

# 2004

# ILLINOIS

# REGISTER

RULES  
OF GOVERNMENTAL  
AGENCIES



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## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Proposed Action:</u>
250.240	Amendment
250.265	Amendment
250.1830	Amendment
- 4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- 5) A complete description of the subjects and issues: Part 250 establishes requirements for hospital licensure under the Hospital Licensing Act [210 ILCS 85]. Section 250.240 is being amended to add requirements for patient discharge planning. Section 250.265 (Language Assistance Services) is being amended in response to Public Act 93-0564 (effective January 1, 2004), which amended the Language Assistance Services Act [210 ILCS 87] to make compliance mandatory, rather than optional, for hospitals and long-term care facilities. The Department published new proposed rules implementing P.A. 93-0564, which applies to both hospitals and long-term care facilities. Section 250.265 is being amended to repeal existing text and to require compliance with the Language Assistance Services Act and the Language Assistance Services Code (77 Ill. Adm. Code 940, published in the May 21, 2004 *Illinois Register*).

Section 250.1830 (General Requirements for all Maternity Departments) is being amended to update requirements for the identification of infants. These requirements are quoted from the Guidelines for Perinatal Care of the American Academy of Pediatrics/American College of Obstetricians and Gynecologists (ACOG).

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

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

- 6) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this rulemaking contain any incorporations by reference? Yes

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- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.
- 11) Time, place, and manner in which interested persons may comment on this rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:
- Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: rules@idph.state.il.us
- 12) Initial Regulatory Flexibility Analysis:
- A) Type of small businesses, small municipalities and not-for-profit corporations affected: Hospitals
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: Nursing
- 13) Regulatory Agenda on which this rulemaking was summarized: January 2004

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH

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SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250

HOSPITAL LICENSING REQUIREMENTS

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- 250.120 Application for and Issuance of a License to Operate a Hospital
- 250.130 Administration by the Department
- 250.140 Hearings
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- 250.220 Accounting
- 250.230 Planning
- 250.240 Admission and Discharge
- 250.250 Visiting Rules
- 250.260 Patients' Rights
- 250.265 Language Assistance Services
- 250.270 Manuals of Procedure
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- 250.320 Admission and Supervision of Patients
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SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

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## DEPARTMENT OF PUBLIC HEALTH

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

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART B: ADMINISTRATION AND PLANNING

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**Section 250.240 Admission and Discharge**

- a) **Principle-**  
The hospital shall have written policies for the admission, discharge, and referral of all patients who present themselves for care. Procedures shall assure appropriate utilization of hospital resources, such as preadmission testing, ambulatory care programs, and short-term procedure units.
- b) **Access-**
- 1) All persons shall be admitted to the hospital, whether as inpatients or outpatients, by a member of the medical staff with admitting privileges, and shall be under the professional care of a member of the medical staff.
  - 2) Insofar as possible, the hospital shall assign patients to ~~such~~ accommodations ~~as will provide for adequate segregation~~ with regard to ~~gendersex~~, age, and medical requirement.
  - 3) The hospital shall provide basic and effective care to each patient. No person seeking necessary medical care from the hospital shall be denied such care for reasons not based on sound medical practice or the hospital's charter, and, particularly, no such person shall be denied such care on account of race, creed, color, religion, ~~gendersex~~, or sexual preference.
  - 4) When the hospital does not provide the services required by a patient or a person seeking necessary medical care, an appropriate referral shall be made.
- c) **Required Testing for All Admissions**
- 1) The laboratory examinations required on all admissions shall be determined by the medical staff and shall be consistent with the scope and nature of the hospital. The required list or lists of tests shall be in written form and shall be available to all members of the medical staff. The required examinations shall be consistent with the requirements of this subsection (c) of this Section.
  - 2) Uterine Cytologic Examination for Cancer

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- A) *Every hospital shall offer a uterine cytologic examination for cancer to every female ~~inpatient~~<sup>inpatient</sup> 20 years of age or ~~over~~<sup>older</sup>, unless one of the following conditions exists:*
- i) *The attending physician considers the test to be ~~contraindicated~~<sup>contra-indicated</sup>.*
  - ii) *The patient has had a uterine cytologic examination for cancer performed within the previous year prior to the admission to the hospital.*
- B) *Every woman for whom the test is applicable shall have the right to refuse such test on the counsel of the attending physician or on her own judgment.*
- C) *Patient records for all female ~~inpatients~~<sup>inpatients</sup> 20 years of age or older shall indicate one of the following:*
- i) *The results of the test;*
  - ii) *The reasons that the test offer requirement was *not applicable* as provided under subsection (c)(2)(A) of this Section; or;*
  - iii) *A statement that *the patient refused the test*. (Section ~~2310-54055.31~~ of the Civil Administrative Code [20 ILCS 2310/2310-540], ~~Ill. Rev. Stat. 1989, ch. 127, par. 55.31~~).*
- 3) **Testing for Infection with Human Immunodeficiency Virus (HIV)**
- A) *Upon the request of any patient, the hospital shall offer testing for infection with human immunodeficiency virus (HIV) to that patient.*
- B) *The hospital shall ~~ensure~~<sup>insure</sup> that *pre-test and post-test counseling* is provided to the patient in accordance with the provisions of the AIDS Confidentiality Act [210 ILCS 115/20]~~(Ill. Rev. Stat. 1989, ch. 111½, par. 730 et seq.)~~ and the Department's rules titled "entitled" "AIDS Confidentiality and Testing Code" (77 Ill. Adm. Code 697).*

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- C) Testing ~~that~~which is performed under this requirement *shall be subject to the provisions of the AIDS Confidentiality Act (Ill. Rev. Stat. 1989, ch. 111½, par. 730 et seq.) and the Department's rules entitled "AIDS Confidentiality and Testing Code" (77 Ill. Adm. Code 697). (Section 6.10 of the Act)*
- d) Discharge Notification
- 1) The hospital shall develop a discharge plan of care for all patients who present themselves to the hospital for care.
  - 2) The discharge plan shall be based on an assessment of the patient's needs by various disciplines responsible for the patient's care.
  - 3) When a patient is discharged to another level of care, the hospital shall ensure that the patient is being transferred to a facility that is capable of meeting the patient's assessed needs.
  - 4) *At least 24 hours prior to discharge from the hospital, each patient who qualifies for the federal Medicare program shall be notified of the discharge. The notification shall be provided by, or at the direction of, a member of the hospital's medical staff. The notification shall include:*
    - A) The anticipated date and time of discharge.
    - B) *Written information concerning the patient's right to appeal the discharge pursuant to the federal Medicare program, including the steps to follow to appeal the discharge and the appropriate telephone number to call if the patient intends to appeal the discharge. This written information does not need to be included in the notification, if it has already been provided to the patient. (Section 6.09 of the Act)*
  - 5) *The hospital shall develop and implement policies and procedures to provide the notification required in subsection (d)(4) of this Section. The policies and procedures may provide for waiver of the notification requirement in either or both of the following cases:*
    - A) *When a discharge notice is not feasible due to a short length of stay in the hospital by the patient. The hospital policy shall specify*

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the length of stay when discharge notification will not be considered feasible.

- B) *When the patient voluntarily desires to leave the hospital before the expiration of the 24 hour period. (Section 6.09a of the Act)*

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 250.265 Language Assistance Services**

The hospital shall comply with the Language Assistance Services Act [210 ILCS 87] and the Language Assistance Services Code (77 Ill. Adm. Code 940).

- a) ~~For the purpose of this Section:~~
- 1) ~~Interpreter means a person fluent in English and in the necessary language of the patient who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters shall have the ability to translate the names of body parts and to describe completely symptoms and injuries in both languages. Interpreters may include members of the medical or professional staff.~~
  - 2) ~~Language or communication barriers means either of the following:~~
    - A) ~~With respect to spoken language, barriers that are experienced by limited English speaking or non-English speaking individuals who speak the same primary language, if those individuals constitute at least 5% of the patients served by the hospital annually.~~
    - B) ~~With respect to sign language, barriers that are experienced by individuals who are deaf and whose primary language is sign language. (Section 10 of the Language Assistance Services Act) [210 ILCS 87/10]~~
- b) ~~To insure access to health care information and services for limited English speaking or non-English speaking patients and deaf patients, a hospital may do one or more of the following:~~
- 1) ~~Review existing policies regarding interpreters for patients with limited~~



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~~English proficiency and for patients who are deaf, including the availability of staff to act as interpreters.~~

- 2) ~~Adopt and review annually a policy for providing language assistance services to patients with language or communication barriers. The policy shall include procedures for providing, to the extent possible as determined by the facility, the use of an interpreter whenever a language or communication barrier exists, except where the patient, after being informed of the availability of the interpreter service, chooses to use a family member or friend who volunteers to interpret. The procedures shall be designed to maximize efficient use of interpreters and minimize delays in providing interpreters to patients. The procedures shall insure, to the extent possible as determined by the facility, that interpreters are available, either on the premises or accessible by telephone, 24 hours a day. The facility shall annually transmit to the Department of Public Health a copy of the updated policy and shall include a description of the facility's efforts to insure adequate and speedy communication between patients with language or communication barriers and staff.~~
- 3) ~~Develop, and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter, and the telephone numbers to call for filing complaints concerning the interpreter service problems, including, but not limited to, a T.D.D. number for the hearing impaired. The notices shall be posted, at a minimum, in the Emergency Room, the admitting area, the facility entrance, and the outpatient area. Notices shall inform patients that interpreter services are available on request, shall list the languages for which interpreter services are available, and shall instruct patients to direct complaints regarding interpreter services to the Department of Public Health, including the telephone numbers to call for that purpose.~~
- 4) ~~Identify and record a patient's primary language and dialect on one or more of the following: a patient medical chart, hospital bracelet, bedside notice, or nursing card.~~
- 5) ~~Prepare and maintain, as needed, a list of interpreters who have been identified as proficient in sign language and in the languages of the population of the geographical area served by the facility who have the ability to translate the names of body parts, injuries, and symptoms.~~

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- 6) ~~Notify the facility's employees of the facility's commitment to provide interpreters to all patients who request them.~~
- 7) ~~Review all standardized written forms, waivers, documents, and informational materials available to patients on admission to determine which to translate into languages other than English.~~
- 8) ~~Consider providing its nonbilingual staff with standardized picture and phrase sheets for use in routine communications with patients who have language or communication barriers.~~
- 9) ~~Develop community liaison groups to enable the facility and the limited-English-speaking, non-English-speaking, and deaf communities to ensure the adequacy of the interpreter services. (Section 15 of the Language Assistance Services Act)~~

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART O: MATERNITY AND NEONATAL SERVICE

**Section 250.1830 General Requirements for All Maternity Departments**

- a) The temperature and humidity in the nurseries and in the delivery suite shall be maintained at a level best suited for the protection of mother and baby as determined by the responsible people in the department and as recommended by the American Academy of Pediatrics and ACOG. Chilling of the neonate must be avoided: the neonate must be immediately placed in an approved radiant heat source ready to receive the infant and that allows access for resuscitation efforts. Personnel trained to use the equipment to maintain a neutral thermal environment for the neonate shall be available. For general temperature and humidity requirements see Section 250.2480(d)(1). In general, a temperature between 72 degrees and 76 degrees and relative humidity between 35% and 60% are acceptable.
- b) Linens and Laundry
  - 1) Nursery linens shall be washed separately from other hospital linens.
  - 2) Soiled linens shall be discarded into impervious plastic bags placed in hampers that are easy to clean and disinfect. Soiled diapers shall be

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placed in special diaper receptacles immediately after removal from the neonate. Diapers shall not be rinsed in the nursery. Chutes from nursery to laundry shall be used only if a system of negative air pressure exists.

- 3) Plastic bags of soiled diapers (reusable or disposable) and other linens shall be sealed and removed from the nursery at least every eight hours.
  - 4) Linens shall be transported to the nursery in an enclosed unit or otherwise protected from contamination.
  - 5) No new unlaundered garments shall be used in the nursery. Linen used in observation and special care nurseries shall be autoclaved.
- c) Sterilizing equipment, as required in Section 250.1090, shall be available. This may be provided in the maternity department or in a central sterilizing unit provided that flash sterilizing equipment or adequate sterile supplies and instruments are provided in the maternity department.
- d) Accommodations and facilities for mothers
- 1) The hospital shall identify specific rooms and beds, adjacent when possible to other maternity facilities, as maternity rooms and beds. These rooms and beds shall be used exclusively for maternity patients or for combined maternity and gynecological service beds in accordance with Section 250.1820(h).
  - 2) Whenever feasible, adjacent patient rooms and beds may be used as "swing beds" to be made a part of another nursing unit. Adjacent rooms and beds may be used for clean cases. A corridor partition with doors is recommended to provide a separation between the maternity beds and maternity facilities and the nonmaternity rooms. The doors shall be kept closed except when in active use as a passageway.
  - 3) Facilities shall be available for the immediate isolation of all patients in whom an infectious condition is thought to exist or other conditions inimical to the safety of other maternity and neonatal patients.
  - 4) It is preferred that labor rooms be private or two-bed rooms. Labor rooms shall be conveniently located with reference to the delivery rooms and shall have facilities for examination and preparation of patients.

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- 5) Delivery rooms shall be equipped and staffed to provide emergency resuscitation for infants. Equipment shall include an infant size positive pressure bag with capability of 100% O<sub>2</sub> delivery; bag and mask with attachment for oxygen; laryngoscope with zero and one sized blades; endotracheal tubes sizes 10, 12, 14 French or equivalent; oral airways; and an appropriate device to provide a source of continuous suction for aspiration of the pharynx and stomach. An umbilical vessel catheterization tray should be available. Only personnel qualified and trained to do so should use this equipment.
  - 6) If only one delivery room is required, one labor room shall be arranged as an emergency delivery room and shall have a minimum clear floor area of 180 square feet.
  - 7) A recovery room is recommended. The patient shall be kept under close observation until her condition is stabilized following delivery. Observations at established time intervals shall be recorded as a part of the patient's chart. A recovery area shall be provided. Emergency equipment and supplies must be available for use in the recovery area. Continuing education for personnel providing recovery room care should be provided. Refer to Section 250.1410(g).
- e) Accommodations and facilities for infants
- 1) Primary Care Nurseries
    - A) A clean nursery or nurseries shall be provided, near the mothers' rooms with adequate lighting and ventilation. There shall be a minimum of 30 square feet of floor area for each bassinet and three feet between bassinets. Equipment must be provided to prevent direct draft on the infants. Because one nursing staff person is required for every six to eight normal infants, individual nursery rooms should have a capacity of six to eight or 12 to 16. The normal newborn infant care area in a smaller hospital should limit room size to eight, so that two or more rooms are available to permit cohorting in the presence of infection.
    - B) Bassinets equipped to provide for the medical examination of the newborn infant and for the storage of necessary supplies and

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equipment shall be provided in a number to exceed obstetric beds by at least 20% to accommodate multiple births, extended stay, and fluctuating patient loads. Bassinets are to be separated by a minimum of three feet measuring from the edge of one bassinet to the edge of the adjacent one.

- C) A glass observation window shall be provided through which babies may be viewed.
- D) Resuscitation equipment as described for the delivery suite and below, and personnel trained to use it, shall be available in the nursery at all times.
- E) Each primary care nursery shall have immediately on hand equipment necessary to stabilize the sick infant prior to transfer. Such equipment shall consist of:
  - i) A heat source capable of maintaining the core temperature of even the smallest infant at 98 degrees (an incubator, or preferably a radiant heat source).
  - ii) Equipment with the ability to monitor blood sugar frequently (Dextrostix).
  - iii) A resuscitation tray containing at least laryngoscope, 0 and 1 size blades, endotracheal tubes of various neonatal sizes, infant size positive pressure bag and appropriate sized masks, gavage tubes, and an umbilical vessel catheterization tray.
  - iv) Equipment for delivery of 100% oxygen concentration, and the ability to measure delivered oxygen in fractional inspired concentrations (FI O<sub>2</sub>). The oxygen analyzer shall be calibrated and serviced at least monthly by the hospital's respiratory therapy department or other responsible personnel trained to perform the task.
- F) Consultation and Referral Protocols
  - i) Each primary care nursery shall have a clearly designated

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Level II or Level III nursery to which it refers patients and from which it seeks consultation and advice. The telephone number of the Level II or Level III nursery and the name of the nursery director shall be posted in the nursery. A log of communication between the general nursery and the referral nursery shall be maintained by the head nurse of the general nursery.

