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## INTRODUCTION

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

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

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

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

### ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2023

<b>Issue#</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
1	December 27, 2022	January 6, 2023
2	January 3, 2023	January 13, 2023
3	January 9, 2023	January 20, 2023
4	January 17, 2023	January 27, 2023
5	January 23, 2023	February 3, 2023
6	January 30, 2023	February 10, 2023
7	February 6, 2023	February 17, 2023
8	February 14, 2023	February 24, 2023
9	February 21, 2023	March 3, 2023
10	February 27 2023	March 10, 2023
11	March 6, 2023	March 17, 2023
12	March 13, 2023	March 24, 2023
13	March 20, 2023	March 31, 2023
14	March 27, 2023	April 7, 2023
15	April 3, 2023	April 14, 2023
16	April 10, 2023	April 21, 2023
17	April 17, 2023	April 28, 2023
18	April 24, 2023	May 5, 2023
19	May 1, 2023	May 12, 2023
20	May 8, 2023	May 19, 2023
21	May 15, 2023	May 26, 2023

22	May 22, 2023	June 2, 2023
23	May 30, 2023	June 9, 2023
24	June 5, 2023	June 16, 2023
25	June 12, 2023	June 23, 2023
26	June 20, 2023	June 30, 2023
27	June 26, 2023	July 7, 2023
28	July 3, 2023	July 14, 2023
29	July 10, 2023	July 21, 2023
30	July 17, 2023	July 28, 2023
31	July 24, 2023	August 4, 2023
32	July 31, 2023	August 11, 2023
33	August 7, 2023	August 18, 2023
34	August 14, 2023	August 25, 2023
35	August 21, 2023	September 1, 2023
36	August 28, 2023	September 8, 2023
37	September 5, 2023	September 15, 2023
38	September 11, 2023	September 22, 2023
39	September 18, 2023	September 29, 2023
40	September 25, 2023	October 6, 2023
41	October 2, 2023	October 13, 2023
42	October 10, 2023	October 20, 2023
43	October 16, 2023	October 27, 2023
44	October 23, 2023	November 3, 2023
45	October 30, 2023	November 13, 2023
46	November 6, 2023	November 17, 2023
47	November 13, 2023	November 27, 2023
48	November 20, 2023	December 1, 2023
49	November 27, 2023	December 8, 2023
50	December 4, 2023	December 15, 2023
51	December 11, 2023	December 26, 2023
52	December 18, 2023	December 29, 2023

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Optometric Practice Act of 1987
- 2) Code Citation: 68 Ill. Adm. Code 1320
- 3) 

<u>Section Numbers</u> :	<u>Proposed Actions</u> :
1320.50	Amendment
1320.70	Amendment
1320.80	Amendment
1320.315	Amendment
1320.330	Amendment
1320.335	Amendment
1320.400	Amendment
1320.430	Amendment
- 4) Statutory Authority: Optometric Practice Act of 1987 [225 ILCS 80]; Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].
- 5) A Complete Description of the Subjects and Issues Involved: These proposed amendments would allow for licensees to properly maintain their licenses by completing continuing education to the highest extent possible. Licensees will also risk falling behind in their standard of care if they cannot keep up with continuing education, which teaches them the latest information on optometry and health standards. By removing the limitation on online continuing education – as these amendments would – more licensees would have access to more continuing education courses. Additionally, they would be required to complete outdated requirements under the current rules. Further, the drafting of these changes was done based on input from the Board and their knowledge of the profession and the changing requirements for the practice of optometry. The proposed amendments take into account the changing landscape of continuing education provisions in the state and profession. Additionally, these amendments would require licensees to complete state mandated trainings related to implicit bias, sexual harassment, and controlled substances. These amendments would make conforming changes to the law including the removal of fees for wall certificates (which are no longer being issued), the removal of the fee associated with producing a roster (as the information is available online), and the removal of the requirement for the Director to notify the Board of variances, pursuant to similar rule changes for other professions.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

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- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Person Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Department of Financial and Professional Regulation  
Attention: Craig Cellini  
320 West Washington, 2<sup>nd</sup> Floor  
Springfield, IL 62786

(217) 785-0810  
Fax: (217)557-4451  
Craig.Cellini@illinois.gov

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

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Those licensed under the Act may be affected.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis:

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- A) Types of businesses subject to the proposed rule:
- 54 Professional, Scientific and Technical Services
- B) Categories that the agency reasonably believes the rulemaking will impact, including:
- ii. Regulatory Requirements
- 15) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not summarized on any Regulatory Agenda.

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

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 68: PROFESSIONS AND OCCUPATIONS

## CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

## PART 1320

## OPTOMETRIC PRACTICE ACT OF 1987

## SUBPART A: OPTOMETRY

## Section

1320.20	Approved Programs of Optometry
1320.30	Application for Licensure
1320.35	Application for a Limited Residency License (Repealed)
1320.40	Examinations
1320.45	Fees (Emergency Expired)
1320.50	Endorsement
1320.55	Renewals (Renumbered)
1320.60	Inactive Status
1320.70	Restoration
1320.80	Continuing Education
1320.90	Minimum Eye Examination
1320.95	Minimum Equipment List
1320.100	Practice of Optometry
1320.105	Recordkeeping
1320.110	Advertising
1320.120	Granting Variances (Renumbered)

## SUBPART B: DIAGNOSTIC TOPICAL OCULAR PHARMACEUTICALS

## Section

1320.200	Standards (Repealed)
1320.210	Application for Diagnostic Certification (Repealed)
1320.220	Approved Diagnostic Topical Ocular Pharmacological Training (Repealed)
1320.230	Approved Diagnostic Topical Ocular Pharmaceutical Agents Pursuant to Section 15.1 of the Act (Repealed)
1320.240	Restoration of Diagnostic Certification (Repealed)
1320.250	Endorsement of Diagnostic Certification (Repealed)
1320.260	Renewal of Certification (Repealed)
1320.270	Display of Certification (Repealed)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

SUBPART C: DIAGNOSTIC AND THERAPEUTIC OCULAR  
PHARMACEUTICAL AGENTS

## Section

- 1320.300 Definitions and Standards
- 1320.310 Application for Therapeutic Certification (Repealed)
- 1320.315 Controlled Substance License Requirement
- 1320.320 Approved Therapeutic Ocular Training (Repealed)
- 1320.330 Approved Therapeutic Ocular Pharmaceutical Agents Pursuant to Section 15.1 of the Act
- 1320.335 Oral Pharmaceutical Agents
- 1320.340 Restoration of Therapeutic Certification (Repealed)
- 1320.350 Endorsement of Therapeutic Certification (Repealed)

## SUBPART D: GENERAL

## Section

- 1320.400 Fees
- 1320.410 Ancillary Licenses (Repealed)
- 1320.411 Ancillary Registrations
- 1320.420 Renewals
- 1320.430 Granting Variances

**AUTHORITY:** Optometric Practice Act of 1987 [225 ILCS 80]; Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

**SOURCE:** Adopted at 5 Ill. Reg. 5869, effective June 1, 1981; codified at 5 Ill. Reg. 11046; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; emergency amendment at 6 Ill. Reg. 2273, effective January 29, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; amended at 6 Ill. Reg. 10032, effective August 1, 1982; amended at 9 Ill. Reg. 1092, effective January 11, 1985; amended at 10 Ill. Reg. 7340, effective April 16, 1986; transferred from Chapter I, 68 Ill. Adm. Code 320 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1320 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 1821; emergency amendment at 12 Ill. Reg. 1925, effective January 1, 1988, for a maximum of 150 days; emergency expired May 30, 1988; amended at 12 Ill. Reg. 11447, effective June 27, 1988; amended at 13 Ill. Reg. 6994, effective April 25, 1989; amended at 14 Ill. Reg. 14128, effective August 15, 1990; amended at 17 Ill. Reg. 18096, effective October 4, 1993; amended at

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17 Ill. Reg. 21501, effective December 1, 1993; amended at 19 Ill. Reg. 17150, effective December 19, 1995; amended at 20 Ill. Reg. 9068, effective July 1, 1996; amended at 21 Ill. Reg. 16040, effective November 24, 1997; amended at 23 Ill. Reg. 5744, effective April 30, 1999; amended at 24 Ill. Reg. 3656, effective February 15, 2000; amended at 27 Ill. Reg. 2677, effective January 31, 2003; amended at 28 Ill. Reg. 4945, effective March 3, 2004; amended at 28 Ill. Reg. 16247, effective December 2, 2004; amended at 29 Ill. Reg. 20616, effective December 6, 2005; amended at 31 Ill. Reg. 4339, effective March 5, 2007; amended at 32 Ill. Reg. 3243, effective February 21, 2008; amended at 34 Ill. Reg. 2883, effective February 18, 2010; amended at 36 Ill. Reg. 10006, effective June 29, 2012; amended at 41 Ill. Reg. 11400, effective September 8, 2017; emergency amendment at 44 Ill. Reg. 18613, effective November 4, 2020, for a maximum of 150 days; amended at 45 Ill. Reg. 2832, effective March 12, 2021; emergency amendment at 46 Ill. Reg. 5776, effective March 25, 2022, for a maximum of 150 days; emergency amendment to emergency rule at 46 Ill. Reg. 10687, effective June 3, 2022, for the remainder of the 150 days; emergency rule expired on August 21, 2022; amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: OPTOMETRY

**Section 1320.50 Endorsement**

- a) An applicant who is licensed under the laws of another jurisdiction shall submit an application to the Division, together with:
  - 1) Certification of Graduation
    - A) Certification of graduation after January 1, 2008 from an optometry program approved by the Division in accordance with Section 1320.20; or
    - B) Certification of graduation between January 1, 1994 and December 31, 2007 from an optometry program approved by the Division in accordance with Section 1320.20 and:
      - i) Evidence that the applicant has practiced optometry for a minimum of 5 years utilizing ocular pharmaceutical agents including oral agents under the laws of another jurisdiction that are deemed by the Board, pursuant to subsection (b), to be substantially equivalent to those of Illinois; or

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- ii) Evidence of completion of a course or its equivalent as determined by the Board, pursuant to subsection (b), in oral ocular pharmaceutical agents as designated in Section 1320.335(b); or
- C) Certification of graduation prior to January 1, 1994 from an optometry program approved by the Division in accordance with Section 1320.20 and:
- i) Evidence that the applicant has practiced optometry for a minimum of 10 years utilizing ocular pharmaceutical agents under the laws of another jurisdiction that are deemed by the Board to be substantially equivalent to those of Illinois; or
  - ii) Evidence of completion of:
    - a course or its equivalent as determined by the Board in diagnostic pharmaceutical agents. The course shall be approved by the Division upon the recommendation of the Board and shall include a curriculum of at least 55 hours of lecture in the diagnosis of eye disease, including the use of diagnostic pharmaceutical agents. The course shall be conducted by an approved school of optometry and shall include a comprehensive examination. Documentation of the content of the course shall be provided to the Division by the applicant; and
    - Evidence satisfactory to the Division of training in diagnostic and topical ocular pharmaceutical agents and therapeutic clinical procedures, including, but not limited to: a comprehensive 120-hour course in ocular pharmaceutical agents ~~or its equivalent,~~ as determined by the Board, within 3 years prior to application. ~~The course shall be approved by the Division upon the recommendation of the Board and shall include a curriculum of at least 90 hours of lecture and at least 30 hours of practical~~

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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~~laboratory in the treatment of the eye using ocular pharmaceutical agents that includes foreign body removal and clinical patient care. The program shall be conducted at an approved school of optometry and shall include the passage of a comprehensive examination designed to test the student's knowledge, competence and ability.~~

Applicants will be required to submit documentation of the course to the Division when applying under this subsection (a)(2); or

- iii) Evidence of completion of the requirements set forth in subsection (a)(1)(B)(i) or (ii);
- 2) Certification from the jurisdiction of original licensure and current licensure stating:
    - A) The period of time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
    - B) A description of the licensure examination in that jurisdiction;
    - C) Whether the records of the licensing entity contains any record of disciplinary actions taken or pending against the applicant;
  - 3) Certification of passage of Part I and Part II, including passage of the Treatment and Management of Ocular Disease (TMOD) section of the National Board of Examiners in Optometry (NBEO) examination, by NBEO standards, or an equivalent comprehensive examination administered in another jurisdiction;
  - 4) Certification of passage of Part III of the examination administered by NBEO, by NBEO standards, or an equivalent comprehensive practical examination administered in another jurisdiction; and
  - 5) The required fee as set forth in Section 1320.400.
- b) The Division shall examine each endorsement application to determine whether

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the requirements in the jurisdiction at the date of licensure were substantially equivalent to the requirements then in force in this State. The applicant may be required to submit a copy of the Act and rules in effect at the time of original licensure. If an applicant has taken a licensure examination other than Part I and Part II of the National Board prior to 1970, the examination and results will be required by the Board to determine that substantially equivalent requirements have been met. The Division may, within a reasonable time, either issue a license by endorsement to the applicant or notify the applicant of the reasons for the denial of the application.

- c) The Division may, in individual cases, upon recommendation of the Board, in accordance with Section 12 of the Act, waive the comprehensive practical examination for an applicant for endorsement, after full consideration of the applicant's optometric education, training and experience, including, but not limited to, whether the applicant has achieved special honors or awards, has had articles published in professional journals, has participated in writing textbooks relating to optometry, and any other attribute which the Board accepts as evidence that such applicant has outstanding and proven ability in optometry.

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1320.70 Restoration**

- a) A licensee seeking restoration of a license after it has expired or been placed on inactive status for more than 3 years shall submit an application, on forms supplied by the Division, together with:
- 1) Proof of ~~current certification in cardiopulmonary resuscitation and~~ completion of the continuing education requirements during the 2 years prior to restoration in accordance with Section 1320.80. Acceptable proof of completion shall be in the form of certificates of attendance or certificates of completion provided by sponsors of approved continuing education programs;
  - 2) Either:
    - A) Evidence of an existing therapeutic pharmaceutical agent certification at the time the license was placed in inactive or expired status; or

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- B) Proof of completion of the requirements of Section 1320.50(a)(1)(A), (B) or (C); and
- 3) The proper fees, either:
  - A) The restoration fees, when restoring an expired license, specified in Section 1320.400(c)(1); or
  - B) The renewal fees, when restoring an inactive license, specified in Section 1320.400(b)(1).
- b) In addition to satisfying the requirements of subsection (a), the licensee shall also submit:
  - 1) Sworn evidence of active practice in another jurisdiction. The evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice;
  - 2) An affidavit attesting to military service as provided in Section 16 of the Act. If application is made within 2 years of discharge, and if all other provisions of Section 16 of the Act are satisfied, the applicant will not be required to pay a restoration fee or any lapsed renewal fees;
  - 3) Evidence of other education or experience acceptable to the Division of the licensee's fitness to have the certificate restored. The evidence shall be reviewed on a case by case basis by the Board; or
  - 4) Certification of passage of Part III of the examination administered by NBEO, by NBEO standards. The Board may, in its discretion and in individual cases, make a recommendation to the Director for the waiver of the clinical skills examination or Part III of the examination in accordance with Section 11 of the Act based on quality of education, training and experience including, but not limited to, special honors and awards, articles published in optometry journals, writing or participation in the writing of textbooks in optometry or any other circumstances or attribute which the Board accepts as evidence that such applicant has outstanding and proven ability in optometry.

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- c) A licensee seeking restoration of a license that has expired or been on inactive status for less than 3 years, or has been placed in non-renewed status for failure to comply with continuing education (CE) requirements shall submit an application on forms provided by the Division, together with:
- 1) Proof of completion of CE requirements during the 2 years prior to restoration in accordance with Section 1320.80. Acceptable proof of completion shall be in the form of certificates of attendance provided by sponsors of approved continuing education programs;
  - 2) Either:
    - A) Evidence of an existing therapeutic pharmaceutical agent certification at the time the license was placed in inactive or expired status; or
    - B) Proof of completion of the requirements of Section 1320.50(a)(1)(A), (B) or (C); and
  - 3) The restoration fees specified in Section 1320.400. For the purpose of restoring from inactive status the Division shall consider that no renewal fees have lapsed during the period of inactive status.
- d) Any person seeking restoration of a license within 2 years after discharge from military service pursuant to Section 12 of the Act will be required to pay only the current renewal fee and will not be required to submit proof of meeting the continuing education requirements.
- e) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is reasonably questioned by the Division because of a lack of information, discrepancies or conflicts in information given, or there is a need for clarification, the licensee seeking restoration of the license will be requested to:
- 1) Provide such information as may be necessary; and/or
  - 2) Appear for interviews before the Board when the information available to the Board is insufficient to evaluate the individual's current competency to

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practice under the Act. Upon the recommendation of the Board, and approval by the Division, an applicant shall have the license restored.

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1320.80 Continuing Education**

- a) Continuing Education (CE) Hour Requirements
- 1) Every renewal applicant shall complete 30 hours of CE relevant to the practice of optometry required during each pre-renewal period. A pre-renewal period is the 24 months preceding March 31 in the year of the renewal.
  - 2) A CE hour equals 50 minutes. CE credit may be given only in one hour increments.
  - 3) A renewal applicant is not required to comply with full CE requirements for the first renewal following the original issuance of the license.
  - 4) Optometrists licensed in Illinois but residing and practicing in other states must comply with the CE requirements set forth in this Section.
  - 5) All renewal applicants must complete state mandated training/continuing education during all renewal cycles.
- b) Approved CE
- 1) All CE hours must be earned by verified attendance at or participation in a program that is offered by an approved CE sponsor who meets the requirements set forth in subsection (c). Beginning April 1, 2024, all continuing education, except for certified courses or transcript quality courses that meet the requirements of 68 Ill. Adm. Code 1320.80(b)(2)(A), may be completed online through live, real-time presentations or by pre-recorded video provided by an approved continuing education sponsor.
  - 2) As part of the 30 hours of required CE, each licensee shall complete during each pre-renewal period at least 12 hours of credit that is certified by an approved optometry college in accordance with Section 1320.20,

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osteopathic or medical college or university pursuant to the Medical Practice Act of 1987 [225 ILCS 60], or a pharmacy college pursuant to the Pharmacy Practice Act [225 ILCS 85].

- A) Each certified course shall include at least 2 hours of actual course presentation and shall include the successful completion of a post-course evaluation of the attendee's understanding of the course material. No additional credit may be given for the required post-course evaluation.
- i) The post-course evaluation may be taken on-site immediately following the course presentation. An examination distributed on-site shall not be removed from the site.
  - ii) The post-course evaluation may be a correspondence evaluation mailed or electronically provided to the attendee and returned to the provider. The sponsor shall not distribute a post-course evaluation at the site.
  - iii) The post-course evaluation must consist of a minimum of 5 questions per course hour.
  - iv) At the sponsor's discretion, the attendee may be allowed one retake of a failed post-course evaluation in order to receive credit for certified CE.
- B) Licensees who attend a certified education course without completion or passage of a post-course evaluation may apply the actual course hours toward fulfillment of the non-certified CE requirements set forth in subsection (a)(1).
- C) Any approved CE sponsor may offer, in conjunction with the above-referenced college or university, a certified course. However, certified CE shall not be provided, sponsored, co-sponsored or in any way supported or financially underwritten by a CE sponsor or others who may receive patient referrals from optometrists licensed under the Act. Approved optometry programs in subsection (b)(2) are not deemed in violation of this

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Section. Faculty of an adjunct institution to an approved optometry program may present certified CE on the primary campus of the approved optometry program under this exception. Nothing in this Section shall prohibit the listing of courses in a professional journal or newsletter or prevent an approved school, college or university from certifying a course.

- D) Transcript quality CE courses shall be deemed equivalent to the certified courses if they meet the requirements set forth in subsection (b)(2)(A).
  - E) CE sponsors shall state in their course materials the type of post-course evaluation which will be given and whether the applicant will be allowed to retake the evaluation.
  - F) Certified CE courses shall be courses in which the attendees are in actual attendance in the same room as the presenter. No online, self-instruction or correspondence courses shall be considered certified CE courses.
- 3) Eighteen hours of CE credit may be earned as follows (not accepted for certified CE):
- A) A maximum of 12 hours per pre-renewal period for verified teaching of students at an optometry school approved by the Division. One hour of teaching at an optometry school approved by the Division is equal to one hour of CE.
  - ~~B) A maximum of 4 hours per pre-renewal period for verified self-instruction or self-instruction by electronic means that is sponsored or co-sponsored by any approved optometry college, institution or national or State optometry association.~~
  - ~~B)↔~~ A maximum of 4 hours per pre-renewal period for courses in practice management that includes business management.
  - ~~C)↔~~ As part of the continuing education requirements, licensees shall be required to complete mandatory state trainings regarding Sexual Harassment, as set forth in 68 Ill. Adm. Code 1130.400 and

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Implicit Bias Awareness as set forth in 68 Ill. Adm. Code 1130.500. Licensees holding controlled substance licenses must also complete Opioid Education as required by 720 ILCS 570/315.5, the Illinois Controlled Substances Act, prior to being considered eligible for renewal. Additionally, new licensees will have to fulfill the requirements of this subsection even if they are exempt from the full 30 hours of continuing education. This requirement shall become effective for all applicable license renewals on or after January 1, 2023. These courses must be repeated for each subsequent renewal period.~~A maximum of 1 hour of CE in cardiopulmonary resuscitation (CPR) certified by the American Red Cross, American Heart Association, an Illinois licensed hospital, an approved medical or optometric institution, or a licensed CE sponsor may be earned per pre-renewal period. Credit shall only be given for CPR courses in which the attendees are in actual attendance in the same room as the presenters. No credit shall be given for online, self-instruction, or correspondence courses.~~

- 4) CE credit hours used to satisfy the CE requirements of another state may be submitted for approval for fulfillment of the CE requirements of the State of Illinois.
  - 5) Credit shall not be given for courses taken in Illinois from unapproved sponsors ~~except for a CPR course in accordance with subsection (b)(3)(D).~~
  - 6) The licensee shall maintain proof of completion of the CE requirements, in the form of CE certificates, for 3 license renewal cycles (6 years) from the end of the licensing period in which the CE course was taken.
- c) CE Sponsors and Programs
- 1) An approved continuing education sponsor is a person, firm, association, corporation, or any other entity that has been approved by the Division pursuant to subsection (c)(2) to coordinate and present continuing education courses and~~Sponsor, as used in this Section, shall mean a person, firm, association, corporation, or any other group that has been approved and authorized by the Division upon the recommendation of the Optometric Licensing and Disciplinary Board to coordinate and present~~

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~~CE courses or~~ programs.

- 2) A sponsor shall submit a sponsor application, along with the required fee set forth in Section 1320.400(a)(4), that includes:
  - A) Certification
    - i) That all courses and programs offered by the sponsor for CE credit will comply with the criteria in this Section;
    - ii) That the sponsor will be responsible for verifying attendance at each course or program or session thereof utilizing signature sheets or other means of attendance verification and for providing a certificate of completion as set forth in subsection (b);
    - iii) That, upon request by the Division, the sponsor will submit such evidence as is necessary to establish compliance with this Section;
    - ~~iv) That each sponsor shall submit to the Division a written notice of a course offering 30 days prior to the course date. The notice shall include the description, location, date and time of the course to be offered;~~
  - B) A history and the experience of the sponsor as an educational provider;
  - C) A copy of a sample program with faculty, course materials and syllabi;
  - D) The name and address of the contact person responsible for all recordkeeping; and
  - E) A list of all principals of the organization applying for a sponsor license.
- 3) Each sponsor shall submit by March 31 of each even-numbered year a sponsor application along with the required fee set forth in Section

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1320.400(b)(2). With the application, the sponsor shall be required to submit to the Division a list of all courses and programs offered in the pre-renewal period, which includes a description, location, date and time the course was offered.

- 4) All courses and programs shall:
  - A) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of optometry;
  - B) Provide experiences that contain scientific integrity, relevant subject matter and course materials; and
  - C) Be developed and presented by persons with education and/or experience in subject matter of the program.
- 5) The tuition fees charged for programs conducted by approved sponsors shall be reasonable and directly related to the sponsor's actual expense in conducting the programs.
- 6) All programs given by approved sponsors shall be open to all licensed optometrists and not be limited to the members of a single organization or group and shall specify the number of CE hours and categories that may be applied toward Illinois CE requirements for licensure renewal.
- 7) Certificate of Attendance
  - A) It shall be the responsibility of the sponsor to provide each participant in a program with a certificate of attendance signed by the sponsor. The sponsor's certificate of attendance shall contain:
    - i) The name, sponsor number and address of the sponsor;
    - ii) The participant's name and optometry license number;
    - iii) A detailed statement of the subject matter;
    - iv) The number of hours actually attended in each topic;

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- v) The date of the program;
  - vi) Whether the course qualifies for certified continuing education.
- B) A separate certification of passage or failure of the post-course evaluation shall be issued by the approved certifying institution when the course is for certified CE credit.
- C) The sponsor shall maintain these records for 3 license renewal cycles (6 years) from the end of the licensing period in which the CE course was presented. These records shall include all test materials utilized for certified courses.
- 8) The sponsor shall be responsible for assuring verified continued attendance at each program. No renewal applicant shall receive CE credit for time not actually spent attending the program.
- 9) Upon the failure of a sponsor to comply with any of the foregoing requirements, the Division, after notice to the sponsor and hearing before and recommendation by the Board in accordance with 68 Ill. Adm. Code 1110 (Rules of Practice in Administrative Hearings), shall thereafter refuse to accept for CE credit attendance at or participation in any of that sponsor's CE programs until such time as the Division receives reasonably satisfactory assurances of compliance with this Section.
- d) CE Earned in Other States
- 1) A licensee who requests credit toward CE compliance in Illinois for CE hours earned in another jurisdiction shall submit an out-of-state CE approval form along with a \$25 processing fee within 90 days prior to or after the course. The Board shall review and recommend approval or disapproval of this program using the criteria set forth in this Section.
  - 2) If a licensee fails to submit an out-of-state CE approval form within the required 90 days, late approval may be obtained by submitting the application along with the \$25 processing fee plus a \$50 per hour late fee not to exceed \$300. The Board shall review and recommend approval or

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

- 3) The Board has determined that the Council on Optometric Practitioner Education (~~COPE~~~~C.O.P.E.~~), Transcript-quality (TQ), and Continuing Education with Examination (CEE) approved courses are acceptable for out-of-state CE. If a licensee attends an out-of-state COPE/TQ~~C.O.P.E.~~ approved course, the licensee will not be required to submit the out-of-state CE approval form and the \$25 processing fee.
  - 4) Online courses are not eligible for out of state CE credit.
- e) Certification of Compliance with CE Requirements
- 1) Each renewal applicant shall certify, on the renewal application, full compliance with CE requirements set forth in subsection (a).
  - 2) The Division may require additional evidence demonstrating compliance with the CE requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of such compliance for a period of 5 years.
  - 3) When there appears to be a lack of compliance with CE requirements, an applicant will be notified and may request an interview with the Board, at which time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65]. These proceedings may result in fines and/or disciplinary action.
- f) Waiver of CE Requirements
- 1) Any renewal applicant seeking renewal of a license under Section 1320.420 who has not fully complied with the CE requirements of Section 1320.180 shall submit to the Division a renewal application, the renewal fee set forth in Section 1320.400(b)(1), a statement setting forth the facts (including time frames) concerning the non-compliance, and a request for waiver of the CE on the basis of the facts. If the Division, upon the written recommendation of the Board, finds from such affidavit or any other evidence submitted, that good cause has been shown for granting a waiver, the Division shall waive enforcement of the requirements for the

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renewal period for which the applicant has applied.

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

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART C: DIAGNOSTIC AND THERAPEUTIC OCULAR  
PHARMACEUTICAL AGENTS

**Section 1320.315 Controlled Substance License Requirement**

Licensed optometrists, in order to prescribe controlled substance oral analgesic therapeutic ocular pharmaceutical agents as set forth in Section 1320.330(a)(7), shall apply for a controlled substance license pursuant to 77 Ill. Adm. Code 3100. The licensee is limited to prescribing Schedule III, IV and V agents in a quantity sufficient to provide treatment for up to 30 days~~72~~

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~~hours~~ and in accordance with the Illinois Controlled Substances Act [720 ILCS 570]. No prescriptions for a Schedule II controlled substance are permitted, with the exception of Dihydrocodeinone (Hydrocodone) with one or more active, non-narcotic ingredients only in a quantity sufficient to provide treatment for up to 72 hours.

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1320.330 Approved Therapeutic Ocular Pharmaceutical Agents Pursuant to Section 15.1 of the Act**

- a) The following categories of therapeutic ocular pharmaceutical agents are approved for use by licensed optometrists:
- 1) Anti-Infective Agents
  - 2) Anti-Allergy Agents
  - 3) Anti-Glaucoma Agents (except oral carbonic anhydrase inhibitors, which may be prescribed only in a quantity sufficient to provide treatment for up to 72 hours)
  - 4) Anti-Inflammatory Agents. Oral steroids may be prescribed only in a quantity to provide treatment for up to 7 days. ~~(except oral steroids)~~
  - 5) Topical Anesthetic Agents
  - 6) Over the Counter Agents
  - 7) Analgesic Agents
  - 8) Mydriatic Reversing Agents
  - 9) Anti-Dry Eye Agents
  - 10) Agents for the treatment of hypotrichosis
  - 11) Topical ophthalmic~~ophthalmic~~ treatment for acquired blepharoptosis
- b) Licensed optometrists shall be permitted to use topical anesthetics, mydriatics,

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cycloplegics and miotics.

- c) Oral pharmaceutical agents may be prescribed for a child under 5 years of age only in consultation with a physician licensed to practice medicine in all its branches.

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1320.335 Oral Pharmaceutical Agents**

- a) Any optometrist licensed before January 1, 2008, prior to utilizing or prescribing any oral pharmaceutical agents permitted under the Act (except non-narcotic oral analgesic and over the counter agents), shall successfully complete a course of study and testing as designated in Section 1320.335(b). Graduates from an approved program of optometry subsequent to January 1, 2008 shall not be required to complete the course and may utilize and prescribe all oral pharmaceutical agents permitted by the Act.
- b) An approved course of study in oral pharmaceutical agents shall be approved by the Board and shall meet the following requirements:
- 1) The program has a faculty that comprises a sufficient number of instructors to make certain that the educational obligations to the students are fulfilled. The faculty must have demonstrated competence in their area of teaching as evidenced by appropriate degrees from accredited colleges or institutions and clinical and teaching experience.
  - 2) The program has a curriculum that contains updates in at least the following areas:
    - A) Patient medical history/drug history.
    - B) General pharmacokinetics or oral administration.
    - C) Concerns in special populations.
    - D) Treatment of ocular disease with oral pharmaceutical agents, including contraindications, drug interactions, systemic toxicities and ocular effects for the following:

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- i) Oral anti-infective agents
  - Oral anti-bacterial
  - Oral anti-fungals
  - Oral anti-virals
- ii) Oral anti-glaucoma agents
  - CAIs
  - Osmotic agents
- iii) Oral anti-allergy agents
  - Antihistamines
  - Mast-cell degranulation inhibitors
  - Decongestant combinations
- iv) Oral anti-inflammatory agents
  - Steroids
  - NSAIDS
- v) Oral analgesics
  - NSAIDS
  - Opiates
- E) Clinical case studies, including the use of controlled substances, treatment options, patient management and referral in the following areas:

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- i) Infectious ocular disease
    - Bacterial
    - Viral
    - Fungal
  - ii) Glaucoma
  - iii) Allergic eye disease
  - iv) Inflammatory ocular disease
  - v) Management of ocular pain
  - vi) Treatment of drug induced emergencies
- F) Jurisprudence  
Illinois Optometric Practice Act Rules – pharmaceutical agents
- i) Requirements
  - ii) Restrictions
- 3) The program includes a minimum of 12 instructional hours with an examination designed to test the student's knowledge and ability to apply the program's subject matter.
- A) The examination shall be administered and proctored, ~~on the site where the course is given,~~ by a licensed CE sponsor. All examinations must be developed and approved by a program of optometry approved under Section 1320.20.
  - B) Verification of student identification shall be required.
  - C) The content of all examinations shall be made available to the Division for review upon request.

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- 4) In addition to all other requirements, the program must meet the requirements of Section 1320.80 (Continuing Education). 126 hours of continuing education credit ~~and 6 hours of certified (tested) continuing education credit~~ will be granted for successful completion of the course and test in the renewal period in which the lecture portion of the course was completed.
- 5) Requests for course approval must be submitted to the Division no later than 90 days prior to the beginning of the course. Sponsors shall provide course documentation and any other documentation required by the Board.
- c) Failure to successfully complete an approved educational course in oral pharmaceutical agents prior to March 31, 2010 shall result in the licensee being placed in non-renewed status until such a course is successfully completed. A licensee in non-renewed status may not practice optometry within the State of Illinois.

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D: GENERAL

**Section 1320.400 Fees**

- a) Application Fees
  - 1) The fee for application for an original license as an optometrist is \$500.
  - 2) Applicants for any examination shall be required to pay, either to the Division or its designated testing service, a fee covering the cost of determining the applicant's eligibility and providing the examination.
  - 3) The fee for application for licensure of a person licensed as an optometrist in another jurisdiction is \$500.
  - 4) The fee for a sponsor of continuing education is \$500.
- b) Renewal Fees
  - 1) The fee for renewal of an optometrist license is \$200 per year.

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- 2) The fee for renewal as a sponsor of continuing education is \$250 per year.
- c) General Fees
- 1) The fee for restoration of a license other than from inactive status is \$50 plus payment of all lapsed renewal fees. For the purposes of restoring from inactive status, the Division shall consider that no renewal fees have lapsed during the period of inactive status.
  - 2) The fee for issuance of a duplicate license or for the issuance of a replacement license for a license that has been lost or destroyed is \$20.
  - 3) The fee for the issuance of a license with a change of name or address other than during the renewal period is \$20.
  - 4) The fee for the certification of a license for any purpose is \$20.
  - 5) The fee for a wall certificate showing licensure is the actual cost of producing the license.
  - 6) ~~The fee for a roster of persons licensed under the Act is the actual cost of producing the roster.~~

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1320.430 Granting Variances**

~~a)~~The Director may grant variances from this Part in individual cases when he/she finds that:

- ~~a)1)~~ The provision from which the variance is granted is not statutorily mandated or waiver of the provision is not prohibited by statute;
  - ~~b)2)~~ No party will be injured by the granting of the variance; and
  - ~~c)3)~~ The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- ~~b) The Director shall notify the Board of the granting of the variance, and the~~

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~~reasons for granting the variance, at the next meeting of the Board.~~

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Real Estate License Act of 2000
- 2) Code Citation: 68 Ill. Adm. Code 1450
- 3) Section Number: 1450.130                      Proposed Action: Amendment
- 4) Statutory Authority: Implementing the Real Estate License Act of 2000 [225 ILCS 454] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois (Department of Professional Regulation Law) [20 ILCS 2105].
- 5) A Complete Description of the Subjects and Issues Involved: This proposed amendment would include a moderate fee increase in the real estate broker professions; including residential leasing agents, real estate brokers, and real estate managing brokers. These proposed fee increases would also apply to real estate education providers, pre-license instructors, and courses. General administrative fees would be modestly increased as well. Real estate brokerage fees have, for the most part, remained unchanged for more than a decade, with the only increase occurring during a license classification transition in 2011-2012. Most license fees have remained unchanged since 2004, when all fees were raised by twenty-five dollars (\$25.00). More recently, a series of legislative changes eliminated or consolidated license types, resulting in a decrease of approximately five hundred-thousand dollars (\$500,000.00) in revenue to the Department of Financial and Professional Regulation's Division of Real Estate.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: No underlying studies or reports were used in comprising this rulemaking; however, the Department did perform a comparative study of other states' licensing fees, as well as conduct an in-depth internal fiscal analysis.
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No

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- 11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Department of Financial and Professional Regulation  
Attention: Craig Cellini  
320 West Washington, 2<sup>nd</sup> Floor  
Springfield, IL 62786

(217)785-0813  
Fax: (217)557-4451  
Craig.Cellini@illinois.gov

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

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Those licensed under the Act would be affected.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis:
- A) Types of businesses subject to the proposed rule:  
54 professional, scientific and technical services
- B) Categories that the agency reasonably believes the rulemaking will impact, including:
- ii. regulatory requirements

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- 15) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not summarized in any Regulatory Agenda.

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

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TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VIII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1450

REAL ESTATE LICENSE ACT OF 2000

SUBPART A: GENERAL

Section

- 1450.100 Definitions
- 1450.110 Sponsorship
- 1450.115 Termination of Sponsorship
- 1450.120 Assumed Name
- 1450.130 Fees
- 1450.140 Renewals
- 1450.145 Restoration
- 1450.150 Required Information of Applicant or Licensee
- 1450.160 Dual Licensure
- 1450.170 Exemption Under Section 5-20(1) of the Act (Repealed)

SUBPART B: LEASING AGENT LICENSING AND EDUCATION

Section

- 1450.200 Residential Leasing Agent General Provisions
- 1450.205 Residential Leasing Agent Pre-License Education Requirements
- 1450.210 Residential Leasing Agent Examination
- 1450.220 Application for Residential Leasing Agent License by Examination
- 1450.230 Leasing Agent Termination of Employment (Repealed)
- 1450.240 Residential Leasing Agent Permit
- 1450.250 Residential Leasing Agent Continuing Education
- 1450.260 Approved Courses, Schools and Instructors for Leasing Agents (Repealed)

SUBPART C: LICENSING AND EDUCATION FOR SALESPERSON

Section

- 1450.300 Salesperson Educational Requirements to Obtain a License (Repealed)
- 1450.310 Salesperson Examination (Repealed)
- 1450.320 Applications for Salesperson License by Examination (Repealed)

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- 1450.330 Application for Salesperson License by Reciprocity (Repealed)
- 1450.340 Salesperson Continuing Education (Repealed)

SUBPART D: BROKER LICENSING AND EDUCATION

Section

- 1450.400 Broker Pre-license Education Requirements
- 1450.410 Broker Post-License Education Requirements
- 1450.420 Broker Examination
- 1450.430 Application for Broker License by Examination
- 1450.440 Application for Broker License by Reciprocity
- 1450.450 Broker Continuing Education

SUBPART E: MANAGING BROKER LICENSING AND EDUCATION

Section

- 1450.500 Managing Broker Pre-License Education Requirements
- 1450.510 Managing Broker Examination
- 1450.520 Application for Managing Broker License by Examination
- 1450.530 Application for Managing Broker License by Reciprocity
- 1450.540 Managing Broker Continuing Education
- 1450.550 Managing Broker License Transfer to Broker License
- 1450.560 Managing Broker Self-Sponsorship

SUBPART F: CORPORATIONS, LIMITED LIABILITY COMPANIES,  
PARTNERSHIPS, LIMITED PARTNERSHIPS AND LIMITED LIABILITY PARTNERSHIPS

Section

- 1450.600 Application for Corporations, Limited Liability Companies, Partnerships, Limited Partnerships and Limited Liability Partnerships Licenses
- 1450.610 Place of Business; Office and Virtual Office Requirements

SUBPART G: COMPENSATION AND BUSINESS PRACTICES

Section

- 1450.700 Sponsoring Broker Responsibilities
- 1450.705 Designated Managing Broker Responsibilities and Supervision
- 1450.710 Discrimination
- 1450.715 Advertising

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1450.720	Digital or Electronic Advertising and Communication
1450.725	Office Identification
1450.730	Office Registry Requirements
1450.735	Employment or Independent Contractor Agreements
1450.740	Unlicensed Assistants
1450.745	Business Entity for Direct Payment of Compensation
1450.750	Special Accounts
1450.755	Recordkeeping
1450.760	Disclosure of Compensation
1450.765	Disclosure of Licensee Status
1450.770	Brokerage Agreements and Listing Agreements
1450.775	Written Agreements
1450.780	Referral Fees and Affinity Relationships
1450.785	Rental Finding Services
1450.790	Broker Price Opinions and Comparative Market Analyses

## SUBPART H: AGENCY RELATIONSHIPS

Section	
1450.800	Confidentiality
1450.810	Failure to Disclose Information Not Affecting Physical Condition of Real Estate
1450.820	Dual Agency Prohibition
1450.830	Disclosure of Contemporaneous Offers

## SUBPART I: DISCIPLINE RULES AND PROCEDURES

Section	
1450.900	Unprofessional Conduct
1450.905	Temporary Suspension
1450.910	Non-Disciplinary Action
1450.915	Suspension or Revocation of a Sponsoring Broker or Designated Managing Broker License
1450.920	Inspections and Audits
1450.925	Audits of Special Funds by Outside Auditors (Repealed)
1450.930	Case File Review Committee
1450.935	Peer Review Advisor
1450.940	Rules of Practice in Administrative Hearings
1450.945	Real Estate Recovery Fund

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- 1450.950 Automatic Revocation Upon Order for Payment from the Real Estate Recovery Fund (Repealed)  
1450.955 Nonbinding Advisory Opinions (Repealed)  
1450.960 Citations for Non-Compliance with Continuing Education Requirements

## SUBPART J: GRANTING VARIANCES

## Section

- 1450.1000 Granting Variances

## SUBPART K: EDUCATION PROVIDERS, INSTRUCTORS, AND COURSE APPROVAL

## Section

- 1450.1100 Application for Education Provider License and Other Requirements  
1450.1105 Application for Pre-License and Post-License Courses  
1450.1110 Application for Education Provider and Course License Renewal  
1450.1115 Application for Pre-License Instructor License  
1450.1120 Administration of Proficiency Examinations and Eligibility to Take the Proficiency Exam and Transition Courses (Repealed)  
1450.1125 Pre-License Instructor License Renewal and Restoration  
1450.1130 Application for Continuing Education School License and Other Requirements (Repealed)  
1450.1135 Application for Continuing Education Courses and Curriculum  
1450.1137 Authorization for Third Party Designees to Review Courses  
1450.1140 Application for Continuing Education School and Course License Renewal (Repealed)  
1450.1145 Application for Continuing Education Instructor License  
1450.1150 Continuing Education Instructor License Renewal and Restoration  
1450.1155 Correspondence or Home Study Courses  
1450.1160 Recruitment  
1450.1165 Discipline of Education Providers, Instructors and Courses  
1450.1170 Real Estate Education Advisory Council (Repealed)  
1450.1175 Waiver of Final Examination Requirements for Certain Education Delivery Methods  
1450.1180 Proctor Standards

## SUBPART L: CONTINUING EDUCATION TRANSITIONAL PROVISIONS

## Section

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- 1450.1200 Continuing Education Requirements for Transitioned Licensees (Repealed)
- 1450.1205 Continuing Education Schools and Courses (Repealed)
- 1450.1210 Credit for Continuing Education Courses (Repealed)
- 1450.1215 Pre-license Schools and Courses (Repealed)
- 1450.1220 Education Provider, Course and Instructor Transition (Repealed)

## SUBPART M: REAL ESTATE AUCTION CERTIFICATION

## Section

- 1450.1300 Real Estate Auction Pre-Certification Education
- 1450.1310 Application for Real Estate Auction Certification
- 1450.1320 Real Estate Auction Certification Activities

**AUTHORITY:** Implementing the Real Estate License Act of 2000 [225 ILCS 454] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois (Department of Professional Regulation Law) [20 ILCS 2105].

**SOURCE:** Rules and Regulations for the Administration of the Real Estate Brokers and Salesmen License Act (General Rules), effective December 4, 1974; Rules and Regulations for the Administration of the Real Estate Brokers and Salesmen License Act (School Rules), effective July 29, 1974; amended at 3 Ill. Reg. 885, effective February 2, 1979; amended at 4 Ill. Reg. 195, effective August 12, 1980; amended at 5 Ill. Reg. 5343, effective May 6, 1981; amended at 5 Ill. Reg. 8541, effective August 10, 1981; codified at 5 Ill. Reg. 11064; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; emergency amendment at 6 Ill. Reg. 2406, effective February 3, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8221, effective July 1, 1982; amended at 9 Ill. Reg. 341, effective January 3, 1985; transferred from Chapter I, 68 Ill. Adm. Code 450 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1450 (Department of Professional Regulation) pursuant to PA 85-225, effective January 1, 1988, at 12 Ill. Reg. 2977; amended at 12 Ill. Reg. 8036, effective April 26, 1988; amended at 15 Ill. Reg. 10416, effective July 1, 1991; amended at 16 Ill. Reg. 3204, effective February 14, 1992; emergency amendment at 19 Ill. Reg. 12003, effective August 8, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16623, effective December 1, 1995; amended at 20 Ill. Reg. 6492, effective April 30, 1996; recodified from Chapter VII, Department of Professional Regulation, to Chapter VIII, Office of Banks and Real Estate, pursuant to PA 89-23 and PA 89-508 at 20 Ill. Reg. 11984; amended at 21 Ill. Reg. 3602, effective March 7, 1997; amended at 21 Ill. Reg. 8350, effective June 30, 1997; old Part repealed and new Part adopted by emergency rulemaking at 24 Ill. Reg. 704, effective January 1, 2000, for a maximum of 150 days; old Part repealed and new Part adopted at 24 Ill. Reg. 8263, effective May 30, 2000; amended at 27 Ill. Reg. 12018, effective July 9, 2003; amended at 28 Ill.

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Reg. 2141, effective January 22, 2004; amended at 30 Ill. Reg. 11075, effective June 8, 2006; amended at 32 Ill. Reg. 6503, effective April 2, 2008; former Part repealed at 35 Ill. Reg. 5414 and new Part adopted at 35 Ill. Reg. 5418, effective March 21, 2011; amended at 40 Ill. Reg. 12588, effective September 2, 2016; amended at 41 Ill. Reg. 12561, effective October 6, 2017; amended at 42 Ill. Reg. 4582, effective March 9, 2018; Subpart K recodified at 42 Ill. Reg. 16946; amended at 43 Ill. Reg. 1975, effective January 25, 2019; amended at 45 Ill. Reg. 2851, effective February 23, 2021; amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL

**Section 1450.130 Fees**

- a) Residential Leasing Agent License and Residential Leasing Agent Student
  - 1) The application fee for an initial residential leasing agent license is ~~\$100~~\$75.
  - 2) The renewal fee for an unexpired residential leasing agent license is ~~\$150~~\$50 per renewal~~year~~.
  - 3) The late fee for a residential leasing agent license expired for no more than 2 years is ~~\$75~~\$50.
  - 4) The application fee for a residential leasing agent permit is ~~\$50~~\$25.
  - 5) The restoration fee for a residential leasing agent license expired for more than 2 years but less than 5 years is the sum of all lapsed renewal and late fees.
  - 6) A person receiving an initial license during the first renewal period shall not be required to pay the initial renewal fee and will be issued a license expiring on the second renewal deadline.
- b) Broker License
  - 1) The application fee for an initial broker license is ~~\$150~~\$125.
  - 2) The renewal fee for an unexpired broker license is ~~\$200~~\$75 per renewal~~year~~.

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- 3) The late fee for a broker license expired for no more than 2 years is ~~\$75~~\$50.
  - 4) The restoration fee for a broker license expired for more than 2 years but less than 5 years is the sum of all lapsed renewal and late fees.
  - 5) The fee to transfer from a managing broker license to a broker license is ~~\$150~~\$125.
  - 6) A person receiving an initial license within the first renewal period shall not be required to pay the initial renewal fee and will be issued a license expiring on the second renewal deadline.
- c) Managing Broker License
- 1) The application fee for an initial managing broker license is ~~\$175~~\$150.
  - 2) The renewal fee for an unexpired managing broker license is ~~\$250~~\$100 per year.
  - 3) The late fee for a managing broker license expired for no more than 2 years is ~~\$75~~\$50.
  - 4) The restoration fee for a managing broker license expired for more than 2 years but less than 5 years is the sum of all lapsed renewal and late fees.
  - 5) A person receiving an initial license during the first renewal period shall not be required to pay the initial renewal fee and will be issued a license expiring on the second renewal deadline.
- d) Real Estate Auction Certification
- 1) The application fee for an initial real estate auction certification is \$125.
  - 2) The renewal fee for an unexpired real estate auction certification is ~~\$300~~\$150 per renewal~~year~~.

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- 3) The late fee for a real estate auction certification expired for no more than 2 years is ~~\$75~~\$50.
  - 4) A person receiving an initial certificate during the first renewal period shall not be required to pay the initial renewal fee and will be issued a certificate expiring on the second renewal deadline.
- e) Corporation, Limited Liability Company, Partnership, Limited Partnership or Limited Liability Partnership License
- 1) The application fee for an initial corporation, limited liability company, partnership, limited partnership or limited liability partnership license is ~~\$250~~\$125.
  - 2) The renewal fee for an unexpired corporation, limited liability company, partnership, limited partnership or limited liability partnership license is ~~\$300~~\$75 per ~~renewal~~year.
  - 3) The late fee for a corporation, limited liability company, partnership, limited partnership or limited liability partnership license expired for no more than 2 years is ~~\$75~~\$50.
  - 4) An entity receiving its initial license during the first renewal period shall not be required to pay the initial renewal fee and will be issued a license expiring on the second renewal deadline.
- f) Education Provider, Pre-license Instructor and Course License Fees
- 1) The application fee for an initial education provider license is ~~\$1,050~~\$1,025.
  - 2) The renewal fee for an unexpired education provider license is ~~\$1,100~~\$525 per ~~renewal~~year.
  - 3) The late fee for an education provider license expired for no more than 2 years is ~~\$75~~\$50.
  - 4) The application fee for an initial pre-license instructor license is ~~\$150~~\$125.

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- 5) The renewal fee for an unexpired pre-license instructor license is ~~\$300~~\$125 per renewal~~year~~.
  - 6) The late fee for a pre-license instructor license expired for no more than 2 years is ~~\$75~~\$50.
  - 7) The application fee for an initial pre-license course license is ~~\$150~~\$125.
  - 8) The application fee for a revised format pre-license course license is ~~\$150~~\$125.
  - 9) The renewal fee for an unexpired pre-license course license is ~~\$150~~\$50 per renewal~~year~~.
  - 10) The late fee for a pre-license course license expired for no more than 2 years is ~~\$75~~\$50.
  - 11) The application fee for an initial post-license course license is ~~\$150~~\$125.
  - 12) The application fee for a revised format post-license course license is ~~\$150~~\$125.
  - 13) The renewal fee for an unexpired post-license course license is ~~\$150~~\$50 per renewal~~year~~.
  - 14) The late fee for a post-license course license expired for no more than 2 years is ~~\$75~~\$50.
  - 15) An education provider, pre-license instructor, pre-license course, or post-license course receiving an initial license during the renewal period shall not be required to pay the initial renewal fee and will be issued a license expiring on the second renewal deadline.
- g) Continuing Education, Instructor and Course License Fees
- 1) The application fee for an initial CE instructor license is ~~\$100~~\$75.

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- 2) The renewal fee for an unexpired CE instructor license is ~~\$200~~\$75 per ~~renewal~~year.
  - 3) The late fee for a CE instructor license expired for no more than 2 years is ~~\$75~~\$50.
  - 4) The application fee for an initial CE course license is ~~\$150~~\$125.
  - 5) The application fee for a revised format CE course license is ~~\$150~~\$125.
  - 6) The renewal fee for an unexpired CE course license is ~~\$150~~\$50 per ~~renewal~~year.
  - 7) The late fee for a CE course license expired for no more than 2 years is ~~\$75~~\$50.
  - 8) A CE instructor or CE course receiving an initial license during the renewal period shall not be required to pay the initial renewal fee and will be issued a license expiring on the second renewal deadline.
- h) General
- 1) All fees paid pursuant to the Act and this Section shall be made payable to the Department of Financial and Professional Regulation and are non-refundable.
  - 2) The fee for a certification of a licensee's record for any purpose is ~~\$35~~\$25.
  - 3) Applicants for an examination as a residential leasing agent, broker, managing broker, instructor or real estate auction certification holder shall be required to pay the cost of taking the examination. If a designated testing service is utilized for the examination, the fee shall be paid directly to the designated testing service. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged, shall result in the forfeiture of the examination fee.
  - 4) The fee for requesting credit for CE obtained while out-of-state (see Section 5-75 of the Act) is ~~\$50~~\$25.

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- 5) The fee for processing a sponsorship transfer is ~~\$35~~\$25.
- 6) The fee for a copy of a transcript of the proceedings under Section 20-62 of the Act is the cost of a copy of the transcript. A copy of the balance of the record will be provided at the Division's cost of producing the record.
- 7) The fee for certifying the record referred to in Section 20-73 of the Act is \$1 per page.
- 8) The Division may charge an administrative fee, not to exceed \$500, as a part of a compliance agreement issued with an administrative warning letter pursuant to Section 20-20 of the Act.
- 9) Each university, college, community college or school supported by public funds in the State of Illinois shall be exempt from the education provider and course licensure fees, provided that the institution meets the following criteria and certifies to the Division that:
  - A) The facility is domiciled and supported by public funds in the State of Illinois;
  - B) The instructors are approved and licensed by the Department;
  - C) The courses are approved and licensed by the Department; and
  - D) The program, pre-license and/or CE is not a for-profit division of the university, college, community college or school.

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Recovery and Mental Health Tax Credit
- 2) Code Citation: 59 Ill. Adm. Code 130
- 3) 

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
130.10	New Section
130.20	New Section
130.30	New Section
130.40	New Section
130.50	New Section
130.60	New Section
130.70	New Section
130.80	New Section
130.90	New Section
- 4) Statutory Authority: Implementing Section 3-10 and 3-15 and authorized by Section 3-25 of the Recovery and Mental Health Tax Credit Act [35 ILCS 50].
- 5) A Complete Description of the Subjects and Issues Involved: This new Part implements the Recovery and Mental Health Tax Credit Act (35 ILCS 50) and specifies how the Department will receive and process applications for this tax credit. The Tax Credit will be provided to certain qualified employers who employ eligible individuals diagnosed with a mental illness and/or substance use disorder to provide additional employment opportunities and expand the pool of potential workers in Illinois.
- 6) Any published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking? None
- 7) Will this proposed rulemaking replace an emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this proposed rulemaking contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

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- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

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

DHS.AdministrativeRules@illinois.gov  
(217) 785-9772

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: This rule will potentially positively impact all types of employers who pay income tax in Illinois, if they elect to participate in the tax credit program.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis:
- A) Types of businesses subject to the proposed rule:

11 Agriculture, Forestry, Fishing and Hunting  
21 Mining  
22 Utilities  
23 Construction  
31-33 Manufacturing  
42 Wholesale Trade  
44-45 Retail Trade  
48-49 Transportation and Warehousing  
51 Information  
52 Finance and Insurance

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- 53 Real Estate Rental and Leasing
- 54 Professional, Scientific, and Technical Services
- 55 Management of Companies and Enterprises
- 56 Administrative and Support and Waste Management and Remediation Services
- 61 Educational Services
- 62 Health Care and Social Assistance
- 71 Arts, Entertainment, and Recreation
- 72 Accommodation and Food Services
- 81 Other Services (except Public Administration); and
- 92 Public Administration

B) Categories that the agency reasonably believes the rulemaking will impact, including:

- viii. regulatory requirements

15) Regulatory Agenda on which this rulemaking was summarized: July 2023

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

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TITLE 59: MENTAL HEALTH  
CHAPTER I: DEPARTMENT OF HUMAN SERVICESPART 130  
RECOVERY AND MENTAL HEALTH TAX CREDIT

Section	
130.10	Purpose
130.20	Definitions
130.30	Qualified Employer Determination
130.40	Eligible Individuals
130.50	Application Format
130.60	Application Review
130.70	Application Approval or Denial
130.80	Determination of Credit Amount
130.90	Tax Credit Certificate

**AUTHORITY:** Implementing Section 3-10 and 3-15 and authorized by Section 3-25 of the Recovery and Mental Health Tax Credit Act [35 ILCS 50].

**SOURCE:** Former Part 130 repealed at 16 Ill. Reg. 15993, effective October 5, 1992; new Part 130 adopted at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 130.10 Purpose**

The Department is tasked by the Recovery and Mental Health Tax Credit Act [35 ILCS 50] with providing tax credit awards to certain qualified employers who employ eligible individuals diagnosed with a mental illness and/or substance use disorder to provide additional employment opportunities and expand the pool of potential workers in Illinois.

