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

## SUBPART G: DIABETES SCREENING

## Section

665.700	Diabetes Screening Requirement
665.710	Diabetes Screening
665.720	Testing Recommendations

665.APPENDIX A	Illinois Department of Public Health Eye Examination Report
665.APPENDIX B	Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib) <del>(Repealed)</del>
665.APPENDIX C	Illinois Department of Public Health Eye Examination Waiver Form
665.APPENDIX D	Illinois Department of Public Health Dental Examination Form
665.APPENDIX E	Illinois Department of Public Health Dental Examination Waiver Form
665.APPENDIX F	Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13) <del>(Repealed)</del>

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

**AUTHORITY:** Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2], Section 2 of the Communicable Disease Prevention Act [410 ILCS 315/2] and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7].

**SOURCE:** Emergency rule adopted at 4 Ill. Reg. 38, p. 275, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 Ill. Reg. 41, p. 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 Ill. Reg. 1403, effective January 29, 1981; codified at 8 Ill. Reg. 8921; amended at 11 Ill. Reg. 11791, effective June 29, 1987; amended at 13 Ill. Reg. 11565, effective July 1, 1989; amended at 13 Ill. Reg. 17047, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5617, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14543, effective August 27, 1990; amended at 15 Ill. Reg. 7706, effective May 1, 1991; amended at 18 Ill. Reg. 4296, effective March 5, 1994; amended at 20 Ill. Reg. 11950, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11966, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 1, 1998; amended at 26 Ill. Reg. 5921, effective July 1, 2002; amended at 26 Ill. Reg. 10689, effective July 1, 2002; amended at 29 Ill. Reg. 18127, effective October 24, 2005; emergency amendment at 32 Ill. Reg. 8778, effective May 30, 2008, for a maximum of 150 days; emergency expired October 26, 2008; emergency amendment at 32 Ill. Reg. 9055, effective June 6, 2008, for a maximum of 150 days; emergency expired November 2, 2008; amended at 33 Ill. Reg. 7011, effective May 11, 2009; amended at 33 Ill. Reg. 8459, effective June 8, 2009; amended at 35 Ill. Reg. 16723, effective September 27, 2011; amended at 37 Ill. Reg. 13912, effective August 16, 2013; amended at 38 Ill. Reg. 18766, effective August 26, 2014; amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL PROVISIONS

**Section 665.105 Definitions**[Act – Section 7 of the Child Care Act of 1969.](#)

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

[Advisory Committee on Immunization Practices or ACIP – a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States.](#)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

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

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

$$\frac{\text{Weight (lbs)} \times 703}{\text{Height (inches)}^2}$$

or

$$703 \frac{\text{Weight (lbs)}}{\text{Height (inches)}^2}$$

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

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

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

Dentist – a person who is licensed to practice dentistry under the Illinois Dental Practice Act.

Department or IDPH – the Illinois Department of Public Health.

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

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

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

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code and a pharmacist who is authorized to administer vaccinations under the Illinois Pharmacy Practice Act of 1975.

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

Optometrist – a person who is licensed to practice optometry under the Illinois Optometric Practice Act of 1987.

Pharmacist – a person who is licensed to practice pharmacy under the Illinois Pharmacy Practice Act of 1975.

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

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

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

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

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

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

Vision screening – mandated vision screening by Department-certified vision screeners under the Child Vision and Hearing Test Act and the Department's rules titled Vision Screening. Vision screening services include testing, evaluation and follow-up, which may include a recommendation for an eye examination.

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

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.115 Referenced Materials**

**a)** The following materials are referenced in this Part:

**1a)** Illinois Statutes:

**A1)** Child Vision and Hearing Test Act [410 ILCS 205]

**B2)** Medical Practice Act of 1987 [225 ILCS 60]

**C3)** Illinois Optometric Practice Act of 1987 [225 ILCS 80]

**D4)** School Breakfast and Lunch Program Act [105 ILCS 125]

**E5)** Illinois Dental Practice Act [225 ILCS 25]

**F6)** Nurse Practice Act [225 ILCS 65]

**G7)** Physician Assistant Practice Act of 1987 [225 ILCS 95]

**H8)** Lead Poisoning Prevention Act [410 ILCS 45]

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

~~I9)~~ Illinois Pharmacy Practice Act ~~of 1975~~ [225 ILCS 85]-

~~J)~~ School Code [105 ILCS 5]

~~K)~~ Child Care Act of 1969 [225 ILCS 10]

~~2b)~~ Illinois Administrative Rules

~~A4)~~ Control of Tuberculosis Code (77 Ill. Adm. Code 696)

~~B2)~~ Vision Screening (77 Ill. Adm. Code 685)

~~C3)~~ Hearing Screening (77 Ill. Adm. Code 675)

~~D4)~~ Control of Communicable Diseases Code (77 Ill. Adm. Code 690)

~~5)~~ ~~Immunization Code (77 Ill. Adm. Code 695)~~

b) The following materials are incorporated in this Part:

- 1) [Prevention and Control of Haemophilus influenza Type b Disease: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\). Morbidity and Mortality Weekly Report \(MMRW\), February 28, 2014; Vol. 63 #RR-01 \(available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6301a1.htm\).](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6301a1.htm)
- 2) [Prevention of Pneumococcal Disease Among Infants and Children – Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\); Morbidity and Mortality Weekly Report \(MMRW\), December 10, 2010; Vol. 59, #RR-11 \(available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm\).](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm)

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: HEALTH EXAMINATION

**Section 665.140 Timetable for Examinations**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- a) The examination shall be conducted within one year:
- 1) ~~Before~~Prior to the date of entering school (this includes nursery school, special education, Head Start or other pre-kindergarten programs operated by elementary school systems or secondary level school units or institutions of higher learning; and students transferring into Illinois from outside of the State or outside of the country);
  - 2) ~~Before~~Prior to the date of entering kindergarten or first grade;
  - 3) ~~Before~~Prior to the date of entering the sixth grade. ~~For the 2008-2009 school year only, a health examination conducted from August 2006 through September 2007 (for a child who was entering fifth grade for the 2007-2008 school year) shall also be deemed to meet the requirements of the School Code [105 ILCS 5/27-8.1];~~
  - 4) ~~Before~~Prior to the date of entering the ninth grade.
- b) For students attending school programs where grade levels are not assigned, examinations shall be completed ~~before~~prior to the date of entering and within one year prior to the school ~~years~~year in which the child reaches the ages of 5, 11, and 15.
- c) For students from other countries who attend classes, regardless of the duration of stay, examinations shall be completed within one year ~~before~~prior to the date of entering the school and at other intervals as provided in this Section.
- d) Additional health examinations and further evaluations of students may be required when deemed necessary by local school authorities.
- e) In programs operated by elementary school systems or secondary level school units or institutions of higher learning, health examinations are recommended for children under ~~five~~5 years of age at intervals of not less than ~~two~~2 years.
- f) Lead screening is required as follows:
- 1) Lead screening is a required part of the health examination for children between one and seven years of age entering a day care center, day care

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

~~home, preschool, nursery school, kindergarten or other child care facility, including programs run by a public school district~~~~age six years or younger prior to admission to kindergarten or first grade.~~ Each parent or legal guardian shall~~Each parent or legal guardian shall~~ provide a statement from a physician or health care provider that the child has been ~~risk~~ assessed for risk of lead poisoning or tested or both, if the child resides in an area defined as high risk by the Department or if the child is potentially at high risk for lead poisoning. This statement shall be provided prior to admission and subsequently in conjunction with required physical examinations~~if the child resides in an area defined as low risk by the Department, or screened for lead poisoning if the child resides in an area defined as high risk.~~ (Section 7.1 of the Lead Poisoning Prevention Act)

- 2) *Physicians and other health care providers shall also screen children age ~~seven~~six years and older for lead poisoning in conjunction with the school health examination when, in the medical judgment of the physician, advanced practice nurse, or physician assistant, the child is potentially at high risk of lead poisoning.* (Section 6.2 of the Lead Poisoning Prevention Act):

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.210 Proof of Immunizations**

- a) At or about the same time that a child~~he/she~~ receives a health examination, ~~the~~every child shall present proof to the local school authority of having received such immunizations against preventable communicable diseases as required by this Part ~~and Section 695.10 of the Immunization Code (77 Ill. Adm. Code 695.10).~~ "Proof" means that the individual administering the required immunizations has verified by recording on the Certificate of Child Health Examination form that the immunizations were administered in accordance with this Part.
- b) Immunizations shall be administered in accordance with ~~the Immunization Code and~~ Section 665.240 ~~of this Part.~~

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.230 School Entrance**

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- a) Every child, prior to enrolling in any public, private, ~~independent~~private/independent or parochial school (including nursery schools, preschool programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) in Illinois shall present to that school proof of immunity against:
- 1) Diphtheria
  - 2) Pertussis
  - 3) Tetanus
  - 4) Poliomyelitis
  - 5) Measles
  - 6) Rubella
  - 7) Mumps
  - 8) Haemophilus influenzae type b (as noted in Section 665.240(~~hf~~))
  - 9) Hepatitis B (as noted in Section 665.240(~~ig~~))
  - 10) Varicella (as noted in Section 665.240(~~jh~~))
  - 11) Invasive pneumococcal disease (except as noted in Section 665.240(k))
  - 12) Meningococcal disease (except as noted in Section 665.240(l))
- b) The health care provider ~~or~~and/or registered nurse verifying the administration of the required immunizations shall record as indicated on the Certificate of Child Health Examination that the immunizations were administered.
- c) Any child who does not submit proof of having protection by immunity as required ~~shall~~must receive the needed vaccine. If, for medical reasons, one or more of the required immunizations ~~shall~~must be given after the date of entrance of the current school year, a schedule for the administration of the immunizations

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and a statement of the medical reasons causing the delay ~~shall~~**must** be signed by the health care provider or registered nurse who will administer the needed immunizations and shall be kept on file at the local school.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.240 Basic Immunization**

- a) The optimum starting ages for the specified immunizing procedures are as follows:
- 1) Diphtheria – two to four months
  - 2) Pertussis – two to four months, combined with tetanus toxoid
  - 3) Tetanus – two to four months
  - 4) Poliomyelitis – two to four months
  - 5) Measles – 12 to 15 months
  - 6) Rubella – 12 to 15 months
  - 7) Mumps – 12 to 15 months
  - 8) Haemophilus – two to four months influenzae type b
  - 9) Hepatitis B – birth to two months
  - 10) Varicella – 12 to 18 months
  - 11) Invasive Pneumococcal Disease – two to four months
  - 12) Meningococcal Disease – 11 to 12 years
- b) Upon first entering a child care facility, all children two months of age and older shall show proof that the child has been immunized, or is in the process of being immunized, according to the recommended schedule, against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, Haemophilus influenzae type b, hepatitis

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B, varicella, and invasive pneumococcal disease.ca) Diphtheria, Pertussis, Tetanus

- 1) Any child ~~two years of age or older~~ entering a child care facility or school program below the kindergarten level shall show proof of having received ~~three~~four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine by one year of age and one additional dose by the second birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth doses shall be at least six months.
- 2) Any child entering school (kindergarten or first grade) for the first time shall show proof of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth doses shall be at least six months. Children six years of age and older may receive Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.
- 3) Any child entering school at a grade level not included in subsection ~~(c)(a)~~(1) or (2) shall show proof of having received three or more doses of DTP, DTaP, pediatric DT or adult Tetanus and Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first two doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least six months.
- 4) Receipt of pediatric Diphtheria Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication shall be verified as specified in Section 665.520.
- 5) Any Beginning with school year 2011-2012, any child entering sixth grade shall show proof of having received one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.

