2007

ILLINOIS REGISTER

RULES OF GOVERNMENTAL AGENCIES

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INTRODUCTION

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

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

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

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

2007 REGISTER SCHEDULE VOLUME #31

Issue #	Rules Due Date	Date of Issue
1	December 26, 2006	January 5, 2007
2	January 2, 2007	January 12, 2007
3	January 8, 2007	January 19, 2007
4	January 16, 2007	January 26, 2007
5	January 22, 2007	February 2, 2007
6	January 29, 2007	February 9, 2007
7	February 5, 2007	February 16, 2007
8	February 13, 2007	February 23, 2007
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21	May 14, 2007	May 25, 2007
22	May 21, 2007	June 1, 2007
23	May 29, 2007	June 8, 2007

Issue #	Rules Due Date	Date of Issue
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25	June 11, 2007	June 22, 2007
26	June 18, 2007	June 29, 2007
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34	August 13, 2007	August 24, 2007
35	August 20, 2007	August 31, 2007
36	August 27, 2007	September 7, 2007
37	September 4, 2007	September 14, 2007
38	September 10, 2007	September 21, 2007
39	September 17, 2007	September 28, 2007
40	September 24, 2007	October 5, 2007
41	October 1, 2007	October 12, 2007
42	October 9, 2007	October 19, 2007
43	October 15, 2007	October 26, 2007
44	October 22, 2007	November 2, 2007
45	October 29, 2007	November 12, 2007
46	November 5, 2007	November 16, 2007
47	November 12, 2007	November 26, 2007
48	November 19, 2007	December 1, 2006
49	November 26, 2007	December 7, 2007
50	December 3, 2007	December 14, 2007
51	December 10, 2007	December 21, 2007
52	December 17, 2007	December 28, 2007

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Eligibility and Qualification for Races

2) Code Citation: 11 Ill. Adm. Code 1309

3) Section Number:	Proposed Action:
1309.160	Repeal

4) Statutory Authority: 230 ILCS 5/9(b)

5) A Complete Description of the Subjects and Issues Involved: The proposed rulemaking repeals Section 1309.160 as the first phase of the Board's efforts to consolidate the harness and thoroughbred rules. Proposed rules have been filed concurrently to establish a new Part 605 dedicated to horse health.

6) Published studies or reports and sources of underlying data used to compose this rulemaking: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending in this Part? No

11) Statement of Statewide Policy Objectives: No local governmental units will be required to increase expenditures.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written comments should be submitted, within 45 days after this Notice, to:

Mickey Ezzo
Illinois Racing Board
100 West Randolph
Suite 7-701
Chicago, Illinois 60601

312/814-5017

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENT

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Board did not anticipate the need for this rulemaking at the time the agendas were published.

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

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENT

TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY
SUBTITLE B: HORSE RACING
CHAPTER I: ILLINOIS RACING BOARD
SUBCHAPTER f: RULES AND REGULATIONS OF HARNESS RACING

PART 1309
ELIGIBILITY AND QUALIFICATION FOR RACES

Section
1309.10 Eligibility Certificate
1309.20 Registration
1309.30 Leased Horses
1309.40 Sale or Lease During Current Year
1309.50 Tampering With Eligibility Certificate
1309.60 Corrections on Eligibility Certificates
1309.70 Loss or Destruction of Certificate
1309.80 Time Bars Prohibited
1309.90 Racing Secretary Shall Prescribe Conditions
1309.100 Conflicting Conditions
1309.110 Condition Books
1309.120 Races to be Offered
1309.130 Invitational Races
1309.140 Rejection of Declarations
1309.150 Eligibles Posted
1309.160 AGID (Coggins) Test (Repealed)

AUTHORITY: Authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)].

SOURCE: Published in Rules and Regulations of Harness Racing (original date not cited in publication); amended December 9, 1977, filed December 29, 1977; codified at 5 Ill. Reg. 10931; emergency amendment at 31 Ill. Reg. 7152, effective May 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. _____, effective _____.

Section 1309.160 AGID (Coggins) Test (Repealed)

~~Horses racing in Illinois must have a negative Agar-Gel immunodiffusion test (Coggins test) done at least once every twelve months. A current negative test certificate from a laboratory, approved by the U.S. Department of Agriculture, must be on file with the Racing Secretary.~~

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENT

~~Trainers that start a horse without having a current negative test certificate on file with the Racing Secretary may be fined. The state veterinarian may draw blood from any horse on the grounds for the purpose of conducting the Agar-Gel immunodiffusion (Coggins) test.~~

(Source: Repealed at 31 Ill. Reg. _____, effective _____)

ILLINOIS RACING BOARD

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Horse Health Rules

2) Code Citation: 11 Ill. Adm. Code 1431

3)

Section Numbers:	Proposed Action:
1431.10	Repeal
1431.20	Repeal
1431.30	Repeal
1431.40	Repeal
1431.50	Repeal
1431.70	Repeal
1431.80	Repeal
1431.85	Repeal
1431.90	Repeal

4) Statutory Authority: 230 ILCS 5/9(b)

5) A Complete Description of the Subjects and Issues Involved: The proposed rulemaking repeals Sections of Part 1431 and is the first phase of the Board's efforts to consolidate the harness and thoroughbred rules. Proposed rules have been filed concurrently to establish a new Part 605 that is dedicated to horse health.

6) Published studies or reports and sources of underlying data used to compose this rulemaking: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending in this Part? No

11) Statement of Statewide Policy Objectives: No local governmental units will be required to increase expenditures.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written comments should be submitted, within 45 days after this Notice, to:

ILLINOIS RACING BOARD

NOTICE OF PROPOSED REPEALER

Mickey Ezzo
Illinois Racing Board
100 West Randolph
Suite 7-701
Chicago, Illinois 60601

312/814-5017

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Board did not anticipate the need for this rulemaking at the time the agendas were published.

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

ILLINOIS RACING BOARD

NOTICE OF PROPOSED REPEALER

TITLE 11: ALCOHOL, HORSE RACING, AND LOTTERY
SUBTITLE B: HORSE RACING
CHAPTER I: ILLINOIS RACING BOARD
SUBCHAPTER g: RULES AND REGULATIONS OF HORSE RACING (THOROUGHBRED)

PART 1431
HORSE HEALTH RULES (REPEALED)

Section
1431.10 Valid Health Certificate
1431.20 Pest Control
1431.30 Disposable Needles; Hypodermics
1431.40 Clean Equipment
1431.50 Equipment used on Animals
1431.60 Tongue Ties (Repealed)
1431.70 Health Rule Violations
1431.80 Establish Health Rules
1431.85 AGID (Coggins) Test
1431.90 Humane Treatment of Horses

AUTHORITY: Authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)].

SOURCE: Published in Rules and Regulations of Horse Racing (original date not cited in publication); codified at 5 Ill. Reg. 11006; amended at 20 Ill. Reg. 5886, effective April 15, 1996; amended at 29 Ill. Reg. 19693, effective December 1, 2005; emergency amendment at 31 Ill. Reg. 7156, effective May 1, 2007, for a maximum of 150 days; Part repealed at 31 Ill. Reg. _____, effective _____.

Section 1431.10 Valid Health Certificate

A certificate of veterinary inspection and entry permit are not required for Illinois equine. Illinois equine traveling out of the State on an Illinois certificate of veterinary inspection are not required to obtain a permit to return home. If, however, Illinois equine are out of the State longer than 30 days (i.e., boarding, training), a certificate of veterinary inspection issued by the state where the animal has been residing and an entry permit will be required. Once an animal has been out of the State longer than 30 days, it is no longer recognized as being an Illinois native animal. All equine entering Illinois for any reason other than slaughter must be

accompanied by a negative test for equine infectious anemia (EIA) conducted within a year if the animal is more than one year of age, certificate of veterinary inspection issued by an accredited veterinarian within 30 days prior to entry, and an entry permit number issued by the Illinois Department of Agriculture. The organization licensee shall be responsible for compliance with this Section.

Section 1431.20 Pest Control

The race track operator shall maintain systematic, effective control against flies, mosquitoes, other insects and rats at all times during a meeting. Horses must be stabled in individual box stalls with appropriate feeding and watering facilities. Stables and immediate surrounding areas must be kept in a sanitary condition at all times. Satisfactory drainage must be provided and manure and other refuse must be promptly and properly removed. These regulations apply to any stabling areas that the Board has approved for the race track operator. The Board or its official representatives will make periodic inspections of a track. Failure to comply with sanitary practices or provide any pest control will result in loss of racing dates.

Section 1431.30 Disposable Needles; Hypodermics

a) Veterinarians practicing on a race track where a race meet is in progress or imminent shall use one time disposable needles and shall dispose of them in an approved manner.

b) No one, but a licensed veterinarian, may have a needle or syringe of any kind, type or description or an injectable drug on his person or in his custody, or in the control, custody or possession of any of his employees.

Section 1431.40 Clean Equipment

Paddocks, starting gates and other equipment subjected to contact by different animals must be kept in a clean condition and free from dangerous surfaces by management.

Section 1431.50 Equipment used on Animals

Sterile equipment must be used for collecting material for the saliva test. All types of instruments used on horses, including surgical, tattooing, dental and similar items, must be properly cleaned and sterilized by boiling for 15 minutes or autoclaving 15 minutes at 15 pounds pressure before use on each animal.

ILLINOIS RACING BOARD

NOTICE OF PROPOSED REPEALER

Section 1431.60 Tongue Ties (Repealed)

Section 1431.70 Health Rule Violations

The state veterinarians shall be consulted about any alleged violations of these rules. Investigations will be made and reported promptly to the Board. The Board will suspend or revoke the license of anyone violating these rules.

Section 1431.80 Establish Health Rules

The state veterinarians may establish procedures, relative to this rule, that will govern all practicing veterinarians at the race track.

Section 1431.85 AGID (Coggins) Test

Horses having a positive AGID (Coggins) Test must be removed from the race track under the direction of the state veterinarians.

Section 1431.90 Humane Treatment of Horses

a) No person shall subject any animal to any form of cruelty, mistreatment, neglect, abuse, abandonment, or injury on the grounds of an organization licensee.

b) No person shall deprive any animal of necessary care, sustenance, shelter or veterinary care on the grounds of an organization licensee.

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Practice and Procedure

2) Code Citation: 26 Ill. Adm. Code 125

3) Section Number: 125.425 — Proposed Action: Amendment

4) Statutory Authority: Implementing and authorized by Sections 1A-8(9), 9-15(3), 9-21 and 9-23 of the Election Code [10 ILCS 5/1A-8(9), 9-15(3), 9-21 and 9-23]

5) A Complete Description of the Subjects and Issues Involved: This rulemaking restricts the issues and evidence presented to the Board following an appeal hearing of a civil penalty assessment to the issues and evidence that were presented at the appeal hearing itself.

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objective: The proposed rules do not affect units of local government.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested parties may submit comments in writing within 45 days after publication to:

Steven Sandvoss
General Counsel
State Board of Elections
1020 S. Spring Street
Springfield, Illinois 62708

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED AMENDMENT

217/782-4141

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because: it was not anticipated.

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

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED AMENDMENT

TITLE 26: ELECTIONS
CHAPTER I: STATE BOARD OF ELECTIONS

PART 125
PRACTICE AND PROCEDURE

SUBPART A: DEFINITION AND GENERAL PROVISIONS

Section

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED AMENDMENT

SUBPART B: CLOSED PRELIMINARY HEARINGS

SUBPART C: PUBLIC ADJUDICATIVE HEARINGS

SUBPART D: FINAL ORDERS

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED AMENDMENT

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED AMENDMENT

Section
125.810 Ex Parte Communications
125.820 Effective Date
125.830 Interpretation
125.840 Severability

AUTHORITY: Implementing and authorized by Sections 1A-8(9), 9-15(3), 9-21 and 9-23 of the Election Code [10 ILCS 5/1A-8(9), 9-15(3), 9-21 and 9-23].

SOURCE: Adopted at 5 Ill. Reg. 12115, effective October 26, 1981; amended at 7 Ill. Reg. 230, effective December 16, 1982; amended at 7 Ill. Reg. 239, effective December 16, 1982; amended at 7 Ill. Reg. 15803 and 15810, effective November 9, 1983; codified at 8 Ill. Reg. 3278; amended at 9 Ill. Reg. 4050, effective March 14, 1985; amended at 14 Ill. Reg. 10832, effective June 22, 1990; amended at 16 Ill. Reg. 6986, effective April 21, 1992; amended at 19 Ill. Reg. 6546, effective May 1, 1995; emergency amendment at 23 Ill. Reg. 1122, effective January 7, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 6807, effective May 24, 1999; amended at 24 Ill. Reg. 14203, effective September 11, 2000; emergency amendment at 28 Ill. Reg. 1408, effective January 5, 2004, for a maximum of 150 days; emergency expired June 2, 2004; amended at 29 Ill. Reg. 18796, effective November 7, 2005; amended at 30 Ill. Reg. 6337, effective April 3, 2006; amended at 30 Ill. Reg. 10266, effective June 1, 2006; amended at 31 Ill. Reg. _____, effective _____.

SUBPART D: FINAL ORDERS

Section 125.425 Civil Penalty Assessments

a) As used in this Section, "authorizing candidate" means any candidate who has, at any time during the reporting period for the report in question or prior to that reporting period, filed with the committee an authorization in accordance with Section 9-8 of the Election Code [10 ILCS 5/9-8].

b) A report required to be filed within a specified time pursuant to Section 9-10 of the Election Code is delinquent if not received by the Board on or before the due date. Documents are deemed received by the Board as of the date date-stamped by Board staff on the documents submitted.

c) If a report is or continues to be delinquent, it is subject to a civil penalty as set out in subsection (e) of this Section.

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED AMENDMENT

d) When a report required by Section 9-10 of the Election Code is delinquent, the Board will send notice of delinquency to the chairman and the treasurer of each delinquent State, State and local, and local political committee, together with an Order assessing a civil penalty calculated in accord with subsection (e). The notice of delinquency and Order shall also be sent to any candidate listed by name on that committee's Statement of Organization. The notice of delinquency shall state that the Board has issued a civil penalty that will be final unless the committee shows cause in accord with subsection (f) why the penalty should not be assessed.

e) The Board will calculate the civil penalty as follows:

1) If the committee's total receipts, total expenditures, and ~~the~~ balance remaining at the end of the reporting period for which the delinquent report was due are each $5000 or less, and if the delinquent report is a semi-annual report, the political committee shall be assessed a fine of $25 per business day for the first violation, $50 per business day for the second violation, and $75 per business day for the third and each subsequent violation, to a maximum of $5000.~~,~~ If~~except that, if~~ the committee is formed for statewide office as that term is defined in Section 9-10(b) of the Election Code, the maximum shall be $10,000.~~,~~ However,~~provided that~~ the civil penalty for any committee shall not exceed $500 for a first time offense involving a filing that is less than 10 days late.

2) If the committee's total receipts, total expenditures, or balance remaining at the end of the reporting period for which the delinquent report was due exceeds $5000, and if the delinquent report is a semi-annual report, the political committee shall be assessed a fine of $50 per business day for the first violation, $100 per business day for the second violation, and $200 per business day for the third and each subsequent violation, to a maximum of $5000.~~,~~ If~~except that, if~~ the committee is one formed for statewide office as that term is defined in Section 9-10(b) of the Election Code, the maximum shall be $10,000.~~,~~ However,~~provided that~~ the civil penalty for any committee shall not exceed $500 for a first time offense involving a filing that is less than 10 days late.

3) If the committee's total receipts, total expenditures, and balance remaining at the end of the reporting period for which the delinquent report was due are each $5000 or less, and if the delinquent report is a pre-election report,

the political committee shall be assessed a fine of $100 per business day for the first violation, $200 per business day for the second violation, and $300 per business day for the third and each subsequent violation, to a maximum of $5000.~~,~~ If~~except that, if~~ the committee is one formed for statewide office as that term is defined in Section 9-10(b) of the Election Code, the maximum shall be $10,000.~~,~~ However,~~provided that~~ the civil penalty for any committee shall not exceed $500 for a first time offense involving a filing that is less than 10 days late. The per business day penalty calculation will no longer accrue after the date of the election for which the report has been filed.

4) If the committee's total receipts, total expenditures, or balance remaining at the end of the reporting period for which the delinquent report was due exceeds $5000, and if the delinquent report is a pre-election report, the political committee shall be assessed a fine of $200 per business day for the first violation, $400 per business day for the second violation, and $600 per business day for the third and each subsequent violation, to a maximum of $5000.~~,~~ If~~except that, if~~ the committee is one formed for statewide office as that term is defined in Section 9-10(b) of the Election Code, the maximum shall be $10,000.~~,~~ However,~~provided that~~ the civil penalty shall not exceed $500 for a first time offense involving a filing that is less than 10 days late. The per business day penalty calculation will no longer accrue after the date of the election for which the report has been filed.

5) If the delinquently filed report is a Schedule A-1 (report of contributions exceeding $500 received during the 30-day period prior to an election), in the final disposition of any appeal of a penalty assessed by the Board for the~~such~~ delinquency on or after November 19, 2003 (the effective date of Public Act 93-0615), the Board will consider assessing a civil penalty as follows:

A) The Board may:

i) grant the appeal (no civil penalty assessment);

ii) determine that a violation occurred and impose a penalty of no less than 10% nor more than 100% of the total amount of the contributions that were delinquently reported; or

iii) determine that a violation occurred, but decline to assess a penalty.

B) When considering the amount of the civil penalty to be imposed, the Board shall consider all relevant factors, including, but not limited to, the following factors:

i) whether in the Board's opinion the violation was committed inadvertently, negligently, knowingly, or intentionally;

ii) the number of days the contribution was reported late; and

iii) past violations of Sections 9-3 and 9-10 of the Election Code by the committee (filing requirement for the Statement of Organization, pre-election reports~~Pre-Election Reports~~, Schedule A-1s and semi-annual reports~~Semi-Annual Reports~~).