**Section 130.20 Definitions**

The following definitions are applicable to this Part.

"Act" means the Recovery and Mental Health Tax Credit Act [35 ILCS 50].

"Applicant" means a qualified employer who submits an application to the Department for the tax credit established under this Act.

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"Certificate" means the tax credit certificate issued by the Department under Section 3-15 of the Act.

"Credit" means the amount awarded by the Department to a qualified employer by issuance of a certificate under Section 3-15 of the Act.

"Department" *means the Department of Human Services.* [35 ILCS 50/3-10]

"Eligible individual" *means an individual with a substance use disorder or an individual with a mental illness who is in a state of wellness and recovery.* [35 ILCS 50/3-10]

"Mental illness" is defined in Section 1-129 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/1-129] as *a mental, or emotional disorder that substantially impairs a person's thought, perception of reality, emotional process, judgment, behavior, or ability to cope with the ordinary demands of life, but does not include a developmental disability, dementia or Alzheimer's disease absent psychosis, a substance use disorder, or an abnormality manifested only by repeated criminal or otherwise antisocial conduct.*

"Newly hired" means an employee first employed by an applicant after January 1, 2023, or any employee that was released from employment prior to January 1, 2023 and re-hired on or after January 1, 2023. The term "newly hired" does not include:

A person who was previously employed in Illinois by the applicant or a related qualified employer prior to January 1, 2023, except for any employee who was released from employment prior to January 1, 2023;

Any individual who has a direct or indirect ownership interest of at least 5 percent in the profits, capital, or value of the applicant or a related qualified employer;

An employee of the applicant who was previously employed in Illinois by the applicant or a related qualified employer and whose employment was shifted to the applicant after the applicant applied for the tax credit certificate.

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"Qualified employer" means an employer operating within the State that has received a certificate of tax credit from the Department after the Department has determined that the employer:

*Provides a recovery supportive environment for their employees evidenced by a formal working relationship with a substance use disorder treatment provider or facility or mental health provider or facility, each as may be licensed or certified within the State of Illinois, and providing reasonable accommodation to the employees to address their substance use disorder or mental illness at no cost or expense to the eligible individual; and*

*Satisfies all other criteria in this Section and established by the Department to participate in the recovery tax program created hereunder.*  
[35 ILCS 50/3-10]

"Related qualified employer" means a person that, with respect to the applicant during any portion of the incentive period, is any one of the following:

An individual, if the individual and the members of the individual's family (as defined in section 318 of the Internal Revenue Code) own directly, indirectly, beneficially, or constructively, in the aggregate, at least 50% of the profits, capital, stock, or other ownership interest in the applicant.

A partnership, estate, or trust and any partner or beneficiary, if the partnership, estate, or trust and its partners or beneficiaries own directly, indirectly, beneficially, or constructively, in the aggregate, at least 50% of the profits, capital, stock, or other ownership interest in the applicant.

A corporation, and any party related to the corporation in a manner that would require an attribution of stock from the corporation under the attribution rules of section 318 of the Internal Revenue Code, if the applicant and any other related member own, in the aggregate, directly, indirectly, beneficially, or constructively, at least 50% of the value of the corporation's outstanding stock.

A corporation and any party related to that corporation in a manner that would require an attribution of stock from the corporation to the party or from the party to the corporation under the attribution rules of section 318 of the Internal Revenue Code, if the corporation and all such related

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parties own, in the aggregate, at least 50% of the profits, capital, stock, or other ownership interest in the applicant.

A person to or from whom there is attribution of stock ownership in accordance with section 1563(e) of the Internal Revenue Code, except that for purposes of determining whether a person is a related member under this subsection, "20 percent" shall be substituted for "5 percent" whenever "5 percent" appears in section 1563(e) of the Internal Revenue Code.

"State of wellness and recovery" means *there is an abatement of signs and symptoms that characterize active substance use disorder or mental illness, and that the individual has demonstrated that they have completed a course of treatment or are currently in receipt of treatment for such substance use disorder or mental illness.* [35 ILCS 50/3-10]

"Substance use disorder" is defined in Section 1-10 of the Substance Use Disorder Act [20 ILCS 301/1-10] as *a spectrum of persistent and recurring problematic behavior that encompasses 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants; and tobacco; and other unknown substances leading to clinically significant impairment or distress.*

"Taxpayer" means *any individual, corporation, partnership, trust, or other entity subject to the Illinois income tax. For the purposes of this Act, two individuals filing a joint return shall be considered one taxpayer.* [35 ILCS 50/3-10]

**Section 130.30 Qualified Employer Determination**

- a) *To be a qualified employer, an employer must apply annually to the Department to claim a credit based upon eligible individuals employed during the preceding calendar year, using the forms prescribed by the Department.* [35 ILCS 50/3-15(b)]
- b) *To be approved for a credit pursuant to the Act, the employer must:*
  - 1) *Agree to provide to the Department the information necessary to demonstrate that the employer has satisfied program eligibility requirements and provided all information requested or needed by the Department, including the number of hours worked by the eligible*

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*individual and other information necessary for the Department to calculate the amount of credit permitted; and*

- 2) *Agree to provide names, employer identification numbers, amounts that the employer may claim, and other information necessary for the Department to calculate any tax credit. [35 ILCS 50/3-15(b)]*
- c) A qualified employer must provide a recovery-supportive workplace environment, as evidenced by both of the following programs or practices:
- 1) A documented working relationship to provide treatment or support to employees in recovery in partnership with a local mental health and/or substance use disorder treatment organization certified or licensed by the State of Illinois; and
  - 2) Documented policies or programs to provide reasonable accommodations to employees to address their substance use disorder and/or mental illness, at no cost to the employee.
- d) A qualified employer may also provide additional evidence of their recovery-supportive workplace environment, including one or more of the following:
- 1) Certification as a recovery-supportive workplace by a non-profit, third-party recovery organization;
  - 2) A documented training program for management and human resources personnel on supporting employees in recovery; and/or
  - 3) Engagement in community-based prevention or recovery-focused activities at least once per year.
- e) The qualified employer must provide documentation establishing its recovery-supportive workplace environment to the Department's satisfaction at the time of its first application for the tax credit. The Department may request additional documentation, if needed, to determine whether a qualified employer provides a recovery-supportive workplace environment. The Department will determine whether a qualified employer provides a recovery-supportive workplace environment at the time of application.

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- f) After being approved for a tax credit, the qualified employer can attest that they continue to offer a recovery-supportive workplace environment in future applications without submitting additional supporting documentation. The Department reserves the right to request additional documentation for any application or to audit any qualified employer's recovery-supportive workplace implementation.

**Section 130.40 Eligible Individuals**

- a) An eligible individual must be:
- 1) Diagnosed with a substance use disorder and/or mental illness; and
  - 2) In a state of wellness and recovery from said substance use disorder and/or mental illness. This includes the eligible individual reporting that they are receiving treatment for, or have completed a course of treatment for, their substance use disorder and/or mental illness.
- b) The qualified employer is solely responsible for determining whether an eligible individual meets the criteria under subsection (a). The qualified employer must maintain confidential documentation supporting this determination, which may be requested by the Department for audit purposes.
- c) The qualified employer must maintain the confidentiality of the eligible individual's protected health information consistent with all applicable laws and regulations. The qualified employer must take steps to ensure that the eligible individual's protected health information is not disclosed to other employees or to members of the public.
- d) The eligible individual's disclosure of their substance use disorder and/or mental illness must be completely voluntary. The qualified employer must securely maintain documentation, such as a release of information, confirming that the eligible individual's health information was disclosed voluntarily.
- e) *A relapse in an individual's state of wellness shall not make the individual ineligible, so long as the individual shows a continued commitment to recovery that aligns with an individual's relapse prevention plan, discharge plan, or recovery plan. [35 ILCS 50/3-10]*

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- f) The eligible individual must be newly hired by the qualified employer on or after January 1, 2023.
- g) The qualified employer may only determine an employee's status as an eligible individual after the employee is hired, rather than before hiring.
- h) *The eligible individual must have been employed by the qualified employer in the State of Illinois for a minimum of 500 hours during the calendar year in which they are hired. [35 ILCS 50/3-15(c)]*
- i) *The tax credit qualification period may only begin on the date the eligible individual is hired by the qualified employer. The qualification period will end on December 31 of that calendar year or the date that the eligible individual's employment with the qualified employer ends, whichever occurs first. [35 ILCS 50/3-15(c)]*
- j) *Only one tax credit may be awarded for any eligible individual while employed by the same or related qualified employer. [35 ILCS 50/3-15(c)]*
- k) *The hours of employment of two or more eligible individuals may not be aggregated to reach the minimum number of hours. [35 ILCS 50/3-15(c)]*
- l) If an eligible individual has worked more than 500 hours but fewer than 2,000 hours between the date of hiring and December 31 of the same year, a qualified employer can elect to compute and claim a credit for such eligible individual in that year based on the hours worked by December 31. Alternatively, the qualified employer may choose to count the hours worked between the date of hiring and December 31 of the following year, or the last day of employment, in claiming the credit for the year following the date of hiring.

**Section 130.50 Application Format**

- a) The Department will make application materials available on its website. The submission of an application does not commit the Department to award assistance or to pay any costs incurred by the applicant in the preparation of an application.
- b) All applications must be submitted electronically in a secure format to the Department following the instructions provided by the Department. The application shall include, at a minimum:

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- 1) The name, address, email, and telephone number of the employer; key contact person name and title; and company tax ID, such as Federal Employer Identification Number (FEIN) or Social Security Number (SSN).
  - 2) The qualified employer's assertion that they meet the criteria as a recovery-supportive workplace.
  - 3) The name of each eligible individual employee; the date each employee was hired; and the number of hours worked by the eligible employee since they were hired.
  - 4) Any other provisions or information that the Department determines to be necessary to facilitate the Department's processing or evaluation of the application.
- c) The applicant is responsible for the accuracy of all data, information, and documentation submitted to the Department.
  - d) Any materials or data collected by the Department or the Department of Revenue shall be deemed confidential unless such materials are required to be released by State or federal law.
  - e) *Any individual or patient-specific information collected by the Department or the Department of Revenue shall not be subject to public disclosure or Freedom of Information Act requests. [35 ILCS 50/3-15(i)]*

**Section 130.60 Application Review**

- a) The Department will accept applications for each year's tax credits beginning on January 1 of the following year and ending on March 1 of the same year.
- b) The Department will only accept applications submitted pursuant to the requirements outlined in Section 130.50.
- c) After receiving an application, the Department will confirm receipt of the application in writing.

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- d) The Department will review all applications received during the acceptance period to verify an employer's status as a qualified employer and the eligibility of each individual for whom a credit is being claimed.
- e) The Department may request additional information during the review process if needed to confirm an employer's or an individual's eligibility.
- f) The Department will complete its review of all applications by March 31 of each year and determine the credit amount following the process outlined in Section 130.80.
- g) The Department is not responsible for any errors or delays in providing an application denial or approval caused by errors in any of the application information provided by the applicant or by any technical problems beyond the Department's control.

**Section 130.70 Application Approval or Denial**

- a) Applicants will be notified in writing of the Department's approval or denial of all completed applications.
- b) If the Department denies the application for a credit, it will specify the reasons for the denial.
- c) If the Department approves the application for a credit, it will issue a certificate of tax credit to the qualified employer following the procedures in Section 130.90.
- d) Applicants have the right to appeal a denial. The applicant must submit a written notice for an appeal to the Department. This notice should be received by the Department within 30 calendar days after the applicant receives the notice of denial. The appeal must contain a clear statement disputing the reasons for the denial. The notice of appeal should be mailed to:

Recovery and Mental Health Tax Credit Coordinator  
Illinois Department of Human Services, Division of Mental Health  
401 S Clinton St.  
Chicago, IL 60607

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- e) The Department will convene an appeal hearing within 30 days of receiving the notice of appeal. The appeal hearing committee will consist of the Recovery and Mental Health Tax Credit Coordinator or their designee, the Division of Mental Health Deputy Director of Wellness and Recovery Services or their designee, and the Division of Substance Use Prevention and Recovery Behavioral Health Advisor or their designee.
- f) The applicant will be notified of the hearing by phone and mail. The applicant may be present to provide written or verbal objections to the denial at the time of the hearing.
- g) The Department will issue its written final decision to the applicant within five working days after the appeal hearing. All final decisions shall specify that they are final and subject to the Illinois Administrative Review Law [735 ILCS 5/Art. III]. The final decision shall be served on parties, or their agents appointed to receive service of process, either personally or by registered or certified mail. [5 ILCS 100/10-50].

**Section 130.80 Determination of Credit Amount**

- a) The Department shall determine the amount of credit awarded under the Act.
- b) *If Department criteria and all other requirements are met, a qualified employer shall be entitled to a tax credit equal to the product of \$1 and the number of hours worked by each eligible individual during the eligible individual's period of employment with the qualified employer. [35 ILCS 50/3-15(d)]*
- c) *The tax credit awarded under this Act may not exceed \$2,000 per eligible individual employed by the qualified employer in this State. [35 ILCS 50/3-15(d)]*
- d) *The aggregate amount of all credits the Department may award under this Act in any calendar year may not exceed \$2,000,000. [35 ILCS 50/3-15(e)]*
- e) *In determining the amount of tax credit that any qualified employer may claim, the Department shall review all claims submitted for credit by all employers and, to the extent that the total amount claimed by employers exceeds the amount allocated for this program in that calendar year, shall issue tax credits on a pro rata basis corresponding to each qualified employer's share of the total amount claimed. [35 ILCS 50/3-15(d)]*

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PROPOSED RULES

- f) *A taxpayer who is a qualified employer who has received a certificate of tax credit from the Department shall be allowed a credit against the tax imposed equal to the amount shown on such certificate of tax credit. [35 ILCS 50/3-15(f)]*
- g) *The credit must be claimed in the taxable year in which the tax credit certificate is issued. The credit cannot reduce a taxpayer's liability to less than zero. If the amount of the credit exceeds the tax liability for the year, the credit may not be carried forward. [35 ILCS 50/3-15(g)]*

**Section 130.90 Tax Credit Certificate**

- a) *The Department shall award the tax credit by issuance of a certificate of tax credit to the qualified employer. [35 ILCS 50/3-15(a)]*
- b) The certificate will include the following:
  - 1) The name, taxpayer identification number, and address of the qualified employer;
  - 2) The date on which the certificate is issued;
  - 3) The number of eligible individuals employed and the total number of hours worked by eligible individuals;
  - 4) The credit amount; and
  - 5) Any other information the Department determines to be appropriate.
- c) *The qualified employer will present the certificate of tax credit to the Department of Revenue by attaching the certificate to its tax return, as a credit against the qualified employer's income tax liability in accordance with the Illinois Income Tax Act. [35 ILCS 50/3-15(a)]*
- d) *The Department shall maintain an electronic listing of the certificates issued by which the Department of Revenue may verify tax credit certificates issued. [35 ILCS 50/3-15(a)]*

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: State Universities Civil Service System
- 2) Code Citation: 80 Ill. Adm. Code 250
- 3) 

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
250.5	Amendment
250.30	Amendment
- 4) Statutory Authority: Implementing and authorized by the State Universities Civil Service Act [110 ILCS 70].
- 5) A Complete Description of the Subjects and Issues Involved: Section 250.5 is being amended to add the definition of "Law Enforcement Personnel" based on Public Act 103-0287, which allows for examinations for law enforcement personnel; the Illinois residency requirement is waived. Section 250.30(g) is being amended to delete work areas within a class specification. It has been determined that employers with the State Universities Civil Service no longer utilize these work areas.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: Discussion was held with the agency's Human Resource Directors, and no one felt the need to continue utilizing the work areas.
- 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 proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit comments in writing concerning this proposed rulemaking not later than 45 days after publication of this Notice in the *Illinois Register* to:

Gail Schiesser

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

Executive Director  
State Universities Civil Service System  
1717 Philo Road, Suite 24  
Urbana, IL 61802

Phone: (217) 278-3150  
Email: rulemaking@sucss.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) Small Business Impact Analysis: The agency did not prepare a small business impact analysis as this rulemaking will not have an adverse impact on small businesses.
- 15) Regulatory Agenda on which this rulemaking was summarized: The agency did not anticipate this rulemaking.

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

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE A: MERIT EMPLOYMENT SYSTEMS  
CHAPTER VI: STATE UNIVERSITIES CIVIL SERVICE SYSTEMPART 250  
STATE UNIVERSITIES CIVIL SERVICE SYSTEM

## Section

250.5	Definitions
250.10	Purpose, Adoption, and Amendment of Rules
250.20	The State Universities Civil Service System and its Divisions
250.30	The Classification Plan
250.40	Military Service Preference, Veterans Preference
250.50	Examinations
250.60	Eligible Registers
250.70	Nonstatus Appointments
250.80	Status Appointments
250.90	Probationary Period
250.100	Reassignments and Transfers
250.110	Separations and Demotions
250.119	Furloughs
250.120	Seniority
250.130	Review Procedures
250.140	Delegation of Authority and Responsibilities
250.150	Training
250.160	Suspension of Rules

**AUTHORITY:** Implementing and authorized by the State Universities Civil Service Act [110 ILCS 70].

**SOURCE:** Rules: State Universities Civil Service System, approved January 16, 1952, effective January 1, 1952; amended at 3 Ill. Reg. 13, p. 68, effective April 1, 1979; amended at 4 Ill. Reg. 10, p. 262, effective February 25, 1980; amended at 6 Ill. Reg. 2620, effective February 22, 1982; amended at 6 Ill. Reg. 7236, effective June 3, 1982; amended at 8 Ill. Reg. 4948 and 4950, effective March 29, 1984; codified at 8 Ill. Reg. 12936; amended at 8 Ill. Reg. 24732, effective December 6, 1984; amended at 9 Ill. Reg. 17422, effective October 23, 1985; amended at 11 Ill. Reg. 8942, effective May 8, 1987; amended at 12 Ill. Reg. 3457, effective February 1, 1988; amended at 12 Ill. Reg. 17079, effective October 7, 1988; amended at 13 Ill. Reg. 7324, effective May 1, 1989; amended at 13 Ill. Reg. 19427, effective February 6, 1990; amended at 18 Ill. Reg.

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

1901, effective January 21, 1994; amended at 20 Ill. Reg. 4440, effective February 29, 1996; amended at 30 Ill. Reg. 17384, effective October 23, 2006; amended at 31 Ill. Reg. 15848, effective November 13, 2007; amended at 32 Ill. Reg. 17268, effective October 16, 2008; amended at 33 Ill. Reg. 11644, effective July 22, 2009; amended at 36 Ill. Reg. 6014, effective April 6, 2012; amended at 37 Ill. Reg. 419, effective December 26, 2012; amended at 39 Ill. Reg. 13504, effective December 1, 2015; amended at 40 Ill. Reg. 3105, effective January 26, 2016; emergency amendment at 40 Ill. Reg. 3772, effective March 1, 2016, for a maximum of 150 days; amended at 40 Ill. Reg. 11192, effective August 4, 2016; amended at 40 Ill. Reg. 16302, effective December 12, 2016; amended at 41 Ill. Reg. 11576, effective August 30, 2017; amended at 42 Ill. Reg. 24268, effective December 3, 2018; amended at 43 Ill. Reg. 6829, effective May 23, 2019; emergency amendment at 44 Ill. Reg. 6662, effective April 10, 2020, for a maximum of 150 days; emergency expired September 6, 2020; amended at 44 Ill. Reg. 18746, effective November 12, 2020; emergency amendment at 46 Ill. Reg. 20093, effective December 1, 2022, for a maximum of 150 days; emergency expired April 29, 2023; amended at 47 Ill. Reg. 6574, effective April 30, 2023; amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 250.5 Definitions**

"Act": the State Universities Civil Service Act [110 ILCS 70].

"Allocation": assignment of a position to a class.

"Applicant": a person requesting permission to take an examination.

"Candidate": a person on a register, as qualified by examination, seniority, or service.

"Certification": the act of certifying.

"Certified": referred from a register, in accordance with the Act, as a candidate for consideration for employment.

"Certify": to refer from a register, in accordance with the Act, the name of a candidate who shall be considered for employment.

"Class": a group of positions that are so similar in duties, responsibilities, and job worth, and require such similar education and experience, that each position in the group has been given the same job title and is filled by the same tests of ability.

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

"Classification": assignment of a position to a class.

"Designated Employer Representative (DER)": the person designated by the employer to act as its representative for the coordination of its acts and the exercise of its responsibilities in matters relating to the State Universities Civil Service Act and the Administrative Code.

"Demotion": is defined in Section 250.110(g)(1) (Note for clarification: If a status employee, on ~~their~~~~his/her~~ own initiative, requests a reassignment or a transfer to another position in ~~their~~~~his/her~~ class or applies for, and takes, an examination and thereafter permits ~~their~~~~his/her~~ name to be certified to a position in a class other than the one in which ~~they are~~~~he/she is~~ currently employed, and, in either case, accepts an appointment that results in a reduction in pay or pay potential, the reduction shall not be considered a demotion.)

"Employee": a person legally employed to perform the work of a position.

"Employer": the governing Board of an institution or agency specified in Section 36e of the Act; and, for purposes of administration pursuant to this Part, any institution or agency specified in Section 36e of the Act.

"Executive Director": the Executive Director of the State Universities Civil Service System.

"Law Enforcement Personnel": an individual who has statutory authority to search, seize, or make arrests.

"Lesser Unit": a seniority unit within a class, within an institution or agency as specified in Section 36e of the Act, as determined by the Merit Board, provided two-thirds of the status employees within the class have agreed to the creation of the lesser unit.

"Merit Board" or "University Civil Service Merit Board": the governing body of the University System as defined in Section 36c of the Act. The 11 members of the Merit Board represent the public universities of the State of Illinois and are appointed by their respective University governing boards. The powers and duties of the Merit Board are defined in Section 36d of the Act.

"Nonstatus Appointment": appointment of a certified candidate to a position that

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has been classified and approved by the Executive Director as other than a status appointment.

"Place of Employment": an institution or agency as specified in Section 36e of the Act, or a unit of the institution or agency, as determined by the Merit Board, the designation of which has been for the purposes of maintenance of registers, computation of seniority, establishment of pay rates or ranges, and effecting transfers by an employer.

"Position": a group of duties and responsibilities, assigned or delegated by competent authority, requiring the full-time service of one person, or the part-time service of one or more persons.

"Reallocation": reassignment of an existing position to a class that is a part of a different promotional line, or to a class that is not a part of any promotional line.

"Reassignment": moving of an employee by an employer from one position to another in the same class within a place of employment, subject to limitations imposed by lesser units.

"Reclassification": reassignment of an existing position within a promotional line.

"Register": a list of one or more names of candidates, listed in accordance with the Act and this Part.

"Resignation": an act by which an employee voluntarily separates ~~themselves~~ ~~himself/herself~~ from ~~their~~ ~~his/her~~ employment.

"Rewrite Examination": an examination for a class that is taken by an applicant subsequent to failing a previous examination for the same class, or that is taken by an applicant subsequent to passing a previous examination for the same class in an attempt to improve ~~their~~ ~~his/her~~ examination score.

"Seniority": after completion of the probationary period, a term used to describe time worked in a class or in classes within the same promotional line, computed in accordance with the provisions of the Act and this Part.

"Service": a term used to describe time worked in a class under a status appointment by an employee who is serving, but who has not completed, a

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probationary period in that class.

"Status Appointment": appointment of a certified candidate to a position that has been classified and approved by the Executive Director as a continuing position under the position control record plan of the University System.

"Status Employee": an employee who has successfully completed a probationary period in a class.

"Status Position": a position that has been classified and approved by the Executive Director under the position control record system.

"Termination": discontinuance of services of an employee having a nonstatus appointment; discontinuance of services of an employee in one place of employment who has transferred within the System to another place of employment; failure of a provisional employee to meet certification requirements; and/or death, retirement, or inability of an employee to return from a leave of absence in accordance with Section 250.110(c).

"Transfer": moving of an employee from one position to another in the same class between constituent places of employment.

"Transfer List": a list of applicants who have been employed as sworn police officers within the past 24 months for employers to use to hire in lieu of the original entry register.

"University System": the State Universities Civil Service System.

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 250.30 The Classification Plan**

- a) Coverage. The classification plan shall include all classes, as approved, and from time to time amended, by the University System, except those exempted by Section 36e of the State Universities Civil Service Act (Act) [110 ILCS 70]. Exemptions under Section 36e of the Act shall be by position. When approved by the Merit Board, a position shall remain exempt until the exemption is terminated by the Merit Board. The Executive Director shall publish guidelines for the exemptions, as approved by the Merit Board. This classification plan shall apply

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to all positions subject to Section 250.20(a)-~~of this Part~~.

- b) Class Specifications
- 1) The University System shall maintain written specifications for each class in the classification plan. The specifications shall include the class title, class code number, length of probationary period, function of position, characteristic duties and responsibilities, minimum acceptable qualifications, including any special licenses or certificates required by state or federal laws, additional desirable qualifications, and, as applicable, promotional line, and occupational area ~~and work area~~.
  - 2) The University System shall provide notification to all employers of the addition of a new classification or of the reactivation of a former class, together with a copy of the class specification. Except that, for status employees affected by reclassification or reallocation of their positions, as provided in subsections (i)(1) and (i)(2), this Section does not apply. The notification of the addition of a new class or of the reactivation of a former class, as provided for in this Section, shall be through the University System website and, if necessary for the course of recruitment, also posted in all public places allocated for Civil Service employment information, including electronic means such as official employer websites.
- c) Use of Class Titles. The title of each class shall be the official title of every position allocated to the class for all purposes having to do with the position. This title shall be used on all personnel records and transactions. A functional title may also be given to a position by the employer, but that functional title cannot be a title approved by the Merit Board as a Civil Service class title.
- d) Use of Class Code Number. The class code number is the number that is assigned to each class title in the classification plan.
- e) Use of Promotional Line within a Class Specification Series. Each class specification series is assigned a promotional line. The promotional line can be found on the class specification.

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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f) Occupational Areas within a Class Specification. Each class in the classification plan shall be assigned an occupational area. There are 16 occupational areas within the classification plan as follows:

- 1) 01 professional;
- 2) 02 semi-professional;
- 3) 03 managerial;
- 4) 04 clerical;
- 5) 05 stores;
- 6) 06 aeronautical;
- 7) 07 agricultural;
- 8) 08 custodial services;
- 9) 09 domestic services;
- 10) 10 food services;
- 11) 11 heat, light, and power services;
- 12) 12 medical services;
- 13) 13 protective;
- 14) 14 skilled trades;
- 15) 15 semi-skilled trades; and
- 16) 16 unskilled trades.

~~g) Work Areas within a Class Specification. Each class in the classification plan shall be assigned a work area as follows:~~

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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- 1) ~~000—Special Group~~
- 2) ~~001—Admissions and Records Services~~
- 3) ~~004—Aeronautical Services~~
- 4) ~~007—Agricultural Services~~
- 5) ~~010—Architectural Services~~
- 6) ~~013—Automotive Services~~
- 7) ~~017—Building and Grounds Services~~
- 8) ~~021—Communication Services~~
- 9) ~~023—Crafts and Trade Services~~
- 10) ~~026—Custodial Services~~
- 11) ~~029—Electronic Services~~
- 12) ~~035—Fiscal Services~~
- 13) ~~038—Food Services~~
- 14) ~~041—Heat, Light, and Power Services~~
- 15) ~~044—Hospital and Health Services~~
- 16) ~~047—Housing Services~~
- 17) ~~048—Instructional Services~~
- 18) ~~050—Laboratory Services~~
- 19) ~~053—Laundry Services~~
- 20) ~~056—Legal Services~~

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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- 21) ~~059—Office Services~~
- 22) ~~060—Museum and Exhibit Services~~
- 23) ~~063—Personnel Services~~
- 24) ~~066—Printing, Press and Related Arts Services~~
- 25) ~~069—Safety and Security Services~~
- 26) ~~071—Social Services~~
- 27) ~~072—Statistical and Research Services~~
- 28) ~~073—Information Technology~~
- 29) ~~075—Stores Services~~
- 30) ~~078—Student Activity and Program Services~~

gh) Allocation of New Positions. When a new position is established, the employer shall allocate that position to an appropriate classification.

hi) Reallocation or Reclassification of Existing Positions

- 1) A request to reallocate or reclassify any existing position may originate with the employee and/or the employer. When material changes occur in the duties and responsibilities of a position, the employer shall reallocate or reclassify the position to its appropriate class.
- 2) A position may be abolished, the class of a position may be changed, or a new class specification may be prepared, provided that the change shall not be made for the purpose of separating an employee from employment in a position in ~~their~~his/her class.
- 3) In order to maintain a sound classification program, the employers, working with the staff of the University System, shall carry on continuous classification studies.

## STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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- i) Status of an Employee Whose Position is Reallocated or Reclassified
- 1) An employee whose position is reallocated or reclassified shall be eligible for continued employment in the position that is reallocated or reclassified, provided the employee establishes eligibility for the new class. An employee may establish eligibility by meeting the minimum qualifications for the new class to which the position has been reallocated or reclassified and by passing an examination for the new class. The employee must complete a probationary period in the position in the new class.
  - 2) A status employee in a position that is reallocated or reclassified who chooses not to qualify for, or who fails to gain eligibility for, the new class shall have ~~their~~his/her name placed by the employer on the reemployment register for the former class in accordance with Section 250.60(b)(1).
  - 3) An employee serving a probationary period in a position that is reallocated or reclassified, who fails to gain eligibility for the new class, and for whom no vacant position exists in the class from which ~~their~~his/her position has been reallocated or reclassified, shall have ~~their~~his/her name placed by the employer on the register from which ~~they were~~he/she was certified to a position in the former class in accordance with Section 250.60(b)(2) or (b)(3). If the employee has completed a probationary period in a position in a lower class in the same promotional line as that of ~~their~~his/her former position, the employee's name shall be placed by the employer on the reemployment register of the lower class in accordance with Section 250.60(b)(1).

(Source: Amended at 47 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Reinstatement of Firearm Rights
- 2) Code Citation: 20 Ill. Adm. Code 3500
- 3) 

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
3500.100	Amendment
3500.110	New Section
3500.120	New Section
3500.130	New Section
3500.140	New Section
3500.150	New Section
3500.200	Amendment
3500.210	New Section
3500.300	New Section
3500.310	New Section
3500.320	New Section
- 4) Statutory Authority: Implementing and authorized by Firearm Owners Identification Card Act [430 ILCS 65/10 (a-5)].
- 5) Effective Date of Rule: September 8, 2023
- 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 is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in *Illinois Register*: 47 Ill. Reg. 5870; April 28, 2023
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: Corrections were made to section and subsection labels. Deletions were made to improve clarity. Non-substantive wording changes were made as a result of recommendations from the Joint Committee on Administrative Rules.

In Section 3500.100, replaced "plea" with "request" in the "Petitioner" definition.

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

## NOTICE OF ADOPTED AMENDMENTS

In Section 3500.130 c), added "(Section 10(a-5)(8) of the Act)" of the Firearm Owners Identification Card Act

In Section 3500.150, added "(Section 10(a-5)(9) of the Act)"

In Section 3500.200 a) 1) B), added "requesting expedited relief under subsection (a)(1)(B)"

In Section 3500.200 a) 1) B) i), added "That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndChecklists> and shall include, but is not limited to:"

In Section 3500.200 a) 1) B) i), added "a firearm requirement for employment certification"

In Section 3500.200 a) 2) B), added "under subsection (a)(2)(A)"

In Section 3500.200 a) 2) B) i), added "That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndChecklists> and shall include, but is not limited to:"

In Section 3500.200 a) 2) B) i), deleted "that is available on the Department's website at <https://isp.illinois.gov/FirearmsSafety/Forms>"

In Section 3500.200 a) 2), replaced the numbering "D" with "C"

In Section 3500.200 a) 3) B), added "under subsection (a)(4)(A)"

In Section 3500.200 a) 3) B) i), added: "That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndChecklists> and shall include, but is not limited to:"

In Section 3500.200 a) 3) B) i), struck "that is available on the Department's website at <https://isp.illinois.gov/FirearmsSafety/Forms>"

In Section 3500.200 a) 3) C), added "certifies that the disability is mild," [and] "the petitioner establishes," after "examiner,"

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

## NOTICE OF ADOPTED AMENDMENTS

In Section 3500.200 a) 4) B), added "under subsection (a)(4)(A)"

In Section 3500.200 a) 4) B) i), added "That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndChecklists> and shall include, but is not limited to:"

In Section 3500.200 a) 4) B) i), changed "reference" to "references".

In Section 3500.200 a) 4) C), added "certifies that the disability is mild"

In Section 3500.200 a) 4) C), deleted "the petitioner establishes by a preponderance of the evidence,"

In Section 3500.200 a) 5) B), added "under subsection (a)(5)(A)"

In Section 3500.200 a) 5) B) i), added "That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndChecklists> and shall include, but is not limited to:"

In Section 3500.200 a) 5) C) 1), deleted "3500.200".

In Section 3500.200 d) 2), deleted "regarding" and added ", assistance or facilitating the submission of a".

In Section 3500.210 d), added "the individual's" to replace "his or her"

In Section 3500.310 c), added "or designee" after "Chairperson"

In Section 3500.320 c) 3), added "Section 10(a-5)(5)"

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were issued by JCAR.
- 13) Will this rulemaking replace an emergency rule currently in effect? Yes
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The General Assembly established the FOID Card Review Board, a newly created board with strict statutory deadlines for responding

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

## NOTICE OF ADOPTED AMENDMENTS

to appeals under Section 10 of the FOID Act. These rules govern the FOID Card Review Board's requirements and procedures for the review of petitions and conduct of hearings for relief from a firearms prohibitor as identified by the Illinois State Police.

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

Ms. Lauren Raymond  
Executive Director  
FOID Card Review Board  
801 South 7th Street – 400N  
Springfield, Illinois 62703

(773) 797-6877  
ISP.Legal.PublicComments@illinois.gov

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

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

## NOTICE OF ADOPTED AMENDMENTS

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT  
CHAPTER XII: FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARDPART 3500  
REINSTATEMENT OF FIREARM RIGHTSSUBPART A: GENERAL PROVISIONS

## Section

3500.100	Definitions
<u>3500.110</u>	<u>Duties</u>
<u>3500.120</u>	<u>Department Liaison to the Board</u>
<u>3500.130</u>	<u>Meetings</u>
<u>3500.140</u>	<u>Conflicts of Interest</u>
<u>3500.150</u>	<u>Reporting</u>

SUBPART B: REQUEST REQUIREMENTSSection

3500.200	<u>Requests</u> <del>Request</del> for Relief <u>within the Jurisdiction of the Board</u>
<u>3500.210</u>	<u>Requests within the Jurisdiction of the Department or Court</u>

SUBPART C: REVIEW OF APPEALS AND CONDUCT OF HEARINGSSection

<u>3500.300</u>	<u>Consideration of Requests for Relief</u>
<u>3500.310</u>	<u>Conduct of Hearings</u>
<u>3500.320</u>	<u>Decisions of the Board</u>

AUTHORITY: Implementing Public Act 102-237 and authorized by Section 10(a-5)(4) of the Firearm Owners Identification Card Act [430 ILCS 65].

SOURCE: Recodified from 20 Ill. Adm. Code 1230 pursuant to Public Act 102-237, at 47 Ill. Reg. 2475; emergency amendment at 47 Ill. Reg. 6196, effective April 17, 2023, for a maximum of 150 days; amended at 47 Ill. Reg. 13469, effective September 8, 2023.

SUBPART A: GENERAL PROVISIONS**Section 3500.100 Definitions**

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

## NOTICE OF ADOPTED AMENDMENTS

For purposes of [this Part](#) ~~Section 1230.75~~, these additional terms shall have the following meanings:

"Act" or "FOID Act" means the Firearm Owners Identification Card Act [430 ILCS 65].

"Appeal" means a plea for the appropriate circuit court in Illinois to review the basis for the denial of a FOID application or revocation of a FOID Card that is within their jurisdiction.

"Board" means the Firearms Owner's Identification Card Review Board.

"Department" or "ISP" means the Illinois State Police.

"Firearms prohibitor" means one of the grounds for denial and revocation under Section 8 of the [Firearm Owners](#) ~~Firearms Owner's~~ Identification Card Act [430 ILCS 65/8].

"Petitioner" means a person who has submitted a request for the Board to review the denial of a FOID Application or revocation of a FOID Card.

"Record challenge" means a ~~request~~ plea for the ISP to review the record serving as the basis for the denial of a FOID Application or revocation of a FOID Card to determine whether the decision was made in error.

"Request for relief" means a plea for the ~~Board~~ Department to review the denial of a FOID Application or revocation of a FOID Card that is within the jurisdiction of the ~~Board~~ Department and grant relief from the relevant firearms prohibitor.

(Source: Amended at 47 Ill. Reg. 13469, effective September 8, 2023)

### Section 3500.110 Duties

- a) The Department and the Board are part of Illinois' FOID Card system, created to afford law enforcement authorities the opportunity to identify persons who are not qualified to acquire or possess firearms and firearm ammunition in Illinois, and are responsible for considering a FOID Card holder's or applicant's criminal history record and eligibility pursuant to Sections 10(a) and 10(a-5) of the Act.

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- b) The Board shall consider any appeal under Section 10(a) of the Act beginning January 1, 2023, other than an appeal directed to the circuit court and except when the applicant is challenging the record upon which the decision to deny or revoke was based as provided in Section 10(a-10) of the Act. (Section 10(a-5) of the Act)

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

**Section 3500.120 Department Liaison to the Board**

- a) Pursuant to Section 10 of the Act, the Board shall exercise its powers and duties in an independent manner, subject to the provisions of this Act but free from the direction, control, or influence of any other agency or department of State government. (Section 10(a-5)(0.05) of the Act)
- b) The Department shall designate an employee to serve as Executive Director of the Board and provide logistical and administrative assistance to the Board. (Section 10(a-5)(2) of the Act)

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

**Section 3500.130 Meetings**

- a) The Board shall meet at least quarterly each year and at the call of the chairperson as often as necessary to consider appeals of decisions made with respect to applications for a Firearm Owner's Identification Card under the Act.
- 1) Whenever practicable, the Chairperson shall give members a minimum of 5 calendar days' advance notice prior to the date of a meeting.
  - 2) The Chairperson, or a designee, shall preside over all meetings.
- b) If necessary to ensure the participation of a member, the Board shall allow a member to participate in a Board meeting by electronic communication. Any member participating electronically shall be deemed present for purposes of establishing a quorum and voting. (Section 10(a-5)(3) of the Act)

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- c) Meetings of the Board shall not be subject to the Open Meetings Act [5 ILCS 120] and records of the Board shall not be subject to the Freedom of Information Act [5 ILCS 140]. (Section 10(a-5)(8) of the Act)

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

**Section 3500.140 Conflicts of Interest**

- a) No member, including the Chairperson, shall participate in any Board business, including, but not limited to, voting, when that member has a conflict of interest.
- b) For the purposes of this Section, whether a member has a conflict of interest shall be determined by the following guidelines:
- 1) A member has a conflict of interest and shall not preside over or otherwise vote in a matter in which:
- A) the member knows the petitioner either through personal or professional interactions and those interactions are likely to impact the member's judgement, including but not limited to cases involving family members such as parents, spouses, and children.
- B) the member's interest, through business, investment, personal relationships, or family, reasonably creates the appearance of impropriety in the performance of the member's duties on the Board.
- 2) Examples of conflicts of interest include, but are not limited to, the following:
- A) using public office for direct or indirect private gain;
- B) giving preferential treatment to any organization or person;
- C) losing independence or impartiality of action;
- D) making a government decision outside official channels; or



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- f) Procedure When a Conflict of Interest is Determined  
Upon the Board's determination that a conflict of interest exists, the member with the conflict of interest shall not access any documentation or records regarding the petitioner or participate in the Board's discussion and determination of the matter. In addition, when appropriate, the member with the conflict of interest shall recuse himself or herself from any deliberations and determinations.

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

**Section 3500.150 Reporting**

*The Board shall report monthly to the Governor and the General Assembly on the number of appeals received and provide details of the circumstances in which the Board has determined to deny Firearm Owner's Identification Cards under Section 10(a-5) of the Act. The report shall not contain any identifying information about the petitioners. (Section 10(a-5)(9) of the Act)*

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

**SUBPART B: REQUEST REQUIREMENTS****Section 3500.200 Requests~~Request~~ for Relief within the Jurisdiction of the Board**

- a) ~~The Department and the Board are part of the criminal justice process responsible for reviewing a FOID Card holder's or applicant's criminal history record and eligibility pursuant to Section 10(a) and 10(a-5) of the Act.~~ b) Any person wishing to file a request for relief after a FOID Application~~Card application~~ denial or FOID Card suspension, ~~or~~ revocation or seizure, or who is prohibited from possessing a firearm under Section 24-1.1 or 24-3.1 of the Criminal Code of 2012 [720 ILCS 5], must complete their petition for review no later than 90 days after the notice of FOID Card denial or FOID Card revocation was sent and must first submit a Request for ~~FOID Investigation, Relief, and Reinstatement of Firearms~~ Rights form to the Board~~Department~~, which is available on the Board's~~Department's~~ website. The following additional requirements apply depending upon the type of request for relief filed:
- 1) Law Enforcement Officers; Expedited Relief Pursuant to Section 10(c-5) of the Act

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- A) Law enforcement officers (officers) requesting expedited relief from the Department shall submit an Affidavit for Law Enforcement Expedited Relief, which is available on the ~~Board's~~Department's website at <https://isp.illinois.gov/FOIDCardReviewBoard/FormsAndChecklists> ~~https://isp.illinois.gov/FirearmsSafety/Forms~~, ~~within 60 days after receipt of a FOID Card application denial notice or a FOID Card revocation notice~~ to begin the relief process. The officer must use the affidavit to certify the requirements of Section 10(c-5) of the Act are met for expedited relief.
- B) Pursuant to Section 10(c-5) of the Act, officers requesting expedited relief under subsection (a)(1)(B) must provide the ~~Board~~Department with the following documentation:
- i) all information set forth on the Law Enforcement Expedited Requirements Checklist. That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndC hecklists> and shall include, but is not limited to:
- a personal statement;
  - an affidavit certifying the officer meets the requirements of Section 10(c-5) of the Act;
  - psychiatric and counseling records;
  - a current forensic evaluation including an assessment of potential risk for future violence;
  - a psychological fitness for duty;
  - certified copies of relevant court records;
  - at least two character references; and

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- [a firearm requirement for employment certification](https://isp.illinois.gov/FirearmsSafety/Forms) that is available on the Department's website at <https://isp.illinois.gov/FirearmsSafety/Forms>; and
- ii) any other reasonable documentation requested by the ~~Board~~Department related to the determination for granting relief.
- C) If the officer establishes, by a preponderance of the evidence, that the officer will not be likely to act in a manner dangerous to public safety and that granting relief would not be contrary to the public interest, the ~~Board~~Department shall grant relief (see Section 10(~~c-~~5f) of the Act) from the firearms prohibitor.
- 2) Commitment to a Mental Health Facility and Clear and Present Danger Incidents Within The Past Five Years~~Designations within the past five years~~; Relief Pursuant to Section 10(f) of the Act-
- A) An individual whose application for a FOID Card is denied or whose FOID Card is revoked ~~or seized due to~~for a commitment to a mental health facility within the preceding five years or being ~~reported~~designated as a clear and present danger when the incident giving rise to the report occurred within the preceding five years, may petition the ~~Board~~Department for relief.
- B) ~~Petitioners~~Individuals requesting relief from the ~~Board under subsection (a)(2)(A)~~Department shall submit a Request for FOID Investigation, Relief, and Reinstatement of Firearms Rights, which is available on the Department's website at <https://isp.illinois.gov/FirearmsSafety/Forms>, within 60 days after receipt of a FOID Card application denial notice or a FOID Card revocation notice to begin the relief process.C)The individual must provide the ~~Board~~Department with the following documentation:
- i) All information set forth on the Mental Health Admission or Clear and Present Danger Less Than 5 Year Prohibitor Requirements Checklist. That checklist is available on the Board's website at

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<https://isp.illinois.gov/FoidCardReviewBoard/FormsAndChecklists> and shall include, but is not limited to:

- [a personal statement;](#)
  - [psychiatric and counseling records;](#)
  - [a current forensic evaluation including an assessment of potential risk for future violence;](#)
  - [certified copies of relevant court records;](#)
  - [at least two character references; and](#)
  - [a firearm requirement for employment certification, where applicable](#) ~~that is available on the Department's website at <https://isp.illinois.gov/FirearmsSafety/Forms>;~~ and
- ii) any other reasonable documentation requested by the [Board](#) ~~Department~~ related to the determination for granting relief.
- CD) If the [petitioner](#) ~~individual~~ establishes, by a preponderance of the evidence, that the [petitioner](#) ~~individual~~ will not be likely to act in a manner dangerous to public safety and that granting relief would not be contrary to the public interest, then the [Board](#) ~~Department or its designee~~ shall grant relief from the relevant firearms prohibitor. (See Section 10(~~f~~a) of the Act).
- 3) Felony Convictions; Relief Pursuant to Section 10(a) or 10(c) of the Act-
- A) An individual whose application for a FOID Card is denied or whose FOID Card is revoked because of a felony conviction may petition the [Board](#) ~~Department~~ for relief unless the appeal must be directed to the circuit court in the county of the individual's residence pursuant to Section 10(a) of the Act.

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- B) ~~Petitioners~~Individuals requesting relief from the ~~Board under subsection (a)(4)(A) Department shall submit a Request for FOID Investigation, Relief, and Reinstatement of Firearms Rights, which is available on the Department's website~~ <https://isp.illinois.gov/FirearmsSafety/Forms>, within 60 days after receipt of a FOID Card application denial notice or a FOID Card revocation notice to begin the relief process. ~~C) The individual~~ must provide the ~~Board~~Department with the following documentation:
- i) All information set forth on the Felony Prohibitor Requirements Checklist. That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndC> hecklists and shall include, but is not limited to:
- a personal statement;
  - psychiatric and counseling records, where applicable;
  - certified copies of relevant court records, where applicable; and
  - at least two character references~~that is available on the Department's website at <https://isp.illinois.gov/FirearmsSafety/Forms>~~; and
- ~~The checklist~~that is available on the ~~Board's~~Department's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndC> hecklists ~~<https://isp.illinois.gov/FirearmsSafety/Forms>~~; and
- ii) any other reasonable documentation requested by the ~~Board~~Department related to the determination for granting relief.
- ~~C) D)~~ If the petitioner establishes to the Board's satisfaction that the petitioner~~individual~~ meets the standard set forth in Section 10(c) of

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the Act, the ~~Board~~~~Department or its designee~~ shall grant relief from the relevant firearms prohibitor.

- 4) Developmental or Intellectual Disabilities; Relief Pursuant to Section 10(c-10) of the Act
- A) An individual, whose application for a FOID Card is denied or whose FOID Card is revoked or seized based upon a determination of a developmental disability or an intellectual disability, may petition the Board for relief.
- B) Petitioners requesting relief from the Board under subsection (a)(4)(A) must provide the Board with the following documentation:
- i) All information set forth on the Developmental or Intellectual Disabilities Prohibitor Requirements Checklist. That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndChecklist> and shall include, but is not limited to:
- a current certification for firearm possession;
  - psychiatric and counseling records, where applicable;
  - certified copies of relevant court records, where applicable; and
  - at least two character references; and
- ii) any other reasonable documentation requested by the Board related to the determination for granting relief.
- C) If a physician, clinical psychologist, or qualified examiner certifies that the disability is mild, and that granting relief would not be contrary to the public interest or federal law, then the Board or its designee may grant relief from the relevant firearms prohibitor. (See Section 10(c-10) of the Act).

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- 5) Battery, Assault, Aggravated Assault, or Violations of an Order of Protection, In Which a Firearm Was Used or Possessed; Relief Pursuant to Section 10(a) or 10(c) of the Act
- A) An individual whose application for a FOID Card is denied or whose FOID Card is revoked because of a misdemeanor conviction in which a firearm was used or possessed within the preceding five years as set forth in Section 8(k) of the Act, may petition the Board for relief.
- B) Petitioners requesting relief from the Board under subsection (a)(5)(A) must provide the Board with the following documentation:
- i) All information set forth on the Misdemeanor Prohibitor Requirements Checklist. That checklist is available on the Board's website at <https://isp.illinois.gov/FoidCardReviewBoard/FormsAndChecklists> and shall include, but not limited to:
- a personal statement;
  - psychiatric and counseling records, where applicable;
  - certified copies of relevant court records, where applicable; and
  - at least two character references; and
- ii) any other reasonable documentation requested by the Board related to the determination for granting relief.
- C) If the petitioner establishes to the Board's satisfaction that the petitioner meets the standard set forth in Section 10(c) of the Act, the Board shall grant relief from the relevant firearms prohibitor.

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- b) A petitioner whose FOID Card was revoked or seized must comply with Section 9.5 of the Act prior to initiating a request for relief with the Board.
- c) The request for relief process will not begin until the Board receives~~Department has received~~ all the ~~required~~ documentation required in subsection (a).
- 1) If a ~~petitioner~~~~an individual~~ fails to provide all ~~of the~~ required documentation no later than 90~~within 60~~ days after ~~receipt of~~ the notice of FOID Card denial or FOID Card revocation was sent, the request for relief will be ~~dismissed~~~~denied~~ and the case will be closed. Notwithstanding subsection (a), the Board may grant an additional time to any petitioner who submits proof of hospitalization, incarceration, or other extenuating circumstances that prevent compliance with the 90-day requirement.
- 2) Notwithstanding Section 3500.320(f), a petitioner dismissed pursuant to this subsection (c) may submit a new application for a FOID Card with the Department.
- d) Materials required by this Section must be submitted to the Board via email to ISP.FCRB.ReliefRequest@illinois.gov
- 1) Paper copies will only be accepted from petitioners with appropriate proof that the petitioner is unable to access the internet due to religion or a disability. Proof of disability includes, but is not limited to, documentation from:
- A) the Social Security Administration;
- B) the Illinois Worker's Compensation Commission;
- C) the U.S. Department of Defense;
- D) an insurer authorized to transact business in Illinois who is providing disability insurance coverage; or
- E) a physician or health care provider licensed in this State and is in the position to know the petitioner's medical condition.

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

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- 2) The Board may be reached at (217) 524-1762 for further direction, or assistance submitting documents via paper copy to the Board.
- e) ~~Effective January 1, 2023, pursuant to Section 10(a-5) of the FOID Act, the Board shall consider any appeal under subsection (a) beginning January 1, 2023, other than an appeal directed to the circuit court and except when the applicant is challenging the record upon which the decision to deny or revoke was based as provided in subsection (a-10) of the Act. In the event a final administrative decision is rendered and the individual's request for relief is denied, a new application from the individual will not be accepted until two years have passed since the date of the last denial unless directed to do so by a court with appropriate jurisdiction.~~

(Source: Amended at 47 Ill. Reg. 13469, effective September 8, 2023)

**Section 3500.210 Requests within the Jurisdiction of the Department or Court**

- a) Any person whose FOID Card Application was denied or whose FOID Card was revoked but not seized for a firearm prohibitor where the disqualification is not permanent grounds for revocation under the Act, may reapply for a FOID Card once the firearms prohibitor has expired and need not initiate a Request for Relief and Reinstatement of Firearms Rights with the Board. For example, this includes persons previously denied or revoked pursuant to Section 8(e), 8(f), 8(k), or 8.2 of the Act where the prohibitor has expired.
- 1) Once the firearm prohibitor has expired, the individual may submit a new FOID Card application to the Department but must comply with Section 8 of the Act and 20 Ill. Adm. Code 1230.70.
- 2) Pursuant to Section 4 of the Act, the Department determines the eligibility of an applicant for a FOID Card.
- b) Whenever an applicant or cardholder is not seeking relief from a firearms prohibition under Section 10(c) of the Act but rather does not believe the applicant is appropriately denied or revoked and is challenging the record upon which the decision to deny or revoke the Firearm Owner's Identification Card was based, or whenever the Department fails to act on an application within 30 days of its receipt, the applicant shall file such challenge with the Department. (Section 10(a-10) of the Act)

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- c) Any individual who receives a pardon, receives an expungement, or is granted relief by a court allowing for the restoration of firearms rights may reapply for a FOID Card and need not initiate a request for relief and reinstatement of firearms rights with the Board. Pursuant to Section 4 of the Act, the Department determines the eligibility of an applicant for a FOID Card.
- d) Notwithstanding Section 3500.200, any individual, who due to multiple firearms prohibitors must also appeal to the circuit court in the county of the individual's residence for a hearing pursuant to Section 10 of the Act, may include in their appeal before the circuit court any firearms prohibitors that would otherwise be within the jurisdiction of the Board.

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

SUBPART C: REVIEW OF APPEALS AND CONDUCT OF HEARINGSSection 3500.300 Consideration of Requests for Relief

- a) Upon timely receipt of all information required in Section 3500.200 for a request for relief, the Executive Director shall request a copy of the Department's record regarding the petitioner.
- b) Upon receipt of the Department's record, the Executive Director shall make a record available to the Board members containing all information received from the petitioner, as well as the Department.
- 1) Board members will be responsible for reviewing the record and may request additional information from the petitioner or the Department. The petitioner and Department shall have 10 business days to submit any additional information requested.
- 2) If a quorum of the Board is satisfied that there is sufficient evidence to consider whether the petitioner has met its burden of proof under Section 10(c) of the Act, the Board members will consider all information provided in the record, vote on the electronic voting record made available for this purpose, and issue a final administrative decision.
- 3) If a quorum of the Board is not satisfied that there is sufficient evidence to consider whether the petitioner has met its burden of proof under Section

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

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10(c) of the Act, the Board shall provide a notice of insufficient evidence to the petitioner. The notice will include information on how the petitioner may request a hearing before a quorum of the Board.

- A) If the petitioner wants to request a hearing, the petitioner must do so within 30 days from the date notice of insufficient evidence is sent.
  - B) The request for a hearing must be in writing on forms made available by the Department through its website.
  - C) If a hearing is not requested, a final administrative decision will be entered based upon the record available.
  - D) If a hearing is requested, Board members will not vote or render a final administrative decision until after the requested hearing can be held.
- c) Upon completion of the electronic voting record by all Board members, the Executive Director will prepare an order for the Board consistent with the majority vote.

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

**Section 3500.310 Conduct of Hearings**

- a) Hearings of the Board will be conducted when a quorum of the members is present in person, by video, telephonically or by other electronic means. The hearing shall be recorded.
- b) The Board shall determine the date, time and location of any hearing. The Board shall make reasonable efforts to hold the hearing at a date, time, and location convenient to all parties.
- c) The Chairperson or designee shall preside over the hearing.
- d) Any testimony requested by the Board shall be under oath or affirmation.

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

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- e) Petitioners may be represented by counsel and present evidence relating to the request for relief. Hearings shall be closed to the public.
- f) The procedures for admissibility of evidence shall be as described in Section 10-40 of the Illinois Administrative Procedure Act [5 ILCS 100/10-40] and as ordered by the Chairperson.
- g) Deliberations of the Board, upon conclusion of a hearing held pursuant to this Section, shall be held in executive session without the petitioner or other participants in the hearing present and shall not be subject to either the Open Meetings Act [5 ILCS 120] or the Freedom of Information Act [5 ILCS 140]. (See Section 10(a-5)(8)).
- h) No later than 30 days after the date of any final administrative decision by the Board, the petitioner may make a written request to the Board for a transcript of the recording made at the hearing.
  - 1) The cost of transcription shall be the responsibility of the petitioner.
  - 2) Fees shall not exceed the actual cost for the preparation of the transcript.
  - 3) The record need not be transcribed unless the Board receives a written request and fee from the petitioner in accordance with this Section.