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6) Students entering grades seven through 12 who have not already received Tdap are required to receive one Tdap dose regardless of the interval since the last DTaP, DT or Td dose.

7) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection ~~(c)(d)~~(5) shall be submitted ~~before~~prior to the school years in which the child reaches the ages of 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.

8) School-age children entering a child care facility shall comply with the immunization requirements of subsections (c)(2), (3), (4), (5), (6) and (7).

db) Polio

1) Any child ~~two years of age or older~~ entering a child care facility or school program below the kindergarten level shall show proof of having received ~~two~~three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)) by one year of age and a third dose by the second birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. Any child 24 months of age or older shall show proof of at least three doses of polio vaccine appropriately spaced.

2) Any child entering school at any grade level (kindergarten through 12) shall show proof of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV shall show proof of having received at least four doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively shall show proof of having received at least three doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart.

3) Beginning with the school year 2016-2017, any child entering

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kindergarten shall show proof of having received four or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). The first three doses in the series shall have been received no less than four weeks (28 days) apart. The fourth or last dose shall be administered on or after the fourth birthday and at least six months after the previous dose.

- 4) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of polio vaccine shall be submitted before the school years in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public schools beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- 5) School-age children entering a child care facility shall comply with the immunization requirements in subsection (d)(2).

ee) Measles

- 1) Any child ~~two years of age or older~~ entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live measles virus vaccine on or after the first birthday, or other proof of immunity described in Section 665.250(c).
- 2) Children entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first or other proof of immunity described in Section 665.250(c).
- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live measles virus vaccine as described in subsection (c)(2) shall be submitted ~~before prior to~~ the school years in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public schools beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- 4) School-age children entering a child care facility shall comply with the

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immunization requirements in subsections (e)(2) and (3).fd) Rubella

- 1) Any child ~~two years of age or older~~ entering a child care facility or school program below the kindergarten level shall show proof of having received at least one dose of live rubella virus vaccine on or after the first birthday. Proof of disease is not acceptable unless laboratory evidence of rubella immunity is presented (see Section 665.250(d)).
- 2) ~~Children Beginning with the school year 2014-2015, children~~ entering school at any grade level (kindergarten through 12) shall show proof of having received two doses of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).
- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection ~~(f~~d)(2) shall be submitted ~~before~~prior to the school years in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- 4) School-age children entering a child care facility shall comply with the immunization requirements in subsections (f)(2) and (3).

ge) Mumps

- 1) Any child ~~two years of age or older~~ entering a child care facility or school program below the kindergarten level shall show proof of having received at least one dose of live mumps virus vaccine on or after the first birthday. Proof of disease, if verified by a physician, or laboratory evidence of mumps immunity may be substituted for proof of vaccination (see Section 665.250(e)).
- 2) ~~Children Beginning with the school year 2014-2015, children~~ entering school at any grade level (kindergarten through 12) shall show proof of

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having received two doses of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).

- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received two doses of live mumps virus vaccine as described in subsection (e)(2) shall be submitted ~~before~~~~prior to~~ the school years in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.

- 4) School-age children entering a child care facility shall comply with the immunization requirements in subsections (g)(2) and (3).

hf) Haemophilus influenzae type b (Hib)

- 1) Any child ~~two years of age or older~~ entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the ACIP recommendation for Hib vaccination schedule in Appendix B of this Part.
- 2) Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.
- 3) Any child five years of age or older shall not be required to provide proof of immunization with Hib vaccine.

ig) Hepatitis B

- 1) Any child ~~two years of age or older~~ entering a child care facility or school program below the kindergarten level shall show proof of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least two months. The interval between the first dose and the third dose shall be at least four months. The third dose shall have been administered on or after six months of age. Proof of

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prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).

- 2) Children entering the sixth grade shall show proof of having received three doses of hepatitis B vaccine, or other proof of immunity described in Section 665.250(f). The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least two months. The interval between the first and third doses shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).
  - 3) The third dose of hepatitis B vaccine is not required if it can be documented that the child received two doses of adult formulation Recombivax-HB vaccine (10 mcg) and was 11 to 15 years of age at the time of vaccine administration, and that the interval between receipt of the two doses was at least four months.
  - 4) Proof of prior or current hepatitis B infection shall be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is acceptable only if one of the following serologic tests indicates positivity: HBsAg, anti-HBc or anti-HBs.
  - 5) For students attending school programs for which grade levels (kindergarten through 12) are not assigned, proof of having received three doses of hepatitis B vaccine or other proof of immunity as described in subsections (i)(2), (3) and (4) shall be submitted before the school years in which the child reaches the ages of 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
  - 6) School-age children entering a child care facility shall comply with the immunization requirements in subsections (i)(2) and (3).
- jH) Varicella
- 1) Any child ~~two years of age or older~~ entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of varicella vaccine on or after the first birthday, or other proof

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of ~~immunity prior varicella disease as~~ described in Section 665.250(g), ~~or laboratory evidence of varicella immunity.~~

- 2) Children ~~entering school at any grade level (kindergarten through 12) who entered kindergarten for the first time on or after July 1, 2002,~~ shall show proof of having received at least one dose of varicella vaccine on or after the first birthday, ~~or other~~ proof of ~~immunity prior varicella disease as~~ described in Section 665.250(g), ~~or laboratory evidence of varicella immunity.~~
- 3) ~~Any~~Beginning with the school year 2014-2015, ~~any~~ child entering kindergarten, sixth grade, or ninth grade for the first time on or after July 1, 2014 shall show proof of having received two doses of varicella vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or ~~other~~ proof of ~~immunity prior varicella disease as~~ described in Section 665.250(g), ~~or laboratory evidence of varicella immunity.~~
- 4) ~~Only those children who have been immunized with varicella vaccine in accordance with subsections (h)(1), (2) and (3), have had physician diagnosed varicella disease, have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or have laboratory evidence of immunity shall be considered to be immune.~~
- 45) For students attending school programs where grade levels (kindergarten through 12) are not assigned, proof of having received at least two doses of varicella vaccine in accordance with subsection (j)(2) or (3) or other proof of immunity as described in Section 665.250(g) subsections (h)(2), (3) and (4) shall be submitted prior to the school ~~years~~year in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- 5) School-age children entering a child care facility shall comply with the immunization requirements in subsections (j)(2) and (3).

k) Invasive Pneumococcal Disease

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

lj) Meningococcal Disease

- 1) ~~Any Beginning with the school year 2015-2016, any~~ child entering the sixth grade on or after July 1, 2015 shall show proof of having received one dose of meningococcal conjugate vaccine on or after the ~~10<sup>th</sup>-11<sup>th</sup>~~ birthday. Children who do not meet the age requirement will be monitored in accordance with Section 665.270.
- 2) ~~Any Beginning with the school year 2015-2016, any~~ child entering the 12<sup>th</sup> grade on or after July 1, 2015 shall show proof of having received two doses of meningococcal conjugate vaccine prior to entering the 12<sup>th</sup> grade. The first dose shall have been received on or after the ~~10<sup>th</sup>-11<sup>th</sup>~~ birthday, and the second dose shall have been received ~~on or after the 16<sup>th</sup> birthday~~, at least eight weeks after the first dose. If the first dose is administered when the child is 16 years of age or older, only one dose is required.
- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received one dose of meningococcal conjugate vaccine shall be submitted in the school year in which the child reaches age 11 and a second dose in the school year in which the child reaches age 16. If the first dose is administered when the child is 16 years of age or older, only one dose is required. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.

mk) The requirements of this Section also apply to children who transfer into Illinois

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child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.250 Proof of Immunity**

- a) Proof of immunity shall consist of documented evidence of the child having received a vaccine (verified by a health care provider, defined as a physician, child care or school health professional, or health official) or proof of disease (as described in subsection (e), (f) or (g) or documentation of laboratory evidence of immunity to a specific disease (as described in subsection (c), (d), (e) or (g))~~subsections (e) through (f)~~). As used in this Section, "physician" (see Section 665.130) means a physician licensed to practice medicine in all of its branches (M.D., D.O.).
- b) Day and month is required if it cannot otherwise be determined that the vaccine was given after the minimum interval or age.
- c) Proof of prior measles disease ~~shall~~**must** be verified with date of illness signed by a physician or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002 must be confirmed by laboratory evidence.
- d) The only acceptable proof of immunity for rubella is evidence of vaccine (dates, see subsection (b)) or laboratory evidence of rubella immunity.
- e) Proof of prior mumps disease ~~shall~~**must** be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.
- f) Proof of prior or current hepatitis B infection ~~shall~~**must** be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is ~~only~~**only** acceptable only if one of the following serologic tests indicates positivity: HBsAg, anti-HBc ~~and/or~~ anti-HBs.
- g) Proof of prior varicella disease ~~shall~~**must** be verified with:
  - 1) date of illness signed by a physician; or

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- 2) a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection; or
- 3) laboratory evidence of varicella immunity.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.270 Compliance with the School Code**

A child shall be considered in compliance with the health examination and immunization requirement in Section 27-8.1 of the School Code if all applicable immunizations that a child can medically receive are given ~~before~~prior to entering school and a signed statement from a health care provider is presented indicating when the remaining medically indicated immunization will be administered within the current school year. Local school authorities shall monitor immunization schedules to assure their completion. If a child is delinquent for a scheduled appointment for immunization, ~~he or she~~he/she is no longer considered to be in compliance.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.280 Health Care Provider~~Physician~~ Statement of Immunity**

A physician licensed to practice medicine in all of its branches, a physician assistant or an advanced practice nurse who believes a child to be protected against a disease for which immunization is required may so indicate in writing, stating the reasons, providing documentation of proof of immunity, when applicable and certifying~~certify~~ that he or she~~he/she~~ believes the specific immunization in question is not necessary or indicated. ~~Such a statement should be attached to the child's school health record and accepted as satisfying the medical exception provision of the regulation for that immunization.~~ These statements of lack of medical need, including documentation of proof of immunity, when applicable, shall be submitted to the Department by the attendance center accompanied by the necessary parental release. The Department will review the statements~~will be reviewed by the Department~~ with appropriate medical consultation. The Department's response shall be placed in the child's permanent health record. After review, if the student is no longer considered to be in compliance, the student is subject to the exclusion provision of the School Code. If a school is not able to obtain parental release, or if the documented intervals of vaccinations administered are not approved by the Department to be in accordance with Section 665.240, the student shall be noncompliant and subject to exclusion~~law~~.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 665.290 List of Non-immunized Child Care Facility Attendees or Students**

~~Every child care facility and attendance center shall maintain an~~ An accurate list ~~shall be maintained at every attendance center~~ of all children and students who have not presented proof of immunity (see Section 665.280) against any or all diseases for which immunization is required by Section 665.240 (see Section 665.280) against diphtheria, pertussis (to age 6), tetanus, poliomyelitis, measles, rubella, mumps, Haemophilus influenzae type b (as noted in Section 665.240(f)), hepatitis B (as noted in Section 665.240(g)), or Varicella (as noted in Section 665.240(h)).