6) If the delinquently filed report is a Statement of Organization (form D-1), the Board shall assess a civil penalty of $25 for each business day that the report remains unfiled after its due date, except that, if the committee is supporting a candidate running for statewide office or supporting a statewide referendum or a State Constitutional Amendment, the civil penalty will be $50 per business day. The~~Such~~ penalties shall not exceed $5,000 ($10,000 for statewide candidates, referenda or State Constitutional Amendment).

f) In addition to the civil penalties provided for in Section 9-10(b) and (b-5) of the Election Code, a committee or organization required to report under the Election Code may, for violations of provisions of Article 9 of the Election Code other than delinquent filing, be assessed a civil penalty under the provisions of Section 9-23 of the Election Code and this subsection. The Board will calculate civil penalties in accord with subsection (e). A committee that violates both Section 9-10 of the Election Code and an Order of the Board may be liable for separate penalties for each violation. In cases of alleged violation of an Order of the Board brought under the provisions of Section 9-23 of the Election Code, the Board will mail to each committee or organization alleged to be in violation of a Board Order~~order~~ notice of a proposed civil penalty calculated in accord with the terms

of this Part, which proposed penalty shall become effective without further proceedings unless the committee or organization receiving the notice contests the proposed civil penalty. A political committee assessed a civil penalty under Section 9-10(b) or (b-5) for being delinquent in filing a required report or that has received notice of a proposed civil penalty for violation of a Board Order~~order~~ under Section 9-23 may:

1) submit, within 30 calendar days after the mailing of the assessment notice, a request for waiver of appearance and appeal affidavit, in the form provided by the Board, stating the reasons for requested waiver of appearance and the reasons for the late filing or violation of the Board Order~~order~~, as the case may be, to show why a civil penalty should not be assessed. This appeal affidavit shall either be in writing, made under oath and upon penalty of perjury sworn to before a notary public or any person authorized to administer oaths, or be made pursuant to Section 1-109 of the Code of Civil Procedure [735 ILCS 5/1-109]; or

2) submit, within 30 calendar days after the mailing of the assessment notice, a request for hearing and appeal affidavit, in the form provided by the Board, stating the reasons for the late filing or violation of the Board Order, as the case may be, to show why a civil penalty should not be assessed. This appeal affidavit shall either be in writing, made under oath and upon penalty of perjury sworn to before a notary public or any person authorized to administer oaths, or be made pursuant to Section 1-109 of the Illinois Code of Civil Procedure [735 ILCS 5/1-109]; or

3) pay, within 30 days after the mailing of the assessment notice, the civil penalty assessed. If an appeal affidavit is filed, with or without waiver of appearance, the civil penalty shall not be due until the appeal is determined by the Board.

g) Post-Appeal Hearing Defense or Evidence

1) Any defense and any accompanying evidence upon which the appeal is based that is presented to the Board following an appeal hearing, either by personal appearance before or a written appeal submitted to a Hearing Examiner, shall be limited to the defense and evidence that was presented at the appeal hearing. The defense and evidence shall include, but not be limited to, interpretation of statute and rules, consideration of written or

oral testimony tendered at the appeal hearing and consideration of documentary evidence tendered at the hearing.

2) Any defense and accompanying evidence that was not known, and could not reasonably be expected to have been known, by the respondent at the time of the appeal hearing may be presented to the Board. The Board may, upon motion or on its own motion, remand the defense and evidence back to the original Hearing Examiner, or may submit it to a new Hearing Examiner for consideration. If an issue exists as to the applicability of this exception, the Board shall rule upon the issue immediately after presentation of the disputed defense and evidence. The respondent in the case shall be given an opportunity to demonstrate to the Board that the disputed defense and evidence was not known at the time of the appeal hearing and the respondent should not have been expected to have been aware of the defense and evidence at the time of the appeal hearing.

3) Nothing in this Part shall be construed to prevent the respondent from being represented by counsel at the presentation before the Board when the counsel did not represent the respondent at the appeal hearing. Counsel shall be licensed to practice law in the State of Illinois as required by Section 125.60 of this Part.

hg) If a political committee or organization required to report under the provisions of Article 9 of the Election Code that is subject to a civil penalty fails, within the time required, to make payment in full of the assessed civil penalty, then the Board shall proceed with efforts at collection pursuant to the Illinois State Collection Act of 1986 [30 ILCS 210]. The Board shall not hear an appeal of a civil penalty imposed for delinquent filing or the violation of a Board Order if neither a request for waiver of appearance and appeal affidavit nor a request for hearing and appeal affidavit is filed within the time required.

ih) Notwithstanding any provision of this Section to the contrary, the Board shall stay the enforcement of any civil penalty in cases of first time violation of a filing deadline and shall stay the enforcement of a civil penalty for the violation of a Board Order whenwhere the committee or organization has voluntarily entered into a stipulation admitting the violation and agreeing to the civil penalty. The stay shall continue only so long as no subsequent violations of Article 9 of the Election Code or of Board Orders occur. Violation of Article 9 of the Election Code or a Board Order will cause the civil penalty otherwise stayed to become

immediately due and may expose the committee or organization to further liability in accord with this Section.

ji) For the purpose of this Section, second and subsequent violations are deemed to occur with reference to the time the first offense event occurs, not when a hearing, if any is required, concerning thesuch first offense event is held. The Board may consider two or more allegations of violations at the same hearing, treating the first as an initial violation and the remaining as subsequent violations, imposing appropriate civil penalties for each.

kj) Notwithstanding any other provision of this Section:

1) if an active political committee is assessed no more than one civil penalty under Section 9-10 during a two year period, it shall, after two years have lapsed following the assessment, be considered as never having violated Section 9-10. For a single violation, the two year period begins to run with the mailing of the assessment letter. If an active political committee is assessed more than one civil penalty and has paid all assessed civil penalties, it shall be considered for assessment purposes as not having violated that Section if it is assessed no other civil penalty during a two year period following receipt of payment by the Board;

2) if a committee is assessed a single penalty under Section 9-10 and subsequently files a final report or has filed a final report prior to the assessment, during the two year period beginning with the date of the assessment letter, or the final Board Order if the assessment is appealed and the appeal is denied, any successor committee shall be considered, for assessment purposes, as not having violated Section 9-10 if it is assessed no other penalty;

3) if a committee is assessed more than one penalty under Section 9-10 and subsequently files a final report or has filed a final report prior to the assessment, and the political committee has not paid the civil penalties, any successor committee that subsequently pays all civil penalties due shall be considered as never having violated Section 9-10 if, for two years from the date of receipt of payment by the Board, the successor committee is assessed no other civil penalty.

lk) Upon notice by the Hearing Examiner or upon request by any party, the Hearing

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED AMENDMENT

Examiner may direct parties or their attorneys to appear at a specified time and place for a conference, either during or prior to any hearing, for purposes including, but not limited to:

1) the formulation and simplification of issues;

2) the necessity or desirability of amending the assessment notice for the purpose of clarification or correction;

3) the possibility of stipulations concerning material facts;

4) the limitations of the number of witnesses;

5) ~~such~~ other matters as may aid in the simplification of evidence and the disposition of the proceeding.

(Source: Amended at 31 Ill. Reg. _____, effective _____)

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

1) Heading of the Part: Prequalification of Construction Managers

2) Code Citation: 44 Ill. Adm. Code 990

3)

Section Numbers:	Adopted Action:
990.110	New Section
990.120	New Section
990.130	New Section
990.140	New Section
990.150	New Section
990.160	New Section
990.180	New Section
990.200	New Section
990.300	New Section
990.310	New Section
990.320	New Section
990.330	New Section
990.340	New Section
990.350	New Section
990.400	New Section
990.410	New Section
990.420	New Section
990.430	New Section
990.440	New Section
990.450	New Section
990.460	New Section
990.470	New Section
990.480	New Section
990.500	New Section
990.510	New Section
990.520	New Section
990.530	New Section
990.540	New Section

4) Statutory Authority: Implementing the Capital Development Board Act [20 ILCS 3105] and authorized by Section 16 of that Act, Sections 5-25 and 30-20 and 33-5 of the Illinois Procurement Code [30 ILCS 500]

5) Effective Date of Adopted Rules: August 2, 2007

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rules, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 30 Ill. Reg. 13952; August 25, 2006

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version:

Added additional subsections to Section 990.140 - Special Projects

"b) A public notice will be posted on CDB's Procurement Bulletin (www.cdb.state.il.us) and may be published in the CMS Procurement Bulletin, in the official State newspaper or otherwise made available in print describing the project and any special prequalification requirements.

c) The notice will be published at least 30 days before the date the special prequalification application or the statement of qualifications is due.

d) Prequalification standards may be revised to be more closely related to the needs or environment of the "Special Project", e.g., required firm and/or personnel experience may be limited to a particular size of project, or to experience in a particular environment such as correctional facility work."

Added additional subsection to Section 990.160 Sources for Determining Responsibility

"G) The applicant's phone number, fax number and e-mail address of the firm."

Added additional subsection to Section 990.160 Sources for Determining Responsibility

"b) Satisfactory CDB Work History

1) *The Board shall evaluate the performance of each firm upon completion of a contact. Evaluations shall be made available to the firm and the firm*

may submit a written response, with the evaluation and response retained solely by the Board. The evaluation and response shall not be made available to any other person or firm and is exempt from disclosure under the Freedom of Information Act. The evaluation shall be based on the terms identified in the construction manager's contract. [30 ILCS 500/33-20]

2) Notwithstanding this, the Board reserves the right to evaluate a firm during a project when performance issues warrant such action."

Added a new subsection to Section 990.200 - Processing of Construction Manager Prequalification Application.

"h) CDB shall grant prequalification to those applicants who complete applications for prequalification and who have a history of satisfactorily performing construction management services, as confirmed by CDB through written reference checks or CDB performance evaluations; have or are in the process of obtaining an Illinois Department of Human Rights number; have staff that have experience performing construction manager services; do not meet any of the criteria set forth in questions 18 through 23 of the application; and where the review of the application discloses that the applicant has been and is likely to be "responsible" as represented by negative findings for the criteria listed in Sections 990.310 and 990.330. The fact that an applicant may be prequalified does not necessarily represent a finding of responsibility for a particular procurement. CDB shall deny prequalification to any firm that has not affirmatively demonstrated its responsibility. CDB's determination of responsibility shall be final."

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rules: Provides a process and standards for prequalifying construction management firms, as well as standards for modification, suspension or denial of prequalification and reasons for debarment.

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

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

Fredrick W. Hahn
Chief Legal Counsel
Capital Development Board
401 South Spring Street
3rd Floor Stratton Building
Springfield, Illinois 62706

217/782-0700 (office)
217/524-0565 (fax)

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

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

TITLE 44: GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY MANAGEMENT
SUBTITLE B: SUPPLEMENTAL PROCUREMENT
CHAPTER XII: CAPITAL DEVELOPMENT BOARD

PART 990
PREQUALIFICATION OF CONSTRUCTION MANAGERS

SUBPART A: RESPONSIBILITY

Section

SUBPART B: SUSPENSION, DEBARMENT, MODIFICATION OF PREQUALIFICATION, AND CONDITIONAL PREQUALIFICATION

Section

SUBPART C: APPLICATION OF CDB ACTION

Section

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

SUBPART D: PROCEDURES

AUTHORITY: Implementing the Capital Development Board Act [20 ILCS 3105] and authorized by Section 16 of that Act and Sections 5-25, 30-20 and 33-5 of the Illinois Procurement Code [30 ILCS 500/5-25, 30-20 and 33-5].

SOURCE: Adopted at 31 Ill. Reg. 12173, effective August 2, 2007.

SUBPART A: RESPONSIBILITY

Section 990.110 Purpose

The Capital Development Board construction management agreements shall be awarded only to prequalified construction managers. An applicant for prequalification must affirmatively demonstrate its responsibility. In the absence of information clearly indicating that the applicant is responsible, CDB shall make a determination of non-responsibility. Only responsible construction managers shall be prequalified and permitted to make submittals on CDB projects.

Section 990.120 Definitions

The following definitions shall apply to this Part:

"CDB" means the Capital Development Board, the agency.

"CM" means any individual, sole proprietorship, firm, partnership, corporation, or other legal entity providing construction management services.

"Consultant" means a firm or individual who will perform a portion of the contract or assist the CM in its performance of the contract under a contract with the CM.

"Contract" or "Contract Requirements" consist of any and all provisions of the CDB Construction Management Contract (CMC).

"Key Person" means any individual who holds 5% or more ownership interest in the firm. In the event the firm is owned by another corporation, partnership, trust or business association, any individual within that organization or who is a trust beneficiary who holds a 5% or more ownership or beneficial interest is considered a key person. Regardless of ownership interest, any officer, partner, managing agent or director is considered a key person. This definition also includes any individual who assumes the responsibility of an officer, owner, partner, director, etc., regardless of ownership interest.

"Office Location" means all locations at which the CM provides construction management services.

"Parent Office" means the primary location of the CM's place of business.

"Performance Record" consists of, but is not limited to, the following:

Data indicating the CM has met all contract requirements on previous contracts, private and public.

Evidence of material compliance with all CDB contract requirements.

"Prequalification" is the status granted by CDB to responsible CMs that permits them to make submittals on CDB projects or to be awarded a CDB contract.

"Responsibility" is a determination made by CDB that the CM is a responsible CM. The determination may be made at any time. Because responsibility is affected by such things as financial resources, performance records, and organizational and operational factors, all of which are subject to change, the initial determination of responsibility, made through evaluation of an application

to CDB, may be changed upon receipt of additional or different information. The CM is required to inform CDB of any significant change to the information submitted in its application. Each CM must provide CDB with adequate documentation of responsibility. CDB will ordinarily provide forms for this information. CDB may supplement this information from other sources and may require additional documentation at any time. A responsibility determination may also be verified on an ongoing basis through other information, including but not limited to performance evaluations and reference contacts.

Section 990.130 Prequalification Required

CDB shall prequalify CMs as required by Article 33 of the Illinois Procurement Code [30 ILCS 500/Art. 33]. Firms must be prequalified prior to any submittal of qualifications or interest for a specific project and prior to entering a contractual relationship with CDB. Prequalification shall be based upon a determination of responsibility from, but not limited to, the information supplied on a properly completed CDB prequalification application.

Section 990.140 Special Projects

a) When CDB determines a construction project is so large or unique that a special CM responsibility determination is warranted, CDB may set appropriate standards of acceptability different from those set out in this Part, including the prequalification of CMs as part of submittals of statements of qualifications. Other provisions of this Part shall remain applicable.

b) A public notice will be posted on CDB's Procurement Bulletin (www.cdb.state.il.us) and may be published in the CMS Procurement Bulletin, in the official State newspaper or otherwise made available in print describing the project and any special prequalification requirements.

c) The notice will be published at least 30 days before the date the special prequalification application or the statement of qualifications is due.

d) Prequalification standards may be revised to be more closely related to the needs or environment of the special project, e.g., required firm and/or personnel experience may be limited to a particular size of project, or to experience in a particular environment such as correctional facility work.

Section 990.150 Confidentiality

Documents relating to responsibility determinations of a CM shall be maintained by CDB in a separate file and shall remain confidential as records pertaining to occupational registration, except that they shall be subject to complete disclosure to the CM to which they relate and to units of federal, State, or local government, including, but not limited to, law enforcement agencies. Nothing in this Part shall be construed to mean that CDB is required to disclose to the CM the name of any person or organization filing a complaint or providing information to CDB when the complaint or information is used by CDB as the basis for further inquiry into the facts alleged. CDB may release to anyone the CM prequalification status with CDB. Notwithstanding the foregoing, neither the CM Performance Evaluations (CM PE) nor the CM's written responses to them shall be made available to any other person or firm.

Section 990.160 Sources for Determining Responsibility

To determine a CM's responsibility, CDB may utilize information obtained from one or more of the following sources. In evaluating the information, greater consideration shall be given to the CM's most recent projects and projects with CDB.

a) CM Prequalification Application Form

1) CM applications shall require, at a minimum:

A) Completed application form;

B) The name of each key person associated with the firm, and that person's respective percentage of ownership;

C) Relevant work experience;

D) Certification of compliance with statutory requirements;

E) Work history reference checks. References obtained may be verified and documented by the following methods:

i) Telephone reference checks; or

ii) Reference questionnaire;

F) CDB work history, if CDB projects have been awarded; and

G) The applicant's phone and fax numbers and the firm's e-mail address.

2) Application Updates
The CM shall have an affirmative duty to update significant information within 10 days after occurrence. Failure to disclose as required may lead to action on prequalification. (See Section 990.310(c).) Significant changes of which CDB shall be notified include, but are not limited to:

A) Change of entity corporate structure, including sole owners, partnerships, and federal employee identification number;

B) Change of name;

C) Change of address;

D) Change or loss of key personnel;

E) Minority/Female owned firm status;

F) Loss of Secretary of State "good standing" status;

G) Filing of bankruptcy;

H) Filing of formal criminal charges against the firm or its officers, owners or employees;

I) Suspension or debarment by another governmental agency; and

J) Contract terminations.

b) Satisfactory CDB Work History
CDB may review documentation of the CM's current and past work and performance history, including adherence to CDB's rules, resolutions, and procedures. The documentation includes, but is not limited to, performance evaluations prepared by CDB, user agencies, or contractors.

1) CDB *shall evaluate the performance of each firm upon completion of a contract. Evaluations shall be made available to the firm and the firm may submit a written response, with the evaluation and response retained solely by* CDB. *The evaluation and response shall not be made available to any other person or firm and is exempt from disclosure under the Freedom of Information Act* [5 ILCS 140]. *The evaluation shall be based on the terms identified in the construction manager's contract.* [30 ILCS 500/33-45]

2) In addition to subsection (b)(1), CDB reserves the right to evaluate a firm during a project when performance issues warrant that action.

c) Other Governmental Entities
CDB may conduct history reference checks by contacting federal, state or local governmental entities.

d) Other Sources
In order to determine responsibility, CDB may conduct reference checks or gather relevant information from any other source, which may include, but is not limited to:

1) Financial institutions;

2) Periodicals;

3) Newspapers;

4) Court records;

5) Dun and Bradstreet reports;

6) Audited financial statements;

7) Any type of public record.

e) Previous Employment History
For any newly organized firm or a firm with a limited work history, CDB may conduct individual performance reference checks on any or all personnel.

f) Additional Information
CDB may request additional information from the CM at any time.