- ii) Protocols for management of certain disease states, and for consultation and referral shall be developed by the nursery director in conjunction with the director of the Level II or Level III unit to which referrals are sent.
  - iii) These protocols shall spell out details for local management of disease states and specific transfer criteria. These protocols shall be maintained in the nursery.
- 2) Intermediate and Intensive Care Nurseries shall meet all of the conditions described above except that infant cribs shall be separated by four to six feet of space to allow for ease of movement of additional personnel, and to allow space for additional equipment used in care of infants in these areas. There should be 80 to 100 square feet of space for each infant cared for in the Level III or Intensive Care area.
- 3) Facilities shall be available for the immediate isolation of all newborn infants who have or are suspected of having an infectious disease.
- 4) When an infectious condition is thought to exist, the infant shall be isolated in accordance with policies and procedures established and approved by the hospital and consistent with recommended procedures of ACOG, AAP, and the Control of Communicable Diseases Code.
- f) The personnel requirements and recommendations set forth in Subpart D apply to the operation of the maternity department in addition to the following:
- 1) Nursing Staff – General Requirements
    - A) Nursing supervision by a registered professional nurse shall be provided for the entire 24-hour period for each occupied unit of the maternity and neonatal services. This nurse shall have education

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and experience in maternity and/or neonatal nursing.

- B) At least one maternity or neonatal nurse trained in maternity and nursery care shall be assigned to the care of mothers and infants at all times. When infants are present in the nursery at least one person trained to give care to the newborn infants shall be assigned at all times to the nursery with duties restricted to the care of the infants. Infants shall never be left unattended.
  - C) A registered professional nurse must be in attendance at all deliveries, and must be available to monitor the mother's general condition and that of the fetus during labor and for at least two hours after delivery and longer if complications occur.
  - D) Nursing personnel providing care for obstetric and other patients shall be instructed on a continuing basis in the proper technique to prevent cross-infection. When necessary for the same nurse to care for both maternity and nonmaternity patients in the gynecologic unit, proper technique shall be followed.
  - E) Nursing personnel are only permitted to be assigned to the maternity neonatal division for an entire shift.
  - F) Temporary relief from outside the maternity neonatal division by qualified personnel shall be permitted as necessary according to appropriate infection control policy.
- 2) Nursing Staff – Level I or Primary Care for occupied units. These units shall meet the following requirements in addition to General Care Requirements in Section 250.1830(f)(1).
- A) Labor and Delivery Unit Staffing shall be planned to ensure that the total nursing personnel on each shift is equal to one-half the average number of deliveries per 24 hours. At least half of the personnel on each shift shall be R.N.s, and at no time shall the nursing staff on any shift be fewer than two. The nursing staff of the labor and post delivery recovery area shall not have other responsibilities in the labor/delivery suite except for emergencies.
  - B) Postpartum and General Care Newborn Unit

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- i) If these units are organized as separate nursing units, staffing should be based on a formula of one nursing personnel per six to eight patients and should ensure one R.N. per unit per shift.
    - ii) If the units are combined as a rooming-in or modified rooming-in unit, the nursing staff shall be planned to provide one nursing personnel per four mother baby units and shall never be staffed at fewer than two nursing personnel per shift. One shall be a registered professional nurse (R.N.).
  - C) At least one member of the nursing staff on each shift, who is skilled in cardiopulmonary resuscitation of the newborn, must be immediately available to the delivery suite and newborn nursery area.
  - D) Changes in medical staff regulations, where applicable, shall be provided to permit the perinatal medicine service to fully utilize the services of specially trained paramedical and nursing personnel where these personnel are needed and/or desired.
- 3) Nursing Staff – Level II Intermediate Perinatal Care Requirements. These units shall meet the following requirements in addition to General Care Requirements in Section 250.1830(f)(1).
- A) Labor and delivery shall include at least one registered professional nurse on each shift who must be competent in the use of continuous electronic fetal monitoring techniques.
  - B) Intermediate Care Nursery
    - i) A staffing ratio of one licensed nursing personnel per three or four infants must be available.
    - ii) Nursing personnel may be shared with the general care nursery as needed.
    - iii) There must never be fewer than two licensed nursing



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personnel available in the general and intermediate care nurseries, at least one of whom is an R.N.

- 4) Nursing Staff – Level III Tertiary Perinatal Care. These units shall meet the following requirements in addition to Intermediate Care Requirements in subsection (f)(3).
  - A) Staffing patterns on each shift must be such that a 1:1 ratio between patients who require intensive care during labor and delivery and a registered professional nurse who is competent, by virtue of training and/or experience, in the care of high risk obstetric patients can be maintained as necessary. A ratio of at least one registered professional nurse to 1½ patients shall be maintained at all times.
  - B) Neonatal intensive care nursing on a 1:1 basis must be available as indicated. A ratio of at least one registered professional nurse to 1½ patients shall be maintained at all times.
- 5) Medical Personnel
  - A) Level I or Primary Care:
    - i) One physician should be Chief of Neonatal Care. He or she should be a board certified pediatrician. Where this is not possible, a physician with experience and regular practice may be the Chief and responsible for neonatal care, and a source of pediatric and/or neonatology consultation shall be documented.
    - ii) The director of obstetrical service should be a board certified obstetrician. Where this is not possible, a physician with experience and regular practice may be Chief and responsible for obstetric care, and a source of obstetric consultation shall be documented.
  - B) Level II or Intermediate Care:
    - i) A board certified pediatrician with special interest and training in neonatal/perinatal medicine or a certified

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neonatologist should be Chief of Neonatal Care. A board certified obstetrician should be Chief of Obstetrical Care. Obstetrical anesthesia should be directed by a board certified anesthesiologist with experience and competence in obstetrical anesthesia. Hospital staff should also include a pathologist and an "on call" radiologist 24 hours a day. Specialized medical and surgical consultation shall be readily available.

- ii) Other staff: Laboratory and X-ray technicians in the hospital shall be readily available at all times. In addition, a respiratory therapist may be part of the staff.

C) Level III or Intensive Care:

- i) The Chief of Neonatal Pediatrics should be eligible for certification by the American Board of Pediatrics' subspecialty board of neonatal/perinatal medicine, and is responsible for care in intensive care areas. Only physicians eligible for certification in neonatal/perinatal medicine shall be responsible for care of infants in the Intensive Care area, but other physicians should be encouraged to participate. The Chief shall be full-time with the hospital service. There shall be sufficient number of qualified or certified neonatologists to assure availability of such care at all times. The chief of obstetric/perinatal service at the Level III facility shall be a board certified obstetrician and preferably certified in fetal/maternal medicine.
- ii) Pediatric medical and surgical subspecialists must be available for consultation. An anesthesiologist with special training in maternal fetal and neonatal anesthesia must be in charge of anesthesia services. A pathologist and radiologist with experience in interpretation of radiographs of neonatal patients shall be members of the hospital staff.

6) Nutritionist Staff

- A) For Level II units, a registered dietitian with professional

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experience and/or course work that relates to perinatal maternal and newborn dietary management should be available.

- B) For Level III units, a registered dietitian with professional experience and/or course work that relates to perinatal maternal and newborn dietary management shall be available.

g) Practices and procedures for care of mothers and infants

- 1) The hospital shall effect all necessary precautionary measures against the admission to the maternity department of actual or suspected infectious patients.
- 2) Patients with clean obstetric complications (regardless of month of gestation) such as toxemia of pregnancy for observation and treatment, placenta [previa](#) for observation or delivery, ectopic pregnancy, and hypertensive heart disease in a pregnant patient, may be admitted to the maternity department and be under the same rules as any other maternity case. (See Section 250.1820(h)(6)(B).)
- 3) The physician shall determine whether a prenatal serological test for syphilis has been done on each mother and the results recorded. If no such test has been done before the admission of the patients, the test shall be performed as soon as possible. Specimens may be submitted in appropriate containers to an Illinois Department of Public Health laboratory for testing without charge.
- 4) No maternity patient under the effect of an analgesic or an anesthetic, in active labor or delivery, shall be left unattended at any time.
- 5) Fetal maturity shall be established and documented prior to elective inductions and Cesarean sections. The hospital shall establish a written policy and procedure concerning the administration of oxytocic drugs.
  - A) Oxytocin should be used for the contraction stress test only when qualified personnel, determined by the hospital staff and administration, can attend the patient closely. Written policies and procedures shall be available to the team members assuming this responsibility. It is recommended that Oxytocin be administered by controlled infusion.

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- B) Oxytocin shall be used for medical induction or stimulation of labor only when qualified personnel, determined by the hospital staff and administration, can attend the patient closely. Written policies and procedures shall be available to the team members assuming this responsibility. It is recommended that the following be included in these policies:
- i) The attending physician should evaluate the patient for induction or stimulation, especially with regard to indications.
  - ii) The physician or other individuals starting the Oxytocin shall be familiar with its effect and complications and be qualified to identify both maternal and fetal complications.
  - iii) A qualified physician shall be immediately available as is necessary to manage any complication effectively.
  - iv) The intravenous route is the only acceptable mode of administration. It is recommended that an infusion pump, or other device for accurate control of the rate of flow, and a two-bottle system, one of which contains no Oxytocin substance, be used.
  - v) During Oxytocin administration, the fetal heart rate; the resting uterine tone; and the frequency, duration and intensity of contractions must be monitored electronically and recorded. Maternal blood pressure and pulse must be monitored and recorded at intervals comparable to the dosage regimen; that is, at 30 to 60 minute intervals, when the dosage is evaluated for maintenance, increase or decrease. Evidence of maternal and fetal surveillance must be documented.
- 6) Identification of infants. The hospital shall use standards that are consistent with, but not limited to, procedures for the identification of newborn infants as recommended by the American Academy of Pediatrics, which are as follows (Guidelines for Perinatal Care; American Academy of Pediatrics/American College of Obstetricians and Gynecologists;

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20021983; pg. 19778):

- A) "While the newborn is still in the delivery room, identical bands that indicate the mother's admission number, the neonate's sex, the date and time of birth, and other information specified in hospital policy should be secured to the mother and the newborn. Delivery room and nursery personnel should exercise meticulous care in the preparation and placement of the neonate's identification bands. The nurse in the delivery room should be responsible for preparing and securely fastening these identification bands on the neonate. Footprinting and fingerprinting alone are not adequate methods of patient identification."
- B) "The birth records and identification bands should be checked before the neonate leaves the delivery room. When the neonate is taken to the nursery, both the delivery room nurse and the admitting nurse should check the neonate's identification bands and birth records, verify the sex of the neonate, and sign the neonate's medical record. The admitting nurse should fill out the bassinet card and attach it to the bassinet. When the mother is shown her neonate, she should be asked to verify the information on the identification bands and the sex of the neonate. If the condition of the neonate does not allow placement of identification bands (e.g., extreme preterm birth), the identification bands should accompany the neonate and should be placed on the incubator or warmer to be attached as soon as is practical."
- C) "With multiple births, the umbilical cords should be identified according to hospital policy (e.g., use of different number of clamps) so that umbilical cord blood specimens may be correctly labeled. All umbilical cord blood samples must be labeled correctly with an indication that these are samples of the neonate's umbilical cord blood and not that of the mother."
- D) "Each institution should develop a newborn security system. This system may include electronic sensor devices as well as instructions to the mother regarding safety precautions designed to avoid abduction when her newborn is rooming in."
- A) "NEONATE IDENTIFICATION. While the newborn is still in the

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~~delivery room, two identical bands indicating the mother's admission number, the neonate's sex, and the date and time of birth should be placed on the wrist or ankle. The nurse in charge of the delivery room is responsible for preparing and securely fastening these identification bands to the neonate. The birth records and identification bands should be checked by both the nurse and the responsible physician before the neonate leaves the resuscitation area of the delivery room. When the neonate is admitted to the nursery, both the delivery room nurse and the admitting nurse should check the identification bands and birth records, verify the sex of the neonate, and sign the neonate's record. The admitting nurse should fill out the bassinet card and attach it to the bassinet. Later, when the neonate is shown to the mother, she should be asked to verify the information on the identification bands and the sex of the neonate. It is imperative that delivery room and nursery personnel be meticulous in the preparation and placement of neonate identification bands."~~

- B) ~~"Footprinting and fingerprinting have in the past been recommended for purposes of neonate identification. Techniques such as sophisticated blood typing are now available and appear to be more reliable. If utilized, dermatoglyphics should be done carefully. Individual hospitals may want to continue with footprinting and fingerprinting, but universal use of this practice is no longer recommended."~~
- 7) Within one hour after delivery, a one percent silver nitrate solution or ophthalmic ointment or drops containing tetracycline or erythromycin shall be instilled into the eyes of the newborn infant as a preventive against ophthalmia neonatorum. Do not irrigate immediately. This solution may be obtained free of charge from the Department.
- 8) Each infant shall be given complete individual cribside care. The use of a common bath table is prohibited. Scales shall be adequately protected to prevent cross-infection.
- 9) Artificial feedings and formula changes shall not be instituted except by written order of the attending physician.
- 10) Facilities for drug services. See Section 250.2130(a).

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- 11) Transport of newborn infants from the delivery room to the nursery shall be done in a safe manner. Adequate support systems (heating, oxygen, suction) should be incorporated into the transport units for these infants (e.g., to x-ray). Chilling of the newborn and cross-infection must be avoided. Where travel is excessive and through other areas, special transport incubators may be required. The method of transporting infants from the nursery to the mothers shall be individual, safe and free from cross-infection hazards.
- 12) The stay of the mother and the baby in the hospital after delivery should be planned to allow the identification of problems and to reinforce instructions in preparation for the infant's care at home. The mother and infant shall be carefully observed for a sufficient period of time and assessed prior to discharge to ensure that their conditions are stable. Healthy infants should be discharged from the hospital simultaneously with the mother or to other authorized (by the mother) personnel should the mother remain in the hospital for an extended stay. It is recommended that there be a provision for follow-up for the mothers and babies discharged within 24 hours. This follow-up should include a face-to-face encounter with a health care provider who will assess the condition of mother and baby and arrange for intervention if problems are identified.
- 13) When a patient's condition permits, an infant may be transferred from an intensive care nursery to the referring nursery or to another nursery that is nearest the home and at which an appropriate level of care may be provided.
- 14) Circumcisions by a Mohel shall be performed under aseptic conditions. Such circumcisions shall not be performed in the delivery room. A registered nurse or physician shall be in attendance and attendance by visitors shall be limited.
- 15) A single parenteral dose of vitamin K-1, water soluble 0.5 mgm, shall be given to the infant soon after birth as a prophylaxis against hemorrhagic disorder in the first days of life.
- 16) Circumcisions shall not be done in the delivery room or within the first six hours after birth. A physician may order and perform a circumcision when the infant is over the age of 6 hours and is healthy and stable in the

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physician's professional judgment.

- 17) The hospital shall adhere to the practices prescribed in Guidelines for Perinatal Care and Guidelines for Women's Health Care (American College of Obstetricians and Gynecologists) (see Section 250.160).

h) Medical Records

1) Obstetric records

A) For each patient there shall be adequate, accurate, and complete medical records. The medical records shall include findings during the prenatal period, which should be available in the maternity department prior to the patient's admission and shall include medical and obstetric history, observations and proceedings during labor, delivery and the postpartum period, and laboratory and x-ray findings.