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART E: EXCEPTIONS

**Section 665.510 Religious ~~Objection of Parent or Legal Guardian~~**

- a) Children entering any public, private or parochial school or a preschool program operated by an elementary or secondary school or institution of higher learning whose ~~parents~~ Parents or legal guardians ~~who~~ object to health, dental or eye examinations or any part thereof, ~~or~~ to immunizations, or to vision and hearing screening tests ~~or to vision and hearing screening tests~~, on religious grounds shall not be required to undergo ~~submit their children or wards to~~ the examinations, tests or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed Certificate of Religious Exemption ~~statement of objection~~, detailing the grounds for the objection and the specific immunizations, tests or examinations to which they object. (Section 27-8.1(8) of the School Code) ~~The objection must set forth the specific religious belief that conflicts with the examination, immunization or other medical intervention. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow physical examinations, eye examinations, immunizations, vision and hearing screening, or dental examinations will not provide a sufficient basis for an exception to statutory requirements. The local school authority is responsible for determining whether the written statement constitutes a valid religious objection. The local school authority shall inform the parent or legal guardian of measles outbreak control exclusion procedures in accordance with the Department's rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690) at the time the objection is presented.~~

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- b) The grounds for the religious objection must set forth the specific religious belief that conflicts with the examination, test, immunization or other medical intervention. The religious objection stated need not be directed by the tenets of an established religious organization. However, general philosophical or moral reluctance to allow physical examinations, eye examinations, immunizations, vision and hearing screenings, or dental examinations does not provide a sufficient basis for an exception.
- c) The signed Certificate of Religious Exemption shall also reflect the parent's or legal guardian's understanding of the school's exclusion policies in the case of a vaccine-preventable disease outbreak or exposure.
- d) The Certificate of Religious Exemption must also be signed by the health care provider responsible for the performance of the child's health examination confirming that the provider provided education to the parent or legal guardian on the benefits of the immunization and the health risks to the student and to the community of the communicable diseases for which immunization is required. The health care provider's signature on the certificate reflects only that education was provided and does not allow the health care provider grounds to determine a religious exemption.
- e) The local school authority is responsible for determining if the content of the Certificate of Religious Exemption constitutes a valid religious objection. The local school authority shall inform the parent or legal guardian of exclusion procedures in accordance with the Control of Communicable Diseases Code at the time the objection is presented. If the Certificate of Religious Exemption is approved, the form shall be placed on file in the student's permanent record.
- f) Parents or legal guardians must submit the Certificate of Religious Exemption to their local school authority prior to entering kindergarten, sixth, and ninth grade for each child for which they are requesting an exemption. (Section 27-8.1(8) of the School Code)
- g) Use of the Certificate of Religious Exemption applies to students transferring into schools at any grade or students entering preschool programs operated by elementary or secondary schools.
- h) The Certificate of Religious Exemption and subsections (a), (b), (c), (d), (e), (f)

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and (g) are also applicable to children entering child care facilities not operated by an elementary or secondary school or institution of higher learning whose parents or legal guardians object to health, dental or eye examinations, immunizations or vision or hearing screening tests on religious grounds.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.520 Medical Objection**

- a) Any medical objection to an immunization ~~shall~~**must** be:
- 1) Made by ~~the examining~~**a** physician licensed to practice medicine in all its branches, an advanced practice nurse or a physician assistant responsible for the performance of the health examination indicating what the medical condition of the child is that makes administration of one or more of the required immunizing agents medically contraindicated; and,
  - 2) Endorsed and signed by the ~~examining~~ **examining** physician, advanced practice nurse or physician assistant responsible for the performance of the health examination on the ~~certificate of child~~ health examination form and placed on file in the child's permanent record.
- b) The child care facility or local school authority shall attach the form to the child's health record and place the record in the child's permanent record. The child care facility or local school authority shall inform the parents or legal guardians of outbreak control exclusion procedures, in accordance with the Control of Communicable Diseases Code, at the time the medical objection is presented.
- ~~cb)~~ **cb)** Should the medical condition of the child later indicate that~~permit~~ immunization is no longer contraindicated to the health of the child, the immunization requirements, this requirement will then have to be met. ~~Parents or legal guardians must be informed of measles outbreak control exclusion procedures when such objection is presented per Section 665.510.~~

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 665.APPENDIX B Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib) (Repealed)**

~~Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)  
 Note: Vaccines are interchangeable. Any combination of 3 doses of conjugate vaccine constitutes a primary series. Similarly, a DTP/Hib combination vaccine can be used in place of HbOC or PRP-T.~~

Vaccine	Age at 1 <sup>st</sup> Dose (months)	Primary Series	Booster	Total Number of Doses
<del>HbOC HibTITER<sup>®</sup> Wyeth/Lederle or DTP/HbOC TETRAMUNE<sup>®</sup> Wyeth/Lederle or PRP-T ActHIB<sup>®</sup> Aventis Pasteur OmniHib<sup>®</sup> GlaxoSmithKline</del>	<del>2-6</del>	<del>3 doses, 2 months apart<sup>⊕</sup></del>	<del>12-15 months</del>	<del>4</del>
	<del>7-11</del>	<del>2 doses, 2 months apart<sup>⊕</sup></del>	<del>12-18 months<sup>⊕, ⊕</sup></del>	<del>3</del>
	<del>12-14</del>	<del>1 dose</del>	<del>2 months later<sup>⊕</sup></del>	<del>2</del>
	<del>15-59</del>	<del>1 dose<sup>⊕</sup></del>	<del>None</del>	<del>1</del>
<del>PRP-OMP  PedvaxHIB<sup>®</sup> Merek COMVAX<sup>®</sup> Merek</del>	<del>2-6</del>	<del>2 doses, 2 months apart<sup>⊕</sup></del>	<del>12-15 months<sup>⊕, ⊕</sup></del>	<del>3</del>
	<del>7-11</del>	<del>2 doses, 2 months apart<sup>⊕</sup></del>	<del>12-18 months<sup>⊕, ⊕</sup></del>	<del>3</del>
	<del>12-14</del>	<del>1 dose</del>	<del>2 months later<sup>⊕</sup></del>	<del>2</del>

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	15-59	1-dose⊕	None	+
PRP-D ProHIBIT® Aventis Pasteur	15-59	1-dose⊕	None	+

1. ~~Minimally acceptable interval between doses is one month.~~
2. ~~At least 2 months after previous dose.~~
3. ~~After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.~~
4. ~~Children 15-59 months of age should receive only a single dose of Hib vaccine.~~

R Registered name

(Source: Repealed at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

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

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

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

(Source: Repealed at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: College Immunization Code
- 2) Code Citation: 77 Ill. Adm. Code 694
- 3) 

<u>Section Numbers</u> :	<u>Proposed Actions</u> :
694.10	Repealed
694.20	Amendment
694.30	New Section
694.100	Amendment
694.110	Amendment
694.200	Amendment
694.APPENDIX C	Amendment
- 4) Statutory Authority: College Student Immunization Act [110 ILCS 20]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking proposes changes to the vaccination requirements for incoming college students at Illinois higher education institutions. Specifically, the rulemaking seeks to add a vaccination requirement for meningococcal disease (one dose of meningococcal vaccine on or after 16th birthday) and for pertussis (students must have received at least one dose of Tdap within previous 10 years) and will require college students to show proof of receipt of two doses of rubella, mumps-containing vaccines. The vaccination requirements will take effect beginning with the 2016-17 Fall term. The proposed amendments seek to align Illinois college vaccination requirements with current accepted clinical practices as recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the Academy of Family Physicians (AFP).

The economic effect on this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect. However, all vaccines are readily available through the federal Vaccines for Children (VFC) program administered by the Department.

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

- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: CDC. Updated Recommendations of the Advisory Committee on

## DEPARTMENT OF PUBLIC HEALTH

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Immunization Practices (ACIP) for the Control and Elimination of Mumps; MMWR 2006; 55 (No. 22)

CDC. Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 1998; 47 (No. RR-8)

CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 2005; 54 (No. RR-7);

CDC. Licensure of a Meningococcal Conjugate Vaccine for Children Aged 2 Through 10 Years and Updated Booster Dose Guidance for Adolescents and Other Persons at Increased Risk for Meningococcal Disease - Advisory Committee on Immunization Practices (ACIP); MMWR 2011; 60:1018-1019

CDC. Update Recommendations for use of meningococcal conjugate vaccines – Advisory Committee on Immunization Practices (ACIP); MMWR 2011;60:72-76

CDC. Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 2013; 62 (No. RR-2)

- 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking neither creates nor expands any State mandates on units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Elizabeth Paton  
Assistant General Counsel  
Division of Legal Services

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Illinois Department of Public Health  
535 W. Jefferson St., 5th floor  
Springfield IL 62761

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

13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not-for-profit corporations affected: These immunization rules will not have a direct impact on these stated entities. An indirect impact could occur to employer-provided health care coverage for the requirement for additional vaccination protection for students attending college. However, the Department sponsors a Vaccines For Children (VFC) program, which addresses vaccination needs for under-insured children through age 18 years and a Vaccines For Adults (VFA) program for adults to address the needs of under-insured and uninsured adults.
- B) Reporting, bookkeeping or other procedures required for compliance: Health care providers administering vaccinations are expected to record the following information as documentation for any vaccination provided: the type of vaccine, date administered, vaccine manufacturer, vaccine lot number and the date of the Vaccine Information Statement provided to the patient at the time of the vaccination.
- Colleges and universities with on-campus student housing are required to monitor compliance with immunization requirements as noted in the College Student Immunization. The proposed amendments revise language to assure consistency with current medical practice, national vaccination scheduling recommendations and alignment with statutory requirements created by PA 86-1324 and 85-1315.
- C) Types of professional skills necessary for compliance: Only licensed medical professionals can administer vaccinations.

14) Regulatory Agenda on which this rulemaking was summarized: July 2015

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 k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONSPART 694  
COLLEGE IMMUNIZATION CODE

## SUBPART A: GENERAL PROVISIONS

## Section

694.10	Purpose ( <a href="#">Repealed</a> )
694.20	Definitions
<a href="#">694.30</a>	<a href="#">Referenced Materials</a>

## SUBPART B: IMMUNIZATION REQUIREMENTS

## Section

694.100	Proof of Immunity
694.110	Record Keeping
694.120	Completion and Submission of the Summary Report

## SUBPART C: EXEMPTIONS

## Section

694.200	Medical Exemption
694.210	Religious Exemption
694.220	Classification Exemption

<a href="#">694.APPENDIX A</a>	Certificate of Immunity Form (Repealed)
<a href="#">694.APPENDIX B</a>	Summary Report of the Immunization Status of College/University Students (Repealed)
<a href="#">694.APPENDIX C</a>	Required Elements of Health Record

AUTHORITY: Implementing and authorized by the College Student Immunization Act [110 ILCS 20].

SOURCE: Adopted at 14 Ill. Reg. 1609, effective January 19, 1990; emergency amendment at 14 Ill. Reg. 5882, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14551, effective August 27, 1990; amended at 16 Ill. Reg. 5916, effective March 31, 1992;

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

amended at 17 Ill. Reg. 2306, effective February 11, 1993; amended at 19 Ill. Reg. 3584, effective February 10, 1996; amended at 26 Ill. Reg. 10784, effective July 1, 2002; amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL PROVISIONS

**Section 694.10 Purpose (Repealed)**

~~The purpose of immunization requirements for public and private colleges and universities is to prevent the introduction and spread of vaccine-preventable diseases among students and the secondary spread of such diseases into the surrounding community. This Part specifies the circumstances under which proof of immunization shall be required for enrollment in a public or private college or university.~~

(Source: Repealed at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 694.20 Definitions**

"Act" means the College Student Immunization Act ~~[110 ILCS 20]~~.

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

"Certificate of immunity" means a form acceptable to a post-secondary educational institution signed by a health care provider who has administered an immunizing agent to a student (or has reviewed health records evidencing such administration), specifying the vaccine administered and the date of administration.

*"Department" means the Illinois Department of Public Health. (Section 1(a) of the Act)*

"Designated recordkeeping office" means the office designated by a post-secondary educational institution as responsible for maintaining student immunization records. In institutions with health services, that office shall be the designated office of record.

"Enroll" means the student is a bona fide member of the post-secondary educational institution's student body receiving academic credit for on-campus

## DEPARTMENT OF PUBLIC HEALTH

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instruction.