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

**Section 3500.320 Decisions of the Board**

- a) The Board shall make a record, electronically or by other reliable means, of the final votes cast by each individual member upon their review of the request for relief record or at the conclusion of the hearing, if one is requested.
- b) The Board shall issue an order either granting or denying the request for relief based upon the majority vote. If the Board denies relief, the Board shall detail the circumstances warranting denial.
- c) The Board shall issue a decision within 45 days of receiving all completed appeal documents from the Department and petitioner, unless:

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

## NOTICE OF ADOPTED AMENDMENTS

- 1) the petition is for expedited relief from an eligible active law enforcement officer pursuant to Section 10(c-5) of the Act and must be acted on within 30 business days after receipt of that petition;
  - 2) the plea is from an individual determined to be developmentally or intellectually disabled pursuant to Section 10(c-5) of the Act and must be acted on within 60 days after receipt of the required certification unless the timeline is tolled for a fact-finding conference;
  - 3) the Board requests information from the petitioner, including, but not limited to, electronic fingerprints to be submitted to the Illinois State Police, in accordance with Section 10(a-5)(5) of the Act, in which case the Board shall make a decision within 30 days of receipt of the required information from the petitioner;
  - 4) the petitioner requests a hearing and agrees, in writing, to allow the Board additional time to consider an appeal; or
  - 5) the Board notifies the petitioner, and the Department, it needs an additional 30 days to issue a decision, which may be requested no more than two times and shall include an explanation for the extension. (Section 10(a-5)(6) of the Act)
- d) For matters transferred to the Board by the Department, the Board shall issue a decision within 45 days after receiving all completed appeal documents from the Department, unless extended in accordance with subsection (c).
- e) The Board shall provide notice of its decision to the petitioner and Department by providing a copy of its order to the petitioner and the Department.
- 1) Where the Department determines it is appropriate, the Department will reinstate the petitioner's firearms rights, issue a FOID Card, and update, correct, modify, or remove the person's record in any database that the Illinois State Police makes available to the National Instant Criminal Background Check System to reflect that the basis for the firearms prohibitor for which relief has been granted no longer applies within 15 business days after the Board's decision. (Section 10(f) of the Act)

## FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD

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- 2) Out-of-state residents who petition the Board pursuant to Section 10(c) of the Act and are granted relief by the Board shall not be issued a FOID Card but rather shall only have their record corrected. (Section 4(a)(2) of the Act)
- f) An order of the Board is a final administrative decision and subject to judicial review pursuant to Section 11 of the Act.

(Source: Added at 47 Ill. Reg. 13469, effective September 8, 2023)

## HUMAN RIGHTS COMMISSION

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Procedural Rules
- 2) Code Citation: 56 Ill. Adm. Code 5300
- 3) 

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
5300.20	Amendment
5300.30	Amendment
- 4) Statutory Authority: Authorized by Section 5/8-102(E) of the Illinois Human Rights Act. [775 ILCS 5/8-102(E)].
- 5) Effective Date of Rule: September 11, 2023
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the Adopted Rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in *Illinois Register*: 47 Ill. Reg. 5611; April 21, 2023
- 10) Has JCAR issued a Statement of Objections to this rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rule: These amendments clarify proof of service for service of pleadings.
- 16) Information and questions regarding this adopted rule shall be directed to:

Evelio Mora, Assistant General Counsel

HUMAN RIGHTS COMMISSION

NOTICE OF ADOPTED AMENDMENTS

Illinois Human Rights Commission  
Michael A. Bilandic Building  
160 N. LaSalle Street, Suite N-1000  
Chicago, IL 60601

(312) 814-1914  
Evelio.Mora@Illinois.gov

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

HUMAN RIGHTS COMMISSION

NOTICE OF ADOPTED AMENDMENTS

TITLE 56: LABOR AND EMPLOYMENT  
CHAPTER XI: HUMAN RIGHTS COMMISSION

PART 5300  
PROCEDURAL RULES

SUBPART A: INTERPRETATIONS

Section	
5300.10	Definition of Terms
5300.20	Computation of Time
5300.30	Service of Pleadings
5300.40	Filing
5300.50	Separability

SUBPART B: RECORDS AND WITNESSES

Section	
5300.210	Subpoenas
5300.220	Access to Commission Records

SUBPART C: SETTLEMENTS

Section	
5300.310	Settlement Agreements
5300.320	Consideration by Commission
5300.330	Non-Compliance

SUBPART D: REQUEST FOR REVIEW

Section	
5300.400	Applicability of the Subpart
5300.410	Filing with Commission
5300.420	Notice by Commission
5300.430	Response by Department
5300.440	Reply to Response
5300.450	Extensions of Time
5300.460	Consideration of Request for Review
5300.470	Additional Information or Referral for Hearing

## HUMAN RIGHTS COMMISSION

## NOTICE OF ADOPTED AMENDMENTS

- 5300.480 Decision
- 5300.490 Tolling of Time Period (Repealed)
- 5300.495 Pending Requests

## SUBPART E: HEARINGS

## Section

- 5300.510 General
- 5300.515 Election to Proceed Under the Alternative Hearing Procedure
- 5300.520 Conduct of Hearing
- 5300.530 Powers and Duties of Administrative Law Judge
- 5300.540 Ex Parte Communications
- 5300.550 Form of Pleadings and Other Papers (Repealed)
- 5300.560 Appearances
- 5300.570 Place and Manner of Filing Papers (Repealed)

## SUBPART F: COMPLAINT AND ANSWER

## Section

- 5300.610 Filing of Complaint
- 5300.620 Service of Complaint
- 5300.625 Elections in Real Estate Transaction Cases
- 5300.630 Notice of Hearing
- 5300.640 Answer
- 5300.650 Amendments to Pleadings
- 5300.660 Substitution and Addition of Parties

## SUBPART G: DISCOVERY AND PRACTICE

## Section

- 5300.710 Prehearing Memorandum
- 5300.715 Discovery for Alternative Hearing Procedure Matters
- 5300.720 Discovery
- 5300.725 Filing of Disclosure Information and Discovery Material
- 5300.730 Motions and Objections
- 5300.735 Summary Decision
- 5300.740 Interlocutory Appeals
- 5300.745 Admission of Fact or of Genuineness of Documents
- 5300.750 Hearing Procedures

## HUMAN RIGHTS COMMISSION

## NOTICE OF ADOPTED AMENDMENTS

5300.760	Preparation of Recommended Order and Decision
5300.762	Preparation and Issuance of Final Order in Alternative Hearing Procedure Proceedings
5300.765	Petitions for Fees and/or Costs
5300.770	Settlement (Repealed)
5300.780	Voluntary Dismissal
5300.782	Authority for Sections 5300.783-5300.787 (Repealed)
5300.783	Fees and Costs (Repealed)
5300.784	Motion for Fees or Costs (Repealed)
5300.785	Responses to Motions for Fees or Costs (Repealed)
5300.786	Extensions of Time (Repealed)
5300.787	Supplemented Record (Repealed)

## SUBPART H: PRACTICE IN FRONT OF THE COMMISSION

## Section

5300.805	Scope of Motion Practice
5300.810	Recommended Order Not Final (Renumbered)
5300.815	Form of Motions and Objections
5300.820	Exceptions to Recommended Order (Renumbered)
5300.825	Presentation of Motions
5300.830	Responses to Exceptions (Renumbered)
5300.835	Emergency Motions
5300.840	Extensions of Time (Renumbered)
5300.845	Agreed Motions and Orders
5300.850	Oral Argument (Renumbered)
5300.855	Extension of Time
5300.860	Form of Pleadings and Other Papers (Renumbered)
5300.865	Style of Documents for Commission Consideration
5300.870	Ex Parte Communications (Renumbered)
5300.880	Brief by Department (Renumbered)

## SUBPART I: REVIEW OF RECOMMENDED ORDER AND DECISION

## Section

5300.910	Finality of Recommended Order
5300.920	Exceptions to Recommended Order
5300.930	Responses to Exceptions
5300.940	Extensions of Time

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5300.945	Acceptance of the Recommended Order for Review
5300.950	Oral Argument
5300.960	Form of Pleadings and Other Papers
5300.970	Ex Parte Communications
5300.980	Brief by Department

## SUBPART J: REMANDMENT

Section	
5300.1010	Request to Present Additional Evidence
5300.1020	Motion for Rehearing Before an Administrative Law Judge
5300.1030	Remandment on the Commission's Own Motion
5300.1040	Remand Proceedings
5300.1050	Rehearing Before Full Commission (Renumbered)
5300.1060	Modification of Commission Order (Renumbered)

## SUBPART K: ORDER AND DECISION OF THE COMMISSION

Section	
5300.1110	Commissioners Participating
5300.1120	Standard of Review
5300.1130	Proposal for Decision
5300.1140	Order and Decision
5300.1145	Interest
5300.1150	Rehearing Before Full Commission
5300.1160	Modification of Commission Order
5300.1170	Interlocutory Appeals

## SUBPART L: ACCESSIBILITY OF HUMAN RIGHTS COMMISSION MEETINGS

Section	
5300.1200	Public Comment
5300.1205	Recording of Human Rights Commission Meetings

## SUBPART M: MEMBERS OF THE COMMISSION

Section	
5300.1300	General Duties and Responsibilities of the Chair
5300.1305	General Duties and Responsibilities of the Vice-Chair

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5300.1310	Ethics Officer
5300.1315	Oath of Public Office
5300.1320	Regular Meetings
5300.1325	Cancellation of Meetings
5300.1330	Commission Code of Ethics
5300.1335	Attendance Requirements
5300.1340	Disqualification of Commissioner

## SUBPART N: COMMISSION STAFF

Section	
5300.1400	Code of Ethics
5300.1405	Disqualification of Staff Attorneys
5300.1410	Assignment of Request for Review

**AUTHORITY:** Authorized by Sections 8-102(E) and 8-101(C)(3) of the Illinois Human Rights Act [775 ILCS 5] and the Open Meetings Act [5 ILCS 120].

**SOURCE:** Filed November 15, 1975 by the Fair Employment Practices Commission; emergency amendment at 2 Ill. Reg. 12, p. 11, effective March 24, 1978, for a maximum of 150 days; amended at 3 Ill. Reg. 9, p. 40, effective March 1, 1979; amended at 3 Ill. Reg. 15, p. 100, effective April 9, 1979; transferred to the Human Rights Commission by the Illinois Human Rights Act, effective July 1, 1980; emergency amendment at 4 Ill. Reg. 39, p. 334, effective September 17, 1980, for a maximum of 150 days; amended at 5 Ill. Reg. 2709, effective March 2, 1981; amended at 7 Ill. Reg. 9298, effective July 25, 1983; codified at 8 Ill. Reg. 18887; amended at 9 Ill. Reg. 6207, effective April 24, 1985; amended at 16 Ill. Reg. 7838, effective June 1, 1992; emergency amendment at 20 Ill. Reg. 410, effective January 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 7820, effective June 1, 1996; amended at 22 Ill. Reg. 1336, effective January 1, 1998; amended at 33 Ill. Reg. 626, effective January 2, 2009; amended at 34 Ill. Reg. 16373, effective October 5, 2010; amended at 44 Ill. Reg. 18930, effective November 23, 2020; amended at 46 Ill. Reg. 17343, effective October 5, 2022; amended at 47 Ill. Reg. 13492, effective September 11, 2023.

## SUBPART A: INTERPRETATIONS

**Section 5300.20 Computation of Time**

For purposes of computing any period of time provided for under the Act or this Part, the date of any act, event, service or default from which such period of time begins to run shall not be

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included. If the last day of any such period of time shall fall on a Saturday, Sunday or legal State holiday, such time period shall continue to run until the end of the next day which is not a Saturday, Sunday or legal State holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays and legal State holidays shall be excluded from the computation. ~~Whenever a time period commences upon a Person's receipt of service or notice, and service is by mail, receipt shall be deemed to occur on the fourth day after mailing.~~

(Source: Amended at 47 Ill. Reg. 13492, effective September 11, 2023)

**Section 5300.30 Service of Pleadings**

- a) Manner of Service. Unless otherwise provided, all motions, orders, notices and other pleadings required to be served under the Act or this Part shall be served either personally, electronically, or by first-class mail.
- b) Proof of Service. Proof of ~~service~~Service shall be filed when service is required. Proof of service shall consist of the statement of the individual making service, specifying the manner and date of such service and the address of each recipient. If the ~~individual~~Person making service is not an attorney, the statement shall be verified.
- c) Effective Date of Service by Mail. Service by mail ~~is~~shall be deemed complete four days after the date of mailing stated in the proof of service~~document is mailed, properly addressed, and posted for delivery to the Person to be served.~~
- d) Effective Date of Personal or Electronic Service. ~~Electronic~~-Service by personal delivery or electronic means is~~shall be deemed~~ complete on the date of transmission stated in the proof of service~~faxed or electronically submitted.~~

(Source: Amended at 47 Ill. Reg. 13492, effective September 11, 2023)

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## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Electronic Prescription Monitoring Program
- 2) Code Citation: 77 Ill. Adm. Code 2080
- 3) 

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
2080.10	Amendment
2080.20	Amendment
2080.30	Amendment
2080.50	Amendment
2080.70	Amendment
2080.100	Amendment
2080.190	Amendment
2080.200	Amendment
2080.203	New Section
2080.205	New Section
2080.207	Amendment
2080.208	Amendment
2080.210	Repealed
2080.220	Amendment
2080.230	Amendment
2080.245	New Section
2080.320	Amendment
2080.325	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 316, 317, 318, 319, 320 and 321 of Article III of the Illinois Controlled Substances Act [720 ILCS 570/316, 317, 318, 319, 320 and 321].
- 5) Effective Date of Rule: September 8, 2023
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the Adopted Rule, including any material incorporated, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 46 Ill. Reg. 16961; October 14, 2022

## DEPARTMENT OF HUMAN SERVICES

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- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version:

Section 2080.212 and its title were deleted from the table of contents.

In Section 2080.20, in the definition of "Certified Health IT Module," ", including, but not limited to, the 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications (available at <https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base>); <https://www.healthit.gov>; and NCPDP Protocols available to members at <https://www.ncdp.org/>." was added after "(ONC)".

In Section 2080.20, in the definition of "Controlled Substance," "or" after the 2nd comma was struck and ", or synthetic drug" was added after "precursor"; "the Illinois Controlled Substances Act" and "DHS" were unitalicized; and "through administrative rule. The term does not include distilled spirits, wine, malt beverages, or tobacco, as those terms are defined or used in the Liquor Control Act of 1934 and the Tobacco Products Act of 1995" was added before the citation.

In Section 2080.20, a new definition for "Dispense" was added that states: "'Dispense' means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a prescriber, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery. [720 ILCS 570/102(p)]".

In Section 2080.20, the definition of "Dispenser" was changed to: "Dispenser" means a practitioner who dispenses a controlled substance [720 ILCS 570/102(p) and (q)].

In Section 2080.20, the definition of "Drugs of Interest" was deleted and the definitions of "Exempt Prescribers in Hospitals and Institutions" and "Facsimile Equipment" were struck.

In Section 2080.20, a new definition for "Gender" was added that states: "'Gender' includes the social, psychological, cultural, and behavioral aspects of identifying as a man, woman, gender diverse, or other gender identity."

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In Section 2080.20, the definition for "Illinois Controlled Substances License Number" was struck.

In Section 2080.20, in the definition of "Mid-level Practitioner," "[720 ILCS 570/102(t-5); or

a prescribing psychologist. [720 ILCS 570/102(z-10)]" was added after "agency."

In Section 2080.20, in the definition of "National Drug Code Identification Number" or "NDC Identification Number" "2013" was replaced with "2023".

In Section 2080.20, in the definition of "NCPDP Protocol", "<https://standards.ncdp.org/Access-to-Standards.aspx>" was added after "Programs".

In Section 2080.20, in the definition of "PMIX-Based Protocol", "PMIX-Based protocols can be found at <https://www.pdmassist.org/PMIX/ProposedStandards.>" was added at the end of definition.

In Section 2080.20, in the first line of the definition of "PMPnow", "State of Illinois" was added after "the".

In Section 2080.20, the definition of "Prescription Monitoring Program" was changed to state: ""Prescription Monitoring Program" or "PMP" means the entity that collects, tracks, and stores reported data on controlled substances and select drugs pursuant to Section 316 of the Act"

In Section 2080.20, the definition of "Sample Trend Analysis" was unstruck.

In Section 2080.20, the definition of "Sex" was struck.

In Section 2080.30, "(i.e., select drugs that are not included in Schedule II, III, IV or V)" was added after "interest".

In Sections 2080.70(d), 2080.100(a)(11), and 2080.100(c)(11), all instances of the word "sex" were replaced with "gender".

In Section 2080.70(d)(3), "alien" was struck and replaced with "immigrant".

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In Section 2080.100(c), "same" was deleted.

Section 2080.100(d) was changed to state: "The Department may impose a civil fine of \$100 per day for willful failure to comply with statutory reporting requirements. The fine shall be calculated on no more than the number of days from the time the report was required to be made until the time the problem was resolved. Fines shall be payable to the Prescription Monitoring Program."

In Section 2080.190(d), "ILPMP organization's" was struck and replaced with "entity's".

In Section 2080.190(d)(1), "as set forth by the Office of the National Coordinator for Health Information Technology (ONC) at <https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers>" was added after "standards".

In Section 2080.190(f), "disposition" was struck and replaced with "distribution".  
Section 2080.190(g)(1)(D), was changed to state: "Representatives of the Department of Children and Family Services."

In Section 2080.190(g)(2), "All written notices, requests and communications may be made by electronic mail to [dhs.pmp@illinois.gov](mailto:dhs.pmp@illinois.gov)." was added before "Inquiries" and "be submitted in writing and" was struck.

In Section 2080.190(h), "[720 ILCS 570/102(d-5)]" was added after "Director" and "subsection (g)" was struck and replaced with "720 ILCS 570/318(f)".

In Section 2080.203, "at the ILPMP website" was added after "ILPMP."

In Section 2080.205(a), "Medical prescribers" was changed to "Prescribers" and "access" was added after "obtaining".

Section 2080.205(b) was italicized and changed to state "Each prescriber or their designee shall also document an attempt to access patient information in the ILPMP to assess patient access to controlled substances when providing an initial prescription for Schedule II narcotics such as opioids, except for oncology treatment, palliative care, or for a 7-day or less supply provided by a hospital emergency department when treating an acute, traumatic medical condition. This attempt to access shall be documented in the patient's medical record. [705 ILCS 570/314.5(c-5)]"

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In Section 2080.205(c), "certified healthcare professionals" was changed to "non-licensed designee employed in that licensed prescriber's office or a licensed designee in a licensed pharmacist's pharmacy who has received training in the federal Health Insurance Portability and Accountability Act and 42 CFR 2 to consult the Illinois Prescription Monitoring Program on their behalf [720 ILCS 570/316(g)]" and "office was changed to "entity".

In Section 2080.205(d), a period was added after "facility".

In the second sentence of Section 2080.205(i), "the prescriber or dispenser determines that" was added after "If".

Section 2080.205(l) was changed to state: "Requesters are responsible for any unauthorized use of their ILPMP credentials."

Section 2080.205(n) was changed to state: "ILPMP staff determine if a PMP user applicant may become a ILPMP user. The applicant must include the following information which can be submitted on the ILPMP website:".

In Section 2080.205, a new subsection (p) was added that states: "The denial appeal process for consideration to obtain access to the ILPMP is stated as the following: The ILPMP Clinical Director or Designee will forward the appeal request to the Bureau Chief for final decision." and the remaining subsection labels in Section 2080.205 were adjusted accordingly to "q)", "r)" and "s)".

In Section 2080.207(a)(3), ", supplied by the licensed healthcare entity or pharmacist in charge (this may also be done at the corporate level of a healthcare or pharmacy organization)" was added after "basis".

In Section 2080.207(b)(4), "the connection is ready to be activated." was struck.

In Section 2080.207(c)(4), "from the Clinical Director or the Director's designee" was added after "permission."

In Section 2080.207(d), the following was added after the last sentence: "Fines will be assessed pursuant to 720 ILCS 570/318(b) as follows:

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- 1) The facility and/or EHR will be informed of the potential fines for not complying with the requirements. Letters will be physically mailed and e-mailed.
  - A) The first letter sent to the facility and/or EHR will be considered the First Warning of Willful Non-Compliance. The date of the notice of non-compliance, mailed pursuant to subsection (d)(1)(C), will be the start date from which the PMP will assess potential fines.
  - B) During the first full calendar week of the following month, a second letter will be sent. This letter will be considered the Second and Final Warning of Willful Non-Compliance.
  - C) During the first full calendar week of the next month, a notice of non-compliance will be sent to the facility and/or EHR that will include a notice of referral to the Bureau of Collections (Referral to Bureau of Collections Due to Willful Non-Compliance with the Illinois Controlled Substances Act) [720 ILCS 570/316].
- 2) Compliance will be tracked within the Department.
- 3) After sending the third letter pursuant to subsection (d)(1)(C), copies of communications, previous warning letters, and notices shall be sent to the Bureau of Collections along with any additional documentation to support the establishment of collection activities in the Revenue Management Section (RMS)."

Sections 2080.207(e) and (f) were deleted and the remaining subsection labels in Section 2080.207 were adjusted accordingly.

In Section 2080.207(g)(2), "MME" was replaced with "Morphine Milligram Equivalents (MME)".

In the first line of Section 2080.207(h)(1), "have/" was deleted.

In Section 2080.207(h)(2), "25" was replaced with "150" and "Opioid Prescriptions" was deleted.

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Section 2080.207(i) was deleted.

In Section 2080.208(a)(2), "USC" was replaced with "U.S.C." and "et seq." was unitalicized.

In Section 2080.208(a)(4), (b)(1), and (b)(2) "connecting" was added before "entity".

In Section 2080.208(b)(4), "connection is ready to be activated" was struck and "The" was deleted.

In Section 2080.208(d), the following was added after the last sentence: "Fines will be assessed as follows:

- 1) The pharmacy and/or software vendor will be informed of the potential fines for not complying with the requirements. Letters will be physically mailed and e-mailed. The date of the notice of non-compliance mailed pursuant to subsection (d)(1)(C) will be the start date from which the PMP will assess potential fines.
  - A) The first letter sent to the pharmacy and/or software vendor will be considered the First Warning of Willful Non-Compliance.
  - B) During the first full calendar week of the following month, a second letter will be sent. This letter will be considered the Second and Final Warning of Willful Non-Compliance.
  - C) During the first full calendar week of the next month, a notice of non-compliance will be sent to the pharmacy and/or software vendor that will include a notice of referral to the Bureau of Collections (Referral to Bureau of Collections Due to Willful Non-Compliance with the Illinois Controlled Substances Act) [720 ILCS 570/316].
- 2) Compliance will be tracked within the Department.
- 3) After sending the third letter pursuant to subsection (d)(1)(C), copies of communications, previous warning letters, and notices shall be sent to the Bureau of Collections along with any additional documentation to support

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the establishment of collection activities in the Revenue Management Section (RMS)."

Section 2080.208(e) was deleted and the remaining subsection labels in Section 2080.208 were adjusted accordingly.

In Section 2080.208(f)(2), "MME" was replaced with "Morphine Milligram Equivalents (MME)".

Section 2080.208(h) was deleted.

Section 2080.212 was deleted.

In Section 2080.220(a), "business" was deleted.

In Section 2080.220(b), "3 business" was deleted and replaced with "7".

In Section 2080.245(a), "Advanced Practice Registered Nurse" was changed to "advanced practice registered nurse".

In Section 2080.245(a), "benzodiazepines or" and "The consulting relationship does not require any type of written agreement between the two professionals, nor is it required to be reported to DFPR under these rules." were deleted.

In Section 2080.245(a), "Advanced Practice Registered Nurse is" was changed to "advanced practice registered nurse and the physician are both".

In Section 2080.245(b)(3), "of the advanced practice registered nurse" was added after "Profession".

In Section 2080.245(c), "benzodiazepines or" was deleted and "must provide" was added after "physician".

In Section 2080.245(c)(3), "and" was deleted.

In Section 2080.245(c)(4), "; and" was added after "numbers".

Section 2080.245(d) was changed to Section 2080.245(c)(5).

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After the last sentence of the opening paragraph of Section 2080.320, "[720 ILCS 570/320(a)]" was added.

In Section 2080.320(a), "[720 ILCS 570/320(b)]" was added after the last sentence.

In Section 2080.320(b), "The" was struck and replaced with "Pursuant to 720 ILCS 570/320(b), the".

In Section 2080.320(c), "The" was struck and replaced with "Pursuant to 720 ILCS 570/320(e), the".

In the opening paragraph of Section 2080.325 "the Act" was struck and replaced with "current law".

In Section 2080.325(d), "[720 ILCS 570/320(f)(1)]" was added after the last sentence.

In Section 2080.325(e), "[720 ILCS 570/320(f)(2)]" was added after the last sentence.

In Section 2080.325(f), "The" was struck and replaced with "Pursuant to 720 ILCS 570/320(f)(3), the".

In Section 2080.325(f)(2), "present" was deleted.

In Section 2080.325(g), "Pursuant to 720 ILCS 570/320(5), the annual report shall be delivered electronically to the Department and to the General Assembly." was added after "2017."

Other non-substantive technical and grammatical revisions were made throughout the rule.

- 12) Have all changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The Prescription Monitoring Program (PMP) monitors all retail prescriptions for Schedule II, III, IV and V drugs that are dispensed

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except for hospital inpatients within the State of Illinois. This rulemaking includes updated definitions and amendments addressing mandated registration, utilization, unsolicited letters to pharmacies, access to the PMP, changes to both PMP Advisory Committee and Peer Review Committee, and new requirements for the PMP pursuant to Public Acts 100-0564, 100-0125, 100-1093, and 101-0414.

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

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

(217) 785-9772  
DHS.AdministrativeRules@illinois.gov

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

## DEPARTMENT OF HUMAN SERVICES

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TITLE 77: PUBLIC HEALTH  
CHAPTER X: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER e: CONTROLLED SUBSTANCES ACTIVITIESPART 2080  
ELECTRONIC PRESCRIPTION MONITORING PROGRAM

Section	
2080.10	Authority
2080.20	Incorporation by Reference and Definitions
2080.30	General Description
2080.40	Official Triplicate Prescription Blanks (Repealed)
2080.50	Authorized Prescribers
2080.60	Application (Repealed)
2080.70	Schedule <del>II, III, IV and</del> V Drug Prescription Requirements
2080.80	Prohibited use of the Official Triplicate Prescription Blank (Repealed)
2080.90	Dispensing a Schedule <del>II, III, IV or</del> V Drug
2080.100	Dispenser Responsibility
2080.110	Partial filling of prescriptions (Repealed)
2080.120	Emergency situations (Repealed)
2080.130	Prescriptions from out-of-state prescribers and exempt Federal practitioners (Repealed)
2080.140	Exemptions for prescribers in hospitals and institutions (Repealed)
2080.150	Exemptions for long term care and home infusion services (Repealed)
2080.160	Exemptions for narcotic treatment programs (Repealed)
2080.170	Exemptions for research (Repealed)
2080.180	Investigatory and regulatory referrals (Repealed)
2080.190	Reports
2080.200	Prescriber and Dispenser Inquiry System
<a href="#">2080.203</a>	<a href="#">Registering with the ILPMP</a>
<a href="#">2080.205</a>	<a href="#">Accessing the ILPMP</a>
2080.207	EHR Integration with the <a href="#">ILPMP</a>
2080.208	Pharmacy Management Systems Integration with the <a href="#">ILPMP</a>
2080.210	Access to the Prescription Information Library (PIL) ( <a href="#">Repealed</a> )
2080.211	Other State Prescription Monitoring Authority Access
2080.220	Error Reporting
2080.230	Designated Controlled Substances and Other Selected Drugs
2080.240	Mid-Level Practitioners Prescriptive Authority Reporting
<a href="#">2080.245</a>	<a href="#">Advanced Practice Registered Nurse with Full Practice Authority</a>

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- 2080.250 Mailing of Controlled Substances  
2080.320 [Illinois](#) Prescription Monitoring Program Advisory Committee ([ILPMPAC](#))  
2080.325 Peer Review [Committee](#)~~Subcommittee~~

**AUTHORITY:** Implementing and authorized by Sections 316, 317, 318, 319, 320, and 321 of Article III of the Illinois Controlled Substances Act [720 ILCS 570/316, 317, 318, 319, 320, and 321].

**SOURCE:** Adopted at 10 Ill. Reg. 4497, effective March 3, 1986; amended at 17 Ill. Reg. 11424, effective July 6, 1993; amended at 20 Ill. Reg. 3107, effective February 2, 1996; recodified from the Department of Alcoholism and Substance Abuse to the Department of Human Services at 21 Ill. Reg. 9319; amended at 26 Ill. Reg. 3975, effective March 4, 2002; amended at 33 Ill. Reg. 17333, effective December 9, 2009; amended at 39 Ill. Reg. 6421, effective April 22, 2015; amended at 40 Ill. Reg. 3737, effective February 29, 2016; amended at 41 Ill. Reg. 11909, effective September 13, 2017; amended at 45 Ill. Reg. 8351, effective June 24, 2021; amended at 47 Ill. Reg. 13500, effective September 8, 2023.

**Section 2080.10 Authority**

This Part is promulgated pursuant to the Illinois Controlled Substances Act (the Act) [720 ILCS 570] ~~which~~~~that~~ empowers the Department of Human Services to codify the efforts of this State to conform with the regulatory systems of the federal government and other states to establish national coordination of efforts to control the abuse of Schedule II, ~~III, IV and V~~ ~~retail~~ dispensed drugs. It relates to the collection of prescription information listed in Schedule II, ~~III, IV and V~~ within Sections 206, 208, 210, and 212 of the Act, or in the federal Schedule II, ~~III, IV and V~~ and "Amendment of Schedules" list of drugs at 21 USC 812(b)(2), (b)(3), (b)(4), (b)(5) and (c).

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.20 Incorporation by Reference and Definitions**

No incorporations by reference in this Part include any later amendments or editions. The definitions that apply to this Part are those found in the Act.

"Act" means the Illinois Controlled Substances Act [720 ILCS 570].

"Account" refers to the clinical entity that is providing direct patient care and is registered with the [ILPMP](#) to have access to patient-specific data through the

## DEPARTMENT OF HUMAN SERVICES

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~~ILPMP Prescription Information Library (PIL).~~

~~"Account Custodian" means the licensed healthcare professional whose registration may be used by other members of the healthcare group for access to the PIL.~~

"Birth Date" means the medication recipient's birth date.

"Central Repository" means a place designated by the Department where Schedule II, ~~III, IV and V~~ drug data and other healthcare data are stored or housed.

"Certified Health IT Module" means any service, component, or a combination thereof that can meet the requirements of at least one certification criterion adopted under the Office of the National Coordinator for Health Information Technology (ONC), including, but not limited to, the 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications (available at <https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base>); <https://www.healthit.gov>; and NCPDP Protocols available to members at <https://www.ncdp.org/>.

~~"Clinical Director" or "PMP Administrator" means a Department of Human Services administrative employee licensed to either prescribe or dispense controlled substances who shall run the clinical aspects of the Department of Human Services Prescription Monitoring Program and its Prescription Information Library [720 ILCS 570/102 (d-5)]. The Clinical Director may be assisted by a PMP Assistant Administrator.~~

"Connecting Entity" or "Entity" means the health system, hospital, medical office, clinic, or practice that maintains the Electronic Health Record system or employs the professional making the ILPMP query.

*"Controlled Substance" means a drug, substance, ~~or~~ immediate precursor, or synthetic drug in the Schedules of Article II of the Illinois Controlled Substances Act or a drug or other substance, or immediate precursor, designated as a controlled substance by DHS through administrative rule. The term does not*

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*include distilled spirits, wine, malt beverages, or tobacco, as those terms are defined or used in the Liquor Control Act of 1934 and the Tobacco Products Act of 1995* [720 ILCS 570/102(f)].

"DEA Number" means the United States Drug Enforcement Administration Agency prescriber or dispenser registration number.

"Department" or "DHS" means the Illinois Department of Human Services, or its successor agency.

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

*"Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a prescriber, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.* [720 ILCS 570/102(p)]

*"Dispenser" means any practitioner who or pharmacy that dispenses a controlled substance ~~to an alternative user or research subject by or pursuant to the lawful order of a prescriber~~ [720 ILCS 570/102(p) and (q)].*

"DoIT" means the Illinois Department of Innovation and Technology.

"DPH" means the Illinois Department of Public Health.

"EHR" means electronic health record for a Licensed Healthcare Entity.

~~"Electronic Device" means using a computer system to transmit prescriptions from a prescriber directly to a dispenser.~~

"Electronic Integration" means the process by which ILPMP data is directly accessible within the EHR system.

~~"Exempt Prescribers in Hospitals and Institutions" means prescribers in hospitals or institutions licensed under the Hospital Licensing Act [210 ILCS 85] who authorize the administration or dispensing of Schedule II drugs within the hospital or institution, for consumption within the hospital or institution (e.g., controlled substance prescriptions when a prescriber does not maintain a DEA and State controlled substance license, but prescribes based upon the institution's~~

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~~(hospital's) controlled substance license).~~

~~"Facsimile Equipment" means any device capable of sending or receiving facsimiles of documents through connection with a telecommunications network.~~

"Freestanding Clinic" means urgent care operations or outpatient surgery centers and similar operations that do not provide overnight in-house stays.

"Gender" includes the social, psychological, cultural, and behavioral aspects of identifying as a man, woman, gender diverse, or other gender identity.

~~"Health IT Module" means any service, component, or combination thereof that can meet the requirements of at least one certification criterion adopted under the Office of the National Coordinator for Health Information Technology (ONC).~~

"ILPMP" means the Illinois Prescription Management Program.

~~"Illinois Controlled Substances License Number" means the State license number issued by DFPR permitting prescribers to possess, prescribe or dispense, and permitting dispensers to possess and dispense, controlled substances in Illinois pursuant to the Controlled Substances Act (see 77 Ill. Adm. Code 3100).~~

"Illinois Healthcare License Number" means the license assigned by DPH to facilities designated to provide specific types or levels of healthcare.

"Initial CII Narcotics Prescription" means the initial CII narcotics prescription issued to a patient for the initialization of treatment, in accordance with 720 ILCS 570-314.5.

"Licensed Healthcare Entity" means those operations that are licensed to provide health services by either DPH or DFPR.

"Licensed Healthcare Provider" means any individual who meets the professional licensing requirements and follows the standards set forth by DFPR and is authorized to prescribe or dispense controlled substances within Illinois.

~~"Licensed Professional Administrator" means the clinical director of the Prescription Monitoring Program, who must be licensed to either prescribe or dispense controlled substances.~~

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"Medication Shopping" means the conduct prohibited under Section 314.5(a) of the Act.

"Mid-level Practitioner" means:

*a physician assistant who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches, in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987 [225 ILCS 95];*

*an advanced practice registered nurse who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches or by a podiatrist, in accordance with Section 65-40 of the Nurse Practice Act [225 ILCS 65];*

~~or~~

*an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act [225 ILCS 65]; or*

*an animal euthanasia agency: [720 ILCS 570/102(t-5); or*

*a prescribing psychologist. [720 ILCS 570/102(z-10)]*

"National Drug Code Identification Number" or "NDC Identification Number" means the number used to provide uniform product identification for all substances recognized as drugs in the United States Pharmacopoeia National Formulary, USP31-NF26 (US Pharmacopoeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852 (~~2013~~2023)).

"NCPDP Protocol" means the computing standards implemented by the National Council for Prescription Drug Programs at <https://standards.ncpdp.org/Access-to-Standards.aspx>.

"One-to-One Secure Link" or "One-to-One Connection" means connecting a provider and the ILPMP through an EHR or a pharmacy management system.

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"Patient ID" means the identification of the individual receiving the medication or the responsible individual obtaining the medication on behalf of the recipient or the owner of the animal. The standards for establishing patient ID for ~~the purpose of~~ proper filling of a prescription are established by Section 2080.70(d).

"Patient Location Code" means the location of the patient when receiving pharmacy services.

"Pharmacist-In-Charge" means the licensed pharmacist whose name appears on the pharmacy license and who is responsible for all aspects of the operation related to the practice of pharmacy.

"Pharmacy Shopping" means the conduct prohibited under Section 314.5(b) of the Act.

"PMIX\_-Based Protocol" means industry and government standards used to facilitate and reduce the cost of participating and sharing the ILPMP information by requiring end-to-end security, standards-based exchange services, common exchange data and metadata, and hub-to-hub capability. PMIX-Based protocols can be found at <https://www.pdmpassist.org/PMIX/ProposedStandards>.

~~"PMP Administrator" See definition of "Clinical Director".~~

~~"ILPMP Assistant Administrator"~~ means an employee of the Department with a background in computer and business processes who operates under the designated, specific authority of the Clinical Director.

"PMPnow" means the State of Illinois automated, one-to-one connection service that allows ~~ana~~ ILPMP patient profile request to be generated directly within a Requester's EHR or pharmacy/~~dental~~ management system.

"Prescribed" means ordered by a prescriber verbally, electronically, or in writing.

"Prescriber" means the healthcare professional that is authorized to prescribe medications as set forth in the various professional practices of the State of Illinois.

*"Prescription Monitoring Program~~Information Library~~" or "PMPPII" means the entity that collects, tracks, and stores reported data on controlled substances and*

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~~select drugs pursuant to Section 316 of the Act~~~~an electronic library containing 12 months of controlled substance, retail, prescription information that is accessible only by prescribers and dispensers for patient treatment usage~~ [720 ILCS 570/102(nn-5)].

~~"Prescription Monitoring Program" or "PMP" means the entity that collects, tracks, and stores reported data on controlled substances and select drugs~~ [720 ILCS 570/102(nn-10)].

"Prescription Monitoring Program Advisory Committee" or "PMPAC" means a committee consisting of licensed healthcare providers representing ~~all~~ professions that are licensed to prescribe or dispense controlled substances. The committee serves in a consultant context regarding longitudinal evaluations of compliance with evidence-based clinical practice and controlled substances. The committee makes recommendations regarding the scheduling of controlled substances and recommendations concerning continuing education designed to improve the health and safety of the citizens of Illinois regarding pharmacotherapies of controlled substances.

"Provider" means the prescriber or dispenser acting in the direct care of the patient.

~~"Push Reports" means the electronic exchange of patient specific health care information contained in electronic medical records from the PMP, without the requirement of the individual clinician having to "sign" into the PMP and request the patient information.~~

~~"Quantities of a Controlled Substance Dispensed" means the total of an NDC product dispensed whether it is in a solid unit such as a tablet or capsule, in a liquid unit such as milliliters, or in another unit as specified within the product identification.~~

"Recipient's Name" means the given or common name of a person who is the intended user of a dispensed medication. It may also mean the species or common name or common given name of an animal that is the intended user of a dispensed medication. If an animal's name is entered, the owner's name is required also.

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"Requester" means the prescriber, dispenser, or registered designee that is initiating a patient query of ILPMP data. A Requester must be authorized to access ILPMP data via a valid ILPMP registered website (www.ilpmp.org) user account.

"RESTful-Based Web Service" means a computing architectural style, consisting of a coordinated set of components, connectors, and data elements within a distributed hypermedia system, in which the focus is on component roles and a specific set of interactions between data elements rather than implementation details. Its purpose is to induce performance, scalability, simplicity, modifiability, visibility, portability, and reliability.

"Sample Trend Analysis" means the summary reports that look at utilization rates for specific classes of medications over time.

"Schedule Drug" means any substances listed in the federal Controlled Substances Act (21 U.S.C. 812) or the Illinois Controlled Substances Act [720 ILCS 570] or by the Department pursuant to its authority under Section 202 of the Illinois Controlled Substances Act [720 ILCS 570/202]. Schedule I, ~~II, III, IV and V~~ substances are listed in section 812 of the federal Controlled Substances Act (21 U.S.C. 812(b)(2), (b)(3), (b)(4), (b)(5) and (c)) and Sections 204, 206, 208, 210 and 212 of the Illinois Controlled Substances Act [720 ILCS 570/204, 206, 208, 210 and 212].

~~"Sex" means the medication recipient's gender.~~

"SOAP-Based Web Service" means a messaging protocol that allows programs that run on disparate operating systems (e.g., Windows or Linux) to communicate using Hypertext Transfer Protocol (HTTP) and its Extensible Markup Language (XML).

"Vendor" means the company providing EHR, Certified ~~or~~ Health IT Module, or pharmacy management software services to its connecting entity customers.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.30 General Description**

The ILPMP ~~Prescription Monitoring Program (PMP)~~ monitors all ~~retail~~ prescriptions for

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Schedule ~~II, III, IV and~~ V drugs and drugs of interest (i.e., select drugs that are not included in Schedule II, III, IV or V) that are dispensed (~~except for hospital inpatients unless required by 720 ILCS 570/313~~)~~and drug abuse treatment programs licensed by the Department,~~ within the State of Illinois. Each time a Schedule ~~II, III, IV or~~ V drug or drug of interest is dispensed, the dispenser must transmit specific information to a central repository within the ILPMP designated by the Department. The complete drug list is listed in the Illinois Data Submitter's Guide which is located at <https://rxsubmit-il.logicoy.com/PDMPSysApp/guidebeforelogin#!#documents>.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.50 Authorized Prescribers**

A prescription for a Schedule ~~II, III, IV or~~ V drug shall be issued only by a prescriber who:

- a) Possesses a valid professional license issued by DFPR as a physician licensed to practice medicine in all of its branches, dentist, optometrist, podiatrist, veterinarian, advanced practice registered nurse granted full practice practitioner with delegated prescriptive authority, advanced practice registered nurse with delegated prescriptive authority, a physician assistant with delegated prescriptive authority, or other licensed prescriber of another state or jurisdiction;
- b) Is licensed to prescribe Schedule ~~II, III, IV or~~ V drugs by the State of Illinois or any state;
- c) Must be registered by the United States Drug Enforcement Administration (DEA) to prescribe Schedule ~~II, III, IV or~~ V drugs; and
- d) Complies with all requirements under 21 CFR 1306.08 and 21 CFR 1311.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.70 Schedule ~~II, III, IV and~~ V Drug Prescription Requirements**

- a) A dispenser may fill a prescription for a Schedule ~~II, III, IV or~~ V drug upon receipt of a written, electronic, facsimile, or verbal order of a prescriber~~physician~~ unless otherwise specifically exempted or allowed by federal or State law.
- b) A prescription for a Schedule ~~II, III, IV or~~ V drug shall:

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- 1) Be dated as of and signed on the day when issued;
- 2) Bear the full name and address of the patient, or in the case of veterinary treatment, the full name and address of the animal owner, as well as the species or common name of the animal being treated;
- 3) Bear the full name and address of the prescriber;
- 4) Bear the DEA Registration number of the prescriber;
- 5) Have affixed to the face of the prescription the prescriber's electronic or handwritten signature, initials, thumbprint, or other biometric or electronic identification process approved by DFPR pursuant to Section 3 of the Pharmacy Practice Act [225 ILCS 85];
- 6) If written, be written in ink with a pen, typewriter, or computer printer or with an indelible pencil;
- 7) Specify the drug name, strength, dosage, and form;
- 8) Specify the quantity of drug to be dispensed, both written and numeric;
- 9) Not allow a Schedule II prescription to be filled more than 90 days after the date of issue;
- 10) Not allow more than a 30-day supply of a Schedule II drug on any one prescription;
- 11) Not allow for any refills of Schedule II drugs;
- 12) Contain only one Schedule II drug prescription order per prescription blank;
- 13) Limit the maximum time allowed for a Schedule III, IV or V prescription to be filled at six months with a maximum of five refills;
- 14) Allow more than one prescription order per prescription blank for a Schedule III, ~~IV or~~ V drug;

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- 15) Allow electronic prescriptions in accordance with federal rules set forth in 21 CFR 1300, 1304, 1306, 1311 (2010) [720 ILCS 570/311.5]; and
  - 16) Allow an individual *physician the authority to prescribe multiple prescriptions (3 sequential 30-day supplies) for the same Schedule II controlled substance, authorizing up to a 90-day supply* [720 ILCS 570/312(a-5)].
- c) In the case of an emergency, a prescriber may issue a lawful oral prescription; when failure to issue might result in loss of life or intense suffering. The oral prescription shall include a statement concerning the circumstances constituting the emergency for which the oral prescription was used. Within 7 days after issuing an emergency prescription, the prescriber shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist. The prescription shall comply with all requirements of Section 309 of the Act.
- d) Patient ID for Proper Filling:
- 1) The gender~~sex~~ field is a verifying element of a patient ID. The patient's gender shall be entered in the gender~~sex~~ field.
  - 2) The birth date is a verifying element of a patient ID and needs to be entered in the birth date field (yyyymmdd).
  - 3) The final verifying element of a patient ID for an animal or individual is not a set standard. Each pharmacy or chain may adopt its own standard. The concern is that if a standard is too rigid, the enterprise's business activity will suffer. Any of the following may be used. If the primary choice is not available (e.g., if the patient is an undocumented immigrant~~alien~~), another choice may be used:
    - A) Driver's license or equivalent, state-issued ID;
    - B) Telephone number of the patient's ~~residence~~ (include area code);
    - C) An internal pharmacy ID system;
    - D) Employer ID;

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- E) Student ID;
  - F) Insurance ID.
- 4) If a child's or other person's prescription is delivered to or accepted by a person other than the intended user, an ID should verify the name of the individual accepting the prescription.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.100 Dispenser Responsibility**

- a) Each time a Schedule II, ~~III, IV or~~ V drug or other selected drugs, as described in Section 2080.230, is dispensed, the dispenser must transmit, by the end of the ~~no~~ ~~later than the next~~ business day ~~after dispensing~~, to the central repository the following data, and~~or~~ any other data deemed necessary by the ILPMPAC:
- 1) Dispenser DEA number.
  - 2) Dispenser's~~Dispenser~~ full name and address.
  - 3) Recipient's (or animal and owner's) name and address.
  - 4) NDC identification number of the Schedule II, ~~III, IV or~~ V drug dispensed.
  - 5) Quantity of the Schedule II, ~~III, IV or~~ V drug dispensed.
  - 6) Date prescription filled.
  - 7) Date prescription written.
  - 8) Prescriber DEA number.
  - 9) Prescriber full name.
  - 10) Patient ID.

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- 11) Patient gender~~sex~~ (M for male, F for female or U for unknown).
  - 12) Patient birth date (yyyymmdd – year, month, day).
  - 13) Date dispensed.
  - 14) Payment type (i.e., Medicaid, cash, third-party insurance).
  - 15) Patient location code (i.e., home, nursing home, outpatient, etc.).
  - 16) Days' supply (based on dispensed quantity).
- b) If no Schedule ~~II-, III-, IV- or~~ V drug or other selected drugs, as described in Section 2080.230, is dispensed, the dispenser must transmit a zero report, as outlined~~set forth~~ in the American Society of Automation in Pharmacy (ASAP) Prescription Monitoring Program Standard Version 4.2 (2011), to the central repository, no later than the end of the~~next~~ business day. The incorporation by reference includes no later amendments or editions.
- c) For hospitals licensed under the Hospital Licensing Act [210 ILCS 85], any discharge or outpatient prescription exceeding a 72-~~hour~~ quantity must be reported to the ILPMP central repository no later than the end of the~~next~~ business day ~~after dispensing~~. The report shall contain the following data, or any other data deemed necessary by the ILPMPAC:
- 1) Dispenser DEA number.
  - 2) Dispenser's full~~Dispenser~~ name and address.
  - 3) Recipient's (or animal and owner's) name and address.
  - 4) NDC identification number of the Schedule ~~II-, III-, IV- or~~ V drug dispensed.
  - 5) Quantity of the Schedule ~~II-, III-, IV- or~~ V drug dispensed.
  - 6) Date prescription filled.
  - 7) Date prescription written.

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- 8) Prescriber DEA number.
  - 9) Prescriber name and address.
  - 10) Patient ID.
  - 11) Patient gender~~sex~~ (M for male, F for female, or U for unknown).
  - 12) Patient birth (yyyymmdd – year, month, day).
  - 13) Date dispensed.
  - 14) Payment type (i.e., Medicaid, cash, third-party insurance).
  - 15) Patient location code (i.e., home, nursing home, outpatient, etc.).
  - 16) Days' supply (based on dispensed quantity).
- d) The Department may~~shall~~ impose a civil fine of \$100 per day for willful failure to comply with statutory reporting requirements. The fine shall be calculated on no more than the number of days from the time the report was required to be made until the time the problem was resolved.~~Assessment of the fine begins on the day after the report was required to be submitted and ends on the day the failure to report is remedied.~~ Fines shall be payable to the Prescription Monitoring Program.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.190 Reports**

- a) For the purpose of intervention to prevent misuse, a prescriber or dispenser may request that reports about their~~his or her~~ patients be sent to them via a secure method if a patient meets the current PMP indications of potential misuse criteria set forth by the PMPAC.
- b) A personal information report of a patient's prescription profile may be obtained if:

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- 1) The patient, parent, or guardian completes a notarized request; and
- 2) The patient, parent, or guardian submits the notarized request by mail to the ILPMP at:

Illinois Prescription Monitoring Program  
401 North 4<sup>th</sup> Street, First Floor  
Springfield, Illinois 62702

- c) *When a person has been identified as having ~~53~~ or more prescribers or ~~53~~ or more pharmacies, or both, that do not utilize a common electronic file as specified in Section 20 of the Pharmacy Practice Act [225 ILCS 85] for controlled substances within the course of a ~~6-month~~~~continuous 30-day~~ period, the ILPMP may issue an unsolicited report to the prescribers informing them of the potential medication shopping [720 ILCS 570/314.5(d)]. If an unsolicited report is issued to a prescriber or prescribers, then the report must also be sent to the applicable dispensing pharmacy. The individual prescriber's judgment determines what actions, if any, ~~they~~~~he or she~~ should take upon receipt of the unsolicited ~~5-5-63-3-~~~~4~~ reports.*
- d) *The ILPMP is authorized to develop operational ~~push~~ reports to entities with compatible electronic medical records [720 ILCS 570/318(n)]. The ~~push~~ report will only include information for patients that are in the entity's PMP ~~organization's~~ electronic ~~health~~~~medical~~ record (EHR~~EMR~~). It is the responsibility of the entity to keep the access to this confidential patient information secure. These entities must:*
  - 1) Meet and maintain the ILPMP's current security standards as set forth by the Office of the National Coordinator for Health Information Technology (ONC) at <https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers> prior to the electronic transfer of information from the ILPMP to its respective EHR~~EMR~~;
  - 2) Be a licensed healthcare entity; and
  - 3) Only use this confidential patient information for the treatment of the relevant patient.

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- e) Technical error and administrative function reports needed to determine that the records are received and maintained in good order may be used.
- f) Sample trend analysis reports may be prepared extemporaneously by ILPMP staff. The distribution~~disposition~~ of all extemporaneous reports shall be at the discretion of the Clinical Director~~licensed, professional administrator~~ of the ILPMP.
- g) Authorized persons listed in this subsection may request information from the ILPMP.
- 1) Official inquiries must be from any one of the following:
- A) DFPR;
- B) An investigator from the Illinois Consumer Protection Division of the Office of the Attorney General;~~or~~
- C) A law enforcement officer;~~or~~
- D) Representatives of the Department of Children and Family Services.
- 2) All written notices, request and communications may be made by electronic mail to dhs.pmp@illinois.gov. Inquiries must ~~be submitted in writing and~~ demonstrate that:
- A) *The applicant has reason to believe that a violation under State or federal law that involves a controlled substance by an individual has occurred; and [720 ILCS 570/318(e)(1)]*
- B) *The requested information is reasonably related to the investigation of the individual, adjudication, or prosecution of the violation. [720 ILCS 570/318(e)(2)]*
- 3) The Department may impose a fee for the cost of generating and furnishing the requested information.
- h) Any other reports concerning the information received from dispensers shall only

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be prepared at the direction of the Clinical Director [\[720 ILCS 570/102\(d-5\)\]](#) or successor administrator who meets the statutory requirements. *The information described in [720 ILCS 570/318\(f\)](#) ~~subsection (g)~~ may not be released until it has been reviewed by an employee of the Department who is licensed as a prescriber or a dispenser and until that employee has certified that further investigation is warranted [720 ILCS 570/318(g)].*

- i) As directed by the ~~PMPAC and the~~ Clinical Director for the [ILPMP](#), aggregate data that does not indicate any prescriber, practitioner, dispenser, or patient may be used for clinical studies under Article VIII, Part 21 of the Code of Civil Procedure [735 ILCS 5/Art. VIII, Part 21] (Medical Studies).

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.200 Prescriber and Dispenser Inquiry System**

The Department's Bureau of Pharmacy and Clinical Support Systems or successor shall establish, operate, maintain, and enhance a stand-alone, one-to-one secure link with the necessary encrypted software that shall function as a prescriber and dispenser inquiry system to be known as the Illinois Prescription [Monitoring Program \(ILPMP\)](#) ~~Information Library (PIL)~~. The Bureau must install a system to track each use of the [ILPMP](#) ~~PIL~~. The tracking system will only be utilized for the following purposes:

- a) Determining if a prescriber or dispenser is properly using the [ILPMP](#) ~~PIL~~. If it is considered by the [ILPMP](#) ~~PIL~~ staff that any registered user is not using the [ILPMP](#) ~~PIL~~ responsibly, an investigator from ~~DFPR's the Illinois Department of Financial and Professional Regulation's~~ Bureau of Drug Compliance will be contacted in order to investigate the issue. If the [ILPMP](#) ~~PIL~~ supervisor considers the issue serious and of immediate concern, the registered user's [ILPMP](#) ~~PIL~~ access may be suspended.
- b) Determining if a non-registered person or entity is attempting to access the system. The [ILPMP](#) ~~PIL~~ staff shall report the situation to the Department and to one or more of the following entities:
  - 1) Illinois law enforcement agency;
  - 2) Illinois regulatory entity;

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- 3) federal agency; or
- 4) an agency in another state.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.203 Registering with the ILPMP**

Each prescriber possessing an Illinois Controlled Substance License shall register with the ILPMP at the ILPMP website.

(Source: Added at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.205 Accessing the ILPMP**

- a) Prescribers or dispensers or their authorized designee may utilize the ILPMP for patient care after obtaining access authorization from the ILPMP staff.
- b) *Each prescriber or their designee shall also document an attempt to access patient information in the ILPMP to assess patient access to controlled substances when providing an initial prescription for Schedule II narcotics such as opioids, except for oncology treatment, palliative care, or for a 7-day or less supply provided by a hospital emergency department when treating an acute, traumatic medical condition. This attempt to access shall be documented in the patient's medical record. [705 ILCS 570/314.5(c-5)]*
- c) Only the following licensed or non-licensed designee employed in that licensed prescriber's office or a licensed designee in a licensed pharmacist's pharmacy who has received training in the federal Health Insurance Portability and Accountability Act and 42 CFR 2 to consult the Illinois Prescription Monitoring Program on their behalf [720 ILCS 570/316(g)] shall serve as an authorized designee for a prescriber or dispenser for entity or pharmacy practice sites:
  - 1) registered nurse;
  - 2) licensed practical nurse;
  - 3) pharmacy technician;

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- 4) student pharmacist;
  - 5) certified medical assistant;
  - 6) dental hygienist; or
  - 7) dental assistant.
- d) The prescriber or dispenser shall only have up to five designees, with the exception of a hospital or other authorized location such as a long-term care facility/opioid treatment facility.
- e) The hospital, pharmacy, or authorized location shall facilitate the designation of a prescriber's designee for the purpose of accessing the ILPMP for services provided at that location. The EHR system shall send the user's name or other individual identifier to document the person accessing the ILPMP data.
- f) The prescriber and dispenser shall register the designees and must also agree to the terms and conditions for designees.
- g) Each designee shall have an individual account that must be linked to the prescriber or dispenser.
- h) ILPMP staff shall verify the following information about each designee:
- 1) license/certification number, if applicable;
  - 2) employer's phone number and address; and
  - 3) work email address. If no work email address is available, ILPMP staff shall contact the prescriber or dispenser to verify the designee.
  - 4) For a medical assistant or dental assistant, a certificate of completion for the required HIPAA training, as outlined in 720 ILCS 520/316(g), must be provided to the authorizing prescriber annually.
- i) ILPMP shall send out a notice for the prescriber or dispenser to ensure continued employment of their designees. If the prescriber or dispenser determines that the designee is no longer employed with the prescriber or dispenser, the prescriber or

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dispenser shall terminate the designee's access to the ILPMP by locking the designee's account or by notifying the ILPMP that the designee's account should be locked.