B) Records shall be maintained in accordance with the minimum observations and laboratory tests outlined in Guidelines for Perinatal Care and Guidelines for Women's Health Care. The physician director of the maternity department shall require all physicians delivering obstetrics care to send copies of the prenatal records to the obstetrical unit at or before 37 weeks gestation.

2) Infant records. For each infant there shall be accurate and complete medical records. The medical records shall include:

A) History of maternal health and prenatal course.

B) Description of labor, including drugs administered, method of delivery, complications of labor and delivery, and description of placenta and amniotic fluid.

C) Time of birth and condition of infant at birth, including Apgar score at one and five minutes, age respiration became spontaneous and sustained, description of resuscitation if required, description of abnormalities and problems occurring from birth until transfer from the delivery room.



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- D) Report of a complete and detailed physical examination within 24 hours following birth; report of a medical examination within 24 hours of discharge and one at least every three days during the hospital stay.
  - E) Physical measurements, including length, weight and head circumference at birth and weight every day; temperature twice daily.
  - F) Documentation of infant feeding: intake, content, and amount if by formula.
  - G) Clinical course during hospital stay, including treatment rendered and patient response; clinical note of status at discharge.
- 3) The hospital shall keep a record of births that contains data sufficient to duplicate the birth certificate. The requirement may be met:
- A) by retaining the yellow "hospital copy" of the birth certificate properly bound in chronological order, or
  - B) by retaining this copy with the individual medical record.
- i) Reports
- 1) Each hospital that provides maternity service shall submit a monthly perinatal activities report on forms provided for this purpose by the Department. This report shall be signed by a representative of the department preparing the document and shall be mailed not later than the 15<sup>th</sup> of the following month.
  - 2) Maternal Death Report
    - A) The hospital shall submit an immediate report of the occurrence of a maternal death to the Department, in accordance with the Department's rules titled Maternal Death Review (77 Ill. Adm. Code 657). Maternal death is the death of any women dying of any cause whatsoever while pregnant or within one year after termination of the pregnancy, irrespective of the duration of the pregnancy at the time of the termination or the method by which it

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was terminated. A death shall be reported regardless of whether the death occurred in the maternity division or any other section of the hospital, or whether the patient was delivered in the hospital where death occurred, or elsewhere.

- B) The filing of this report shall in no way preclude the necessity of filing a death certificate or of including the death on the Maternity Activities Report.
- 3) The hospital shall comply with the laws of the State and the regulations of the [DivisionDepartment](#) as regards the preparation and filing of birth, stillbirth, and death certificates.
  - 4) Epidemic and Communicable Disease Reporting
    - A) The hospital shall develop a protocol for management and reporting of infections consistent with the Control of Communicable Diseases Code and with Guidelines for Perinatal Care and Guidelines for Women's Health Care and as approved by the Infection Control Committee. These policies shall be known to maternity and nursery personnel.
    - B) The facility shall particularly address those infections specifically related to mothers and infants, including but not limited to diarrhea of the newborn, staphylococcal infections occurring in infants under 28 days of age, and ophthalmia neonatorum.
- j) Formula
    - 1) If pasteurized, commercially prepared formula is used exclusively and no formula is prepared by the hospital, a formula room and formula room equipment are not required; however, adequate space, equipment and procedures acceptable to the [DivisionDepartment](#) for processing, handling and storing of commercially prepared formula shall be provided. Procedures and aseptic techniques shall be established and enforced. Provisions must be made for the preparation of special formula.
    - 2) All hospitals providing maternity or pediatric services that prepare their own formula, shall provide a well-ventilated and well-lighted formula room, which shall be adequately supervised and used exclusively for the preparation of formulas.

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- 3) Equipment shall include hand-washing facilities with hot and cold running water with knee, foot or elbow controlled valves; a double section sink for washing and rinsing bottles; facilities for storing cleaning equipment, refrigeration facilities; utensils in good condition for preparation of formulas; cupboard and work space and a work table; an autoclave and a supply of individual formula bottles, nipples and protecting caps, adequate to prepare a 24-hour supply of formula and water for each infant. Procedures shall be established by the hospital and enforced.
- k) Visiting regulations
- 1) The visiting regulations set forth in Subpart B shall apply to maternity departments, except as modified in this subsection.
  - 2) It is recommended that visitors be limited to two per patient at any one time.
  - 3) Contact with the infant shall be restricted to the father, or one other adult selected by the mother, except as provided in subsection (k)(4) of this Section or as part of a rooming-in program as provided in Section 250.1850.
  - 4) Siblings and grandparents may have contact with the infant only if the hospital has established specific policies and procedures for such a program. The program shall include:
    - A) Approval of the program by the hospital's Infection Control Committee and Governing Board;
    - B) A requirement for written consent of the mother for visitation by specific siblings or grandparents;
    - C) A procedure for hand washing by visitors prior to having contact with the infant; and
    - D) A policy on the location where visitation will occur.
  - 5) The presence of the father or individual selected by the mother in the delivery room shall be discretionary with the individual hospital. If the

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father or the individual selected by the mother of the baby is to be admitted to the delivery room of any hospital, the hospital shall first have adopted a policy statement on the matter that includes the following conditions:

- A) Written consent of both the mother and the attending physician;
  - B) Prior orientation preparation of the father of the baby or the selected individual and mother to this experience; and
  - C) Application of safeguards against the introduction of infection or other hazard by the father of the baby or selected individual.
- 6) Smoking shall be prohibited in the delivery rooms, nurseries, corridors and other areas in accordance with facility policy. (See Section 250.250(g).)
- 7) Visiting hours shall not correspond with periods during which infants are with the mothers or with periods during which mothers are receiving nursing care, nor interfere with the care of patients.
- 8) Visitors shall neither sit nor place their clothing upon the beds.
- 1) *Every hospital shall demonstrate to the ~~Division~~Department that the following have been adopted:*
- 1) *Procedures designed to reduce the likelihood that an infant patient will be abducted from the hospital. The procedures may include, but need not be limited to, architectural plans to control access to infant care areas, video camera observation of infant care areas, and procedures for identifying hospital staff and visitors.*
  - 2) *Procedures designed to aid in identifying allegedly abducted infants who are recovered. The procedures may include, but need not be limited to, footprinting infants by staff who have been trained in that procedure, photographing infants, and obtaining and retaining blood samples for genetic testing. (Section 6.15 of the Act)*

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Oversize and Overweight Permit Movements on State Highways
- 2) Code Citation: 92 Ill. Adm. Code 554
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
554.103	Amend
554.201	Amend
554.202	Amend
554.204	Amend
554.209	Amend
554.211	Amend
554.301	Amend
554.304	Repeal
554.306	Amend
554.307	Amend
554.310	Amend
554.312	Amend
554.315	Amend
554.402	Amend
554.403	Amend
554.407	Amend
554.418	Amend
554.425	Amend
554.504	Amend
554.505	Amend
554.508	Amend
554.607	Amend
554.609	Amend
554.705	Amend
554.706	Amend
554.710	Amend
554.801	Amend
554.901	Amend
554.907	Amend
554.911	Amend
- 4) Statutory Authority: Implementing and authorized by Article III of the Illinois Size and Weight Law [625 ILCS 5/Ch. 15, Art. III].

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- 5) A Complete Description of the Subjects and Issues Involved: Following is a summary of the major changes to this Part.

At Section 554.103, the department is inserting an email address for correspondence purposes.

At Section 554.201, the department is making a minor clarification regarding holiday moves.

At Section 554.202, the department is eliminating language regarding round trip movements in conformance with current practice and to facilitate movements.

At Section 554.204, the department is adding more objects that can be moved under a Limited Continuous Operation permit.

At Section 554.209, the department is clarifying that the permittee must contact the permit office concerning corrections to a permit.

At Section 554.211, the department is clarifying that no revisions will be made to a permit to alter the description of the load including the make, model and serial number; or, to add to scale designation; or, to change the type of permit.

At Section 554.301, the department is clarifying which types of permits can be applied for by which method – telephone, Internet, fax, or in person.

At Section 554.304, the department is repealing this Section to eliminate redundancy.

At Section 554.306, the department is adding language that states the internet is available when applying for a permit.

At Section 554.307, the department is renaming this Section to more accurately reflect the fact that forms (worksheets) are available to assist the applicant in completing a permit application.

At Section 554.310, the department is making a minor change that clarifies that the route must reflect what is on the original application. Also, the department is removing the provision that allows for movement either one day before the effective date

or one day after the expiration date of the permit.

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At Section 554.312, the department is providing additional information about permit moves over toll highways.

At Section 554.315, the department is eliminating the grace period for permits at the request of the Illinois State Police.

At Section 554.402, the department is making minor clarifications of language.

At Section 554.403, the department is making minor clarifications of language.

At Section 554.407, the department is updating language to reflect the current practice of always requiring a State Police escort for overweight moves of 230,000 pounds or more.

At Section 554.418, the department is adding a provision concerning lighting when a load blocks visibility.

At Section 554.425, the department is clarifying that some permits are “no routes”.

At Section 554.504, the department is making minor clarifications.

At Section 554.505, the department is clarifying that any move of vehicles or objects over 16 feet in width will always require an investigation rather than “normally” requiring one.

At Section 554.508, the department is clarifying that any move over 17 feet high will always require an investigation rather than normally requiring one.

At Section 554.607, the department is expanding the distance by which permittees may access a scale.

At Section 554.609, the department is adding a provision that states that if any single axle exceeds 30,000 pounds then no structures may be crossed.

At Section 554.705, the department is making minor clarifications.

At Section 554.706, the department is adding a reference concerning what is needed for overwidth loads of implements of husbandry and is also adding a statutory reference concerning the definition of implements of husbandry.

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At Section 554.710, the department is clarifying that military convoy movements will be issued permits for overweight loads.

At Section 554.801, the department is making minor clarifications and adding language regarding the use of a credit card for payment for emergency moves.

At Section 554.901, the department is clarifying that permit fees may be made by Visa or MasterCard.

At Section 554.907, the department is making minor clarifications.

At Section 554.911, the department is adding a provision that states the permittee must notify all Illinois State Police districts listed on the permit at least 24 hours in advance of a move.

- 6) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does rulemaking contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking will not affect units of local government.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed rule. Written submissions shall be filed with:

Mr. David Johnson, Maintenance Operations Engineer  
Illinois Department of Transportation  
Bureau of Operations  
2300 South Dirksen Parkway  
Room 009  
Springfield, Illinois 62764  
(217) 782-2984

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



## DEPARTMENT OF TRANSPORTATION

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Ms. Christine Caronna-Beard, Rules Manager  
Illinois Department of Transportation  
2300 South Dirksen Parkway  
Room 311  
Springfield, Illinois 62764  
(217) 782-3215

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

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking does not impact small businesses any differently than any other business seeking a permit.
- B) Reporting, bookkeeping or other procedures required for compliance: No additional procedures are required.
- C) Types of professional skills necessary for compliance: No additional skills are required.

13) Regulatory Agenda on which this rulemaking was summarized: July 2004

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

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TITLE 92: TRANSPORTATION  
CHAPTER I: DEPARTMENT OF TRANSPORTATION  
SUBCHAPTER f: HIGHWAYSPART 554  
OVERSIZE AND OVERWEIGHT PERMIT MOVEMENTS ON STATE HIGHWAYSSUBPART A: GENERAL ~~REGULATION~~ REGULATIONS

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554.101	Legal Authority
554.102	Partial Invalidity
554.103	Scope
554.104	When a Permit is Required
554.105	To Whom Permits are Issued
554.106	A Permit is a Legal Document
554.107	Penalties
554.108	Insurance
554.109	For-Hire Moves
554.110	Illinois Motor Vehicle Laws
554.111	General IDT Information
554.112	IDT Registration

## SUBPART B: TYPES OF PERMITS

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554.201	Permits for Single Trip Movements
554.202	Permits for Round Trips
554.203	Permits for Repeated Moves of Like Objects
554.204	Permits for Limited Continuous Operation
554.205	Permits for Repeated Moves Directly Across a Highway
554.206	Permits for the Movement of Overweight 2-Axle Truck Loaded With Sweet Corn, Soybeans, Corn, Wheat, Milo, or Other Small Grains and Ensilage
554.207	Permits for the Movement of Construction Equipment within a Construction Zone
554.208	Supplemental Permits
554.209	Scope: Duty of Permittee to Read Permit Upon Receipt
554.210	Extension of Permits
554.211	Revision of Permits
554.212	Fraudulent Permit

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## SUBPART C: ISSUANCE OF PERMITS

## Section

- 554.301 Transmission Media
- 554.302 Original Transmission Only is Valid as Permit (Repealed)
- 554.303 When Permits Are Issued
- 554.304 Permit Office (~~Repealed~~)
- 554.305 District Offices
- 554.306 Method of Application
- 554.307 ~~Forms to Assist in the Preparation of a Permit Application~~  
~~Data Needed on Application~~
- 554.308 Responsibilities of the Department in Analysis of Applications
- 554.309 Preliminary Application for Estimating Purposes for Proposed Moves
- 554.310 Procedure Following Arrest for Violation
- 554.311 Subsequent Permits Following a Violation
- 554.312 Permits for Moves Over Toll Highways
- 554.313 Permits for Moves Over Local Roads
- 554.314 Moves Upon Structures Located on a Local Street or Highway Spanning an Interstate or Controlled Access Highway
- 554.315 Definition of Violation of Permit

## SUBPART D: GENERAL CONDITIONS AND PROVISIONS

## Section

- 554.401 Conditions and Restrictions
- 554.402 Short Form Permits
- 554.403 Form ~~OPERBT~~ 993
- 554.404 When Flagmen are Required (Repealed)
- 554.405 Qualifications for Flagmen (Repealed)
- 554.406 Duty of Flagmen (Repealed)
- 554.407 When Escort Vehicles Are Required
- 554.408 Requirements for Civilian Escorts
- 554.409 Manufactured Homes
- 554.410 Overdimension
- 554.411 Overweight Moves
- 554.412 Axle Suspension for Legal Weight Moves
- 554.413 Axle Suspension for Overweight Moves
- 554.414 Buildings
- 554.415 Farm Tractors Prohibited as Towing Vehicle
- 554.416 Double-Bottom Units

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554.417	Flags
554.418	Rotating or Flashing Amber Lights
554.419	Oversize Load Signs
554.420	General Speed Limits for Permit Movements
554.421	Moves in Convoys Prohibited
554.422	When Moves May be Made
554.423	Moves Over Posted Load Roads and Bridges
554.424	Time Limits
554.425	Deviation from Authorized Routes
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554.503	Exceptions to Legal Limitations
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554.601	Scope
554.602	Legal Weights
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SUBPART G: SPECIFIC POLICIES INDUSTRIAL HIGHWAY CROSSING

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554.701	Scope
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554.801	General
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554.901	Remittance
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554.903	Bonded Charge Accounts
554.904	Refunds
554.905	Security Requirements
554.906	Basis for Fees
554.907	Supplemental Permit Fees
554.908	Service Charge for Special Handling
554.909	Fees for Buildings and Special Moves
554.910	Fee for Engineering Inspections and Investigations
554.911	Fees for Illinois State Police Escorts
554.912	Special Categories of Fees (Repealed)
554.913	Other Overweight Fees (Repealed)
554.914	Fees for Round Trip and Repeat Move of Like Object Permits (Repealed)
554.915	Fee Schedules (Tables 1, 2, and 3) (Repealed)