"Health care provider" means a physician licensed to practice medicine in all of its branches (M.D. or D.O.), [advanced practice nurse, physician assistant, pharmacist](#), local health authority, registered nurse employed by a school, college or university, or a Department recognized vaccine provider.

["Pharmacist" means a person who is licensed to practice pharmacy under the Pharmacy Practice Act.](#)

"Physician" means a physician licensed to practice medicine in all of its branches (M.D. or D.O.).

["Physician assistant" means a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987.](#)

*"Post-secondary educational institution" means a public or private college or university offering degrees and instruction above the high school level, and shall include, but not be limited to,*

*Any and all private colleges and universities; the University of Illinois; Southern Illinois University; Chicago State University; Eastern Illinois University; Governors State University; Illinois State University; Northeastern Illinois University; Northern Illinois University; Western Illinois University; and any other public university now or hereafter established or authorized by the General Assembly; except that a post-secondary educational institution does not mean or include any public college or university that does not provide on-campus housing for its students in dormitories or equivalent facilities that are owned, operated, and maintained by the public college or university.*

*The term shall not include any public or private junior or community college (i.e., any public or private degree-granting institution at which the highest degree offered is an associate degree or an undergraduate certificate of two years or less), or any post-secondary educational institution at which the highest award offered is a diploma or certificate of two years or less, or any institution offering degrees and instruction which utilizes correspondence as its primary mode of student instruction. (Section 1(b) of the Act)*

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## NOTICE OF PROPOSED AMENDMENTS

"Proof of immunity" means evidence of appropriate immunization, ~~physician diagnosed disease~~, or laboratory evidence of ~~immunity~~ immunization documented in writing by a health care provider in accordance with the requirements of this Part. Laboratory evidence applies to measles, mumps and rubella only. The content of the immunization record form ~~used~~ utilized by an institution shall include, as a minimum, the basic elements listed in Appendix C.

"Student health record" means a record containing the immunization status of a student relating to the vaccine-preventable diseases covered by this Part. The content of the immunization record form ~~used~~ utilized by an institution shall include, as a minimum, the basic elements listed in Appendix C.

"Summary report" means a form developed by the Department for gathering statistical information on the number of students enrolled at a post-secondary educational institution, the number with proof of immunity, the number with medical or religious exemptions, and the number without proof of immunity or such exemptions.

"Term" means any period of on-campus instruction offered by a post-secondary educational institution. Students enrolling for the first time during a special term of less than the traditional duration (Summer Session, Interim, Intersession, etc.) may be permitted to enroll in an immediate following term of traditional length before providing proof of immunity in accordance with this Part.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 694.30 Referenced Materials**

The following materials are referenced in this Part:

- a) Nurse Practice Act [225 ILCS 65]
- b) Pharmacy Practice Act [225 ILCS 85]
- c) Physician Assistant Practice Act of 1987 [225 ILCS 95]
- d) Family Educational Rights and Privacy Act of 1974 (20 USC 1232g) and 34 CFR 99.36.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

(Source: Added at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: IMMUNIZATION REQUIREMENTS

**Section 694.100 Proof of Immunity**

a) Beginning with the Fall term 2016-2017, students who enroll at a post-secondary educational institution shall present to the designated recordkeeping office proof of immunity evidencing the following immunizations:

1) Diphtheria, Tetanus, Pertussis

~~A) Students not considered international students, pursuant to subsection (b), are required to provide proof of at least one dose of Tetanus and Diphtheria (Td) vaccine having been received within 10 years of the term of current enrollment. (It is recommended that the student provide dates of at least 2 previous doses of any combination of Diphtheria, Tetanus, and Pertussis (DTP or DTaP), pediatric Diphtheria and Tetanus (DT) or adult Tetanus and Diphtheria (Td) vaccine.)~~

~~AB) Students shall~~ International students are required to provide dates of any combination of three or more doses of Diphtheria, Tetanus, and Pertussis containing vaccine. One dose must be Tdap vaccine. The last dose must have been (DTP or DTaP), pediatric Diphtheria and Tetanus (DT) or adult Tetanus and Diphtheria (Td) vaccine, with the most recent dose having been received within 10 years prior to the term of current enrollment.

~~BC) The minimum time interval between the first and second dose must have been at least four4 weeks (28 days), with the third dose having been received at least six6 months after the second or last dose of the basic series.~~

~~CD) Receipt of Tetanus Toxoid (T.T.) vaccine is not acceptable in fulfilling this requirement.~~

2) Measles

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## NOTICE OF PROPOSED AMENDMENTS

A) Students ~~shall~~must provide documentation of receipt of ~~two~~2 doses of live measles virus vaccine on or after the first birthday. The minimum time interval between each dose must have been at least ~~four~~4 weeks (28 days). If either dose was received prior to 1968, proof must be provided that a live virus vaccine, without gamma globulin, was administered.

~~B) Those students attending a post-secondary educational institution prior to the Fall 1990 term, who have had at least one dose of live measles virus vaccine on or after the first birthday, may be considered protected and in compliance.~~

~~BC) Students who cannot provide proof of immunization may provide laboratory (serologic) evidence of measles immunity; or a physician's signed confirmation of disease history and date of conclusive diagnosis. A diagnosis of measles disease made by a physician on or after July 1, 2002 must be confirmed by laboratory evidence.~~

## 3) Rubella

A) ~~Students shall provide documentation of receipt of two doses of live rubella virus vaccine on or after the first birthday. The minimum time interval between each dose must have been at least four weeks (28 days). Immunization with rubella vaccine on or after the first birthday;~~

~~B) Students who cannot provide proof of immunization may provide laboratory Laboratory (serologic) evidence of rubella immunity; or~~

~~C) History of disease is not acceptable as proof of immunity.~~

## 4) Mumps

A) ~~Students shall provide documentation of receipt of two doses of live mumps virus vaccine on or after the first birthday. The minimum time interval between each dose must have been at least four weeks (28 days). Immunization with live mumps vaccine on or~~

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- ~~after the first birthday; or~~
- ~~B) A physician's signed confirmation of disease history and date of conclusive diagnosis; or~~
- ~~BC) Students who cannot provide proof of immunization may provide laboratory Laboratory (serologic) evidence of mumps immunity.~~
- ~~5) Meningococcal vaccine. Beginning Fall term 2016-2017, all incoming students shall show proof of having at least one dose of meningococcal conjugate vaccine on or after 16 years of age.~~
- ~~b) Proof of immunity may be provided by a certificate of immunity containing the following information:~~
- ~~1) The month, day and year of vaccine receipt for measles, mumps, and rubella. Whole year dates (e.g., 1969) are acceptable only when it is clear that the student was at least one year of age when the vaccine was received.~~
- ~~2) The month, day and year of vaccine receipt for diphtheria and tetanus.~~
- ~~e) Proof of immunity may also be provided by one of the following:~~
- ~~1) A copy of the student's Illinois high school health record which complies with the immunization requirements of this Part;~~
- ~~b2) For measles, mumps and rubella vaccines only, in lieu of proof of immunity as defined in this Part, evidence of birth on or before January 1, 1957, such as a birth certificate, drivers license, or personal identification card issued by the Secretary of State.~~
- ~~cd) Additional immunization entries made in a student health record by a post-secondary educational institution shall be based upon a certificate of immunity which complies with the requirements of this Part.~~
- ~~de) A student who enrolls at a post-secondary educational institution without providing proof of immunity shall be precluded from enrolling at that institution in a subsequent term unless the student provides proof of immunity acceptable to~~

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the designated recordkeeping office or is granted a medical or religious exemption by the institution.

- ef)** Students shall provide proof of immunity each time they transfer to another post-secondary educational institution.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 694.110 Record Keeping**

- a) The designated recordkeeping office shall maintain records containing the required elements (as in Appendix C) of the immunization status of each student. The student health records shall be maintained by the post-secondary educational institution.
- b) If an exemption has been granted for medical or religious reasons, or if laboratory evidence of immunity has been submitted, a copy of the request for exemption or the laboratory report must be kept with the student health record.
- c) A post-secondary educational institution shall keep susceptibility lists by disease category indicating the names of all students who are granted medical or religious exemptions by the institution or who have not provided proof of immunity. Those lists shall be disclosed to the Department in health and safety emergencies in accordance with the Family Educational Rights and Privacy Act of 1974 (20 USC 1232g) and 34 CFR 99.36.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: EXEMPTIONS

**Section 694.200 Medical Exemption**

- a) A student may be exempted from one or more of the specific immunization requirements specified in this Part upon acceptance by the designated record keeping office of a written statement by a physician indicating the nature and probable duration of the medical condition or circumstances that contraindicates those immunizations ~~such immunization(s)~~, identifying the specific vaccines ~~that vaccine(s) which~~ could be detrimental to the student's health.

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- b) Female students may be granted temporary exemption from immunization against measles, mumps, and rubella under subsection (a) ~~above~~ if pregnancy or suspected pregnancy is certified by a written physician's statement.
- c) If a student is on an approved schedule of receipt ~~for any required~~of all necessary doses of Td vaccine, the student will be granted temporary medical exemption for the duration of the approved schedule.
- d) If a student's medical condition or circumstances later permit immunization, the ~~exemption~~exemption(s) granted under subsection (a), (b) or (c) ~~above~~ shall ~~thereupon~~ terminate and the student shall be required to obtain the ~~immunizations~~immunization(s) from which the student has been exempted.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 694.APPENDIX C Required Elements of Health Record**

1. Name
2. Student Identification Number
3. Month, Day, and Year of Birth
4. ~~Gender~~Sex
5. Term and Year of First Entry
6. Dates to Establish Immunity to Measles (Rubeola)
7. Dates to Establish Immunity to Rubella
8. Dates to Establish Immunity to Mumps
9. Dates to Establish Immunity to Tetanus/Diphtheria
10. Date of Most Recent Tetanus/Diphtheria/Pertussis Booster (Tdap)
11. Date of Most Recent Meningococcal Vaccine
1244. Phone Number of Certifying Health Care Provider
1342. Name and Signature of Health Care Provider

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED REPEALER

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

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
695.5	Repealed
695.7	Repealed
695.10	Repealed
695.20	Repealed
695.30	Repealed
695.40	Repealed
695.50	Repealed
695.APPENDIX A	Repealed
695.APPENDIX B	Repealed
- 4) Statutory Authority: Communicable Disease Prevention Act [410 ILCS 315]; Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7]
- 5) A Complete Description of the Subjects and Issues Involved: The Immunization Code is being repealed and its provisions added to the Child Health Examination Code (77 Ill. Adm. Code 665) to create one comprehensive regulation covering child and student health examinations and immunizations. Currently, immunizations are covered in both the Immunization Code and the Child Health Exam Code resulting in redundant regulations. The repeal of the Immunization Code will remove the redundancy and create a central location for parents and health care providers to find the examination and immunization requirements.
 

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

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- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create a state mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:

Elizabeth Paton  
Assistant General Counsel  
Department of Public Health  
Division of Legal Services  
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 2015

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED REPEALER

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

PART 695  
IMMUNIZATION CODE (REPEALED)

## Section

695.5	Definitions
695.7	Referenced Materials
695.10	Basic Immunization
695.20	Booster Immunizations
695.30	Exceptions
695.40	List of Non-Immunized Child Care Facility Attendees or Students
695.50	Proof of Immunity

695.APPENDIX A Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)

695.APPENDIX B Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)

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

**SOURCE:** Emergency amendment effective June 23, 1977; emergency amendment at 3 Ill. Reg. 14, p. 88, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 134, effective December 17, 1979; codified at 8 Ill. Reg. 4512; amended at 11 Ill. Reg. 11799, effective June 29, 1987; emergency amendment at 14 Ill. Reg. 5890, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14562, effective August 27, 1990; amended at 15 Ill. Reg. 7712, effective May 1, 1991; amended at 17 Ill. Reg. 2975, effective February 11, 1993; amended at 20 Ill. Reg. 11962, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11973, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 11, 1998; amended at 26 Ill. Reg. 5930, effective July 1, 2002; amended at 26 Ill. Reg. 10792, effective July 1, 2002; amended at 37 Ill. Reg. 13930, effective August 16, 2013; amended at 38 Ill. Reg. 18778, effective August 26, 2014; repealed at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 695.5 Definitions**

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## NOTICE OF PROPOSED REPEALER

Act – Section 7 of the Child Care Act of 1969.