- j) A user may only access the ILPMP for a patient's medical treatment.
- k) Department staff shall develop, modify, and maintain data files of the ILPMP.
- l) Requesters are responsible for any unauthorized use of their ILPMP credentials.
- m) In order to expedite the approval and oversight of ILPMP applicants and users, the ILPMP must be managed by a licensed dispenser or licensed prescriber.
- n) ILPMP staff determine if a PMP user applicant may become a ILPMP user. The applicant must include the following information which can be submitted on the ILPMP website:
  - 1) Applicant's first and last name;
  - 2) Pharmacy, clinic, or office street address, city, state, and zip code;
  - 3) DEA number;
  - 4) For a pharmacist's application, the pharmacy DEA number;
  - 5) Illinois prescriber or dispenser license number; and
  - 6) Business telephone number.
- o) PMP staff shall determine if a ILPMP user applicant may become a ILPMP group user by applying the following criteria:
  - 1) The prescriber or dispenser who will be the account's custodian shall provide the following information:
    - A) First and last name;
    - B) DEA number;

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- C) National Provider Identifier (NPI) number;
- D) Illinois prescriber or dispenser license number; and
- E) Business telephone number;
- 2) Hospital emergency department's or other authorized location's street address, city, state, and zip code;
- 3) The pharmacist-in-charge (PIC) as the central user of the hospital pharmacy; and
- 4) A listing of all users with the following information:
  - A) First and last name;
  - B) Individual NPI;
  - C) DEA number; and
  - D) Illinois healthcare license number.
- p) The denial appeal process for consideration to obtain access to the ILPMP is stated as the following: The ILPMP Clinical Director or Designee will forward the appeal request to the Bureau Chief for final decision.
- q) For ILPMP user applications for which ILPMP staff is unable to make a determination, the Clinical Director or designee shall review those user applications and render a professional decision as to whether access shall be granted.
- r) The ILPMP Administrator shall review the user access log for any unusual or improper activity by a user.
- s) The Clinical Director or their designee shall directly monitor the development, modification, and/or expansion of the ILPMP.

(Source: Added at 47 Ill. Reg. 13500, effective September 8, 2023)

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**Section 2080.207 EHR Integration with the ILPMP**

- a) EHR systems are required to be integrated via PMPnow through a one-to-one secure link from the EHR to the ILPMP servers to allow information to return from the ILPMP servers to the Requester directly.
  - 1) The connecting entity must maintain both an electronic and physical safeguard of the information.
  - 2) Security failures or misuse will be handled as any other violation of the Health Insurance Portability and Accountability Act (HIPAA) (42 USC 1320 et seq.).
  - 3) A list of providers and locations served by the EHR system must be provided to the ILPMP on a semi-annual basis, supplied by the licensed healthcare entity or pharmacist in charge (this may also be done at the corporate level of a healthcare or pharmacy organization) and:
    - A) Shall contain the following information:
      - i) Location name;
      - ii) Address;
      - iii) City;
      - iv) State;
      - v) Zip code;
      - vi) Contact at facility;
      - vii) Facility contact email address;
      - viii) Health care provider name (first and last);
      - ix) Health care provider DEA;

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- x) Health care provider NPI (National Provider Identifier);  
and
      - xi) Health care provider license number.
    - B) Shall be sent to the ILPMP in one of the following electronic formats:
      - i) Excel (.xlsx or .xls); or
      - ii) Comma separated values (.csv).
  - 4) When requested, the entity must provide an audit of the user that performed the search, the patient information that was searched on, and the date and time of the search.
- b) Electronic integration shall be done using the following process:
- 1) The entity shall either email [dhs.pmp@illinois.gov](mailto:dhs.pmp@illinois.gov) to request the PMPnow integration or request that the EHR vendor ~~provides~~ provide PMPnow integration to the vendor's Requesters as a function of its general software configuration.
  - 2) The entity shall determine its feasibility for connectivity to the PMPnow service. PMPnow supports the following connectivity options, one of which must be used by the connecting entity:
    - A) A SOAP-based web service that uses a PMIX-based protocol;
    - B) A RESTful-based web service that uses the NCPDP protocol;
    - C) A RESTful-based web service that uses a PMIX-based protocol;
    - D) Fast Healthcare Interoperability Resources (FHIR);
    - E) Access to PMP through a verified RxCheck connection; or
    - F) The use of a PMP authorized/funded integration application.

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- 3) [The technology used for connecting/integration with the ILPMP must meet the one-to-one secure link connection requirement \(see subsection \(a\)\).](#)
  - 43) Following successful testing, ~~the connection is ready to be activated.~~ [ILPMP](#)~~PMP~~ will activate the production environment for the entity's use in exchanging transactions.
- c) Data Uses and Retention
- 1) Data passed directly from the PMP to the EHR authenticated Requester shall not be:
    - A) Unencrypted in transit;
    - B) Analyzed;
    - C) Data mined or scrapped;
    - D) Deconstructed; or
    - E) Used for other collection of individual data points.
  - 2) An EHR authenticated Requester is an individual granted a username and password by the facility/location for which the EHR is utilized for patient care.
  - 3) With permission from the [ILPMP](#), electronic messaging to authenticate that the Requester performed a qualified search of the [ILPMP](#) may be returned to the EHR for documentation of the query.
  - 4) Data sets displayed through the ILPMP extend beyond controlled substances and shall not be distributed or accessed without authorized permission [from the Clinical Director or the Director's designee.](#)
- d) The Department may impose a civil fine of ~~\$100~~~~\$50~~ per ~~day~~~~user per month~~ on any facility and/or EHR vendor that willfully fails to comply with statutory integration requirements as reflected in this Section. Assessment of the fine may begin on January 1, 2022, one year after the statutory requirement took effect on

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January 1, 2021, and shall remain in effect until the facility and/or vendor completes the EHR integration process. Fines will be assessed on a monthly basis. Fines shall be payable to the Illinois Prescription Monitoring Program. Fines will not be assessed if the delay in integration is due to Department resources/limitations. Fines will be assessed pursuant to [720 ILCS 570/318(b)] as follows:

- 1) The facility and/or EHR will be informed of the potential fines for not complying with the requirements. Letters will be physically mailed and e-mail.
    - A) The first letter sent to the facility and/or EHR will be considered the First Warning of Willful Non-Compliance. The date of the notice of non-compliance, mailed pursuant to subsection (d)(1)(C), will be the start date from which the PMP will assess potential fines.
    - B) During the first full calendar week of the following month, a second letter will be sent. This letter will be considered the Second and Final Warning of Willful Non-Compliance.
    - C) During the first full calendar week of the next month, a notice of non-compliance will be sent to the facility and/or EHR that will include a notice of referral to the Bureau of Collections (Referral to Bureau of Collections Due to Willful Non-Compliance with the Illinois Controlled Substances Act) [720 ILCS 570/316].
  - 2) Compliance will be tracked within the Department.
  - 3) After sending the third letter pursuant to subsection (d)(1)(C), copies of communications, previous warning letters, and notices shall be sent to the Bureau of Collections along with any additional documentation to support the establishment of collection activities in the Revenue Management Section (RMS).
- e) ~~Injury and Accident Notifications. Medical facilities that are connecting entities shall send the PMP real-time, patient information related to injuries and accidents based upon diagnosis codes set forth by the PMP. Data received from medical~~

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~~facilities will be displayed on the PMP website (www.ilpmp.org) and PMPnow integration tool. Medical facilities must follow PMP technical standards.~~

- ef) A one-to-one secure link (see subsection (a)) connects the provider and the ILPMP through an EHR. An EHR system may provide this connection. An EHR may, alternatively, designate a Certified Health IT Module that is an integrated component of that EHR to provide that connection when the following requirements are met:
- 1) The Certified Health IT Module connection shall ensure that the Requester has access to the ILPMP data at any point in the Requester's workflow.
  - 2) The Morphine Milligram Equivalent (MME) calculations shall remain consistent with the presentation of this information when provided by the ILPMP directly through an EHR vendor.
  - 3) Attestation to the existence of a legal agreement between the EHR vendor and the Certified Health IT Module vendor and attestation that the Certified Health IT Module serves as an integrated component of the EHR when using a Certified Health IT Module access method.
  - 4) The Certified Health IT Module connection must meet the security requirements for electronic health record systems set forth by the Office of the National Coordinator for Health Information Technology (ONC).
  - 5) The Certified Health IT Module must be certified by the ONC or an ONC-Authorized Certification Body (ONC-ACB). Certification must be published on the ONC's Certified Health IT Product List. The ILPMP reserves the right to terminate the connection points if the vendor/product is decertified by an ONC-ACB.
- f) Exemptions to connection/integration requirements.
- 1) Providers who do not use an electronic health record system or electronic prescription system may certify that they do not have/use an electronic health record system or electronic prescription system within their practice/facility/location.

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- 2) [Prescribers who certify with DFPR that they will not issue more than 150 prescriptions during a 12-month period shall provide a copy of the certification to DHS as documentation of exemption from the connection/integration requirement. \[720 ILCS 570/311.6\]](#)

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.208 Pharmacy Management Systems Integration with the ILPMP**

- a) Pharmacy management systems are required to be integrated via PMPnow through a one-to-one secure link connection from the pharmacy management system to the ILPMP servers to allow information to return from the ILPMP servers to the Requester directly.
- 1) The connecting entity shall maintain both an electronic and physical safeguard of the information.
  - 2) Security failures or misuse will be handled as any other ~~violation~~violation of [the Health Insurance Portability and Accountability Act \(HIPAA\)](#) ~~violation under~~ (42 U.S.C. ~~USC~~ 1320 et seq.).
  - 3) A list of pharmacists and pharmacy locations using the pharmacy management system shall be provided to the ILPMP on a semiannual basis and:
    - A) Shall contain the following information:
      - i) Location name;
      - ii) Address;
      - iii) City;
      - iv) State;
      - v) Zip code;
      - vi) Contact at pharmacy;

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- vii) Pharmacy contact email address;
  - viii) Pharmacists'~~Pharmacists~~ names (first and last);
  - ix) Pharmacy DEA number;
  - x) Pharmacy NPI; and
  - xi) Pharmacists'~~Pharmacists~~ license numbers.
- B) Shall be sent to the ILPMP in one of the following electronic formats:
- i) Excel (.xlsx or .xls); or
  - ii) Comma separated values (.csv).
- 4) When requested, the connecting entity must provide an audit of the user that performed the search, the patient information that was searched on, and the date and time of the search.
- b) Electronic integration shall be performed using the following process:
- 1) The connecting entity shall either email dhs.pmp@illinois.gov to request the PMPnow integration or request that the pharmacy management system vendor provide PMPnow integration to the vendor's Requesters as a function of the vendor's general software configuration.
  - 2) The connecting entity shall determine its feasibility for connectivity to the PMPnow service. PMPnow supports the following connectivity options, one of which must be used by the connecting entity:
    - A) A SOAP-based web service that uses a PMIX-based protocol;
    - B) A RESTful-based web service that uses the NCPDP protocol;
    - C) A RESTful-based web service that uses a PMIX-based protocol;
    - D) Fast Healthcare Interoperability Resources (FHIR);

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- E) Access to [the ILPMP](#) through a verified RxCheck connection; or
  - F) The use of [an ILPMP](#)~~a PMP~~ authorized/funded integration application.
- 3) [The technology used for connecting/integration with the ILPMP must meet the requirement of a one-to-one secure link connection requirement \(see subsection \(a\)\).](#)
- 43) Following successful testing, the ~~connection is ready to be activated.~~ [ILPMP](#) will activate the production environment for the entity's use in exchanging transactions.
- c) Data Uses and Retention
- 1) Data passed directly from the [ILPMP](#) to the pharmacy management system authenticated Requester shall not be:
    - A) Unencrypted in transit;
    - B) Analyzed;
    - C) Data mined or scrapped;
    - D) Deconstructed; or
    - E) Used for other collection of individual data points.
  - 2) A pharmacy management system authenticated Requester is an individual granted a username and password by the facility/location in which the pharmacy management system is utilized for patient care.
  - 3) With permission from the [ILPMP](#), electronic messaging to authenticate that the Requester performed a qualified search of the [ILPMP](#) may be returned to the pharmacy management system for documentation of the query.

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- 4) Data sets displayed through the ILPMP extend beyond controlled substances and shall not be distributed or accessed without authorized permission.
- d) The Department may impose a civil fine of ~~\$100~~\$50 per ~~day~~user per month on any pharmacy and/or pharmacy management ~~software~~system vendor that willfully fails to comply with statutory integration requirements as reflected in this Section. Assessment of the fine may begin on January 1, 2022, one year after the statutory requirement took effect on January 1, 2021, and shall remain in effect until the ~~facility and/or vendor~~pharmacy completes the EHR integration process. Fines will be assessed on a monthly basis. Fines shall be payable to the Illinois Prescription Monitoring Program. Fines will not be assessed if the delay in integration is due to Department resources/limitations. Fines will be assessed as follows:
- 1) The pharmacy and/or software vendor will be informed of the potential fines for not complying with the requirements. Letters will be physically mailed and e-mailed. The date of the notice of non-compliance mailed pursuant to subsection (d)(1)(C) will be the start date from which the PMP will assess potential fines.
    - A) The first letter sent to the pharmacy and/or software vendor will be considered the First Warning of Willful Non-Compliance.
    - B) During the first calendar week of the following month, a second letter will be sent. This letter will be considered the Second and Final Warning of Willful Non-Compliance.
    - C) During the first full calendar week of the next month, a notice of non-compliance will be sent to the pharmacy and/or software vendor that will include a notice of referral to the Bureau of Collections (Referral to Bureau of Collections Due to Willful Non-Compliance with the Illinois Controlled Substances Act) [720 ILCS 570/316].
  - 2) Compliance will be tracked within the Department.
  - 3) After sending the third letter pursuant to subsection (d)(1)(C), copies of communications, previous warning letters, and notices shall be sent to the

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Bureau of Collections along with any additional documentation to support the establishment of collection activities in the Revenue Management Section (RMS).

- e) A one-to-one secure link (see subsection (a)) connects the provider and the ILPMP through a pharmacy management system. A pharmacy management system may provide this connection. A pharmacy management system~~Pharmacy Management System~~ may, alternatively, designate a Certified Health IT Module that is an integrated component of that pharmacy management system~~Pharmacy Management System~~ to provide that connection when the following requirements are met:
- 1) The Certified Health IT Module connection must ensure that the Requester has access to the ILPMP data at any point in the Requester's workflow.
  - 2) Morphine Milligram Equivalent (MME) calculations shall remain consistent with the presentation of this information when provided by the ILPMP directly through an EHR vendor.
  - 3) Attestation to the existence of a legal agreement between the pharmacy management system~~Pharmacy Management System~~ and the Certified Health IT Module vendor and attestation that the Certified Health IT Module serves as an integrated component of the pharmacy management system~~Pharmacy Management System~~ when using a Certified Health IT Module access method.
  - 4) The Certified Health IT Module connection must meet the security requirements for electronic health record systems set forth by the Office of the National Coordinator for Health Information Technology (ONC).
  - 5) The Certified Health IT Module must be certified by the ONC or an ONC-Authorized Certification Body (ONC-ACB). Certification must be published on the ONC's Certified Health IT Product List. The ILPMP reserves the right to terminate the connection points if the vendor/product is decertified by the ONC-ACB.
- f) Exemptions to connection/integration requirements

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- 1) Pharmacies that do not have/use an electronic health record system, electronic prescription system, or pharmacy management system may certify they do not have/use an electronic health record system or electronic prescription system within their practice/facility/location.
- 2) Pharmacies that do not dispense controlled substances and have completed an exemption from reporting request, can also request an exemption from integration.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.210 Access to the Prescription Information Library (PIL) (Repealed)**

- a) ~~Any entity choosing to undergo electronic integration should do so using the process in this subsection (a):~~
  - 1) ~~The entity shall email dhs.pmp@illinois.gov to request the Automated Connection Guide (ACG) and shall review its contents once the ACG is received.~~
    - A) ~~The ACG describes the electronic message exchange processing flow and provides all the technical specifications for the transaction.~~
    - B) ~~The entity shall share the ACG with its EHR vendor and its information technology support team to begin work to prepare for the electronic integration.~~
  - 2) ~~The entity shall determine its connectivity to the PMP for electronic integration.~~
    - A) ~~The PMP Automated Connection supports two connectivity options. The entity must use one of the following connectivity options:~~
      - i) ~~a SOAP-based web service that uses a PMIX-based protocol; or~~



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- d) ~~The prescriber or dispenser shall only have up to three designees.~~
- e) ~~The prescriber and dispenser shall register the designees and must also agree to the terms and conditions for designees.~~
- f) ~~Each designee shall have an individual account that must be linked to the prescriber or dispenser.~~
- g) ~~PMP staff shall verify the following information about each designee:~~
  - 1) ~~license/certification number;~~
  - 2) ~~employer's phone number and address; and~~
  - 3) ~~work email address. If no work email is available, PMP staff shall contact the prescriber or dispenser to verify the designee.~~
- h) ~~PMP shall send out a notice for the prescriber or dispenser to ensure continued employment of their designees. If the designee is no longer employed with the prescriber or dispenser, the prescriber or dispenser shall terminate the designee's access to the PMP by locking the designee's account or by notifying the PMP that the designee's account should be locked.~~
- i) ~~A user may only access the PIL for a patient's medical treatment.~~
- j) ~~Department staff shall develop, modify and maintain data files of the PIL.~~
- k) ~~PIL users are ultimately responsible for any usage of their authorization credentials.~~
- l) ~~In order to expedite the approval and oversight of PIL applicants and users, the PIL must be managed by a licensed dispenser.~~
- m) ~~PIL staff determine if a PIL user applicant may become a PIL user by using the following criteria:~~
  - 1) ~~Applicant's first and last name;~~

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- 2) ~~Pharmacy, clinic or office street address, city, state and zip code;~~
  - 3) ~~DEA number;~~
  - 4) ~~For a pharmacist's application, the pharmacy DEA number;~~
  - 5) ~~Illinois prescriber or dispenser license number; and~~
  - 6) ~~Business telephone number.~~
- n) ~~PIH staff determine if a PIH user applicant may become a PIH group user by applying the following criteria:~~
- 1) ~~The prescriber or dispenser who will be the account's custodian shall provide the following information:~~
    - A) ~~First and last name;~~
    - B) ~~DEA number;~~
    - C) ~~National Provider Identifier (NPI) number;~~
    - D) ~~Illinois prescriber or dispenser license number; and~~
    - E) ~~Business telephone number;~~
  - 2) ~~Hospital emergency department's or freestanding clinic's street address, city, state and zip code;~~
  - 3) ~~The pharmacist in charge (PIC) as the central user of the hospital pharmacy; and~~
  - 4) ~~A listing of all users with the following information:~~
    - A) ~~First and last name; and~~
    - B) ~~Illinois healthcare license number.~~

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- o) ~~The Clinical Director or designee shall review user applications that are unusual and render a professional decision as to whether access shall be granted.~~
- p) ~~The PMP Assistant Administrator shall review the user access log for any unusual or improper activity by a user.~~
- q) ~~The Clinical Director or his or her designee shall directly monitor the development, modification and/or expansion of the PII.~~

(Source: Repealed at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.220 Error Reporting**

- a) If a prescriber notices an error in ~~their~~his or her prescription information, ~~they~~he or she shall report it to the ~~dispensing pharmacy~~Department by using the built in PMP error reporting system within 7 days after discovery of the error.
- b) A dispenser who notices an error in a prescription ~~they have~~he or she has dispensed and transmitted shall retract the incorrect prescription and retransmit the prescription correctly within 7 days after discovery of the error.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.230 Designated Controlled Substances and Other Selected Drugs**

For tracking purposes, the Department, upon recommendation of the PMPAC, may designate and list drugs, other substances, and immediate precursors as:

- a) A Schedule I if the Department finds that:
  - 1) *the substance has high potential for abuse; and*
  - 2) *the substance has no currently accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision [720 ILCS 570/203].*
- b) A Schedule II if the Department finds that:
  - 1) *the substance has high potential for abuse;*

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- 2) *the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and*
  - 3) *the abuse of the substance may lead to severe psychological or physiological dependence [720 ILCS 570/205].*
- c) A Schedule III if the Department finds that:
- 1) *the substance has a potential for abuse less than the substances listed in Schedules I and II;*
  - 2) *the substance has currently accepted medical use in treatment in the United States; and*
  - 3) *abuse of the substance may lead to moderate or low physiological dependence or high psychological dependence [720 ILCS 570/207].*
- d) A Schedule IV if the Department finds that:
- 1) *the substance has a low potential for abuse relative to substances in Schedule III;*
  - 2) *the substance has currently accepted medical use in treatment in the United States; and*
  - 3) *abuse of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule III [720 ILCS 570/209].*
- e) A Schedule V if the Department finds that:
- 1) *the substance has low potential for abuse relative to the controlled substances listed in Schedule IV;*
  - 2) *the substance has currently accepted medical use in treatment in the United States; and*

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- 3) *abuse of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule IV, or the substance is a targeted methamphetamine precursor as defined in the Methamphetamine Precursor Control Act [720 ILCS 648]. [720 ILCS 570/211]*
- f) Other Selected Drugs, including:
  - 1) those medications that may contribute to clinical reviews of scheduled medications;
  - 2) those medications determined to need additional monitoring or to assist in facilitating medication optimization and utilization; and
  - 3) the dispensing of Naloxone for opioid overdose prevention.

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.245 Advanced Practice Registered Nurse with Full Practice Authority**

- a) An advanced practice registered nurse granted Full Practice Authority under 225 ILCS 65/65-43 who prescribes Schedule II narcotic drugs, such as opioids, shall establish a consulting relationship with a physician and shall record that relationship in the ILPMP website (www.ilpmp.org). The advanced practice registered nurse and the physician are both responsible for entering in the ILPMP the name, DEA number, and license number of the consulting physician.
- b) Information necessary for the ILPMP form:
  - 1) Name (First, MI, Last);
  - 2) DEA number;
  - 3) Profession of the advanced practice registered nurse; and
  - 4) Professional license numbers.
- c) For Schedule II Narcotics (opioids) only, the consulting physician must provide:

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- 1) Name (first, MI, last);
- 2) DEA number;
- 3) Profession;
- 4) Practitioner's professional license numbers; and
- 5) List of specific Schedule II narcotic drugs by name.

(Source: Added at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.320 Illinois Prescription Monitoring Program Advisory Committee (ILPMPAC)**

The Illinois Prescription Monitoring Program Advisory Committee (ILPMPAC) is established to aid in the implementation of the ILPMP and to advise the Clinical Director on the professional performance of prescribers and dispensers and other matters relevant to the ILPMPAC's field of competence. [720 ILCS 570/320(a)]

- a) The Clinical Director shall serve as a non-voting secretary of the committee and appoint the members of the ILPMPAC based on nominations from their respective professional associations. The ILPMPAC may appoint a chairperson and other officers as it deems appropriate~~with the approval of the Secretary of the Department of Human Services.~~ [720 ILCS 570/320(b)]
- b) Pursuant to 720 ILCS 570/320(b), the~~The~~ ILPMPAC shall consist of the following:
  - 1) one family or primary care physician~~the Clinical Director who shall serve as the chairperson of the PMPAC;~~
  - 2) one pain specialist physician;
  - ~~3)~~ four other physicians licensed to practice medicine in all of its branches, one of whom may be an ophthalmologist~~in all of its branches;~~
  - ~~4)~~ three pharmacists;

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- 5) two advanced practice registered nurses;
  - 64) one dentist;
  - 5) ~~one podiatric physician;~~
  - 76) one optometrist;
  - 8) one clinical representative from a statewide organization representing hospitals; and
  - 7) ~~one advanced practice nurse; and~~
  - 98) one physician assistant.
- c) Pursuant to 720 ILCS 570/320(e), the~~The~~ ILPMPAC shall:
- 1) evaluate and recommend changes to the Illinois Controlled Substances Act [720 ILCS 570];
  - 2) evaluate and recommend changes to the Administrative Rules regarding the ILPMP;
  - 3) recommend ~~inclusion~~inclusions of training materials for prescribers and dispensers regarding Continuing Medical Education and Continuing Education programs;
  - 4) at least on a ~~semi-annual~~quarterly basis, review the contents of the ILPMP~~Illinois Prescription Monitoring Program~~ website (ilpmp.org) to ensure that the contents are current;
  - 5) at least on a ~~semi-annual~~quarterly basis, review opportunities for federal grants and other forms of funding to support projects to increase the number of EHRs integrating seamlessly to the ILPMP; and
  - 6) at least on a ~~semi-annual~~quarterly basis, review and prepare any communication to be sent to all registered users of the system relevant to prescribing and dispensing of controlled substances.

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(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

**Section 2080.325 Peer Review ~~Committee~~ Subcommittee**

The ILPMPAC is authorized to have a standing subcommittee. This subcommittee shall be a ~~ten-five~~ member Peer Review Committee~~peer review subcommittee~~. The Peer Review Committee~~peer review subcommittee~~ shall advise the ILPMP on matters relating to the advisory committee's field of competence, establish a formal peer review of the professional performance of prescribers and dispensers, and develop communications to transmit to prescribers and dispensers. The deliberations, information, and communications of the Peer Review Committee~~peer review subcommittee~~ are privileged and confidential and shall not be disclosed in any manner except in accordance with current law~~the Act~~.

- a) The ILPMPAC~~Clinical Director shall appoint the five members shall select 10 of its members to be part~~ of the Peer Review Committee~~peer review subcommittee~~.
- b) The Peer Review Committee~~peer review subcommittee~~ shall consist of the following:
  - 1) three physicians ~~of the PMPAC; and~~
  - 2) three~~two~~ pharmacists; ~~of the PMPAC.~~
  - 3) one dentist;
  - 4) one advanced practice registered nurse;
  - 5) one physician assistant; and
  - 6) one optometrist.
- e) ~~Technical advisors from State medical and pharmacy schools with no voting authority may be appointed to the peer review subcommittee to aid the voting members on an as needed basis.~~
- c) The Peer Review Committee~~peer review subcommittee~~ shall meet, at a minimum, semi-annually~~quarterly~~. ~~The scheduling of these meetings should be set to allow the meetings to occur the month prior to the publicly scheduled meeting of the PMPAC.~~

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- de) The Peer Review Committee~~peer review subcommittee~~ shall periodically review the data contained within the ILPMP database~~prescription monitoring program~~ to identify those prescribers or dispensers who may be prescribing or dispensing outside the currently established professional standards for the prescriber's or dispenser's field of practice and for the type of medication (e.g., opioids) or type of care (e.g., hospice) applicable to the prescription under review. The Peer Review Committee member(s), whose profession is the same as the prescriber or dispenser being reviewed, shall make recommendations for any non-action or action. The ILPMP Clinical Director and staff shall provide necessary assistance and data as required. [720 ILCS 570/320(f)(1)]
- ef) The Peer Review Committee may request~~peer review subcommittee shall identify prescribers or dispensers who may be prescribing outside of the currently accepted medical standards in the course of their professional practice and send the identified prescriber or dispenser a request for~~ information regarding the his or her prescribing or dispensing practices of identified providers. Requests for information shall be sent via certified mail. A prescriber or dispenser shall have 30 days to respond to the request for information. [720 ILCS 570/320(f)(2)]
- fg) Pursuant to 720 ILCS 570/320(f)(3), the~~The Peer Review Committee~~~~peer review subcommittee~~ shall refer a prescriber or dispenser to DFPR~~the Department of Financial and Professional Regulation:~~
- 1) if a prescriber or dispenser does not respond to three successive requests for information;
  - 2) if, in the opinion of a majority of the members of the Peer Review Committee~~peer review subcommittee~~, the prescriber or dispenser does not have a satisfactory explanation for the practices identified by the Peer Review Committee~~peer review subcommittee~~ or the prescriber or dispenser does not have a satisfactory explanation for the practices identified by the Peer Review Committee~~peer review subcommittee~~ in its request for information; or
  - 3) if, following communications with the Peer Review Committee~~peer review subcommittee~~, the prescriber or dispenser does not sufficiently rectify the practices identified in the request for information in the opinion

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of ~~the~~ majority of the members present of the Peer Review Committee~~peer review subcommittee~~.

- gh) The Peer Review Committee~~peer review subcommittee~~ shall prepare an annual report to the General Assembly starting on July 1, 2017. Pursuant to 720 ILCS 570/320(5), the annual report shall be delivered electronically to the Department and to the General Assembly. The report to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct. The report shall contain the following information:
- 1) the number of times the Peer Review Committee~~peer review subcommittee~~ was convened;
  - 2) the number of prescribers or dispensers who were reviewed by the Peer Review Committee~~peer review subcommittee~~;
  - 3) the number of requests for information sent out by the Peer Review Committee~~subcommittee~~; and
  - 4) the number of prescribers or dispensers referred to DFPR~~the Department of Financial and Professional Regulation~~.
- i) ~~The following process shall be followed to allow PMP data to be publicly disseminated:~~
- 1) ~~all data formats considered for dissemination shall be presented to the peer review subcommittee by its chairperson;~~
  - 2) ~~all deliberations shall be recorded to ensure accuracy of the minutes for each meeting;~~
  - 3) ~~Based upon the deliberations of the peer review subcommittee regarding the data to be disseminated, a summary report shall be written by the chairperson and forwarded to the General Counsel for review and approval of dissemination by the General Counsel, Chief of Staff and Secretary.~~
  - 4) ~~Official direction for the final processing and/or dissemination of the data will be sent via the General Counsel, Chief of Staff or Secretary's office to~~

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~~the chairperson of the PMPAC peer review subcommittee who will then disseminate the data accordingly.~~

(Source: Amended at 47 Ill. Reg. 13500, effective September 8, 2023)

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## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Comparable Benefits
- 2) Code Citation: 89 Ill. Adm. Code 567
- 3) Section Number: 567.20                      Adopted Action:  
Amendment
- 4) Statutory Authority: Implementing and authorized by Section 3(a), (b), and (k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3(a), (b) and (k)], 29 USC 721(a)(8), and 34 CFR 361.47(b).
- 5) Effective Date of Rule: September 7, 2023
- 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, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of proposal published in the *Illinois Register*: 47 Ill. Reg. 6250; May 5, 2023
- 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? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: 89 Ill. Adm. Code 567 provides guidance on what comparable benefits are and appropriate implementation for the Department of Human Services-Division of Rehabilitation Services Vocational Rehabilitation (VR) Program. This rulemaking will remove language that is no longer applicable to program implementation as well as clarify the need to pursue comparable benefits through

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Medicaid and other sources when the customer is ineligible through the VR program. The amendments are necessary to reflect current program policies and procedures.

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

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

(217) 785-9772  
DHS.AdministrativeRules@illinois.gov

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

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES  
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER b: VOCATIONAL REHABILITATIONPART 567  
COMPARABLE BENEFITS

Section	
567.10	General Applicability
567.20	Definition of Comparable Benefits
567.30	Exceptions to Comparable Benefits
567.100	Refusal of Comparable Benefits

**AUTHORITY:** Implementing and authorized by Section 3(a) and (b) of the Rehabilitation of Persons with Disabilities Act [20 ILCS 2405/3(a) and (b)], 29 U.S.C. 721(a)(8), and 34 CFR 361.47(b).

**SOURCE:** Adopted at 9 Ill. Reg. 8839, effective June 10, 1985; amended at 11 Ill. Reg. 820, effective December 23, 1986; amended at 12 Ill. Reg. 3019, effective January 15, 1988; amended at 13 Ill. Reg. 9590, effective June 12, 1989; amended at 13 Ill. Reg. 18933, effective November 16, 1989; amended at 15 Ill. Reg. 6617, effective April 18, 1991; amended at 17 Ill. Reg. 149, effective December 18, 1992; emergency amendments at 17 Ill. Reg. 11696, effective July 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20375, effective November 15, 1993; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; amended at 23 Ill. Reg. 1381, effective January 14, 1999; emergency amendment at 24 Ill. Reg. 10358, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 17733, effective November 27, 2000; amended at 27 Ill. Reg. 12598, effective July 21, 2003; amended at 31 Ill. Reg. 3187, effective February 9, 2007; amended at 34 Ill. Reg. 19025, effective November 22, 2010; amended at 47 Ill. Reg. 13555, effective September 7, 2023.

**Section 567.20 Definition of Comparable Benefits**

- a) Comparable benefits means benefits that are:
- 1) Provided or paid for, in whole or in part, by other federal, State, or local public agencies, by health insurance, or by employee benefits;

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2) Available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's individualized plan for employment in accordance with 34 CFR 361.53; and

3) Commensurate to the services that the individual would otherwise receive from DHS-DRS.

b) Comparable services and benefits do not include awards and scholarships based on merit.

~~A comparable benefit is a service that is available at the time the service is needed by a customer and is used to achieve an employment outcome specified in the customer's Individualized Plan for Employment (IPE) (see 89 Ill. Adm. Code 572) that, when provided to DHS-DRS customers by a public or private agency or agencies other than DHS-DRS, offset costs that would otherwise be paid by DHS-DRS.~~

~~c) DHS-DRS customers pursuing post-secondary education and training at an institution of higher education shall comply with Section 22-87 of the Illinois School Code (105 ILCS 5/22-87). Customers not eligible to receive benefits under the Free Application for Federal Student Aid (FAFSA) are not required to apply. Customers must also comply with~~DHS-DRS customers pursuing post-secondary education and training at an institution of higher education shall comply with Section 22-87 of the Illinois School Code (105 ILCS 5/22-87). Customers not eligible to receive benefits under the Free Application for Federal Student Aid (FAFSA) are not required to apply. Customers must also comply with~~When a customer is requesting DHS-DRS to cover training related services, except for those services that are exempt from financial participation (see 89 Ill. Adm. Code 562.30) in an institution of higher education, the customer shall make formal application for federal assistance by completing the Free Application for Federal Student Aid (FAFSA) and provide proof (or denial) of financial award and the amount of the award before the customer's IPE can be implemented. An IPE for services to prepare and assist the customer in applying for comparable benefits may be developed at any time. Failure of the customer to apply for comparable benefits shall result in the denial of services (see 89 Ill. Adm. Code 567.100).~~

~~d) Customers requesting medical services or physical restoration services shall, unless there is clear evidence of ineligibility, make formal application for Medicaid benefits and complete the process to determine Medicaid eligibility. Eligibility, or ineligibility, for Medicaid benefits shall not, in any way, affect the eligibility for Vocational Rehabilitation services from DHS-DRS. Clear evidence of ineligibility includes, but is not limited to, a service that is not covered under~~e) Customers requesting medical services or physical restoration services shall, unless there is clear evidence of ineligibility, make formal application for Medicaid benefits and complete the process to determine Medicaid eligibility. Eligibility, or ineligibility, for Medicaid benefits shall not, in any way, affect the eligibility for Vocational Rehabilitation services from DHS-DRS. Clear evidence of ineligibility includes, but is not limited to, a service that is not covered under

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the Medicaid program, a customer whose income/assets would exceed the Medicaid limit, or a customer who does not meet categorical eligibility for Medicaid. Counselors must document instances where customers are not eligible to receive Medicaid benefits.

- ~~e~~d) Monetary awards, contributions and gifts that are specific or restricted as to use shall be used as intended (e.g., scholarships earmarked for use for college tuition costs or general college expenses) and are an available comparable benefit or service that reduces the customer's need for those services from DHS-DRS. Unrestricted scholarships and awards based on merit do not constitute comparable benefits.
- ~~f~~e) Student~~While a customer will not be discouraged from applying for loans (i.e., student loans) to assist in the completion of his/her rehabilitation program, he/she shall not be required to accept such loans. Such~~ loans are not considered a source of comparable benefits.

(Source: Amended at 47 Ill. Reg. 13555, effective September 7, 2023)

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- 1) Heading of the Part: Services
- 2) Code Citation: 89 Ill. Adm. Code 590
- 3) 

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
590.260	Repealed
590.600	Amendment
590.660	Amendment
590.670	Amendment
- 4) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].
- 5) Effective Date of Rule: September 7, 2023
- 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, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of proposal published in the *Illinois Register*: 47 Ill. Reg. 6255; May 5, 2023
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between proposal and final version:

The title of SUBPART J was corrected to "MAINTENANCE" from "INCREASED COSTS".

In Sections 590.660(b)(1) and (b)(2), "be defined by DHS-DRS and not to exceed" was deleted and replaced with "not exceed".

In Section 590.670(d)(1), "as defined by DHS-DRS and not to" was replaced with ", which shall not".

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- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and purpose of rulemaking: 89 Ill. Adm. Code 590 describes the services available to eligible customers of the Department of Human Services-Division of Rehabilitation Services (DHS-DRS) Vocational Rehabilitation (VR) Program. This rulemaking will: remove language restricting payment for summer school; increase reimbursement for transportation and clarify other conditions regarding payment for transportation; disallow customers from using normal living expenses to reduce their financial participation; allow both the customer and DHS-DRS more flexibility when determining eligibility, including an exception to pay for housing and transportation in certain situations. The amendments are necessary to reflect current program policies and procedures.
- 16) Information and questions regarding this adopted rulemaking shall be directed to:

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

(217) 785-9772  
DHS.AdministrativeRules@illinois.gov

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

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NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER b: VOCATIONAL REHABILITATION

PART 590  
SERVICES

SUBPART A: GENERAL ISSUES

Section	
590.10	General Applicability
590.20	Availability of Services
590.30	Effect of Financial Status on Services
590.35	Effect of Comparable Benefits
590.40	Choice of Service Providers
590.45	DHS-DRS Bidding Procedure
590.47	Previously Purchased Services and Equipment

SUBPART B: MEDICAL, PSYCHOLOGICAL AND RELATED SERVICES

Section	
590.50	Provision of Services
590.60	Qualification of Medical and Psychological Service Providers
590.70	Treatment of Acute Conditions
590.80	Medication
590.85	Treatment
590.90	Hearing Aid Evaluations
590.100	Hearing Aids
590.110	Speech and Language Services
590.120	Low Vision Devices
590.130	Mental Restoration Services
590.140	Heart Surgeries
590.150	Kidney Transplant and Related Services
590.160	Chiropractic Services
590.170	Prosthetic and Orthotic Devices
590.180	Wheelchairs
590.190	Prohibited Services

SUBPART C: TRAINING AND RELATED SERVICES

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Section

- 590.200 Provision of Services
- 590.210 Qualification of Training Facilities/Institutions
- 590.220 Purpose and Types of Training
- 590.230 Financial Guidelines for Training Services
- 590.240 Undergraduate and Non-degree Training
- 590.250 Graduate School Training
- 590.260 Summer School ([Repealed](#))
- 590.270 Grades and Attendance
- 590.280 Health Status
- 590.290 On-the-Job Training
- 590.300 Default on Financial Obligations

SUBPART D: PROGRAM FOR SELF-EMPLOYMENT

Section

- 590.310 Provision of Services
- 590.315 Eligibility for Participation in the Program for Self-Employment
- 590.320 Program for Self-Employment
- 590.330 Services and Goods not Available
- 590.350 Recovery of Tools, Equipment, Supplies and Initial Stock
- 590.360 Transfer of Title

SUBPART E: VEHICLE ADAPTATION AND ENVIRONMENTAL MODIFICATION

Section

- 590.375 Provision of Services
- 590.380 Vendor Requirements
- 590.400 Vehicle Adaptation
- 590.410 Van Adaptation
- 590.420 Environmental Modification
- 590.430 Written Agreements for Environmental Modification
- 590.440 Compliance with Capital Development Board Specifications

SUBPART F: SUPPORT SERVICES AND AUXILIARY SERVICES

Section

- 590.450 Provision of Services

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590.460	Types of Services (Repealed)
590.470	Tools and Equipment
590.480	Qualifications for Services Provided by Individuals
590.490	Payment for Support and Auxiliary Services Provided by Individuals and Conditions of Service Provision

## SUBPART G: COMPUTER EQUIPMENT AND SENSORY AID LOAN

Section	
590.500	Provision of Services (Repealed)
590.510	Definitions (Repealed)
590.520	Purpose of Equipment Loans (Repealed)
590.530	Criteria for Loan of Equipment/Aids (Repealed)
590.540	Equipment/Aids Loan Request Procedures and Approval Process (Repealed)
590.550	Duration of Loans (Repealed)
590.560	Maintenance and Return of Equipment/Aids (Repealed)
590.570	Assistance in Obtaining Permanent Equipment/Aids (Repealed)
590.580	Limitations on Available Equipment/Aids (Repealed)

## SUBPART H: OTHER SERVICES

Section	
590.590	Provision of Services
590.600	Transportation
590.610	Other Goods and Services
590.620	Equipment Sets

## SUBPART I: PLACEMENT

Section	
590.630	Provision of Placement Services
590.640	Description of Services

SUBPART J: MAINTENANCE~~INCREASED COSTS~~

Section	
590.650	Provision of Services
590.660	Increased Costs
590.670	Determination of the Need for Increased Costs

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590.675 Determination of Client Financial Participation in Maintenance (Repealed)  
590.680 Exceptions

## SUBPART K: POST-EMPLOYMENT SERVICES

Section  
590.700 Provision of Services  
590.710 Definitions (Repealed)  
590.720 Scope of Services

## SUBPART L: TRANSITION

Section  
590.730 Provision of Services  
590.740 Definitions (Repealed)  
590.750 Secondary Transitional Experience Program (STEP)  
590.760 Other Pre-employment Transition Service Agreements  
590.770 Direct Provision of Pre-employment Transition Service

## SUBPART M: SUPPORTED EMPLOYMENT

Section  
590.800 Provision of Services  
590.810 Qualification of Supported Employment and Extended Services Providers  
590.820 Justification of Need for Supported Employment  
590.830 Purpose and Types of Supported Employment  
590.840 Service Requirements  
590.850 Monitoring of Individuals in Supported Employment  
590.860 Off-Site Services and Monitoring  
590.870 Transition to Extended Services  
590.880 Purpose and Types of Extended Services

**AUTHORITY:** Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].

**SOURCE:** Emergency rules adopted at 17 Ill. Reg. 11812, effective July 1, 1993, for a maximum of 150 days; adopted at 17 Ill. Reg. 20461, effective November 15, 1993; amended at 18 Ill. Reg. 11275, effective June 30, 1994; emergency amendment at 18 Ill. Reg. 16468,

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effective October 20, 1994, for a maximum of 150 days; amended at 19 Ill. Reg. 7260, effective May 12, 1995; amended at 19 Ill. Reg. 7435, effective May 19, 1995; amended at 19 Ill. Reg. 10153, effective June 29, 1995; amended at 19 Ill. Reg. 10709, effective June 29, 1995; amended at 20 Ill. Reg. 6319, effective April 18, 1996; amended at 20 Ill. Reg. 6523, effective April 18, 1996; amended at 20 Ill. Reg. 10375, effective July 19, 1996; amended at 21 Ill. Reg. 1395, effective January 17, 1997; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; amended at 23 Ill. Reg. 201, effective December 15, 1998; amended at 23 Ill. Reg. 7502, effective June 17, 1999; emergency amendment at 24 Ill. Reg. 6728, effective April 14, 2000, for a maximum of 150 days; emergency amendment at 24 Ill. Reg. 10372, effective July 1, 2000, for a maximum of 150 days; emergency expired on November 27, 2000; amended at 24 Ill. Reg. 13687, effective August 23, 2000; amended at 24 Ill. Reg. 18561, effective November 30, 2000; amended at 25 Ill. Reg. 4568, effective April 1, 2001; amended at 27 Ill. Reg. 12602, effective July 21, 2003; amended at 30 Ill. Reg. 1886, effective January 30, 2006; amended at 31 Ill. Reg. 7006, effective April 30, 2007; recodified at 32 Ill. Reg. 6772; amended at 32 Ill. Reg. 10086, effective June 26, 2008; amended at 36 Ill. Reg. 6598, effective April 13, 2012; amended at 42 Ill. Reg. 16224, effective August 8, 2018; amended at 47 Ill. Reg. 13560, effective September 7, 2023.

## SUBPART C: TRAINING AND RELATED SERVICES

**Section 590.260 Summer School (Repealed)**

~~Summer school shall be provided only for those customers who:~~

- ~~a) plan to graduate at the conclusion of the summer term; or~~
- ~~b) must complete a course sequence for a degree/graduation requirement and the particular course is offered only during the summer term. The customer shall take a full course load relevant to the requirements of the customer's degree during the summer term.~~

(Source: Repealed at 47 Ill. Reg. 13560, effective September 7, 2023)

## SUBPART H: OTHER SERVICES

**Section 590.600 Transportation**

During the completion of the customer's IPE (see 89 Ill. Adm. Code 572), transportation and temporary lodging may be necessary to complete the customer's employment outcome.

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- a) The following shall apply:
- 1) Mileage shall be paid to the customer at ~~50% of~~ the established rate of the Travel Regulation Council (80 Ill. Adm. Code 3000) rounded to the next cent.
  - 2) Mileage shall be computed on one round trip per day for services listed on the IPE that are required to achieve the employment outcome or for diagnostic services approved by the counselor.
  - 3) If the public transportation system is accessible to the customer and meets the customer's schedule, the maximum DHS-DRS shall pay is the cost of public transportation.
  - 4) DHS-DRS shall provide long-term increased costs (see 89 Ill. Adm. Code 590.670) or transportation costs, whichever is less.
- b) Transportation costs listed on an IPE will be discontinued when the customer has obtained employment commensurate with the outcome goal on the IPE and the first ~~pay check~~ paycheck has been received.
- c) Transportation via ambulance or medical van will only be provided based on the customer's IPE and when ordered by the customer's attending physician.
- d) Customer transportation needs for training at ICRE-Wood will be determined by the customer's training schedule and the training schedule of ICRE-Wood.
- e) For customers in residence at a college or training program, DHS-DRS will not pay for transportation for customers from their home to the training institution and back. DHS-DRS will pay for local transportation near the institution to participate in required~~residence at a college or training program.~~
- f) DHS-DRS shall not pay for automobile insurance, maintenance<sub>2</sub> or licensing fees.
- g) DHS-DRS may pay for vehicle repairs when:

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- 1) a mechanic selected by DHS-DRS has determined that the repairs will permit the vehicle to have an expected useful life of at least five additional years;
- 2) the repair costs will be less than the value of the vehicle;
- 3) the vehicle cannot be driven or is unsafe to operate;
- 4) there is no other means of transportation available to the customer; and
- 5) a substantial service in the customer's IPE will not be completed because of the lack of transportation.

(Source: Amended at 47 Ill. Reg. 13560, effective September 7, 2023)

## SUBPART J: MAINTENANCE

**Section 590.660 Increased Costs**

Increased costs are expenses ~~for such as~~ food, ~~housing, shelter~~ and clothing that exceed a customer's normal living expenses. These increased costs are due to the customer's participation in an assessment for determining eligibility and VR services provided under an IPE.

- a) DHS-DRS will not pay for normal living expenses and shall only pay for increased costs.
- b) ~~The~~ When calculating a customer's increased costs, the following normal living expense standards for food and ~~housing, shelter~~ shall be utilized:
  - 1) The standard for ~~housing, shelter~~ shall ~~not exceed~~ be the DHS TANF payment level for one adult (see 89 Ill. Adm. Code 112, Subpart H).
  - 2) The standard for food shall ~~not exceed~~ be the DHS SNAP benefit amount for a family of one (see 89 Ill. Adm. Code 121.64) or the customer's actual normal food expense prior to service, whichever is greater.
  - 3) The standard for clothing is defined in Section 590.670(a).

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- c) Customer payments toward normal living expenses shall not be counted toward any customer financial participation amount determined by 89 Ill. Adm. Code 562.40 (Financial Participation). ~~DHS-DRS shall pay for these increased costs in the manner spelled out in this Subpart.~~

(Source: Amended at 47 Ill. Reg. 13560, effective September 7, 2023)

**Section 590.670 Determination of the Need for Increased Costs**

- a) ~~Clothing~~ One-Time Expenses  
Clothing may be purchased under an IPE, in support of a primary service, when the clothing is reasonably required for the customer to achieve the employment objective. ~~Payments for one-time increased costs shall be made as needed. An example may be clothing purchased for a customer's job interview or when a customer's training institution or employment requires special attire.~~
- b) Short Term Increased Costs  
Short term financial contribution ~~support~~ for increased costs resulting from the customer ~~customer's~~ having to leave their ~~his or her~~ home to receive services shall be provided using the State per diem and lodging rates. Short term shall mean any period of 2 ~~less than 4~~ weeks or less.
- c) Program-Related Increased Costs  
Individuals attending a limited term specialized skill instruction program, with a residential component, shall qualify for financial contribution at the program's published cost.
- de) Long Term Increased Costs  
Any service that requires a customer to relocate ~~and to have additional living expenses for services such as food and/or shelter that will exceed 4 weeks~~ may make the customer eligible to receive monetary support for increased costs. DHS-DRS shall provide long-term increased costs or transportation costs, whichever is less (see 89 Ill. Adm. Code 590.600), unless there is a demonstrated hardship to the customer associated with the time and expense of commuting. The customer shall receive funds for these increased costs as follows:
- 1) Housing ~~Shelter~~  
All individuals receiving DHS-DRS support for increased costs for housing shall have the support reduced by the normal cost of living, which

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~~shall not exceed the DHS TANF payment level for housing will pay for shelter when it meets the standards of increased costs. The increased cost of shelter shall be figured using the appropriate institution of higher education's published cost of housing and subtracting either the DHS TANF payment level for shelter for one adult or the actual shelter expense before the service began, whichever is greater. If there is no published cost, the actual cost of shelter before the service began or the TANF payment level for shelter, whichever is greater, will be subtracted from the cost of a median one-bedroom apartment in the area of service provision.~~

- A) Increased cost for individuals attending post-secondary training and living in university-owned/sponsored housing shall be calculated using the published cost for a shared room less the normal cost of living.~~If the customer is a dependent residing with family and relocates alone for VR services, the increased cost for shelter shall be the lesser of:~~
- i) ~~The published housing cost of the institution of higher education less the DHS TANF payment level for shelter; or~~
  - ii) ~~The cost of a median one-bedroom apartment, as established by Housing and Urban Development (HUD), in the area of service provision, less the DHS TANF payment level for shelter.~~
- B) Increased costs for individuals attending post-secondary training and living off campus shall be determined by the cost of a fair market rent one-bedroom apartment, as established by Housing and Urban Development (HUD), in the area of service provision, less the normal cost of living.~~If the customer must maintain his or her residence in the home community and relocates alone for VR services, the increased cost for shelter shall be the lesser of:~~
- i) ~~the published housing cost of the institution of higher education less the DHS TANF payment level for shelter; or~~
  - ii) ~~the cost of a median one-bedroom apartment, as established by HUD, in the area of service provision, less the DHS TANF payment level for shelter.~~

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€) ~~If the customer relocates for VR services with a dependent family, the increased cost shall be the difference between the family's prior cost of shelter in the home community and the lesser of the published housing cost of the institution of higher education or the cost of a median one-bedroom apartment, as established by HUD, in the area of service provision, less the DHS TANF payment level for shelter.~~

- 2) Food  
DHS-DRS may pay the increased cost of food when the customer chooses to use the food plan offered by the institution of higher education. Food services must be listed on the customer's IPE. The increased cost of food shall be figured using the institution's base, comprehensive meal plan~~facility's minimum cost basic seven or five day meal plan, whichever is appropriate for the customer.~~ The amount established by DHS-DRS shall not exceedas the maximum SNAP benefit for a family of one and shall be subtracted from the cost of the typical~~basic~~ meal plan. The difference shall be the customer's monthly increased cost for food. If the customer chooses not to use the facility's food service or there is no food service at the facility, there is no increased cost.

(Source: Amended at 47 Ill. Reg. 13560, effective September 7, 2023)

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## NOTICE OF ADOPTED RULES

1) Heading of the Part: Birth Center Licensing Code

2) Code Citation: 77 Ill. Adm. Code 264

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
264.1000	New Section
264.1050	New Section
264.1100	New Section
264.1200	New Section
264.1250	New Section
264.1300	New Section
264.1400	New Section
264.1450	New Section
264.1500	New Section
264.1525	New Section
264.1550	New Section
264.1600	New Section
264.1650	New Section
264.1700	New Section
264.1750	New Section
264.1800	New Section
264.1950	New Section
264.2000	New Section
264.2050	New Section
264.2100	New Section
264.2150	New Section
264.2200	New Section
264.2250	New Section
264.2300	New Section
264.2350	New Section
264.2400	New Section
264.2450	New Section
264.2500	New Section
264.2550	New Section
264.2600	New Section
264.2650	New Section
264.2700	New Section
264.2750	New Section
264.2800	New Section

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264.2850	New Section
264.2900	New Section
264.2950	New Section
264.3000	New Section

- 4) Statutory Authority: Implementing and authorized by the Birth Center Licensing Act [210 ILCS 170].
- 5) Effective Date of Rules: September 8, 2023
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the Adopted Rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in *Illinois Register*: 47 Ill. Reg. 1846; February 10, 2023
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Differences between proposal and final version: Various typographical, grammatical, and form changes were made in response to the comments from JCAR as well as the following:

In Section 264.1000 (Scope and Purpose), a new subsection (c) was added to address requirements in Section 30(b) of the Act that were added in Public Act 102-1117 regarding a birth center's ability to offer other "reproductive health care" as defined in Section 1-10 of the Reproductive Health Act.

In Section 264.1050 (Definitions), the following changes were made:

- In the definition of the term "Advanced practice nurse", "registered" was added after "Advanced", "ARPN" was changed to "APRN", and all text was italicized as the definition is statutory per Section 50-10 of the Nurse Practice Act.
- In the definition of the term "Birth attendant", "(family physician)" was added after "*family practitioner*".

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- In the definition of the term "Birth center", "*exclusively*" was deleted before "*dedicated*" and "subsections" was changed to "Sections".
- In the definition of "Clinical director", "licensed to practice medicine in all its branches" was deleted, after "physician", "either" was added after "who is", and "American Board" was changed to "American College". Additionally, all text prior to "who provides guidance" was changed to italics and a citation to Section 25 of the Act was added.
- In the definition of "Immediate postpartum period", the proposed definition was changed to "the first 24 hours after childbirth. This period refers to the time just after childbirth, during which the infant's physiology adapts and the risk to the pregnant person of postpartum hemorrhage and other significant morbidity are highest.
- In the definition of "Intrapartum", "true" was deleted.
- In the definition of "Newborn infant", the proposed definition was changed to "an infant who is delivered at the birth center or a referral hospital following transfer from the birth center".
- In the definition of "Postpartum person", the proposed definition was changed to "an individual who gave birth at the birth center or who was transferred to a referral hospital".
- In the definition of "Vaginal delivery", the proposed definition was changed to "a vaginal birth that occurs without assistance from forceps or a suction device".

In Section 264.1100 (Incorporated and Referenced Materials), the following changes were made:

- In subsection (e), the URL for State of Illinois Statutes was deleted.
- In subsection (e)(1), a new subsection (Q) was added to incorporate the Reproductive Health Act.
- In subsection (e)(2), the URL for Illinois Administrative Rules was deleted.
- In subsection (e)(2)(K), "Metabolic" was changed to "and Infant"

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In Section 264.1200 (Information Available for Public Inspection), a new subsection (a)(7) was added to include "information about domestic violence and human trafficking resources."

In Section 264.1250 (General Requirements for Licensure), the following changes were made:

- In subsection (a), "(the effective date of these rules)" was changed to "September 1, 2023" and "(insert date 2 years after effective date of rules)" was changed to "September 1, 2025".
- In subsection (l), "simple episiotomies" was deleted and "in accordance with the birth attendant's or birth assistant's scope of practice" was added after "repair of obstetric lacerations". Additionally, "or termination of pregnancy and newborn circumcisions" were deleted.
- In subsection (r), "Freestanding" was deleted as the correct name is now the Commission for the Accreditation of Birth Centers.