Section 990.180 Prequalification of Firms and Office Locations

a) The CM shall list all office locations on the prequalification application for which it seeks prequalification. These office locations may be business subsidiaries, divisions, branches, etc., that provide construction management services under the responsibility of the CM. CDB reserves the right to evaluate each office based on the criteria set forth within this Part. Any offices not listed on applications shall not be deemed prequalified.

b) Prequalification shall not apply to any other business location or entity of the CM solely because of an ownership relationship.

Section 990.200 Processing of Construction Manager Prequalification Application

a) CMs must complete a prequalification application, including the Financial Interests and Potential Conflicts of Interest forms required under Section 50-35 of the Illinois Procurement Code [30 ILCS 500/50-35].

b) Applications for renewal will ordinarily be sent to the CMs approximately 60 days before the expiration of current prequalification and are available electronically on CDB's Internet site at www.cdb.state.il.us. CMs who do not receive an application are responsible for obtaining one. CMs must submit their completed applications at least 45 days prior to the expiration date of their prequalification.

c) Processing of applications (either initial or renewal) by CDB will require up to 45 days after receipt of all requested information and a completed application. When any information is incomplete or unsatisfactory, a longer processing time will be required. CMs will be notified when information is incomplete or unsatisfactory.

d) Unless otherwise specified in writing by CDB, the term of prequalification shall be two years from the end of the month the prequalification begins. When prequalification is granted, the CM will be notified in writing of the expiration date, which will also be entered on CDB's electronic program. CDB may grant a shorter term of prequalification by agreement with the CM, when a determination is made that a shorter period is justified, or when a special prequalification is

developed specifically for a certain project. Updated or new CM information including the term of prequalification will be entered on CDB's electronic program weekly. At the beginning of each month, a list of CMs whose prequalification expires in approximately 60 days will be generated.

e) Applications may be sent to CDB by facsimile or e-mail.

f) CDB shall review and evaluate each application received, which may include one or more of the following actions:

1) Reviewing to determine whether the application is complete;

2) Contacting work references or any other possible sources of pertinent information;

3) Requesting additional information from the applicant;

4) Reviewing CDB CM performance evaluations; and

5) Meeting with the applicant at the request of CDB or the applicant.

g) The criteria to be evaluated include whether the CM has adequate resources.

1) Whether the CM maintains and works from a separate conventional office that is not a residence to offices for other businesses.

2) Whether the CM maintains a full-time office and staff.

3) Whether key persons in the firm have an educational and work experience background that makes the key persons sufficiently expert and knowledgeable to carry out the work.

4) Whether the CM has financial resources related to or generated by the construction businesses.

5) Whether key persons in the firm are engaged in non-construction businesses.

h) CDB shall grant prequalification to those applicants who:

1) complete applications for prequalification;

2) have a history of satisfactorily performing construction management services, as confirmed by CDB through written reference checks or CDB performance evaluations;

3) have or are in the process of obtaining an Illinois Department of Human Rights number;

4) have staff that have experience performing construction manager services;

5) do not meet any of the criteria set forth in questions 18 through 23 of the application (violation of safety or environmental laws; conviction of bribery, etc.; bankruptcy; past suspension or debarment; student loan default); and

6) have been and are likely to be "responsible" as represented by negative findings for the criteria listed in Sections 990.310 and 990.330.

i) The fact that an applicant may be prequalified does not necessarily represent a finding of responsibility for a particular procurement.

j) CDB shall deny prequalification to any firm that has not affirmatively demonstrated its responsibility.

k) CDB's determination of responsibility shall be final.

SUBPART B: SUSPENSION, DEBARMENT, MODIFICATION OF PREQUALIFICATION, AND CONDITIONAL PREQUALIFICATION

Section 990.300 Actions Affecting Responsibility and Prequalification

At any time, CDB may consider whether an action is warranted concerning a CM's prequalification. Actions that may be taken include one or more of the following:

a) Interim or Emergency Suspension or Modification
CDB may summarily suspend or modify a CM's prequalification in accordance with Section 16 of the Capital Development Board Act [20 ILCS 3105/16].

b) Debarment
CDB may debar a CM to exclude it from making submittals for CDB contracts as authorized by statute. The period of debarment shall be not less than five years and may be permanent when warranted or as authorized by law [20 ILCS 3105/16].

c) Modification of Prequalification
CDB may modify or restrict a CM's prequalification as appropriate, including, but not limited to, one or more of the following:

1) Limiting the size or type of contracts for which a CM may submit proposals for a specified period of time, or until a current contract is substantially or fully complete.

2) Limiting the number of CDB contracts a CM may enter into for a specified period of time, or until a current contract is substantially or fully complete.

3) Limiting the aggregate dollar amount of contracts the CM may enter into with CDB.

4) Imposing limits as set forth in this subsection (c) pending performance on the CM's next CDB contract in instances where the CM has no current CDB contracts.

d) Conditional Prequalification
CDB may condition prequalification (which may be otherwise limited) on the CM's successful utilization of a management plan, evaluations, conferences, or other methods designed to achieve satisfactory performance or compliance with contract requirements.

e) Suspension
CDB may suspend a CM firm or disqualify a CM firm temporarily from submitting for a CDB contract, for a period of time up to five years. The CM's failure to timely pursue administrative action as provided by Subpart D of this Part shall constitute consent of the CM to CDB's action.

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

Section 990.310 Causes for Suspension, Debarment, Modification of Prequalification, and Conditional Prequalification

CDB may determine a CM is not responsible and suspend, debar or otherwise modify a prequalification or issue a conditional prequalification based upon one or more of the following:

a) Failure to satisfactorily perform work on CDB contracts, private contracts, or other governmental contracts. (See also Section 990.330.)

b) Breach of the terms of a CDB contract, private contract, or other governmental contract. (See also Section 990.330.)

c) Making false or misleading statements or failing to disclose or update significant information in connection with CDB procedures or documents, including, but not limited to, the prequalification application.

d) Violation of civil or criminal federal or State statutes or administrative rules and regulations. In the case of criminal violations, indictment or filing of formal charges by information (complaint) shall constitute adequate evidence for a determination of non-responsibility.

e) Financial instability that may be evidenced by bankruptcy, failure to timely pay consultants, difficulty in obtaining acceptable insurance, attempts to assign contract proceeds, or other indications of serious business management deficiencies.

f) Failure to understand, accept or utilize CDB procedures and standards, or abuse of CDB procedures and standards, that results in the extraordinary expenditure of CDB resources.

g) Commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, or conduct indicating a lack of business integrity or business honesty that seriously and directly affects the present responsibility of a CM.

h) Suspension, debarment, or limits on contracts by any other governmental body.

i) Any other cause of so serious or compelling a nature that it affects the responsibility of a CM.

Section 990.320 Nullification of Prequalification

When CDB determines that a CM has knowingly made a material misrepresentation in its application for prequalification, the CM may not reapply to CDB for a period of three years from the date of the determination of material misrepresentation.

a) CDB will notify the CM of the nullification. The CM may, within 30 days after notification, submit a written explanation with supporting documentation for CDB's review.

b) CDB may cancel awards or terminate any contracts awarded that were based upon the application with misrepresentations.

c) A material misrepresentation is made by knowingly submitting any untrue, misleading or deceptive information or document containing such information, or by the concealment, suppression or omission of any information, in or from an application, that causes CDB to act differently than it would have if it had known the undisclosed or true information.

Section 990.330 Failure to Satisfactorily Perform Work on or Breach of the Terms of CDB Contracts, Private Contracts, or Other Governmental Contracts

CDB may take action upon prequalification for the CM's failure to satisfactorily perform work on or breach of the terms of CDB contracts private contracts, or other governmental contracts, such as, but not limited to, one or more of the following:

a) Failure to timely submit required documents and drawings according to the project schedule, causing a delay in the commencement, completion or close out of a project.

b) Failure to adhere to contractual document requirements.

c) Failure to adequately or timely notify CDB of project problems or failure to cooperate with other parties to the project to timely resolve problems.

d) Failure to timely or adequately submit budget and estimating documents.

e) Failure to meet quality standards applicable to the industry (e.g., obtaining or maintaining nationally or regionally recognized certification).

f) Failure to provide acceptable quality and quantity of staff to provide comprehensive project administration services, including field staff authorized to make timely field decisions on behalf of the firm.

g) Failure to provide proper personnel to facilitate proper and timely responses to requests for information in the field.

h) Failure to facilitate maintenance and submission of timely and adequate record drawings.

i) Failure to timely process change orders and contractor pay requests.

j) Failure to follow directives from CDB within the scope of the contract documents.

k) Failure to attend or to be properly prepared for project meetings.

l) Failure to understand, accept or utilize CDB procedures and standards, or abuse of CDB procedures and standards that results in paper delays, project delays, or the extraordinary expenditure of CDB resources.

m) Failure to submit proper pay or modification requests, in accordance with the contractual provisions, with adequate documentation of costs and pricing within conventional industry parameters for public contracts.

n) Failure to submit timely post-award documents, such as, but not limited to, bonds, certificates of insurance and MBE/FBE certifications.

o) Failure to cooperate with other parties to the project to timely resolve project problems.

p) Failure to meet the project schedule for any reason reasonably within the control of the CM.

q) Any other cause of so serious or compelling a nature that it affects the responsibility of the CM.

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

Section 990.340 Interim or Emergency Suspension or Modification Pursuant to Section 16 of the Capital Development Board Act

a) CDB may suspend or modify a CM's prequalification without a prior hearing or administrative procedure, as provided in Subpart D, for one or more of the following causes:

1) The public interest, safety or welfare requires suspension or modification.

2) An event or series of events, including, but not limited to:

A) The filing of an indictment or of formal charges by information (complaint) charging the firm or a key person with the firm with a crime.

B) Suspension or modification of a license or prequalification by another State agency, federal agency or other branch of government after hearing or by agreement.

C) Failure to comply with applicable laws.

D) Material breach of a contract, including, but not limited to, one or more of the causes set forth in Section 990.330.

E) Failure to satisfactorily perform work on or breach of a CDB contract, including, but not limited to, one or more of the causes set forth in Section 990.330 when:

i) The issue has been brought to the attention of firm management in writing;

ii) All levels of CDB construction administration have met with firm representatives and discussed the issue;

iii) CDB conveys to the CM what action or nonaction is necessary and in accordance with the contract documents;

iv) The CM willfully and unreasonably refuses to comply or to obtain consultants, personnel, or other resources that would enable it to comply.

b) When prequalification is suspended or modified pursuant to this Section, the CM will be notified in writing and, within 30 days after the notice, CDB will commence administrative procedures under Subpart D.

c) When prequalification is suspended or modified pursuant to subsection (a)(2)(E), if the CM cures the situation within 30 days after the notice, the suspension or modification will be rescinded by written notice to the CM. If CDB determines the CM is making substantial progress toward a cure within 30 days after the notice, CDB may extend in writing the 30-day period by up to an additional 60 days. If the CM cures the situation within the extended time period, the suspension or modification will be rescinded by written notice. In any case, when suspension or modification is rescinded, it will be removed from the CM's prequalification record. If the CM fails to cure the situation within 30 days or within the time extension, whichever is applicable, CDB will immediately commence administrative procedures under Subpart D.

Section 990.350 Denial of Prequalification

a) This Section is applicable to CMs who are one of the following:

1) First-time applicants for CDB prequalification.

2) Firms that sent a renewal application that arrived at CDB after the prequalification expiration date or that could not reasonably be processed before the expiration date.

3) Firms that sent a renewal application that was incomplete or insufficient, so that CDB could not reasonably process the application before the expiration date.

b) CMs described in subsection (a) will be considered to be new applicants to CDB. In the event that CDB denies prequalification or grants a conditional or modified prequalification, the CM may request administrative procedures under Subpart D, but shall not be entitled to an administrative hearing.

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

SUBPART C: APPLICATION OF CDB ACTION

Section 990.400 General

Suspension, debarment, nullification of prequalification, modification of prequalification, issuance of conditional prequalification, or denial of prequalification by CDB is applicable to a CM's direct contracts with CDB, unless CDB determines otherwise in writing.

Section 990.410 Violation of CDB Order

If a CM is subject to a CDB order suspending or debarring the CM, nullifying or modifying prequalification, making prequalification conditional, or denying prequalification, and the CM violates the order in any manner, including, but not limited to, continuing to make submittals or bid on CDB projects, CDB may extend the term of suspension, debarment, nullification, modification or conditional prequalification, or otherwise limit or condition the ability to make submittals or bid on contracts with CDB.

Section 990.420 Denial of Award of Contract

Notwithstanding any other provisions in this Part, if CDB finds a CM non-responsible, CDB may deny the CM the award of a contract.

Section 990.430 Debarment

CDB may debar a CM to exclude it from submitting on CDB projects. CDB will consider debarment in cases so serious and egregious in nature that a permanent loss of submittal privileges may be warranted. In addition to the causes listed in Section 990.310, causes for debarment may include, but not be limited to, multiple or repetitive criminal convictions or multiple non-responsibility determinations. Following a period of debarment, when a CM submits a prequalification application to CDB, the application shall be deemed to be a first-time application rather than an application for renewal. A firm that has been debarred as a contractor or A/E (architectural/engineering) firm will automatically be debarred as a CM firm, and vice versa.

Section 990.440 Reapplication for Prequalification

When a CM submits a prequalification application to CDB following a denial, or during or following a period of debarment, suspension, nullification, modification of prequalification, or conditional prequalification, the CM must affirmatively demonstrate its responsibility, including

demonstrating that the reason for the denial, or imposition of suspension, debarment, nullification, modification, or condition, has been remedied.

Section 990.450 Extension of CDB Action

The effect of an action imposed under this Subpart by CDB will extend to all affiliates, branches, subsidiaries, divisions, or parent firms of the CM and to any firm in which the CM or its key persons have a legal or beneficial interest, unless CDB determines otherwise in writing.

Section 990.460 Effect on Current Contracts

Current CDB contracts may be terminated when a CM is determined to be non-responsible and it is in the public interest to do so, whether or not the non-responsibility has a direct connection with the current contract. Contracts may be terminated with or without further action on the CM's prequalification.

Section 990.470 Basis of Decisions

a) CDB shall make determinations as appropriate concerning the substance of a CM's business as opposed to its form and base its decisions on the substance. When a CM attempts to evade the effects of a possible or actual finding of non-responsibility by changes of address, multiple addresses, changes in personnel or their titles, formation of new companies, or other devices, CDB may take action pursuant to Section 990.300 and Subparts B and C of this Part.

b) CMs that are newly formed business concerns having substantially the same owners, officers, directors, or beneficiaries as a previously existing non-responsible firm will be declared non-responsible unless the new organization can demonstrate it was not set up for the purpose of avoiding an earlier declaration of non-responsibility.

Section 990.480 Settlement

Notwithstanding any provision of this Part, the parties to any contested matter concerning a CM's prequalification may at any time enter into an agreement to resolve responsibility issues by settlement.

SUBPART D: PROCEDURES

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

Section 990.500 Review

When information that places a CM's responsibility in question comes to CDB's attention, CDB shall review the facts and documentation. If further inquiry is desirable, it may do such further inquiry, which may result in an informal CDB conference with the CM and its appropriate staff members.

Section 990.510 Notice of CDB Action

Unless proceedings under Section 16 of the Capital Development Board Act [20 ILCS 3105/16] are justified, prior to suspending, conditioning, modifying or nullifying a CM's prequalification or debarring a CM, CDB will notify the CM in writing of its intention to take such action and the basis of the action, and will request that the CM attend an informal conference with CDB personnel. The CM may bring to the conference any documents, personnel, or other pertinent information that it wishes CDB to consider. The CM may bring its attorney to the conference, if desired. Within a reasonable time in advance of the conference, CDB shall furnish the CM with all information in its possession that it deems pertinent and shall advise the CM in writing that it has the right to inspect its prequalification file. Further conferences may be scheduled by agreement of CDB and the CM. The CM's failure to appear at the conference shall be construed to indicate the CM does not wish to contest the matter, and rights to further administrative proceedings shall be forfeited.

Section 990.520 Executive Director Decision and Request for Reconsideration

Following CDB's conference with the CM, the conference committee shall forward a recommendation to the CDB Executive Director. The CM will be notified in writing of the Executive Director's decision. Within 15 days after receipt of the Executive Director's decision, the CM may request the Executive Director's reconsideration in writing, including as attachments any and all supporting evidence not previously submitted. CDB shall respond to the request for reconsideration within 15 days after CDB's receipt.

Section 990.530 Hearings

Within 30 days after the CM's receipt of the Executive Director's decision on reconsideration, the CM may request a hearing in writing. All administrative procedures in this Subpart D must be exhausted before CDB will consider the request for a hearing. Hearings shall be conducted in accordance with Hearing Procedures (71 Ill. Adm. Code 100).

Section 990.540 Burden of Proof

a) Any determination pursuant to this Part may be made when CDB possesses documentation of one or more of the factors described in Section 990.310, 990.320 or 990.410.

b) Such documentation is the basis for a presumptive determination of non-responsibility. The CM is entitled to rebut the presumption, through procedures described in this Subpart, but the presumption will not be overturned unless the CM shows, by a preponderance of the evidence, that each factor cited by CDB in support of its determination of non-responsibility is not present. CDB's determinations are final and conclusive unless they are clearly erroneous, arbitrary, capricious or contrary to law.

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

1) Heading of the Part: Selection of Construction Managers

2) Code Citation: 44 Ill. Adm. Code 1025

3)

Section Numbers:	Adopted Action:
1025.100	New Section
1025.110	New Section
1025.120	New Section
1025.130	New Section
1025.140	New Section
1025.150	New Section
1025.160	New Section
1025.180	New Section
1025.190	New Section
1025.200	New Section
1025.210	New Section
1025.220	New Section

4) Statutory Authority: Implementing the Capital Development Board Act [20 ILCS 3105] and authorized by Section 9.06 and 16 of that Act, Article 30 and Section 1-15.25 of the Illinois Procurement Code [30 ILCS 500/Art. 30 and 1-15.25]

5) Effective Date of Rules: August 2, 2007

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rulemaking, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: 30 Ill. Reg. 13973; August 25, 2006

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version:

Changed the language in 1025.40: Evaluation Procedures. a)4) now reads:

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

"4) The prior performance of the CM on CDB projects, determined by review of the CM Performance Evaluations on previous CM projects, Performance Evaluations of the CM firm on project in which it participated as an A/E or contractor on a CDB project, and any other related material.