554.APPENDIX A	Data Relative to Vehicles Authorized to Operate on Illinois Highways (Repealed)
554.APPENDIX B	Legal Gross Weights of Vehicles and Combinations of Vehicles Authorized by Section 15-111, Illinois Vehicle Code (Repealed)
554.APPENDIX C	Application Form BT 1928 (Repealed)
554.APPENDIX D	Special Vehicle Movement Permit – Form BT 993 (Repealed)
554.APPENDIX E	Form BT 750 (Repealed)
554.APPENDIX F	Form BT 751 (Repealed)
554.APPENDIX G	Application for Establishment of an Open Account with the Permit 554.Section, Bureau of Traffic (Form BT 1932) (Repealed)
554.APPENDIX H	Bond for Payment of Special Permit Fees and Charges to Illinois Department of Transportation for Movement of Vehicles of Excess Dimensions or Weight Over Illinois Highways (Form BT 1931) (Repealed)

AUTHORITY: Implementing and authorized by Article III of the Illinois Size and Weight Law [625 ILCS 5/Ch. 15, Art. III].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 2, p. 256, effective January 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 24, p. 586, effective May 29, 1980; codified at 7 Ill. Reg. 9672; amended at 11 Ill. Reg. 3248, effective February 3, 1987; amended at 12 Ill. Reg. 13232, effective July 29, 1988; amended at 20 Ill. Reg. 2565, effective January 25, 1996; amended at 21 Ill. Reg. 2682, effective February 10, 1997; amended at 23 Ill. Reg. 706, effective

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December 30, 1998; amended at 24 Ill. Reg. 18765, effective December 8, 2000; amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: GENERAL ~~REGULATIONS~~REGULATION**Section 554.103 Scope**

- a) All applications for permits are given full consideration. Permits for proposed moves may be issued
- 1) when the highways and bridges will not be unduly damaged; and
  - 2) when the safety of the traveling public will be adequately protected.
- b) A permit may also be issued when substantial benefits will be realized by a large segment of the public; and ~~the~~ potential damage and safety problems can be resolved.
- c) This ~~Part~~publication is the official detailed policy ~~reflecting these guidelines. It is~~ written to provide a uniform system for issuing ~~oversize~~excess size and ~~overweight~~weight permits. This ~~Part~~policy is authorized by ~~the~~The Illinois Vehicle Code and, in addition to the statutes, governs the issuance of special permits. All ~~of~~ the terms, conditions, and informational requirements contained in this Part ~~554~~, constitute the Department's official ~~policies for this permit program~~policy.
- d) Questions regarding permits or permit ~~policies~~policy should be directed to the ~~Illinois~~ Department of Transportation, Bureau of ~~Operations~~Traffic, Permit Office, 2300 South Dirksen Parkway, Springfield, Illinois 62764, ~~hereafter referred to as the Permit Office (Telephone number (217-782-6271) or by email at: permitoffice@dot.il.gov.~~

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: TYPES OF PERMITS

**Section 554.201 Permits for Single Trip Movements**

- a) Permits for single trip movements are issued for one-way movement. These permits are valid for 5 working days.

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- b) Unless stated otherwise on the permit:
- 1) permit movements may be made only from a half hour before sunrise to a half hour after sunset on weekdays and from a half hour before sunrise to noon on Saturday;
  - 2) permit movements are prohibited on Sunday and on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day
  - 3) permit movements will not be allowed later than noon on the day preceding [a holiday or](#) a holiday weekend; and
  - 4) categorical permit moves (See Sections 554.504, 554.507, 554.508 and 554.604 for limitations pertaining to categorical moves) that are overweight only shall be allowed to move with no time restrictions.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.202 Permits for Round Trips**

- a) Permits for round trip moves may be issued provided:
- 1) the same or "like" object is to be moved in both directions,
  - 2) the same vehicle is to be utilized, except that another vehicle bearing the same IDT Class A or B may be substituted for the return trip, and
  - 3) the same route is to be traveled in the reverse direction.
- b) A description, including make and model, of the equipment being transported must be furnished to the Permit Office.
- c) Applications for round trip moves will be the same as for a single trip move, except the words "and return" may be added. Round trip permits over a circular or roundabout route will not routinely be issued. For example, when a routing on a divided highway is adequate for the size or weight in one direction, but due to a lower clearance or a deficiency in a structure in the opposite direction, it is necessary to route the movement over different highways on the return trip. A



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single trip permit will not be revised to include "round trip" after the permit has been issued. Round trip permits are subject to the restrictions contained in Section 554.201 except such permits are valid for a period of 10 working days and one round trip move. ~~The Department will not issue round trip permits when the dimensions and/or weight of the object to be moved are above categorical (routine) limitations (See 625 ILCS 5/15-307(g)).~~

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.204 Permits for Limited Continuous Operation**

Permits for limited continuous operation are available for the movement of ~~oversize~~~~overdimension~~ legal weight pieces of construction equipment, manufactured homes, ~~modular sections~~, storage buildings, ~~or~~ trusses, ~~or other homogenous~~ ~~oversize items~~. These permits are valid for a period of three months or one year except as otherwise indicated on the permit. The following items are pertinent:

- a) Limited Continuous Operation Permits may be issued for the movement of ~~oversize~~~~overdimension~~ construction equipment or vehicles, provided:
  - 1) The movement will consist of a specific vehicle, a ~~designated~~ piece of construction equipment, or a "like" load. The vehicle or load may be moved on a specific vehicle, under its own power, or on a tractor/semitrailer ~~an IDT-registered~~ vehicle combination. A "like" load must be the same as the load described in the permit, ~~including make and model~~. In order to minimize trips and conserve fuel, a permittee may haul, along with the designated object or "like" load, an additional legal size object, provided it is loaded within the legal width, height, and length dimensions and the axle and gross weights are legal;
  - 2) The vehicle or combination of vehicles is properly licensed if plates are required; and
  - 3) The overall width does not exceed 12 feet.
- b) A permit may be obtained to move an ~~oversize and/or overweight~~~~overdimension~~ empty vehicle that is normally used to haul ~~oversize~~ and/or ~~overweight~~ permit loads. Such permits are needed when returning empty after having delivered an oversize or overweight piece of equipment. In order to minimize trips and conserve fuel, the permittee may, instead of returning empty, haul a legal size

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object with this permit, provided the axle and gross weights are legal and the object is loaded to conform to the legal width, height, and length limits.

- c) Limited Continuous Operation Permits for the movement of manufactured homes or modular sections or oversize storage buildings may be issued, provided:
- 1) The overall width does not exceed 16 feet and height of 15 feet;
  - 2) The overall length of manufactured home and towing vehicle does not exceed 115 feet;
  - 3) The applicant is a dealer licensed by the Secretary of State of Illinois or by another state to do business as a manufactured home dealer; a hauler having an Illinois Commerce Commission permit; a hauler having an Interstate Commerce Commission permit; a manufactured home manufacturer; or a Federal, State, or local governmental agency.
- d) Limited Continuous Operation Permits may be issued for highway construction, transportation, utility, and maintenance equipment owned and operated by a local governmental authority for a period of one year.
- e) Limited Continuous Operation Permits may be issued for trusses up to 14 feet wide and 115 feet long.
- f) Limited Continuous Operation Permits may be issued for homogenous oversize items of any nature provided:
- 1) The overall width does not exceed 12 feet.
  - 2) The overall length does not exceed 115 feet.
  - 3) The overall height does not exceed 14 feet 6 inches.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.209 Scope: Duty of Permittee to Read Permit Upon Receipt**

Permits are issued ~~insofar as practical~~ in conformance with data contained in an application. Errors in the application, in the permit, or in the transmission of a permit must be corrected before the move. The ~~permittee~~ **Permittee** must check the permit upon receipt or before starting a

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move. If upon checking a permit, the permittee finds that the permit does not cover the move, that it is incorrect, or that it is otherwise in error, the permittee must contact the Permit Office for a revision for correction. ~~The issuance of any supplemental permits will be held to a minimum.~~

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.211 Revision of Permits**

A permit shall not be altered or revised except by the Permit Office.

- a) The Permit Office may issue revisions to permits:
- 1) to correct ~~errors~~an error attributed to the issuing office;
  - 2) at the request of the permittee~~applicant~~ before the move has been started:
    - ~~A)~~ to correct an applicant error;
    - ~~B)~~ to alter routes or destinations;
    - ~~C)~~ to correct or increase sizes or weights;
    - ~~D)~~ to substitute a vehicle used to transport a load;
    - ~~3)~~ to adjust weights as outlined in Section 554.608; or
    - 34) due to emergency or exceptional conditions beyond the control of or outside the normal scope of knowledge of the permittee~~applicant~~.
- b) It is the responsibility of the permittee~~applicant~~ to ensure accuracy of the application. The issuance of a second supplemental permit will be held to a minimum. ~~Second revisions will not normally be issued.~~
- c) Consistent with the provisions of this Section, revisions will not be issued:
- 1) For Permits for Repeated Moves of Like Objects because applications for such moves have been given considerable advance planning;
  - 2) For Limited Continuous Operation Permits;

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- 3) To change the name of the permittee;
- 4) To change the origin or first route of the move except when entering from the same State line;
- 5) To alter the description of the load, including the make, model, or serial number or change the serial number of a mobile home; or
- 6) To revise a permit that has been violated;-
- 7) To add to scale designation (weigh station) within route; or
- 8) To change the type of permit.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: ISSUANCE OF PERMITS

**Section 554.301 Transmission Media**

Permits may be applied for and issued by any of the following means:

- a) By telephone or Internet – permits not exceeding practical maximums as shown in Sections 554.504, 554.507, 554.508, and 554.604, Single Trip Movement permits, Round Trip Movement permits, Repeated Moves of Like Objects permits, Limited Continuous Operations permits;
- b) By fax – superload permits that exceed practical maximums;
- c) By mail or in person – all permits.

Load that do not exceed practical maximums may also be applied for via Internet 24 hours a day, 7 days a week. Permits may be issued and applied for by telephone, via mail, by various electronic communications, or in person. All costs of transmission are borne by the applicant.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.304 Permit Office (Repealed)**

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~~All types of special permits are issued by the Permit Office of the Department of Transportation, Bureau of Traffic, 2300 South Dirksen Parkway, Springfield, Illinois 62764 (Telephone number 217/785-1477 or 800/252-8636, within Illinois)~~

(Source: Repealed at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.306 Method of Application**

~~Applications~~ Depending upon the type of permit needed, application may be made by telephone or in writing. ~~Written applications~~ may be submitted in person or, by mail at: Illinois Department of Transportation, Permitt Office, Room 017, 2300 South Dirksen Parkway, Springfield, Illinois 62764, or on the Internet at <http://permits.dot.il.gov>. ~~Permit applications may also be made by telephoning 217-785-1477 or 1-800-252-8636 within Illinois. Permit applications may be faxed to 217-782-3572, or by any of the various types of electronic communications equipment maintained in the Permit Office.~~ In compliance with Illinois Statutes, the Department has installed an automatic device for recording applications received and permits issued by telephone. In making application by telephone, the Department and the applicant waive all objections to the recording of the conversation. The following conditions apply to applications for various types of permits.

- a) Permits for single trip and round trip.
  - 1) ~~Permits~~Applications may be applied for on the Internet, by telephone or in writing by submitting Form OPER 1928 for permits within the practical maximum size and weight limits as shown in Sections 554.504, 554.507, 554.508, and 554.604.
  - 2) Applications for permits exceeding the practical maximum size and weight limits must be submitted by fax, by mail, or by walk-in and shall be submitted on Form OPER 2270~~in writing.~~
- b) Permits for repeated moves of like objects (minimum of five applications).
  - 1) Applications must all be submitted at one time to the Permit Office.
  - 2) ~~The applicant~~Applicant may telephone the Permit Office to activate permits that were applied for without an effective date.
- c) Permits for limited continuous operation may be applied for on the Internet, by fax, telephone or in writing.

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- d) Permits for the repeated moves directly across a highway or for the movement of an overweight 2-axle truck loaded with sweet corn, soybeans, corn, wheat, milo or other small grains and ensilage may be applied for by fax at 217-782-3573 or must be in writing on current Department Form BT 1163 or BT 757, respectively.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.307 Forms to Assist in the Preparation of a Permit Data Needed on Application**

Much of the data required on an application is specified by law. Forms are available for use as a worksheet to assist in preparing permit applications. These forms may be obtained through the Department's Internet address found in Section 554.306 or by contacting the Permit Office at 217-782-6271. Forms have been developed to aid in applying for all types of permits but are not necessary for written applications for single trip, round trip, limited continuous operation, or repeated moves of like object permits. Any necessary forms may be obtained from the Permit Office.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.310 Procedure Following Arrest for Violation**

- a) Following an arrest for violation of a permit, if the load can be shifted to comply with the provisions of the permit, the driver or owner may make the shift and then proceed. If the load cannot be shifted or otherwise adjusted to comply with the permit, a new permit must be secured following the same procedures as for an original permit.
- b) If the permit designates and includes a routing to a certified scale that was requested on the original application as outlined in Section 554.607, the permittee, while enroute to the designated scale, shall be deemed in compliance with the weight provisions of the permit provided the axle or gross weights do not exceed any of the permitted limits by more than 2000 pounds on a single axle, 3000 pounds on a tandem axle, and 5000 pounds on the gross weight. Before leaving the designated scale area, the permittee must either:
- 1) shift the load to comply with the permitted weights,
  - 2) obtain a revision from the Permit Office if the final weights exceed the

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permit limits but are within the tolerances, or

- 3) obtain a new permit if the weight tolerances are exceeded.
- c) Once a permit is violated for weights above tolerance limits, a revision will not be issued even though weights can be adjusted to be within tolerance limits.
- d) The fact that a new permit may be issued to continue the move carries no assumption of intent, error, mistake, or mitigating circumstances concerning the limitations, conditions, or provisions contained in the original permit that may affect its status subsequent to arrest.
- e) In the event that a permit load is found moving ~~either one day~~ before the effective date or ~~one day~~ after the expiration date of the permit, ~~the incident will be considered a violation of permit; however, the permit remains valid. (See 625 ILCS 5/15-301(h).) Outside of these limitations (two or more days before or after the effective date or expiration date),~~ the officer shall proceed with violations of 625 ILCS 5/15-111 as no valid permit exists.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.312 Permits for Moves Over Toll Highways**

- a) Permits for oversize and overweight ~~and overdimension~~ movements over the Illinois Toll Highway System are not issued by the Department ~~of Transportation~~ but are required when legal dimensions or weights are exceeded. A maximum width of 10 feet, height of 14 feet 6 inches, and gross weight of 120,000 pounds is allowed on most toll roads due to physical limitations. A maximum width of 12 feet is allowed on the sections of the toll ~~highway road~~ system that carry Interstate Route 80 and U.S. Route 51.
- b) Both oversize and overweight ~~These~~ permits may be obtained from the Illinois State Toll Highway Authority, Downers Grove, Illinois 60515 (~~630-telephone, 708/241-6800, ext. 3882~~). Oversize and overweight ~~Overdimension~~ permits may also be purchased at a Toll Plaza. A permit is required from the Department's Permit Office for movement on State highways leading to and from the toll road prior to purchase of a toll road permit.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 554.315 Definition of Violation of Permit**

- a) When operating under authority of an oversize/overweight permit issued by the Illinois Department of Transportation, the following list ~~includes but is not limited to~~ offenses ~~that~~ shall be considered a violation of permit but will not render the entire permit null and void:
- 1) Incorrect license number or state;
  - 2) Incorrect make, model, description or serial number;
  - 3) Incorrect number of axles;
  - 4) Gross, tandem or single axle weights that are in excess of those permitted. In this case, the violator may be fined for the excess weight in addition to the violation of permit;
  - 5) Incorrect width, length, and/or height of the permit load;
  - 6) Failure to comply with the general conditions, specific provisions, and notes listed on the permit;
  - ~~7) Movement of the permit load within one day before or one day after the effective or expiration dates.~~
- b) This list is not comprehensive, but reflects the most prevalent instances of violation of permit. Under a violation of permit, the permittee must either bring the permit load into conformance with the conditions of the permit or purchase a new permit before continuing.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D: GENERAL CONDITIONS AND PROVISIONS

**Section 554.402 Short Form Permits**

- a) Permits issued in writing ~~or by fax, by telegram, or other electronic transmission~~ have been shortened to reduce the cost of the messages. Applicable conditions and restrictions are indicated by code letter and number ~~and, which~~ are contained in Form ~~OPERBT~~ 993. A copy of Form ~~OPERBT~~ 993 must accompany the



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permit or the permittee is subject to arrest in accordance with Section 15-301(j) of ~~the~~The Illinois Size and Weight Law.