In Section 264.1300 (Application for Initial and Renewal License), the following changes were made:

- In subsection (e)(10), "birthing" was changed to "referral"
- Subsection (e)(11) was deleted and the remaining subsections were renumbered accordingly.
- In subsection (k)(3), "for both pregnant/postpartum person" was added and "mother" was deleted and "(See Sections 264.1800(f) and 264.2450(f))" was added.
- In subsection (k)(5), after "*deaths*", "(maternal, fetal, and neonatal)" was added.
- In subsection (k)(7), "mother" was changed to "postpartum person".

In Section 264.1525 (Policies and Procedures, Employee Training, and Best Practices Requirements), the following changes were made:

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- In subsection (d)(3), "referral" was added before second reference to "hospital" and "letter of" was changed to "agreement" after "comply with the"
- In subsection (d)(16), "Surgery" was deleted and replaced with "Procedures performed at the birth center as identified in Section 264.1250".
- In subsection (e)(2), "consistent with the Commission for the Accreditation of Birth Centers of the Joint Commission and consistent with the scope of practice for the staff members' professional license" was added after "competency requirements".
- In subsection (e)(4), all text after "Birth centers shall" was italicized and "yearly educational modules regarding" was deleted, ", *addressing airway emergencies experienced during childbirth*" was added after "hemorrhage" and "*management of*" was added before "*leading causes of maternal mortality*".
- Also, in subsection (e)(4), the following citation was added "(Section 2310-222(b) of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois)".
- Subsection (e)(5), which required birth centers to demonstrate compliance by annually submitting a copy of their written policy, education, and training requirements to the birth center's APC, was deleted.
- In subsection (f)", "to be provided to the birth center by the Department, in collaboration with the Illinois Perinatal Quality Collaborative, into the written policy required in subsection (e)" was deleted and "made available by the Department in consultation with the Illinois Perinatal Quality Collaborative" was inserted after "best practices".

In Section 264.1550 (Admission Protocols for Acceptance of Birth Center Clients, the following changes were made:

- In subsection (d), "(family physician)" was added after "*An obstetrician, family practitioner*".
- In the intro paragraph of subsection (g), "or a licensed certified professional midwife" was added after "A physician, certified nurse midwife,", "applied to"

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was changed to "considered for" and "the final' was deleted and "determinations of each client's risk" was changed to "determination of the criteria".

- In subsection (g), (g)(2)(E) through (R), (g)(3)(D) through (G), and (g)(4)(P) through (V) were deleted.
- Proposed text in subsection (g)(2)(A) through (D), subsection (g)(3)(A) through (C), and subsection (g)(4)(A) through (O) was deleted and replaced with the following:
  - "2) Medical risk factors, including, but not limited to:
    - A) Chronic hypertension not controlled by medication;
    - B) Elevated blood glucose levels unresponsive to dietary management;
    - C) Positive HIV antibody test; or
    - D) Current drug or alcohol substance use disorder.
  - 3) Obstetrical risk factors, including but not limited to:
    - A) Two or more prior cesarean sections (a client with a single prior cesarean may be admitted subject to conditions in subsection (h));
    - B) History of gynecologic uterine wall surgery in which the uterine cavity was entered; or
    - C) History of manual removal of a placenta.
  - 4) Prenatal/delivery risk factors, including but not limited to:
    - A) Documented low-lying placenta in an individual with a history of previous cesarean delivery;
    - B) Anemia resistant to supplemental therapy;
    - C) Documented placental anomaly;

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- D) Lie other than vertex at term;
  - E) Pre-eclampsia/gestational hypertension (as defined by current ACOG standards);
  - F) Multiple gestation;
  - G) Premature labor at less than 36 weeks (client may return to the birth center if not delivered at 37 weeks);
  - H) Rupture of membranes prior to the 37th week of gestation;
  - I) Gestation beyond 42 weeks by reliable confirmed dates;
  - J) Isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer, which may have a detrimental effect on the childbearing individual or fetus;
  - K) Suspected deep vein thrombosis;
  - L) Placental abruption or previa;
  - M) Dead fetus;
  - N) Known fetal anomalies that may be affected by the site of birth; or
  - O) Primary genital herpes infection in pregnancy."
- A new subsection (h) was added as follows:
    - "h) Trial of labor after cesarean/vaginal birth after cesarean (TOLAC/VBAC)
      - 1) A birth center may admit a client with a previous cesarean section for a TOLAC/VBAC if the client meets the following criteria:
        - A) The client has an operative report documenting one prior low transverse cesarean section, or if the surgical details of the previous cesarean incision are not known, the client

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gives informed consent based on information provided under subsection (h)(3)(C);

- B) The client's BMI prior to the current pregnancy was less than 40;
  - C) A documented ultrasound of the client's placental location, performed by a radiologist or maternal-fetal medicine physician, shows no abnormalities (previa, low-lying/suspected accreta, percreta, increta, etc.); and
  - D) The Department additionally recommends that the interval since the client's previous birth be at least 19 months and that the estimated weight of the fetus at delivery be less than 4000 grams (8.8 pounds).
- 2) A birth center that accepts clients for TOLAC/VBAC shall have a transfer agreement with a Level 1 or higher perinatal center that agrees to receive TOLAC patients from birth centers, within a ground travel time distance that allows for an emergency cesarean section to be started within 30 minutes after the decision that a cesarean section is necessary.
- A) The transfer agreement must address communication between the receiving hospital and birth center when a TOLAC client is admitted to the birth center and during the progression of the client's labor. The agreement must also address the hospital's and birth center's response in situation where progression of labor is delayed.
  - B) The birth center shall notify the receiving hospital immediately if an emergency transfer becomes necessary.
- 3) The birth center shall obtain informed consent from a prospective client for a TOLAC/VBAC.
- A) The consent forms must include up to date information, from peer reviewed publications or expert consensus such as that of the American College of Obstetricians and

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Gynecologists (ACOG) or the American Academy of Pediatrics (AAP), concerning the incidence of uterine rupture during TOLAC/VBAC and the incidence of neonatal ICU admissions and neonatal deaths when uterine rupture occurs.

- B) The consent form shall use language that is easily understood from a health literacy perspective and is translated into the language of the birthing person.
- C) In a case where the surgical details of the previous cesarean incision are not known, the birth center shall notify the client that the quoted risk of rupture is based on their history only, and may be higher than the risk for a client with a documented low transverse cesarean section.
- 4) A birth center that accepts TOLAC/VBAC clients shall have a letter of agreement with an Administrative Perinatal Center and share the renewal data submitted to DPH OCHR with the APC on an annual basis, including the addition of TOLAC/VBAC patient numbers. The birth center shall also participate in the APC's morbidity and mortality reviews."
- The existing subsection (h) was changed to "(i)" and the remainder of the Section was re-lettered "(j)" through "(m)", accordingly.
  - In the re-lettered subsection (i), "letter of" was deleted and "transfer" was added before "agreement" and "APC" was changed to "referral hospital".

In Section 264.1650 (Length of Stay), "related to health insurance" was added after "State laws" and "mother" was changed to "postpartum person".

In Section 264.1700 (Client Rights), in subsection (c)(8), "(family physician)" was added after "family practitioner", "or licensed certified professional midwife" was added after "certified nurse midwife", and "subsection" was changed to "Section".

In Section 264.1750 (Personnel), the following changes were made:

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- In subsection (a), "and shall have full obstetrical privileges in a licensed referral hospital in close proximity to the birth center. The clinical director" was deleted.
- In subsection (e), " (e.g. nurses, clerical, housekeeping, food service, maintenance, etc.)" was deleted.
- In subsection (f), "on duty that are" was added after "two staff.
- In subsection (f)(2), "Neonatal CPR" was changed to "Neonatal Resuscitation Program".

In Section 264.1800 (Clinical Care and Service Requirements), the following changes were made:

- In subsection (b)(6), "mother" was changed to "pregnant person".
- In subsection (c)(3), "require" was changed to "encourage".
- In subsection (d)(2), references to "mother" and "woman" were changed to "pregnant person and "when she makes her" was changed to "at the time of their".
- Subsection (d)(4) regarding risk factors pertaining to labor, delivery or postpartum periods being cause to discontinue care of the pregnant or postpartum person and/or newborn at the birth center was deleted.
- In subsection (e)(3), "During the labor process" was replaced with "The".
- In subsection (e)(3)(B), "mother's" was changed to "pregnant person's" and "respirations" was added.
- In subsection (e)(4), "in accordance with the birth attendant's or birth assistant's scope of practice" was added after "delivery".
- In subsection (f), "Consultation and Transfer to Referral Hospital" was added before "If a clinical complication occurs", ", or licensed certified professional midwife shall consult with the referral hospital to provide clinical information regarding the potential reason for transfer. If transfer is warranted, the birth center " was added after "certified nurse midwife.

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- Subsection (g)(1) was deleted and "g) Post Delivery Care" was added above the existing subsection (g)(2) and the subsections were renumbered "(1)" through "(3)", accordingly.
- In the renumbered subsection (g)(1), "mother" was changed to "pregnant person".
- In the renumbered section (g)(2), "or licensed certified professional midwife" was added after "certified nurse midwife"
- In the renumbered subsection (g)(3)(D), "and ongoing lactation support or referral to lactation support services" was added after "including breastfeeding".
- In subsection (h)(2)(A), "or licensed certified professional midwife" was added after "certified nurse midwife".
- In subsection (i), "episiotomies" was deleted and "obstetric" was added after "repair of".
- In subsection (j), all proposed text was deleted and replaced with "Surgical procedures shall be limited to procedures that do not require general anesthesia, including immediate postpartum IUD insertion or contraceptive arm implant and repair of obstetric lacerations performed in accordance with the birth attendant's or birth assistant's scope of practice."

In Section 264.2100 (Emergency Services), "pregnant or" was added before "postpartum person" in subsection (a).

In Section 264.2200 (Clinical Records), the following changes were made:

- In subsection (b)(8) proposed text was changed to " Written progress notes, signed and dated by the person rendering the service, and incorporated into the client record within 24 hours after services;" was added.
- In subsection (b)(16), "mother" was changed to "postpartum person"

In Section 264.2250 (Transfer Agreement), the following changes were made:

- In subsection (a), "(referral hospital)" was added after "birthing hospital".

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- In subsection (b), "(transfer agreement)" was added after "established agreement" and "receiving hospital", "(an APC)" was changed to "(referral hospital)", "/regional perinatal center" was deleted, and the last sentence was moved to a new subsection (c) as follows:

"(c) The birth center's transfer agreement with the referral hospital shall include the staff required to transfer clients, the staff responsible for initiating transport, the mode of emergency transportation between facilities, and information regarding the referral hospital's coordinated procedures with an APC in the event of a need to transfer a high-risk newborn pursuant to Section 264.1800(f)."

In Section 264.2300 (Equipment), the following changes were made:

- In subsection (a), "(chemical mattress)" was deleted.
- In subsection (b), "(if not provided by local emergency medical transport provider/EMS ambulance providers in birth center service area)" was added after "isolette".
- In subsection (e), "doptone" was changed to "doppler"
- In subsection (l), "episiotomy" was deleted and "of obstetric lacerations" was added after "repair".

In Section 264.2350 (Environmental Management), the following changes were made:

- In subsection (a), "at least one birth room that provides the equipment, staff, supplies and capability" was changed to "birth rooms that meet the requirements" and ", required" was deleted after "Section 264.2100" and a new sentence started with the addition of "All birth rooms shall allow".
- In subsection (i), a new provision was added as subsection (i)(2) as follows:

"2) Written procedures shall be developed and maintained pertaining to the handling, storage, transportation, and process of linens in a manner that will prevent spread of infection and will assure the maintenance of clean linens."

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- Subsection (i)(2) was renumbered to (i)(3) and a new subsection (i)(3)(A) was added as follows:
  - "A) All linens shall be cleaned and disinfected as follows:
    - 1) Mechanically wash and dry following the instructions for sanitizing from the washer/dryer manufacturer; and
    - 2) Use hot water (158-176 degrees Fahrenheit) and laundry detergent."
- Subsection (i)(3) was renumbered to (i)(3)(B).

In Section 264.2450 (Quality Assurance and Improvement), the following changes were made:

- In subsection (e)(1), "Doptones" was changed to "dopplers"
- The proposed text "Episiotomies" in subsection (f)(1)(N) was deleted and the remaining subsections (O) through (S) were re-lettered accordingly.
- In re-lettered subsection (N), "Fourth" was deleted and "Third and fourth" was added.
- In re-lettered subsection (P), "6 and below" was changed to "less than 7".

In Section 264.2700 (General Requirements), the following changes were made:

- In subsection (a)(2), "and Service" was deleted.
- In subsection (a)(2)(A), "Transfer and service agreements" was deleted, "A transfer agreement" was added and "and APC" was deleted.
- In subsection (a)(3), "Proximity to Secondary or Tertiary Care Hospital" was changed to "Location", all proposed text after "contractual relationship," was deleted, and "pursuant to Section 264.2250" was added.
- In subsection (b)(1)((B), "Ambulance ports" was replaced with "There" and "located" was replaced with "emergency parking available for an ambulance"

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In Section 264.2750 (Birth Unit Requirements), the following changes were made:

- In subsection (b)(1)(A), "nurses' station" was changed to "clinical staff".
- In subsection (b)(2), "prospective mother" was changed to "pregnant persons"

In Section 264.2850(c)(4), deleted subsection (A) and moved "Fresh Air Intakes" to subsection (c)(4) heading and re-lettered subsections (i) through (iii) as subsections (A) through (C), accordingly.

In Section 264.3000 (Security Systems), "semi-annual" was deleted after "perform" and "twice annually" was added after "abduction".

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: These rules were adopted to implement Public Act 102-0518, which created the Birth Center Licensing Act [210 ILCS 170]. The rules incorporate requirements currently in place under the existing Birth Center Demonstration Program Code, with necessary adjustments to reflect statutory requirements under the new Act, Public Act 102-0964, which added licensed certified professional midwife to the list of statutorily defined terms, and Public Act 102-1117, which made conforming changes to the new Act to bring it into alignment with the Reproductive Health Act. Per the Birth Center Licensing Act, all birth centers in existence as of August 20, 2021 (the effective date of the new Act) shall obtain a valid license to operate within two years after the adoption of this Part.
- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Illinois Department of Public Health  
Attention: Tracey Trigillo, IDPH Rules Coordinator  
Director's Office, Division of Governmental Affairs  
Lincoln Plaza, 524 South 2nd Street, 6th Floor  
Springfield, IL 62701

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(217) 782-1159  
dph.rules@illinois.gov

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

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 264

BIRTH CENTER LICENSING CODE

SUBPART A: GENERAL REQUIREMENTS

Section	
264.1000	Scope and Purpose
264.1050	Definitions
264.1100	Incorporated and Referenced Materials
264.1200	Information Available for Public Inspection
264.1250	General Requirements for Licensure
264.1300	Application for Initial and Renewal License
264.1400	Inspections and Investigations
264.1450	Notice of Violation and Plan of Correction
264.1500	Adverse Licensure Action and Administrative Hearings
264.1525	Policies and Procedures, Employee Training, and Best Practices Requirements
264.1550	Admission Protocols for Acceptance of Birth Center Clients
264.1600	Governing Body
264.1650	Length of Stay
264.1700	Client Rights
264.1750	Personnel
264.1800	Clinical Care and Service Requirements
264.1950	Discharge Policies and Procedures
264.2000	Infection Control
264.2050	Disposal of Medical Waste
264.2100	Emergency Services
264.2150	Laboratory and Pharmacy Services
264.2200	Clinical Records
264.2250	Transfer Agreement
264.2300	Equipment
264.2350	Environmental Management
264.2400	Food Services
264.2450	Quality Assurance and Improvement
264.2500	Reporting Requirements

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## SUBPART B: CONSTRUCTION STANDARDS

## Section

264.2550	Applicability of This Subpart
264.2600	Submission of Plans for New Construction, Alterations or Additions to Birth Centers
264.2650	Preparation of Drawings and Specifications – Submission Requirements
264.2700	General Requirements
264.2750	Birth Unit Requirements
264.2800	Plumbing
264.2850	Heating, Ventilating and Air-Conditioning Systems (HVAC)
264.2900	Electrical Systems
264.2950	Emergency Electric Service
264.3000	Security Systems

AUTHORITY: Implementing and authorized by the Birth Center Licensing Act [210 ILCS 170].

SOURCE: Adopted at 47 Ill. Reg. 13572, effective September 8, 2023

## SUBPART A: GENERAL REQUIREMENTS

**Section 264.1000 Scope and Purpose**

- a) The purpose of this Part is to implement the Birth Center Licensing Act, which requires birth centers to be licensed by the Department.
- b) This Part establishes general provisions, licensing procedures, building requirements, enforcement provisions, and operational and clinical standards for the provision and coordination of treatment and services in birth centers.
- c) *Nothing in this Part shall be construed to prohibit a facility licensed as a birth center from offering other reproductive health care subject to any applicable laws, rules, regulations, or licensing requirements for those services. In this subsection (c), "reproductive health care" has the same meaning as used in Section 1-10 of the Reproductive Health Act. (Section 30(b) of the Act)*

**Section 264.1050 Definitions**

Act – Birth Center Licensing Act.

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Adequate – enough in either quantity or quality, as determined by a reasonable person familiar with the professional standards of the subject under review, to meet the needs of the clients of a birth center under the set of circumstances in existence at the time of review.

Administrative Perinatal Center or APC – a referral facility intended to care for the high-risk client before, during, or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation and other support services. An APC is a university or university-affiliated hospital designated by the Department as a Level III hospital that receives financial support from the Department to provide leadership and oversight of the Regionalized Perinatal Healthcare Program.

Administrator – the person who is directly responsible for the operation and administration of the birth center, irrespective of the person's assigned title.

*Advanced practice registered nurse or APRN – a person who has met the qualifications for a certified nurse midwife (CNM); certified nurse practitioner (CNP); certified registered nurse anesthetist (CRNA); or clinical nurse specialist (CNS) and has been licensed by the Department of Financial and Professional Regulation. (Section 50-10 of the Nurse Practice Act)*

Antepartum – the period before labor or childbirth.

Applicant – any person, acting individually or with any other person, who proposes to build, own, establish or operate a birth center.

Birth assistant – a licensed certified professional midwife or a person *licensed or certified in Illinois* by the Department of Financial and Professional Regulation *in a health-related field and under the supervision of a physician, a certified nurse midwife, or a licensed certified professional midwife who in attendance, has specialized training in labor and delivery techniques and care of newborns; and receives planned and ongoing training as needed to perform assigned duties effectively.* (Section 25(d) of the Act)

Birth attendant – *an obstetrician, family practitioner (family physician) physician, certified nurse midwife, or licensed certified professional midwife shall attend*

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*each person in labor from the time of admission through birth and throughout the immediate postpartum period. (Section 25(c) of the Act)*

Birth center or center – *a designated site, other than a hospital:*

*in which births are planned to occur following a normal, uncomplicated, and low risk pregnancy;*

*that is not the pregnant person's usual place of residence;*

*that is dedicated to serving the childbirth-related needs of pregnant persons and their newborns, and has no more than 10 beds;*

*that offers prenatal care and community education services and coordinates these services with other health care services available in the community; and*

*that does not provide general anesthesia or surgery (except as allowed per Sections 264.1800(h) and (i). (Section 5 of the Act)*

Birthing person – an individual who is pregnant or in labor.

Birth room – a room specifically designed and equipped for a single occupancy client to give birth under the care of birth attendant.

Birth unit – several birth rooms grouped or clustered around a central area/station that maintains direct supervision (electronic supervision is not permitted) of the birth rooms.

*Certified nurse midwife or CNM – an advanced practice registered nurse licensed in Illinois under the Nurse Practice Act with full practice authority or who is delegated such authority as part of a written collaborative agreement with a physician who is associated with the birthing center or who has privileges at a nearby birthing hospital. (Section 5 of the Act)*

Charitable care – the intentioned provision of free or discounted birth center services to persons who cannot afford to pay for the services.

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Client – a person who receives services provided at the birth center and the infant of that birth.

*Clinical director – a physician who is either certified or eligible for certification by the American College of Obstetricians and Gynecologists or the American Board of Osteopathic Obstetricians and Gynecologists or has hospital obstetrical privileges; or a certified nurse midwife (CNM) (Section 25 of the Act) who provides guidance, leadership, oversight, and quality assurance to the birth center.*

Close proximity – a distance which allows a person to be physically present in a place within 30 minutes after being called.

Community education services – information and education provided to the pregnant person and their family, during both early and late pregnancy, that promote healthy outcomes for the pregnant person and their infant and postpartum period.

*Department – the Illinois Department of Public Health. (Section 5 of the Act)*

Governing body – a board of trustees, governing board, board of directors or other body or individual responsible for governing a birth center.

Gravidity and Parity or GP – the number of times a person has been pregnant (gravidity) and carried the pregnancies to a viable gestational age (parity).

Health-related field – either a registered nurse, certified professional midwife or licensed practical nurse, or other classifications that are licensed, registered, or certified by the Illinois Department of Financial and Professional Regulation.

High-risk client – a person, fetus, or newborn with an increased level of risk of harm or mortality from congenital and/or environmental factors.

Hospital – a facility licensed under the Hospital Licensing Act. *"Hospital" does not include places where pregnant females are received, cared for, or treated during delivery if it is in a licensed birth center, nor includes any facility required to be licensed as a birth center. (Section 5 of the Act)*

Immediate postpartum period – the first 24 hours after childbirth. This period refers to the time just after childbirth, during which the infant's physiology adapts

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and the risks to the pregnant person of postpartum hemorrhage and other significant morbidity are highest.

Inspection – any survey, evaluation, or investigation of the birth center's compliance with the Act and this Part by the Department or designee.

Intrapartum – the time from the onset of labor until the delivery of the infant and placenta.

*Licensed certified professional midwife – a person who has successfully met the requirements under Section 45 of the Licensed Certified Professional Midwife Practice Act and holds an active license to practice as a licensed certified professional midwife in Illinois. (Section 5 of the Act)*

Licensee – the person or entity licensed to operate the birth center.

Low-risk pregnancy – a pregnancy that, based on history, application of risk criteria per subsection 264.1550(g), and adequate prenatal care, is broadly predicted to have a normal, uncomplicated outcome.

*Medical care facility – a hospital, birthing center, and any other licensed facility that provides obstetrical and newborn nursery services. (Section 2 of the Early Hearing Detection and Intervention Act)*

Newborn infant or newborn or infant – an infant who is delivered at the birth center or a referral hospital following transfer from the birth center.

Nurse – a registered nurse or licensed practical nurse as defined in the Nurse Practice Act.

Obstetrician – a physician who is certified or eligible for certification by the American Board of Obstetricians and Gynecologists.

Operator – the person responsible for the control, maintenance and governance of the birth center, its personnel and physical plant.

Owner – the individual, partnership, corporation, or other person who owns the birth center.

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*Physician* – a physician licensed to practice medicine in all its branches in Illinois. (Section 5 of the Act)

Postpartum person – an individual who gave birth at the birth center or who was transferred to a referral hospital.

Pregnant person – an individual with a developing embryo, fetus, or unborn child within their body.

Prenatal care – medical care for a pregnant person and their fetus throughout their pregnancy.

Program narrative – a description of the center's proposed operation, which clarifies or explains choices related to space, equipment, finishes, or other specifications in the architectural plans (See Section 264.2700).

Quality assurance – an ongoing, objective, and systematic process of monitoring, evaluating, and improving the quality, appropriateness, and effectiveness of care.

Quality Assessment and Performance Improvement Program or QAPI – a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in birth center services while involving all staff in practical and creative problem solving. Quality assessment is the specification of standards for quality of service and outcomes, and is a process used throughout the organization to ensure care is maintained at acceptable levels in relation to those standards. Performance improvement is the continuous study and improvement of processes with the intent to better services or outcomes, and to decrease the likelihood of problems, by identifying areas of opportunity.

Referral hospital – a hospital designated under the Regionalized Perinatal Health Care Code and intended to care for the high-risk client before, during, or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation, and other support services.

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

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Risk assessment – a process by which historical, physical, and laboratory data are applied for the prediction of pregnancy outcome.

Sanitize – to destroy microorganisms by cleaning or disinfecting.

Sterilization – the use of a physical or chemical procedure to destroy all microbial life, including bacterial endospores.

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

Supervision – authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his/her sphere of competence, with initial direction and periodic surveillance of the actual act of accomplishing the function or activity.

Support person – an individual who provides emotional support or help with relaxation techniques and comfort measures.

Survey – a detailed, complete inspection of the birth center.

Universal/standard precautions – as defined by the Centers for Disease Control and Prevention (CDC), recommendations designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and other blood borne pathogens when providing health care.

Vaginal delivery – a vaginal birth that occurs without assistance from forceps or a suction device.

**Section 264.1100 Incorporated and Referenced Materials**

- a) The following private and professional association standards are incorporated in this Part:
  - 1) FGI 2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities, available at:  
<https://shop.fgiguideines.org/products/23> or from the American Institute

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of Architects (AIA) Academy of Architecture for Health, Facilities Guidelines Institute, PO Box 60628, Florence, MA 01062.

- 2) The standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals (2009), which may be obtained from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 180 Technology Parkway NW, Peachtree, GA 30092.
- 3) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269:
  - A) NFPA 101 (2012): Life Safety Code and all appropriate references under Chapter 2, Referenced Publications
  - B) NFPA 101A (2013): Guide on Alternative Approaches to Life Safety
- 4) International Building Code (2012), which may be obtained from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478.
- 5) The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, Eighth Edition (September 2017), which may be obtained from the American Academy of Pediatrics, 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, IL 60009-0927.
- 6) The American Association of Birth Centers, Standards for Birth Centers (2017), available at: <https://assets.noviams.com/novi-file-uploads/aabc/downloads/AABC-STANDARDS-RV2017.pdf> or from the American Association of Birth Centers, 3123 Gottschall Road, Perkiomenville, PA 18074.
- 7) Commission for the Accreditation of Birth Centers, Indicators of Compliance with Standards for Birth Centers, Reference Edition 2.2 (April 1, 2020), available at: [https://www.birthcenteraccreditation.org/wp-content/uploads/2020/04/CABC\\_IndicatorsRefEd-2.2\\_2020-0401.pdf](https://www.birthcenteraccreditation.org/wp-content/uploads/2020/04/CABC_IndicatorsRefEd-2.2_2020-0401.pdf)

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- 8) The Joint Commission, Perinatal Care Certification Review Process Guide, available at: <https://www.jointcommission.org/-/media/tjc/documents/accred-and-cert/survey-process-and-survey-activity-guide/2022/2022-perinatal-care-organization-rpg.pdf> (January 1, 2022)
  - 9) The Joint Committee on Infant Hearing (JCIH), Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs, available at: <https://digitalcommons.usu.edu/jehdi/vol4/iss2/1/> or from the American Speech-Language-Hearing Association (ASHA), 2200 Research Boulevard, Office 309, Rockville, MD 20850.
- b) The following federal guidelines from the Centers for Disease Control and Prevention are incorporated in this Part:
- 1) Guideline for Hand Hygiene in Health-Care Settings; available at: <https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html> (October 25, 2002)
  - 2) Infection Control in Healthcare Personnel, available in two parts: “Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (October 25, 2019) and “Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients” (October 3, 2022), both available at: <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>
- c) All incorporations by reference of federal guidelines and regulations and the standards of nationally recognized organizations refer to the regulations, guidelines, and standards on the date specified and do not include any later amendments or editions.
- d) The following federal laws are referenced in this Part:
- 1) Title XVIII and Title XIX of the Social Security Act (42 U.S.C. 301 et seq., 1935 et seq., and 1936 et seq.)

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- 2) Clinical Laboratory Improvement Amendments (42 U.S.C. 1861 and 1902)
- 3) Public Health Service Act (42 U.S.C. 254b)
- e) The following State laws and administrative rules are referenced in this Part:
  - 1) State of Illinois Statutes
    - A) Birth Center Licensing Act [210 ILCS 170]
    - B) Nurse Practice Act [225 ILCS 65]
    - C) Medical Practice Act of 1987 [225 ILCS 60]
    - D) Hospital Licensing Act [210 ILCS 85]
    - E) Illinois Health Facilities Planning Act [20 ILCS 3960]
    - F) Pharmacy Practice Act [225 ILCS 85]
    - G) Illinois Administrative Procedure Act [5 ILCS 100]
    - H) Medical Patient Rights Act [410 ILCS 50]
    - I) Ambulatory Surgical Treatment Center Act [210 ILCS 5]
    - J) Vital Records Act [410 ILCS 535]
    - K) Infant Eye Disease Act [410 ILCS 215]
    - L) Illinois Insurance Code [215 ILCS 5]
    - M) Early Hearing Detection and Intervention Act [410 ILCS 213]
    - N) Prenatal Syphilis Act [410 ILCS 320]
    - O) Licensed Certified Professional Midwife Practice Act [225 ILCS 64]

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- P) Newborn Metabolic Screening Act [410 ILCS 240]
- Q) Reproductive Health Act [775 ILCS 55]
- 2) State of Illinois Administrative Rules
  - A) Control of Communicable Diseases Code, Illinois Department of Public Health (77 Ill. Adm. Code 690)
  - B) Control of Tuberculosis Code, Illinois Department of Public Health (77 Ill. Adm. Code 696)
  - C) Practice and Procedure in Administrative Hearings, Illinois Department of Public Health (77 Ill. Adm. Code 100)
  - D) Illinois Plumbing Code, Illinois Department of Public Health (77 Ill. Adm. Code 890)
  - E) Illinois Accessibility Code, Illinois Capital Development Board (71 Ill. Adm. Code 400)
  - F) Food Code, Illinois Department of Public Health (77 Ill. Adm. Code 750)
  - G) Regionalized Perinatal Health Care Code, Illinois Department of Public Health (77 Ill. Adm. Code 640)
  - H) Illinois Vital Records Code, Illinois Department of Public Health (77 Ill. Adm. Code 500)
  - I) Perinatal HIV Prevention Code, Illinois Department of Public Health (77 Ill. Adm. Code 699)
  - J) Special Waste Hauling, Illinois Pollution Control Board (35 Ill. Adm. Code 809)
  - K) Newborn and Infant Screening and Treatment Code (77 Ill. Adm. Code 661)

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- L) Universal Newborn Hearing Screening Program (89 Ill. Adm. Code 504)
- f) Illinois Department of Public Health (IDPH), Newborn Screening Practitioner's Manual (September 2015), available at:  
<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/publication-s-ohpm-practitioners-manual-2015-042116.pdf>

**Section 264.1200 Information Available for Public Inspection**

- a) A birth center shall post the following information in plain view of the public:
  - 1) Its current license or a photocopy of the current license;
  - 2) A description of the birth center complaint procedures;
  - 3) The name, address and telephone number of a person authorized by the Department to receive complaints;
  - 4) Client rights;
  - 5) Emergency exit routes;
  - 6) Rights relating to women, pregnancy, and childbirth per the Medical Patient Rights Act; and
  - 7) Information about domestic violence and human trafficking resources.
- b) A birth center shall make the following information or documents available upon request for public inspection:
  - 1) A copy of any order pertaining to the birth center issued by the Department or a court during the past five years;
  - 2) A complete copy of every inspection report that the birth center received from the Department during the past five years. This information shall not disclose the name of any health care professionals, employees, or clients at the center;

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- 3) A description of the services provided by the birth center and the rates charged for those services;
- 4) A copy of the statement of ownership; and
- 5) A complete copy of the report of the Department's most recent inspection of the birth center. This information shall not disclose the name of any health care professionals, employees, or clients at the center.

**Section 264.1250 General Requirements for Licensure**

- a) *No person shall open, manage, conduct, offer, maintain, or advertise as a birth center without a valid license issued by the Department. All birth centers in existence as of September 1, 2023 shall obtain a valid license to operate by September 1, 2025. (Section 10 of the Act)*
- b) *A birth center shall obtain a certificate of need from the Health Facilities and Services Review Board under the Health Facilities Planning Act before receiving a license by the Department under the Act. (Section 17(a) of the Act)*
- c) A birth center shall have no more than 10 beds.
- d) Each license shall specify the licensed bed capacity of the birth center. *If, after obtaining an initial certificate of need under subsection (a), a birth center seeks to increase the bed capacity of the birth center, the birth center must obtain a certificate of need from the Health Facilities and Services Review Board before increasing bed capacity and obtain approval from the Department before operating expanded beds. (Section 17(b) of the Act)*
- e) Proposed changes in birth center licensed bed capacity shall be submitted in writing to the Department and shall be subject to the approval of the Department based upon need and compliance with Subpart B of this Part.
- f) A birth center shall be a designated site that is away from the pregnant person's usual place of residence and in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy.

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- g) *A birth center shall offer prenatal care and community education services and shall coordinate these services with other health care services available in the community. (Section 5 of the Act)*
- h) *A birth center shall seek certification under Titles XVIII and XIX of the federal Social Security Act. (Section 40(a) of the Act)*
- i) *Each birth center must become accredited by either the Commission for the Accreditation of Freestanding Birth Centers or the Joint Commission within two years after becoming licensed. (Section 35 of the Act)*
- j) Each birth center shall have all agreements as required in Section 264.2250.
- k) No person or place shall represent itself as a "birth center" or use the term "birth center" in its title, advertising, publications, or other form of communication unless licensed as a birth center in accordance with this Part.
- l) Procedures performed at birth centers shall be limited to those normally accomplished in uncomplicated childbirth, including repairs of obstetric lacerations performed in accordance with the birth attendant's or birth assistant's scope of practice (See Section 264.1550). Surgical procedures such as tubal ligation are prohibited at birth centers.
- m) *A birth center may not discriminate against any client requiring treatment because of the source of payment for services, including Medicare and Medicaid recipients. (Section 40(d) of the Act)*
- n) The clinical director, or their designee, shall be available on the premises or within close proximity.
- o) The birth center license shall be prominently displayed in an area visible to the public.
- p) A change of ownership will require a new application.
- q) *The Department will issue a license under the Act and this Part if, after application, inspection, and investigation, it finds the applicant meets the requirements of the Act and this Part. (Section 15(c) of the Act)*

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- 1) The license shall not be transferable; it is issued to the licensee and for the specific location and number of beds identified in the license.
  - 2) The license shall become automatically void and shall be returned to the Department if the birth center's license is revoked, nonrenewed or relinquished, denied, forfeited, or suspended.
- r) The birth center shall provide oral and written information for all languages spoken by the significant population(s) being served by the facility as per the recommendations of the Commission for the Accreditation of Birth Centers.

**Section 264.1300 Application for Initial and Renewal License**

- a) *An applicant for a license to establish or operate a birth center under the Act shall submit an application on forms prescribed by the Department. (Section 15(a) of the Act).*
- b) The application shall be accompanied by a copy of the Certificate of Need to establish and operate a birth center issued by the Health Facilities and Services Review Board under the Illinois Health Facilities Planning Act.
- c) Application forms and other required information shall be submitted and approved pursuant to Subpart B of this Part, prior to surveys of the physical plant or review of building plans and specifications, and prior to submission of the license application.
- d) *Each application shall be accompanied by a non-refundable license application fee of \$500 plus \$100 for each licensed birthing bed. (Section 15(a) of the Act)*
- e) The application shall contain, at a minimum, the following information:
  - 1) The name, address, and telephone number of the applicant, if the applicant is an individual; in the case of a firm, partnership, or association, the name, address, and telephone number of every member thereof; in the case of a corporation, the name, address, and phone number thereof and the name of its officers and its registered agent; and in the case of a unit of local government, the name, address, and telephone number of its chief executive officer.

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- 2) The name of the person or persons who will manage or operate the birth center.
  - 3) The location of the birth center, including the name, address, and number of beds (not to exceed 10).
  - 4) Information regarding any felony conviction, or conviction of any misdemeanor involving moral turpitude in the last five years, of the applicant; or, if the applicant is a firm, partnership, or association, of any of its members; or, if the applicant is a corporation, of any of its officers or directors; or of the person designated to manage or operate the birth center.
  - 5) The name, address, telephone number, experience, credentials and any professional licensure or certification of the clinical director.
  - 6) A list of all clinical staff, including name and license number.
  - 7) A list of the number and type of proposed staff.
  - 8) A detailed description of the services to be provided by the birth center, including the admission criteria (see Section 264.1550).
  - 9) Letter demonstrating compliance with requirements in Subpart B.
  - 10) A copy of the contract between the birth center and referral hospital, including a transfer agreement pursuant to Section 264.2250.
  - 11) A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.
  - 12) An admission protocol specifying the criteria for admitting a client to the birth center shall be included in the application as provided in this Section.
- f) Each application shall contain documentation demonstrating compliance with Section 25 of the Act and Section 264.1750 of this Part relating to personnel.

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- g) Copies of the policies referenced in Section 264.1525 shall be submitted as specified in the license application.
- h) Upon receipt and review of a complete application for licensure, the Department will conduct an inspection to determine compliance with the Act and this Part.
- i) *A license is renewable every year upon submission of a renewal application and fee and a report on a form prescribed by the Department that includes information related to the quality of care at the birth center. The report must be in the form and documented by evidence as required by the Department. (Section 15(d) of the Act)*
- j) A birth center's annual renewal application shall be filed with the Department within 90 days prior to the expiration of the license.
- k) The renewal application shall comply with the requirements of subsections (a), (d), (e)(1) through (e)(8), and (e)(10) through (e)(12) of this Section and shall include the following data:
  - 1) *Utilization data involving client length of stay;*
  - 2) *Number of admissions and discharges;*
  - 3) *Number of complications for both pregnant/postpartum person and newborn (See Sections 264.1800(f) and 264.2450(f));*
  - 4) *Number of transfers for both pregnant and postpartum persons and newborns to higher level of care;*
  - 5) *Number of deaths (maternal, fetal, and neonatal), including deaths at the birth center or post transfer;*
  - 6) *Any other publicly reported data required under the consumer Guide to Health Care; and*
  - 7) *Post-discharge client status data where clients are followed for 14 days after discharge from the birth center to determine whether the postpartum person or baby developed a complication or infection. (Section 45 of the Act)*

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- l) *The Department may grant a temporary initial license to any birth center that does not substantially comply with the provisions of the Act and this Part if the Department finds that the health and safety of the clients and staff of the birth center will be protected during the period for which the temporary license is issued. A temporary initial license expires on the earlier of the date the Department denies the license or the date 6 months after the temporary initial license was issued (Section 15(b) of the Act):*
- m) The Department will advise the applicant or licensee of the conditions under which the temporary initial license is issued, including:
  - 1) The manner in which the birth center fails to comply with the provisions of the Act and this Part;
  - 2) The changes and corrections required;
  - 3) The time within which the changes and corrections necessary for the birth center to substantially comply with the Act and this Part shall be completed; and
  - 4) The interim actions that are necessary to protect the health and safety of the clients in compliance with requirements for the temporary initial license.

**Section 264.1400 Inspections and Investigations**

- a) *The Department, whenever it determines necessary, may conduct a special inspection, survey, or evaluation of a birth center to assess compliance with licensure requirements and standards or a plan of correction submitted as a result of deficiencies cited by the Department or an accrediting body to ensure compliance with the Act and this Part. (Section 55(a) of the Act)*
- b) Representatives of the Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the birth center or the licensee to the extent necessary to carry out the Act and this Part. Failure to provide access to any records requested by the Department or failure to respond to a request for records is a violation of this Part.

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- c) The Department may investigate an applicant or licensee on its own motion or based upon complaints received by mail, electronic means, telephone, or in person.
  - 1) Complaints regarding birth centers licensed under the Act and this Part may be submitted either in writing, by telephone or by other electronic means to the Department's Central Complaint Registry.
  - 2) The Department will investigate all complaints received. An appropriate investigation may include, but is not limited to, record reviews, telephone interviews, on-site surveys, or a combination of methods.
- d) *Upon the Department's completion of any special inspection, survey or evaluation, the appropriate Department personnel who conducted the special inspection, survey, or evaluation shall submit a copy of his or her report to the licensee upon exiting the birth center, and shall submit the actual report to the appropriate regional office. (Section 55(b) of the Act)*

**Section 264.1450 Notice of Violation and Plan of Correction**

- a) *The Department will determine whether a birth center is in violation of this Section no later than 60 days after completion of each special inspection, survey, evaluation, or plan of correction. (Section 55(e) of the Act)*
- b) Upon determination that the licensee or applicant is in violation of the Act or this Part, the Department shall issue a written Notice of Violation and request a plan of correction. The notice shall specify the violations in a Statement of Deficiencies and instruct the licensee or applicant to submit a plan of correction to the Department's *central office*. *A birth center has 10 days after the date of service of the Notice of Violation to submit a plan of correction.*
- c) Within the 10-day period, a licensee or applicant may request additional time for submission of the plan of correction. The Department may extend the period for submission of the plan of correction for up to an additional 30 days if the Department finds that corrective action by the birth center to abate or eliminate the violations will require substantial capital improvement. The Department will consider the extent and complexity of necessary physical plant repairs and improvements and any impact on the health, safety, or welfare of the clients of the birth center in determining whether to grant a requested extension.

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- d) Each plan of correction shall be based on the birth center's assessment of the conditions or occurrences that are the basis of the violations and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. The birth center shall maintain documentation of such assessment and evaluation. *The plan of correction may contain related comments or documentation provided by the birth center that may refute findings in the report, explain extenuating circumstances that the birth center could not reasonably have prevented, or indicate methods and timetables for correction of deficiencies described in the report.* (Section 55(d) of the Act) Each acceptable plan of correction shall include:
- 1) The procedure for correcting each deficiency cited, typed in the right-hand column of the original Statement of Deficiencies, including the following:
    - A) specific actions that the birth center will be taking to abate, eliminate, or correct the violation, and
    - B) steps that will avoid future occurrence of the same and similar violations.
  - 2) The title of the individual responsible for implementing and monitoring the plan of correction;
  - 3) Documentation that the birth center has incorporated systemic improvement efforts into its quality assessment and performance improvement program to prevent the recurrence of the deficient practice;
  - 4) Supporting documentation of correction;
  - 5) Procedures for monitoring and tracking to ensure that the plan of correction is effective;
  - 6) A completion date for correction of each deficiency cited, along with interim dates for any phases or intermediate steps; and
  - 7) Date and signature of the authorized representative, on the bottom of page one of the original Statement of Deficiencies and plan of correction.

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- e) Submission of a plan of correction will not be considered an admission by the birth center that the violation has occurred.
- f) The applicant or licensee may submit additional information in response to the Notice of Violation that it believes will clarify the condition or alleged violation. The Department will consider the information in reviewing the applicant's or licensee's response and the plan of correction.
- g) The Department will review each plan of correction to ensure that it provides for the abatement, elimination, or correction of the violation. The Department will reject a submitted plan if it fails to address any of the requirements in subsection (d).
- h) The Department will notify the licensee or applicant if the plan of correction is rejected, including specific reasons for the rejection of the plan. The birth center shall submit a modified plan that addresses the requirements of subsection (d) of this Section within three days after receipt of the notice of rejection.
- i) If a licensee or applicant fails to submit a modified plan of correction as required in subsection (h), or if the modified plan is not acceptable to the Department, the Department will specify and impose a plan of correction.
- j) *The Department shall maintain all special inspection, survey, or evaluation reports for at least 5 years in a manner accessible to the public. (Section 55(f) of the Act)*

**Section 264.1500 Adverse Licensure Action and Administrative Hearings**

- a) Before denying an initial license application, refusing to renew a license, revoking a license, or assessing an administrative fine, the Department will notify the applicant or the licensee in writing. The notice will specify the charges or reasons for the Department's contemplated action and will provide the applicant or licensee an opportunity to file a request for a hearing within 10 days after receiving the notice.
  - 1) A failure to request a hearing within 10 days shall constitute a waiver of the applicant's or licensee's right to a hearing.

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- 2) The hearing shall be conducted by the Director, or an individual designated in writing by the Director as an Administrative Law Judge, in accordance with the Department's Practice and Procedure in Administrative Hearings.
- b) An initial license application may be denied, a license may be revoked, the renewal of a license may be denied, or an administrative fine may be assessed, for any of the following reasons:
- 1) Violation of any provision of the Act or this Part.
  - 2) Conviction of the owner or operator of the birth center of a felony, a misdemeanor involving moral turpitude, or of any other crime under the laws of any state or of the United States arising out of or in connection with the operation of a health care facility. The record of conviction or a certified copy of it shall be conclusive evidence of conviction.
  - 3) An encumbrance on a health care facility license issued in Illinois or any other state to the owner or operator of the birth center.
  - 4) Revocation of any facility license issued by the Department during the previous five years or surrender or expiration of the license during the pendency of action by the Department to revoke or suspend the license during the previous five years if the prior license was issued to the individual applicant or a controlling owner or controlling combination of owners.
- c) The Department may initiate an action to assess an administrative fine in conjunction with or in lieu of any other adverse licensure action.
- d) The Department will determine the amount of an administrative fine in consideration of the following:
- 1) The nature and severity of the violation;
  - 2) The birth center's diligence in correcting the violation;
  - 3) Whether the birth center had previously been cited for a similar violation;

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- 4) The number of violations;
  - 5) The duration of an uncorrected violation; and
  - 6) The impact or potential impact of the violation on client health and safety.
- e) The administrative fine will be calculated in relation to the number of days the violation existed or continues to exist, if it has not been corrected. The total amount of the fine assessed will fall within the following parameters:
- 1) For a violation that occurred as a single event or incident – between \$100 and \$5,000 per violation.
  - 2) For a violation that was continued or is continuing beyond a single event or incident – between \$100 and \$500 per day per violation.

**Section 264.1525 Policies and Procedures, Employee Training, and Best Practices Requirements**

- a) The birth center shall have written policies and procedures governing all operations of the birth center and all services provided by the birth center.
- b) The written policies and procedures shall be formulated by the clinical director and approved by the governing body.
- c) The written policies shall be followed by the birth center and shall be reviewed at least annually, unless specified otherwise in this Part.
- d) The policies shall comply with all of the requirements in this Part, and shall address, at a minimum, the following subjects:
  - 1) Admission protocols defining the criteria to determine which pregnancies are accepted as normal, uncomplicated, and low-risk, incorporating both medical and social factors.
  - 2) Protocols for local anesthesia.
  - 3) Procedures and criteria for antepartum acceptance and transfer to a hospital, and intrapartum and postpartum transport to a referral hospital.

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The criteria for acceptance and transport to hospital at any stage shall also comply with the transfer agreement between the birth center and the referral hospital in the Perinatal System, pursuant to the requirements of Section 264.2250.

- 4) Discharge procedures for the postpartum person and infant, in accordance with requirements of Section 264.1950.
- 5) Client rights, to ensure patient dignity, privacy, and safety, in accordance with the Medical Patient Rights Act.
- 6) Employee health program that includes, at a minimum, the following: an assessment of the employee's health and immunization status at the time of employment; immunization requirements; and procedures for the periodic health assessment of all personnel, which specify the content of the health assessment and the interval between assessments in compliance with the Control of Tuberculosis Code.
- 7) Identifying potential dangers to the health and safety of personnel providing services in the birth center and procedures for protecting agency personnel from identified dangers.
- 8) Orientation program and procedures for new patients.
- 9) Childbirth education program for new and returning patients.
- 10) Prenatal care.
- 11) Labor and delivery personnel requirements and clinical care.
- 12) Emergency transfer services and procedures for the pregnant person and neonate.
- 13) Post-delivery care of the pregnant person.
- 14) Clinical care of the newborn, in accordance with the Guidelines for Perinatal Care and including the clinical care requirements outlined in Section 264.1800(h).

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- 15) Identification of the newborn as required in Section 264.1800(h)(2).
  - 16) Procedures performed at the birth center as identified in Section 264.1250.
  - 17) Infection control.
  - 18) Disposal of medical waste.
  - 19) Emergency services.
  - 20) Follow-up postnatal and postpartum care for the infant and postpartum person.
  - 21) Laboratory and pharmacy services.
  - 22) Clinical record requirements and retention, maintenance, and confidentiality.
  - 23) Food services.
  - 24) Quality Assurance and Improvement Program.
  - 25) Reporting requirements.
  - 26) Employee training policies that at a minimum:
    - A) *Define the acts and practices that are allowed or prohibited for birth center employees;*
    - B) *Establish how training will be conducted; and*
    - C) *Illustrate how initial competency will be established. (Section 50 of the Act).*
  - 27) Visitors.
  - 28) Emergency preparedness.
- e) Staff Training and Continuing Education Requirements

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- 1) All staff members shall be oriented to existing policies and procedures and shall be promptly notified of changes in policies or procedures.
  - 2) All staff members shall receive initial competency training and be evaluated to determine whether they meet established competency requirements consistent with the Commission for the Accreditation of Birth Centers of the Joint Commission and consistent with the scope of practice for the staff members' professional license. All personnel records shall demonstrate proof that initial competency standards have been met.
  - 3) All staff members shall receive annual training on infection control, following the standards set forth in the guidelines for Infection Control in Health Care Personnel.
  - 4) Birth centers shall *have a written policy and conduct continuing education yearly for providers and staff of obstetric medicine and other staff that may care for pregnant or postpartum women. The written policy and continuing education shall include management of severe maternal hypertension and obstetric hemorrhage, addressing airway emergencies experienced during childbirth, and management of other leading causes of maternal mortality for units that care for pregnant or postpartum women.* (Section 2310-222(b) of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois)
- f) Birth centers shall utilize best practices made available by the Department in consultation with the Illinois Perinatal Quality Collaborative for timely identification and assessment of all pregnant and postpartum persons for common pregnancy or postpartum complications and for care provided by the birth center throughout the pregnancy and postpartum period. These standards must be incorporated into the policy referenced in subsection (e).

**Section 264.1550 Admission Protocols for Acceptance of Birth Center Clients**

- a) Only clients whose births are planned to occur following a normal, uncomplicated, and low-risk pregnancy may be allowed to receive services at the birth center. Clients must meet the criteria for birth center admission that are consistent with accreditation standards and the certified nurse midwife's or physician's scope of practice and with requirements of this Section.

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- b) No general, spinal/epidural, or regional anesthesia may be administered at the birth center.
- c) Any pregnant person walk-in who is beyond 32 weeks of gestation and is in labor, and who has not previously been approved for admission, shall be immediately transported to a hospital.
- d) *An obstetrician, family practitioner (family physician) or physician, certified nurse midwife, or licensed certified professional midwife shall attend each person in labor from the time of admission through birth and throughout the immediate postpartum period. Attendance may be delegated only to another physician a certified nurse midwife, or a licensed certified professional midwife. (Section 25(c) of the Act)*
- e) Criteria for approval for admission shall be in writing.
- f) Each birth center shall establish a written risk assessment that shall be completed prior to admission for each client and included in the client's clinical record. The assessment must include a detailed medical history, a physical examination, family circumstances, and other social and psychological factors.
- g) A physician, certified nurse midwife, or a licensed certified professional midwife shall determine the general health and complete a risk assessment of the client per requirements in subsection (f), using the following criteria for exclusion as a birth center client. These criteria shall be considered for all clients prior to acceptance for birth center services and throughout the pregnancy for continuation of services. The clinical director shall use professional judgment consistent with recommendations in the Guidelines for Perinatal Care, Standards for Birth Centers, and Indicators of Compliance with Standards for Birth Centers to make determinations of the criteria for exclusion for delivery at the birth center.
  - 1) Pre-pregnancy body mass index of less than 18 or greater than 40.
  - 2) Medical risk factors, including, but not limited to:
    - A) Chronic hypertension not controlled by medication;

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- B) Elevated blood glucose levels unresponsive to dietary management;
  - C) Positive HIV antibody test; or
  - D) Current drug or alcohol substance use disorder.
- 3) Obstetrical risk factors, including but not limited to:
- A) Two or more prior cesarean sections (a client with a single prior cesarean may be admitted subject to conditions in subsection (h));
  - B) History of gynecologic uterine wall surgery in which the uterine cavity was entered; or
  - C) History of manual removal of a placenta.
- 4) Prenatal/delivery risk factors, including but not limited to:
- A) Documented low-lying placenta in an individual with a history of previous cesarean delivery;
  - B) Anemia resistant to supplemental therapy;
  - C) Documented placental anomaly;
  - D) Lie other than vertex at term;
  - E) Pre-eclampsia/gestational hypertension (as defined by current ACOG standards);
  - F) Multiple gestation;
  - G) Premature labor at less than 36 weeks (client may return to the birth center if not delivered at 37 weeks);
  - H) Rupture of membranes prior to the 37<sup>th</sup> week gestation;
  - I) Gestation beyond 42 weeks by reliable confirmed dates;

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- J) Isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer, which may have a detrimental effect on the childbearing individual or fetus;
  - K) Suspected deep vein thrombosis;
  - L) Placental abruption or previa;
  - M) Dead fetus;
  - N) Known fetal anomalies that may be affected by the site of birth; or
  - O) Primary genital herpes infection in pregnancy.
- h) Trial of labor after cesarean/vaginal birth after cesarean (TOLAC/VBAC)
- 1) A birth center may admit a client with a previous cesarean section for a TOLAC/VBAC if the client meets the following criteria:
    - A) The client has an operative report documenting one prior low transverse cesarean section, or if the surgical details of the previous cesarean incision are not known, the client gives informed consent based on information provided under subsection (h)(3)(C);
    - B) The client's BMI prior to the current pregnancy was less than 40;
    - C) A documented ultrasound of the client's placental location, performed by a radiologist or maternal-fetal medicine physician, shows no abnormalities (previa, low-lying/suspected accreta, percreta, increta, etc.); and
    - D) The Department additionally recommends that the interval since the client's previous birth be at least 19 months and that the estimated weight of the fetus at delivery be less than 4000 grams (8.8 pounds).
  - 2) A birth center that accepts clients for TOLAC/VBAC shall have a transfer agreement with a Level 1 or higher perinatal center that agrees to receive

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TOLAC patients from birth centers, within a ground travel time distance that allows for an emergency cesarean section to be started within 30 minutes after the decision that a cesarean section is necessary.

- A) The transfer agreement must address communication between the receiving hospital and birth center when a TOLAC client is admitted to the birth center and during the progression of the client's labor. The agreement must also address the hospital's and birth center's response in situations where progression of labor is delayed.
  - B) The birth center shall notify the receiving hospital immediately if an emergency transfer becomes necessary.
- 3) The birth center shall obtain informed consent from a prospective client for a TOLAC/VBAC.
- A) The consent forms must include up to date information, from peer reviewed publications or expert consensus such as that of the American College of Obstetricians and Gynecologists (ACOG) or the American Academy of Pediatrics (AAP), concerning the incidence of uterine rupture during TOLAC/VBAC and the incidence of neonatal ICU admissions and neonatal deaths when uterine rupture occurs.
  - B) The consent form shall use language that is easily understood from a health literacy perspective and is translated into the language of the birthing person.
  - C) In a case where the surgical details of the previous cesarean incision are not known, the birth center shall notify the client that the quoted risk of rupture is based on their history only, and may be higher than the risk for a client with a documented low transverse cesarean section.
- 4) A birth center that accepts TOLAC/VBAC clients shall have a letter of agreement with an Administrative Perinatal Center and share the renewal data submitted to DPH OCHR with the APC on an annual basis, including

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the addition of TOLAC/VBAC patient numbers. The birth center shall also participate in the APC's morbidity and mortality reviews.

- i) Pregnant persons who fail to register for acceptance with the birth center before 32 weeks gestation and who have not received prenatal care shall be reviewed and approved by the clinical director prior to admission. The person shall otherwise meet the criteria for the risk assessment that are set forth in this Section, the birth center shall have documentation of prenatal care, and the birth center shall comply with the transfer agreement between the birth center and the referral hospital.
- j) The acceptance and admission policies of the birth center shall not discriminate against clients based on disability, race, religion, source of payment, sexual orientation or any other basis recognized by applicable State and federal laws.
- k) Before acceptance and admission to services, a client shall be informed of:
  - 1) The qualifications of the birth center clinical staff;
  - 2) The risks related to out-of-hospital childbirth;
  - 3) The benefits of out-of-hospital childbirth; and
  - 4) The possibility of referral or transfer if complications arise during pregnancy or labor, with additional costs for services rendered.
- l) The birth center shall obtain the client's written consent for birth center services, and a copy of the signed consent shall be included in the client's individual clinical record.
- m) The number of pregnant persons in active labor who have been admitted to the birth center at any given point in time shall be no greater than the number of birth rooms in the birth center.