A) *The Board shall evaluate the performance of each firm upon completion of a contract. Evaluations shall be made available to the firm and the firm may submit a written response, with the evaluation and response retained solely by the Board. The evaluation and response shall not be made available to any other person or firm and is exempt from disclosure under the Freedom of Information Act. The evaluation shall be based on the terms identified in the construction manager's contract.* [30 ILCS 500/33-20]

B) Notwithstanding this, the Board reserves the right to evaluate a firm during a project when performance issues warrant such action."

Added an additional subsection: 1020.40 b) which reads:

"b) Before beginning review of the CMs' statements of qualifications, the committee shall prepare a table of the factors the CMs will be rated on and the weight to be assigned to each factor. The table of factors, and the scores of each reviewed submittal, will be kept on file for no less than two years from the date of the selection."

1025.180 was reworded, which now reads:

"d) Notice shall be posted in CDB's Procurement Bulletin (www.cdb.state.il.us) and may be published in the CMS Procurement Bulletin, in the official State newspaper or otherwise made available in print. In addition, the request for proposal will be mailed to each firm prequalified under 30 ILCS 500/33-15. When CDB establishes additional criteria for special projects under Title 44 IAC 990.140, the notice will be published at least 30 days before the date the special prequalification application or the statement of qualifications is due."

1025.180 e) was added:

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

"e) Prequalification standards may be revised to be more closely related to the needs or environment of the "Special Project", e.g. required firm and/or personnel experience may be limited to a particular size of project, or to experience in a particular environment such as correctional facility work."

1025.220 was reworded:

"d) A firm is substantially affiliated if any one or more of the individuals with more than 5% ownership interest and/or any officer or director of the CM firm and/or any individual authorized to sign bids, proposals or contracts for the CM firm owns or controls more than 5% of the affiliated firm and/or holds any of the above positions with the affiliated firm, or the affiliated firm shares more than 5% common ownership with the CM."

Added new Section:

"1025.230 Publication of Award
The names of selected firms and the respective projects will be published on CDB's Procurement Bulletin within 30 days of the selections and award."

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rules: The purpose of this rule is to provide processes for selecting and contracting with construction management firms for construction manager duties on CDB projects.

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

Fredrick W. Hahn
Chief Legal Counsel
Capital Development Board
401 South Spring Street
3rd Floor Stratton Building
Springfield, Illinois 62706

217/782-0700 (office)
217/524-0565 (fax)

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

CAPITAL DEVELOPMENT BOARD

NOTICE OF ADOPTED RULES

TITLE 44: GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY MANAGEMENT
SUBTITLE B: SUPPLEMENTAL PROCUREMENT RULES
CHAPTER XII: CAPITAL DEVELOPMENT BOARD

PART 1025
SELECTION OF CONSTRUCTION MANAGERS

Section

AUTHORITY: Implementing the Capital Development Board Act [20 ILCS 3105] and authorized by Sections 9.06 and 16 of that Act, Article 30 and Section 1-15.25 of the Illinois Procurement Code [30 ILCS 500/Art. 30 and 1-15.25].

SOURCE: Adopted at 31 Ill. Reg. 12197, effective August 2, 2007.

Section 1025.100 Definitions

"Board" means the seven member Board of the Capital Development Board.

"CDB" means Capital Development Board, the agency.

"Code" means the Illinois Procurement Code [30 ILCS 500].

"Construction management services" includes, but is not limited to:

services provided in the planning and pre-construction phases of a construction project, including, but not limited to, consulting with, advising, assisting, and making recommendations to the Capital Development Board and architect, engineer, or licensed land surveyor on all aspects of planning for project construction; reviewing all plans and specifications as they are being developed and making recommendations with respect to construction feasibility, availability of material and labor, time requirements for procurement and construction, and projected costs; making, reviewing, and refining budget estimates based on the Board's program and other available information; making recommendations to the Board and the architect or engineer regarding the division of work in the plans and specifications to facilitate the bidding and awarding of contracts; soliciting the interest of capable contractors and taking bids on the project; analyzing the bids received; and preparing and maintaining a progress schedule during the design phase of the project and preparation of a proposed construction schedule; and

services provided in the construction phase of the project, including, but not limited to, maintaining competent supervisory staff to coordinate and provide general direction of the work and progress of the contractors on the project; directing the work as it is being performed for general conformance with working drawings and specifications; establishing procedures for coordinating among the Board, architect or engineer, contractors, and construction manager with respect to all aspects of the project and implementing those procedures; maintaining job site records and making appropriate progress reports; implementing labor policy in conformance with the requirements of the public owner; reviewing the safety and equal opportunity programs of each contractor for conformance with the public owner's policy and making recommendations; reviewing and processing all applications for payment by involved contractors and material suppliers in accordance with the terms of the contract; making recommendations and processing requests for changes in the work and maintaining records of change orders; scheduling and conducting job meetings to ensure orderly progress of the work; developing and monitoring a project progress schedule, coordinating and expediting the work of all contractors and providing periodic status reports to the owner and the architect or engineer; and establishing and maintaining a cost control system and conducting meetings to review costs. [30 ILCS 500/33-5]

"Construction manager" or "CM" means any individual, sole proprietorship, firm, partnership, corporation, or other legal entity providing construction management services for the Board and prequalified by the State in accordance with 30 ILCS 500/33-10.

"Statement of Qualifications" means the information supplied by the CM that cites the specific experience and expertise that may qualify the CM to provide the services requested.

"User agency" means the agency or unit of government for which the architectural/engineering firm is being selected.

Section 1025.110 Purpose

CDB shall procure construction management services in compliance with Article 33 of the Code (Construction Management Services) [30 ILCS 500/Art. 33].

Section 1025.120 Selection Procedures

a) CDB shall select three CMs qualified to provide the professional services for a specific project. These CMs shall be ranked in order of qualifications. Board approval of these CMs shall be final and binding.

b) In the event that fewer than three CMs submit statements of qualifications for a specific project, if CDB determines that one or both are qualified to perform the services, CDB may proceed with the selection process.

Section 1025.130 Selection Committee

The CDB Executive Director shall appoint an agency employee to serve as chair of a selection committee. The selection committee chairman shall appoint a committee to recommend to the Executive Director and the Board a list of CMs qualified to perform the required services. This committee may be established for each selection and may be composed of standing members and rotating members from CDB staff. In addition to the CDB staff members, a representative from the user agency and one or more public members may be requested to be members of the committee.

Section 1025.140 Evaluation Procedures

a) In making its recommendations, the selection committee may consider, among other items:

1) The CM's qualifications.

2) The training and experience of the personnel submitted by the CM.

3) The CM's past record and experience.

4) The prior performance of the CM on CDB projects, determined by review of the CM Performance Evaluations on previous CM projects, Performance Evaluations of the CM firm on projects in which it participated as an A/E or contractor, and any other related material.

A) CDB *shall evaluate the performance of each firm upon completion of a contract. Evaluations shall be made available to the firm and the firm may submit a written response, with the evaluation and response retained solely by* CDB*. The evaluation and response shall not be made available to any other person or firm and is exempt from disclosure under the Freedom of Information Act* [5 ILCS 140]. *The evaluation shall be based on the terms identified in the construction manager's contract.* [30 ILCS 500/33-45]

B) In addition to subsection (a)(4)(A), CDB reserves the right to evaluate a firm during a project when performance issues warrant that action.

5) The willingness of the firm to meet time requirements.

6) The location of the project relative to the firm's place of business.

7) The results of preliminary evaluations performed by CDB staff.

8) The current work load of the CMs and their prior selections by CDB.

9) References.

10) Interviews conducted with the CMs.

b) Before beginning review of the CM's statements of qualifications, the committee shall prepare a table of the factors the CMs will be rated on and the weight to be assigned to each factor. The table of factors, and the scores of each reviewed submittal, will be kept on file for no less than two years from the date of the selection.

c) In no case shall the committee, prior to selecting a CM for negotiation, seek formal or informal submission of verbal or written estimates of costs or proposals in terms of dollars, hours required, percentage of construction cost, or any other measure of compensation.

Section 1025.150 Preliminary Evaluations

CDB may appoint staff members to perform a preliminary evaluation (prescreening) to provide a preliminary ranking of the CMs for the committee's consideration. This prescreening shall consider, among others, the relevant project experience of the prospective CMs and the expertise and experience of the firm and its staff to be assigned to the project if the firm is selected.

Section 1025.160 Interviews

CDB requires the selection committee to conduct interviews when the estimated value of the CM's basic services fee exceeds $300,000. The Executive Director may choose to conduct interviews for smaller projects under special circumstances. In all cases, a minimum of three firms will be interviewed. The Executive Director, in consultation with the Board, may exempt any contract from requiring interviews.

Section 1025.180 Public Notice

a) When the services of a CM are required, CDB shall publish a request for proposals setting forth the nature of the projects.

b) This public notice shall include a description of the services required and a description of each project. This public notice shall also include the statement of qualifications form to be completed for each project, as well as the date and time by which submittal of the statement of qualifications will be accepted.

c) The public notice shall be published at least 14 days prior to the date for submittal of the statement of qualifications.

d) Notice shall be published in CDB's Procurement Bulletin and may be published in the official State newspaper or otherwise made available in print. In addition, the request for proposal will be mailed to each firm prequalified under 30 ILCS 500/33-15. When CDB establishes additional criteria for special projects under 44 Ill. Adm. Code 900.140 (Prequalification of Construction Mangers), the notice shall be published at least 30 days before the date the special prequalification application or the statement of qualifications is due.

e) Prequalification standards may be revised to be more closely related to the needs or environment of the special project, e.g., required firm and/or personnel experience may be limited to a particular size of project or to experience in a particular environment such as correctional facility work.

Section 1025.190 Submittal Requirements

a) All CMs submitting statements of qualifications for a specific project shall be prequalified with CDB as CMs prior to the date and time that the submittals are due. Failure to be prequalified will result in rejection of the submittals.

b) The submittal shall include the names of persons who will perform the services, including their project assignment or duties, as well as a resume of the experience and expertise that qualifies them to perform the assignment.

Section 1025.200 Small Projects

For contracts whose value is less than $25,000, CDB may select any prequalified CM in accordance with Section 33-35 of the Code.

Section 1025.210 Emergency Projects

CDB may immediately select a CM when it is in the best interest of the State or in emergencies to protect public health or safety in accordance with Section 33-40 of the Code.

Section 1025.220 Procurement Limitations

a) A CM cannot participate in a selection process if it or a substantially affiliated firm is under contract or in the process of contracting with CDB for other goods

or services required for the project and the CM's duties will involve or relate to those goods or services.

b) A CM selected to provide construction management services, or a substantially affiliated firm, may not bid on or otherwise be awarded a construction contract for the project.

c) Notwithstanding the above, when it is determined in writing to be in the State's best interest, the CM may provide or perform, directly or through unrelated contractors, basic services for which reimbursement is provided in the general conditions of the CM contract, or any other goods or service that does not conflict with or give the appearance of conflicting with the CM's duties.

d) A firm is substantially affiliated if any one or more of the individuals with more than 5% ownership interest and/or any officer or director of the CM firm and/or any individual authorized to sign bids, proposals or contracts for the CM firm owns or controls more than 5% of the affiliated firm and/or holds any of the above positions with the affiliated firm, or the affiliated firm shares more than 5% common ownership with the CM.

Section 1025.230 Publication of Award

The names of selected firms and the respective projects shall be published in CDB's Procurement Bulletin within 30 days after the selection and award.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Illinois Health and Hazardous Substances Registry

2) Code Citation: 77 Ill. Adm. Code 840

3)

Section Numbers:	Adopted Action:
840.5	Amendment
840.10	Amendment
840.20	Amendment
840.30	Amendment
840.50	Amendment
840.100	Amendment
840.110	Amendment
840.115	Amendment
840.200	Amendment
840.210	Amendment
840.215	Repealer
840.220	New
840.305	Amendment
840 APPENDIX C	
840.ILLUSTRATION C	Repealer

4) Statutory Authority: Illinois Health and Hazardous Substances Registry Act [410 ILCS 525], Section 2310-365 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-365], the Developmental Disability Prevention Act [410 ILCS 250], and the Lead Poisoning Prevention Act [410 ILCS 45]

5) Effective Date of Rulemaking: August 2, 2007

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Amendments Published in Illinois Register: 31 Ill. Reg. 22; January 5, 2007

10) Has JCAR issued a Statement of Objection to this rulemaking? No

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

11) Differences between proposal and final version: The following changes were made in response to comments received during the first notice or public comment period:

1. In Table of Contents Section 840.20, after "Incorporated" add "and Referenced".
2. In Table of Contents AUTHORITY, after "Section" add "2310-".
3. In Section 840.10, change "follow back" to "follow up"; strike "after such separation"; change "ICD-O" to "ICD-O-3"; after the semicolon add "if they".
4. In Section 840.20, after "**Incorporated**" add "**and Referenced**"; delete ", December 29, 1970"; delete ", April 21, 1998"; add "1600 Clifton Rd.,"; add "30333".
5. In Section 840.30 d)2)j), delete "525/".
6. In Section 840.100 b), strike "Clinical Laboratories" and "Ambulatory Surgical Treatment Centers" and add "clinical laboratories, ambulatory surgical treatment centers"; strike "Clinics" and "Federal Government" and add "clinics" and "federal government"; strike ""Clinical" and "Ambulatory Surgical Treatment Centers" and add "clinical" and "ambulatory surgical treatment centers"; strike "Clinics" and add "clinics".
7. In Section 840.110, strike "six" and add "seven"; strike "patient's" and delete "patient's"; strike "patient's"; strike "usage"; after "alcohol" add "usage"; change "history and behavior code;" to "histology and behavior code;" change "pathologic" to "pathological"; delete "525/".
8. In Section 840.115 h)1), change "plasmatycoma" to "plasmacytoma".
9. In Section 840.200, before "case" add "following" and delete "set"; delete "forth below"; change "neonatorium" to "neonatorum".
10. In Section 840.210, after "require," add "hospitals outside Illinois, except the St. Louis perinatal centers, and hospitals maintained by the federal government or other governmental agencies within the United States." and delete "the following facilities"; delete "A) Hospitals outside Illinois, except the St. Louis perinatal centers, and hospitals maintained by the Federal Government or other governmental agencies within the United States; and"; delete "B) Hospitals within the United States."; change "may" to "shall".
11. In Section 840.220, change "care," to "or"; change "levels of III, II with Extended Capabilities, and III" to "levels of III and II"; delete "their"; delete "or II"; delete "their"; change "will" to "must"; delete "their"; change "will" to "must"; change "care," to "or".

The following changes were made in response to comments and suggestions of JCAR:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1. In Section 840.5 delete the period after "Act" and strike the period after the closing parenthesis.
2. In Section 840.10 line 122, strike "state" and add "State"; add a comma after "Index"; add a comma after "2007"; strike "report(s)" and "confirm(s)" and add "reports" and "confirms"; strike "laboratory" and add "Laboratory"; change to underlined; add a comma after "etc."; strike "Blood Lead Level" and add "blood lead level"; add a colon after "*means*"; delete the comma and strike "which" and add "that"; change "ICD-10 CM" to "ICD-10-CM"; strike "Discharge Record" and add "discharge record"; strike "Hazard" and add "hazard"; strike "Health Authority" and add "health authority"; move to correct alphabetical order; add a comma after "e.g."; change from underlined to existing language
3. In Section 840.20, strike the quotation marks and change "[735 ILCS 5]" to "[735 ILCS 5/Art 8, Part 21]"; add another closing parenthesis; strike "Section" and add "Sections" and strike the period at the end of the line
4. In Section 840.50, change "physician" to "physician's".
5. In Section 840.100, strike "Facilities" and add "facilities".
6. In Section 840.110, delete "number" and add "numbers"; add a comma after "diagnosis"; change "plasmatycoma" to "plasmacytoma".
7. In Secton 840.200, change "Chlamydia" to lowercase.
8. In Section 840.210, capitalize "state"; capitalize "state"; add a comma after "address"; add a comma after "results".
9. In Section 840.220, capitalize "state"; change "hospital" to "hospitals"; change "Birth Defect Surveillance" and "Young Children" to lowercase and add a colon at the end of the line.
10. In Section 840.305, change "Blood Lead Level (Lead Poisoning)" to lowercase; change "Asbestosis" and "Silicosis" to lowercase; add a comma after "sources".

In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: The proposed rule changes reflect best practice advocated by leading national organizations and standard setters. The rule changes to

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

APORS were recommended by the University of Illinois at Chicago School of Public Health as a result of an evaluation of the program in 2001. The proposed rule changes also lay the foundation for IHHSR to continue to grow and provide Illinois policy makers and researchers with high quality data that can be used for scientific studies and to track disease burden and trends

For the Illinois State Cancer Registry, 1) Clarify the need for the Department to conduct rapid case ascertainment, death certificate clearance, and patient follow-up activities, which will require accessing information from medical, pathological, and other medical records or logs; 2) require additional information to be collected (e.g., medical record number, date of admission etc.; 3) update terminology indicative of cancerous tumor; and 4) specify mechanisms and format for different reporting modes.

For the Adverse Pregnancy Outcomes Reporting System, replace the entire Subpart C with new content, which will 1) eliminate one APORS case criterion; 2) add prenatal exposure to sexually transmitted diseases to the case definition; 3) discontinue the collection of maternal information from the hospital delivery records; and 4) expand birth defect surveillance by a) collecting birth defect cases diagnosed prenatally up to 2 years of age, b) identifying cases from Vital Records, medical facilities and laboratories, c) collecting additional data to meet national standards for birth defect registries and d) requiring hospitals to provide discharge data reports to the Department (twice a year) of children up to two years of age who had a birth defect diagnosis.