- b) Permits issued by telephone shall be written in ink or typed by the permittee on Form ~~OPERBT~~ 1928. The permittee must complete the applicable portions of this form as directed by the Permit Office prior to starting the move. The record of the permit as maintained by the Permit Office shall be presumed correct in any questions or dispute. These forms contain general provisions on the reverse side. The permittee need not have a Form ~~OPERBT~~ 993 in his possession when obtaining a permit by telephone and using the Form ~~OPERBT~~ 1928. The Permit Office may require that a copy of the form completed by the permittee for any permit issued by telephone ~~to~~ be submitted to the Permit Office to verify that the information has been correctly recorded. It is anticipated this will only be done on forms the Department has reason to believe have been inaccurately completed or if the company is suspected of abusing the self issue permit system. If a company has abused the system by, for example, attempting to use the same permit for more than one move or knowingly completing the form inaccurately, the company will not be allowed to obtain permits by telephone.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.403 Form ~~OPERBT~~ 993**

- a) ~~Form OPER 993~~This form contains provisions, restrictions, and conditions that may apply to an ~~oversize~~excess-size or ~~overweight~~weight move. These forms are available from the Permit Office, State Police District Headquarters, weigh stations, and some truck stops, and must accompany all short form written permits. A form may be capsulated or placed in a plastic binding for use with subsequent permits.
- b) The conditions and restrictions will be referred to as "provisions" in the permit. In case of conflict, the order of priority shall be
- 1) conditions stated in permit,
  - 2) special provisions (referred to by code letter "C" and number) then
  - 3) general provisions (referred to by code letters "A" or "B").

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 554.407 When Escort Vehicles Are Required**

- a) One civilian escort vehicle is required:
  - 1) For all moves that exceed 14 feet 6 inches in width;
  - 2) For all moves that exceed 110 feet in length;
  - 3) For all moves that exceed 14 feet 6 inches in height;
  - 4) For any move either across, upon, or along a highway when additional warning is required to alert the traveling public. For instance, if a movement is required to travel during darkness or on a weekend to respond to an emergency situation, a civilian escort will be required.
  
- b) Two civilian escort vehicles are required:
  - 1) For all moves that exceed 16 feet in height;
  - 2) For all moves that exceed both 14 feet 6 inches in width and 14 feet 6 inches in height;
  - 3) For all moves that exceed both 14 feet 6 inches in height and 110 feet in length;
  - 4) For all moves that exceed both 14 feet 6 inches in width and 110 feet in length.
  
- c) Three civilian escorts are required:
  - 1) For all moves that exceed 16 feet in width;
  - 2) For all moves that exceed 145 feet in length;
  - 3) For all towed special haul rigs more than 150 feet in length.
  
- d) Illinois State Police Escorts
  - 1) Illinois State Police escorts are required:

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- A) For moves greater than 18 feet wide;
- B) For moves of greater than 175 feet in length;
- C) For moves over 18 feet high;
- D) For overweight moves where bridge restrictions require that all traffic be kept off of a structure while the permitted vehicle crosses; ~~or~~
- E) For overweight moves of 230,000 pounds or more; or
- EE) For any move of an unusual nature where additional traffic control is necessary to alert the motoring public to the permit movement.

2) Moves requiring Illinois State Police escorts ~~These moves~~ will normally be made partially or entirely outside a municipality. The permittee must make all arrangements with the designated State Police Headquarters at least 24 hours prior to the move. The Permit Office may determine a State Police escort is not necessary in some instances including but not limited to the following:

- A) on moves made within a municipality if local police are utilized as specified in Section 554.407(d);
  - B) on movements where the object will only cross a State highway and minimal disruption of traffic is anticipated; or
  - C) on moves over 18 feet high if a field investigation reveals there are not any overhead obstructions.
- e) Local police escorts may be required in lieu of State Police escorts when the move is made entirely within the limits of a city or county. It is the responsibility of the permittee to make all arrangements with the local police when the permit specifies such an escort as a condition of the permit.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.418 Rotating or Flashing Amber Lights**

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- a) Rotating or flashing amber lights mounted on top of the vehicle, and on the rear of the load, if necessary, shall be in operation during the movement of all oversize and/or overweight permit loads and shall have sufficient intensity, when illuminated, to be visible at 500 feet in normal sunlight. The lights may augment, but not supersede, flagmen or escorts. The rotating or flashing amber lights must be clearly visible to traffic approaching from the front and the rear of the transport vehicles for at least 500 feet. If the load on the vehicle blocks the visibility of the amber lighting from the rear of the vehicle, the vehicle must also be equipped with rotating or flashing amber lights on the rear of the load. Emergency moves at night, if authorized, shall also display rotating or flashing amber lights. (See 625 ILCS 5/12-215(b)(5).)
- b) Vehicles transporting objects over 80 feet in length shall be equipped with two rotating or flashing amber lights: one over the cab of the vehicle; the other within 10 feet of the rear of the object, mounted as high as practical over it.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.425 Deviation from Authorized Routes**

Permit movements must be made over the routes listed in the permit. If the permittee is traveling on State maintained routes other than those specified in the permit, ~~the permittee~~ is subject to arrest in accordance with Section 15-301(j) of The Illinois Size and Weight Law. Regardless of the reason for being off route, the arresting officer should not allow the movement to proceed until the Department has had an opportunity to determine whether any damages have resulted from travel on unauthorized routes and until the Department provides a new routing to return the driver to the routing authorized in the permit. If a routing is not prescribed, the permittee is expected ~~to follow the route indicated on his application or~~ to follow a direct route on State maintained highways between the specified origin and destination. However, drivers are authorized to deviate from the assigned route in observance of construction restrictions and/or official signs directing trucks to a weigh station. Upon instructions from a police officer, the driver may also be directed off of the assigned route to a scale. When the permittee is found to be within the size and weight limits of his permit, it is the responsibility of the police officer to assist the driver in returning to the prescribed route. If the officer is unsure of the capacity of any portion of the State routes between the point where the load is stopped and the scale, the officer may contact the Permit Office for routing assistance.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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SUBPART E: ~~OVERSIZEOVERDIMENSION~~ VEHICLES AND LOADS**Section 554.504 Overwidth up to 14 Feet 6 Inches Wide**

- a) Permits may be issued for widths up to the practical maximum of 14 feet 6 inches, except for toll highways and certain expressways in the Chicago area.
- b) The maximum width for which permits may be obtained is 10 feet on controlled access highways in Cook County, except Interstate Route 80, Interstate Route 57 from U.S. Route 6 (159th Street) south, Illinois Route 394 from Interstate Route 80 south and Interstate Route 290, north of ~~Interstate 294St. Charles Road~~ and Illinois Route 53.
- c) Separate permits must be obtained from the Illinois State Toll Highway ~~Authority~~ authority (telephone, ~~312/654-2200 or 708/630-~~241-6800) for travel on Illinois toll highways. The maximum width permitted on these highways is 10 feet, except a width of 12 feet is allowed on the sections of the tollroad system that carry Interstate Route 80 and U.S. Route 51.
- d) Loads exceeding 14 feet 6 inches in width will generally be routed over multilane highways whenever possible even though additional travel distance may result. An alternate routing could be approved if, for example, the traffic volumes on the proposed two-lane routing were low and the highway geometrics were sufficient to allow the unit to move without disrupting traffic flow.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.505 Width Exceeding 14 Feet 6 Inches**

- a) In the interest of safety, the movement of vehicles or objects exceeding this width is restricted. Construction activity or other highway conditions may result in lengthy delays in the issuance of a permit or may preclude issuance altogether.
- b) Movement of vehicles or objects exceeding 18 feet wide will generally only be authorized on Interstate and other multilane controlled access highways. All the movements on these highways must be able to maintain any minimum posted speeds, except at locations where the permit requires reduced speeds.
- c) Permits may be issued to move a vehicle or load over 14 feet 6 inches wide, provided:

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- 1) Roadway data maintained by the Permit Office disclosed that the movement can be made without seriously jeopardizing other traffic or highway facilities. If these data are inadequate, a field investigation shall be conducted.
  - 2) The movement will not delay emergency vehicles that may need to travel on the proposed routing.
  - 3) The move is not one of many to be made in the course of regular operations.
- d) Movements shall be confined to a single traffic lane and shall be made in such a manner that the rest of the roadway will be open at all times so the flow of other traffic will not unnecessarily be obstructed. Whenever the width of the object or the roadway conditions require the use of more than a single traffic lane, other traffic will be given the right-of-way over this movement. The driver shall remove the vehicle from the roadway when necessary to allow an accumulation of traffic to pass or when so directed by a police officer.
- e) Moves of vehicles or objects over 16 feet wide **normally** require an engineering investigation. A field investigation will not be required, for each of several identical moves, provided they are all completed within 30 days of the initial investigation. If a field investigation is required and the applicant does not request issuance of the permit within 30 days after he is notified the movement is feasible, it will be necessary that the Permit Office verify the movement is still acceptable with the District Office.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.508 Overheight**

- a) The maximum overheight for which a permit may be issued is governed by overhead clearances. The height of the move should be measured from the uppermost point of the object, after it is loaded, to the ground. The practical maximum height is 15 feet.
- b) The maximum height authorized on Chicago area controlled access highways is 13 feet 6 inches.

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- c) On all highways, a 3-inch clearance generally is specified to allow for bounce. Overheight movements that are extremely long may require additional clearance at underpasses where the approach pavement dips abruptly at the structure.
- d) The Permit Office does not check the vertical clearance of a route when the applicant indicates the height of the vehicle and load is "legal". If the applicant indicates the height is 13 feet 6 inches, which is the legal height, no additional clearance is provided when the vertical clearance of the route is checked.
- e) For movements at 16 feet or greater in height, the applicant shall perform a route survey, listing all overhead obstructions, to ensure the clearances will enable the object to pass under without difficulty.
- f) For movements ~~at in excess of~~ 17 feet in height, or greater, it is the responsibility of the applicant to contact all companies with overhead utility facilities and to indicate on the application the company, name of person ~~contacted~~~~contracted~~ and telephone number. An engineering investigation, consisting of a route survey by District personnel, will ~~normally~~ be required.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART F: OVERWEIGHT VEHICLES AND LOADS

**Section 554.607 Movement to a Designated Scale**

Sections 15-301(b) and (f) of the Illinois Size and Weight Law allow the permittee to travel to a certified scale to verify the axle and gross weights of an overweight load when ~~the permittee~~ is uncertain of the correct weights. The following conditions apply:-

- a) The permittee must, on his original application, request that he be routed to a certified scale, the location of which he has designated on the application.
- b) For loads that exceed practical maximums, the~~The~~ scale must be the nearest scale to the permittee's origin that has been certified by the Illinois Department of Agriculture (State weigh stations included). "Nearest scale" for permit loads with weights not exceeding practical maximums is defined as a scale within 25 miles of the permitted load's origin. The scale must be certified by the Illinois Department of Agriculture (State weigh stations included). However, if size and/or weight limits preclude the use of the requested scale, the permittee shall be routed to the first scale located within the route assigned by the Permit Office

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provided such scale is located within 25 miles of the ermittee's origin or no more than 1/3 of the total distance of the permitted route, whichever distance is less.

"Nearest scale" for permit loads with weights not exceeding practical maximums is defined as a scale within 25 miles of the permitted load's origin.

- c) The permittee must indicate the requested routing.
- d) If any routes under the jurisdiction of local agencies are included in the routing, the permittee must provide evidence that he has secured approval from the local authority having jurisdiction.
- e) Due to the volume of permits handled, the Permit Office cannot assist the permittee in determining the closest certified scale. By approving the routing to the scale as requested by the applicant and indicating the weight of the load is to be checked at a designated scale, the Permit Office in no way implies that it is the closest certified scale to the permittee's origin. If a police officer finds there is a closer certified scale, he may require the driver to travel to that scale; however, it is that officer's responsibility to verify the routes can accommodate the load.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.609 Movement of Off-Road Overweight Equipment**

The distance that can be traveled on Illinois highways under a permit by overweight equipment such as a scraper or end loader that is not designed for highway travel, under its own power or towed, will generally be limited to a maximum distance of 25 miles. Axle limitations will be based upon an analysis of the pavement utilizing the tire sizes specified on the application. If any single axle exceeds 30,000 pounds, no structures may be crossed.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART G: SPECIFIC POLICIES INDUSTRIAL HIGHWAY CROSSING

**Section 554.705 Disabled Vehicles**

A combination of vehicles, including a tow truck and a disabled vehicle or disabled combination of vehicles, which exceeds the legal length and/or weight limits may be operated on a highway under the following conditions. (See Sections 15-107 and 15-111 of the Illinois Size and Weight Law):



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- a) Prior to towing, neither the disabled vehicle, disabled combination of vehicles, nor the tow truck shall individually exceed the legal length or weight limits.
- 1) When overlength, the towing shall not exceed a distance of 50 miles from the initial point of wreck or disablement.
  - 2) When overweight the towing shall not exceed a distance of ~~2015~~ miles from the initial point of wreck or disablement provided neither the tow truck nor the vehicle being towed shall exceed the following axle weight limits:

Single rear axle – 24,000 pounds

Tandem rear axle – 44,000 pounds.

- b) Any additional movement of ~~the disabled~~~~such~~ vehicles shall be under normal permit procedures (Section 554.306). Requests for the emergency movement of equipment when the Permit Office is closed ~~will~~~~would~~ be considered under the provisions of Section 554.801.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.706 Implements of Husbandry**

Sections 1-130, 11-1418, 15-101, and 15-102 of ~~the~~~~The~~ Illinois Vehicle Code provide information and exemptions for the movement of implements of husbandry. (Form OPER 2279 provides transport rules (see 625 ILCS 5/15-102(b)(2)(A)-(H)) for width exempt loads.)

However, implements of husbandry may be barred from operation on controlled access highways when official signs prohibiting such operation are posted. An implement of husbandry by definition (see 625 ILCS 5/1-130) is a vehicle; ~~therefore, for, and for~~ a farm tractor to be exempt, it must be used as an implement of husbandry in connection with farming operations.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.710 Military Moves by Service Personnel**

- a) All movements by the Armed Forces and the National Guard must be in compliance with the size and weight limits contained in Sections 15-102, 15-103, 15-107, and 15-111 of the Illinois Vehicle Code, unless an authorization has been

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issued by the Permit Office or an emergency has been officially declared by the President or Governor. In the event an official emergency is declared, telephone contact should be made with the Permit Office (217-~~782-6271~~) during regular office hours, or the Communications Center (217-~~782-2937~~) at other times, for assistance with the routing.

- b) If it is necessary to move a vehicle or load that cannot be reasonably dismantled or disassembled and transported within the legal size and weight limits, an application for authorization to make the movement must be submitted to the Permit Office. Application may be on ~~form~~ Form OPERBT 1928, Department of Defense standard forms, by letter, by ~~fax~~ electronic communications, by Internet or by phone. If the Permit Office determines the move can be made in safety without damaging the highway system, a no-cost authorization will be issued [625 ILCS 5/15-301].
- c) The Permit Office will review requests for routine military convoy movements; ~~that which~~ are submitted on standard military forms; and will issue permits to overweight vehicles and loads that are included ~~issue a blanket no-cost authorization for all approved oversize and overweight vehicles and loads that are included~~. These authorizations do not relieve the Armed Forces or National Guard from overall responsibility for the convoy movement.
- d) The branch of the Armed Forces or National Guard authorizing oversize or overweight moves without the approval of the Permit Office assumes full liability for accidents or damages that may be caused directly or indirectly by reason of the movements. While the driver is not subject to arrest, any unauthorized shipment found to be in violation of the legal size and weight limits shall not be allowed to proceed until the excess load is shifted or removed, or the Permit Office approves the movement.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART H: EMERGENCIES AND HAZARDOUS MATERIALS

**Section 554.801 General**

- a) The Engineer of ~~Operations~~ Traffic through the Permit Office or the District Engineer in the District in which the event occurs may authorize emergency moves of vehicles, vehicle combinations, or loads that exceed the maximum legal dimension and weight limitations in a disaster area without a standard permit.