**Section 264.1600 Governing Body**

- a) Each birth center shall have an organized governing body that is responsible for:
  - 1) The management and control of the birth center;

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- 2) The assurance of quality care and services;
  - 3) Compliance with all federal, State, and local laws; and
  - 4) Protection of personal and property rights of clients, newborn infants, and support persons.
- b) The governing body shall be responsible for providing a sufficient number of appropriately qualified personnel, physical resources, and equipment, supplies and services for safe, effective, and efficient delivery of care services for normal, uncomplicated and low risk pregnancies as defined in this Part.
  - c) The governing body shall appoint an administrator responsible for the operation and administration of the birth center. The qualifications, authority, responsibilities, and duties of the administrator shall be defined in a written statement adopted by the governing body.
  - d) The governing body shall appoint a clinical director.
  - e) The governing body shall adopt effective policies and bylaws governing operation of the birth center. The policies and bylaws shall be in writing, dated and available for public review.
  - f) The governing body shall annually review, revise, and approve client rights policies and procedures (see Section 264.1700).

**Section 264.1650 Length of Stay**

The maximum length of stay in a birth center shall be consistent with existing State laws related to health insurance (see 215 ILCS 5/356s) allowing a 48-hour stay or appropriate post-delivery care. If the postpartum person and infant are discharged earlier than 48 hours, the birth center must ensure arrangements are made to meet all newborn screening requirements pursuant to Section 264.1800(h).

**Section 264.1700 Client Rights**

- a) A client shall not be deprived of any rights, benefits, or privileges guaranteed by law based solely on the client's status as a client of the birth center.

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- b) Every client shall be permitted to refuse medical treatment and to know the consequences of such action.
- c) It is the right of every pregnant person, and support person, to expect and receive services as per the Medical Patient Rights Act and as listed below:
  - 1) Good quality care and high professional standards that are continually maintained and reviewed.
  - 2) Answers to questions regarding services and treatment, and the names and functions of the staff person providing services.
  - 3) Confidentiality of client records. Information from or copies of records may be released only to authorized individuals, and the birth center shall ensure that unauthorized individuals cannot gain access to or alter client records. The birth center shall release original medical records only in accordance with federal or State laws, court orders, or subpoenas.
  - 4) Unimpeded, private, and uncensored communication by mail and telephone. The birth center shall ensure that correspondence is promptly received and mailed, and that telephones are reasonably accessible.
  - 5) Respectful and dignified treatment at all times.
  - 6) Information regarding cost and counseling on the availability of known financial resources to the service being rendered.
  - 7) Disclosure and discussion of the nature, purposes, expected effects, and results of the medical treatment under consideration, prior to signing an informed consent.
  - 8) Access to an obstetrician, family practitioner (family physician), physician, certified nurse midwife, or licensed certified professional midwife, pursuant to Section 264.1250(n).
  - 9) A copy of the birth center's rules that apply to conduct as a pregnant person, spouse, support person, and other family member or visitor.

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- 10) A written copy of the rights guaranteed by this Section and by the birth center.
- 11) Treatment without discrimination based upon race, color, religion, sexual preference, national origin, or source of payment.
- 12) The right to expect emergency procedures to be implemented without unnecessary delay.

**Section 264.1750 Personnel**

- a) Clinical Director. A birth center shall have a clinical director who shall be appointed by and responsible to the governing body and may also be designated as the individual responsible for the administrative operation of the birth center. *The clinical director shall be responsible for:*
  - 1) *The development of policies and procedures for services required by this Part;*
  - 2) *Coordinating the clinical staff and overall provision of client care;*
  - 3) *Developing and approving policies defining the criteria to determine which pregnancies are accepted as normal, uncomplicated, and low risk;*
  - 4) *Developing and approving policies regarding anesthesia services available at the center. (Section 25(b) of the Act)*
  - 5) Advising and consulting with the staff of the birth center on all matters related to medical management of pregnancy; birth; postpartum, newborn, and gynecologic health care; and infection control;
  - 6) Coordinating all professional medical consultants to the birth center (e.g., consulting obstetrical physicians, pediatricians, family physicians); and
  - 7) Such other functions as may be deemed appropriate.
- b) The clinical director shall also be responsible for determining whether a person or fetus found to have clinically significant risk factors (See Section 264.1550(g))

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should be admitted to the birth center, or whether the birth center should continue to provide care to pregnant person and/or newborn during the puerperium period.

- c) Administrator. The birth center shall have an administrator, who is an individual designated by the governing body to be responsible for the administrative operation of the birth center. One person may function in more than one capacity, provided that the person meets all the minimum qualifications and can perform all the prescribed duties.
- 1) The duties of the administrator include, but are not limited to:
    - A) Administratively supervising the provision of services at the birth center;
    - B) Organizing and directing the birth center's ongoing functions;
    - C) Employing qualified staff;
    - D) Ensuring education and evaluations of staff; and
    - E) Supervising non-professional staff.
  - 2) The administrator shall implement a budgeting and accounting system, which shall include an auditing system for monitoring State or federal funds. The administrator shall ensure that all billings or insurance claims (e.g., Medicaid) submitted are accurate.
  - 3) The administrator shall ensure that issues and complaints relating to the conduct or actions of licensed health care professionals are addressed and, if warranted, referred and reported to the appropriate licensing board, and that such review and action taken are documented.
  - 4) The administrator shall administratively conduct or supervise the resolution of complaints received from clients concerning the delivery of their care or services at the birth center.
- d) A birth center shall have a birth attendant and a birth assistant assigned to each client.

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- e) Professional and support staff shall be on duty or on call to meet the demands for services provided to assure client safety and satisfaction.
- f) At each birth there shall be two staff on duty that are currently certified in:
  - 1) Adult CPR equivalent to American Heart Association Class C life support; and
  - 2) Neonatal Resuscitation Program equivalent to American Academy of Pediatrics/American Heart Association requirements.
- g) Prior to employing any individual in a position that requires a State license, the birth center shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active and in good standing. A copy of the verification shall be placed in the individual's personnel file.
- h) All birth center employees who are exposed to blood shall have full immunization against hepatitis B or documented refusal.

**Section 264.1800 Clinical Care and Service Requirements**

- a) Clients shall meet all the requirements of Section 264.1550 before being admitted and receiving services at the birth center.
- b) Each birth center shall assure that each pregnant person and their family registering for admission for care at the birth center shall be given an orientation to the birth center, which includes, but is not limited to:
  - 1) The philosophy and goals of the birth center;
  - 2) Services directly available at the birth center;
  - 3) Services provided through consultation and referrals;
  - 4) Policies and procedures;
  - 5) The requirement for signed consent for care and services, attesting to full awareness of care and services to be provided;

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- 6) The involvement of the pregnant person (and support person whenever possible) in the development and assessment of a protocol of care in accordance with this Section;
  - 7) Charges for required care and potential additional charges; and
  - 8) The risk assessment process and risk factors that might preclude admission for care at the birth center.
- c) Each birth center shall provide a childbirth education program or make a program available to the center's clients.
- 1) The childbirth education program shall consist of a course of instruction to the pregnant person and support persons pertaining to prenatal care and its benefits, preparation for participation in the childbirth process, labor and delivery, care of the newborn, and self-care.
  - 2) The education program shall be coordinated with other health care services available in the community.
  - 3) The birth center shall encourage all pregnant persons who have not previously attended a childbirth education program to attend such a program, preferably with a support person.
  - 4) Childbirth education can be provided at any location in the community or through telehealth. The location should meet the needs of the participant by encouraging and supporting attendance.
- d) The birth center shall ensure that pregnant persons have adequate prenatal care in accordance with the birth center's written policies and procedures and acceptable standards of practice. The birth center shall comply with the following requirements:
- 1) Every pregnant person shall be involved in the development and assessment of a plan of care.
  - 2) Every pregnant person shall be evaluated within four weeks after the initial request for admission for care. If the pregnant person is at 32 weeks gestation at the time of their initial request for admission, the birth center

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shall evaluate the pregnant person as soon as possible, pursuant to Section 264.1550. To establish a database of risk assessment, identify problems and needs, and develop a plan of care, the evaluation shall include:

- A) Data from history and physical examination, including documented infectious disease (e.g. HIV, syphilis);
  - B) Laboratory findings;
  - C) Social, nutritional and health assessments; and
  - D) Frequency of prenatal visits.
- 3) Every pregnant person accepted for care at the birth center shall be evaluated on a regular basis for the presence of any risk factor listed in Section 264.1550(g). If a pregnant person develops problems or conditions considered to be high risk, the clinical director shall review the case to determine whether the birth center can continue to provide care to the pregnant person. Findings shall be entered in the clinical record and signed by the clinical director.
- e) Labor and Delivery.
- 1) A birth attendant shall be present for each pregnant person in labor from admission through the immediate postpartum period.
  - 2) The birth assistant, trained in the common duties associated with birth and postpartum, and emergency policies, procedures, and equipment, shall be present at each birth.
  - 3) The birth attendant shall perform the following minimum duties:
    - A) Monitor the fetal heartbeat;
    - B) Monitor the pregnant person's blood pressure, pulse, respirations, and temperature;
    - C) Perform adult and infant cardiopulmonary resuscitation, if needed;

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- D) Monitor the infant's heartbeat, respirations, and temperature; and
  - E) Assess the client's fundus and blood loss.
- 4) Interventions during labor and delivery shall be limited to those required to accomplish a vaginal delivery in accordance with the birth attendant's or birth assistant's scope of practice.
- 5) The birth center may not use pharmacologic agents to induce or enhance labor.
- f) **Consultation and Transfer to Referral Hospital.** If a clinical complication occurs during labor or delivery or postpartum, the obstetrician, family physician, certified nurse midwife, or licensed certified professional midwife shall consult with the referral hospital to provide clinical information regarding the potential reason for transfer. If transfer is warranted, the birth center shall have the pregnant or postpartum person and newborn transported immediately. The clinical director shall be notified of all transfers. Records necessary to explain the situation fully shall accompany a pregnant or postpartum person and newborn upon transport to the referral hospital.
- g) **Post Delivery Care.**
- 1) If a pregnant or postpartum person or newborn is not in satisfactory condition for discharge within 48 hours following birth, the birth center shall transfer the pregnant person or newborn to a hospital that has obstetrical and nursery services.
  - 2) The birth center's clinical director, obstetrician, family physician, certified nurse midwife, or licensed certified professional midwife shall be accessible by telephone, 24 hours per day, to assist postpartum persons as needed during the postpartum period.
  - 3) The birth center's postpartum clinical services shall include the following:
    - A) assessment of the postpartum person and infant, including healthcare provider examination, laboratory screening tests, newborn genetic, metabolic, and critical congenital heart disease

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screenings at appropriate times, and birthing person's postpartum status;

- B) guidance relating to care of the infant, including immunizations and referrals to sources of pediatric care;
  - C) newborn hearing screening in accordance with subsection (h)(1)(J);
  - D) assessment of postpartum person-child relationship, including breastfeeding and ongoing lactation support or referral to lactation support services;
  - E) information and referrals for family planning services; and
  - F) follow-up consultation with the postpartum person 14 days after discharge from the birth center to determine whether the mother or baby has developed a complication or infection.
- h) Newborn Infant Care.
- 1) Clinical care provided to the newborn shall include the following:
    - A) Resuscitation of the newborn, as necessary;
    - B) Within two hours after delivery, ophthalmic ointment, or drops containing tetracycline or erythromycin, shall be instilled into the eyes of the newborn infant as a preventive against ophthalmia neonatorum in accordance with the Infant Eye Disease Act;
    - C) A single parenteral dose of vitamin K-1, water soluble 0.5 milligrams, shall be given to the infant soon after birth as a prophylaxis against hemorrhagic disorder in the first days of life;
    - D) Conduct and document the physical examination of the newborn performed before discharge;
    - E) Provide referrals for any abnormalities or problems;

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- F) Complete newborn heart and blood spot screening and collect blood for newborn screening in accordance with the Newborn Metabolic Screening and Treatment Code;
- G) Implement procedures for the detection of Rh and ABO isoimmunization;
- H) Conduct HIV testing pursuant to the Perinatal HIV Prevention Code;
- I) Prepare and submit birth certificates; and
- J) Complete newborn hearing screening in accordance with the Universal Newborn Hearing Screening Program, the Early Hearing Detection and Intervention Act, and Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs.
  - i) **Mandatory Newborn Hearing Screening.** *Each birth center shall conduct the initial bilateral hearing screening of each newborn infant prior to discharge unless medically contraindicated or the infant is transferred to a hospital before the hearing screening can be completed.* (Section 5(a) of the Early Hearing Detection and Intervention Act)
  - ii) If an infant does not pass the initial inpatient newborn hearing screening prior to discharge, then a second inpatient bilateral newborn hearing screening shall be completed prior to 48 hours of age.
  - iii) If an infant does not pass either inpatient hearing screening in both ears at the same time the center shall complete an outpatient bilateral newborn hearing screening prior to 30 days of age.
  - iv) If an infant does not pass the inpatient or outpatient hearing screening(s) in both ears at the same time the center shall refer the infant's parents or guardians to a pediatric audiologist and health care practitioner for follow-up.

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- v) The facility performing the hearing screening(s) shall report all screenings and document the referral, including the name of the health care practitioner and pediatric audiologist, to the Department's Office of Health Promotion- Division of Health Assessment & Screening - Newborn Screening Program within 7 days after screening, status change, or care coordination activity.
  - vi) If the hearing screening is conducted at the birth center, the birth center shall ensure the infant's postnatal primary care provider receives the final inpatient and outpatient screening results referencing the date of screening, ear-specific screening results, type of screening completed, risk factors for hearing loss, and recommendations for follow-up.
- 2) Identification of Newborns. The procedures for identification of newborns shall include the following:
- A) While the newborn is still in the birth room, the birth assistant, certified nurse midwife, or licensed certified professional midwife in the birth room shall prepare identical identification bands for both the postpartum person and the newborn. Wrist bands alone may be used; however, it is recommended that both wrist and ankle bands be used on the newborn.
  - B) The birth center shall not use foot printing and fingerprinting alone as methods of client identification.
  - C) The wrist and ankle bands shall indicate the postpartum person's admission number, the newborn's gender, the date and time of birth, and any other information required by birth center policy.
  - D) Birth room personnel shall review the bands prior to securing them on the postpartum person and the newborn to ensure that the information on the bands is identical.

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- E) The birth attendant or birth assistant in the birth room shall securely fasten the bands on the newborn and the postpartum person without delay as soon as they have verified the information on the identification bands.
  - F) The birth records and identification bands shall be checked again before the newborn leaves the birth room.
  - G) If the condition of the newborn does not allow the placement of identification bands, the identification bands shall accompany the newborn and shall be attached as soon as possible.
  - H) When the newborn is taken to the postpartum person, the birth center staff shall examine the postpartum person's and the neonate's identification bands to verify the gender of the neonate and to verify that the information on the bands is identical.
  - I) The umbilical cord shall be identified according to birth center policy. All umbilical cord blood samples shall be labeled correctly with an indication that these are a sample of the newborn's umbilical cord blood and not the blood of the birthing person.
- 3) Discharge of newborn infants shall be in accordance with the birth center policies (see Section 264.1950).
  - 4) The birth center shall communicate with the pediatric care provider and shall transfer birth and newborn records to the pediatric care provider.
  - 5) In breastfeeding and in the storage and handling of infant formula, the birth center shall comply with the provisions of the Guidelines for Perinatal Care.
- i) No general anesthesia, which includes spinal/epidural or regional anesthesia and analgesia, may be administered at the birth center. Local anesthesia for repair of obstetric lacerations may be administered in accordance with written policies and procedures established by the clinical director.
  - j) Surgical procedures shall be limited to procedures that do not require general anesthesia, including immediate postpartum IUD insertion or contraceptive arm

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implant and repair of obstetric lacerations performed in accordance with the birth attendant's or birth assistant's scope of practice.

**Section 264.1950 Discharge Policies and Procedures**

- a) The maximum length of stay in a birth center shall be consistent with existing State laws (See 215 ILCS 5/356s) allowing a 48-hour stay or appropriate post-delivery care if the postpartum person and infant are discharged earlier than 48 hours.
- b) The birth center shall develop a discharge plan of care for all postpartum persons and infants.
- c) The discharge plan shall be based on the assessment of the postpartum person's and infant's needs by the various disciplines responsible for their care.
- d) The postpartum person and infant shall be discharged from the birth center when both are clinically stable and have met the discharge criteria established by the birth center.
- e) The postpartum person and infant shall not be discharged prior to four hours after the time of birth.
- f) The birth center shall provide the postpartum person with written discharge instructions. The discharge instructions shall include written guidelines detailing how the mother may obtain emergency assistance for themselves and their infant and completion of newborn screening(s) as required per Section 264.1800.
- g) The birth center shall develop and implement written policies to provide follow-up postnatal and postpartum care to the infant and the postpartum person, either directly or by referral. Follow-up care may be provided in the birth center, at the postpartum person's preferred location, by telehealth, or by a combination of these methods.

**Section 264.2000 Infection Control**

- a) Each birth center shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases.

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- b) The birth center shall have an active program for the prevention, control and investigation of infectious and communicable diseases that includes, but is not limited to:
- 1) Hand-washing techniques for adequate protection of the pregnant or postpartum person and newborn infant from infection and other contamination;
  - 2) Contagious disease control measures for birth center personnel, carrier or suspected carrier, spouse, or support persons;
  - 3) Sterilization methods and procedures; and
  - 4) Infection control measures, including birth room cleaning policies and birth room waste disposal policies and procedures.
- c) The birth center shall implement universal/standard precautions, including:
- 1) Ensuring that all staff comply with universal/standard precautions;
  - 2) Establishing procedures for monitoring compliance with universal/standard precautions; and
  - 3) Requiring birth center employees to complete educational course work or training in infection control and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control, and engineering and work practice controls.
- d) A person or persons shall be designated as infection control officer or officers to develop and implement policies governing control of infectious and communicable diseases. The means of qualification (e.g. education, training, and experience; or certification) shall be documented. Policies and procedures shall be developed to address the following:
- 1) Medical, nursing and non-professional staff behaviors to prevent and control the transmission of infections or communicable diseases;
  - 2) Measures to handle infectious cases that develop in the birth center;

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- 3) Reporting and care of cases of communicable diseases in accordance with the Control of Communicable Diseases Code; and
  - 4) A systematic plan of checking and recording cases of infection, known, or suspected, that develop in the birth center.
- e) The birth center shall maintain a sanitary environment with all equipment in good working order. Written procedures shall include:
- 1) Garbage, refuse and medical waste removal in such a manner that will not permit the transmission of a contagious disease, create a nuisance or fire hazard, or provide a breeding place for vermin or rodents;
  - 2) Insect and rodent control;
  - 3) Maintenance of water, heat, ventilation, and air conditioning, and electrical service;
  - 4) The use, cleaning, sterilization, and care of equipment and supplies; and
  - 5) Housekeeping and cleaning measures and schedule.
- f) Laundry shall be processed in accordance with Section 264.2350(i).
- g) The birth center shall comply with the Guideline for Hand Hygiene in Health-Care Settings and the Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services.

**Section 264.2050 Disposal of Medical Waste**

- a) All pathological and bacteriological waste, including blood, body fluids, placentas, sharps, and biological indicators, shall be disposed of by a waste hauler with a permit from the Illinois Environmental Protection Agency as required by the Pollution Control Board's Special Waste Hauling administrative rules.
- b) These materials shall be sealed, transported, and stored in biohazard containers. These containers shall be marked "Biohazard", bear the universal biohazard symbol, and be orange, orange and black, or red. The containers shall be rigid

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and puncture resistant, such as a secondary metal or plastic can with a lid that can be opened by a step-on pedal. These containers shall be lined with one or two high-density polyethylene or polypropylene plastic bags with a total thickness of at least 2.5 mil or equivalent material.

- c) Containers that are marked "Biohazard" shall be sealed before being removed from the birth center.

**Section 264.2100 Emergency Services**

- a) The birth center shall have communication with their local emergency medical transport provider/EMS ambulance providers to be aware of their hours and possible need for emergency transportation of the pregnant or postpartum person and/or newborn infant to a referral hospital.
- b) The birth center shall provide emergency equipment and emergency medications as follows:
  - 1) Oxygen;
  - 2) Airway and manual infant breathing bags;
  - 3) Suction equipment;
  - 4) A neutral thermal environment for resuscitation; and
  - 5) Other medications and equipment as approved by the clinical director.
- c) The birth center shall provide the EMS ambulance provider clinical information regarding the postpartum person and/or infant including, but not limited to:
  - 1) Demographics: name, date of birth, age, birth attendant, and gestational age;
  - 2) Individual(s) who will accompany the postpartum person/newborn;
  - 3) Prenatal history: ultrasound findings, laboratory results/pertinent findings, prior pregnancy outcomes, current medications, allergies, history of medical problems;

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- 4) Reason for transport details as related to postpartum person and or newborn (e.g., antepartum, labor, birth and immediate postpartum history, newborn assessment); and
- 5) Copies of pertinent records for the postpartum person/newborn.

**Section 264.2150 Laboratory and Pharmacy Services**

- a) Each birth center shall meet the following requirements:
  - 1) Possess a valid Clinical Laboratory Improvement Amendments (CLIA) certificate for those tests performed by the birth center; and
  - 2) Have a written agreement with a laboratory that possesses a valid CLIA certificate to perform any required laboratory procedures that are not performed in the birth center.
- b) Pharmacy services shall be provided directly by the birth center or by an off-site pharmacy licensed pursuant to the Pharmacy Practice Act.
- c) Pharmacy services provided directly by the birth center shall be under the direction of a registered pharmacist.
- d) All drugs and medicines shall be stored and dispensed in accordance with applicable State and federal laws.

**Section 264.2200 Clinical Records**

- a) Each birth center shall adopt, implement, enforce, and maintain a clinical record system to assure that the care and services provided to each client are completely and accurately documented and systematically organized to facilitate the compilation and retrieval of information.
- b) Each birth center shall maintain accurate and complete clinical records for each client, and all entries in the clinical record shall be made at the time when care, treatment, medications, consultations, or other medical services are given. The record shall include, but not be limited to, the following:

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- 1) Client-identifying information;
- 2) Name of the client's birth attendants, and the name of all other birth assistants;
- 3) Initial risk assessment in accordance with Section 264.1550(f);
- 4) A disclosure statement and informed consent that is signed by the client that explains the benefits, limitations, and risks of the services available at the center, and that describes the collaborative arrangements that the center has with physicians and with referral hospitals;
- 5) Record of antepartum (prenatal) care;
- 6) History and physical examination of the client;
- 7) Laboratory tests, ultrasounds, procedures and results;
- 8) Written progress notes, signed and dated by the person rendering the service, and incorporated into the client record within 24 hours after services;
- 9) Medication list and medication administration record, if applicable;
- 10) Intrapartum care;
- 11) Newborn assessment and care, including, but not limited to:
  - A) Apgar scores;
  - B) Maternal-newborn interaction;
  - C) Prophylactic procedures;
  - D) Accommodation to extra-uterine life;
  - E) Blood glucose when clinically indicated;
  - F) Supplemental oxygen;

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- G) Newborn screening required per the Hearing Screening and Vision Screening administrative codes and the Newborn Metabolic Screening and Treatment Code.
- 12) Postpartum care;
  - 13) Allergies and medication reactions;
  - 14) Documentation of consultation;
  - 15) Refusal of the client to comply with advice or treatment;
  - 16) Discharge summary, to include postpartum person and infant;
  - 17) Discharge plan and instructions to the client;
  - 18) Arrangements for newborn follow-up screening and testing if the newborn is discharged prior to the 48 hours;
  - 19) Authentication of entries by the physician or physicians, birth attendants and birth assistants who treated or cared for the client and newborn;
  - 20) A copy of the transport form if the client or newborn was transferred to the referral hospital; and
  - 21) Documentation that a birth certificate was filed or, if applicable, a death certificate was filed.
- c) The birth center shall maintain all original medical records, either paper or electronic, for a period of not less than 10 years. If the birth center has been notified in writing by an attorney before the expiration of the 10 year retention period that there is litigation pending in court involving the record of a particular client as possible evidence and that the client is their client or is the person who has instituted such litigation against their client, then the birth center shall retain the record of that client until notified in writing by the plaintiff's attorney, with the approval of the defendant's attorney of record, that the case in court involving such record has been concluded or for a period of 12 years from the date that the record was produced, whichever occurs first in time.

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- d) Records shall be stored in a manner that will assure safety from water, fire or other sources of damage and will safeguard the records from unauthorized access.
- e) The birth center shall develop a policy for maintenance and confidentiality of all original records or copies of those records, in accordance with State and federal laws.
- f) If a birth center closes, inactive records shall be preserved to ensure compliance with this Section. The birth center shall send the Department written notification of the reason for closure, the location of the client records, and the name and address of the client record custodian. If a birth center closes with an active client roster, a copy of the active client record shall be transferred with the client to the receiving birth center or other health care facility to assure continuity of care and services to the client.

**Section 264.2250 Transfer Agreement**

- a) *A birth center shall link and integrate its services with at least one birthing hospital (referral hospital) with a minimum of level 1 perinatal designation, as defined in the Regionalized Perinatal Health Code. (Section 20(a) of the Act)*
- b) *The birth center shall have an established agreement (transfer agreement) with a nearby receiving birthing hospital (referral hospital) with policies and procedures for timely transfer of maternal and neonatal clients (within 30 minutes for rural and nonrural hospitals). The agreement shall include a determination of maternal and neonatal conditions necessitating consultation and referral. This should include plans for communication with the receiving hospital (referral hospital) before and after transfer and cases requiring review during the Morbidity and Mortality review with the referral hospital. (Section 20(b) of the Act).*
- c) The birth center's transfer agreement with the referral hospital shall include the staff required to transfer clients, the staff responsible for initiating transport, the mode of emergency transportation between facilities, and information regarding the referral hospital's coordinated procedures with an APC in the event of a need to transfer a high-risk newborn pursuant to Section 264.1800(f).

**Section 264.2300 Equipment**

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The birth center shall have sufficient client care equipment and space to assure the safe, effective, and timely provision of the available services to clients, which include, but are not limited to, the following:

- a) A heat source for infant examination or resuscitation;
- b) Transfer incubator or isolette (if not provided by local emergency medical transport provider/EMS ambulance providers in birth center service area);
- c) Blood pressure equipment;
- d) Thermometers;
- e) Fetoscope/doppler;
- f) Intravenous equipment;
- g) Sterilizer/autoclave;
- h) Resuscitation equipment (for neonate and pregnant person);
- i) Oxygen equipment for maternal and neonate uses;
- j) Newborn hearing screening equipment;
- k) Neonatal pulse oximeter;
- l) Instruments for delivery, and repair of obstetric lacerations;
- m) Other supplies and equipment specified by the clinical director; and
- n) Newborn blood spot screening collection cards.

**Section 264.2350 Environmental Management**

- a) The birth center shall maintain birth rooms that meet the requirements for emergency procedures, pursuant to Section 264.2100. All birth rooms shall allow, for the physical and emotional care of a client, their support person and the newborn during labor, birth, and the recovery period.

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- b) The birth center shall be designed to provide for the following:
- 1) Birth rooms shall be located to provide unimpeded, rapid access to an exit of the building that will accommodate emergency transportation vehicles;
  - 2) The birth center shall be located on the same level as ambulance delivery and pickup;
  - 3) Fixed and portable work surface areas shall be maintained for use in the birth room;
  - 4) A separate space for a clean area and a contaminated area shall be provided. Sanitary waste containers, soiled linen containers, storage cabinets, and sterilizing equipment shall be available;
  - 5) Space shall be provided for prenatal and postpartum examinations, which will include privacy for the client, hand-washing facilities, and the appropriate equipment for staff;
  - 6) Space shall be provided for medical record storage; and
  - 7) Client interview, instruction and waiting rooms shall be provided.
- c) Toilet and Bathing Facilities
- 1) A toilet and lavatory shall be maintained in or adjacent to the birth room.
  - 2) Hand-washing facilities shall be in or immediately adjacent to the birth room entry door.
  - 3) A bathtub or shower shall be available for client use and may include a large tub used for hydrotherapy for labor.
  - 4) All floor surfaces, wall surfaces, water closets, lavatories, tubs, and showers shall be kept clean, and all appurtenances of the structures shall be of sound construction, properly maintained, in good repair and free from safety hazards.

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- d) The birth center shall provide facilities for secure storage of personal belongings and valuables of clients.
- e) Visual privacy shall be provided for each pregnant person and their support person.
- f) Hallways and doors providing access and entry into the birth center and birth room shall be able to accommodate maneuvering of ambulance stretchers and wheelchairs.
- g) All areas of the birth center shall be well-lighted and shall have light fixtures capable of providing at least 20-foot candles of illumination at 30 inches from the floor to permit observation, cleaning, and maintenance. Light fixtures shall be maintained and kept clean.
- h) Heating and cooling systems shall be provided to maintain a minimum temperature of 68 degrees Fahrenheit and a maximum temperature of 78 degrees Fahrenheit.
- i) Laundry
  - 1) Clean clothing, bed linens, and towels shall be available to the clients. Where laundry facilities are provided, space shall be provided, and areas shall be designated for separating clean and soiled clothing, linen, and towels.
  - 2) Written procedures shall be developed and maintained pertaining to the handling, storage, transportation, and process of linens in a manner that will prevent spread of infection and will assure the maintenance of clean linens.
  - 3) Laundry rooms (if provided) shall be well lighted and properly ventilated. Clothes dryers shall be vented to the exterior. Carts used for transporting dirty clothes, linen and towels shall not be used for transporting clean articles.
    - A) All linens shall be cleaned and disinfected as follows:

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- 1) Mechanically wash and dry following the instructions for sanitizing from the washer/dryer manufacturer; and
  - 2) Use hot water (158-176 degrees Fahrenheit) and laundry detergent.
- B) If laundry facilities are not provided, soiled laundry items shall be cleaned per contractual agreement with a commercial laundry.
- j) Beds and bedding shall be kept in repair and shall be cleaned and sanitized whenever soiled. Mattresses and pillows shall have cleanable covers, which shall be cleaned and sanitized between use by different clients. Clean sheets shall be used for each client. Blankets shall be washed or dry cleaned between clients and whenever soiled. Sheets, blankets, and clean clothing shall be stored in a clean, dry place between laundering and use.
- k) The grounds and building shall be maintained in a safe and sanitary condition.
- l) The birth center shall be kept free of all insects and rodents. All outside openings shall be effectively sealed or screened to prevent entry of insects or rodents.
- m) Poisonous or toxic compounds shall be labeled, locked, and stored apart from food and other areas where storage would constitute a hazard to the clients.
- n) Drinking water shall be available to all clients.
- o) Hot and cold running water under pressure and at a safe temperature, not to exceed 110 degrees Fahrenheit to prevent scalding, shall be provided to all restrooms, lavatories, and bathing areas.
- p) Refuse, biohazards, infectious waste and garbage shall be collected, transported, sorted, and disposed of by methods that will minimize nuisances or hazards in compliance with federal, State, and local laws.

**Section 264.2400 Food Services**

- a) Each birth center shall have the capacity to provide postpartum persons and families with appropriate nourishment and light snacks. The minimum equipment

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shall include a refrigerator (capable of maintaining a temperature of 45 degrees Fahrenheit or lower), microwave, sink, cupboard, and counter space or equivalent.

- b) If food service is provided by the birth center or by contract with a food service provider, the following requirements shall be met:
  - 1) Food services shall comply with the Food Code and any applicable local requirements.
  - 2) Meals shall be nutritionally balanced. The birth center shall work with clients to accommodate clients' preferences.
  - 3) Menus shall be planned and made available in advance of being served.
  - 4) A sufficient number of personnel shall be on duty to meet the dietary needs of the clients.
- c) Therapeutic or modified diets shall be followed if ordered by the birth attendant.

**Section 264.2450 Quality Assurance and Improvement**

- a) *A birth center shall implement a quality improvement program consistent with the requirements of the accrediting body and is encouraged to participate in quality improvement projects implemented by the Department's Administrative Perinatal Centers and other Department-supported perinatal quality improvement projects. (Section 35 of the Act)*
- b) The birth center shall adopt, implement, and enforce a written quality assurance and improvement program that includes all health and safety aspects of client care for both pregnant or postpartum persons and infant.
- c) The ongoing monitoring and evaluation of the quality and accessibility of care and services provided by the birth center or under contract shall include, but not be limited to:
  - 1) Admission of clients appropriate to the capabilities of the birth center;
  - 2) Client satisfaction, complaints, and grievances;

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- 3) Review of the clinical records;
- 4) Incidences of morbidity and mortality of postpartum person and infant;
- 5) Postpartum infections;
- 6) All transfers to a referring hospital for delivery, care of infant, or postpartum care of birthing person;
- 7) Incidents, problems, and potential problems identified by staff of the birth center, including infection control;
- 8) Any issues of unprofessional conduct by any member of the birth center's staff (including contractual staff);
- 9) The integrity of surgical instruments, medical equipment, and client supplies;
- 10) Client referrals and consultations;
- 11) Appropriateness of medications prescribed, dispensed, or administered in the birth center;
- 12) Problems with compliance with any federal or State laws;
- 13) At least an annual review of protocols, policies and procedures relating to maternal and newborn care;
- 14) Appropriateness of the risk criteria for determining eligibility for admission to and continuation in the birth center program of care;
- 15) Appropriateness of diagnostic and screening procedures;
- 16) Quarterly meetings of clinical practitioners to review the management of care of individual clients and to make recommendations for improving the plan of care;
- 17) Regular review and evaluation of all problems or complications of pregnancy, labor and postpartum and the appropriateness of the clinical

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judgment of the clinical practitioner in obtaining consultation and attending to the problem; and

- 18) Evaluation of staff on ability to manage emergency situations by unannounced periodic drills for fire, maternal/newborn emergencies, power failure, etc.
- d) The birth center shall identify and address quality assurance issues and implement corrective action plans as necessary. The outcome of any corrective action plans shall be documented. The outcome of the remedial action shall be documented.
- e) The QAPI shall include, but not be limited to:
  - 1) Routine testing of the efficiency and effectiveness of all equipment (e.g., sphygmomanometer, dopplers, sterilizers, resuscitation equipment, transport equipment, oxygen equipment, communication equipment, heat source for newborn, smoke alarms, and fire extinguishers);
  - 2) Routine review of housekeeping procedures and infection control; and
  - 3) Evaluation of maintenance policies and procedures for heat, ventilation, emergency lighting, waste disposal, water supply and laundry and kitchen equipment.
- f) The QAPI program shall monitor and promote quality of care to clients and the community through an effective system for collection and analysis of data, which includes, but is not limited to:
  - 1) Outcomes of care provided:
    - A) Spontaneous abortions;
    - B) Neonatal morbidity;
    - C) Maternal morbidity;
    - D) Persons registered for admission for care;
    - E) Antepartum transfers;

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- F) Persons admitted to birth center for intrapartum care;
  - G) Intrapartum transfers;
  - H) Number of births in the birth center;
  - I) Percentage of breastfeeding persons;
  - J) Births occurring en route to the birth center;
  - K) Postpartum transfers;
  - L) Newborns transferred;
  - M) Type of delivery; normal spontaneous vaginal delivery or other;
  - N) Third and fourth degree lacerations;
  - O) Infants with birth weight less than 2500 grams or greater than 4500 grams;
  - P) Apgar scores less than 7 at five minutes;
  - Q) Neonatal mortality; and
  - R) Maternal mortality.
- 2) Reasons for transfer:
- A) Antepartum;
  - B) Intrapartum;
  - C) Postpartum; and
  - D) Newborn.

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- g) *Clinicians, or their clinical representative, attending persons in labor at the birth center shall attend morbidity and mortality reviews that occur at the receiving birthing hospital on their clients, when invited, at a mutually agreeable time. This includes, but is not limited to, maternal and neonatal clients transferred to the receiving birthing hospital. (Section 35 of the Act)*

**Section 264.2500 Reporting Requirements**

- a) The birth center shall comply with the requirements of the Control of Communicable Diseases Code for reporting communicable diseases.
- b) The birth center shall comply with the reporting requirements of the Early Hearing Detection and Intervention Act [410 ILCS 213] for reporting of newborn hearing screening and follow-up.
- c) The following incidents shall be reported to the Department in writing, by fax or email within 24 hours after the occurrence, to the Division of Health Care Facilities and Programs via fax to 217-782-0382, or email to: DPH.BirthingCenter@illinois.gov.
- 1) A death of a postpartum person, infant, or fetus during labor occurring in the birth center; and
  - 2) A death of a pregnant or postpartum person or infant within 24 hours after discharge from the birth center or transfer to a referral hospital.
- d) The birth center shall comply with the laws of the State, the Vital Records Act, and the Vital Records Code in preparing and filing birth, stillbirth, and death certificates.
- e) The birth center shall notify the Department of any incident, including reports of abuse, that had a significant effect on the health, safety or welfare of a client or clients.
- f) Incidents or accidents that affect the health, safety, or welfare of a group of clients or all clients in the birth center and that require a response by the fire department, police department or local emergency services agency shall be reported to the Department. These include, but are not limited to, fire, power outage, loss of water supply or building damage resulting from severe weather.

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- g) Notification shall be made to the Division of Health Care Facilities and Programs at DPH.HospitalReports@illinois.gov within 24 hours after each reportable incident or accident, as described in subsections (e) and (f). The birth center shall send a narrative summary of each accident or incident occurrence that has a significant effect on the health, safety or welfare of a resident or group of clients or all clients to the Department within seven days after the occurrence.
- h) A descriptive summary of each reportable incident or accident shall be recorded in the progress notes or nurse's notes for each client affected.
- i) The birth center shall maintain a file of all written reports of reportable incidents or accidents affecting clients. A birth center is not required to report an incident or accident that causes no harm to a client.

## SUBPART B: CONSTRUCTION STANDARDS

**Section 264.2550 Applicability of This Subpart**

This Subpart shall apply to all birth centers and major alterations and additions to birth centers. (Major alterations are those that are not defined as minor alterations in Section 264.2600(b).)

**Section 264.2600 Submission of Plans for New Construction, Alterations or Additions to Birth Centers**

- a) New Construction, Addition, or Major Alteration to Existing Construction
  - 1) Design Drawing  
When construction is contemplated, design development drawings and outline specifications shall be submitted to the Department for review. Approval of design development drawings and specifications shall be obtained from the Department prior to starting final working drawings and specifications. The Department will provide comments or approval within 30 days after receipt.
  - 2) Final Drawings
    - A) The final working drawings and specifications shall be submitted to the Department for review and approval prior to the beginning

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of construction. Alternative methods of design development and construction may be acceptable, subject to the approval of the Department. Department approval is null and void if construction contracts are not executed and construction is not started within one year after the plan approval date. The Department will provide approval or comments within 60 days after the day on which the submission is deemed complete.

- B) The Department shall be notified, in writing, of the award of construction contracts.
- 3) Any contract modifications that affect or change the function, design, fire/life safety, or purpose of a birth center shall be submitted to the Department for approval prior to authorizing the modifications. The Department will provide comments or approval within 30 days after receipt.
  - 4) The Department shall be notified when construction has been completed and before any area is occupied.
  - 5) The birth center shall maintain as-built drawings on site.
- b) Minor Alterations and Remodeling. Minor alterations or remodeling changes that do not affect the structural integrity of the building, that do not change functional operation, that do not affect fire/life safety, and that do not add beds more than the number for which the center is licensed need not be submitted for approval.
  - c) Codes and Standards
    - 1) Construction shall be in accordance with the requirements of the National Fire Protection Association Standard No. 101, Life Safety Code, Chapter 38, New Business Occupancies and Subpart B of this Part.
    - 2) Nothing stated in this Part shall relieve the birth center from compliance with building codes, ordinances, and regulations that are enforced by city, county jurisdictions or other authorities having jurisdiction.
    - 3) The recommendations of the International Building Code shall apply insofar as such recommendations are not in conflict with the standards set

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forth in this Part or with the National Fire Protection Association (NFPA) Standard No. 101, Life Safety Code. The International Building Code is intended as a model code for municipalities with no building code of their own. In any case, the most stringent rule would be applicable.

- 4) The codes and standards referenced in this Part can be ordered from the various agencies at the addresses listed in Section 264.1100 and are effective on the dates cited in that Section.
- 5) The birthing center shall comply with the Illinois Accessibility Code.

**Section 264.2650 Preparation of Drawings and Specifications – Submission Requirements**

- a) Drawings and specifications shall be executed by or be under the immediate supervision of an architect licensed in the State of Illinois.
  - 1) Structural drawings and specifications for these systems may be executed by or be under the immediate supervision of a Structural Engineer licensed in the State of Illinois.
  - 2) Mechanical and electrical drawings and specifications for these systems may be executed by or be under the immediate supervision of a Professional Engineer licensed in the State of Illinois.
- b) Drawings and specifications shall be submitted for review and approval to determine compliance with Subpart B by the Department. The drawings and specifications shall be adequate to convey a clear understanding of the birth center and mechanical life safety systems serving the birth center.

**Section 264.2700 General Requirements**

- a) Program Narrative  
The program narrative shall include the number of beds, medical needs of proposed clients, proposed food service and laundry operations, the interrelation of the functions of the birth center, and the following:
  - 1) Size and Layout

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- A) Birth center departments' sizes and clear floor areas depend on program requirements and organization of services within the birth center.
  - B) As required by community needs, combination or sharing of some functions shall be permitted, provided the layout does not compromise safety standards and medical or nursing practices and receives approval from the Department.
- 2) Transfer Agreements
- A) A transfer agreement with the referral hospital shall be in place prior to initiating the planning and construction of these facilities.
  - B) These agreements shall be submitted to the Department for approval at the time of project submission.
- 3) Birth Center Location
- A birth center shall be located within a ground travel time distance from the referral hospital with which the birth center maintains a contractual relationship, pursuant to Section 264.2250.
- b) Site
- The birth center shall be sited to avoid placement in a flood plain, seismic fault line, or another natural impediment to maintaining a stable operational environment.
- 1) Transport Support Features
- A) A birth center's transfer agreements shall include ambulance services to ensure the timely transfer of clients presenting to the birth center and requiring surgical or other hospital-based interventions.
  - B) There shall be emergency parking available for an ambulance close to the emergency entrance and the designated client rooms holding clients requiring transfer to a referral hospital or APC.

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- C) Where appropriate, features such as garages, approaches, lighting, and fencing to meet State, federal and/or local regulations that govern the placement, safety features, and elements required to accommodate ambulance service shall be provided.
- 2) **Accessibility to Public Transportation**  
The birth center shall be sited to provide easy and convenient access to public transportation, if locally available.
- 3) **Parking**
  - A) Each new birth center, major addition, or major change in function shall be provided with parking spaces to satisfy the needs of the client population, personnel, and public.
  - B) Additional parking may be required to accommodate other services.
  - C) The birth center shall provide accommodations for loading and off-loading clients from vehicles in an area sheltered from the weather.

**Section 264.2750 Birth Unit Requirements**

- a) **Size**  
A minimum of one centrally-located nurses' station shall be provided for the birth unit. The number of birth rooms shall be provided as determined by the program narrative but shall not exceed 10 beds.
- b) **Client Rooms**
  - 1) **Birth rooms.** Delivery procedures shall be performed in the birth rooms. The maximum number of beds per room is one, exclusive of bassinet. This room may also serve as a prenatal/antepartum testing room. Rooming-in care of newborn infants is permissible under this Part.
    - A) **Location**  
The birth rooms shall be clustered in groups, shall be located out of the path of unrelated traffic, and shall be under direct supervision of the clinical staff. The birth room will serve as labor, delivery

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and recovery room. The birth rooms should also be located in an area adjacent to the respite nursery (if provided).

- B) **Space Requirements**  
Birth rooms shall be adequate and appropriate to provide for equipment, staff, supplies, and emergency procedures required for the physical and emotional care of a maternal client, their support person and the newborn during labor, birth, and the recovery period.
- C) **Windows**  
Birth rooms shall have an outside window. The window is not required to be operable.
- D) **Hand-washing Sinks**  
Each birth room shall be equipped with a hand-washing sink with hands-free operation acceptable for scrubbing. Hand-washing sinks should include accessibility standards (See Section 264.2600(c)(5)) for knee clearance and countertop height. Hand-washing sinks shall be large and deep enough for infant bathing when not in use for hand washing.
- E) **Bathrooms**
- i) Each birth room shall have direct access or be adjacent to a toilet room containing a toilet and lavatory. These bathrooms shall meet the accessibility codes per Section 264.2600(c)(5).
  - ii) A bathtub or shower shall be available for client use and may include a large tub used for hydrotherapy for labor.
- F) **Floor, Wall, and Ceiling Finishes**  
All finishes shall be kept clean and shall be of the type that is appropriate for the cleaning methods and solutions required to maintain a clean and safe environment.
- G) **Lighting**

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Lighting shall be provided to accommodate the needs of the client and delivery team during labor, delivery, and postpartum, and to permit the examination and treatment of the infant in the infant resuscitation area.

- 2) If the birth room in subsection (b)(1) is not utilized as an antepartum testing room, the birth center shall provide a separate antepartum testing room for pregnant persons presenting with false or suspected false labor and requiring monitoring. These shall be provided based on the program narrative and located as close to the nurses' station as possible.
  - A) Antepartum testing rooms must be a single client room and must have a minimum area of 120 square feet (11.15 square meters).
  - B) Each antepartum testing room must be equipped with a hand-washing station.
- 3) Respite Nurseries (if provided)

A respite nursery may be provided to allow for the rest of the pregnant or postpartum person when requested. The nursery must be located near and accessible from the nurse station and shall meet the criteria established for newborn nurseries contained in Section 2.1.3.6.6 of the AIA Guidelines for Design and Construction of Health Care Facilities.
- 4) Family Overnight Stay Rooms (if provided)

Family overnight stay rooms must be located in an area outside of the birth unit and clustered around a common living/dining/nourishment preparation room. They must include the following:

  - A) An outside window.
  - B) A toilet room for the exclusive use of the overnight stay room, equipped with a toilet, closet, hand-washing station, and shower.
  - C) A storage room for clean linens and supplies within the overnight stay room area.
  - D) A storage room for holding soiled supplies within the overnight stay room area.

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- E) A janitor closet with slop sink and storage for cleaning supplies and cart within the overnight stay room area.
- c) **Support Areas – General**  
The size and location of each support area shall depend on its use. The following support areas shall be available in each birth center when included in the program narrative. Identifiable spaces are required for each of the indicated functions.
- d) **Support Areas for Birth Rooms**
- 1) **Nurse Station**
    - A) The area shall have direct visual access to the entrance to the birth unit, the antepartum testing rooms, and the nursery (if provided).
    - B) **Nurse Stations**
      - i) Nurse stations must have adequate space for counters and storage and be located near the hand-washing station.
      - ii) Nurse stations may be combined with reception areas.
  - 2) **Documentation Area**  
Charting facilities shall have a linear surface space to ensure that staff and physicians can chart and have simultaneous access to information and communication systems.
  - 3) **Hand-washing Stations**
    - A) Hand-washing stations shall be easily accessible to the nurse station, medication station, and nourishment area.
    - B) One hand-washing station shall be permitted to serve several areas.
  - 4) **Medication Station**  
Appropriate provisions shall be made for the distribution of medications.
  - 5) **Nourishment Area**

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- A) A nourishment area must have a sink, work counter, refrigerator, microwave, storage cabinets, and equipment for hot and cold nourishment. This area shall include space for trays and dishes used for nonscheduled meal service.
  - B) Hand-washing stations shall be in or immediately accessible to the nourishment area.
- 6) Ice Dispenser  
Each birth center shall provide ice for treatments and nourishment. A refrigerator with self-dispensing ice is acceptable.
- 7) Clean Workroom or Clean Supply Room  
Such rooms must be separate from and have no direct connection with soiled workrooms or soiled holding rooms and contain storage space for clean and sterile supplies. If the clean workroom is used for preparing client care items, it shall also contain a work counter and a hand-washing station.
- 8) Soiled Workroom or Soiled Holding Room  
Such rooms shall be separate from and have no direct connection with clean work rooms or clean supply rooms and shall contain the following:
- A) A clinical sink (that is either a deep bowl free-standing wash basin sink or equivalent flushing rim fixture) and a hand-washing sink. Both fixtures shall have a hot and cold mixing faucet; and
  - B) A work counter and space for separate covered containers for soiled linen and a variety of waste types.
- 9) Housekeeping Rooms  
A housekeeping room must be provided and meet the following requirements:
- A) Contain a service sink;
  - B) Include storage space for supplies, housekeeping equipment, and housekeeping carts; and

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- C) Be well-ventilated and have a negative air pressure relationship to adjacent areas.
- e) Support Areas for Staff
  - 1) Staff Toilet Rooms  
Toilet rooms designated for staff and visitors only must be conveniently located in the birth unit.
  - 2) Staff Storage Locations  
Securable lockers, closets, and cabinet compartments for the personal articles of staff shall be located in or near the nurse station.
- f) Support Areas for Clients
  - 1) Client and Family Research Library and Consultation Room (if provided)
    - A) This room must be in the public access areas but also accessible to the client areas.
    - B) The room must be equipped with tables, computer terminal and access ports, and library stacks for family and client research, and study carrels. Spaces for group seating for family and staff consultation shall also be provided. This room may be equipped with a private consultation room for client and family privacy.
  - 2) Training/Conference Room (if provided)  
This room is to be used for meetings, conferences, and childbirth educational training classes.
- g) Linen Services  
Each birth center shall provide for storing and processing of clean and soiled linen for appropriate client care. Processing may be done within the center, in a separate building on or off site, or in a commercial or shared laundry.
- h) Waste Management

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- 1) Space and facilities shall be provided for the sanitary storage and collection of waste.
  - 2) Waste disposal shall be separated from the clean supplies and receiving.
- i) Engineering Services and Maintenance  
All mechanical and electrical equipment rooms must include sufficient space for proper maintenance, removal, and replacement of equipment. The following shall be provided:
- 1) Equipment Locations.  
Rooms shall be provided for boilers, mechanical, and electrical equipment.
  - 2) Outdoor Equipment and Supply Storage (if necessary)
    - A) Supply Storage  
Storage for solvents and flammable liquids shall comply with NFPA 30.
    - B) Outdoor Equipment Storage (if required)  
Yard equipment and supply storage areas shall be provided. These must be located so that equipment may be moved directly to the exterior without interference with other work.
- j) Administrative and Public Areas  
The birth center must provide an entrance at grade level, sheltered from inclement weather, and accessible to disabled persons (in accordance with the Illinois Accessibility Code).
- k) Construction Standards
- 1) Building Codes. Administrative and public areas in this Section shall be permitted to comply with the business occupancy provisions of the Life Safety Code (NFPA 101) if they are separated from the client care portion of the birth center by a one-hour fire rated barrier.
  - 2) Medical Gas. All medical and/or compressed gases shall be stored in accordance with NFPA 99.

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**Section 264.2800 Plumbing**

All plumbing systems shall be designed and installed in accordance with the Illinois Plumbing Code.

**Section 264.2850 Heating, Ventilating and Air-Conditioning Systems (HVAC)**

- a) General
  - 1) Mechanical System Design
    - A) Efficiency. The mechanical system shall be designed for overall efficiency and appropriate life-cycle cost.
      - i) Recognized engineering procedures shall be followed for the most economical and effective results.
      - ii) Client care or safety shall not be sacrificed for conservation.
      - iii) If possible, the birth center shall include provisions for recovery of waste cooling and heating energy (e.g., ventilation, exhaust, water and steam discharge, cooling towers, incinerators, etc.).
      - iv) Use of recognized energy-saving mechanisms such as variable-air-volume (VAV) systems, and use of natural ventilation shall be considered, site and climatic conditions permitting.
      - v) Birth center design considerations shall include site, building mass, orientation, configuration, fenestration, and other features relative to passive and active energy systems.
    - B) Air-handling Systems
      - i) These shall be designed with an economizer cycle, where appropriate to use outside air. (Use of mechanically-

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circulated outside air does not reduce the need for filtration.)

- ii) VAV Systems. The energy-saving potential of variable-air-volume systems is recognized, and the standards in this Section are intended to maximize appropriate use of those systems. Any system used for occupied areas must include provisions to avoid air stagnation in interior spaces where thermostat demands are met by temperatures of surrounding areas.
  - iii) Noncentral air-handling systems (i.e., individual room units used for heating and cooling purposes, such as fan-coil units, heat pump units, etc.) may be used as recirculating units only. All outdoor air requirements shall be met by a separate central air-handling system with proper filtration, as noted in Section 2.1-8.2.1.2 of the AIA Guidelines.
- C) System Valves. Supply and return mains and risers for cooling, heating, and steam systems shall be equipped with valves to isolate the various sections of each system. Each piece of equipment shall have valves at the supply and return ends.
- D) Renovation. If system modifications affect greater than 10 percent of the system capacity, designers shall use pre-renovation water/air flow rate measurements to verify that sufficient capacity is available and that renovations have not adversely affected flow rates in non-renovated areas.
- 2) Ventilation and Space Conditioning Requirements. All rooms and areas used for client care shall have provisions for ventilation.
- A) Ventilation Rates. The ventilation systems shall be designed and balanced, as a minimum, according to the requirements shown in Section 2.1-8.2.1.2 and the applicable notes of the AIA Guidelines. The ventilation rates shown in Section 2.1-8.2.1.2 do not preclude the use of higher rates.

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- B) Temperature and Humidity. Space temperature and relative humidity shall be as indicated in Section 2.1-8.2.1.2 of the AIA Guidelines.
  - C) Air Movement Direction. To maintain asepsis control, airflow supply and exhaust shall generally be controlled to ensure movement of air from "clean" to "less clean" areas, especially in critical areas.
  - D) Mechanical Ventilation. Although natural ventilation for non-sensitive areas and client rooms (via operable windows) shall be permitted, mechanical ventilation shall be considered for all rooms and areas in the birth center.
- 3) Testing and Documentation
- A) Upon completion of the equipment installation contract, the owner shall be furnished with a complete set of manufacturers' operating, maintenance, and preventive maintenance instructions, parts lists, and complete procurement information, including equipment numbers and descriptions. Required information shall include energy ratings as needed for future conservation calculations. This information shall be always kept by and at the birth center.
  - B) Operating staff persons shall also be provided with written instructions for proper operation of systems and equipment.
- b) Requirements for Specific Locations
- 1) Birth Rooms
    - A) Air Supply
      - i) Air supply for birth rooms shall be from non-aspirating ceiling diffusers with a face velocity in the range of 25 to 35 fpm (0.13 to 0.18 m/s), located at the ceiling above the center of the work area. Return air shall be near the floor level, at a minimum. Return air shall be permitted high on the walls, in addition to the low returns.

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- ii) Each birth room shall have at least two return-air inlets located as far from each other as practical.
      - iii) Turbulence and other factors of air movement shall be considered to minimize the fall of particulates onto clean surfaces.
    - B) Temperature. Temperature shall be individually controlled for each birth room.
    - C) Ventilation Rates
      - i) Birth room ventilation systems shall always operate, except during maintenance and conditions requiring shutdown by the building's fire alarm system.
      - ii) During unoccupied hours, birth room air change rates may be reduced, provided that the positive room pressure is maintained as required in Section 2.1-8.2.1.2 of the AIA Guidelines.
  - 2) Fuel-fired Equipment Rooms. Rooms with fuel-fired equipment shall be provided with sufficient outdoor air to maintain equipment combustion rates and to limit workstation temperatures.
  - 3) Clean workrooms or clean holding rooms and soiled workrooms or soiled holding rooms shall comply with ventilation requirements per Section 2.1-8.2.1.2 of the AIA Guidelines.
- c) HVAC Air Distribution
- 1) Return Air Systems. For client care areas, return air must be by means of ducted systems.
  - 2) HVAC Ductwork. See Section 1.6-2.2.2.1 of the AIA Guidelines. Exception: The use of lined ductwork is not permitted to serve any client area in the birth center.