For the Occupational Disease Registry, 1) define collection of workplace fatalities; 2) define collection of workplace non-fatal injuries and illnesses; and 3) repeal data collected from the Illinois Health Care Cost Containment Council.

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

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, 5th Floor
Springfield, Illinois 62761
e-mail: rules@idph.state.il.us

217/782-2043

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER p: HAZARDOUS AND POISONOUS SUBSTANCES

PART 840
ILLINOIS HEALTH AND HAZARDOUS SUBSTANCES REGISTRY

SUBPART A: GENERAL REGISTRY PROVISIONS

Section

SUBPART B: ILLINOIS STATE CANCER REGISTRY

SUBPART C: ADVERSE PREGNANCY OUTCOMES REPORTING SYSTEM

SUBPART D: OCCUPATIONAL DISEASE REGISTRY

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

AUTHORITY: Implemented and authorized by the Illinois Health and Hazardous Substances Registry Act [410 ILCS 525], Section 2310-365 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-365], the Developmental Disability Prevention Act [410 ILCS 250], and the Lead Poisoning Prevention Act [410 ILCS 45].

SOURCE: Adopted at 10 Ill. Reg. 7842, effective May 19, 1986; amended at 12 Ill. Reg. 13173, effective August 1, 1988; amended at 14 Ill. Reg. 5495, effective April 1, 1990; amended at 17 Ill. Reg. 2319, effective February 10, 1993; amended at 24 Ill. Reg. 3685, effective February 16, 2000; amended at 31 Ill. Reg. 12207, effective August 2, 2007.

SUBPART A: GENERAL REGISTRY PROVISIONS

Section 840.5 Purpose

a) *It is the purpose of the* Illinois Health and Hazardous Substances Registry *Act* [410 ILCS 525] ~~(Ill. Rev. Stat. 1987, ch. 111½, par. 6701 et seq.)~~ *to establish a unified Statewide project to collect, compile and correlate information on public health and hazardous substances. Such information is to be used to assist in the determination of public policy and to provide a source of information for the public.* (Section 2(b) of the Act)~~.~~ *The Registry shall consist of the compilation of*

information in the following categories:

1) *Adverse pregnancy outcomes;*

2) *Cancer incidences;*

3) *Occupational diseases;*

4) *Location of, transportation of, and exposure to hazardous nuclear materials;*

5) *Company profiles; and*

6) *Hazardous substances incidents.* (Section 6(a) of the Act)

b) The following subparts of this Part 840 apply to the different components of the Illinois Health and Hazardous Substances Registry: Subpart A: General Registry Provisions; Subpart B: Illinois State Cancer Registry: Subpart C: Adverse Pregnancy Outcome Reporting System and Subpart D: Occupational Disease Registry.

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.10 Definitions

"Act" means the Illinois Health and Hazardous Substances Registry Act [410 ILCS 525]~~(Ill. Rev. Stat. 1987, ch. 111½, par. 6701 et seq.)~~.

"*Adverse pregnancy outcomes" includes but is not limited to birth defects, fetal loss, infant mortality, low birth weight, selected life-threatening conditions, and other developmental disabilities as defined* in Section 840.200~~840.210~~ of this Part. (Section 3(1) of the Act~~.~~)

"Ambulatory Surgical Treatment Center" means any facility subject to licensure pursuant to the "Ambulatory Surgical Treatment Center Act [210 ILCS 5]" ~~(Ill. Rev. Stat. 1987, ch. 111½, par. 157-8.1);~~ and any other institution, place, or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures that~~which~~ is maintained by the State~~state~~ or local government bodies.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

"APORS" means Adverse Pregnancy Outcomes Reporting System.

"Birth defect" means a condition of abnormal development related to body structure, body function, body metabolism, or an error of body chemistry that typically is identified at birth but can be diagnosed during pregnancy or following birth. A birth defect can be of genetic and/or metabolic origin.

"CPT Coding Index" means the Current Procedural Terminology Coding Index, Version 2007, developed by the American Medical Association.

"Cancer" means all malignant neoplasms, regardless of the tissue of origin, including malignant lymphoma and leukemia. (Section 3(e) of the Act).

"Cancer-confirming report" means the simple biopsy, excision biopsy or surgical pathology reports~~report(s)~~ that confirms~~confirm(s)~~ the morphologic (histologic) type of cancer, primary site, and the stage or extent of disease.

"Cancer incidence" means a medical diagnosis of cancer, consisting of a record of cases of cancer and specified cases of tumorous or precancerous diseases which occur in Illinois, and such other information concerning these cases as the Department deems necessary or appropriate in order to conduct thorough and complete epidemiological surveys of cancer and cancer-related diseases in Illinois. (Section 3(f) of the Act). Other information concerning cancer incidence may include, but is not limited to, diagnosis, staging, treatment, follow-up and survival information.

~~"Cancer program" means a program which meets or exceeds the following institutional resource requirements:~~

~~Has a functioning multidisciplinary cancer committee;~~

~~Provides resources for the diagnosis and treatment of cancer, and;~~

~~Is directed at improving the facility's cancer control efforts in activities such as: prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent and multiple primary cancer, and care of dying cancer patients.~~

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"Cancer surveillance" is the ongoing and systematic collection and analysis of information on new cancer cases, cancer deaths, extent of disease at diagnosis, treatment, clinical management, and survival.

"Clinical laboratory~~Laboratory~~" means any clinical laboratory as defined in the Illinois Clinical Laboratory and Blood Bank ~~Laboratories~~ Act~~.~~ [210 ILCS 25]~~(Ill. Rev. Stat. 1987, ch. 111½, par. 621-101 et seq., as amended)~~.

"Company profile" includes but is not limited to the name of any company operating in the State of Illinois which generates, uses, disposes of or transports hazardous substances, identification of the types of permits issued in such company's name relating to transactions involving hazardous substances, inventory of hazardous substances handled by such company, and the manner in which such hazardous substances are used, disposed of, or transported by the company. (Section 3(j) of the Act)~~.~~

"Confidential data" means Registry data containing identifiers or variables that, alone or in combination, can lead to identification of individuals, physicians, or facilities.

"Congenital" means present at birth, referring to certain mental or physical traits, anomalies, malformations, diseases, etc., that may be either hereditary or caused by an influence occurring during fetal development or pregnancy, up to the moment of birth.

~~"Congenital factors" means those factors which influence the intrauterine growth, development and formation of the fetus and neonate.~~

"Council" means the Health and Hazardous Substances Coordinating Council created by the Act.~~health and hazardous substances coordinating council.~~ (Section 3(c) of the Act)~~.~~

"Death certificate clearance" means the process by which incident cases are added to the database through review of the cause of death on death certificates and subsequent follow up with medical providers.

"Department" means the Illinois Department of Public Health. (Section 3(a) of the Act)~~.~~

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

"Elevated blood lead level~~Blood Lead Level~~" means a concentration of lead in whole blood equal to or in excess of 25 micrograms per deciliter.

"Facility" is a hospital, clinical laboratory, ambulatory surgical treatment center, independent radiation therapy center, independent pathology laboratory, reference pathology laboratory, nursing home, physician's office and/or any other diagnostic or treatment center or other entity that is required by~~as defined in~~ this Part ~~which is required~~ to make reports to the Department.

"Facility identifying information" means any information, collection or grouping of data from which the identity of the facility to which it relates may be discerned, e.g., name, address or Facility I.D.

"Fetal death" means the demise of a fetus at gestation greater than 20 weeks; the death is indicated by the fact that the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles at delivery.

"Follow-up" means the reporting of or Registry-initiated obtainment of patient's survival information after the first diagnosis of cancer.

"Hazardous nuclear material" means:

> *any source or special nuclear material intended for use or used as an energy source in a production or utilization facility as defined in Sec. 11.v. or 11.cc. of the Federal Atomic Energy Act of 1954 as amended;*
>
> *any fuel which has been discharged from such a facility following irradiation, the constituent elements of which have not been separated by reprocessing;* or
>
> *any by-product material resulting from operation of such a facility.* (Section 3(k) of the Act)~~.~~

"Hazardous substances" means a hazardous substance as defined in Section 3 of~~*Section 3 of*~~ *the Environmental Protection Act* [415 ILCS 5]~~. (Ill. Rev. Stat.~~

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~~1987, ch. 111½, par. 1001 et seq.).~~ (Section 3(h) of the Act)~~.~~

"Hazardous substances incident" includes but is not limited to spill, fire or accident involving hazardous substances, illegal disposal, transportation, or use of hazardous substances, and complaints or permit violations involving hazardous substances. (Section 3(i) of the Act)~~.~~

"Hospital" means any facility subject to licensure pursuant to the Hospital Licensing Act [210 ILCS 85],~~(Ill. Rev. Stat. 1987, ch. 111½, par. 142 et seq.);~~ and any other institution, place or building devoted primarily to the maintenance and operation of facilities for the performance of medical or surgical care that~~which~~ is maintained by the State or local government bodies.

~~"Hospital Cancer Program" is any hospital program which maintains a cancer committee, holds cancer conferences, conducts cancer patient evaluation studies, maintains a cancer registry, and has applied for or received accreditation by the American College of Surgeons.~~

"Hospital Cancer~~Tumor~~ Registry" is a data collection system that monitors all types of cancer diagnosed or treated at that facility by collecting case identification, a description of the patient and the cancer, treatment, and follow-up data.

"ICD-9-CM" means International Classification of Diseases, 9th Revision Clinical Modification, World Health Organization, Geneva, Switzerland.

"ICD-10-CM" means International Classification of Diseases, 10th Revision Clinical Modification, World Health Organization, Geneva, Switzerland.

"ICD-O-3" means International Classification of Diseases for Oncology, Third Edition, World Health Organization, Geneva, Switzerland.

"Infant discharge record~~Discharge Record~~" is a form provided by the Department for identifying and reporting adverse pregnancy outcomes by a reporting facility to the Department ~~(See Appendix B, Illustration A)~~.

"IRB" means institutional review board, which is a specially constituted review body established or designated by an institution to protect the welfare of human subjects participating in research.

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"Lead hazard~~Hazard~~" means a lead-bearing substance that, because of its accessibility, ~~which~~ poses a~~an immediate~~ health hazard to humans~~, due to its accessibility~~.

"Local health authority~~Health Authority~~" means the full-time official health department or board of health, as recognized by the Department, that~~which~~ has jurisdiction over a particular geographical area.

"mcg/d1" means micrograms per deciliter.

"Morphology" means a concise diagnostic description of a tumor that~~which~~ includes the kind of tumor, the behavior of the tumor (e.g., benign, in-situ, malignant, or malignant uncertain, whether primary or metastatic), and the grade or degree of differentiation of the cells.

"NAACCR Standard for Cancer Registries" means the standards set forth by the North American Association of Central Cancer Registries (NAACCR) that measure a central registry's data completeness, quality and timeliness.

"National Birth Defects Prevention Network" means a national organization dedicated to improving the quality of birth defect surveillance and providing technical assistance for the development of uniform methods of data collection.

"Neonatal" means related to the period immediately succeeding birth and continuing through the first 28 days of life.

"Neonate" means an infant less than 28 days of age.

"Newly diagnosed" means a condition or disease first discovered or diagnosed by a licensed physician or dentist in a resident of the State of Illinois or a non-resident receiving medical diagnosis or treatment in the State of Illinois.

"Occupational disease" includes but is not limited to all occupational diseases covered by the Workers' Occupational Diseases Act [820 ILCS 310]~~. (Ill. Rev. Stat. 1987, ch. 48, par. 176.36 et seq.).~~ (Section 3 (g) of the Act)~~.~~

"Other facility" means any person, organization, institution, corporation, partnership or other entity not required to be licensed as a health care facility by

the State of Illinois, which maintains and operates facilities for the performance of diagnostic, laboratory or therapeutic services for the identification and treatment of cancer.

"Patient contact" means contacting patients based on collected Registry data.

"Patient identifying information" means any information or collection or grouping of data from which the identity of the person to whom it relates may be discerned, e.g., name, address and social security number.

"*Perinatal" means the period of time between the conception of an infant and the end of the first month of life.* (Section 2(a) of the Developmental Disability Prevention~~Perinatal~~ Act)~~.~~

~~"Perinatal Act" means "AN ACT relating to the prevention of developmental disabilities" (Ill. Rev. Stat. 1987, ch. 111½, par. 2101 et seq.).~~

"*Perinatal center" means a referral facility intended to care for the high risk patient before, during or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation and other support services.* (Section 2(e) of the Developmental Disability Prevention~~Perinatal~~ Act~~.~~)

"Prenatal" means preceding birth.

"Primary site" means the anatomic location in a cancer patient that identifies the site of origin of a tumor (e.g., where the cancer first began).

"Rapid case ascertainment" means special case-finding procedures that require early or preliminary reporting of certain types of cancer cases. The procedure may include the review of patient medical records, pathology report forms, radiology reports, lab reports and other diagnostic tests.

"Regional Perinatal Network" means any number and combination of hospital-based maternity and newborn facilities functioning at one of three levels of perinatal care.

"Registry" means the Illinois Health and Hazardous Substances Registry established by the Department of Public Health under Section 6 of the~~the~~ *Act.*

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(Section 3(d) of the Act).

"Work" is defined as duties, activities, or tasks that produce a product or result; that are done in exchange for money, goods, services, profit, benefit, or as a volunteer; and that are legal activities in the United States.

"Work-related injury or illness" is defined as an event or exposure in the work environment that caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace.

"Workplace fatality" is a fatality that occurs to an employee (working for pay, compensation, or profit) or volunteer (exposed to the same work hazards and performing the same duties or functions as paid employees) while engaged in a legal work activity, or present at the site of the incident as a requirement of his or her job. A work relationship exists if an event or exposure results in a fatal injury to a person:

on the employer's premises and the person was there to work; or

off the employer's premises and the person was there to work; or

the event or exposure was related to the person's work or status as an employee.

"Workplace nonfatal injury or illness" is an occupational injury resulting from a work-related event or from exposure in the work environment. Injuries or illnesses are reported if they result in lost work time; if they require medical treatment (other than first aid); or if the worker experiences loss of consciousness, restriction of work activities or motion, or is transferred to another job.

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.20 Incorporated and Referenced Materials

a) The following materials are incorporated and referenced in this Part:

1) State of Illinois Statutes

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A) Illinois Health and Hazardous Substances Registry Act [410 ILCS 525]~~(Ill. Rev. Stat. 1991, ch. 111½, par. 6701 et seq.)~~ ~~(See Sections 840.5, 840.10 definition of "Act").~~

B) ~~The~~ Developmental Disability~~Disabilities~~ Prevention Act [410 ILCS 250]~~(Ill. Rev. Stat. 1991, ch. 111½, par. 2101 et seq.)~~ ~~(See Section 840.10 definition of "Perinatal Act").~~

C) Section 2310-365~~5.316~~ of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-365]~~(Ill. Rev. Stat. 1991, ch. 127, par. 55.316).~~

D) Lead Poisoning Prevention Act [410 ILCS 45]~~(Ill. Rev. Stat. 1991, ch. 111½, par. 1301 et seq.).~~

E) Ambulatory Surgical Treatment Center Act [210 ILCS 5]~~(Ill. Rev. Stat. 1991, ch. 111½, par. 157-8.1)~~ ~~(See Section 840.10 definition of "Ambulatory Surgical Treatment Center").~~

F) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25]~~(Ill. Rev. Stat. 1991, ch. 111½, par. 621-101 et seq.)~~ ~~(See Section 840.10 definition of "Clinical Laboratory").~~

G) Hospital Licensing Act [210 ILCS 85]~~(Ill. Rev. Stat. 1991, ch. 111½, par. 142 et seq.)~~ ~~(See Section 840.10 definition of "Hospital").~~

H) Freedom of Information Act [5 ILCS 140]~~(Ill. Rev. Stat. 1991, ch. 116, par. 201 et seq.)~~ ~~(See Section 840.306).~~

I) Part 21 of Article 8 of the Code of Civil Procedure, commonly known as the ~~"~~Medical Studies Act~~"~~ [735 ILCS 5/Art. 8, Part 21]~~(Ill. Rev. Stat. 1991, ch. 110, par. 8-2101 et seq.)~~ ~~(See Section 840.30(g) and 840.200(a).~~

J) State Records Act [5 ILCS 160]~~(Ill. Rev. Stat. 1991, ch. 116, par. 43.4 et seq.)~~ ~~(See Section 840.30(h)).~~

K) Vital Records Act [410 ILCS 535]~~(Ill. Rev. Stat. 1991, ch. 111½,~~

~~par. 73-1 et seq.)~~ ~~(See Section 840.210(e)).~~

2) State of Illinois Rules~~Regulation~~:

A) Freedom of Information Code (2 Ill. Adm. Code 1126) ~~(See Section 840.30(a)).~~

B) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) ~~(See Section 840.40).~~

C) Hospital Licensing Requirements (77 Ill. Adm. Code 250) ~~(See Section 840.215(b)).~~

D) Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640) ~~(See Section 840.200(a) and 840.215(b)).~~

3) Federal Regulations ~~Rules~~

A) Protection of Identity - Research Subjects, 42 CFR 2A, pars. 4a-j, 6a-b, 7a-b1 ~~(See Section 840.30(b) and 840.110(f)).~~ (Revised October 1, 2004)

B) Occupational Safety and Health Standards, 29 CFR 1910.1025 (amended April 23, 1998) ~~(See Section 840.10 definition of "Emergency Removal of Worker With an Elevated Blood Lead Level" and 840.30).~~

4) Federal Statutes

A) Occupational Safety and Health Act of 1970, PL 91-596

B) The Birth Defects Prevention Act of 1998, PL 105-168

C) Public Health Service Act, 42 USC 247b-4

5)~~4)~~ Other Guidelines and Materials

A) International Classification of Diseases, 9th Revision Clinical Modification, World Health Organization, Avenue Appia 20, 1211

Geneva ZT, Geneva, Switzerland (1986) ~~(See Section 840.10 definition of "ICD-9-CM").~~

B) International Classification of Diseases for Oncology (ICD-O), ~~1990,~~ Third Edition (2000), World Health Organization, Avenue Appia 20, 1211 Geneva ZT, Geneva, Switzerland ~~(See Section 840.115).~~

C) International Classification of Diseases, 10th Revision, World Health Organization, Avenue Appia 20, 1211 Geneva ZT, Geneva, Switzerland (1992)

D) NAACCR Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, 11th Edition, April 2006 (effective January 2007), North American Association for Central Cancer Registries, 2121 W. White Oaks Dr., Suite C, Springfield, Illinois 62704

E) NAACCR Standards for Cancer Registries, Volume III, Standards for Completeness, Quality, Analysis, and Management of Data, October 2004, North American Association of Central Cancer Registries, 2121 W. White Oaks Dr., Suite C, Springfield, Illinois 62704

F) NAACCR Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting, Version 2.0, November 2005, North American Association of Central Cancer Registries, 2121 W. White Oaks Dr., Suite C, Springfield, Illinois 62704

G) Current Procedural Terminology (CPT) Coding Index, 2007 Version, American Medical Association, P.O. Box 930876, Atlanta, Georgia 31193

H) National Birth Defects Prevention Network (NBDPN), Guidelines for Conducting Birth Defects Surveillance, Sever, LE, ed., 1600 Clifton Rd., Atlanta, Georgia 30333: National Birth Defects Prevention Network, Inc., June 2004.