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Authorization may also be issued for the movement of State, local agency, or leased equipment for snow and ice removal without permit. However, normal permit requirements should be generally observed where practicable. During regular office hours, the Permit Office (~~217-782-6271~~)(~~217/785-1477~~) should be contacted for assistance in permit routing and coordinating the movement. When the Permit Office is closed, the Communications Section of the Department (217-~~782-2937~~) will contact permit officials as needed and coordinate the movement.

- b) For ~~purposes~~the purpose of this ~~Part~~section, "disaster" includes flood, tornado, fire, or any other disaster that causes or threatens loss of life or destruction or damage to property of such a magnitude as to seriously endanger the public health, safety, and welfare or that causes or threatens to cause destruction or major damage to the highway or other transportation system. Emergency moves may be authorized:
- 1) when disaster is apparent,
  - 2) during the disaster period, and
  - 3) in the initial stages of recovery.
- c) Following the emergency, such vehicles, vehicle combinations, or loads must be moved from the disaster area under permit authority.
- d) The Permit Office may also allow the movement of equipment that is needed to make emergency repairs to industrial installations and other facilities where delays would cause severe economic hardship. The Department considers a severe economic hardship to be whenever the company will have to lay off one or more shifts of employees or there is a potential loss of contracts or equipment worth several thousands of~~thousand~~ dollars.
- e) Companies moving at least once a month on an emergency basis, and providing emergency services as a portion of their regular business, must have ~~its~~ escort and lighting approval~~approved~~. The escort vehicles must comply with the requirements in Section 554.408 and the extremities of the load must be illuminated. An illuminated or reflectorized "Oversize Load" sign must be displayed on the front and rear of each load and escort vehicle. They must also establish an account with the Permit Office or use a credit card for the payment of fees.

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(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART I: FEES

**Section 554.901 Remittance**

- a) Payment for permit fees may be in the form of a certified, cashier's, traveler's, company or personal check, a Visa or MasterCard credit card, or postal or telegraphic money order made payable to the "Treasurer, State of Illinois." Payments in currency must be made in person at the Permit Office, address noted in Section 554.306. Permit fees must be paid in advance unless the applicant has an approved account with the Permit Office or has made other satisfactory arrangements for payment.
- b) The Permit Office will charge a service fee of \$3 for a check returned for any reason.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.907 Supplemental Permit Fees**

The Permit Office shall collect a fee of ~~\$5.00~~ for each supplemental permit (revisions or extensions). In addition, if the supplemental permit provides for an increase in size, weight, or mileage, those additional fees will be charged. However, no credit can be given for fees paid if dimensions, weights, or mileages are reduced. A handling fee of ~~\$50.00~~ is added for supplements outside of practical maximums.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 554.911 Fees for Illinois State Police Escorts**

The following fees for the use of Illinois State Police escorts shall be paid by the applicant to the Permit Office: \$40 per hour per vehicle, based upon preestimated time of movement to be agreed upon between the Department and applicant. Adjustments in the fee may be made for any overcharges after all aspects of the move are completed. Minimum fee, \$80 per vehicle. Minimum fee, \$160 per vehicle Chicago District only. The permittee must notify all Illinois State Police districts listed on the permit at least 24 hours in advance of a move.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



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sewage programs. Annual reporting for infectious disease control programs shall be conducted in accordance with Section 615.300.

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

Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 W. Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

The full text of the adopted amendment begins on the next page:

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TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER h: LOCAL HEALTH DEPARTMENTSPART 615  
LOCAL HEALTH PROTECTION GRANT RULES

## SUBPART A: GENERAL

Section	
615.100	Definitions
615.110	Incorporated Materials

## SUBPART B: ADMINISTRATION OF LOCAL HEALTH PROTECTION GRANTS

Section	
615.200	Eligibility
615.210	Purpose and Distribution of Grant Funds
615.220	Review and Consultation; Plan of Correction
615.230	Waiver of Requirements

## SUBPART C: PROGRAM STANDARDS

Section	
615.300	Infectious Diseases
615.310	Food Protection
615.320	Potable Water Supply
615.330	Private Sewage Disposal
615.340	Common Requirements

## SUBPART D: DUE PROCESS

Section	
615.400	Denial, Suspension or Revocation of Grant Application or Grant Agreement
615.410	Procedures for Hearings

615.APPENDIX A	Recommended Policies and Procedures for Immunization Clinics (Repealed)
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AUTHORITY: Implementing and authorized by Division 5-25 of the Counties Code [55 ILCS

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5]; the Public Health District Act [70 ILCS 905]; the Illinois Municipal Code [65 ILCS 5]; and Section 2310-10 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-10].

SOURCE: Filed October 20, 1977; Part repealed, new Part adopted at 5 Ill. Reg. 1415, effective July 1, 1981; codified at 8 Ill. Reg. 16335; amended at 14 Ill. Reg. 805, effective January 1, 1990; Part repealed, new Part adopted by emergency rules at 17 Ill. Reg. 13002, effective July 21, 1993, for a maximum of 150 days; emergency expired on December 18, 1993; Part repealed, new Part adopted at 18 Ill. Reg. 4320, effective March 1, 1994; emergency amendment at 20 Ill. Reg. 3974, effective February 16, 1996, for a maximum of 150 days; emergency expired on July 15, 1996; amended at 21 Ill. Reg. 2960, effective February 20, 1997; amended at 26 Ill. Reg. 421, effective January 1, 2002; emergency amendment at 26 Ill. Reg. 18051, effective December 6, 2002, for a maximum of 150 days; emergency expired May 4, 2003; amended at 27 Ill. Reg. 15973, effective October 1, 2003; amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART C: PROGRAM STANDARDS

**Section 615.340 Common Requirements**

- a) All activities performed under this Part shall be governed in all respects by the laws of the State of Illinois. Personnel performing the programs described in this Subpart shall meet the applicable requirements of the Medical Practice Act of 1987 [225 ILCS 60]; the Nursing and Advanced Practice Nursing Act [225 ILCS 65]; and the Environmental Health Practitioner Licensing Act [225 ILCS 37].
- b) All local health departments shall maintain a 24-hour notification system that IDPH, hospitals, or members of the general public can contact to promptly reach a staff person to report a suspect or actual public health incident or event. Local health departments must document, at least quarterly, the method used to ensure the operational reliability of this 24-hour notification system. In addition, local health departments shall document and provide to the IDPH Emergency Officer and their IDPH Regional Health Officer the procedure that IDPH, hospitals or members of the general public must utilize to activate this 24-hour notification system.
- c) All local health departments are required to maintain a current, all hazard emergency response/disaster plan for their jurisdiction. "All hazard" includes, but is not limited to, natural, technological and intentionally caused emergency events, including disease outbreaks, bioterrorism, floods, severe weather, environmental and food protection incidents and others. All local health departments shall electronically submit to the Department the plan for their



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jurisdiction. Any and all future amendments to the plan shall be electronically submitted to the Department immediately. All local health departments shall keep a copy of the plan on file in their principal office. The Department will review each plan once at least every three years, or as often as necessary, as part of the local health department's program review process conducted in accordance with Section 615.220. The emergency response/disaster plan will provide a framework for response operations of the local health department or multi-jurisdiction, and will outline specific actions for local response and recovery activities. The plan will provide guidance for the local health department's primary programs to support jurisdiction-wide emergency operations and prescribe, among other items, the availability of personnel and response needs and provisions. The following items are minimum elements of an approved emergency response/disaster plan:

- 1) procedure for 24-hour availability of the local health department to receive information on a significant or potential emergency situation from the general public or a federal, State or local governmental agency;
- 2) procedure for internal notification ("call-tree") to alert key staff within the local health department of an emergency situation;
- 3) procedure that details how and when the local health department will contact the local emergency management agency, local law enforcement agency and the Department of an emergency situation;
- 4) procedure that will outline the rapid mobilization of non-essential staff of the local health department to assist with the emergency situation, including the identification of critical programs administered by the local health department;
- 5) procedure for the dissemination of information to first responders, local health care providers, hospitals, clinics and pharmacies within the jurisdiction to alert them of a significant or potential emergency situation; and
- 6) procedure for the implementation of a mass vaccination and prophylaxis and treatment distribution/management of stockpiles of pharmaceuticals in response to a significant or potential communicable disease situation within the jurisdiction.

d) The local health department shall submit information ~~annually~~ quarterly on forms

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provided by the Department concerning activities conducted in each program conducted by the local health department. This local health protection grant program statistical information for food protection, potable water supply, and private sewage disposal programs shall include information for a calendar year and annually shall be submitted to the Department by March 1, following December 31 of the year for which information is being reported. The first annual reports will be due by March 1, 2004, for the year ending December 31, 2003. Annual reporting for infectious disease control programs shall be conducted in accordance with Section 615.300.

(Source: Amended at 28 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of the Part: Hospital Services
- 2) Code Citation: 89 Ill. Adm. Code 148
- 3) Section Number: 148.295                      Emergency Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 93-0841
- 5) Effective Date of amendment: August 3, 2004
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency amendment reverses the emergency provisions in Section 148.295 that are currently in effect.
- 7) Date Filed with the Index Department: August 3, 2004
- 8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: The emergency changes to 89 Ill. Adm. Code 148.295 must be reversed to allow payments to continue for services related to Alzheimer's Disease. Provisions concerning the funding of Alzheimer's services under Direct Hospital Adjustments (DHA) were stricken in an emergency rulemaking that was effective July 1, 2004, because separate funding for such services was to be established. However, approval of the necessary appropriation for the new fund has not occurred and payments under the fund cannot be made. Therefore, Section 148.295, which is a portion of the earlier emergency amendment (July 1, 2004) is being reversed by this emergency rulemaking. Section 5-54 of Public Act 93-0841 specifically authorizes emergency rulemaking for the implementation of these changes during fiscal year 2005.
- 10) A Complete Description of the Subjects and Issues Involved: The Department's administrative rule concerning Critical Hospital Payment Adjustments (CHAP) (Section 148.295) was amended by emergency action, effective July 1, 2004 (July 16, 2004 (28 Ill. Reg. 10157)), to eliminate the payment for services related to Alzheimer's Disease under Direct Hospital Adjustments (DHA). These emergency changes were made in coordination with the establishment of separate funding for such services. However, approval of the necessary appropriation for the new fund has not occurred and payments under the fund cannot be made. Therefore, the provisions eliminating Alzheimer funding

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under the earlier emergency amendment are being reversed to allow payments for these services to continue.

11) Are there any proposed amendments to this Part pending? Yes

<u>Sections</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
148.40	Amendment	July 16, 2004 (28 Ill. Reg. 9926)
148.85	New Section	April 9, 2004 (28 Ill. Reg. 5808)
148.90	New Section	April 9, 2004 (28 Ill. Reg. 5808)
148.95	New Section	April 9, 2004 (28 Ill. Reg. 5808)
148.100	New Section	April 9, 2004 (28 Ill. Reg. 5808)
148.103	New Section	April 9, 2004 (28 Ill. Reg. 5808)
148.110	New Section	April 9, 2004 (28 Ill. Reg. 5808)
148.112	New Section	April 9, 2004 (28 Ill. Reg. 5808)
148.115	Amendment	July 16, 2004 (28 Ill. Reg. 9926)
148.140	Amendment	July 16, 2004 (28 Ill. Reg. 9926)
148.240	Amendment	July 16, 2004 (28 Ill. Reg. 9926)
148.283	Amendment	July 16, 2004 (28 Ill. Reg. 9926)
148.310	Amendment	April 9, 2004 (28 Ill. Reg. 5808)

12) Statement of Statewide Policy Objectives: This emergency amendment neither creates nor expands any State mandate affecting units of local government.

13) Information and questions regarding this amendment shall be directed to:

Joanne Scattoloni  
 Office of the General Counsel, Rules Section  
 Illinois Department of Public Aid  
 201 South Grand Ave East, Third Floor  
 Springfield, Illinois 62763-0002  
 217/524-0081

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

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TITLE 89: SOCIAL SERVICES  
CHAPTER I: DEPARTMENT OF PUBLIC AID  
SUBCHAPTER d: MEDICAL PROGRAMSPART 148  
HOSPITAL SERVICES

## SUBPART A: GENERAL PROVISIONS

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- 148.260 Calculation and Definitions of Inpatient Per Diem Rates
- 148.270 Determination of Alternate Cost Per Diem Rates For All Hospitals; Payment Rates for Certain Exempt Hospital Units; and Payment Rates for Certain Other Hospitals
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- EMERGENCY
- 148.296 Tertiary Care Adjustment Payments
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- 148.300 Payment
- 148.310 Review Procedure
- 148.320 Alternatives
- 148.330 Exemptions
- 148.340 Subacute Alcoholism and Substance Abuse Treatment Services
- 148.350 Definitions (Repealed)
- 148.360 Types of Subacute Alcoholism and Substance Abuse Treatment Services (Repealed)
- 148.368 Volume Adjustment (Repealed)
- 148.370 Payment for Subacute Alcoholism and Substance Abuse Treatment Services
- 148.380 Rate Appeals for Subacute Alcoholism and Substance Abuse Treatment Services (Repealed)
- 148.390 Hearings
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## SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

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## Section

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## Section

148.600	Definitions
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148.TABLE A	Renal Participation Fee Worksheet
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**AUTHORITY:** Implementing and authorized by Articles III, IV, V and VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

**SOURCE:** Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a

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maximum of 150 days; amended at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amended at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 7908, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12772, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13621, effective November 1, 1999; amended at 24 Ill. Reg. 2400, effective February 1, 2000; amended at 24 Ill. Reg. 3845, effective February 25, 2000; emergency amendment at 24 Ill. Reg. 10386, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11846, effective August 1, 2000; amended at 24 Ill. Reg. 16067, effective October 16, 2000; amended at 24 Ill. Reg. 17146, effective November 1, 2000; amended at 24 Ill. Reg. 18293, effective December 1, 2000; amended at 25 Ill. Reg. 5359, effective April 1, 2001; emergency amendment at 25 Ill. Reg. 5432, effective April 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6959, effective June 1, 2001; emergency amendment at 25 Ill. Reg. 9974, effective July 23, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 10513, effective August 2, 2001; emergency amendment at 25 Ill. Reg. 12870, effective October 1, 2001, for a maximum of 150 days; emergency expired February 27, 2002;



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amended at 25 Ill. Reg. 16087, effective December 1, 2001; emergency amendment at 26 Ill. Reg. 536, effective December 31, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 680, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 4825, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 4953, effective March 18, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 7786, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 7340, effective April 30, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 8395, effective May 28, 2002; emergency amendment at 26 Ill. Reg. 11040, effective July 1, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16612, effective October 22, 2002; amended at 26 Ill. Reg. 12322, effective July 26, 2002; amended at 26 Ill. Reg. 13661, effective September 3, 2002; amended at 26 Ill. Reg. 14808, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 14887, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17775, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 580, effective January 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 866, effective January 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 4386, effective February 24, 2003; emergency amendment at 27 Ill. Reg. 8320, effective April 28, 2003, for a maximum of 150 days; emergency amendment repealed at 27 Ill. Reg. 12121, effective July 10, 2003; amended at 27 Ill. Reg. 9178, effective May 28, 2003; emergency amendment at 27 Ill. Reg. 11041, effective July 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16185, effective October 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18843, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 1418, effective January 8, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 1766, effective January 10, 2004, for a maximum of 150 days; emergency expired June 7, 2004; amended at 28 Ill. Reg. 2770, effective February 1, 2004; emergency amendment at 28 Ill. Reg. 5902, effective April 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7101, effective May 3, 2004; amended at 28 Ill. Reg. 8072, effective June 1, 2004; emergency amendment at 28 Ill. Reg. 8167, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9661, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10157, effective July 1, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. \_\_\_\_\_, effective August 3, 2004, for a maximum of 150 days.

## SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

**Section 148.295 Critical Hospital Adjustment Payments (CHAP)****EMERGENCY**

Critical Hospital Adjustment Payments (CHAP) shall be made to all eligible hospitals excluding county-owned hospitals, as described in Section 148.25(b)(1)(A), unless otherwise noted in this Section, and hospitals organized under the University of Illinois Hospital Act, as described in

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Section 148.25(b)(1)(B), for inpatient admissions occurring on or after July 1, 1998, in accordance with this Section.

- a) Trauma Center Adjustments (TCA)  
The Department shall make a TCA to Illinois hospitals recognized, as of the first day of July in the CHAP rate period, as a Level I or Level II trauma center by the Illinois Department of Public Health (IDPH) in accordance with the provisions of subsections (a)(1) through (a)(3) of this Section.
  - 1) Level I Trauma Center Adjustment.
    - A) Criteria. Illinois hospitals that, on the first day of July in the CHAP rate period, are recognized as a Level I trauma center by the Illinois Department of Public Health shall receive the Level I trauma center adjustment.
    - B) Adjustment. Illinois hospitals meeting the criteria specified in subsection (a)(1)(A) of this Section shall receive an adjustment as follows:
      - i) Hospitals with Medicaid trauma admissions equal to or greater than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) of this Section, shall receive an adjustment of \$21,365.00 per Medicaid trauma admission in the CHAP base period.
      - ii) Hospitals with Medicaid trauma admissions less than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) of this Section, shall receive an adjustment of \$14,165.00 per Medicaid trauma admission in the CHAP base period.
  - 2) Level II Rural Trauma Center Adjustment. Illinois rural hospitals, as defined in Section 148.25(g)(3), that, on the first day of July in the CHAP rate period, are recognized as a Level II trauma center by the Illinois Department of Public Health shall receive an adjustment of \$11,565.00 per Medicaid trauma admission in the CHAP base period.
  - 3) Level II Urban Trauma Center Adjustment. Illinois urban hospitals, as described in Section 148.25(g)(4), that, on the first day of July in the

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CHAP rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of \$11,565.00 per Medicaid trauma admission in the CHAP base period, provided that such hospital meets the criteria described below:

- A) The hospital is located in a county with no Level I trauma center; and
  - B) The hospital is located in a Health Professional Shortage Area (HPSA) (42 CFR 5), as of the first day of July in the CHAP rate period, and has a Medicaid trauma admission percentage at or above the mean of the individual facility values determined in subsection (a)(3) of this Section; or the hospital is not located in an HPSA and has a Medicaid trauma admission percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection (a)(3) of this Section.
- b) Rehabilitation Hospital Adjustment (RHA)
- Illinois hospitals that, on the first day of July in the CHAP rate period, qualify as rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), and that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), shall receive a rehabilitation hospital adjustment in the CHAP rate period that consists of the following three components:
- 1) Treatment Component. All hospitals defined in subsection (b) of this Section shall receive \$4,215.00 per Medicaid Level I rehabilitation admission in the CHAP base period.
  - 2) Facility Component. All hospitals defined in subsection (b) of this Section shall receive a facility component that shall be based upon the number of Medicaid Level I rehabilitation admissions in the CHAP base period as follows:
    - A) Hospitals with fewer than 60 Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of \$229,360.00 in the CHAP rate period.
    - B) Hospitals with 60 or more Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of \$527,528.00 in the CHAP rate period.

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- 3) Health Professional Shortage Area Adjustment Component. Hospitals defined in subsection (b) of this Section that are located in an HPSA on July 1, 1999, shall receive \$276.00 per Medicaid Level I rehabilitation inpatient day in the CHAP base period.
- c) Direct Hospital Adjustment (DHA) Criteria
- 1) Qualifying Criteria  
Hospitals may qualify for the DHA under this subsection (c) under the following categories:
    - A) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals and long term stay hospitals, all other hospitals located in Health Service Area (HSA) 6 that either:
      - i) were eligible for Direct Hospital Adjustments under the CHAP program as of July 1, 1999, and had a Medicaid inpatient utilization rate (MIUR) equal to or greater than the statewide mean in Illinois on July 1, 1999;
      - ii) were eligible under the Supplemental Critical Hospital Adjustment Payment (SCHAP) program as of July 1, 1999, and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999; or
      - iii) were county owned hospitals as defined in 89 Ill. Adm. Code 148.25(b)(1)(A), and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999.
    - B) Illinois hospitals located outside of HSA 6 that had an MIUR greater than 60 percent on July 1, 1999, and an average length of stay less than ten days. The following hospitals are excluded from qualifying under this subsection (c)(1)(B): children's hospitals; psychiatric hospitals; rehabilitation hospitals; and long term stay hospitals.
    - C) Children's hospitals, as defined under 89 Ill. Adm. Code 149.50(c)(3), on July 1, 1999.

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- D) Illinois teaching hospitals, with more than 40 graduate medical education programs on July 1, 1999, not qualifying in subsection (c)(1)(A), (B), or (C) of this Section.
- E) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals qualifying in subsection (c)(1)(A), (B), (C) or (D) of this Section, all other hospitals located in Illinois that had an MIUR equal to or greater than the mean plus one-half standard deviation on July 1, 1999, and provided more than 15,000 Total days.
- F) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A), (B), (C), (D), or (E) of this Section, all other hospitals that had an MIUR greater than 40 percent on July 1, 1999, and provided more than 7,500 Total days and provided obstetrical care as of July 1, 2001.
- G) Illinois teaching hospitals with 25 or more graduate medical education programs on July 1, 1999, that are affiliated with a Regional Alzheimer's Disease Assistance Center as designated by the Alzheimer's Disease Assistance Act [410 ILCS 405/4], that had an MIUR less than 25 percent on July 1, 1999, and provided 75 or more Alzheimer days for patients diagnosed as having the disease.
- HG) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A) through (c)(1)(G) of this Section, all other hospitals that had an MIUR greater than 50 percent on July 1, 1999.
- 2) DHA Rates
- A) For hospitals qualifying under subsection (c)(1)(A) of this Section, the DHA rates are as follows:

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- i) Hospitals that have a Combined MIUR that is equal to or greater than the Statewide mean Combined MIUR, but less than one standard deviation above the Statewide mean Combined MIUR, will receive \$69.00 per day for hospitals that do not provide obstetrical care and \$105.00 per day for hospitals that do provide obstetrical care.
  - ii) Hospitals that have a Combined MIUR that is equal to or greater than one standard deviation above the Statewide mean Combined MIUR, but less than one and one-half standard deviation above the Statewide mean Combined MIUR, will receive \$105.00 per day for hospitals that do not provide obstetrical care and \$142.00 per day for hospitals that do provide obstetrical care.
  - iii) Hospitals that have a Combined MIUR that is equal to or greater than one and one-half standard deviation above the Statewide mean Combined MIUR, but less than two standard deviations above the Statewide mean Combined MIUR, will receive \$124.00 per day for hospitals that do not provide obstetrical care and \$160.00 per day for hospitals that do provide obstetrical care.
  - iv) Hospitals that have a Combined MIUR that is equal to or greater than two standard deviations above the Statewide mean Combined MIUR will receive \$142.00 per day for hospitals that do not provide obstetrical care and \$179.00 per day for hospitals that do provide obstetrical care.
- B) Hospitals qualifying under subsection (c)(1)(A) of this Section will also receive the following rates:
- i) County owned hospitals as defined in Section 148.25 with more than 30,000 Total days will have their rate increased by \$455.00 per day.
  - ii) Hospitals that are not county owned with more than 30,000 Total days will have their rate increased by \$330.00 per day.

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- iii) Hospitals with more than 80,000 Total days will have their rate increased by an additional \$423.00 per day.
  - iv) Hospitals with more than 4,500 Obstetrical days will have their rate increased by \$101.00 per day.
  - v) Hospitals with more than 5,500 Obstetrical days will have their rate increased by an additional \$194.00 per day.
  - vi) Hospitals with an MIUR greater than 74 percent will have their rate increased by \$147.00 per day.
  - vii) Hospitals with an average length of stay less than 3.9 days will have their rate increased by \$41.00 per day.
  - viii) Hospitals with an MIUR greater than the statewide mean plus one standard deviation that are designated a Perinatal Level 2 Center and have one or more obstetrical graduate medical education programs as of July 1, 1999, will have their rate increased by \$227.00 per day.
  - ix) Hospitals receiving payments under subsection (c)(2)(A)(ii) of this Section that have an average length of stay less than four days will have their rate increased by \$182.25 per day.
  - x) Hospitals receiving payments under subsection (c)(2)(A)(ii) of this Section that have an MIUR greater than 60 percent will have their rate increased by \$202.00 per day.
  - xi) Hospitals receiving payments under subsection (c)(2)(A)(iv) of this Section that have an MIUR greater than 70 percent and have more than 20,000 days will have their rate increased by \$98.00 per day.
- C) Hospitals qualifying under subsection (c)(1)(B) of this Section will receive the following rates:
- i) Qualifying hospitals will receive a rate of \$421.00 per day.

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- ii) Qualifying hospitals with more than 1,500 Obstetrical days will have their rate increased by \$369.00 per day.
- D) Hospitals qualifying under subsection (c)(1)(C) of this Section will receive the following rates:
- i) Hospitals will receive a rate of \$28.00 per day.
  - ii) Hospitals located in Illinois and outside of HSA 6 that have an MIUR greater than 60 percent will have their rate increased by \$55.00 per day.
  - iii) Hospitals located in Illinois and inside HSA 6 that have an MIUR greater than 80 percent will have their rate increased by \$573.00 per day.
  - iv) Hospitals that are not located in Illinois that have an MIUR greater than 45 percent will have their rate increased by \$32.00 per day for hospitals that have fewer than 4,000 Total days; or \$246.00 per day for hospitals that have more than 4,000 Total days but fewer than 8,000 Total days; or \$178.00 per day for hospitals that have more than 8,000 Total days.
  - v) Hospitals with more than 3,200 Total admissions will have their rate increased by \$248.00 per day.
- E) Hospitals qualifying under subsection (c)(1)(D) of this Section will receive the following rates:
- i) Hospitals will receive a rate of \$41.00 per day.
  - ii) Hospitals with an MIUR between 18 percent and 19.75 percent will have their rate increased by an additional \$14.00 per day.
  - iii) Hospitals with an MIUR equal to or greater than 19.75 percent will have their rate increased by an additional \$87.00 per day.



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- iv) Hospitals with a combined MIUR that is equal to or greater than 35 percent will have their rate increased by an additional \$41.00 per day.
  - F) Hospitals qualifying under subsection (c)(1)(E) of this Section will receive \$188.00 per day.
  - G) Hospitals qualifying under subsection (c)(1)(F) of this Section will receive a rate of \$55.00 per day.
  - H) Hospitals that qualify under subsection (c)(1)(G) of this Section will receive the following rates:
    - i) Hospitals with an MIUR greater than 19.75 percent will receive a rate of \$69.00 per day.
    - ii) Hospitals with an MIUR equal to or less than 19.75 percent will receive a rate of \$11.00 per day.
  - IH) Hospitals qualifying under subsection (c)(1)(H) of this Section will receive a rate of \$268.00 per day.
  - IJ) Hospitals that qualify under subsection (c)(1)(A)(iii) of this Section will have their rates multiplied by a factor of two. The payments calculated under this Section to hospitals that qualify under subsection (c)(1)(A)(iii) of this Section may be adjusted by the Department to ensure compliance with aggregate and hospital specific federal payment limitations. A portion of the payments calculated under this Section may be classified as disproportionate share adjustments for hospitals qualifying under subsection (c)(1)(A)(iii) of this Section.
- 3) DHA Payments
- A) Payments under this subsection (c) will be made at least quarterly, beginning with the quarter ending December 31, 1999.
  - B) Payment rates will be multiplied by the Total days.
  - C) Total Payment Adjustments

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- i) For the CHAP rate period occurring in State fiscal year 2004, total payments will equal the methodologies described in subsection (c)(2) of this Section. For the period April 1, 2004, to June 30, 2004, payment will equal the State fiscal year 2004 amount less the amount the hospital received under DHA for the quarters ending September 30, 2003, December 31, 2003, and March 31, 2004.
  - ii) For CHAP rate periods occurring after State fiscal year 2004, total payments will equal the methodologies described in subsection (c)(2) of this Section.
- d) Rural Critical Hospital Adjustment Payments (RCHAP)  
RCHAP shall be made to rural hospitals, as described in 89 Ill. Adm. Code 140.80(j)(1), for certain inpatient admissions. The hospital qualifying under this subsection that has the highest number of Medicaid obstetrical care admissions during the CHAP base period shall receive \$367,179.00 per year. The Department shall also make an RCHAP to hospitals qualifying under this subsection at a rate that is the greater of:
- 1) the product of \$1,367.00 multiplied by the number of RCHAP Obstetrical Care Admissions in the CHAP base period, or
  - 2) the product of \$138.00 multiplied by the number of RCHAP General Care Admissions in the CHAP base period.
- e) Total CHAP Adjustments  
Each eligible hospital's critical hospital adjustment payment shall equal the sum of the amounts described in subsections (a), (b), (c) and (d) of this Section. The critical hospital adjustment payments shall be paid at least quarterly.
- f) Critical Hospital Adjustment Limitations  
Hospitals that qualify for trauma center adjustments under subsection (a) of this Section shall not be eligible for the total trauma center adjustment if, during the CHAP rate period, the hospital is no longer recognized by the Illinois Department of Public Health as a Level I trauma center as required for the adjustment described in subsection (a)(1) of this Section, or a Level II trauma center as required for the adjustment described in subsection (a)(2) or (a)(3) of this Section.

## DEPARTMENT OF PUBLIC AID

## NOTICE OF EMERGENCY AMENDMENT

In these instances, the adjustments calculated shall be pro-rated, as applicable, based upon the date that such recognition ceased.

- g) Critical Hospital Adjustment Payment Definitions  
The definitions of terms used with reference to calculation of the CHAP required by this Section are as follows:

- 1) "Alzheimer days" means total paid days contained in the Department's paid claims database with a ICD-9-CM diagnosis code of 331.0 for dates of service occurring in State fiscal year 2001 and adjudicated through June 30, 2002.
- 24) "CHAP base period" means State Fiscal Year 1994 for CHAP calculated for the July 1, 1995, CHAP rate period; State Fiscal Year 1995 for CHAP calculated for the July 1, 1996, CHAP rate period; etc.
- 32) "CHAP rate period" means, beginning July 1, 1995, the 12 month period beginning on July 1 of the year and ending June 30 of the following year.
- 43) "Combined MIUR" means the sum of Medicaid Inpatient Utilization Rate (MIUR) as of July 1, 1999, and as defined in Section 148.120(k)(5), plus the Medicaid obstetrical inpatient utilization rate, as described in Section 148.120(k)(6), as of July 1, 1999.
- 54) "Medicaid general care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns, Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.
- 65) "Medicaid Level I rehabilitation admissions" means those claims billed as Level I admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, 344.8 through 344.9, 348.1, 801.30, 803.10, 803.84, 806.0 through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851.06, 851.80,

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853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.0 through 952.09, 952.10 through 952.16, 952.2, and V57.0 through V57.89, excluding admissions for normal newborns.