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- 3) Exhaust Systems – General
  - A) To enhance the efficiency of recovery devices required for energy conservation, combined exhaust systems shall be permitted.
  - B) Local exhaust systems shall be used whenever possible in place of dilution ventilation to reduce exposure to hazardous gases, vapors, fumes, or mists.
  - C) Fans serving exhaust systems shall be located at the discharge end and shall be readily serviceable.
- 4) Air Outlets and Inlets – Fresh Air Intakes
  - A) Fresh air intakes shall be located at least 25 feet (7.62 meters) from exhaust outlets of ventilating systems, combustion vents (including those serving rooftop air handling equipment), medical-surgical vacuum systems, plumbing vents, or areas that may collect vehicular exhaust or other noxious fumes. (Prevailing winds and/or proximity to other structures may require greater clearances.)
  - B) Plumbing vents that terminate at a level above the top of the air intake may be located as close as 10 feet (3.05 meters).
  - C) The bottom of outdoor air intakes serving central systems shall be as high as practical, but at least 6 feet (1.83 meters) above ground level, or, if installed above the roof, 3 feet (91.44 centimeters) above roof level.
- d) HVAC Filters
  - 1) Filter Efficiencies
    - A) All central ventilation or air conditioning systems shall be equipped with filters with efficiencies equal to, or greater than, those specified Section 2.1-8.2.1.2 of the AIA Guidelines.

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- B) Noncentral air-handling systems shall be equipped with permanent (cleanable) or replaceable filters with a minimum efficiency of Minimum Efficiency Reporting Value (MERV) 3.
  - C) Filter efficiencies, tested in accordance with ASHRAE 52.2 (ASHRAE Handbook of Fundamentals), shall be average.
- 2) Filter Bed Location. Where two filter beds are required, filter bed no. 1 shall be located upstream of the air conditioning equipment and filter bed no. 2 shall be downstream of any fan or blowers.
  - 3) Filter Frames. Filter frames shall be durable and proportioned to provide an airtight fit with the enclosing ductwork. All joints between filter segments and enclosing ductwork shall have gaskets or seals to provide a positive seal against air leakage.
  - 4) Filter Housing Blank-off Panels. Filter housing blank-off panels shall be permanently attached to the frame and constructed of rigid materials and shall have sealing surfaces equal to or greater than the filter media installed in the filter frame.
  - 5) Filter Manometers. A manometer shall be installed across each filter bed having a required efficiency of 75 percent or more, including hoods requiring HEPA filters. Provisions shall be made to allow access to the manometer for field testing.
- e) Steam and Hot Water Systems. See Section 2.1-8.2.1.2 of the AIA Guidelines.

**Section 264.2900 Electrical Systems**

- a) General
  - 1) Applicable Standards
    - A) All electrical material and equipment, including conductors, controls, and signaling devices, shall be installed in compliance with applicable sections of NFPA 70 and NFPA 99.

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- B) All electrical material and equipment shall be listed as complying with available standards of listing agencies or other similar established standards when such standards are required.
  - C) Field labeling of equipment and materials shall be permitted only when provided by a nationally recognized testing laboratory that has been certified by the Occupational Safety and Health Administration (OSHA) for that referenced standard.
- 2) Testing and Documentation. The electrical installations, including alarm, nurse call, and communication systems, shall be tested to demonstrate that equipment installation and operation is appropriate and functional. A written record of performance tests on special electrical systems and equipment shall show compliance with applicable codes and standards.
- b) Electrical Distribution and Transmission
- 1) Switchboards
    - A) Location
      - i) Main switchboards shall be in an area separate from plumbing and mechanical equipment and shall be accessible to authorized persons only.
      - ii) Switchboards shall be convenient for use, readily accessible for maintenance, and away from traffic lanes.
      - iii) Switchboards shall be in a dry, ventilated space free of corrosive or explosive fumes, gases, or any flammable material.
    - B) Overload Protective Devices. These shall operate properly in ambient room temperatures.
  - 2) Panelboards

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- A) Panelboards serving critical branch, equipment system, or normal system loads shall be located on the same floor as the loads to be served.
  - B) Location of panelboards serving life safety branch loads on the floor above or the floor below the loads to be served shall be permitted.
  - C) New panelboards shall not be in public access corridors.
- 3) Ground-fault Circuit Interrupters
- A) Ground-fault circuit interrupters (GFCIs) shall comply with NFPA 70.
  - B) When ground-fault circuit interrupters are used in critical areas, provisions shall be made to ensure that other essential equipment is not affected by activation of one interrupter.
- c) Power Generating and Storing Equipment  
Emergency Electrical Service. Emergency power shall be provided for in accordance with NFPA 99, NFPA 101, and NFPA 110.
- d) Lighting
- 1) General. See Section 1.6-2.3.1.1 of the AIA Guidelines.
  - 2) Lighting for Specific Locations in the Birth Center
    - A) Birth Rooms. Birth rooms shall have general lighting and night lighting.
      - i) A reading light shall be provided for each client. Reading light controls shall be accessible to the client without the client having to get out of bed. Incandescent and halogen light sources that produce heat shall be avoided to prevent burns to the client and/or bed linen. Unless specifically designed to protect the space below, the light source shall be covered by a diffuser or lens. Flexible light arms, if

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used, shall be mechanically controlled to prevent the lamp from contacting the bed linen.

- ii) At least one night light fixture in each birth room shall be controlled at the room entrance.

- B) Corridors shall have general illumination with provisions for reducing light levels at night.

3) Emergency Lighting. See Section 1.6-2.3.1.2 of the AIA Guidelines.

4) Exit Signs. See Section 1.6-2.3.1.3 of the AIA Guidelines.

e) Receptacles

1) Receptacles in Corridors. Duplex-grounded receptacles for general use shall be installed approximately 50 feet (15.24 meters) apart in all corridors and within 25 feet (7.62 meters) of corridor ends.

2) Birth Rooms. Each birth room shall have duplex-grounded receptacles. One receptacle shall be at each side of the head of each bed; one for television, if used; one on every other wall; and one for each motorized bed.

3) Emergency System Receptacles. Electrical receptacle cover plates or electrical receptacles supplied from the emergency systems shall be distinctively colored or marked for identification. If color is used for identification purposes, the same color shall be used throughout the birth center.

f) Call Systems

Each birthing room shall be equipped with a system of communicating to other parts of the birth center and to an outside telephone line. Specific locations in the Birth Center such as toilet and bathing area shall have a process by which a client can communicate with the birth center in the event of an emergency.

**Section 264.2950 Emergency Electric Service**

- a) An emergency source of electricity shall be provided.

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- b) Birth centers shall be permitted to use a battery system for emergency power. The following is required:
- 1) Illumination of means of egress as required in the Life Safety Code (NFPA 101);
  - 2) Illumination of birth and recovery rooms;
  - 3) Illumination of exit and exit directional signs;
  - 4) Fire alarm and alarms required for nonflammable medical gas systems, if nonflammable medical gas systems are installed; and
  - 5) Type 3 emergency electrical service that meets all NFPA 99 requirements of this type of system.

**Section 264.3000 Security Systems**

Birth centers shall be designed for active and passive security systems at entry and exit points throughout the birth center, which shall be placed carefully and shall not interfere with the life and safety features necessary to operate and maintain a healthy and functional environment. The birth center shall perform emergency drills for fire evacuation and security infant abduction twice annually.

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- 1) Heading of the Part: Income Tax
- 2) Code Citation: 86 Ill. Adm. Code 100
- 3) 

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
100.3220	Amendment
100.3370	Amendment
100.7036	Amendment
- 4) Statutory Authority: Implementing Sections 303, 304 and 710 of the Illinois Income Tax Act [35 ILCS 5/303, 5/304, and 5/710] as authorized by Section 1401 of the Illinois Income Tax Act [35 ILCS 5/1401] and Section 2505-795 of the Department of Revenue Law [20 ILCS 2505/2505-795].
- 5) Effective Date of Rule: September 11, 2023
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the Adopted Rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in *Illinois Register*: 46 Ill. Reg. 20128, December 27, 2022
- 10) Has JCAR issued a Statement of Objections to this Rulemaking? No
- 11) Differences between proposal and final version: The following changes were agreed upon with JCAR:
  - In subsections (c)(3)(A) and (B) of Section 100.3220, changed reference from 100.3010(c)(3)(B) to 100.3010(c)(3)
  - In subsection (d)(3) of Section 100.3220, changed reference from 100.3050(c)(2)(B) to 100.3050(c)(6)
  - In subsections (a)(2)(F)(v) through (viii) of Section 100.3370, changed "USC" to "U.S.C."

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- In subsection (c)(7)(D) of Section 100.3370, changed reference from subsection (c)(6)(D) to subsection (c)(7)(D)
  - In subsection (a)(3) of Section 100.7036, changed "USC" to "U.S.C."
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? Yes
- 15) Summary and Purpose of Rule: This rulemaking implements new requirements for sports wagering winnings created by Public Act 102-0040. Section 100.3220 is amended to require that all payments received in taxable years ending on or after December 31, 2021, of winnings from sports wagering conducted in accordance with the Sports Wagering Act [230 ILCS 45] are allocable to Illinois. Section 100.3370 is amended to require that gross receipts from winnings from sports wagering conducted in accordance with the Sports Wagering Act [230 ILCS 45] are in this State. Finally, Section is amended to require withholding for any payment after December 31, 2021, to a resident or nonresident of winnings from sports wagering conducted in accordance with the Sports Wagering Act [230 ILCS 45] at a rate equal to the percentage tax rate for individuals provided in subsection (b) of IITA Section 201, provided that the person making the payment is required to withhold under Section 3402(q) of the Internal Revenue Code.
- 16) Information and questions regarding this adopted rule shall be directed to:

Brian Fliflet  
Deputy General Counsel Legal Services Office  
Illinois Department of Revenue  
101 West Jefferson  
Springfield, Illinois 62794

(217) 782-2844  
REV.GCO@illinois.gov

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

## DEPARTMENT OF REVENUE

## NOTICE OF ADOPTED AMENDMENTS

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

## SUBPART A: TAX IMPOSED

## Section

100.2000	Introduction
100.2050	Net Income (IITA Section 202)
100.2055	Standard Exemption (IITA Section 204)
100.2060	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge (IITA Section 201(o))

## SUBPART B: CREDITS

## Section

100.2100	Replacement Tax Investment Credit Prior to January 1, 1994 (IITA Section 201(e))
100.2101	Replacement Tax Investment Credit (IITA 201(e))
100.2110	Investment Credit; Enterprise Zone and River Edge Redevelopment Zone (IITA Section 201(f))
100.2120	Jobs Tax Credit; Enterprise Zone and Foreign Trade Zone or Sub-Zone and River Edge Redevelopment Zone (IITA Section 201(g))
100.2130	Investment Credit; High Impact Business (IITA 201(h))
100.2135	REV Illinois Investment Tax Credit (IITA Section 237)
100.2140	Credit Against Income Tax for Replacement Tax (IITA 201(i))
100.2150	Training Expense Credit (IITA 201(j))
100.2160	Research and Development Credit (IITA Section 201(k))
100.2163	Environmental Remediation Credit (IITA 201(l))
100.2164	Data Center Investment Credit (IITA Section 229)
100.2165	Education Expense Credit (IITA 201(m))
100.2170	Tax Credits for Coal Research and Coal Utilization Equipment (IITA 206)
100.2171	Angel Investment Credit (IITA 220)
100.2175	Invest in Kids Credit (IITA 224)
100.2180	Credit for Residential Real Property Taxes (IITA 208)
100.2181	Credit for Instructional Materials and Supplies (IITA Section 225)
100.2185	Film Production Services Credit (IITA Section 213)

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- 100.2190 Tax Credit for Affordable Housing Donations (IITA Section 214)  
100.2193 Student-Assistance Contributions Credit (IITA 218)  
100.2195 Dependent Care Assistance Program Tax Credit (IITA 210)  
100.2196 Employee Child Care Assistance Program Tax Credit (IITA Section 210.5)  
100.2197 Foreign Tax Credit (IITA Section 601(b)(3))  
100.2198 Economic Development for a Growing Economy Credit (IITA 211)  
100.2199 Illinois Earned Income Tax Credit (IITA Section 212)

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

## Section

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

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

## Section

- 100.2300 Illinois Net Loss Deduction for Losses Occurring On or After December 31, 1986 (IITA 207)

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- 100.2310 Computation of the Illinois Net Loss Deduction for Losses Occurring On or After December 31, 1986 (IITA 207)
- 100.2320 Determination of the Amount of Illinois Net Loss for Losses Occurring On or After December 31, 1986
- 100.2330 Illinois Net Loss Carrybacks and Net Loss Carryovers for Losses Occurring On or After December 31, 1986 (IITA Section 207)
- 100.2340 Illinois Net Losses and Illinois Net Loss Deductions for Losses Occurring On or After December 31, 1986, of Corporations that are Members of a Unitary Business Group: Separate Unitary Versus Combined Unitary Returns
- 100.2350 Illinois Net Losses and Illinois Net Loss Deductions, for Losses Occurring On or After December 31, 1986, of Corporations that are Members of a Unitary Business Group: Changes in Membership
- 100.2360 Illinois Net Losses and Illinois Net Loss Deductions for Losses of Cooperatives Occurring On or After December 31, 1986 (IITA Section 203(e)(2)(F))

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

## Section

- 100.2405 Gross Income, Adjusted Gross Income, Taxable Income and Base Income Defined; Double Deductions Prohibited; Legislative Intention (IITA Section 203(e), (g) and (h))
- 100.2410 Net Operating Loss Carryovers for Individuals, and Capital Loss and Other Carryovers for All Taxpayers (IITA Section 203)
- 100.2430 Addition and Subtraction Modifications for Transactions with 80/20 and Noncombination Rule Companies
- 100.2435 Addition Modification for Student-Assistance Contribution Credit (IITA Sections 203(a)(2)(D-23), (b)(2)(E-16), (c)(2)(G-15), (d)(2)(D-10))
- 100.2450 IIT Refunds (IITA Section 203(a)(2)(H), (b)(2)(F), (c)(2)(J) and (d)(2)(F))
- 100.2455 Subtraction Modification: Federally Disallowed Deductions (IITA Sections 203(a)(2)(M), 203(b)(2)(I), 203(c)(2)(L) and 203(d)(2)(J))
- 100.2465 Claim of Right Repayments (IITA Section 203(a)(2)(P), (b)(2)(Q), (c)(2)(P) and (d)(2)(M))
- 100.2470 Subtraction of Amounts Exempt from Taxation by Virtue of Illinois Law, the Illinois or U.S. Constitutions, or by Reason of U.S. Treaties or Statutes (IITA Sections 203(a)(2)(N), 203(b)(2)(J), 203(c)(2)(K) and 203(d)(2)(G))
- 100.2480 Enterprise Zone and River Edge Redevelopment Zone Dividend Subtraction (IITA Sections 203(a)(2)(J), 203(b)(2)(K), 203(c)(2)(M) and 203(d)(2)(K))
- 100.2490 Foreign Trade Zone/High Impact Business Dividend Subtraction (IITA Sections

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203(a)(2)(K), 203(b)(2)(L), 203(c)(2)(O), 203(d)(2)(M))

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- 100.7310 Returns Filed and Payments Made on Annual Basis (IITA Sections 704 and 704A)
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- 100.9310 Application of Tax Payments Within Unitary Business Groups (IITA Section 603)
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- 100.9600 Administrative Review Law (IITA Section 1201)

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- 100.9715 Transportation Companies (IITA Section 304(d))
- 100.9720 Nexus
- 100.9730 Investment Partnerships (IITA Section 1501(a)(11.5))
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100.APPENDIX A Business Income Of Persons Other Than Residents (Repealed)  
100.TABLE A Example of Unitary Business Apportionment (Repealed)  
100.TABLE B Example of Unitary Business Apportionment for Groups Which  
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(Repealed)

**AUTHORITY:** Implementing Section 505 of the Illinois Income Tax Act [35 ILCS 5/505] as authorized by Section 1401 of the Illinois Income Tax Act [35 ILCS 5/1401] and Section 2505-795 of the Department of Revenue Law [20 ILCS 2505/2505-795].

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

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November 1, 1993; amended at 17 Ill. Reg. 19966, effective November 9, 1993; amended at 18 Ill. Reg. 1510, effective January 13, 1994; amended at 18 Ill. Reg. 2494, effective January 28, 1994; amended at 18 Ill. Reg. 7768, effective May 4, 1994; amended at 19 Ill. Reg. 1839, effective February 6, 1995; amended at 19 Ill. Reg. 5824, effective March 31, 1995; emergency amendment at 20 Ill. Reg. 1616, effective January 9, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 6981, effective May 7, 1996; amended at 20 Ill. Reg. 10706, effective July 29, 1996; amended at 20 Ill. Reg. 13365, effective September 27, 1996; amended at 20 Ill. Reg. 14617, effective October 29, 1996; amended at 21 Ill. Reg. 958, effective January 6, 1997; emergency amendment at 21 Ill. Reg. 2969, effective February 24, 1997, for a maximum of 150 days; emergency expired July 24, 1997; amended at 22 Ill. Reg. 2234, effective January 9, 1998; amended at 22 Ill. Reg. 19033, effective October 1, 1998; amended at 22 Ill. Reg. 21623, effective December 15, 1998; amended at 23 Ill. Reg. 3808, effective March 11, 1999; amended at 24 Ill. Reg. 10593, effective July 7, 2000; amended at 24 Ill. Reg. 12068, effective July 26, 2000; emergency amendment at 24 Ill. Reg. 17585, effective November 17, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18731, effective December 11, 2000; amended at 25 Ill. Reg. 4640, effective March 15, 2001; amended at 25 Ill. Reg. 4929, effective March 23, 2001; amended at 25 Ill. Reg. 5374, effective April 2, 2001; amended at 25 Ill. Reg. 6687, effective May 9, 2001; amended at 25 Ill. Reg. 7250, effective May 25, 2001; amended at 25 Ill. Reg. 8333, effective June 22, 2001; amended at 26 Ill. Reg. 192, effective December 20, 2001; amended at 26 Ill. Reg. 1274, effective January 15, 2002; amended at 26 Ill. Reg. 9854, effective June 20, 2002; amended at 26 Ill. Reg. 13237, effective August 23, 2002; amended at 26 Ill. Reg. 15304, effective October 9, 2002; amended at 26 Ill. Reg. 17250, effective November 18, 2002; amended at 27 Ill. Reg. 13536, effective July 28, 2003; amended at 27 Ill. Reg. 18225, effective November 17, 2003; emergency amendment at 27 Ill. Reg. 18464, effective November 20, 2003, for a maximum of 150 days; emergency expired April 17, 2004; amended at 28 Ill. Reg. 1378, effective January 12, 2004; amended at 28 Ill. Reg. 5694, effective March 17, 2004; amended at 28 Ill. Reg. 7125, effective April 29, 2004; amended at 28 Ill. Reg. 8881, effective June 11, 2004; emergency amendment at 28 Ill. Reg. 14271, effective October 18, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 14868, effective October 26, 2004; emergency amendment at 28 Ill. Reg. 15858, effective November 29, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 2420, effective January 28, 2005; amended at 29 Ill. Reg. 6986, effective April 26, 2005; amended at 29 Ill. Reg. 13211, effective August 15, 2005; amended at 29 Ill. Reg. 20516, effective December 2, 2005; amended at 30 Ill. Reg. 6389, effective March 30, 2006; amended at 30 Ill. Reg. 10473, effective May 23, 2006; amended by 30 Ill. Reg. 13890, effective August 1, 2006; amended at 30 Ill. Reg. 18739, effective November 20, 2006; amended at 31 Ill. Reg. 16240, effective November 26, 2007; amended at 32 Ill. Reg. 872, effective January 7, 2008; amended at 32 Ill. Reg. 1407, effective January 17, 2008; amended at 32 Ill. Reg. 3400, effective February 25, 2008; amended at 32 Ill. Reg. 6055, effective March 25, 2008; amended at 32 Ill. Reg. 10170, effective June 30, 2008; amended at 32 Ill. Reg. 13223, effective July 24, 2008;

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amended at 32 Ill. Reg. 17492, effective October 24, 2008; amended at 33 Ill. Reg. 1195, effective December 31, 2008; amended at 33 Ill. Reg. 2306, effective January 23, 2009; amended at 33 Ill. Reg. 14168, effective September 28, 2009; amended at 33 Ill. Reg. 15044, effective October 26, 2009; amended at 34 Ill. Reg. 550, effective December 22, 2009; amended at 34 Ill. Reg. 3886, effective March 12, 2010; amended at 34 Ill. Reg. 12891, effective August 19, 2010; amended at 35 Ill. Reg. 4223, effective February 25, 2011; amended at 35 Ill. Reg. 15092, effective August 24, 2011; amended at 36 Ill. Reg. 2363, effective January 25, 2012; amended at 36 Ill. Reg. 9247, effective June 5, 2012; amended at 37 Ill. Reg. 5823, effective April 19, 2013; amended at 37 Ill. Reg. 20751, effective December 13, 2013; recodified at 38 Ill. Reg. 4527; amended at 38 Ill. Reg. 9550, effective April 21, 2014; amended at 38 Ill. Reg. 13941, effective June 19, 2014; amended at 38 Ill. Reg. 15994, effective July 9, 2014; amended at 38 Ill. Reg. 17043, effective July 23, 2014; amended at 38 Ill. Reg. 18568, effective August 20, 2014; amended at 38 Ill. Reg. 23158, effective November 21, 2014; emergency amendment at 39 Ill. Reg. 483, effective December 23, 2014, for a maximum of 150 days; amended at 39 Ill. Reg. 1768, effective January 7, 2015; amended at 39 Ill. Reg. 5057, effective March 17, 2015; amended at 39 Ill. Reg. 6884, effective April 29, 2015; amended at 39 Ill. Reg. 15594, effective November 18, 2015; amended at 40 Ill. Reg. 1848, effective January 5, 2016; amended at 40 Ill. Reg. 10925, effective July 29, 2016; amended at 40 Ill. Reg. 13432, effective September 7, 2016; amended at 40 Ill. Reg. 14762, effective October 12, 2016; amended at 40 Ill. Reg. 15575, effective November 2, 2016; amended at 41 Ill. Reg. 4193, effective March 27, 2017; amended at 41 Ill. Reg. 6379, effective May 22, 2017; amended at 41 Ill. Reg. 10662, effective August 3, 2017; amended at 41 Ill. Reg. 12608, effective September 21, 2017; amended at 41 Ill. Reg. 14217, effective November 7, 2017; emergency amendment at 41 Ill. Reg. 15097, effective November 30, 2017, for a maximum of 150 days; amended at 42 Ill. Reg. 4953, effective February 28, 2018; amended at 42 Ill. Reg. 6451, effective March 21, 2018; recodified Subpart H to Subpart G at 42 Ill. Reg. 7980; amended at 42 Ill. Reg. 17852, effective September 24, 2018; amended at 42 Ill. Reg. 19190, effective October 12, 2018; amended at 43 Ill. Reg. 727, effective December 18, 2018; amended at 43 Ill. Reg. 10124, effective August 27, 2019; amended at 44 Ill. Reg. 2363, effective January 17, 2020; amended at 44 Ill. Reg. 2845, effective January 30, 2020; emergency amendment at 44 Ill. Reg. 4700, effective March 4, 2020, for a maximum of 150 days; emergency expired July 31, 2020; amended at 44 Ill. Reg. 10907, effective June 10, 2020; emergency amendment at 44 Ill. Reg. 11208, effective June 17, 2020, for a maximum of 150 days; emergency expired November 13, 2020; amended at 44 Ill. Reg. 17414, effective October 13, 2020; amended at 45 Ill. Reg. 2006, effective January 29, 2021; amended at 45 Ill. Reg. 5523, effective April 15, 2021; amended at 46 Ill. Reg. 13312, effective July 12, 2022; amended at 46 Ill. Reg. 14550, effective August 2, 2022; amended at 46 Ill. Reg. 15317, effective August 24, 2022; amended at 46 Ill. Reg. 18102, effective October 26, 2022; amended at 47 Ill. Reg. 1402, effective January 10, 2023; amended at 47 Ill. Reg. 2093, effective January

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24, 2023; amended at 47 Ill. Reg. 5726, effective April 4, 2023; amended at 47 Ill. Reg. 6030, effective April 12, 2023; amended at 47 Ill. Reg. 13669, effective September 11, 2023.

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

**Section 100.3220 Allocation of Certain Items of Nonbusiness Income by Persons Other Than Residents (IITA Section 303)**

- a) In General. IITA Section 303 provides rules for the allocation by any person other than a resident of Illinois of any item of capital gain or loss, and any item of income from rents or royalties from real or tangible personal property, interest, dividends, and patent or copyright royalties, together with any item of deduction directly allocable thereto, to the extent the item constitutes nonbusiness income. For the tests as to whether any item constitutes business or nonbusiness income, see Section 100.3010.
- b) *Capital Gains and Losses*
  - 1) *Real Property. Capital gains and losses from sales or exchanges of real property are allocated to Illinois if the property is located in Illinois. (IITA Section 303(b)(1))* Economic interests in minerals in place, such as oil or gas, are real property under IITA Section 303. Examples of these interests are royalties, overriding royalties, participating interests, production payments and working interests.
  - 2) *Tangible Personal Property. Capital gains and losses from sales or exchanges of tangible personal property are allocated to Illinois, if at the time of the sale or exchange:*
    - A) *the property has its situs in Illinois; or*
    - B) *the taxpayer has its commercial domicile in Illinois and is not taxable in the state in which the property has its situs. (IITA Section 303(b)(2))* For the tests of taxability in another state and commercial domicile, see Sections 100.3200 and 100.3210.
  - 3) *Intangible Personal Property. Capital gains and losses from sales or exchanges of intangible personal property are allocated to Illinois if the taxpayer has its commercial domicile in Illinois at the time of the sale or*

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*exchange.* (IITA Section 303(b)(3)) For the tests of commercial domicile, see Section 100.3210.

## c) Rents and Royalties

- 1) *Real Property. Rents and royalties from real property are allocated to Illinois if the property is located in Illinois.* (IITA Section 303(c)(1)) Economic interests in minerals in place, such as oil or gas, are real property under IITA Section 303. Examples of these interests are royalties, overriding royalties, participating interests, production payments and working interests.
- 2) *Tangible Personal Property. Rents and royalties from tangible personal property are allocated to Illinois:*
  - A) *if and to the extent that the property is utilized in Illinois; or*
  - B) *in their entirety if, at the time rents or royalties are paid or accrued, the taxpayer has its commercial domicile in Illinois and was not organized under the laws of, or is not taxable with respect to the rents or royalties in, the state in which the property is utilized.* (IITA Section 303(c)(2)) For the tests of taxability in another state and commercial domicile, see Sections 100.3200 and 100.3210. The extent of utilization of tangible personal property in a state is determined by multiplying the rents or royalties derived from the property by a fraction, the numerator of which is the number of days of physical location of the property in the state during the rental or royalty period in the taxable year and the denominator of which is the number of days of physical location of the property everywhere during all rental or royalty periods in the taxable year. If the physical location of the property during the rental or royalty period is unknown or unascertainable by the taxpayer, tangible personal property is utilized in the state in which the property is located at the time the rental or royalty payor obtains possession.
- 3) Examples. Section 100.3220(c) may be illustrated by the following examples:

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- A) EXAMPLE A. A is a resident of Missouri. A purchases an interest in oil royalty under an oil and gas lease in Illinois. During 1970, A receives \$2,000 in royalty payments. Under Section 100.3010(c)(3)(~~B~~), the royalty income is presumed to be nonbusiness income. As such it is allocated to Illinois, being derived from real property located in Illinois.
- B) EXAMPLE B. B is a resident of Iowa, with a summer home in Illinois. B owns a sailboat that he keeps in Iowa during the winter months and tows to Illinois by trailer for use in the summer. During 1970, B is unable to visit his summer home, and rents his sailboat for the months of July through September to C, the owner of the adjoining property in Illinois. Under Section 100.3010(c)(3)(~~B~~), the rent is presumed to be nonbusiness income. C takes the boat from Iowa to Illinois and returns it to B in Iowa on October 1, 1970. Although the boat is physically located in Iowa during the months of January through June and October through December, the rental period is only the months of July through September. During the rental period, the boat is located in Illinois. Hence, it is utilized in Illinois and, accordingly, the rental income is allocated to Illinois.
- C) EXAMPLE C. The facts are the same as in Example B, except that B rents the boat through a want ad and does not know C, nor where he uses the boat during the months of July through September. In this case, since C takes possession of the boat in Iowa, it is utilized in Iowa and, accordingly, the rental income is not allocated to Illinois.
- d) *Patent and Copyright Royalties*
- 1) *Allocation. Patent and copyright royalties are allocated to Illinois:*
- A) *if and to the extent that the patent or copyright is utilized by the payor of the royalties in Illinois; or*
- B) *if and to the extent that the patent or copyright is utilized by the payor of the royalties in a state in which the taxpayer is not taxable with respect to the royalties and, at the time the royalties*

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*are paid or accrued, the taxpayer has its commercial domicile in Illinois. (IITA Section 303(d)(1)) For the tests of taxability in another state and commercial domicile, see Sections 100.3200 and 100.3210.*

2) *Utilization*

A) *Patents. A patent is utilized in a state to the extent that it is employed in production, fabrication, manufacturing or other processing in the state or to the extent that a patented product is produced in the state. If the basis of receipts from patent royalties does not permit allocation to states or if the accounting procedures of the royalty payor do not reflect states of utilization, the patent is utilized in Illinois if the taxpayer has its commercial domicile in Illinois. (IITA Section 303(d)(2)(A))*

B) *Copyrights. A copyright is utilized in a state to the extent that printing or other publication originates in that state. If the basis of receipts from copyright royalties does not permit allocation to states or if the accounting procedures of the royalty payor do not reflect states of utilization, the copyright is utilized in Illinois if the taxpayer has its commercial domicile in Illinois. (IITA Section 303(d)(2)(B))*

3) *Example. A, a resident of New York, is not in the business of being an inventor, but owns a patent on a single invention, which he licenses to a manufacturer of automatic garage door openers. Royalties are a percentage of the manufacturer's sales. The manufacturer has plants situated in Missouri, Illinois and Indiana. Under Section 100.3050(c)(~~6~~)(~~2~~)(~~B~~), the royalty income is presumed to be nonbusiness income. If A's royalties can be allocated to Missouri, Illinois and Indiana on the basis of sales from the manufacturer's plants in each of those states, those royalties attributable to sales from the Illinois plant are allocated to Illinois. If, however, the manufacturer's accounting procedures do not reflect sales from the specific plants, but royalties are paid on the basis of total sales not broken down by plant, then, since A is not a resident of Illinois, the patent is not utilized in Illinois and none of the royalties are allocated to Illinois.*

e) *Taxability in another state. For the test of taxability in another state, see Section*

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100.3200.

- f) Interest and dividends. For allocation of interest and dividends, see Section 100.3300(b)(2).
- g) *Illinois Lottery Prizes. Prizes awarded under the Illinois Lottery Law [20 ILCS 1605] are allocable to this State. Payments received in taxable years ending on or after December 31, 2013, from the assignment of a prize under Section 13.1 of the Illinois Lottery Law, are allocable to this State. (IITA Section 303(e))*
- h) *Wagering and Gambling Winnings. Payments, received in taxable years ending on or after December 31, 2019, of winnings from pari-mutuel wagering conducted at a wagering facility licensed under the Illinois Horse Racing Act of 1975 [230 ILCS 5] and from gambling games conducted on a riverboat or in a casino or organization gaming facility licensed under the Illinois Gambling Act [230 ILCS 10] are allocable to this State. (IITA Section 303(e-1))*
- i) *Sports Wagering and Winnings. Payments received in taxable years ending on or after December 31, 2021 of winnings from sports wagering conducted in accordance with the Sports Wagering Act [230 ILCS 45] are allocable to this State. (IITA Section 303(e-2))*
- j) Unemployment Compensation. Unemployment compensation paid by this State is allocated to this State. (See IITA Section 303(e-5)-)

(Source: Amended at 47 Ill. Reg. 13669, effective September 11, 2023)

## SUBPART M: BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

**Section 100.3370 Sales Factor (IITA Section 304)**

- a) In General
- 1) IITA Section 1501(a)(21) defines the term "sales" to mean all gross receipts of the person not allocated under IITA Sections 301, 302 and 303. Thus, for the purposes of the sales factor of the apportionment formula for each trade or business of the person, the term "sales" means all gross receipts derived by the person from transactions and activity in the regular course of his or her trade or business. The following are rules for

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determining "sales" in various situations, except in instances in which an alternative method of determining the sales factor is prescribed in Section 100.3380. If the determination prescribed by this Section does not clearly reflect the taxpayer's business activities in Illinois (for taxable years ending before December 31, 2008) or the market for the taxpayer's goods, services or other sources of income in Illinois (for taxable years ending on or after December 31, 2008), the taxpayer may request the use of an alternative method of apportionment under Section 100.3390.

- A) In the case of a person engaged in manufacturing and selling or purchasing and reselling goods or products, "sales" includes all gross receipts from the sales of those goods or products (or other property of a kind that would properly be included in the inventory of the person if on hand at the close of the tax period) held by the person primarily for sale to customers in the ordinary course of its trade or business. Gross receipts for this purpose means gross sales less returns and allowances, and includes all interest income, service charges, carrying charges, or time-price differential charges attendant to those sales. Federal and State excise taxes (including sales taxes) shall be included as part of the receipts if the taxes are passed on to the buyer or included as part of the selling price of the product.
- B) In the case of cost plus fixed fee contracts, such as the operation of a government-owned plant for a fee, "sales" includes the entire reimbursed cost, plus the fee.
- C) In the case of a person engaged in providing services, such as the operation of an advertising agency, or the performance of equipment service contracts, or research and development contracts, "sales" includes the gross receipts from the performance of those services, including fees, commissions and similar items.
- D) In the case of a person engaged in renting real or tangible property, "sales" includes the gross receipts from the rental, lease or licensing of the use of the property.
- E) In the case of a person engaged in the sale, assignment or licensing of intangible personal property such as patents and copyrights,

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"sales" includes the gross receipts therefrom.

- F) If a person derives receipts from the sale of equipment used in its business, those receipts constitute "sales". For example, a truck express company owns a fleet of trucks and sells its trucks under a regular replacement program. The gross receipts from the sales of the trucks shall be included in the sales factor.
- 2) The following gross receipts are not included in the sales factor:
- A) For taxable years ending on or after December 31, 1995, *dividends; amounts included under IRC section 78; and Subpart F income* are excluded from the sales factor under IITA Section 304(a)(3)(D).
- B) Gross receipts that are excluded from or deducted in the computation of federal taxable income or federal adjusted gross income, and that are not added back in the computation of base income. For example, in years ending prior to December 31, 1995, dividends received from a domestic corporation are excluded from the sales factor to the extent the taxpayer is allowed a deduction under IRC section 243 with respect to those dividends.
- C) Gross receipts that are subtracted from federal taxable income or federal adjusted gross income in the computation of base income or that are eliminated in the computation of taxable income in the case of a unitary business group under Section 100.5270(b)(1). Examples of gross receipts excluded from the sales factor under this provision include:
- i) Interest on federal obligations subtracted under IITA Section 203(a)(2)(N), (b)(2)(J), (c)(2)(K) or (d)(2)(G).
- ii) For taxable years ending prior to December 31, 1995, dividends included in federal taxable income or federal adjusted gross income are excluded from the sales factor if eliminated in combination or to the extent subtracted under IITA Section 203(a)(2)(J), (a)(2)(K), (b)(2)(K), (b)(2)(L), (b)(2)(O), (c)(2)(M), (c)(2)(O), (d)(2)(K) or (d)(2)(M).

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- D) Gross receipts that are excluded from or deducted in the computation of federal taxable income or federal adjusted gross income, but are added back in the computation of base income, are included in the sales factor unless subtracted or eliminated in combination. For example:
- i) Interest on State obligations excluded from federal taxable income or adjusted gross income under IRC section 103 and added back in the computation of base income under IITA Section 203(a)(2)(A), (b)(2)(A), (c)(2)(A) or (d)(2)(A) shall be included in the sales factor except in the case of interest on certain Illinois obligations that is exempt from Illinois Income Tax. (See 86 Ill. Adm. Code 100.2470(f).)
  - ii) Gross receipts from intercompany transactions between two corporate members of a federal consolidated group, the taxable income on which is deferred under 26 CFR 1.1502-13, shall be included in the sales factor of the recipient unless subtracted under a provision of IITA Section 203 or eliminated in combination of the two corporations as members of a unitary business group.
- E) In some cases, certain gross receipts should be disregarded in determining the sales factor in order that the apportionment formula will operate fairly to apportion to this State the income of the person's trade or business. (See 86 Ill. Adm. Code 100.3380(c).)
- F) For taxable years ending on or after December 31, 1999, *gross receipts from the licensing, sale, or other disposition of a patent, copyright, trademark, or similar item of intangible personal property may be included in the sales factor only if gross receipts from licenses, sales, or other dispositions of these items comprise more than 50% of the taxpayer's total gross receipts included in gross income during the tax year and during each of the 2 immediately preceding tax years; provided that, when a taxpayer is a member of a unitary business group, the determination shall be*

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*made on the basis of the gross receipts of the entire unitary business group.* (IITA Section 304(a)(3)(B-2)) For purposes of this Section:

- i) "Gross receipts from the licensing, sale, or other disposition of a patent, copyright, trademark, or similar item of intangible personal property" includes amounts received as damages or settlements from claims of infringement.
- ii) "Gross receipts from the licensing, sale, or other disposition of a patent" includes only amounts received from a person using the patent in the production, fabrication, manufacturing, or other processing of a product or from a person producing, fabricating or manufacturing a product subject to the patent.
- iii) "Gross receipts from the licensing, sale, or other disposition of a copyright" includes only amounts received by the taxpayer from a person engaged in printing or other publication of the material protected by the copyright, which are governed by Section 100.3373. The term does not include gross receipts from broadcasting within the meaning of IITA Section 304(a)(3)(B-7) or from publishing or advertising within the meaning of IITA Section 304(a)(3)(C-5)(iv).
- iv) If a taxpayer has been in existence less than three taxable years, its gross receipts from the licensing, sale, or other disposition of patents, copyrights, trademarks or similar items of intangible personal property shall be included in its sales factor if those gross receipts comprise more than 50% of its total gross receipts during each taxable year of its existence.
- v) "Patent" means a patent issued under 35 ~~U.S.C.~~ [USC](#) 151.
- vi) "Copyright" means a copyright registered or eligible for registration under 17 ~~U.S.C.~~ [USC](#) 408.

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- vii) "Trademark" means a trademark registered or eligible for registration under 15 ~~U.S.C.~~ U.S.C. 1051.
  - viii) A "similar item" means an item of intellectual property that is registered or otherwise enforceable under a law equivalent to 35 ~~U.S.C.~~ U.S.C. 151, 17 ~~U.S.C.~~ U.S.C. 408 or 15 ~~U.S.C.~~ U.S.C. 1051 or that is otherwise recognized in the country under whose law the sale or license agreement would be enforced, or under which an infringement claim would be brought.
  - ix) In the case of a unitary business group, the "total gross receipts and gross receipts from the licensing, sale or other disposition of a patent, copyright, trademark or similar item of intangible personal property in the two years immediately preceding the tax year" includes the gross receipts and gross receipts from the licensing, sale or other disposition of a patent, copyright, trademark or similar item of intangible personal property of all persons who are members of the unitary business group at some time during the taxable year, whether or not those persons were also members of the unitary business group in a preceding tax year, and only of those persons.
- 3) In filing returns with this State, if the person departs from or modifies the basis for excluding or including gross receipts in the sales factor used in returns for prior years, the person shall disclose in the return for the current year the nature and extent of the modification. If the returns or reports filed by the person with all states to which the person reports under Article IV of the Multistate Tax Compact or the Uniform Division of Income for Tax Purposes Act are not uniform in the inclusion or exclusion of gross receipts, the person shall disclose in its return to this State the nature and extent of the variance.
- 4) For taxable years ending prior to December 31, 2008, sales of electricity are sales other than sales of tangible personal property sourced under IITA Section 304(a)(3)(C). For taxable years ending on or after December 31, 2008 and prior to July 16, 2009, sales of electricity are sales of service sourced under IITA Section 304(a)(3)(C-5)(iv). For taxable years ending

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after July 15, 2009, sales of electricity are sales of tangible personal property sourced under IITA Section 304(a)(3)(B). (See Exelon Corp. v. Department of Revenue, 234 Ill 2d 266 (2009)).

- b) Denominator. The denominator of the sales factor shall include the total gross receipts derived by the person from transactions and activity in the regular course of its trade or business, except receipts excluded under 86 Ill. Adm. Code 100.3380(c).
- c) Numerator. The numerator of the sales factor shall include the gross receipts attributable to this State and derived by the person from transactions and activity in the regular course of its trade or business. All interest income, service charges, carrying charges, or time-price differential charges incidental to those gross receipts shall be included regardless of the place where the accounting records are maintained or the location of the contract or other evidence of indebtedness.
  - 1) Sales of Tangible Personal Property in this State
    - A) Gross receipts from the sales of tangible personal property (except sales to the United States Government) (see subsection (c)(2)) are in this State:
      - i) if the property is delivered or shipped to a purchaser within this State regardless of the f.o.b. (free on board) point or other conditions of sale; or
      - ii) if the property is shipped from an office, store, warehouse, factory or other place of storage in this State and the taxpayer is not taxable in the state of the purchaser. However, premises owned or leased by a person who has independently contracted with the taxpayer for the printing of newspapers, periodicals or books shall not be deemed to be an office, store, warehouse, factory or other place of storage.
    - B) Property shall be deemed to be delivered or shipped to a purchaser within this State if the recipient is located in this State, even though the property is ordered from outside this State.

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EXAMPLE: A corporation, with inventory in State A, sold \$100,000 of its products to a purchaser having branch stores in several states including this State. The order for the purchase was placed by the purchaser's central purchasing department located in State B. \$25,000 of the purchase order was shipped directly to purchaser's branch store in this State. The branch store in this State is the "purchaser within this State" with respect to \$25,000 of the corporation's sales.

- C) Property is delivered or shipped to a purchaser within this State if the shipment terminates in this State, even though the property is subsequently transferred by the purchaser to another state.

EXAMPLE: A corporation makes a sale to a purchaser who maintains a central warehouse in this State at which all merchandise purchases are received. The purchaser reships the goods to its branch stores in other states for sale. All of the corporation's products shipped to the purchaser's warehouse in this State is property "delivered or shipped to a purchaser within this State".

- D) The term "purchaser within this State" shall include the ultimate recipient of the property if the person in this State, at the designation of the purchaser, delivers to or has the property shipped to the ultimate recipient within this State.

EXAMPLE: A corporation in this State sold merchandise to a purchaser in State A. The corporation directed the manufacturer or supplier of the merchandise in State B to ship the merchandise to the purchaser's customer in this State pursuant to purchaser's instructions. The sale by the corporation is "in this State".

- E) When property being shipped by a seller from the state of origin to a consignee in another state is diverted while en route to a purchaser in this State, the sales are in this State.

EXAMPLE: Corporation X, a produce grower in State A, begins shipment of perishable produce to the purchaser's place of business in State B. While en route the produce is diverted to the

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purchaser's place of business in this State in which state Corporation X is subject to tax. The sale by the corporation is attributed to this State.

- F) If the person is not taxable in the state of the purchaser, the sale is attributed to this State if the property is shipped from an office, store, warehouse, factory, or other place of storage in this State (subject to the exception noted in (c)(1)(A)(ii)).

EXAMPLE: A corporation has its head office and factory in State A. It maintains a branch office and inventory in this State. The corporation's only activity in State B is the solicitation of orders by a resident salesman. All orders by the State B salesman are sent to the branch office in this State for approval and are filled by shipment from the inventory in this State. Since the corporation is immune under Public Law 86-272 from tax in State B, all sales of merchandise to purchasers in State B are attributed to this State, the state from which the merchandise was shipped.

- 2) Sales of tangible personal property to the United States Government in this State. Gross receipts from the sales of tangible personal property to the United States Government are in this State if the property is shipped from an office, store, warehouse, factory, or other place of storage in this State. For the purposes of this regulation, only sales for which the United States Government makes direct payment to the seller pursuant to the terms of the contract constitute sales to the United States Government. Thus, as a general rule, sales by a subcontractor to the prime contractor, the party to the contract with the United States Government, do not constitute sales to the United States Government.

EXAMPLE A: A corporation contracts with General Services Administration to deliver X number of trucks that were paid for by the United States Government. The sale is a sale to the United States Government.

EXAMPLE B: A corporation as a subcontractor to a prime contractor with the National Aeronautics and Space Administration contracts to build a component of a rocket for \$1,000,000. The sale by the subcontractor to the prime contractor is not a sale to the United States Government.

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- 3) For taxable years ending on or after December 31, 1999, *gross receipts from the licensing, sale, or other disposition of a patent, copyright, trademark, or similar item of intangible personal property* that are not excluded from the sales factor under subsection (a)(2)(F) are included in the numerator of the sales factor *to the extent the item is utilized in this State during the year the gross receipts are included in gross income.* (IITA Section 304(a)(3)(B-1)) For purposes of this subsection (c)(3):
- A) *A patent is utilized in a state to the extent that it is employed in production, fabrication, manufacturing, or other processing in the state or to the extent that a patented product is produced in the state. If a patent is utilized in more than one state, the extent to which it is utilized in any one state shall be a fraction equal to the gross receipts of the licensee or purchaser from sales or leases of items produced, fabricated, manufactured, or processed within that state using the patent and of patented items produced within that state, divided by the total of the gross receipts for all states in which the patent is utilized.* (IITA Section 304(a)(3)(B-1)(ii)(I))
- B) *A copyright is utilized in a state to the extent that printing or other publication originates in the state. Printing or other publication originates at the place at which the licensee of the copyright incorporates the copyrighted material into the physical medium by which it will be delivered to the purchaser of the material or, if the copyrighted material is delivered to the purchaser without use of a physical medium, the place at which delivery of the copyrighted material to the person purchasing the material from the licensee originates. If a copyright is utilized in more than one state, the extent to which it is utilized in any one state shall be a fraction equal to the gross receipts from sales or licenses of materials printed or published in that state divided by the total of the gross receipts for all states in which the copyright is utilized.* (IITA Section 304(a)(3)(B-1)(ii)(II))
- C) *Trademarks and other items of intangible personal property governed by this subsection (c)(3) are utilized in the state in which the commercial domicile of the licensee or purchaser is located.* (IITA Section 304(a)(3)(B-1)(ii)(III))

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- D) If the place of utilization of an item of property under subsection (c)(3)(A), (B) or (C) *cannot be determined from the taxpayer's books and records or from the books and records of any person related to the taxpayer within the meaning of IRC section 267(b), the gross receipts attributable to that item shall be excluded from both the numerator and the denominator of the sales factor.* (IITA Section 304(a)(3)(B-1)(iii))
- 4) *For taxable years ending on or after December 31, 2013, gross receipts from winnings under the Illinois Lottery Law [20 ILCS 1605] and from the assignment of a prize under Section 13-1 of the Illinois Lottery Law are received in this State.* (IITA Section 304(a)(3)(B-8))
- 5) *For taxable years ending on or after December 31, 2019, gross receipts from winnings from pari-mutuel wagering conducted at a wagering facility licensed under the Illinois Horse Racing Act of 1975 [230 ILCS 5] or from winnings from gambling games conducted on a riverboat or in a casino or organization gaming facility licensed under the Illinois Gambling Act [230 ILCS 10] are in this State.* (IITA Section 304(a)(3)(B-9))
- 6) *For taxable years ending on or after December 31, 2021, gross receipts from winnings from sports wagering conducted in accordance with the Sports Wagering Act [230 ILCS 45] are in this State.* (IITA Section 304(a)(3)(B-10))
- 7~~6~~) For taxable years ending prior to December 31, 2008, gross receipts from transactions not governed by the provisions of subsection (c)(1), (2), (3) or (4) and, for taxable years ending on or after December 31, 2008, from transactions involving intangible personal property when the taxpayer is not a dealer with respect to the intangible personal property, are attributed to this State if the income producing activity that gave rise to the receipts is performed wholly within this State. Also, gross receipts are attributed to this State if, with respect to a particular item of income, the income producing activity is performed in this State, based on costs of performance.
- A) Income Producing Activity Defined. The term "income producing

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activity" applies to each separate item of income and means the transactions and activity directly engaged in by the person in the regular course of its trade or business for the ultimate purpose of obtaining gains or profit. Income producing activity does not include transactions and activities performed on behalf of a person, such as those conducted on its behalf by an independent contractor. The mere holding of intangible personal property is not, of itself, an income producing activity. Accordingly, the income producing activity includes but is not limited to the following:

- i) The rendering of personal services by employees or the utilization of tangible and intangible property by the person in performing a service.
  - ii) The sale, rental, leasing, licensing or other use of real property.
  - iii) The rental, leasing, licensing or other use of tangible personal property.
  - iv) The sale, licensing or other use of intangible personal property.
- B) Costs of Performance Defined. The term "costs of performance" means direct costs determined in a manner consistent with generally accepted accounting principles and in accordance with accepted conditions or practices in the trade or business of the person.
- C) Application. Receipts sourced under this subsection (c)(~~7~~6) in respect to a particular income producing activity are in this State if:
- i) the income producing activity is performed wholly within this State; or
  - ii) the income producing activity is performed both in and outside this State and, based on costs of performance, a greater proportion of the income producing activity is performed in this State than without this State (for taxable

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years ending prior to December 31, 2008) or a greater proportion of the income-producing activity of the taxpayer is performed within this State than in any other state (for taxable years ending on or after December 31, 2008).

- D) Special Rules. The following are special rules for determining when receipts from the income producing activities described in this subsection (c)(7)(D) are in this State.
- i) Gross receipts from the sale, lease, rental or licensing of real property are in this State if the real property is located in this State.
  - ii) Gross receipts from the rental, lease, or licensing of tangible personal property are in this State if the property is located in this State. The principal cost of performance in a rental, leasing or licensing transaction is the depreciation or amortization of the tangible personal property, and the depreciation or amortization expense is incurred in the state in which the tangible personal property is located. The rental, lease, licensing or other use of tangible personal property in this State is a separate income producing activity from the rental, lease, licensing or other use of the same property while located in another state; consequently, if property is within and without this State during the rental, lease or licensing period, gross receipts attributable to this State shall be measured by the ratio which the time the property was physically present or was used in this State bears to the total time or use of the property everywhere during that period.

EXAMPLE: Corporation X is the owner of 10 railroad cars. During the year, the total of the days each railroad car was present in this State was 50 days for a total of 500 days. The receipts attributable to the use of each of the railroad cars in this State are a separate item of income. Total receipts attributable to this State shall be determined as follows:

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(10 x 50)/3650 x Total Receipts

- iii) Gross receipts for the performance of personal services are attributable to this State to the extent those services are performed partly within and partly outside this State. The gross receipts for the performance of those services shall be attributable to this State only if a greater portion of the services were performed in this State, based on costs of performance. When services are performed partly within and partly outside this State and the services performed in each state constitute a separate income producing activity, the gross receipts for the performance of services attributable to this State shall be measured by the ratio that the time spent in performing the services in this State bears to the total time spent in performing the services everywhere. Time spent in performing services includes the amount of time expended in the performance of a contract or other obligation that gives rise to the gross receipts. Personal service not directly connected with the performance of the contract or other obligation, as for example, time expended in negotiating the contract, is excluded from the computations.

EXAMPLE 1: Corporation X, a road show, gave theatrical performances at various locations in State X and in this State during the tax period. All gross receipts from performances given in this State are attributed to this State.

EXAMPLE 2: A public opinion survey corporation conducted a poll by its employees in State X and in this State for the sum of \$9,000. The project required 600 man hours to obtain the basic data and prepare the survey report. Two hundred of the 600 man hours were expended in this State. The receipts attributable to this State are \$3,000, calculated as follows:

$$200/600 \times \$9,000$$

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- 87) For taxable years ending on or after December 31, 2008, gross receipts from transactions not governed by the provisions of subsection (c)(1), (2), (3), (4), (5), ~~(6)~~ or (7) are in this State if any of the following criteria are met:
- A) *Sales from the sale or lease of real property are in this State if the property is located in this State. (IITA Section 304(a)(3)(C-5)(i))*
- B) *Sales from the lease or rental of tangible personal property are in this State if the property is located in this State during the rental period. Sales from the lease or rental of tangible personal property that is characteristically moving property, including, but not limited to, motor vehicles, rolling stock, aircraft, vessels, or mobile equipment, are in this State to the extent that the property is used in this State. (IITA Section 304(a)(3)(C-5)(ii))*
- C) *In the case of interest, net gains (but not less than zero) and other items of income from intangible personal property, the sale is in this State if:*
- i) *in the case of a taxpayer who:*
- is a dealer in the item of intangible personal property within the meaning of IRC section 475, the income or gain is received from a customer in this State. A taxpayer is a dealer with respect to an item of intangible personal property if the taxpayer is a dealer with respect to the item under IRC section 475(c)(1), or would be a dealer with respect to the item under IRC section 475(c)(1) if the item were a security as defined under IRC section 475(c)(2). For purposes of this subsection (c)(~~87~~)(C)(i), a customer is in this State if the customer is an individual, trust or estate who is a resident of this State and, for all other customers, if the customer's commercial domicile is in this State. Unless the dealer has actual knowledge of the residence or commercial domicile of a customer during a taxable year, the customer shall be deemed to be a customer*

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*in this State if the billing address of the customer, as shown in the records of the dealer, is in this State.* (IITA Section 304(a)(3)(C-5)(iii)(a)) A dealer shall treat the person with whom it engages in a transaction as the customer, even when that person is acting on behalf of a third party, unless the dealer has actual knowledge of the party on whose behalf the person is acting. If a taxpayer is a dealer with respect to an item of intangible personal property and recognizes gain or loss with respect to that item other than in connection with a transaction with a customer (for example, unrealized gain or loss from marking the item to market under IRC section 475), that gain or loss shall be excluded from the numerator and denominator of the sales factor; or

- *is not a dealer with respect to the item of intangible personal property, if the income-producing activity of the taxpayer is performed in this State or, if the income-producing activity of the taxpayer is performed both within and without this State, if a greater proportion of the income-producing activity of the taxpayer is performed within this State than in any other state, based on performance costs.* (IITA Section 304(a)(3)(C-5)(iii)(b)) (See subsection (c)(~~7~~6) of this Section.)
- ii) For purposes of this subsection (c)(~~8~~7)(C), an item of "intangible personal property" includes only an item that can ordinarily be resold or otherwise reconveyed by the person acquiring the item from the taxpayer, and does not include any obligation of the taxpayer to make any payment, perform any act, or otherwise provide anything of value to another person.

EXAMPLE 1: A ticket to attend a sporting event would not be an item of intangible personal property for the owner of the stadium who issues the ticket and is obliged to grant

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admission to the holder of the ticket. Rather, the sale of the ticket is a prepayment for a service to be provided.

However, the ticket would be an item of intangible personal property in the hands of the original purchaser or any subsequent purchaser of the ticket, and a ticket broker engaged in the business of buying and reselling tickets would be a dealer with respect to the ticket.

**EXAMPLE 2:** A taxpayer selling canned computer software is selling intangible personal property. (First National Bank of Springfield v. Dept. of Revenue, 85 Ill.2d 84 (1981)) If the taxpayer sells software to customers in the ordinary course of its business, it is a dealer with respect to those sales. In contrast, a taxpayer providing programming or maintenance services to its customers is selling services rather than intangible personal property.

**EXAMPLE 3:** A taxpayer administers a "rewards program" for a group of unrelated businesses. Under the program, a customer of one business can earn discounts or rebates on products and services provided by any of the businesses. As each customer earns rewards, measured in "units", from one of the businesses, that business pays a specified amount per unit to the taxpayer. When a customer uses units earned in the program to purchase products or services at a discount from a participating business, the taxpayer pays that business a specified amount per unit used by the customer. Rebates may be paid to the customer directly by the taxpayer or by one of the businesses, which is then reimbursed by the taxpayer. To the extent payments made to the taxpayer by businesses awarding units exceed the payments the taxpayer must make for discounts and rebates, the excess is payment for operating the program. The units awarded are obligations of the taxpayer to make payments to the business providing products or services at a discount or to pay rebates. Accordingly, payments received by the taxpayer from the participating businesses for units awarded are not income from sales of intangible personal property by the taxpayer.