~~b) All citations to federal regulation in this Part concern the specified regulations in~~

~~the 1990 Code of Federal Regulations, unless another date is specified.~~

b)~~c)~~ All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any later amendments or editions.~~additions or deletions subsequent to the date specified.~~

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.30 Availability of Registry Information

a) All reports issued by the Department that~~which~~ are aggregated or recorded to make it impossible to identify any patient or reporting physician or ~~reporting~~ facility, including the annual report, shall be made available to the public pursuant to the Department's Freedom of Information rules (2 Ill. Adm. Code 1126) and the Freedom of Information Act.

b) All requests by medical or epidemiologic researchers for confidential Registry data must be submitted in writing to the Department~~Registry~~. The request must include a study protocol that~~which~~ contains: objectives of the research; rationale for the research, including scientific literature justifying the current proposal; overall study methods, including copies of study forms, questionnaires, and consent forms used by researchers to contact facilities, physicians or study subjects; ~~including~~ methods for documenting compliance with 42 CFR 2a.4(a)-(j), 2a.6(a)-(b), 2a.7(a)-(b)(1); methods for ~~the~~ processing ~~of~~ data; storage and security measures taken to ensure~~insure~~ confidentiality of patient-identifying information; time frame of the study; a description of the funding source of the study (e.g., federal contract); the curriculum vitae of the principal investigator and ~~a list of~~ collaborators. In addition, the research request must include a copy of the current IRB approval from the researcher's institution, signed assurance forms for all parties participating in the project and a completed application for the Department's IRB review.~~specify what patient or facility identifying information is needed and how the information will be used.~~

c) All requests to conduct research and modifications to approved research proposals involving the use of data that~~which~~ includes patient or facility identifying information shall be subject to a review to determine compliance with the following conditions:

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1) The request for patient or facility identifying information contains stated goals or objectives.

2) The request documents the feasibility of the study design in achieving the stated goals and objectives.

3) The request documents the need for the requested data or interventions to achieve the stated goals and objectives.

4) The requested data can be provided within the time frame ~~timeframe~~ set forth in the request.

5) The request documents that the researcher has qualifications relevant to the type of research being conducted.

6) The research will not duplicate other research already underway using the same registry data when both require the contact of a patient, reporting facility or physician about an individual patient involved in the previously approved concurrent research.

7) Other such conditions relevant to the need for the patient or facility identifying information and the patient's confidentiality rights because the Department will only release the patient or facility identifying information that ~~which~~ is necessary for the research.

8) Appropriate exemptions, IRB approvals and waivers have been obtained.

9) The request documents the researcher's commitment to provide updated reports.

d) Research Agreements~~.~~

1) The Department will enter into research agreements ~~contracts~~ for all approved research requests. These agreements ~~contracts~~ shall specify exactly what information is being released and how it can be used in accordance with the standards in subsection (c) ~~above~~. In addition, the researcher shall include an assurance that:

A) use of data is restricted to the specifications of the protocol;

B) any and all data thatwhich may lead to the identity of any patient, research subject, physician, other person, or hospital is strictly privileged and confidential and agrees to keep all such data strictly confidential at all times;

C) all officers, agents and employees will keep all such data strictly confidential, will communicate the requirements of this Section to all officers, agents, and employees, will discipline all persons who may violate the requirements of this Section, and will notify the Department in writing within 48 hours afterof any violation of this Section, including full details of the violation and corrective actions to be taken;

D) all data provided by the Department pursuant to this agreementcontract may only be used only for the purposes named in this agreementcontract and that any other or additional use of the data may result in immediate termination of this agreementcontract by the Department;

E) all data provided by the Department pursuant to this agreementcontract is the sole property of the Department and may not be copied or reproduced in any form or manner and agrees to return all data and all copies and reproduction of the data to the Department upon termination of this agreementcontract.

2) Any departures from the approved protocol must be submitted in writing and approved by the Director in accordance with subsection (c)(2) above prior to initiation. No patient or facility identifying information may be released by a researcher to a third party.

e) The Department shall disclose individual patient or facility information to the reporting facility, thatwhich originally supplied that information to the Department, upon written request of the facility.

f) The Department, by signed and reciprocating agreement, may disclose individual patient information concerning residents of another state to the registry in the individual's state of residence only if the recipient of such information is legally required to hold such information in confidence and provides protection from

disclosure of patient-identifying information equivalent to the protection afforded by the Illinois law.

g) The patient-identifying information submitted to the Department by those entities required to submit information under the Act and this Part is to be used in the course of medical study under ~~the~~ Part 21 of Article 8 of the Code of Civil Procedure. Therefore, this information is privileged from disclosure by ~~the~~ Part 21 of Article 8 of the Code of Civil Procedure.

h) *The identity, or ~~of any facility or,~~ any group of facts that ~~which~~ tends to lead to the identity, of any facility or~~,~~ of any person whose condition or treatment is submitted to the Illinois Health and Hazardous Substances Registry is confidential and shall not be open to public inspection or dissemination.* Such information shall not be available for disclosure, inspection or copying under the Freedom of Information Act or the State Records Act. Information ~~*All information*~~ *for specific research purposes may be released in accordance with procedures established by the Department* in this Section ~~*in this Section*~~. (Section 4(d) of the Act)

i) *Hospitals, laboratories, other facilities or physicians shall not be held liable for the release of information or confidential data in accordance with* the *Act. The Department shall protect any information made confidential or privileged under law.* (Section 4(e) of the Act)

j) Every reporting facility~~hospital~~ shall provide ~~representatives of~~ the Department or entities authorized to represent the Department with access to information from all medical, pathological, and other pertinent records and logs related to reportable registry information in order for the Department to conduct rapid case ascertainment; death certificate clearance; patient follow-up; or any other review that is required to ensure data completeness, quality, and timeliness. The mode of access and the time during which this access will be provided shall be by mutual agreement between the facility~~hospital~~ and the Department (see Section 10 of the Act).

k) Every reporting facility~~hospital~~ shall provide access to diagnostic, treatment, follow-up and survival information regarding specified patients or other patients specified through rapid case ascertainment for research studies~~, related to reportable registry information,~~ conducted by the Department. Any disputes as to access to information shall be resolved by the reporting facility~~hospital~~ in

consultation with ~~and~~ the Department within 30 days after requests for access have been denied.

l) The Department shall disclose individual patient or facility APORS information obtained from each Regional Perinatal Network facility to the Regional Perinatal Network's Perinatal Center, upon written request of that particular Perinatal Center's Clinical Director. The patient and facility identifying information submitted to the Perinatal Center by the Department as required under this Part is to be used in the course of medical study under Part 21 of Article 8 of the Code of Civil Procedure and is, therefore, privileged from disclosure. The Perinatal Center's request for APORS data should clearly indicate the purpose for which the data will be used. The Department shall release data only for internal quality control or medical study for the purpose of reducing morbidity or mortality, or for improving patient care. The Department shall provide a copy of the original request and the data that~~which~~ are released to the hospital that~~which~~ originally reported these data.

m) The Department shall disclose summary and statistical reports containing information that~~which~~ identifies individual patients or individual hospitals to the hospital that~~which~~ reported the patient, to the Perinatal Center with which it is affiliated, and to the local health agency designated by the Department to provide follow-up services to patients. Such reports may contain information provided by the referring hospital and information provided by the follow-up agency. Patient and reporting facility specific data provided to the appropriate designee under this Section are~~is~~ confidential and shall not be otherwise disclosed.

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.50 Quality Control

a) Reporting facilities, including hospitals, ambulatory surgical treatment centers, independent radiation therapy centers, independent pathology laboratories, nursing homes, reference pathology laboratories, physician's offices and/or any other diagnostic or treatment center, shall be subject to review at least, but not limited to, once each year for the purpose of assessing the timeliness, quality and completeness of ~~the cancer incidence~~ reporting by the facility. The review consists of the following ~~three~~ components:~~.~~

1) The~~The first component consists of the~~ Department auditing the

reporting facilities to determine if all newly diagnosed cases have been identified (case-finding audits);

2) The Department performing death certificate clearance to identify cases that may not have been reported;

3) The Department performing patient follow-up to determine the survival information;

4) The Department conducting rapid case ascertainment to track cases;

5) The~~. The second component consists of the~~ Department re-abstracting a sample of a reporting facility's medical records to determine the ~~completeness and~~ accuracy of information previously submitted to the Registry; and~~registry.~~

6) The~~The third component consists of the~~ reporting facilities abstracting a sample of standard medical records to determine the uniformity of data collection.

b) A reporting facility shall, upon request of the Department, supply missing information if known, provide additional medical information when needed or clarify information previously submitted to the Department.

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

SUBPART B: ILLINOIS STATE CANCER REGISTRY

Section 840.100 Entities Required to Submit Information

a) The Department requires the following facilities to report patient cancer incident information:

1) Hospitals;

2) Hospital-affiliated and free standing or independent laboratories;~~Clinical Laboratories~~

3) Ambulatory Surgical Treatment Centers;

4) Independent Radiation Therapy Centers;

5) Independent and reference pathology laboratories;

6) Nursing homes;

7) Physicians' offices; and

8) Other Illinois facilities diagnosing and treating cancer.~~Facilities~~

~~b) The Department requests, but does not require, the following facilities to report cancer incidence information concerning present or past residents of Illinois.~~

~~1) Hospitals~~

~~2) Clinical Laboratories~~

~~3) Ambulatory Surgical Treatment Centers~~

~~4) Other Facilities~~

b)~~c)~~ The Department requests, but does not require, the following facilities to report cancer incidence information concerning present or past residents of Illinois:

1) Hospitals, clinical laboratories, ambulatory surgical treatment centers~~Clinical Laboratories, Ambulatory Surgical Treatment Centers~~ or clinics~~Clinics~~ maintained by the federal government~~Federal Government~~ or agencies within the United States; and.~~.~~

2) Hospitals, clinical~~Clinical~~ laboratories, ambulatory surgical treatment centers~~Ambulatory Surgical Treatment Centers~~ or clinics~~Clinics~~ maintained by other states within the United States.

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.110 Information Required to be Reported

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a) A facility required to submit information shall report each cancer incidence and other tumorous and precancerous disease, as specified in this Section, to the Department.

b) This information to be reported shall be provided in a format as designated by the Department and may be in either electronic or paper form. The electronic form must comply with the required standard. The paper form will be ~~upon forms~~ supplied by the Department. The facility tumor registrar or other person designated by the facility shall abstract information from the cancer patient's record ~~onto the standard forms supplied by the Department~~. The information to be reported is divided into seven~~six~~ subject areas, each containing a particular set of information. The seven~~six~~ subject areas of the incidence report shall include the following:

1) Reporting Information – type of report being submitted, ~~This area provides information concerning the type of report being submitted; whether a new report, a change to be made on an existing report, or a deletion of a previously submitted report. It also includes the~~ abstracter identification code and the date the abstract was submitted.~~is completed along with the abstract number.~~

2) Patient Data and Resident Address - ~~This area contains the~~ patient's full name (including maiden name, when applicable and available), ~~the patient's~~ Social Security number, telephone number, and ~~the patient's~~ residential address, including street address, city, county, state, and postal code.

3) Personal Data - ~~This area contains other personal data:~~ patient's birthdate, age, sex, race, ethnicity, marital status, ~~Hispanic origin,~~ birthplace, ~~usage~~ history of tobacco and alcohol usage, history of occupation and industry, health insurance status and socio-economic status including, but not limited to, education and income.~~current or most recent occupation and industry, and longest lifetime occupation and industry.~~

4) Diagnosis Data - ~~Information concerning the patient's diagnosis of cancer(s) is collected in this area. This information consists of:~~ initial diagnosis date~~,~~; diagnostic information; method of diagnosis~~,~~; primary site~~,~~; laterality~~,~~; histology and behavior code; grade;~~morphology,~~ stage of disease, including clinical and pathological extent of disease information;

existence of other reportable primary diseases and date of diagnosis;~~,~~ first course cancer-directed therapy;~~,~~ and supporting text information for all diagnostic procedures, histology, primary site, staging and treatment.~~specification of previous cancer sites and dates of diagnoses.~~

5) Facility Data - ~~This area provides information on the reporting facility: the~~ facility identification number provided by the Department of Public Health~~if available outpatient status~~, the medical record number, date of admission, type of reporting source, accession number (if available), case identification type, discharge date and status, class of case, and name and Illinois medical license number of attending physician.

6) Follow-Up Data - ~~Information concerning the patient's alive or deceased status. This information consists of:~~ date of last follow-up or death, follow-up status, type of follow-up, names of follow-up physicians, cause of death, whether patient information is incomplete, and names and Illinois medical license numbers of managing~~diagnosing~~ and treating physicians.

7) Text Documentation – description of the primary site, histology, diagnostic test results, staging, pathology results and treatment information.

~~c) For facilities without existing tumor registries copies of the pathology report(s) and hematology report(s) shall be provided in cases confirmed by laboratory analysis.~~

c)~~d)~~ Each patient's cancer ~~incidence~~ report form shall be sent within six months after~~of~~ the date of diagnosis or within four months after~~of~~ the date of discharge from the reporting facility, whichever is sooner. Reporting facilities shall report by letter to the Department~~, by~~ each year by July 1, the status of the completeness of reporting of cancer incidence cases diagnosed through December of the preceding year.

d)~~e)~~ Every hospital, clinical laboratory, ambulatory surgical treatment center, independent radiation therapy center, independent pathology laboratory, reference pathology laboratory, nursing home, physician's office and other diagnostic or treatment facility shall provide ~~representatives of~~ the Department or entities authorized to represent the Department with access to information from all

medical, pathological, and other pertinent records and logs related to cancer diagnosis, treatment and follow-up for the purpose of quality control, rapid case ascertainment, patient follow-up and death certificate clearance. (See Section 10 of the Act.)~~incidence.~~

e)~~f)~~ Every hospital, ambulatory surgical treatment center, clinical laboratory, independent radiation therapy center, independent pathology laboratory, reference pathology laboratory, nursing home, physician's office and other diagnostic or treatment facility shall provide access to information from all medical, pathological, and other pertinent records and logs related to cancer diagnosis and treatment for the purpose of patient record review~~regarding specified cancer patients or other patients~~ specified for research studies or for rapid case ascertainment related to cancer prevention and control conducted by the Department and that~~which~~ have been approved after appropriate review by the Department for assuring protection of human subjects. (See 42 CFR 2a.4(a)-(j), 2a.6(a)-(b), 2a.7(a)-(b)(1).)

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.115 Methods of Reporting Cancer Registry Information

a) All patients identified at a reporting facility, whether as an inpatient or outpatient, who meet one of the three following criteria are reportable to the Registry:

1) Patients with a newly diagnosed cancer~~,~~ who have, within six months after diagnosis, received cancer-directed treatment or refused treatment. ~~AGENCY NOTE: Because of the possibility of one patient being diagnosed or treated in more than one facility, it is necessary to make the determination if the patient is still classified as "newly diagnosed." For example, if a patient is first diagnosed and definitively treated in Hospital A in February 1986, but was then referred to Hospital B in April 1986, for further definitive treatment for that cancer, that patient would be a reportable case for Hospitals A and B.~~

2) Patient with cancer diagnosed through autopsy.

3) Patient diagnosed and receiving all first course treatment elsewhere and now receiving cancer-directed treatment at the reporting~~your~~ facility. ~~(Class 3)~~

b) A patient is considered to have a malignant neoplasm when a licensed physician~~,~~ or dentist~~,~~ indicates that he/she does. Otherwise, the following terminology, when applied to a malignancy, shall be interpreted as indicating involvement by a cancerous tumor:

1) apparent,

2) appears to,

3) comparable with,

4) compatible with,

5) consistent with,

6) favors,

7) malignant appearing,

8) most likely,

9) presumed,

10) probable,

11) suspected,

12) suspicious for, and

13) typical of.

~~1) Probable,~~

~~2) Consistent with,~~

~~3) Compatible with,~~

~~4) Suspect(ed),~~

~~5) Most likely,~~

~~6) Presumed,~~

~~7) Cannot rule out,~~

~~8) Apparent(ly),~~

~~9) Suspicious for,~~

~~10) Appears to,~~

~~11) Comparible with,~~

~~12) Favor(s),~~

~~13) Malignant appearing,~~

~~14) Typical of.~~

c) The following terminology, when applied to a malignancy without additional information, shall be interpreted as indicating non-involvement by a cancerous tumor:

1) cannot be ruled out,

2) equivocal,

3) possible,

4) potentially malignant,

5) questionable,

6) rule out,

7) suggests, and

8) worrisome.