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

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

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

Department or IDPH – the Illinois Department of Public Health.

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

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code and a pharmacist who is authorized to administer vaccinations under the Illinois Pharmacy Practice Act of 1975.

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

Pharmacist – a person who is licensed to practice pharmacy under the Illinois Pharmacy Practice Act of 1975.

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

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

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

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## NOTICE OF PROPOSED REPEALER

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

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

**Section 695.7 Referenced Materials**

The following materials are referenced in this Part:

- a) School Code [105 ILCS 5]
- b) Medical Practice Act of 1987 [225 ILCS 60]
- c) Nurse Practice Act [225 ILCS 65]
- d) Physician Assistant Practice Act of 1987 [225 ILCS 95]
- e) Child Care Act of 1969 [225 ILCS 10]
- f) Illinois Pharmacy Practice Act of 1975 [225 ILCS 85]

**Section 695.10 Basic Immunization**

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

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## NOTICE OF PROPOSED REPEALER

- 6) Rubella – 12 to 15 months
  - 7) Mumps – 12 to 15 months
  - 8) Haemophilus – two to four months influenzae type b
  - 9) Hepatitis B – birth to two months
  - 10) Varicella – 12 to 18 months
  - 11) Invasive Pneumococcal disease (except as noted in subsection (l)) – two to four months
  - 12) Meningococcal Disease – six months to two years
- b) Upon first entering a child care facility, all children two months of age and older shall show proof that the child has been immunized, or is in the process of being immunized, according to the recommended schedule, against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, Haemophilus influenzae type b, hepatitis B, varicella, and invasive pneumococcal disease.
- c) All children entering school programs in Illinois for the first time shall show proof of immunity against:
- 1) Diphtheria
  - 2) Pertussis (except as noted in subsection (d))
  - 3) Tetanus
  - 4) Poliomyelitis
  - 5) Measles (except as noted in subsection (f))
  - 6) Rubella
  - 7) Mumps
  - 8) Haemophilus influenzae type b (except as noted in subsection (i))

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- 9) Hepatitis B (except as noted in subsection (j))
  - 10) Varicella (except as noted in subsection (k))
  - 11) Invasive pneumococcal disease (except as noted in subsection (l))
  - 12) Meningococcal Disease (except as noted in subsection (m))
- d) Diphtheria, Tetanus, Pertussis
- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received three doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine by one year of age and one additional dose by the second birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth doses shall be at least six months. Any child 24 months of age or older shall show proof of four doses of DTP or DTaP vaccine, appropriately spaced.
  - 2) Any child entering school (kindergarten or first grade) for the first time shall show proof of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth doses shall be at least six months. Children six years of age or older may receive adult Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.
  - 3) Any child entering school at a grade level not included in subsection (d)(1) or (2) shall show proof of having received three or more doses of DTP, DTaP, pediatric DT or adult Tetanus, Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first two doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least 6 months.
  - 4) Receipt of pediatric Diphtheria, Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is

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medically contraindicated. Documentation of the medical contraindication shall be verified as specified in Section 695.30.

- 5) Beginning with school year 2011-2012, any child entering sixth grade shall show proof of receiving one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.
  - 6) Students entering grades seven through 12 who have not already received Tdap are required to receive only one Tdap dose regardless of the interval since the last DTaP, DT or Td dose.
  - 7) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) shall be submitted prior to the school years in which the child reaches the ages of 11 and 15.
  - 8) School-age children entering a child care facility shall comply with the immunization requirements in subsections (d)(2), (3), (4) and (5).
- e) Polio
- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received two doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)) by one year of age and a third dose by the second birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. Any child 24 months of age or older shall show proof of at least three doses of polio vaccine, appropriately spaced.
  - 2) Any child entering school at any grade level, kindergarten through 12, shall show proof of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV shall show proof of having received at least four doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively shall show proof of

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having received at least three doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart.

- 3) School-age children entering a child care facility shall comply with the immunization requirements in subsection (e)(2).
- f) Measles
- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live measles virus vaccine by the second birthday. The measles vaccine shall have been received on or after the first birthday.
  - 2) The child shall:
    - A) Show proof that he or she has been age-appropriately immunized against measles prior to entering a child care facility or school, including school programs below the kindergarten level, for the first time; or
    - B) Present a statement from the physician that he or she has had measles as noted in Section 695.50(c); or
    - C) Present laboratory evidence of measles immunity.
  - 3) Children entering school at any grade level, kindergarten through-12, shall show proof of having received two doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part.
  - 4) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live measles virus vaccine as described in subsection (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
  - 5) School-age children entering a child care facility shall comply with the

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immunization requirements in subsections (f)(2), (3) and (4).

## g) Mumps

- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live mumps virus vaccine by the second birthday. The mumps vaccine shall have been received on or after the first birthday.
- 2) The child shall:
  - A) Show proof that he or she has been age-appropriately immunized against mumps prior to entering a child care facility or school, including school programs below the kindergarten level, for the first time; or
  - B) Present a statement from the physician that he or she has had mumps as noted in Section 695.50(e); or
  - C) Present laboratory evidence of mumps immunity (see Section 695.50(e)).
- 3) Beginning with the school year 2014-2015, children entering school at any grade level, kindergarten through 12, shall show proof of having received two doses of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part.
- 4) Only those children who have been immunized with live mumps virus vaccine on or after the first birthday, have had physician diagnosed mumps disease, or show laboratory evidence of immunity shall be considered to be immune.
- 5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live mumps virus vaccine as described in subsection (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

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- 6) School-age children entering a child care facility shall comply with the immunization requirements in subsections (g)(2), (3) and (4).
- h) Rubella
- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live rubella virus vaccine by the second birthday. The rubella vaccine shall have been received on or after the first birthday.
  - 2) The child shall:
    - A) Show proof that he or she has been age-appropriately immunized against rubella prior to entering a child care facility or school, including school programs below the kindergarten level, for the first time; or
    - B) Present laboratory evidence of immunity to rubella.
  - 3) Beginning with the school year 2014-2015, children entering school at any grade level, kindergarten through 12, shall show proof of having received two doses of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity as described in this Part.
  - 4) Only those children who have been immunized with rubella vaccine on or after the first birthday, or have a laboratory (serologic) evidence of immunity to rubella, shall be considered to be immune.
  - 5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
  - 6) School-age children entering a child care facility shall comply with the immunization requirements in subsections (h)(2), (3) and (4).
- i) Haemophilus influenzae type b (Hib)

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- 1) Any child under five years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the Hib vaccination schedule in Appendix A of this Part.
  - 2) Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.
  - 3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with Hib vaccine.
- j) Hepatitis B
- 1) Any child two years of age or older enrolling in a child care facility or school program below the kindergarten level shall show proof of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least two months. The interval between the first and the third doses shall be at least four months. The third dose shall have been administered on or after six months of age. The child shall:
    - A) Show proof that he or she has been age-appropriately immunized against hepatitis B prior to enrolling in a child care facility or school program below the kindergarten level for the first time; or
    - B) Present laboratory evidence of prior or current hepatitis B infection.
  - 2) Children entering the sixth grade shall show proof of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. The interval between the first dose and the third shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 695.50(f)).

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- 3) The third dose of hepatitis B vaccine is not required if it can be documented that the child received two doses of adult formulation Recombivax-HB vaccine (10 mcg), the child was 11 to 15 years of age at the time of vaccine administration, and the interval between receipt of the two doses was at least four months.
  - 4) Only those children who have been immunized with hepatitis B vaccine in accordance with subsections (j)(1), (2) and (3) or have laboratory evidence of prior or current hepatitis B infection shall be considered immune.
  - 5) School-age children entering a child care facility shall comply with the immunization requirements in this subsection (j).
- k) Varicella
- 1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of varicella vaccine or other proof of immunity as specified in Section 695.50(g). The varicella vaccine shall have been received on or after the first birthday.
  - 2) The child shall:
    - A) Show proof that he or she has been age-appropriately immunized against varicella prior to entering a child care facility or school program below the kindergarten level for the first time, or
    - B) Present a statement from a physician verifying that the child has had varicella, or
    - C) Present a statement from a health care provider (as defined in Section 695.50(a)) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or
    - D) Present laboratory evidence of immunity to varicella.
  - 3) Children who entered kindergarten for the first time on or after July 1, 2002 shall show proof of having received one dose of varicella vaccine on

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or after the first birthday or other proof of immunity as specified in Section 695.50(g).

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

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- m) Meningococcal Disease
- 1) Beginning with the school year 2015-2016, any child entering the sixth grade shall show proof of having received one dose of meningococcal conjugate vaccine on or after the 11<sup>th</sup> birthday.
  - 2) Beginning with the school year 2015-2016, any child entering the 12<sup>th</sup> grade shall show proof of receiving two doses of meningococcal conjugate vaccine prior to entering the 12<sup>th</sup> grade. The first dose shall have been received on or after the 11<sup>th</sup> birthday, and the second dose shall have been received at least eight weeks after the first dose. If the first dose is administered when the child is 16 years of age or older, only one dose is required.
  - 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received one dose of meningococcal conjugate vaccine shall be submitted prior to the school year in which the child reaches age 11 and a second dose prior to the school year in which the child reaches age 15.
- n) The requirements of this Section also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

**Section 695.20 Booster Immunizations**

Only those booster immunizations recommended in Section 695.10 are required.

**Section 695.30 Exceptions**

- a) The provisions of this Part shall not apply if:
- 1) The parent or legal guardian of the child objects to the requirements of this Part on the grounds that the administration of immunizing agents conflicts with his or her religious tenets or practices, or
  - 2) A physician licensed to practice medicine in all its branches, an advanced practice nurse or a physician assistant states in writing that the physical

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condition of the child is such that the administration of one or more of the required immunizing agents is medically contraindicated.

- b) If a religious objection is made, a written and signed statement from the parent or legal guardian detailing the objection shall be presented to the child care facility or local school authority. The religious objection statement shall be considered valid if:
  - 1) The parent or legal guardian of a child entering a child care facility objects to the immunization or immunizations on the grounds that they conflict with the tenets and practices of a recognized church or religious organization of which the parent is an adherent or member; or
  - 2) The objection by the parent or legal guardian of a child entering school (including programs below the kindergarten level) sets forth the specific religious belief that conflicts with the immunizations. The religious objection may be personal and need not be directed by the tenets of an established religious organization.
- c) It is not the intent of this Part that any child whose parents comply with the intent of the Act should be excluded from a child care facility or school. A child or student shall be considered to be in compliance with the law if there is evidence of the intent to comply. Evidence may be a signed statement from a health care provider that he or she has begun, or will begin, the necessary immunization procedures, or the parent's or legal guardian's written consent for the child's participation in a school or other community immunization program.

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

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

**Section 695.50 Proof of Immunity**

- a) Proof of immunity shall consist of documented evidence of the child's having received a vaccine (verified by a health care provider, defined as a physician,

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child care or school health professional, health official, or pharmacist) or proof of disease (as described in subsections (c) through (g)).