- 76) "Medicaid Level I rehabilitation inpatient day" means the days associated with the claims defined in subsection (g)(5) of this Section.
- 87) "Medicaid obstetrical care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of Social Security Act, with Diagnosis Related Grouping (DRG) of 370 through 375; and specifically excludes Medicare/Medicaid crossover claims.
- 98) "Medicaid trauma admission" means those claims billed as admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.3, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 through 853.19, 854.0 through 854.19, 860.0 through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0 through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0 through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99.
- 109) "Medicaid trauma admission percentage" means a fraction, the numerator of which is the hospital's Medicaid trauma admissions and the denominator of which is the total Medicaid trauma admissions in a given 12 month period for all Level II urban trauma centers.

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- 1140) "RCHAP general care admissions" means Medicaid General Care Admissions, as defined in subsection (g)(4) of this Section, less RCHAP Obstetrical Care Admissions, occurring in the CHAP base period.
- 1244) "RCHAP obstetrical care admissions" means Medicaid Obstetrical Care Admissions, as defined in subsection (g)(7) of this Section, with a Diagnosis Related Grouping (DRG) of 370 through 375, occurring in the CHAP base period.
- 1342) "Total admissions" means total paid admissions contained in the Department's paid claims database, including obstetrical admissions multiplied by two and excluding Medicare crossover admissions, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.
- 1443) "Total days" means total paid days contained in the Department's paid claims database, including obstetrical days multiplied by two and excluding Medicare crossover days, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.
- 1544) "Total obstetrical days" means hospital inpatient days for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999, with an ICD-9-CM principal diagnosis code of 640.0 through 648.9 with a 5<sup>th</sup> digit of 1 or 2; 650; 651.0 through 659.9 with a 5<sup>th</sup> digit of 1, 2, 3, or 4; 660.0 through 669.9 with a 5<sup>th</sup> digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5<sup>th</sup> digit of 1 or 2; V27 through V27.9; V30 through V39.9; or any ICD-9-CM principal diagnosis code that is accompanied with a surgery procedure code between 72 and 75.99; and specifically excludes Medicare/Medicaid crossover claims.

(Source: Amended by emergency rulemaking at 28 Ill. Reg. \_\_\_\_\_, effective August 3, 2004, for a maximum of 150 days)

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of August 3, 2004 through August 9, 2004 and has been scheduled for review by the Committee at its September 14, 2004 meeting in Chicago. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
9/15/04	<u>Department of Revenue</u> , Real Estate Transfer Tax (86 Ill. Adm. Code 120)	6/4/04 28 Ill. Reg. 7608	9/14/04
9/22/04	<u>Secretary of State</u> , General Rules, Definitions (92 Ill. Adm. Code 1000)	6/18/04 28 Ill. Reg. 8448	9/14/04

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF FINE IMPOSED UNDER  
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5 (h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banks and Real Estate, of the State of Illinois has issued a fine of \$25,000 against Mortgage Services, Inc., License No. MB.0001072 of Bloomington, IL, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2004. For further reference, link to: <http://www.obre.state.il.us/>

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF FINE IMPOSED UNDER  
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5 (h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banks and Real Estate, of the State of Illinois has issued a fine of \$25,000 against Riverfront Mortgage Services, Inc., License No. MB.0004667 of Peoria, IL, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2004. For further reference, link to: <http://www.obre.state.il.us/>



## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF FINE IMPOSED UNDER  
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5 (h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banks and Real Estate, of the State of Illinois has placed on probation for a six (6) month period the license of State Street Mortgage & Finance Company, License No. MB.0004795 of Springfield, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 22, 2004. For further reference, link to: <http://www.obre.state.il.us/>

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF FINE IMPOSED UNDER  
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5 (h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banks and Real Estate, of the State of Illinois has issued a fine of \$5,000 against Choice One Mortgage, Inc., License No. MB.0005067 of Lake Zurich, IL, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective July 29, 2004. For further reference, link to: <http://www.obre.state.il.us/>

## PROCLAMATIONS

**2004-224 Revised  
KidCare/FamilyCare Month**

WHEREAS, according to the most recent United States Census Survey, almost 230,000 low-income children in Illinois were not covered by health insurance in 2002; and

WHEREAS, uninsured children are four times more likely than insured children to have necessary medical care delayed, and are subsequently more likely to miss school and other activities; and

WHEREAS, the children of working families in Illinois deserve access to quality health care; and

WHEREAS, KidCare and FamilyCare are state programs that offer health insurance to low-income children, their parents and other relatives who care for them; and

WHEREAS, KidCare and FamilyCare have partnered with over 1,000 health care and community providers to help insure families throughout the State; and

WHEREAS, in 2003, the expansion of KidCare and FamilyCare made an additional 20,000 children and 65,000 parents eligible for State health insurance. FamilyCare was further expanded in 2004 to eventually cover an additional 56,000 parents; and

WHEREAS, due to those expansions, children in a family of four earning nearly \$38,000 annually may qualify for KidCare. In addition, a family of four earning \$25,000 annually may soon qualify for FamilyCare; and

WHEREAS, the State of Illinois now provides healthcare to over one million children through the KidCare program, and nearly 360,000 parents through the FamilyCare program; and

WHEREAS, the percentage of uninsured children in Illinois has decreased by over 30 percent in the last several years, due largely to the efforts to enroll children in KidCare; and

WHEREAS, families in need of health insurance are often unaware that they may be eligible for these programs and may be unable to complete the application process without assistance. Therefore, in order to further decrease the number of uninsured children, we need to continue working to increase awareness of KidCare and FamilyCare; and

WHEREAS, from August through mid-October, 2004, Covering Kids and Families in Illinois is running its 6th Annual Back-to-School Outreach and Enrollment Campaign. It will feature community events, health fairs, and other activities to increase parental awareness of KidCare and FamilyCare:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim August 2004 as KIDCARE/FAMILYCARE MONTH in Illinois, and urge all citizens to be cognizant of the importance of health insurance for young people, and become aware of how these programs can be beneficial to Illinois children and families.

Issued by the Governor August 3, 2004.

Filed by the Secretary of State August 4, 2004.

**2004-225  
National KidsDay**

## PROCLAMATIONS

WHEREAS, research shows that the meaningful time adults spend with children is crucial to their development and well being, helping them to develop a positive self-image, as well as a sense of belonging, usefulness, and purpose; and

WHEREAS, in 2001, the Boys and Girls Clubs of America, in collaboration with KidsPeace, and other leading youth and community organizations, spearheaded the first National KidsDay Event held annually on the first Sunday in August; and

WHEREAS, National KidsDay is a day to celebrate and honor children, therein encouraging parents and other caregivers to provide children with activities that both parties will consider as engaging, important, and enjoyable; and

WHEREAS, last year, over 3 million people were participants of 3,700 National KidsDay celebrations across the country as part of the 3rd Annual Event; and

WHEREAS, according to the Boys & Girls Clubs of America's recent "Meaningful Time Survey," parents and children agree that they want to spend meaningful time together, but parents and children tend to disagree about what factors make family interaction meaningful; and

WHEREAS, according to the Boys & Girls Clubs, planning activities that allow the parent to interact with their child not only requires listening to what the child has to say, but provides quality, meaningful time for both:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim August 1, 2004 as NATIONAL KIDSDAY in Illinois, and encourage all citizens to invest time into one of our most precious resources, the successful growth of our children.

Issued by the Governor August 2, 2004.

Filed by the Secretary of State August 3, 2004

**2004-226****100-Year Anniversary of the Illinois Department of Public Health Laboratories**

WHEREAS, the first State diagnostic laboratory was established in August 1904 to respond to the testing and health care needs of Illinois citizens; and

WHEREAS, since that time, the Illinois Department of Public Health (IDPH) laboratories, and their dedicated professional staff, have continued to provide quality laboratory testing in support of the health and well-being of the citizens of this State, fulfilling the Department's mission to prevent and control disease and injury; and

WHEREAS, in response to the threat of terrorism, IDPH and its laboratories have been devoted to expanding their capabilities to respond to such emergencies and thereby further protecting Illinois citizens; and

WHEREAS, the IDPH laboratories will continue to strive to meet both the traditional and emerging testing and health care needs of the residents of this State:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim August 2, 2004 as the beginning of a yearlong celebration of the 100-YEAR ANNIVERSARY OF THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH LABORATORIES, and encourage all citizens to recognize the vital role that these facilities play in the health and well-being of Illinoisans.

## PROCLAMATIONS

Issued by the Governor August 2, 2004.  
Filed by the Secretary of State August 3, 2004

**2004-227****Chamber of Commerce Week**

WHEREAS, chambers of commerce encourage the growth of existing industries, services, and commercial firms, encourage new businesses and individuals to invest locally, and act as liaisons with government and the larger business community; and

WHEREAS, Illinois is home to international chambers of commerce, the Great Lakes Region of the U.S. Chamber of Commerce, the Illinois Chamber of Commerce, and more than 450 local chambers of commerce; and

WHEREAS, this year marks the 85th anniversary of the Illinois Chamber of Commerce, which represents businesses throughout the State; and

WHEREAS, during the week of September 13-17, various local chambers of commerce in Illinois will be hosting open houses, business expos, business of the year awards, and other promotional events in order to promote their involvement in the local economy:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim September 13-17, 2004 as CHAMBER OF COMMERCE WEEK in Illinois, and encourage all citizens to recognize the important role that chambers of commerce play in the economic well being of their communities.

Issued by the Governor August 5, 2004.  
Filed by the Secretary of State August 6, 2004.

**2004-228****350th Anniversary of Jews in America Month**

WHEREAS, in 1654, twenty-three Jewish refugees fleeing persecution in Recife, Brazil arrived in New Amsterdam and became the first Jewish community in North America; and

WHEREAS, generations of Jews of diverse backgrounds and persuasions, who fled oppression and embraced opportunity, escaped persecution and found freedom, shunned indignity and pursued equality for themselves and their descendents, have found their home in this great nation; and

WHEREAS, the national campaign, "Celebrate 350: Jewish Life in America 1654 2004," which is recognized by numerous Jewish organizations in this country, was established to celebrate the achievements of Jews and the Jewish community in America over the past 350 years; and

WHEREAS, the Jewish-American community has a strong presence in the State of Illinois, and on this 350th Anniversary, we embrace their rich and vibrant heritage:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim September 2004 as the 350th ANNIVERSARY OF JEWS IN AMERICA MONTH in Illinois,

## PROCLAMATIONS

and encourage all citizens to recognize the myriad of contributions that the Jewish-American communities have made to our State.

Issued by the Governor August 5, 2004.

Filed by the Secretary of State August 6, 2004.

**2004-229****Ovarian Cancer Awareness Month**

WHEREAS, ovarian cancer is a disease that begins as a tumor in the ovaries of a woman. The cancer can then “shed” and create new tumors in the peritoneum (membrane that lines the abdomen) and diaphragm, and if left untreated can spread to the rest of the body through the bloodstream (metastasize) and lead to death; and

WHEREAS, the cause of ovarian cancer is unknown, although age (women over 50 are more at risk), never getting pregnant, the use of talc, the use of hormone replacement therapy after menopause (HRT), and a family or personal history of ovarian, breast or colon cancer all may increase the chances of developing the disease; and

WHEREAS, the risk of developing ovarian cancer may be reduced by breast feeding, taking birth control pills (and other methods of reducing the number of a woman’s ovulations), reducing the amount of fat in the diet, or having had surgical operations including a tubal ligation, a hysterectomy, or having one’s ovaries removed; and

WHEREAS, if detected and treated early, the chances of recovery from ovarian cancer are good. However, there may be no symptoms or only mild ones in the early stage of the disease (researches are still trying to develop accurate early tests for tumors). Later symptoms include abdominal discomfort, nausea and other digestive problems, loss of appetite, feeling of fullness even after a light meal, weight loss or gain for no reason, and abnormal bleeding from the vagina; and

WHEREAS, about 1 in every 57 women will develop ovarian cancer; and

WHEREAS, the American Cancer Society estimates that 25,580 women will develop ovarian cancer in 2004, and 16,090 will die of the disease, with a projected 660 of the deaths in Illinois. This makes ovarian cancer the fourth deadliest cancer in women, and the deadliest gynecological cancer; and

WHEREAS, organizations like the National Ovarian Cancer Coalition and the Chicago Ovarian Cancer Alliance play instrumental roles in combating the disease through outreach methods including education, support, and advocacy; and

WHEREAS, increased awareness of the risk factors, symptoms, and scope of ovarian cancer can save lives by promoting early detection, and thereby improving the prevention and treatment of the disease:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim September 2004 as OVARIAN CANCER AWARENESS MONTH in Illinois, and encourage all citizens to recognize the risk factors and symptoms of ovarian cancer so that we may begin to reduce its devastating impact.

Issued by the Governor August 5, 2004.

## PROCLAMATIONS

Filed by the Secretary of State August 6, 2004.

**2004-230****Wapella Sesquicentennial Days**

WHEREAS, small towns are at the heart of America, continuing to provide the family-oriented local atmosphere that defined this country upon its founding over 200 years ago; and

WHEREAS, Wapella, one such small town, is both figuratively and literally at the heart of Illinois, being located right in the geographic center of our great State; and

WHEREAS, founded as a stop on the Illinois Central Railroad in 1854 and incorporated in 1867, Wapella has persevered through history, and is now the home of 648 residents. Its community center, city park, entrepreneurial businesses, and two very active churches are all a testament to the love and hard work of its citizens; and

WHEREAS, the people of Wapella and volunteers from surrounding areas bravely rebuilt the town after a devastating tornado struck in May of 1968; and

WHEREAS, this year, the town of Wapella is celebrating its 150th anniversary; and

WHEREAS, from August 26-28, the Wapella Sesquicentennial Committee will hold a festival celebrating the town's 150 years, which will include a Ham and Beans dinner, a 5k race, musical performances, carnival rides, and many other events. The same committee will soon put out a book detailing the history of Wapella:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim August 26-28, 2004 as WAPELLA SESQUICENTENNIAL DAYS in Illinois, and join in recognizing the dedicated people of Wapella upon its 150th anniversary.

Issued by the Governor August 5, 2004.

Filed by the Secretary of State August 6, 2004.

**2004-231****Fetal Alcohol Syndrome Awareness Day**

WHEREAS, Fetal Alcohol Syndrome (FAS) is one of the leading known preventable causes of mental retardation and birth defects in the world. Unfortunately, as many as 40,000 infants each year are still affected by this disorder; and

WHEREAS, FAS is a lifelong physically and mentally disabling condition characterized by brain damage, facial deformities, and growth deficits. Heart, liver, and kidney defects are also common; and

WHEREAS, people with FAS typically have problems learning, retaining information, being attentive, and communicating, in addition to vision and hearing problems. These problems often lead to difficulties in school and difficulty getting along well with others; and

WHEREAS, it is important to note that FAS does not just occur in children whose mothers drink excessive amounts of alcohol. Research has found that even minimal drinking by women during their pregnancy can kill developing brain cells; and

## PROCLAMATIONS

WHEREAS, there is no cure for FAS, however, with early identification and diagnosis, children with FAS can receive necessary services that help increase their chances for a better life; and

WHEREAS, since 1999, people around the world have observed International FAS Day on September 9, so that on the ninth day of the ninth month of the year, the world will remember that during the nine months of pregnancy, women should abstain from alcohol:

THEREFORE, I, Rod Blagojevich, Governor of the State of Illinois, do hereby proclaim September 9, 2004 as FETAL ALCOHOL SYNDROME AWARENESS DAY in Illinois, and urge all women to take extra precautions while pregnant to ensure the safe and healthy delivery of their babies.

Issued by the Governor August 5, 2004.

Filed by the Secretary of State August 6, 2004.



# ILLINOIS ADMINISTRATIVE CODE Issue Index - With Effective Dates

Rules acted upon in Volume 28, Issue 34 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquires about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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