~~1) Questionable,~~

~~2) Possible,~~

~~3) Suggests,~~

~~4) Equivocal,~~

~~5) Rule out,~~

~~6) Worrisome,~~

~~7) Cannot be ruled out,~~

~~8) Potentially malignant.~~

d) Determination of whether or not a given primary tumor is reportable shall be made by reference to the morphology codes (M-codes) of the ~~Second Edition of the~~ International Classification of Diseases for Oncology (ICD-O).

e) The specified cases of tumorous or precancerous diseases that~~which~~ shall be reported to the Registry are:

1) benign intracranial tumors, and

2) other conditions that~~which~~ the facility wishes to report.

f) Cases of basal or squamous cell neoplasms of the skin ~~(i.e., ICD-O codes C44.0-C44.9 with M8050 through M8110)~~ shall ~~only~~ be reported only when located in the following areas: penis, scrotum, anus, eyelid, and muco-cutaneous junctions of the lips, labia and vulva.

g) There are two mechanisms by which a reporting facility can report cancer cases. ~~These depend on whether or not the reporting facility maintains a cancer program and tumor registry:~~

1) Option #1. Electronic Reporting: Facilities that submit electronically

shall submit the report in the North American Association of Central Cancer Registries (NAACCR) data exchange format, using the version specified by the Registry (see Section 840.20). Supporting text documentation that is sufficient to support the diagnosis, stage, and treatment should be included for each case submitted.~~Facilities that maintain a cancer program and a tumor registry shall submit the incidence report form on diagnosed cancers to the Registry. The incidence report forms shall be submitted monthly in batches according to the schedule established by the Department. These facilities shall code the shaded boxes for primary site and morphology and shall specify clearly in writing in the space provided on the incidence report form, the primary site and morphology.~~

2) Option #2. Manual Reporting: Facilities that submit in manual format should use the forms provided by the Registry. These facilities shall code all fields on the manual report form. Supporting text documentation that is sufficient to support the diagnosis, stage, and treatment should be included for each case submitted.~~All other facilities shall submit the incidence report form on diagnosed cancers to the Registry. The incidence report forms shall be submitted monthly in batches according to the schedule established by the Department. These reporting facilities shall staple the patient's cancer-confirming pathology report to the incidence report form, shall specify clearly in writing in the space provided on the incidence report form, the primary site and morphology, and shall not code the primary site or morphology.~~

h) All reporting facilities are responsible for complete casefinding, which means identifying all first time reported cancer patients and completing an incidence report form for the Registry. To achieve complete case ascertainment, the following sources should be reviewed as they apply: Medical Record Disease Index (ICD-CM) or CPT Coding Index; pathology reports; cytology reports; autopsy reports; surgery and/or outpatient logs; radiation therapy and/or oncology clinic logs and appointment books; and diagnostic X-rays, nuclear medicine reports, and/or other imaging techniques.~~Casefinding techniques shall be implemented through the review of the clinical record and pathology and cytology reports.~~

1) Any patient's clinical record identified with any of the following ICD-9-CM Diagnosis or Procedure Codes by the Medical Record Department

shall be reviewed for reportability to the Registry:

	Diagnosis Codes	Diagnosis (in preferred ICD-O-3 terminology)
A)	042.2	AIDS with malignancy.
B)	140.0-208.9	Malignant neoplasms Malignancies (1~ & 2~).
C)	203.1	Plasma cell leukemia (9733/3)
D)	205.1	Chronic neutrophilic leukemia (9963/3)
E)	225.0-225.4 225.8-225.9 227.3-227.4	Benign intracranial and CNS neoplasms
F)	230.0-234.9	Carcinoma in situ
G)	237.0-237.1 237.5-237.6 237.7, 237.9	Borderline intracranial and CNS neoplasms
H)	238.4	Polycythermia erra (9950/3)
I)	238.6	Solitary plasmacytoma (9731/3)
J)	238.6	Extramedullary plasmacytoma (9734/3)
K)	238.7	Chronic Myeloproliferative disease (9960/3)
L)	238.7	Myelosclerosis with myeloid metaplasia (9961.3)
M)	238.7	Essential thrombocythemia (9962/3)
N)	238.7	Refractory cytopenia with multilineage displasia (9985/3)

O)	238.7	Myelodisplastic syndrome with 5q- syndrome (9986/3)
P)	238.7	Therapy related myelodisplastic syndrome (9987/3)
Q)	239.0-239.9	Neoplasms of unspecified behavior
R)	273.2	Gamma heavy chain disease; Franklin's disease
S)	273.3	Waldenstrom's macroglobulinemia
T)	273.9	Unspecified disorder of plasma protein metabolism (screen for potential 273.3 miscodes)
U)	284.9	Refractory anemia (9980/3)
V)	285.0	Refractory anemia with ringed sideroblasts (9982/3)
W)	285.0	Refractory anemia with excess blasts (9983/3)
X)	285.0	Refractory anemia with excess blasts in transformation (9984/3)
Y)	288.3	Hypereosinophilic syndrome (9964/3)
Z)	289.8	Acute myelofibrosis (9932/3)
AA)	V07.8	Other prophylactic chemotherapy (screen carefully for miscoded malignancies)
BB)	V07.8	Other specified prophylactic measures
CC)	V10.0-V10.9	Personal history of malignant neoplasm

		(review these for recurrences, subsequent primaries and/or subsequent treatment)
DD)	V58.0	Admission for radiotherapy
EE)	V58.1	Admission for chemotherapy
FF)	V66.1	Convalescence following radiotherapy
GG)	V66.2	Convalescence following chemotherapy
HH)	V67.1	Radiation therapy follow-up
II)	V67.2	Chemotherapy follow-up
JJ)	V71.1	Observation for suspected malignant neoplasm
KK)	V76-V76.9	Special screening for malignant neoplasm
LL)	92.21-92.29	Therapeutic radiology and nuclear medicine
MM)	92.21-92.29	Injection or infusion of cancer chemotherapeutic substance
~~C)~~	~~211.8~~	~~Mesothelioma of peritoneum.~~
~~D)~~	~~212.3~~	~~Adenoma of lung or bronchus.~~
~~E)~~	~~212.4~~	~~Mesothelioma of pleura.~~
~~F)~~	~~230-234~~	~~Carcinoma-in-situ - all sites.~~
~~G)~~	~~235-238~~	~~Neoplasms of uncertain behavior.~~
~~H)~~	~~239~~	~~Neoplasms of unspecified nature.~~
~~I)~~	~~273.0-273.3~~	~~Disorders of plasma protein metabolism.~~

~~J) 279.0-279.9 Disorders involving the immune mechanism.~~

~~K) 289.0-289.9 Unspecified diseases of blood and blood organs~~

~~L) V07.3 Other prophylactic chemotherapy.~~

~~M) V07.8 Other specified prophylactic measures.~~

~~N) V10.0-V10.9 Personal history of malignant neoplasms.~~

~~O) V58.0 Radiation therapy for malignancy.~~

~~P) V58.1 Maintenance chemotherapy.~~

~~Q) V66.1 Convalescence following radiotherapy.~~

~~R) V66.2 Convalescence following radiation therapy.~~

~~S) V67.1 Follow-up exam following radiation therapy.~~

~~T) V67.2 Follow-up exam following chemotherapy.~~

~~U) V71.1 Observation for suspected malignant neoplasm.~~

~~V) V76 Special screening for malignant neoplasms.~~

~~Procedure Codes~~

~~W) 41.31 Bone marrow biopsy.~~

~~X) 92.21-92.29 Therapeutic radiology and nuclear medicine.~~

~~Y) 99.25 Injection of infusion of cancer substance.~~

2) All pathology and cytology reports from the facility with a positive morphologic diagnosis of cancer shall be reviewed for reportable neoplasms, including reports on inpatient and outpatient surgical resections and biopsy specimens, bone marrow biopsies, cytology specimens and autopsies.

3) Any conflict of interpretation of cancer incidence shall defer to the clinician's determination.

i) All reporting facilities shall submit the ~~incidence~~ report form~~(s)~~ on a monthly basis~~. as described below:~~

~~1) All facilities that submit their forms electronically shall use the North American Association of Central Cancer Registries data exchange record layout in the version specified by the Registry.~~

~~2) All facilities submitting manually shall use the Registry Cancer Incidence Report form provided by the Department.~~

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

SUBPART C: ADVERSE PREGNANCY OUTCOMES REPORTING SYSTEM

Section 840.200 Adverse Pregnancy Outcome ~~Entities Required to Submit Information~~

An adverse pregnancy outcome for an infant consists of one or more of the following case criterion:

a) A diagnosis of a birth defect, made prenatally or by two years of age;~~The Department requires all hospitals to report adverse pregnancy outcome incident information. The Hospital's Perinatal Review Committee established pursuant to 77 Ill. Adm. Code 640.70 or other committee established for the purpose *of internal quality control or of medical study for the purpose of reducing morbidity or mortality or improving patient care* shall collect and submit the required information to the Department. (Section 8-2101 of the Code of Civil Procedure)~~.

b) A birth weight of less than 1500 grams;

c) A diagnosis of fetal alcohol syndrome (ICD-9-CM 760.71);

d) A fetal or neonatal death; or

e) A diagnosis of one of the following conditions made prior to discharge from the newborn hospitalization:

1) Positive toxicology for any controlled substance or a diagnosis of signs of drug toxicity or withdrawal;

2) Serious infections:

A) Prenatal exposure to syphilis (V01.6) or a diagnosis of congenital syphilis (ICD-9-CM 090.0-090.9);

B) Prenatal exposure to hepatitis B (ICD-9-CM V01.7);

C) Prenatal exposure to chlamydia (V01.8) or a diagnosis of a chlamydial infection (ICD-9-CM 079.88 or 079.98);

D) Prenatal exposure to herpes (V01.8) or a diagnosis of congenital herpes (ICD-9-CM 771.2);

E) Group B streptococcus (ICD-9-CM 041.02);

F) Gonococcal conjunctivitis (neonatorum) (ICD-9-CM 098.40);

G) Congenital listeriosis (ICD-9-CM 771.2);

H) Congenital rubella (ICD-9-CM 771.0);

I) Congenital cytomegalovirus (ICD-9-CM 771.1);

J) Tetanus neonatorum (ICD-9-CM 771.3);

K) Septicemia of the newborn (ICD-9-CM 771.81); or

L) Other congenital infections (ICD-9-CM 771.0-771.81).

3) Endocrine, metabolic or immune disorder:

A) Hypothyroidism (ICD-9-CM 243);

B) Adrenogenital syndrome (ICD-9-CM 255.2);

C) Inborn errors of metabolism (ICD-9-CM 270-273, 275-276);

D) Cystic fibrosis (ICD-9-CM 277.0); or

E) Immune deficiency disorder (ICD-9-CM 279).

4) Blood disorder:

A) Leukemia (ICD-9-CM 204-208);

B) Hereditary hemolytic anemias (ICD-9-CM 282);

C) Constitutional aplastic anemia (ICD-9-CM 284); or

D) Coagulation defects (ICD-9-CM 286).

5) Other conditions:

A) Neurofibromatosis (ICD-9-CM 237.7);

B) Cerebral lipidoses (ICD-9-CM 330.1);

C) Retinopathy of prematurity (ICD-9-CM 362.21);

D) Chorioretinitis (ICD-9-CM 363.2);

E) Strabismus (ICD-9-CM 378);

F) Endocardial fibroelastosis (ICD-9-CM 425.3);

G) Occlusion of cerebral arteries (ICD-9-CM 434);

H) Bronchopulmonary dysplasia (ICD-9-CM 770.7);

I) Intrauterine growth retardation (ICD-9-CM 764.9);

J) Intraventricular hemorrhage grade III (ICD-9-CM 772.13);

K) Intraventricular hemorrhage grade IV (ICD-9-CM 772.14);

L) Seizures (ICD-9-CM 779.0); or

M) Other conditions leading to more than 48 hours on a ventilator (ICD-9-CM V46.1).

AGENCY NOTE: The products of induced abortions shall not be reported to APORS. ICD-9-CM codes will be supplanted with ICD-10 codes when the latter is adopted by the U.S. Department of Health and Human Services.

~~b) The Department requests, but does not require, the following facilities to report adverse pregnancy outcomes information concerning present or past residents of Illinois:~~

~~1) Hospitals outside Illinois, except the St. Louis perinatal centers, and hospitals maintained by the Federal Government or other governmental agencies within the United States.~~

~~2) Hospitals within the United States.~~

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.210 Newborn Case Reporting ~~Adverse Pregnancy Outcomes Information Required to be Reported~~

a) Entities required to report newborn cases:~~Every hospital shall participate in the Adverse Pregnancy Outcomes Reporting System by reporting each adverse pregnancy outcome incident to the Department.~~

1) The Department requires all hospitals licensed by the State of Illinois to report adverse pregnancy outcome information for cases identified during the newborn hospitalization.

2) The Department requests, but does not require, hospitals outside Illinois, except the St. Louis perinatal centers, and hospitals maintained by the federal government or other governmental agencies with the United States, to report adverse pregnancy outcome information concerning present or past residents of Illinois:

3) The Department requires clinical laboratories licensed by the State of Illinois to report newborns who have positive toxicology for controlled substances on a meconium test.

b) Reporting newborn cases by hospitals: ~~An adverse pregnancy outcome incident consists of any infant which meets one of the criteria set forth below prior to discharge from newborn hospitalization:~~

1) Hospital units providing perinatal and neonatal care are responsible for reporting adverse pregnancy outcome cases. ~~Discharge from a patient care unit or bassinet(s) designated by the hospital to provide intensive care services requiring constant nursing services and continuous cardiopulmonary and other support services for infants with life threatening conditions (stay in the unit must exceed 24 hours);~~

2) Every hospital shall develop procedures and policies for identifying infants who meet an APORS case criterion (see Section 840.200) and report these infants to APORS. ~~Diagnosis of a positive urine toxicology for any drug (ICD-9-CM 779.5) and/or showing signs of drug toxicity or withdrawal;~~

3) When a newborn meets a case criterion (see Section 840.200) and is transferred to another hospital for a higher level of care, the hospital providing the highest level of care shall report the case. ~~Diagnosis with a congenital anomaly as defined by ICD-9-CM codes, ranging from 740.0 to 759.9;~~

4) Hospitals are required to report newborn cases on forms provided by the Department. ~~A serious congenital infection,~~

A) Hospitals must use the Department's paper form (Infant Discharge Record). ~~syphilis (ICD-9-CM 090.0 - 090.9),~~

B) When the Department provides an electronic system for hospitals to report birth related data, including APORS information, hospitals shall use the electronic system rather than the form referred to in subsection (b)(4)(A). If a hospital is technically unable to make electronic reports, it may submit case reports on a paper form provided by the Department. ~~prenatal exposure to~~

~~hepatitis B (ICD-9-CM V01.7) or diagnosis of hepatitis B (ICD-9-CM 774.4),~~

C) The Department will provide the hospitals with written instructions for completing an APORS report.~~gonococcal (ICD-9-CM 098.0 - 098.89),~~

~~D) chlamydial (ICD-9-CM 079.88 or 079.98),~~

~~E) herpes (ICD-9-CM 771.2),~~

~~F) group B streptococcus (ICD-9-CM 041.02),~~

~~G) listeriosis (ICD-9-CM 027.0 or ICD-9-CM 771.2), and~~

~~H) congenital infections (ICD-9-CM 771.0 - 771.8);~~

5) Hospitals are required to fully complete all sections of the form and to send the report to the Department within seven days after the infant's discharge or death. ~~An endocrine, metabolic or immune disorder,~~

~~A) hypothyroidism (ICD-9-CM 243),~~

~~B) adrenogenital syndrome (ICD-9-CM 255.2),~~

~~C) inborn errors of metabolism (ICD-9-CM 270 - 273),~~

~~D) cystic fibrosis (ICD-9-CM 277.0), and~~

~~E) immune deficiency disorder (ICD-9-CM 279.2);~~

6) When the Department returns incomplete forms, hospitals shall supply the missing information and return the form to the Department within 60 days.~~A blood disorder,~~

~~A) leukemia (ICD-9-CM 204 - 208),~~

~~B) hereditary hemolytic anemias (ICD-9-CM 282),~~

~~C)~~ ~~constitutional aplastic anemia (ICD-9-CM 284), and~~

~~D)~~ ~~coagulation defects (ICD-9-CM 286);~~

7) Hospitals shall distribute the original report and three copies in the following manner:~~Other conditions,~~

A) The original form shall be sent to the Department's Division of Epidemiologic Studies, 605 West Jefferson, Springfield, Illinois 62761;~~neurofibromatosis (ICD-9-CM 237.7),~~

B) One copy shall be sent to the local health department or health agency in the county where the infant resides so that the infant is referred for services provided by the High-risk Follow-up Program (77 Ill. Adm. Code 640.100);~~retinopathy of prematurity (ICD-9-CM 362.21),~~

C) One copy shall be sent to the newborn's primary care physician; and~~chorioretheinitis (ICD-9-CM 363.2),~~

D) One copy shall be retained by the reporting hospital.~~strabismus (ICD-9-CM 378),~~

~~E)~~ ~~endocardial fibrelastosis (ICD-9-CM 425.3),~~

~~F)~~ ~~occlusion of cerebral arteries (ICD-9-CM 434),~~

~~G)~~ ~~fetal alcohol syndrome (ICD-9-CM 760.71),~~

~~H)~~ ~~intrauterine growth retardation (ICD-9-CM 764.9), and~~

~~I)~~ ~~cerebral lipidoses (ICD-9-CM 330.1);~~

~~8)~~ ~~A birth weight of less than 1501 grams; or~~

~~9)~~ ~~Diagnosis as a perinatal or neonatal death.~~
~~AGENCY NOTE: Fetal death (gestation greater than 20 weeks) is considered an adverse pregnancy outcome and will be included in the APORS database. However, fetal deaths do not have to be reported~~

~~through APORS, because these deaths are already reported and compiled in the Department's Vital Records database. In addition, the products of induced abortions shall not be reported to APORS.~~

c) Reporting newborn cases by clinical laboratories:

1) Clinical laboratories are required to develop procedures and policies to report newborn cases of positive toxicology for controlled substances. Negative results are not reported to the Department.

2) Clinical laboratories are required to send:

A) The infant's name (first and last);

B) Infant's date of birth;

C) Residential address, including street address, city, county, state and postal code;

D) Unique identification number assigned by the submitting facility;

E) Name of facility submitting the test;

F) Address of the facility that submitted the test;

G) Test results, including the type of controlled substance found in the meconium;

H) Date of the test;

I) Date of the laboratory results.