- b) The day and month of the vaccination are required if it cannot otherwise be determined that the vaccine was given after the minimum interval or age.
- c) Proof of prior measles disease shall be verified with the date of illness signed by a physician and confirmed by laboratory evidence, or laboratory evidence of measles immunity.
- d) The only acceptable proof of immunity for rubella is evidence of vaccine (see subsection (b)) or laboratory evidence of rubella immunity.
- e) Proof of prior mumps disease shall be verified with date of illness signed by a physician and confirmed by laboratory evidence of mumps immunity.
- f) Proof of prior or current hepatitis B infection shall be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is acceptable only if one of the following serologic tests indicates positivity: HBsAg, anti-HBc or anti-HBs.
- g) Proof of prior varicella disease shall be verified with date of illness signed by a physician, a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or laboratory evidence of varicella immunity.

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**Section 695.APPENDIX A Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)**

Vaccine	Age at 1 <sup>st</sup> of doses for dose (mos.)	Primary series	Booster	Total number series
HbOC/PRP-T HibTITER™	2-6	3 doses, 2mo. apart <sup>a</sup>	1-15 mo. <sup>bc</sup>	4
	7-11	2 doses, 2mo. apart <sup>a</sup>	12-18 mo. <sup>bc</sup>	3
	12-14	1 dose	15 mo. <sup>bc</sup>	2
ActHib <sup>e</sup> ™ OmniHib™ TETRAMUNE™	15-59	1 dose <sup>d</sup>	None	1
PRP-OMP PedvaxHIB™	2-6	2 doses, 2mo.apart <sup>a</sup>	12 mo. <sup>bc</sup>	3
	7-11	2 doses, 2mo.apart <sup>a</sup>	12-18 mo. <sup>bc</sup>	3
	12-14	1 dose	15 mo. <sup>bc</sup>	2
	15-59	1 dose <sup>d</sup>	None	1
PRP-D ProHIBIT™	15-59	1 dose <sup>cd</sup>	None	1

<sup>a</sup> Minimally acceptable interval between doses is one month.

<sup>b</sup> At least 2 months after previous dose.

<sup>c</sup> After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.

<sup>d</sup> Children 15-59 months of age should receive only a single dose of Hib vaccine.

<sup>e</sup> Reconstituted with DTP as a combined DTP/Hib vaccine

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Note: A DTP/Hib combination vaccine can be used in place of HbOC or PRP-T

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

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

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

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- 1) Heading of the Part: School Bus Driver Permit
- 2) Code Citation: 92 Ill. Adm. Code 1035
- 3) Section Number: 1035.20                      Proposed Action: Amendment
- 4) Statutory Authority: 625 ILCS 5/6-106.1(a)(6)
- 5) A Complete Description of the Subjects and Issues Involved: This amendment clarifies that the instructions on the Secretary of State Physical Examination and Certificate for School Bus Driver form should be used when a physician conducts a physical examination of a school bus driver permit applicant who is not required to obtain a federal medical examination.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace an 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: The rulemaking will not create or enlarge a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Text of the prepared amendments is posted on the Secretary of State's website, [www.sos.il.us/departments/index/home](http://www.sos.il.us/departments/index/home) as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this Notice to:

Jennifer Egizii  
Office of the Secretary of State  
Driver Services Department  
2701 South Dirksen Parkway  
Springfield IL 62723

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217-557-4462

- 13) Initial Regulatory Flexibility Analysis:
- i) Types of small businesses, small municipalities and not-for-profit corporations affected: Physicians who conduct school bus driver physical examinations
  - ii) Reporting, bookkeeping or other procedures required for compliance: Physicians will continue to use the Secretary of State Physical Examination and Certificate for School Bus Driver form, including the instructions contained therein.
  - 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 recent agendas because the need for this rulemaking was not anticipated at the time the agendas were prepared.

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

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TITLE 92: TRANSPORTATION  
CHAPTER II: SECRETARY OF STATEPART 1035  
SCHOOL BUS DRIVER PERMIT

## Section

1035.10	Definitions
1035.15	Requirements of Applicants for a School Bus Driver Permit
1035.20	Annual Medical Examination and Certificate
1035.25	Permit Application Process
1035.30	Training
1035.32	Random Drug Testing for Alcohol and Controlled Substances
1035.35	Denial, Cancellation, or Suspension of a School Bus Driver Permit
1035.40	Notice
1035.45	Employer Responsibility
1035.46	Military Deferrals
1035.50	Hearings

AUTHORITY: Implementing Section 6-106.1 and authorized by Section 6-521 of the Illinois Vehicle Code [625 ILCS 5/6-521].

SOURCE: Adopted at 19 Ill. Reg. 10716, effective July 11, 1995; amended at 24 Ill. Reg. 1269, effective January 10, 2000; amended at 24 Ill. Reg. 12092, effective July 31, 2000; amended at 26 Ill. Reg. 12045, effective July 22, 2002; amended at 33 Ill. Reg. 17093, effective December 1, 2009; amended at 34 Ill. Reg. 7750, effective May 20, 2010; amended at 34 Ill. Reg. 19082, effective November 22, 2010; amended at 35 Ill. Reg. 7412, effective April 21, 2011; amended at 36 Ill. Reg. 2384, effective January 30, 2012; amended at 39 Ill. Reg. 5101, effective March 23, 2015; amended at 39 Ill. Reg. 11633, effective July 28, 2015; amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 1035.20 Annual Medical Examination and Certificate**

- a) All applicants for a school bus driver permit must demonstrate physical fitness to operate a school bus by undergoing a medical examination, including tests for drug and alcohol use, conducted by a medical examiner within 90 days prior to the date of application for the permit.
- b) An applicant who, within 90 days prior to the date of application, has undergone a medical examination complying with subpart E of 49 CFR 391.41 ([October 1](#),

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~~2015~~2008) shall be exempt from the corresponding requirements of this Section, provided that the applicant submits to the Secretary of State a copy of the federal medical examiner's certificate (49 CFR 391.43, October 1, 2015) and/or a copy of the CCF form signed by the medical examiner.

- c) Except as provided in subsection (b) ~~of this Section~~, the medical examination for all applicants shall be performed in accordance with the provisions of this Section and the instructions contained on the Secretary of State Physical Examination and Certificate for Illinois School Bus Driver49 CFR 391.43(f). ~~A form, which may conforming to these requirements, as well as the medical examiner's certificate described in subsection (k) of this Section, can~~ be obtained from the Secretary of State for the use of the medical examiner.
- d) Each applicant to be tested for drugs shall consent in writing to provide a split urine specimen for this purpose as part of the applicant's annual medical examination and shall authorize the release of the results of the tests to the medical examiner. Those persons responsible for collection of the specimen shall ensure that the split specimen is not substituted, adulterated or diluted by the applicant during the collection procedure. The split specimen bottle shall be labeled to identify its source and shall be delivered to the testing laboratory by U.S. mail, personal delivery by the medical examiner's staff, a professional messenger service, or other means that preclude tampering with the split specimen. Those persons responsible for collecting, processing and testing the specimen shall maintain and be able to document a chain of custody for the split specimen that ensures its integrity.
- e) Drug Test Results
- 1) A person shall be deemed to have failed to obtain a negative result on a drug test if he/she:
    - A) Fails to appear for any test within 24 hours after being directed to do so by the employer;
    - B) Fails to remain at the testing site until the testing process is complete, as determined by the collector;
    - C) Fails to provide a urine specimen;

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- D) If applicable, fails to permit the observation or monitoring of his/her provision of a specimen;
  - E) Fails to provide sufficient amount of urine when directed and it has been determined, through a required medical evaluation, as set forth in 49 CFR 40.193 ([October 1, 2015](#)), that there was no adequate medical explanation for the failure;
  - F) Fails or declines to take a second test as directed by the employer or collector;
  - G) is reported by the MRO as having a verified adulterated or substituted test result;
  - H) Fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when so directed by the collector or behaves in a confrontational way that disrupts the collection process);
  - I) Is reported by the MRO as having a positive drug test result.
- 2) These standards apply only to drug tests that are not required by 49 CFR 382 ([October 1, 2015](#)), but are required as part of the school bus driver permit program (see IVC Section 106.1) or the school bus driver endorsement program (see IVC Section 6-508).
- f) The split specimen shall be tested for marijuana metabolites, cocaine metabolites (Benzoylecgonin), opiates metabolites, amphetamines and phencyclidine (PCP) using the tests and standards for positive test results specified in 49 CFR 40.85 ([October 1, 2015](#)). Testing shall be conducted by a laboratory certified by either the Illinois Department of State Police pursuant to 20 Ill. Adm. Code 1286 or the U.S. Department of Transportation pursuant to 49 CFR 40 ([October 1, 2015](#)).
  - g) The laboratory shall report the test results only to the medical examiner. The medical examiner shall review confirmed positive test results in order to determine whether there is a legitimate medical explanation of legal drug use for each positive test result. The medical examiner may, at his or her discretion, consult with any other medical examiner whose expertise in the area of substance abuse may, in the examining physician's judgment, be helpful in reviewing test results. The medical examiner shall record his or her findings on the applicant's medical examiner's certificate. If the medical examiner determines there is no

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legitimate medical explanation for a positive test result for one or more of the tested drugs, the applicant shall be ineligible to receive a school bus driver permit.

- h) Each applicant, as part of the annual medical examination, shall also be tested to assist the medical examiner in determining whether the applicant has a current clinical diagnosis of alcoholism. The medical examiner shall record on the Physical Examination and Certificate for Illinois School Bus Driver form those tests that were administered, as well as the medical examiner's findings as to whether the applicant has a current clinical diagnosis of alcoholism. An applicant with a current clinical diagnosis of alcoholism shall be ineligible for a school bus driver permit.
- i) Each initial applicant, as a part of the medical examination for a school bus driver permit, shall be tested for tuberculosis as outlined in subsection (j)(13). Reapplicants will not be required to be retested for tuberculosis as part of the annual medical examination unless, in the judgement of the medical examiner, the test should be performed in order to determine if the applicant is physically qualified to operate a school bus. Any applicant who allows his or her school bus permit to expire for more than 30 days is, pursuant to Section 1035.25(j), considered a new applicant and, as such, shall be required to be retested for tuberculosis.
- j) An applicant shall be considered physically qualified to operate a school bus only if he or she:
  - 1) has no loss or impairment of a hand, finger, arm, foot, or leg that would interfere with the safe operation of a school bus or has had such loss or impairment compensated for in a manner satisfactory to the medical examiner;
  - 2) has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control that is likely to interfere with the ability to safely control and drive a school bus;
  - 3) has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure;
  - 4) has no established history or clinical diagnosis of a respiratory dysfunction

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- likely to interfere with the ability to safely control and drive a school bus;
- 5) has no current clinical diagnosis of high blood pressure likely to interfere with the ability to safely control and drive a school bus;
  - 6) has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease likely to interfere with the ability to safely control and drive a school bus;
  - 7) has no established medical history or clinical diagnosis of epilepsy or any other condition that is likely to cause loss of consciousness or any loss of ability to safely control and drive a school bus;
  - 8) has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with the ability to safely control and drive a school bus;
  - 9) has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, amber and green (i.e., no monocular individual may be considered qualified);
  - 10) first perceives a forced whispered voice in the better ear at not less than 5 feet with or without a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1,000Hz and 2,000Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951;
  - 11) does not use amphetamines, cocaine, marijuana, opiates, phencyclidine, or any other mind altering drug or substance, or any prescribed drug that may interfere with the ability to safely operate a school bus;
  - 12) has no current clinical diagnosis of alcoholism; and
  - 13) has a negative reading/test result on a tuberculosis test or has a positive

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result on a tuberculosis skin test and either:

- A) is receiving prophylactic treatment; or
- B) has inactive tuberculosis as diagnosed by X-ray.

k) The medical examiner's conclusion as to whether the person he or she examined is qualified to drive a school bus shall be recorded on a medical examiner's certificate with the following form:

School Bus Driver Permit  
Medical Examiner's Certificate

Medical Examiner's Preliminary Certification:

NOTE: Medical examiner shall provide one completed and signed copy of this certificate to the applicant. The original copy of the completed certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the medical examiner.