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D) *Sales of services are in this State if the services are received in this State.* (IITA Section 304(a)(3)(C-5)(iv))

- i) General Rule. Gross receipts from services are assigned to the numerator of the sales factor to the extent that the receipts may be attributed to services received in Illinois.
- ii) A contract that involves the provision of a service by the taxpayer and the use of property of the taxpayer by the service recipient shall be treated as a sale of service unless the contract is properly treated as a lease of property under IRC section 7701(e)(1), taking into account all relevant factors, including whether:
  - the service recipient is in physical possession of the property;
  - the service recipient controls the property;
  - the service recipient has a significant economic or possessory interest in the property;
  - the service provider does not bear any risk of substantially diminished receipts or substantially increased expenditures if there is nonperformance under the contract;
  - the service provider does not use the property concurrently to provide significant services to entities unrelated to the service recipient; and
  - the total contract price does not substantially exceed the rental value of the property for the contract period.

EXAMPLE: A taxpayer selling access to an online database or applications software, and who is required to perform regular update services to the database or software,

## DEPARTMENT OF REVENUE

## NOTICE OF ADOPTED AMENDMENTS

retains control over the contents of the database or software, and provides access to the same database or software to multiple customers is not selling or licensing an item of intangible personal property to its customers, but rather is providing a service.

iii) Services received in this State include, but are not limited to:

- When the subject matter of the service is an item of tangible personal property, the service is received in this State if possession of the property is restored to the recipient of the service under the principles in subsection (c)(1) for determining whether a sale of that property is in this State.

EXAMPLE 1: A customer returns a computer to the manufacturer for repair. The manufacturer performs the repairs in Indiana and ships the computer to the customer's Illinois address. The service is received in this State.

EXAMPLE 2: Individual purchases clothing from Merchant at a store in this State, using a credit card issued by Bank A pursuant to a licensing agreement with Credit Card Company. Credit Card Company is not a financial organization required to apportion its business income under Section 100.3405. Bank A remits the purchase price to Credit Card Company, which deposits the purchase price with Merchant's bank, minus a fee or discount. All fees and discounts earned by Credit Card Company in connection with this purchase are for services received in this State.

- When the subject matter of the service is an item of real property, the service is received in the state in which the real property is located.

## DEPARTMENT OF REVENUE

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EXAMPLE 3: Individual purchases a parcel of land in Illinois and constructs a house on the parcel. Services performed at an architect's office in Wisconsin regarding the design and construction of the house are received in this State.

- When the service is performed on or with respect to the person of an individual (for example, medical treatment services), the service is received in the state in which the individual is located at the time the service is performed.
- Services performed by a taxpayer that are directly connected to or in support of services received in this State are also services received in this State.

EXAMPLE 4: Individual purchases automobile repair services from Automobile Dealership at its facility located in this State, using a credit card issued by Bank A pursuant to a licensing agreement with Credit Card Company. Bank A remits the purchase price to Credit Card Company, which deposits the purchase price with Automobile Dealership's bank, minus a fee or discount. All fees and discounts earned by Credit Card Company in connection with this purchase are for services received in this State.

EXAMPLE 5: Services performed by an investment fund on behalf of an investor are received in this State if the investor resides in this State (in the case of an individual) or has its ordering or billing address in this State (for other investors). In the case of services provided by Taxpayer to or on behalf of the investment fund that are directly connected with services provided separately to the investors, such as preparation of communications and statements to investors, and allocations of earnings and distributions to

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investors, the service is also received in this State to the extent the investors reside (or have their ordering or billing address) in this State.

Accordingly, receipts of Taxpayer for these services are allocated to this State on the basis of the ratio of: the average of the outstanding shares in the fund owned by shareholders, partners or other investors residing (or having their ordering or billing address) within this State at the beginning and end of each taxable year of the taxpayer; and the average of the total number of outstanding shares in the fund at the beginning and end of each year. Residence or ordering or billing address of the shareholder, partner or other investor is determined by the mailing address in the records of the investment fund or the taxpayer. Services provided to an investment fund that are not directly connected to or in support of services provided separately to investors, such as brokerage services or investment advising, are not received by the customer at the location of its investors.

## iv) Special Rules

- Under IITA Section 304(a)(3)(C-5)(iv), *if the state where the services are received is not readily determinable, the services shall be deemed to be received at the location of the office of the customer from which the services were ordered in the regular course of the customer's trade or business, or, if the ordering office cannot be determined, at the office of the customer to which the services are billed.* If the service is provided to an individual who provides a residential address as the place from which the services are ordered or to which the services are billed, rather than an office address, the residential address shall be used. For purposes of this provision, the state where services are received is not readily determinable if the facts necessary to

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make the determination are not contained in the books and records of the taxpayer or any person related to the taxpayer within the meaning of IRC section 267(b) or if the available facts would allow reasonable persons to reach different determinations of the state in which the services were received.

- Under IITA Section 304(a)(3)(C-5)(iv), *if the services are provided to a corporation, partnership, or trust and the services are received in a state in which the corporation, partnership, or trust does not maintain a fixed place of business (as defined in Section 100.3405(b)(1)), the services shall be deemed to be received at the location of the office of the customer from which the services were ordered in the regular course of the customer's trade or business, or, if the ordering office cannot be determined, at the office of the customer to which the services are billed.* For purposes of this provision, in the case of services performed by the taxpayer as a subcontractor or as an agent acting on behalf of a principal, if either the contractor or principal has a fixed place of business in the state in which the services are received or the customer of the contractor or principal either is an individual or has a fixed place of business in the state in which the services are received, the service shall be treated as received in a state in which the customer of the taxpayer has a fixed place of business.
- Under IITA Section 304(a)(3)(C-5)(iv), *if the taxpayer is not taxable in the state in which the services are received or deemed to be received, the gross receipts attributed to those services must be excluded from both the numerator and denominator of the sales factor.* (See Section 100.3200 for guidance on determining when a taxpayer is taxable in another state.)

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(Source: Amended at 47 Ill. Reg. 13669, effective September 11, 2023)

## SUBPART S: REQUIREMENT AND AMOUNT OF WITHHOLDING

**Section 100.7036 Withholding of Lottery, ~~and~~ Gambling and Sports Wagering Winnings (IITA Section 710)**

## a) In General

- 1) *Any person making a payment to a resident or nonresident of winnings under the Illinois Lottery Law and not required to withhold Illinois income tax from the payment under IITA Section 701(b) because those winnings are not subject to federal income tax withholding must withhold Illinois income tax from that payment at a rate equal to the percentage tax rate for individuals provided in IITA Section 201(b), provided that withhold is not required if the payment of winnings is less than \$1,000. (IITA Section 710(a)(1))*
- 2) *In the case of an assignment of a lottery prize under Section 13.1 of the Illinois Lottery Law [20 ILCS 1605], any person making a payment of the purchase price after December 31, 2013 shall withhold from the amount of each payment at a rate equal to the percentage tax rate for individuals provided in IITA Section 201(b). (IITA Section 710(a)(2))*
- 3) *Any person making a payment after December 31, 2019 to a resident or nonresident of winnings from pari-mutual wagering conducted at a wagering facility licensed under the Illinois Horse Racing Act of 1975 [230 ILCS 5] or from gambling games conducted on a riverboat or in a casino or organization gaming facility licensed under the Illinois Gambling Act [230 ILCS 10] must withhold Illinois income tax from the payment at a rate equal to the percentage tax rate for individuals provided in IITA Section 201(b), provided that the person making the payment is required to withhold under 26 ~~U.S.C.~~ USC 3402(q). (IITA Section 710(a)(3)) For more specific information, and precise details regarding actual federal withholding requirements, see 26 ~~U.S.C.~~ USC 3402(q) and the instructions for U.S. Form 5754 available from the Internal Revenue Service.*
- 4) *Any person making a payment after December 31, 2021 to a resident or*

## DEPARTMENT OF REVENUE

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*nonresident of winnings from sports wagering conducted in accordance with the Sports Wagering Act [230 ILCS 45] must withhold Illinois income tax from such payment at a rate equal to the percentage tax rate for individuals provided in subsection (b) of Section 201, provided that the person making the payment is required to withhold under Section 3402(q) of the Internal Revenue Code. (IITA Section 710 (a)(4)). For more specific information, and precise details regarding actual federal withholding requirements, see 26 U.S.C. 3402(q) and the instructions for U.S. Form 5754 available from the Internal Revenue Service.*

(Source: Amended at 47 Ill. Reg. 13669, effective September 11, 2023)

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PUBLIC HEARING ON PROPOSED RULES

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Register Citation to Notice of Proposed Rules: 47 Ill. Reg. 315; January 13, 2023
- 4) Date, Time, and Location of Public Hearings:

Monday, October 2, 2023

11:00 A.M. CT via WebEx.

Please register at the following link:

<https://illinois.webex.com/weblink/register/rf515f102d17944e2c72da7f999476753>

or

<https://illinois.webex.com/weblink/register/rf515f102d17944e2c72da7f999476753>

Meeting Number: 2633 069 1014

Password: 10223

or

Join by Phone

1-312-535-8110

Access Code: 2633 069 1014

- 5) Other Pertinent Information: HFS is committed to ensuring that this public hearing meets the disability access needs of all participants. Please contact Omar.Shaker@illinois.gov with any disability access requests as early as possible. Please use the following subject line in your email: Request for Disability Support for Adaptive Behavior Support (ABS) Public Hearing.

#### WebEx Tips

- Closed Captioning will be available during the meeting.
- We strongly suggest using the WebEx link to attend the meeting, so that you will have full functionality and capabilities during the meeting.
- You may use your computer's audio or the phone option for sound. In our experience the "Call me" option has the best sound quality.

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PUBLIC HEARING ON PROPOSED RULES

- If you are calling-in and not using the WebEx link, please email Omar.Shaker@illinois.gov before 9:00 a.m. on October 2, 2023. Please use the following subject line in your email: Request for Attendance Support for ABS Public Hearing. You will then receive any last-minute meeting materials, if applicable.
- Individuals participating through WebEx may only use the "chat" function to communicate with the meeting host and/or co-host.

To Provide Public Comments, You Must Register in Advance, as follows:

- To speak during the meeting, interested parties must email HFS.Rules@illinois.gov and register by no later than 5:00 p.m. on Friday, September 29, 2023.
- Please title your email correspondence with the following statement in the subject line: Request to Provide Public Comment during ABS Public Meeting.
- All public speakers must provide their name, title, organization name, email address and contact number when signing up to speak.
- Speaker Requirements during the Meeting: The Department will try to accommodate as many requests as possible, however there is limited availability for public comments. Comments must be short in length. At the Department's discretion and based upon the public comment time allotted, each speaker will be given approximately 3 minutes to provide comments during the meeting.
- Speakers on the same subject are encouraged to collaborate and have a single spokesperson, if possible.
- Once your request has been reviewed, you will receive a confirmation email from Interim Chief of Administrative Rules Omar Shaker.
- Registrants will be provided with details of how to join the meeting to provide comments by no later than 5:00 p.m. on Friday, September 29, 2023.

Regarding the Submission of Written Comments:

- Interested parties may also provide written comments to the Department in lieu of speaking during the meeting.
- Comments will be read into to record by the Department representative or administrative personnel.
- Comment Requirements: Comments must be short in length and must not exceed 3 minutes when read during the meeting.
- Please email your request to provide written comments to HFS.Rules@illinois.gov by 5:00 p.m. on Friday, September 29, 2023.

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PUBLIC HEARING ON PROPOSED RULES

- Please title your email correspondence with the following statement in the subject line: Request to Provide Written Comment on ABS Public Hearing.

Name and Address of Agency Contact Person: Any interested party may direct comments, data, views, or arguments concerning this proposal. Comments not provided at the hearing must be submitted and received by October 9, 2023, through the following methods:

- Email to [HFS.Rules@Illinois.gov](mailto:HFS.Rules@Illinois.gov);

Or

- Mail to:  
Steffanie Garrett  
General Counsel  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3rd Floor  
Springfield, IL 62763-0002

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## SECOND NOTICES RECEIVED

The following second notices were received during the period of September 6, 2023 through September 11, 2023. The rulemakings listed are scheduled for October 17, 2023 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.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
10/20/23	<u>Department on Aging</u> , Community Care Program (89 Ill. Adm. Code 240)	5/26/23 47 Ill. Reg. 7036	10/17/23
10/20/23	<u>Department of Public Health</u> , Community Living Facilities Code (77 Ill. Adm. Code 370)	7/7/23 47 Ill. Reg. 9148	10/17/23

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

AGENCY RESPONSES TO JOINT COMMITTEE ON ADMINISTRATIVE RULES  
STATEMENTS OF OBJECTION TO EMERGENCY RULEMAKING

- 1) Heading of the Part: Licensing Standards for Day Care Centers
- 2) Code Citation: 89 Ill. Adm. Code 407
- 3) Section Numbers: 407.90  
407.190
- 4) Notice of Emergency Amendments Published in the *Illinois Register*:  

June 16, 2023	47	Ill. Reg.	8756
(issue date)			
- 5) JCAR Statements of Objection to Emergency Amendments Published in the *Illinois Register*:  

July 7, 2023	47	Ill. Reg.	9517
(issue date)			
August 4, 2023	47	Ill. Reg.	11836
(issue date)			
- 6) Date Agency submitted these responses to JCAR for approval: September 7, 2023
- 7) Summary of Action Taken by the Agency: At the Committee's meeting on June 13, 2023, the Joint Committee on Administrative Rules considered a complaint review and subsequently issued an objection to the Department's use of policy outside of rule. The Department, in response to rapidly evolving recommendations from the Centers for Disease Control and Prevention as well as the Illinois Department of Public Health, utilized a series of policy guidance to provide timely updates to licensees allowing them to operate safely during the COVID-19 pandemic. At various points throughout the pandemic, the Department was authorized by the Executive Order and Gubernatorial Disaster Proclamation to issue such guidance. The Department understands the position of the Joint Committee and agrees to utilize the provisions of the regular rulemaking process to implement changes in the future. Following the concerns raised by the Joint Committee about the use of guidance, the Department issued emergency rules on June 2, 2023.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

AGENCY RESPONSES TO JOINT COMMITTEE ON ADMINISTRATIVE RULES  
STATEMENTS OF OBJECTION TO EMERGENCY RULEMAKING

At the Committee's July 18, 2023, meeting, the Joint Committee on Administrative Rules objected to and suspended portions of the Department's emergency rulemaking, citing the Department's failure to amend language in response to concerns raised during the Committee's June hearing. The Committee objected and suspended the portions of the emergency rule that limited the use of early childhood assistants when an early childhood teacher is not available. Prior to the July hearing, the Department engaged in good-faith efforts to address the concerns raised by members and interested stakeholders at the Committee's June 13, 2023, hearing. The Department strongly disagrees with the Committee that the suspended portions of the emergency rule limiting the use of early childhood assistants without the supervision of an early childhood teacher in classrooms of infants and toddlers pose a threat to the public interest and welfare. The limitation was important to allow daycares the flexibility needed to remain open while ensuring the safety of children in those daycares. Since the non-suspended portions of the emergency rule are important flexibilities to ensure the continued availability of daycare services during this time, the Department will not withdraw the rule. The Department will continue to engage with providers and talk with the Committee to address remaining concerns in the permanent rules.

## PROCLAMATIONS

**2023-221****85<sup>th</sup> Anniversary of Prairie Farms Dairy**

**WHEREAS**, the State of Illinois recognizes the year 2023 as the 85th Anniversary of Prairie Farms Dairy – a dairy cooperative founded in Illinois and owned and operated by hundreds of dairy farmers across the State; and,

**WHEREAS**, during this day we recognize the hard-working dairy farmers across Illinois who devote their lives to producing the freshest quality milk and dairy products for consumers to enjoy; and,

**WHEREAS**, the State of Illinois expresses its sincere thanks to our dairy farmers for their tireless commitment to farming, caring for their cows, and protecting the land; and,

**WHEREAS**, the State of Illinois recognizes the importance of Prairie Farms Dairy and its contributions to our State's economy and communities across the state over the last 85 years;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim 2023 as the 85th Anniversary of Prairie Farms Dairy and urge all residents to join in supporting dairy farmers by recognizing the contributions of Prairie Farms to Illinois and for their dedication to quality, animal care, and sustainability.

Issued by the Governor: August 1, 2023

Filed by the Governor: September 8, 2023

**2023-222****Blue Star Welcome Week**

**WHEREAS**, Blue Star Families seeks to empower military families by connecting them with their neighbors – individuals and organizations – to create vibrant communities of mutual support; and,

**WHEREAS**, Blue Star Families annually designates the week beginning the second to last Saturday in September and concluding eight days thereafter as "Blue Star Welcome Week"; and,

**WHEREAS**, during this week, we recognize the 600,000 active-duty and transitioning military families who move to new communities each year; and,

**WHEREAS**, nearly half of these permanent change of station (PCS) moves occur during the summer; and,

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**WHEREAS**, only 33 percent of military family respondents to the 2022 Military Family Lifestyle Survey reported that they feel a sense of belonging to their local civilian community; and,

**WHEREAS**, a sense of belonging is essential to the well-being and readiness of military families; and,

**WHEREAS**, we commit to ensuring that military and Veteran-connected families feel a strong sense of belonging to their local civilian communities; and,

**WHEREAS**, we express gratitude for the sacrifices made by service members, transitioning Veterans, and their families; and,

**WHEREAS**, we encourage civilians nationwide to welcome military and Veteran-connected families into their communities;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 23, 2023, through October 1, 2023, as Blue Star Welcome Week in Illinois.

Issued by the Governor: August 1, 2023

Filed by the Governor: September 8, 2023

**2023-223****Chamber of Commerce Week**

**WHEREAS**, chambers of commerce work with the businesses, merchants, and industry to advance the civic, economic, industrial, professional and cultural life of the State of Illinois, and,

**WHEREAS**, chambers of commerce have contributed to the civic and economic life of Illinois for 185 years since the founding of the Galena Chamber of Commerce in 1838, and,

**WHEREAS**, the Chamber of Commerce and its members provide residents with a strong business environment that increases employment, retail trade and commerce, and industrial growth in order to make the State of Illinois a better place to live, and,

**WHEREAS**, the chamber of commerce encourages the growth of existing industries, services, and commercial firms and encourages new firms and individuals to locate in the State of Illinois, and,

## PROCLAMATIONS

**WHEREAS**, the State of Illinois is the home to international chambers of commerce, the Great Lakes Region Office of the U.S. Chamber of Commerce, the Illinois Chamber of Commerce, and more than 400 local chambers of commerce; and,

**WHEREAS**, this year marks the 104th anniversary of the founding of the Illinois Chamber of Commerce, the state's leading broad-based business organization, and,

**WHEREAS**, this year marks the 108th anniversary of the Illinois Association of Chamber of Commerce Executives, a career development organization for the chamber of commerce professionals;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 10 through September 16, 2023, as Chamber of Commerce Week in Illinois.

Issued by the Governor: August 1, 2023

Filed by the Governor: September 8, 2023

**2023-224****Illinois Blood Donation Day**

**WHEREAS**, the State of Illinois is committed to ensuring the safety and security of all those living in and visiting our state; and,

**WHEREAS**, a sufficient blood supply is a public health issue both locally and nationally, and our hospitals and medical centers need a readily available supply for our residents and visitors; and,

**WHEREAS**, one blood donation can help save more than one life, and although most of the U.S. population is eligible to donate blood, only about 3 percent actually do; and,

**WHEREAS**, Illinois is home to many organizations committed to raising awareness about the importance of blood donation, including the American Red Cross, Vitalant, Dr. Daliah Show, and more; and,

**WHEREAS**, the Illinois Blood Donation Day effectively serves to remind us that we need to constantly replenish our blood supply through donation and community awareness;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 4th, 2023, as Illinois Blood Donation Day throughout this state, and I urge all residents of Illinois to support our local blood drives as saving lives and protecting our residents is our primary goal.

## PROCLAMATIONS

Issued by the Governor: August 1, 2023

Filed by the Governor: September 8, 2023

**2023-225****Macedonian-American Heritage Month**

**WHEREAS**, in September of 1991, Macedonia gained its independence from Yugoslavia and became a sovereign parliamentary democracy; and,

**WHEREAS**, when a referendum for Macedonian independence was held in 1991, about 76 percent of its citizens participated and more than 96 percent voted in favor; and,

**WHEREAS**, Macedonia is a young state, but an old civilization, with archeological evidence indicating ancient Macedonians living in the region between 7000 and 3500 B.C.; and,

**WHEREAS**, Illinois has been home to many Macedonian-Americans, who have contributed culturally, economically, and philanthropically; and,

**WHEREAS**, Macedonian-American Mike Zafirovski of Forest Hills, Illinois, recipient of the Ellis Island Medal of Honor and former Presidential appointee to the National Security Telecommunications Advisory Committee, served on the board of Boeing, was President and CEO of Nortel, a global communications technology company and president and COO of Motorola - during a 25-year career at GE, served as president and CEO of five GE businesses in the consumer, industrial, and financial services arenas; and,

**WHEREAS**, Macedonian-American Dino Delevski founded and coached the Chicago Inferno, a youth soccer organization that prides itself on making positive impacts on its players both on and off the pitch; and,

**WHEREAS**, Tommy Ivan, whose parents were Macedonian immigrants in Canada, was both a coach and general manager for the Chicago Blackhawks, where he helped discover young prospects such as Gordie Howe, hired Rudy Pilous as a head coach, led the Blackhawks to win the Stanley Cup in 1961, and guided them to the Stanley Cup Finals in 1962, 1965, 1971, and 1973 during his 25-year tenure as the Blackhawks general manager; and,

**WHEREAS**, countless hard-working Macedonian immigrants have helped carry the American entrepreneurial spirit and become engrained in Chicago's cultural and historical fabric; and,

**WHEREAS**, Macedonian-Americans such as James "Jimmy" Stefanovic, who started Jim's Original in 1939 after purchasing his aunt's hot dog stand on Maxwell & Halsted, Tomislav

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Lazarevski, who owned and operated Express Grill together with his son Aco and brothers Jakov and Zlate Lazarevski, helped make Maxwell Street a staple of Chicago;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 2023 as Macedonian-American Heritage Month.

Issued by the Governor: August 1, 2023

Filed by the Governor: September 8, 2023

**2023-226****Vive Tu Vida! Get Up! Get Moving!**

**WHEREAS**, Hispanic communities in Illinois and throughout the United States are faced with many challenges every day, including maintaining health and wellness; and,

**WHEREAS**, a Hispanic population of nearly 16.9 percent, Illinois recognizes the need to confront the challenges Hispanics face with a proactive strategy of community alliances and networks; and,

**WHEREAS**, it is important to ensure the state's Hispanic community receives culturally-proficient and linguistically-appropriate health and human services; and,

**WHEREAS**, the Chicago Hispanic Health Coalition empowers individuals, builds coalitions, and supports organizations with the goal of promoting healthy behaviors and reducing the risk of illness and injury; and,

**WHEREAS**, to maximize and coordinate efforts among city and state organizations to promote health lifestyle awareness in Chicago's Hispanic communities, the Chicago Hispanic Health Coalition, Illinois Department of Human Services, and Illinois Department of Public Health are joining together with its member agencies and the National Alliance for Hispanic Health to sponsor "Vive tu Vida! Get Up! Get Moving!"; and,

**WHEREAS**, hundreds of people are expected to attend "Vive tu Vida! Get Up! Get Moving!" events in cities across the country; and,

**WHEREAS**, this year, Chicago will host a "Vive tu Vida! Get Up! Get Moving!" event on August 26;

**THEREFORE**, I JB Pritzker, Governor of the State of Illinois, do hereby proclaim August 26, 2023 as Vive Tu Vida! Get Up! Get Moving! in Illinois and encourage all residents to recognize

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the need for increased health awareness in the Hispanic community and to support the efforts of those participating in this important event.

Issued by the Governor: August 1, 2023

Filed by the Governor: September 8, 2023

**2023-227****Elizabeth Parsons Ware Packard Mental Health Center**

**WHEREAS**, the State of Illinois pays honor and respect to individuals who have contributed to the success of their community and the State; and,

**WHEREAS**, Elizabeth Parsons Ware Packard was a powerful advocate for women's rights, freedom of speech, and the humane treatment of individuals with mental illnesses; and,

**WHEREAS**, Elizabeth Parsons Ware Packard spent her life working to change perceptions and rules in a world that marginalized married women and individuals labeled "insane"; and,

**WHEREAS**, in 1860, when Elizabeth Parsons Ware Packard outwardly questioned her husband's beliefs and began expressing opinions that were contrary to his, he had her committed without trial to the Illinois State Hospital in Jacksonville, Illinois; and,

**WHEREAS**, in 1863, after Elizabeth Parsons Ware Packard fought diligently for three years for her release, she was declared "incurable" and discharged from the Illinois State Hospital with no legal rights as a married woman at the time to property or children; and,

**WHEREAS**, in 1864, after being confined in her home by her husband for one year based on her condition of "insanity", Elizabeth Parsons Ware Packard was legally declared sane by a jury trial and relieved of all restraint incompatible with her condition as a sane woman; and,

**WHEREAS**, in 1867, Elizabeth Parsons Ware Packard's advocacy efforts led to the passage of a "Bill for the Protection of Personal Liberty," which guaranteed that all people accused of insanity, including married women, had the right to a public hearing; and,

**WHEREAS**, in 1869, Elizabeth Parsons Ware Packard's petition to the Illinois State Legislature led to the passage of legislation allowing married women equal rights to property and custody of their children; and,

## PROCLAMATIONS

**WHEREAS**, Elizabeth Parsons Ware Packard was a force for compassion and positive change in our world and a role model for millions of women and individuals diagnosed with mental health conditions;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby designate the state-operated psychiatric hospital located at 901 Southwind Road in Springfield, Illinois, as the Elizabeth Parsons Ware Packard Mental Health Center, and direct the Illinois Department of Human Services to erect appropriate plaques or signage giving notice of the name "Packard Mental Health Center". I commend Elizabeth Parsons Ware Packard on her advocacy on behalf of women's rights and her lifelong dedication to the humane treatment of people with mental health conditions in Illinois.

Issued by the Governor: August 8, 2023

Filed by the Governor: September 8, 2023

**2023-228****World ARDS Awareness Day**

**WHEREAS**, Acute Respiratory Distress Syndrome (ARDS) is a life-threatening condition which affects the lungs, causing air sacs to become filled with fluid and making it extremely difficult for the lungs to carry out their normal function; and,

**WHEREAS**, there are many different causes of ARDS, with no one therapy that works for all patients; and,

**WHEREAS**, those with ARDS usually require a ventilator to breathe, and even with intensive treatments it is estimated that only 50-60 percent of patients will survive; and,

**WHEREAS**, I commend the ARDS Alliance, Inc. for its work in increasing awareness and research opportunities for this syndrome and for working to improve the lives of all those affected by ARDS;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim August 8, 2023, as World ARDS Awareness Day.

Issued by the Governor: August 8, 2023

Filed by the Governor: September 8, 2023

## PROCLAMATIONS

**2023-229****Family Meals Month**

**WHEREAS**, Family Meals Month is a national effort to encourage families to pledge to share more meals at home per week; and,

**WHEREAS**, family meals are fun, affordable, and healthier than other dining options; and,

**WHEREAS**, 92 percent of U.S. consumers say they want to eat healthier meals, yet only 30 percent of American families share dinner every night; and,

**WHEREAS**, conversations around dinner tables establish closer relationships and increase parental involvement; and,

**WHEREAS**, regular family meals are linked to kids earning higher grades, improving self-esteem, and resisting negative peer pressure; and,

**WHEREAS**, with each additional family meal shared each week, adolescents are less likely to show symptoms of violence, depression and suicide, less likely to use or abuse drugs or run away, and less likely to engage in risky behaviors; and,

**WHEREAS**, children who grow up sharing family meals are more likely to exhibit prosocial behavior as adults, such as sharing, fairness, and respect; and,

**WHEREAS**, kids and teens who share meals with their family three or more times per week are significantly less likely to be overweight, more likely to eat healthy foods and less likely to have eating disorders; and,

**WHEREAS**, 90 percent of supermarkets offer fresh, prepared foods, 95 percent offer cooking demos, 86 percent offer cooking classes, and 100 percent offer recipes and meal ideas;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 2023 as Family Meals Month and encourage the people of the State of Illinois to add one more family meal per week during this month and throughout the year.

Issued by the Governor: August 11, 2023

Filed by the Governor: September 8, 2023

## PROCLAMATIONS

**2023-230****Lissencephaly Awareness Day**

**WHEREAS**, Lissencephaly is a rare gene-linked brain malformation, causing the brain to have less or no ridges and folds, making it appear smooth; and,

**WHEREAS**, it is estimated about one in 100,000 individuals are born with this condition; and,

**WHEREAS**, people living with this condition may also suffer from hypertonia, epilepsy, swallowing disorders, developmental delays, and more; and,

**WHEREAS**, addressing the complex medical needs early in life is imperative to helping families successfully care for their children at home - the need for more education, awareness, and support for families is desperately needed; and,

**WHEREAS**, it is appropriate that one day each year should be set apart from the rest and be known as Lissencephaly Awareness Day; and,

**WHEREAS**, Lissencephaly Foundation Inc., a nonprofit charitable organization, wants to help support these individuals through our continued efforts of empowering families and educating communities;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 8th, 2023, as Lissencephaly Awareness Day and urge our residents, patients, caregivers, medical professionals, and all agencies and organizations interested in supporting these families to unite on this day in observance.

Issued by the Governor: August 11, 2023

Filed by the Governor: September 8, 2023

**2023-231****Trail to Zero Day**

**WHEREAS**, the United States Department of Veterans Affairs reports the devastating statistic that on average, 20 veterans die by suicide each day which underscores the urgent need for increased awareness and action; and,

**WHEREAS**, BraveHearts, the nation's leading equine-assisted program for veterans, is on a mission to bring the veteran suicide rate down to zero, as well as educate the public about this escalating epidemic; and,

## PROCLAMATIONS

**WHEREAS**, equine-assisted services have proven to be a powerful resource for veterans, providing emotional, cognitive, social and physical benefits, including increased self-esteem, self-worth, trust for others and community integration, and decreased depression, anxiety, post-traumatic stress disorder symptoms and self-inflicting thoughts; and,

**WHEREAS**, BraveHearts is hosting its annual "Trail to Zero" ride in Bull Valley, Illinois, which serves to highlight the importance of veteran mental health and empower veterans in need by educating them about the life-changing potential of equine-assisted services; and,

**WHEREAS**, the State of Illinois recognizes the efforts of BraveHearts in raising awareness about veteran suicide and promoting the benefits of equine-assisted services, thereby improving the quality of life for veterans grappling with mental health concerns;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim August 11, 2023, as "Trail to Zero Day" to increase public awareness of veteran suicide, demonstrate unwavering support for veterans who struggle with their mental health and/or suicidal ideations, and provide education about the benefits of equine-assisted therapy.

Issued by the Governor: August 11, 2023

Filed by the Governor: September 8, 2023

**2023-232****Veterans Day at the State Fair**

**WHEREAS**, throughout our nation's history, Illinois' men and women in uniform have demonstrated bravery and courage in the face of danger; and,

**WHEREAS**, our veterans answered the call to duty with honor and selflessness throughout Illinois; and,

**WHEREAS**, as we recall the service of our U.S. Military Service Members, we are reminded that the defense of freedom comes with great loss and sacrifice; and,

**WHEREAS**, it is our duty to ensure the sacrifice of these heroes is never forgotten - our veterans represent the best of America, the best of Illinois, and they deserve our support; and,

**WHEREAS**, Sunday, August 13, 2023, is Veterans' Day at the Illinois State Fair – a day to give thanks to those who have served our country and our State, to salute our service members and to honor the men and women who have lost their lives protecting our freedom; and,

## PROCLAMATIONS

**WHEREAS**, it is important that we recognize these true patriots of freedom, liberty, and democracy, not only on this day, but throughout the year;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim August 13, 2023, as Veterans Day at the State Fair in Illinois, and encourage all residents to recognize and honor the sacrifice of our veterans.

Issued by the Governor: August 13, 2023  
Filed by the Governor: September 8, 2023

**2023-233****Frank Meredith Day**

**WHEREAS**, Clarence Franklin "Frank" Meredith was born July 31, 1941, in Pana, Ill., and passed away Aug. 6, 2023, in Sarasota, Fla., after a lifetime of public service in the State of Illinois; and,

**WHEREAS**, Frank Meredith proudly served as the mayor of Sherman from 1987-2007; and,

**WHEREAS**, Frank Meredith retired from the State of Illinois after 24 years of dedicated service, bravely served in the U.S. Navy for 20 years and was president of the Illinois Municipal League from 2000-2001; and,

**WHEREAS**, Frank Meredith's leadership and vision can still be felt today; and,

**WHEREAS**, Frank Meredith is survived by his wife, Deborah Meredith, whom he married in April 2006; one daughter, Kristin (Chris) Fulscher; one son, Brian (Melis) Meredith-Evans; stepsons, Arik (Nicole) and Andrew (Stephanie) Smith. Grandchildren, Carson (Courtney), Cameron, Adam, Maddox, Sadie, Jaxon, Ty, and Olivia Smith; Ryder Williams; Erin Akin; and one great-granddaughter, Elleree Smith - he is preceded in death by his best friend, his shih tzu, Max; and,

**WHEREAS**, Frank Meredith taught others to work hard and love hard, and was always proud of his children and grandchildren;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim August 18, 2023, Frank Meredith Day in Illinois.

Issued by the Governor: August 16, 2023  
Filed by the Governor: September 8, 2023

## PROCLAMATIONS

**2023-234****Nicole La Ha Zwiercan Day**

**WHEREAS**, Illinois honors Mrs. America Nicole La Ha Zwiercan; and,

**WHEREAS**, first crowned Mrs. Illinois in June of 2022, Nicole became the second woman from the State of Illinois to win the national title of Mrs. America in the organization's 46-year history on August 20, 2022; and,

**WHEREAS**, the title of Mrs. America is a distinguished honor and responsibility to serve her community not only at the state level, but throughout the United States and around the world; and,

**WHEREAS**, Nicole, as a life-long public servant, is a dedicated champion for disability advocacy and building inclusive and accessible communities; and,

**WHEREAS**, Mrs. America, Nicole La Ha Zwiercan has represented the State of Illinois across the nation with hard work, dedication, grace, and humility;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim August 20, 2023, as Nicole La Ha Zwiercan Day as a reminder of the importance of accessibility advocacy and building inclusive communities in the State of Illinois.

Issued by the Governor: August 16, 2023

Filed by the Governor: September 8, 2023

**2023-235****Paralegal Day**

**WHEREAS**, paralegals provide essential legal support for many organizations, including law firms, corporate legal departments, and government offices; and,

**WHEREAS**, to meet the increasing demands for legal services in the United States, the skilled work of paralegals will grow in importance and significance for the operation of American organizations and the application of American law; and,

**WHEREAS**, according to the United States Bureau of Labor Statistics, the paralegal profession will experience more significant than average growth through the year 2026; and,

## PROCLAMATIONS

**WHEREAS**, created in 1972, the Illinois Paralegal Association is one of the oldest and largest statewide organizations that supports and represents paralegals and is celebrating its 51<sup>st</sup> anniversary this year; and,

**WHEREAS**, the purpose of the Illinois Paralegal Association is to promote the paralegal profession and communication among paralegals, the legal community, and civic and professional organizations, as well as encourage the continuing education of paralegals in Illinois;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 21, 2023, as Paralegal Day in Illinois, as the Illinois Paralegal Association meets for an annual celebration and to commend paralegals in our state for their contributions to our communities.

Issued by the Governor: August 21, 2023

Filed by the Governor: September 8, 2023

**2023-236****Redberri T-Hub Innovation Center Day**

**WHEREAS**, Redberri Earth Foundation is an Illinois non-profit organization promoting social and economical entrepreneurship; and,

**WHEREAS**, with a generous endowment from the Deepak Kany Vyas Family, the Redberri Earth Foundation, in partnership with T-Hub (the world's largest innovation ecosystem), launched Redberri T-Hub Innovation Center Foundation to promote startup ecosystems in the United States; and,

**WHEREAS**, Redberri T-Hub Innovation Center Foundation is hosting a large business delegation of government leaders under the leadership of K.T. Rama Rao, the Minister of Technology and Industry, to officially launch Redberri T-Hub Innovation Start-Up USA; and,

**WHEREAS**, Illinois and the State of Telangana share the fastest growing innovation ecosystem that promote start-up culture between two nations; and,

**WHEREAS**, Redberri T-Hub Innovation Center will enable over 300 start-ups to invest in Illinois and promote economic development to create over 4,000+ jobs in the Chicagoland area;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim August 25, 2023, as Redberri T-Hub Innovation Center Day.

Issued by the Governor: August 22, 2023

## PROCLAMATIONS

Filed by the Governor: September 8, 2023

**2023-237**

**Ukrainian Independence Day**

**WHEREAS**, the territorial integrity of Ukraine is sovereign and inviolable, and with portions of Ukraine's territory currently under foreign military occupation, we honor the efforts and sacrifices of the Armed Forces and Territorial Defense Forces of Ukraine, in their heroic defense of the entire European continent and our allies against further aggressive actions; and,

**WHEREAS**, for centuries the people of Ukraine yearned and struggled to achieve an independent state all the while preserving their culture, language, and self-identity; and,

**WHEREAS**, thirty years ago, on August 24, 1991, the Parliament of Ukraine formally declared an independent, sovereign, and democratic Ukrainian state, establishing the territorial integrity of Ukraine, further upheld by over 90 percent of Ukrainians in a national referendum in December of that same year; and,

**WHEREAS**, also in 1991, the indigenous Crimean Tatar people of Ukraine restored their historic executive-representative body - Mejlis of the Crimean Tatar people - which was banned once again by occupying forces in 2016, with the language, rights, and culture of Ukraine's indigenous people remaining under threat today, much as they were during the Soviet and Tsarist regimes; and,

**WHEREAS**, since the invasion of Ukraine began in 2014, the United States and its allies have helped train Ukraine's Armed Forces - we honor the men and women of the United States Armed Forces for providing the educational materials and training to further the professional development and increase the overall readiness of Ukraine's Armed Forces; and,

**WHEREAS**, the people of the United States have opened their homes to Ukrainians displaced by the war in their homeland and have personally donated time and again to humanitarian relief for the victims of this invasion - we honor the American spirit of generosity as an essential part of what makes us an exceptional nation; and,

**WHEREAS**, Ukrainian Americans continue to make significant contributions to the cultural fabric of the United States while never forgetting about their rich history and heritage, more than 100 years since first immigrating to this great nation, with which they share the collective U.S.-Ukrainian values of freedom, democracy, and the rule of law; and,

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim this August 24, 2023, as Ukrainian Independence Day and request and urge all residents to join in

## PROCLAMATIONS

commemorating this important anniversary and recommit ourselves to helping the Ukrainian nation reclaim full sovereignty over its international borders while remembering its heroes who sacrificed their lives to ensure freedom and happiness of future generations.

Issued by the Governor: August 24, 2023

Filed by the Governor: September 8, 2023

**2023-238****Veterans Day at the Du Quoin State Fair**

**WHEREAS**, throughout our nation's history, Illinois' men and women in uniform have demonstrated bravery and courage in the face of danger; and,

**WHEREAS**, our veterans answered the call to duty with honor and selflessness throughout Illinois; and,

**WHEREAS**, as we recall the service of our U.S. Military Service Members, we are reminded that the defense of freedom comes with great loss and sacrifice; and,

**WHEREAS**, it is our duty to ensure the sacrifice of these heroes is never forgotten - our veterans represent the best of America, the best of Illinois, and they deserve our support; and,

**WHEREAS**, Sunday, August 27, 2023, is Veterans Day at the Du Quoin State Fair – a day to give thanks to those who have served our country and our State, to salute our service members and to honor the men and women who have lost their lives protecting our freedom; and,

**WHEREAS**, it is important that we recognize these true patriots of freedom, liberty, and democracy, not only on this day, but throughout the year;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim August 27, 2023, as Veterans Day at the Du Quoin State Fair in Illinois, and encourage all residents to recognize and honor the sacrifice of our veterans.

Issued by the Governor: August 27, 2023

Filed by the Governor: September 8, 2023

**2023-239****Childhood Cancer Awareness Month**

**WHEREAS**, childhood cancer is the leading cause of death by disease in children - one in 285 children in the United States is diagnosed by their 20<sup>th</sup> birthday; and,

## PROCLAMATIONS

**WHEREAS**, 46 children per day or 16,790 children per year are diagnosed with cancer in the United States; and,

**WHEREAS**, there are approximately 40,000 children on active treatment at any given time - the average age of diagnosis is six years old, compared to 66 years for adults' cancer diagnosis; and,

**WHEREAS**, 80 percent of childhood cancer patients are diagnosed late and with metastatic disease; and,

**WHEREAS**, on average, there's been less than one percent increase in incidence per year since the mid-1970 resulting in an overall incidence increase of 24 percent over the last 40 years; and,

**WHEREAS**, two-thirds of childhood cancer patients will have chronic health conditions as a result of their treatment toxicity, with one quarter classified as severe to life-threatening; and,

**WHEREAS**, approximately one-half of childhood cancer families rate the associated financial toxicity due to out-of-pocket expenses as considerable to severe; and,

**WHEREAS**, in the last 20 years, only six new drugs have been approved by the US Food and Drug Administration to specifically treat childhood cancer, and;

**WHEREAS**, the National Cancer Institute recognizes the unique research needs of childhood cancer and the associated need for increased funding to carry this out; and,

**WHEREAS**, hundreds of non-profit organizations at the local and national level, including the American Childhood Cancer Organization, are helping children with cancer and their families cope through educational, emotional, and financial support; and,

**WHEREAS**, researchers and healthcare professionals work diligently dedicating their expertise to treating and curing children with cancer; and,

**WHEREAS**, too many children are affected by this deadly disease and more must be done to raise awareness and find a cure;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 2023 as Childhood Cancer Awareness Month in Illinois.

Issued by the Governor: August 28, 2023

Filed by the Governor: September 8, 2023

## PROCLAMATIONS

**2023-240****Illinois Health and Hospital Association Week**

**WHEREAS**, the Illinois Health and Hospital Association (IHA) is celebrating its 100<sup>th</sup> anniversary in 2023; and,

**WHEREAS**, IHA represents more than 200 hospitals and 40 health systems in Illinois; and,

**WHEREAS**, IHA strives to support each person's quest for optimum health, ensuring that all individuals and communities have access to high-quality health care at the right time and in the right setting; and,

**WHEREAS**, IHA works closely and cooperatively with members of the state legislature and state agencies, never more so than during the COVID-19 pandemic, to protect and improve public health;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 18-22, 2023, as Illinois Health and Hospital Association Week in Illinois and congratulate them on 100 years of service.

Issued by the Governor: August 28, 2023

Filed by the Governor: September 8, 2023

**2023-241****Interstitial Cystitis Awareness Month**

**WHEREAS**, up to 12 million Americans - three to eight million women and one to four million men - suffer from Interstitial Cystitis (IC) or Bladder Pain Syndrome (BPS), a chronic bladder condition that usually consists of multiple symptoms including recurring pelvic pain, pressure, or discomfort in the bladder and pelvic region, and may include urinary frequency and urgency; and,

**WHEREAS**, the root cause of IC and BPS remains unknown - there is no known cure; and,

**WHEREAS**, an appropriate diagnosis can take months or years for patients as there is no specific test to identify IC or BPS, and treatment options and levels of relief vary vastly from patient to patient; and,

**WHEREAS**, IC and BPS involve chronic pain which can significantly impact a patient's everyday activities, including the ability to work and mental health; and,

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**WHEREAS**, IC and BPS patients have historically faced a lack of dignity and understanding of their condition; and,

**WHEREAS**, the Interstitial Cystitis Association is the only non-profit organization dedicated to advocating for IC/BPS awareness and research funding while providing a community for patients to connect;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 2023 as Interstitial Cystitis Awareness Month in Illinois.

Issued by the Governor: August 28, 2023

Filed by the Governor: September 8, 2023

**2023-242****Ovarian Cancer Awareness Month**

**WHEREAS**, the American Cancer Society confirms that ovarian cancer is the leading cause of death in women - more than any other cancer of the female reproductive system - with approximately 20,000 women receiving a new diagnosis and approximately 13,270 deaths every year; and,

**WHEREAS**, typically women who are middle-aged or older, who have a family history of ovarian or breast cancer, or have had certain cancers in the past, are at an increased risk of developing ovarian cancer; and

**WHEREAS**, in cases where ovarian cancer is found and treated in its earlier stages which is about 20 percent of diagnosed cases, the 5-year survival rate is approximately 90 percent, with early detection and treatment often meaning the difference between life and death; and,

**WHEREAS**, because ovarian cancer often goes undetected until advanced stages and no specific detection tests are available, increasing awareness of risk factors is critical to fighting this disease; and,

**WHEREAS**, women must know the risk factors associated with the disease, this public awareness campaign strives to increase knowledge about this disease in recognition of the fact that the best defense against ovarian cancer is early detection; and,

**WHEREAS**, the month of September is dedicated to bolstering ovarian cancer prevention and awareness and taking action to lessen the tragic toll this devastating disease takes on families across our state and country while we honor those we have lost and continue to show our support for women who courageously continue the battle; and,

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**WHEREAS**, the mission of the National Ovarian Cancer Coalition (NOCC) is to save lives through the prevention and cure of ovarian cancer and to improve the quality of life for survivors and their caregivers with their goal to educate communities and increase awareness about the symptoms of ovarian cancer;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 2023 as Ovarian Cancer Awareness Month in Illinois and urge all residents to educate themselves on all information and preventive efforts in the fight to treat and eventually eradicate this disease.

Issued by the Governor: August 28, 2023

Filed by the Governor: September 8, 2023

**2023-243****First Baptist Church Canton Day**

**WHEREAS**, Duck Creek Baptist Church formed from the dream and vision of Reverend John Logan and Reverend Gardner Bartlet with a small congregation on June 14, 1833, in the home of William Spencer; and,

**WHEREAS**, the first service lasted two and a half hours with the only four chartered members, William and Rachel Spencer along with John and Anna Clark; and,

**WHEREAS**, following the first meeting, Orville Hale was ordained to be the preacher and after the third meeting was given the right hand of fellowship making him the first member - as the church grew the meeting was moved to Brother West's home in 1835; and,

**WHEREAS**, Duck Creek Baptist Church recruited Reverend Gideon Perry as their second pastor in 1838; and,

**WHEREAS**, Rev. Perry was also a medical doctor and president of Canton College who was essential in revitalizing the church; and,

**WHEREAS**, Duck Creek Baptist Church later would become First Baptist Church Canton on June 16, 1839; and,

**WHEREAS**, on February 20, 1853, church construction was finished and the building was dedicated to Elder Henry G. Weston - Elder Weston would return 50 years later when the church was remodeled under Pastor J.H. Sowerby; and,

## PROCLAMATIONS

**WHEREAS**, in June 1905 the world-renowned revivalist Billy Sunday preached and by the year 1963 there was membership of 935 people; and,

**WHEREAS**, First Baptist Church Canton has a rich history as being a light and strength to the city and region with 55 pastors starting with John Clark, including Canton's "Man of the Year" Reverend Willis Reed, to the current pastor Reverend Dr. John T. Herndon; and,

**WHEREAS**, First Baptist Church continues to serve the community and city of Canton, withstanding the tornado in 1975, the International Harvester Building fire in 1997, and the deadly Ameren gas explosion in 2016;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 7, 2023, as First Baptist Church Canton Day and recognize and acknowledge the accomplishments and contributions made by First Baptist Church Canton since the year 1833.

Issued by the Governor: August 29, 2023

Filed by the Governor: September 8, 2023

**2023-244****National Scarring Alopecia Awareness Month (SAAM)**

**WHEREAS**, scarring (cicatricial) alopecia (hair loss) encompasses a group of hair loss disorders that causes inflammation, causing the hair follicles to be irreversibly destroyed and replaced by fibrous tissue - there is no way to regrow the hair that is already lost and permanently damaged; and,

**WHEREAS**, scarring alopecia is still not well-known among patients and the public, including many not knowing the difference between non-scarring alopecia and scarring alopecia; and,

**WHEREAS**, within the alopecia population, the prevalence of scarring alopecia is approximately seven percent, with one or more patches of permanent alopecia on the scalp that may remain discrete or coalesce to produce near-total alopecia; and,

**WHEREAS**, scarring alopecia is a traumatizing experience and may negatively impact a hair loss patient's quality of life; and,

**WHEREAS**, currently, there are not any approved Federal Drug Administration (FDA) drugs for scarring alopecia patients, which often leaves patients feeling defeated and hopeless; and,

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**WHEREAS**, the Scarring Alopecia Foundation (SAF) focuses on spreading awareness and educating hair stylists, medical professionals, undiagnosed patients, and the general population about this traumatic, scarring, and often painful disease;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 2023, as National Scarring Alopecia Awareness Month (NSAAM) in Illinois and urge all residents to join me in supporting the critical work of spreading awareness and understanding of this rare disease.

Issued by the Governor: August 29, 2023

Filed by the Governor: September 8, 2023

**2023-245**  
**Peace Days**

**WHEREAS**, since September 7, 1978, Peace Day has been celebrated annually in Chicago, Illinois through the observance of one minute of silence for world peace, and has been observed in cooperation with the United Nations International Day of Peace since 1981; and,

**WHEREAS**, the goal of Peace Day is to contribute to the peace-making process through positive peace-building activities, and to allow all individuals to harness their abilities and actively participate in creating a more peaceful world; and,

**WHEREAS**, The Peace School, and Illinois not-for-profit organization, has sponsored Peace Day since its inception and has been awarded the United Nations Peace Messenger designation for its significant and concrete contributions to peace; and,

**WHEREAS**, in 2001, a resolution was passed by the United Nations declaring September 21st of every year as International Day of Peace as a way of rededicating the United Nations to its goal of strengthening the ideals of peace and alleviating tensions and causes of conflict; and,

**WHEREAS**, these events encourage all individuals to take a minute for peace every day as a positive step toward making every day Peace Day;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 7-21, 2023, as Peace Days in Illinois in recognition of the effort to build a more peaceful state, a more peaceful country, and a more peaceful world.

Issued by the Governor: August 29, 2023

Filed by the Governor: September 8, 2023

## PROCLAMATIONS

**2023-246****Harris Theater for Music and Dance Day**

**WHEREAS**, the Joan W. and Irving B. Harris Theater for Music and Dance is Chicago's primary residence for music and dance, connecting diverse audiences with outstanding artists from across the city, the nation, and the world; and,

**WHEREAS**, the Harris Theater opened in 2003 to fill the void of a much-needed shared home for 12 of Chicago's midsize performing arts organizations and has grown to become a home and supportive partner for more than 25 Resident Companies, as well as a renowned presenter featuring performances in its state-of-the-art theater by a diverse range of artists from around the globe; and,

**WHEREAS**, the Harris was founded on the principle of serving Chicago's vibrant community of performing arts organizations, and has evolved to represent the pinnacle of artistic quality and innovation – making the performing arts both relevant and accessible to the vastest possible audience; and,

**WHEREAS**, the Harris Theater for Music and Dance and all the companies that call the Harris home have contributed in immeasurable ways to the vitality and exceptional artistic and cultural reputation of the state of Illinois; and,

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 9, 2023, as Harris Theater for Music and Dance Day in Illinois.

Issued by the Governor: August 31, 2023

Filed by the Governor: September 8, 2023

**2023-247****Flag Lowering – LODD Lieutenant and Emergency Medical Technician Kevin P. Ward**

**WHEREAS**, all residents owe a debt of gratitude to the firefighters of Illinois who selflessly risk their lives to protect people and keep our families and our property safe; and,

**WHEREAS**, every day, these men and women face great risks and often put their lives in danger to perform their duties; and,

**WHEREAS**, on Monday, August 28, 2023, 59-year-old Lieutenant and Emergency Medical Technician (LT/EMT) Kevin P. Ward of the Chicago Fire Department died due to injuries sustained in the line of duty; and,

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**WHEREAS**, a valiant and passionate public servant, LT/EMT Ward's dedication to his community was unparalleled, having served with the Chicago Fire Department for 27 years; and,

**WHEREAS**, LT/EMT Ward is survived by his sister, Karen Aislinn, as well as many other family members and friends;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to lower flags to half-staff from sunrise Tuesday, September 12, 2023, till sundown Wednesday, September 13, 2023, in honor and remembrance of Lieutenant and Emergency Medical Technician Kevin P. Ward, whose service shall forever be an inspiration to the people of Illinois.

Issued by the Governor: September 8, 2023

Filed by the Secretary of State: September 8, 2023

**2023-248****Flag Lowering – LODD Emergency Medical Technician Connor Mandeville-Rakers**

**WHEREAS**, all residents owe a debt of gratitude to the emergency management technicians (EMT) of Illinois who selflessly risk their lives to protect people and keep our loved ones safe; and,

**WHEREAS**, every day, these men and women face great risks and often put their lives in danger to perform their duties; and,

**WHEREAS**, on September 6, 2023, 24-year-old LeRoy Emergency Ambulance Service Technician Connor Mandeville-Rakers died, due to an injury that occurred while on duty; and,

**WHEREAS**, a valiant and passionate public servant, EMT Mandeville-Rakers' dedication to his community was just beginning, as his service with the LeRoy Emergency Ambulance Service began a few months ago; and,

**WHEREAS**, EMT Mandeville-Rakers is survived by his fiancée, Brittney Siegmund; father Jeremy (Amanda) Rakers; his mother, Kristine Stewart; nine siblings, Logan and Brady Rakers, Jacob Mandeville, Steven Trainer, Kelsey Trainer, and Kaden, Kennedy, Kylie, and Khloe Stewart; his maternal grandparents, Mike and Diane Mandeville; his "soon-to-be in-laws" Jeff and Kathy Siegmund; and many other family members and friends;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to lower flags to half-staff from sunrise Saturday, September 9, 2023, till sundown Monday, September 11, 2023, in honor and

## PROCLAMATIONS

remembrance of Emergency Medical Technician Connor Mandeville-Rakers whose service shall forever be an inspiration to the people of Illinois.

Issued by the Governor: September 8, 2023

Filed by the Secretary of State: September 8, 2023

**2023-249**  
**Patriot Day**

**WHEREAS**, on September 11, 2001, terrorists hijacked and diverted four planes above the Eastern Seaboard; and,

**WHEREAS**, at 8:46 a.m. and 9:03 a.m., American Airlines Flight 11 and United Airlines Flight 175, carrying a combined 157 souls, crashed through the twin towers of the World Trade Center in New York City; and,

**WHEREAS**, 34 minutes later, American Airlines Flight 77 and the 64 individuals on board crashed into the Pentagon in our nation's capital; and,

**WHEREAS**, learning of their impending fate, the passengers and crew members of United Airlines Flight 93 courageously chose to spend their last minutes on earth fighting the hijackers, causing a crash that diverted the plane from the terrorists' intended target; and,

**WHEREAS**, tens of thousands of first responders, including firefighters, police officers, and military members, as well as volunteers and neighbors across the country, answered the call to serve on behalf of their fellow Americans; and,

**WHEREAS**, the perpetrators, who tried to break the spirit of the American people and crush the values that we hold dear, were met by the efforts of a nation united in mourning and remembrance; and,

**WHEREAS**, the United States Congress declared September 11 as Patriot Day, a day of remembrance and national mourning; and,

**WHEREAS**, the heroism of every person that sought to help their fellow Americans on this tragic day serves as an enduring example of courage and the victims of these abhorrent attacks live forever in our collective consciousness;

**THEREFORE**, I, JB Pritzker, Governor of the State of Illinois, do hereby proclaim September 11, 2023, as Patriot Day in Illinois, and order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff from sunrise to sunset on this day, in honor and

PROCLAMATIONS

remembrance of the heroes of September 11, 2001, and the thousands of individuals who lost their lives.

Issued by the Governor: September 11, 2023

Filed by the Governor: September 11, 2023

# ILLINOIS ADMINISTRATIVE CODE

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