3) The test results are to be sent to the Department within seven days after the laboratory results.

~~c) Every hospital shall provide the following information when reporting each adverse pregnancy outcome incident:~~

~~1) The name, location and hospital identification number (a 4-digit number~~

~~supplied by the Department) of the reporting hospital;~~

~~2)~~ ~~The name, location and hospital identification number (a 4-digit number supplied by the Department) of the delivery hospital;~~

~~3)~~ ~~The infant's patient identification number, medical records number, admission date, delivery ate, discharge date, first and last names, also known as name, date of birth, gender, race, Hispanic ethnicity, gestational age, birth weight, and medical diagnoses;~~

~~4)~~ ~~Whether the infant was admitted to a designated patient unit (subsection (b)(1)) and stayed more than 24 hours;~~

~~5)~~ ~~Whether the infant had a positive urine toxicity for any drug and/or showed signs of drug toxicity or withdrawal, and the name of the drug(s) indicated;~~

~~6)~~ ~~The mother's first, last, and maiden names; telephone number; address; country of residence; hospital medical record number; marital status; and age; and information on her history of pregnancies (number of pregnancies, number of full term births, number of premature births, number of abortions (spontaneous and induced), and number of living children);~~

~~7)~~ ~~The father's first and last names;~~

~~8)~~ ~~Discharge information, including infant death, home, other hospital, long-term care facility, and other agency;~~

~~9)~~ ~~The type of delivery (vaginal or Cesarian section);~~

~~10)~~ ~~The type of feeding the infant is receiving at discharge;~~

~~11)~~ ~~The infant's weight, head circumference, and length at discharge;~~

~~12)~~ ~~Infant treatment, medication, and other concerns at discharge;~~

~~13)~~ ~~The name and telephone number of a nurse contact at the reporting hospital;~~

~~14) The name, address and telephone number of a relative or friend with a description of that person's relationship to the infant;~~

~~15) Whether the family was informed that a Local Health Department or Health Agency would be visiting the family to offer follow-up services, and the name and identification code number for the Local Health Department or Health Agency that will be serving the family;~~

~~16) The name of the infant's primary care physician;~~

~~17) The type of social services the infant's family is receiving or will receive at discharge; and~~

~~18) The name and title of the person preparing the report with the date the report was made.~~

~~d) The APORS will also be complemented with information from the Department's Vital Records database under the Vital Records Act and other Maternal and Child Health reports and submissions.~~

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.215 Methods of Reporting APORS Information (Repealed)

~~a) The Adverse Pregnancy Outcomes Reporting System consists of one form of reporting. This reporting shall be on the forms provided by the Department or through electronic means compatible with the Department's data processing system. Every hospital shall develop procedures and policies for identifying reportable infant cases to APORS.~~

~~b) The Infant Discharge Record shall be provided by the Department and completed by the hospital providing the highest level of care and distributed within seven days of discharge (see 77 Ill. Adm. Code 250.1820 and 77 Ill. Adm. Code 640 for explanation of levels of care). The form must be typed or completed in ball point pen. In addition, all dates must be entered in numeric form.~~

~~c) The Infant Discharge Record shall be distributed in the following manner:~~

~~1) The original form (white copy) of the Infant Discharge Record must be sent to the Department's Division of Epidemiologic Studies, 605 West Jefferson, Springfield, Illinois 62761;~~

~~2) The canary copy of each form must be sent to the Local Health Department or Health Agency in the county of the mother's residence;~~

~~3) The pink copy of each form must be sent to the patient's primary care physician;~~

~~4) The goldenrod copy may be retained by the reporting facility.~~

~~d) When electronic media are used to report an Infant Discharge Record to the Department, the reporting hospital shall send a copy of the report to the Local Health Department or Health Agency in the county of the mother's residence, and to the patient's primary care physician. The reporting hospital shall maintain a copy of the report or maintain a computer file of the report.~~

~~e) The Department shall collect maternal information. The Department's field abstractors will go to hospitals and abstract the maternal information from the mother's delivery record. When the extended electronic birth certificate system is implemented, the hospital will submit the maternal information to the Department as part of the infant's extended electronic birth certificate. The Department will collect the following:~~

~~1) The mother's social security number, date of birth, date of last menstrual period, weight change, history of cigarette use, alcohol use during pregnancy, use of drugs during pregnancy, employment during pregnancy, and diagnoses;~~

~~2) Whether public funding was used for the hospitalization of the mother or if the mother had applied for public funds during her time of hospitalization;~~

~~3) Whether a prenatal ultrasound was performed during the pregnancy; and~~

~~4) Information on labor and delivery, including the type of delivery, use of chemical stimulation to begin or augment labor, and the use of an electronic fetal monitor.~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Repealed at 31 Ill. Reg. 12207, effective August 2, 2007)

Section 840.220 Birth Defect Surveillance of Young Children

a) Facilities required to provide data:

1) Hospitals;

2) Prenatal and obstetric centers;

3) Specialty health clinics that treat or provide services to children with birth defects;

4) Genetics centers;

5) Laboratories, including cytogenetic, prenatal diagnostic and metabolic; and

6) Physicians who provide prenatal or pediatric care or treat young children who have been discharged with a birth defect diagnosis.

b) Provision of data by hospitals:

1) All hospitals licensed by the State of Illinois shall provide to the APORS program reports of children up to two years of age who have been diagnosed with a birth defect and discharged from that hospital with a birth defect diagnosis.

A) Hospitals with perinatal designation levels of III and II (see Regionalized Perinatal Health Care Code, 77 Ill. Adm. Code 640.40) shall provide quarterly reports to the Department. The hospitals shall generate electronic reports from computerized hospital discharge data sets. The electronic reports must be in the standard format required by the Department.

B) Hospitals with a perinatal designation level of I (see Regionalized Perinatal Health Care Code, 77 Ill. Adm. Code 640.40) shall provide annual reports to the Department. The hospitals shall

generate electronic reports from computerized hospital discharge data sets. The electronic reports must be in the standard format required by the Department. If a hospital is technically unable to generate an electronic report, a paper report will be acceptable.

C) Children's hospitals shall provide quarterly reports to the Department. The hospitals shall generate electronic reports from computerized hospital discharge data sets. The electronic reports must be in the standard format required by the Department.

c) Provision of data by cytogenetic laboratories and prenatal diagnostic clinics:

1) All cytogenetic laboratories and prenatal diagnostic clinics shall report prenatal birth defect diagnoses of genetic origin to the Department. Negative results or normal results are not reported to the Department.

2) The cytogenetic laboratories and prenatal diagnostic clinics shall send:

A) Mother's name (first and last);

B) Date of birth;

C) Residential address, if available, including street address, city, county, state and postal code;

D) Unique identification number assigned by the submitting facility or physician;

E) Name of the facility or physician submitting the test;

F) Address of the facility or physician submitting the test;

G) Test results;

H) Date of test; and

I) Date of the laboratory results.

3) The test results shall be sent to the Department within seven days after the

laboratory results.

d) Provision of data by other medical facilities:

1) Prenatal and obstetric centers; specialty health clinics that treat or provide services to children with birth defects; genetics centers; laboratories, including cytogenetic, prenatal diagnostic and metabolic; and physicians who provide prenatal or pediatric care or treat young children who have birth defects shall provide data about prenatally diagnosed birth defects and birth defects in young children up to two years of age.

2) Upon the request of the Department, the facilities listed in Section 840.220(a)(2)-(6) shall provide birth defects surveillance information to the Department.

e) Availability of information for birth defect surveillance of young children:

1) All hospitals listed in Section 840.220(b) shall make medical records of children having a birth defect diagnosis or a risk factor for a birth defect available to the Department. The medical records will be reviewed by APORS staff to ascertain birth defect cases and collect pertinent data.

2) The facilities shall make medical records of the affected mothers and children available to the Department. The medical records will be reviewed by APORS staff to ascertain birth defect cases and collect pertinent data.

(Source: Added at 31 Ill. Reg. 12207, effective August 2, 2007)

SUBPART D: OCCUPATIONAL DISEASE REGISTRY

Section 840.305 Information Required to be Reported

a) The Occupational Disease Registry shall consist of information on the following occupational disease incidences~~incidence(s)~~:

1) Elevated blood lead levels (lead poisoning); ~~Asbestosis;~~

2) Workplace fatalities; ~~Silicosis;~~

3) Workplace nonfatal injuries and illnesses;~~Coal Worker's Pneumoconiosis;~~ and

4) Other specific illnesses such as asbestosis, silicosis, and coal worker's pneumoconiosis.~~Elevated Blood Lead Levels (Lead Poisoning).~~

b) Information of the occupational disease incidences~~incidence(s)~~ shall be collected in four~~two~~ ways.

1) Information concerning elevated blood lead levels (lead poisoning) shall be reported to the Department by the facilities specified in Section 840.300 of this Part.

A) The Department will contract with the local health authorities that~~which~~ agree to conduct interviews with patients/cases, or attending physicians as needed, to assure the accuracy and completeness of reports and will perform the activities or case follow-up for elevated blood lead levels equal to or in excess of~~above~~ 25 mcg/dl set forth in subsection (b)(1)(B).

B) This agreement will contain requirements for the performance of the following activities or patient follow-up:

i) trace the patient or case,

ii) counsel the patient or case,

iii) educate the patient or case,

iv) interview the patient or case for purposes of collecting, verifying or completing the information identified in subsection (b)(1) of this Section, and

v) submit completed reports to the Department within 30 business days after receipt of the laboratory report for adult elevated blood lead analysis form.

2) Information concerning fatal occupational injuries and illnesses shall be

collected from various reporting sources, including, but not limited to, death certificates, newspaper clipping services, Occupational Safety and Health Administration reports and coroner's reports.~~Asbestosis, Silicosis, and Coal Worker's Pneumoconiosis shall be collected from existing reporting sources such as the Illinois Health Care Cost Containment Council data base through abstracts of medical records.~~

3) Information concerning nonfatal occupational injuries and illnesses shall be collected using the U.S. Department of Labor, Bureau of Labor Statistics' Survey of Occupational Injuries and Illnesses, an annual sample survey of Illinois companies and governmental units.

4) Information concerning specific illnesses shall be collected from existing data sources such as the hospital discharge database or medical records.

c) The information to be reported shall be provided upon forms supplied by the Department. The facility shall abstract information for the occupational disease case's record onto the standard forms supplied by the Department. (See Appendix C.) The information required in this Section does not apply to data supplied through existing data base sources.

d) All completed forms are to be mailed to the Illinois Department of Public Health, Division of Epidemiologic Studies, Occupational Disease Registry, 605 West Jefferson Street, Springfield, Illinois 62761.

e) Each case's occupational disease incidence report form shall be sent to the Department within seven~~7~~ days after~~of~~ the date of laboratory results. All data received from a registered, permitted or licensed clinical laboratory or hospital laboratory sent to a local health authority in Illinois or other facility shall be submitted to the Department within three~~3~~ business days after~~of~~ the date it is received by the local health authority or other facility.

f) Every hospital, clinical or hospital laboratory, or other facility shall provide representatives of the Department with access to information including specified occupational disease cases or other cases specified for research studies related to occupational disease prevention and control. The Department will conduct studies of all medical, pathological, or other pertinent records and logs related to occupational disease incidence.

g) Every hospital, clinical or hospital laboratory, or other facility shall provide the Department representatives with patient's name and attending physician's name for the purposes of follow-up on all laboratory and existing data base reports received by the Department.

h) The mode of access and the time during which this access will be provided shall be by mutual agreement between the hospital, other reporting facilities and the Department. The Department shall not require hospitals and other reporting facilities to provide information on cases that~~which~~ are dated more than two years before the Department's request for further information. Any disputes regarding access shall be resolved by the hospital and the Department within 30 days after requests for access have been denied.

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 840. APPENDIX C Forms and Instructions for Occupational Disease Registry

Section 840.ILLUSTRATION C Occupational Disease Registry Abstract Information from the Illinois Health Care Cost Containment Council (Repealed)

~~a) Discharge Date~~

~~b) Hospital Identification Number~~

~~c) Principal Payor Code (Payor Code 1)~~

~~d) Principal Group Code (Group Code 1)~~

~~e) Patient Identification Number~~

~~f) Patient Birth Date~~

~~g) Patient Sex~~

~~h) Admission Date~~

~~i) Patient Status~~

~~j) Patient Zip Code~~

~~k) Diagnosis Code: One-Five~~

~~l) Physician Identification Number: One-Two~~

~~m) Major Diagnostic Code~~

~~n) Diagnosis Related Code~~

~~o) Total Charges~~

~~p) Combined Delivery/Newborn Flag~~

~~q) Bypass Flag~~

~~r) Principal Payor Category~~

~~s) Diagnosis Codes~~

~~1) Coal Worker's Pneumoconiosis (ICD-9-CM Code 500)~~

~~2) Asbestosis (ICD-9-CM Code 501)~~

~~3) Silicosis (ICD-9-CM Code 502)~~

~~4) Lead Poisoning (ICD-9-CM Code 984.0-984.9)~~

~~5) Acute Pesticide Poisoning (ICD-9-CM Code 989.3, 989.4)~~

~~6) Skin Cancer of the Scrotum (ICD-9-CM Code 187.7)~~

~~7) Hemangiosarcoma of the Liver (ICD-9-CM Code 155.0)~~

~~8) Mesothelioma (ICD-9-CM Code 158.8 (Pertioneum), 163.0 (Pleura), 164.1 (Pericardium), 183.0 (Ovary)).~~

~~9) Cancer of the Bladder (ICD-9-CM Code 188.0-188.9)~~

~~10) History of Cancer~~

~~A) Liver (ICD-9-CM Code V10.7)~~

~~B) Lung (ICD-9-CM Code V10.1)~~

~~C) Bladder (ICD-9-CM Code V10.5)~~

~~D) Scrotum (ICD-9-CM Code V10.47)~~

(Source: Repealed at 31 Ill. Reg. 12207, effective August 2, 2007)

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 July 31, 2007 through August 6, 2007 and have been scheduled for review by the Committee at its September 11, 2007 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
9/13/07	Department of Natural Resources, Designation of Restricted Waters in the State of Illinois (17 Ill. Adm. Code 2030)	6/8/07 31 Ill. Reg. 7681	9/11/07
9/13/07	Department of Natural Resources, Sport Fishing Regulations for the Waters of Illinois (17 Ill. Adm. Code 810)	6/8/07 31 Ill. Reg. 7679	9/11/07
9/14/07	Health Facilities Planning Board, Narrative and Planning Policies (77 Ill. Adm. Code 1100)	2/9/07 31 Ill. Reg. 2548	9/11/07

PROCLAMATIONS

2007-260
SPECIAL SESSION ON AUGUST 4, 2007

WHEREAS, the Illinois Constitution requires the General Assembly to make appropriations for the expenditure of public funds for the fiscal year for State departments, authorities, and public agencies; and

WHEREAS, the General Assembly has passed, and I have signed, a temporary, one-month budget providing spending authority to State departments, authorities, and public agencies through July 31, 2007; and

WHEREAS, the temporary, one-month budget providing spending authority to State departments, authorities, and public agencies expired on July 31, 2007; and

WHEREAS, in order to avoid a costly government shutdown potentially injurious to the health, safety, and welfare of Illinois, the General Assembly must pass, at a minimum, a second temporary, one-month budget to provide spending authority to State departments, authorities, and public agencies which will expire on August 31, 2007; and

WHEREAS, the Department of Healthcare and Family Services' (HFS) State Chronic Renal Disease Program assists Illinois residents who have been diagnosed as having chronic renal disease at the stage of irreversible renal impairment requiring a regular course of dialysis to maintain life; and

WHEREAS, the State Chronic Renal Disease Program assists patients with chronic renal diseases who require lifesaving care and treatment, but do not otherwise qualify for Medicaid or subsidized care; and

WHEREAS, the General Assembly failed to provide for the expenditure of public funds after July of Fiscal Year 2008 for HFS' State Chronic Renal Disease Program;

THEREFORE, pursuant to Article IV, Section 5 (b) of the Illinois Constitution of 1970, I hereby call and convene the 95th General Assembly in a special session to commence on August 4, 2007, at 9:00 a.m., to consider a second temporary, one-month budget to provide spending authority to State departments, authorities, and public agencies through August 31, 2007, and to consider any legislation, new or pending, which will address funding for the Department of Healthcare and Family Services' State Chronic Renal Disease Program.

Dated: August 3, 2007
Filed: August 3, 2007

PROCLAMATIONS

2007-261
SPECIAL SESSION ON AUGUST 5, 2007

WHEREAS, the Illinois Constitution requires the General Assembly to make appropriations for the expenditure of public funds for the fiscal year for State departments, authorities, and public agencies; and

WHEREAS, the General Assembly has passed, and I have signed, a temporary, one-month budget providing spending authority to State departments, authorities, and public agencies through July 31, 2007; and

WHEREAS, the temporary, one-month budget providing spending authority to State departments, authorities, and public agencies expired on July 31, 2007; and

WHEREAS, in order to avoid a costly government shutdown potentially injurious to the health, safety, and welfare of Illinois, the General Assembly must pass, at a minimum, a second temporary, one-month budget to provide spending authority to State departments, authorities, and public agencies which will expire on August 31, 2007; and

WHEREAS, the Department of Healthcare and Family Services (HFS) provides Home Health Agency services to Illinois residents; and

WHEREAS, Home Health Agency services include nursing services, speech, physical, and occupational therapy services, and home health services aimed at rehabilitation and attainment of short-term goals as outlined in a patient's plan of care; and

WHEREAS, the General Assembly failed to provide for the expenditure of public funds after July of Fiscal Year 2008 for HFS' Home Health Agency services;

THEREFORE, pursuant to Article IV, Section 5 (b) of the Illinois Constitution of 1970, I hereby call and convene the 95th General Assembly in a special session to commence on August 5, 2007, at 5:00 p.m., to consider a second temporary, one-month budget to provide spending authority to State departments, authorities, and public agencies through August 31, 2007, and to consider any legislation, new or pending, which will address funding for the Department of Healthcare and Family Services' Home Health Agency services.

Dated: August 3, 2007
Issued: August 3, 2007

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 31, Issue 33 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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