I certify that I have completed Part A of the school bus examination of \_\_\_\_\_ on \_\_\_\_\_ in accordance with the provisions of 92 Ill. Adm. Code 1035.20 and based upon the examination, find he/she is:

- Qualified under the regulations
- Qualified only when wearing corrective lenses
- Qualified only when wearing a hearing aid
- Not qualified under the regulations

\_\_\_\_\_  
Name of Medical Examiner

\_\_\_\_\_  
Professional License Number  
of Medical Examiner

\_\_\_\_\_  
Phone Number of  
Medical Examiner

\_\_\_\_\_  
Signature of Medical Examiner

\_\_\_\_\_

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Fax Number of  
Medical Examiner

Date of Certification (Part A)

**NOTE: COMPLETION OF PART A ONLY DOES NOT QUALIFY APPLICANT. TEST RESULTS MUST BE CERTIFIED BELOW BEFORE APPLICANT CAN BE CONSIDERED QUALIFIED.**

Final Medical Examiner's Certification:

Date of TB Results: \_\_\_\_\_

Date of Drug Test Results: \_\_\_\_\_

I certify that I have completed my examination, including my readings of the drug and TB test results, for \_\_\_\_\_ on \_\_\_\_\_ in accordance with the provisions of 92 Ill. Adm. Code 1035.20. Based upon the results of drug and TB testing required in Section 1035.20(i) and (j)(13) and having no positive test results for infectious disease, or having determined that he/she is not contagious when performing the normal duties of a school bus driver, I find that he/she is:

- Qualified under the regulations
- Not qualified due to positive drug test
- Not qualified due to positive tuberculosis test

\_\_\_\_\_  
Name of Medical Examiner

\_\_\_\_\_  
Professional License Number  
of Medical Examiner

\_\_\_\_\_  
Phone Number of  
Medical Examiner

\_\_\_\_\_  
Signature of Medical Examiner

\_\_\_\_\_  
Fax Number of  
Medical Examiner

\_\_\_\_\_  
Date of Certification  
(Date the medical examiner

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has received all test results)

- l) One copy of the completed physical examination and medical certificate is to be forwarded by the medical examiner to the employing agency or organization of the applicant; one copy is to be retained by the applicant; and one copy is to be retained by the medical examiner.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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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 Actions:</u>
1285.60	Amendment
1285.70	Amendment
1285.280	New Section
- 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: March 4, 2016
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal published in the *Illinois Register*: 39 Ill. Reg. 10341; July 24, 2015
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The definition of "separation" has been modified from the proposed version to exclude approved leaves of absence for several routine reasons (e.g., maternity or paternity leave, vacation, personal leave). Also, a definitive effective date of July 1, 2016 has been added to Section 1285.60(b) regarding the Chiropractor examinations in the adopted version. A clarification in the New Section 1285.280(d) of the deadline for program directors' reporting requirement for persons engaged in a post-graduate clinical training program has been added to the adopted version of this rule.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

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- 13) Will these rulemaking replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: PA 98-601 added to the mandatory reporting requirements under the Medical Practice Act by requiring program directors of post-graduate clinical training programs to report any individuals leaving their programs prior to completion. This adopted rulemaking implemented its provisions by adding Section 1285.280. Sections 1285.60 and 1285.70 were also amended to add Part IV of the examination of the National Board of Chiropractic Examiners as a requirement for licensure for applicants as a chiropractic physician.
- 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:

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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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

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1285.230	Summary Suspension
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
<u>1285.280</u>	<u>Mandatory Reporting of Persons Engaged in Post-Graduate Clinical Training Programs</u>

## 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

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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 150 days; amended at 35 Ill. Reg. 19500, effective November 17, 2011; amended at 38 Ill. Reg. 15972, effective August 1, 2014; amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: MEDICAL LICENSING, RENEWAL AND RESTORATION PROCEDURE

**Section 1285.60 Examinations**

- a) Examinations for Licensure to Practice Medicine in All of Its Branches:
  - 1) Effective July 1, 2016, examinations~~Examinations~~ conducted by the Division or its designated testing service for licensure to practice medicine in all of its branches shall be conducted in the English language and shall, prior to December 31, 1993, consist of:
    - A) The Federation Licensing Examination – FLEX Component 1 – an examination placing emphasis on basic and clinical science principles and mechanisms underlying high-impact diseases and problems encountered in an in-patient, supervised setting, during the delivery of health care; and
    - B) The Federation Licensing Examination – FLEX Component 2 – emphasis on issues related to the general delivery of health care to patients in an ambulatory setting encountered in an independent practice.
  - 2) For those applicants who have passed FLEX Component 2 but have not successfully completed FLEX Component 1 prior to 1994, the Division shall administer FLEX Component 1 twice in 1994. Any applicant who does not successfully complete FLEX Component 1 during 1994 shall be required to successfully complete USMLE Step 1 and Step 2 in accordance with this Section.
  - 3) Beginning January 1, 1994, the examinations for licensure to practice medicine in all of its branches shall be Steps 1, 2 and 3 of the United State Medical Licensing Examination (USMLE) – a joint program of the Federation of State Medical Boards of the United States Inc. and the

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National Board of Medical Examiners.

- A) USMLE Step 1 and Step 2 will be administered by the National Board of Medical Examiners and the Education Commission for Foreign Medical Graduates (ECFMG).
  - B) USMLE Step 3 will be administered by the Division or its designated testing service. Examinees shall successfully complete Step 1 and Step 2 before applying to the Division to take Step 3 of the examination.
- 4) The Division will accept the following combinations of examinations completed prior to January 1, 2000:
- A) FLEX Component 1 taken prior to January 1, 1995, and FLEX Component 2 taken prior to January 1, 1994;
  - B) FLEX Component 1 plus USMLE Step 3;
  - C) National Board of Medical Examiners (NBME) Part 1 or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus FLEX Component 2; or
  - D) NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus NBME Part III or USMLE Step 3.
- 5) The passing score on all components, parts or steps of the examinations set forth in subsections (a)(2), (3) and (4) shall be a minimum of 75 or the passing score set by the authorized testing entity.
- 6) In the case of failure on the examination, examinees shall be required to retake only that component, part or step of the examination on which they did not achieve a passing score.
- 7) In the event all USMLE Steps are not successfully completed within 7 years after passing the first step taken, either Step 1 or Step 2, credit for any step passed shall be forfeited.
- 8) Any applicant for licensure to practice medicine in all of its branches who

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has been unsuccessful in 5 examinations (any component, part or step of the examinations accepted by the Division as set forth in subsection (a)(4)), conducted in this State or any other jurisdiction, shall be deemed ineligible for further examination and/or licensure until the Division is in receipt of proof that the applicant has completed, subsequent to his/her fifth failure:

- A) a course of clinical training of not less than 12 months in an accredited clinical training program in the United States or Canada in accordance with Section 1285.40; or
  - B) a course of study of 9 months in length (one academic year) that includes no less than 25 clock hours per week of basic sciences as set forth in Section 1285.20(b) of this Part and no less than 40 clock hours per week of clinical sciences as set forth in Section 1285.20(d) of this Part; or
  - C) any other formal professional study or training in an accredited medical college or hospital, deemed by the Division to meet the requirements of subsection (a)(8)(A) or (B).
- 9) Failure to appear for any component, part or step of the examination for which the applicant has been scheduled shall be considered a failure of the examination.
- b) Examinations for Licensure to Practice Chiropractic
- 1) Effective July 1, 2016, examinationsExaminations for licensure to practice chiropractic shall be conducted in the English language and shall consist of the examination administered by the National Board of Chiropractic Examiners and shall consist of Part I, Part II, ~~and~~ Part III and Part IV.
  - 2) To be successful, examinees must receive a score of at least 375 on all ~~4~~3 parts of the examination.
  - 3) Any applicant for licensure as a chiropractic physician who has been unsuccessful in 5 examinations conducted in this State or any other jurisdiction shall be deemed ineligible for further examination or licensure until the Division is in receipt of proof (i.e., certificate of completion of

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training, transcript) that the applicant has completed, subsequent to his/her fifth failure, a course of study of 960 classroom hours (one academic year) in an accredited chiropractic program or any other equivalent formal professional study or training in an accredited chiropractic program as approved by the Division.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**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);
  - 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;

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- 6) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 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;
  - 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, 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,

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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 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);
- 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, 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

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- 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 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.
  - 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

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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 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 and Part IV 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, 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

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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 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~~physician shall complete a physician profile in accordance with Section 1285.305.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS

**Section 1285.280 Mandatory Reporting of Persons Engaged in Post-Graduate Clinical Training Programs**

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- a) Section 23(A)(1.5) of the Act requires the program director of any post-graduate clinical training program to report to the Disciplinary Board if a person engaged in a post-graduate clinical training program at the institution, including, but not limited to, a residency or fellowship, separates from the program for any reason prior to its conclusion.
- b) "Separation", as used in this Section, means any absence from a post-graduate clinical training program exceeding 45 days, whether continuous or in the aggregate, in any 365 day period; any suspension from a post-graduate clinical training program, regardless of length or reason; or any termination from a post-graduate clinical training program. Separation includes a program's decision not to renew a person's contract to participate in the program prior to the conclusion of the full term for which the person was originally engaged. Separation does not include approved leaves of absence for training, maternity or paternity leave, or vacation, sick or personal leave.
- c) Contents of Reports. Reports of persons who have separated or will separate from a post-graduate clinical training program shall be submitted in writing, on forms provided by the Division, that shall include, but not be limited to, the following information:
- 1) The name of the post-graduate clinical training program;
  - 2) The name, address, telephone number, email address and title of the director of the program;
  - 3) The name, address and telephone number of the institution where the program operates;
  - 4) The name, address, telephone number, email address and license number of the person who is the subject of the report;
  - 5) The nature of, and reasons for, the person's separation from the program;
  - 6) Any other information deemed by the reporting person to be of assistance to the Disciplinary Board and the Medical Coordinators in evaluating the report.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF ADOPTED AMENDMENTS

- d) Deadline to Report. Reports of persons who have separated from a post-graduate clinical training program shall be submitted by the program director to the Disciplinary Board in a timely manner. The initial report shall be submitted on forms provided by the Division within 60 days after the separation.
- e) Additional Documentation. *The program director shall provide all documentation relating to the separation if, after review of the report, the Disciplinary Board determines that those documents are necessary to determine whether a violation of the Act occurred.* [225 ILCS 60/23(A)(1.5)]
- f) Confidentiality
- 1) The contents of any report shall be strictly confidential, except as otherwise provided in this subsection (f) and exempt from public disclosure, but may be reviewed by:
- A) Members of the Disciplinary Board or their designees;
- B) The Disciplinary Board's designated attorneys;
- C) The Medical Coordinators or their designees;
- D) Administrative personnel assigned to open mail containing reports and to process and distribute reports to authorized persons, and to communicate with senders of reports; and
- E) The person who is the subject of the report or that person's attorney or authorized representative (as evidenced by a written authorization signed by the person who is the subject of the report).
- 2) The reports may also be handled or processed by other designated persons in a limited manner necessary to implement reports required under the Act by computer, word processing equipment or other mechanical means. The data record shall be limited to the name and address of the originator of the report, the date the initial report was received, the date of the most recent report, and the professional license number of the subject of the report.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF ADOPTED AMENDMENTS

- 3) The contents of the confidential reports shall not be used or made available in any administrative proceedings before the Division or any other department except for an administrative proceeding against the subject of the report for violations of the Act disclosed in the reports. Reports shall not be disclosed, made available, or be subject to subpoena or discovery proceedings in any civil or criminal court proceedings.
- g) Whenever a program director makes a report to the Disciplinary Board concerning a person who has separated from a post-graduate clinical training program, acting in good faith and not in a willful and wanton manner, the program director, and the institution employing him or her, shall not, as a result of making the report, be subject to criminal prosecution or civil damages. [225 ILCS 60/23(C)]

(Source: Added at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED RULE

- 1) Heading of the Part: Selection of Senior Management
- 2) Code Citation: 50 Ill. Adm. Code 1710
- 3) Section Number: 1710.10                      Adopted Action:  
New Section
- 4) Statutory Authority: Implementing and authorized by Section 286.1 of the Illinois Insurance Code [215 ILCS 5/286.1]
- 5) Effective Date of Rule: February 22, 2016
- 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 principal office of the Department of Insurance and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 39 Ill. Reg. 14822; November 13, 2015
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: None
- 12) Have all changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? None were made.
- 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: The rule will implement PA 98-814 by setting forth the selection standards and qualifications for a Chief Executive Officer of a domestic fraternal benefit society.
- 16) Information and questions regarding this adopted rule shall be directed to:

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED RULE

James Rundblom, Deputy General Counsel  
Department of Insurance  
320 West Washington, 4th Floor  
Springfield IL 62767-0001

217/785-8559  
fax: 217/524-9033

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

## DEPARTMENT OF INSURANCE

## NOTICE OF ADOPTED RULE

TITLE 50: INSURANCE  
CHAPTER I: DEPARTMENT OF INSURANCE  
SUBCHAPTER w: FRATERNAL BENEFIT SOCIETIESPART 1710  
SELECTION OF SENIOR MANAGEMENT

## Section

1710.10 Hiring and Discharge of Chief Executive Officer

AUTHORITY: Implementing and authorized by Section 286.1 of the Illinois Insurance Code [215 ILCS 5/286.1].

SOURCE: Adopted at 40 Ill. Reg. 3519, effective February 22, 2016.

**Section 1710.10 Hiring and Discharge of Chief Executive Officer**

A domestic fraternal benefit society that provides any of the benefits specified in Section 297.1 of the Illinois Insurance Code (Code) [215 ILCS 5/297.1] must be governed by a board of directors and managed by a qualified officer subject to the following requirements:

- a) The laws of a society must provide that the board of directors shall have the power and perform the duties ordinarily possessed and exercised by a board of directors under the Code, including, but not limited to, the authority and responsibility for the hiring and the discharge of a president, chief executive officer, or an equivalent position, except that a society that elects its president, chief executive officer, or equivalent position pursuant to its by-laws, after January 1, 2015, may continue to do so by first screening candidates through a nomination committee of directors if the candidates chosen by the committee satisfy the qualifications set forth in this Section.
- b) Any person serving as president, as chief executive officer, or in an equivalent position of a domestic fraternal benefit society must not have been convicted of a felony, must have at least 5 years insurance industry or insurance regulatory experience, and shall possess two or more of the following qualifications:
  - 1) working knowledge of financial accounting;

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DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED RULE

- 2) bachelor's degree from an accredited university or equivalent combination of education and financial industry experience;
- 3) prior management experience; or
- 4) demonstrated superior judgment, analytical ability, communication skills and leadership.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## SECOND NOTICES RECEIVED

The following second notice was received during the period of February 16, 2016 through February 22, 2016. The rulemaking is scheduled for review at the Committee's March 8, 2016 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>
3/31/16	<u>Secretary of State</u> , Procedures and Standards (92 Ill. Adm. Code 1001)	12/18/15 39 Ill. Reg.16073	3/8/16

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION  
TO PROPOSED RULEMAKING

DEPARTMENT OF HUMAN SERVICES

Heading of the Part: Permanent Supportive Housing & Bridge Subsidy Model for Persons with Mental Illnesses

Code Citation: 59 Ill. Adm. Code 145

<u>Section Numbers:</u>	145.10	145.70	145.150	145.210	145.300
	145.20	145.100	145.160	145.220	145.310
	145.30	145.110	145.170	145.230	145.320
	145.40	145.120	145.180	145.240	145.330
	145.50	145.130	145.190	145.250	145.340
	145.60	145.140	145.200	145.260	

Date Originally Published in the *Illinois Register*: 7/17/15  
39 Ill. Reg. 9704

At its meeting on 2/16/16, the Joint Committee on Administrative Rules objected to DHS' failure to implement PA 97-529 in a timely manner and to the Department's implementation of policy not yet adopted as rule. PA 97-529 required DHS to promulgate rules for the Permanent Supportive Housing program no later than 1/1/12. DHS not only waited more than 3 years to propose rules, but also instituted an application process and published policy documents for the program outside of rule, which is a violation of Section 5-10(c) of the Illinois Administrative Procedure Act [5 ILCS 100].

Failure of the Agency to respond within 90 days after receipt of the Statement of Objection shall constitute withdrawal of this proposed rulemaking. The agency's response will be placed on the JCAR agenda for further consideration.

## EXECUTIVE ORDER

**2016-3**  
**EXECUTIVE ORDER ESTABLISHING**  
**THE GOVERNOR'S CABINET ON CHILDREN AND YOUTH**

**WHEREAS**, the State of Illinois trails the nation in education services and performance;

**WHEREAS**, the State assessment and accountability measure for Illinois students, the Partnership for Assessment of Readiness for College and Careers (PARCC), indicates that only 35% of third grade students met expectations in reading and only 27% of fifth grade students met expectations in math; and

**WHEREAS**, the National Assessment of Educational Progress (NAEP) indicates that only 37% and 35% of fourth grade students met expectations in math and reading, respectively, while only 32% and 35% of eighth grade students met expectations in math and reading, respectively; and

**WHEREAS**, according to Illinois State Board of Education records, only 85.3% of Illinois high school students graduate; and

**WHEREAS**, one out of every five children in Illinois live in poverty; and

**WHEREAS**, there are approximately 15 agencies that oversee cradle-to-career educational services for Illinois citizens; and

**WHEREAS**, since 2009 the State has enacted at least 130 statutes that impose more than 200 new or modified educational mandates on school districts; and

**WHEREAS**, funding for PK-12 education has been reduced by \$3.8 billion over the past seven years; and

**WHEREAS**, Illinois post-secondary institutions have a 58.9% graduation rate over a six-year period; and

**WHEREAS**, only 43% of Illinois residents hold a high-quality degree or credential; and

**WHEREAS**, Article X, Section 1 of the Illinois Constitution establishes educational development as a fundamental goal of the people of Illinois and requires the State to provide for an efficient system of high quality public educational institutions and services; and

**WHEREAS**, 17 states across the country have created children and youth cabinets to promote coordination across state agencies and improve the well-being of and outcomes for children and families; and

## EXECUTIVE ORDER

**WHEREAS**, Illinois needs a cohesive strategy among our education and health and human services agencies in producing education outcomes that will improve the quality of education and well-being for the children of Illinois and lessen the administrative burden on our most vulnerable children and families throughout our public school system;

**THEREFORE**, I, Bruce Rauner, Governor of Illinois, by virtue of the executive authority vested in me by Section 8 of Article V of the Constitution of the State of Illinois, do hereby order as follows:

**I. CREATION**

There is hereby established the Governor's Cabinet on Children and Youth (the "Children's Cabinet").

**II. PURPOSE**

The Children's Cabinet shall drive the State's strategic vision for achieving child and family outcomes and long-term prospects for the state's future workforce. It will promote accountability by tracking educational progress on a state-wide initiatives and increase public awareness of education matters. It will also focus on improving efficiency within the State for children and family programs; and develop strategic collaborations among public and private partners with respect to children and family programs.

**III. DUTIES**

The Children's Cabinet shall track the performance of each agency, board, and commission of the State of Illinois responsible for education programs and each public institution of higher education ("State education agencies"); establish strategic goals for attaining a more cohesive State education service strategy; and make funding and policy recommendations to the Governor and the General Assembly to improve measurable education outcomes to 90% of grade level.

The Children's Cabinet shall promote coordination and efficiency among State education agencies, school districts, community colleges, and units of local government through mobilization of resources around child-centered education priorities, facilitation of a holistic approach to serving children, and strengthening partnerships with the non-profit and private sectors to create new funding sources for PK-12 education. The Children's Cabinet shall work with other State agencies, school districts, community colleges, and other units of local governments to obtain information and records necessary to carry out its duties.

## EXECUTIVE ORDER

The Children's Cabinet shall periodically report on, without limitation, strategic goals set by the Children's Cabinet, its public research agenda, State education performance monitoring, and the Children's Cabinet's progress in meeting its goals.

**IV. COMPOSITION AND FUNCTION**

1. The Children's Cabinet shall consist of:
  - a. The Governor, who will serve as Chairman of the Children's Cabinet;
  - b. Lieutenant Governor;
  - c. The Deputy Governor;
  - d. The Director of the Governor's Office of Management and Budget;
  - e. The State Secretary of Education;
  - f. The Superintendent of the State Board of Education;
  - g. The Director of the Department of Children and Family Services;
  - h. The Director of the Department of Commerce and Economic Opportunity;
  - i. The Director of the Department of Employment Security;
  - j. The Director of the Department of Healthcare and Family Services;
  - k. The Secretary of the Department of Human Services;
  - l. The Director of the Department of Juvenile Justice;
  - m. The Director of the Department of Public Health;
  - n. The Executive Director of the Governor's Office of Early Childhood Development;
  - o. The Director of the Guardianship and Advocacy Commission;
  - p. The Executive Director of the Board of Higher Education;
  - q. The Executive Director of the Community College Board;
  - r. The Executive Director of the Student Assistance Commission; and
  - s. The President of the Illinois Math and Science Academy.
2. A majority of the members of the Children's Cabinet shall constitute a quorum, and all recommendations of the Cabinet shall require approval of a majority of the total members of the Cabinet.
3. The Governor's Office shall provide administrative support to the Cabinet as needed, including with respect to compliance with State ethics laws, the Open Meetings Act officer, and the Freedom of Information Act.
4. The Children's Cabinet shall hold at least four meetings each year, but otherwise shall meet at the call of the chair.

## EXECUTIVE ORDER

5. The Children's Cabinet shall submit an interim report to the Governor every six months and an annual report to the Governor and General Assembly.
6. The Children's Cabinet may adopt whatever policies and procedures are necessary to carry out its duties and functions.

**V. TRANSPARENCY**

In addition to whatever policies or procedures it may adopt, the Children's Cabinet shall be subject to the provisions of the Freedom of Information Act (5 ILCS 140/1 *et seq.*) and the Open Meetings Act (5 ILCS 120/1 *et seq.*). This section shall not be construed as to preclude other statutes from applying to the Cabinet and its activities.

**VI. SEVERABILITY CLAUSE**

If any part of this Executive Order is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect.

**VII. SAVINGS CLAUSE**

This Executive Order does not contravene, and shall not be construed to contravene, any State or federal law, or any collective bargaining agreement.

**VIII. PRIOR EXECUTIVE ORDERS**

This Executive Order supersedes any contrary provision of any prior Executive Order.

**IX. EFFECTIVE DATE**

This Executive Order shall take effect immediately upon filing with the Secretary of State.

Issued by Governor: February 18, 2016

Filed with Secretary of State: February 18, 2016

**ILLINOIS ADMINISTRATIVE CODE**  
**Issue Index - With Effective Dates**

Rules acted upon in Volume 40, Issue 10 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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